



COVID – 19, Coronavirus Management in North East of Syria

Al-Qamishli, 28/04/2020

The **COVID – 19 pandemic** (or coronavirus) is unprecedented in recent history and is spreading rapidly. It is not only a public health crisis but also a humanitarian crisis in the making. **In war-torn countries, COVID – 19 represents a dramatic threat to life.** Health system has already been ravaged by violence, and the threat of further strain on health care from the coronavirus is an enormous risk for communities. Plans to prevent and respond to the virus must urgently move forward before it gains a foothold in countries in conflict.

To prevent the spread of COVID – 19 the **Self Administration** decided to close the borders (they are open only for emergency cases and one time a week for transportation of commercial basic need); all schools, universities, public offices have been closed and all public gathering is forbidden (all sports events, social events, etc... was deleted). The Self-Administration introduced also a curfew (the circulation is forbidden, limited only to commercial transportation and healthy supply) and they are improving a cleaning and sterilization planning of streets and public spaces.

In this framework, to prevent the spread of COVID – 19, the **Kurdish Red Crescent (KRC)** in collaboration with the **Health Department of Self Administration** are developing, implementing and monitoring an action plan, whit holistic approach, to sensitize the population and respecting their dignity.

Due of these reasons and aware of the sensitive of this issue, **KRC** (Kurdish Red Crescent) is organizing a coordination group with all stakeholders and other INGOs in the North East of Syria, in order to prevent the spread of coronavirus.

AWARENESS CAMPAIGN & MONITORING

Aware on the gravity of the situation, **KRC** is organizing an action plan to sensitize the population, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during the early response to COVID – 19. In this operation, KRC is using a **Sphere's criteria**, engaging directly communities and interest group, villages and trying to avoid the danger of misinformation and stigmatization, giving clear, transparent and understandable information concerning the outbreak. In order to reach the highest number of people, it was used diverse ownership of assets, discerning rural areas from private-public urban spaces.

In order to that, the following actions have been taken:

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- The following poster with all basic hygiene information was distributed and will continue to be distributed in all the NES area



- An audio message and videos with all instructions have been shared with local radio and television channels
- An information-education campaign is already started and will be run in IDPs camps (with the education team is sharing tent by tent clear information about this disease)
- Our staff is holding and attending intensive and specific medical training about COVID – 19 by the medical teams.
- It was introduced a COVID – 19 **telephone hotline** and referral system lead by specialists, active 24/7 covered area from Derik to Al – Hassake, for the community which one explains how to access to adequate care, clarify the information about symptoms' disease and give psychological support. The service also provides a prompt action in presents of warning sign and refer patients to the appropriate destination for clinical assessment and/or testing as per local protocol.

To increase the efficiency of the COVID – 19 response **KRC** is established a **registration and monitoring system** of the outbreak of COVID – 19 in the northeastern area by an update mechanism in coordination between all health facilities, local authority and the local community in order to support and take care of the alleged contagious. Data will be collected and analyzed to ensure rapid action in case of need.

In order to this, it will be used a specific **Register Book** in each health point to take notes and share information, take care of the privacy of beneficiaries and on data/ information sensitivity protocols. The **Register Book** will contain key information on cases/ suspected cases (as included on case investigation form) including name, address, age, number of family members, sample status, testing status and the status of contact tracing (including the number of contacts traced).

The medical teams who conduct house visits to assess suspected cases (following a referral from the phone hotline) will collect the same information.



This plan will give a possibility to mapping the area, understand as soon as possible the creation of an epidemic outbreak, taking care of vulnerable people and coordinate a rapid and proper response. Following the **Sphere's principles** and in order to engage local communities, this process will involve the *cominas leaders*: they will be adequately informed. They will take care of the one who will be under preventive measures of quarantine due of suspicious synthons, in order to avoid stigmatizations and in support to provide day ling necessities like food and others basic needs.

The system will work following the below tasks and TASKS AND RESPONSABILITIES:

- COVID-19 EMCC RESPONSIBLE: final decision-maker. Monitor the general situation of COVID – 19 in all the facilities in NES and report to external partners/authorities
- AREA SUPERVISORS. Monitor the status of their assigned area in terms of security, COVID – 19 dedicated facilities, number of cases. Facilitate the referral pathway and share information
- MEAL COVID – 19 responsible. Collect the information from ODs and HFs in real-time and provide daily reports to responsible.
- OD responsible. Coordinates the actions of the two ODs and take the lead for problem solving.
 - HOTLINE A: dedicated to the population. Give information about COVID – 19 and make telephone triage. Coordinates with TLs to send an ambulance to the population.
 - HOTLINE B: dedicated to referrals. Has an updated mapping of all the COVID – 19 dedicated facilities, has an updated mapping of ambulances status, coordinates the referrals.

Isolation tent

Each health facilities, clinic and IDP camps in the NES are equipped by **isolation room/tent** for triage COVID – 19 doubtful situations. All actors involved in the prevention of spread of the virus are actively working in cooperation.

As far, KRC established 45-isolation rooms in the following places:

Qamishlo:

Qamishlo Clinic
Roj Camp – EPC
Derik Clinic
Girke Lege Clinic
Terbespie Clinic

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Amuda Clinic
Derbasye Clinic
Jazaa Clinic
Roj Camp – EPC
Newroz Camp – EPC
Deir Alghousen – EPC
Sweidie – EPC

Kobane:

Kobane Clinic – EPC

Al – Hassake:

Areasha – EPC (Emergency Primary Care)
Alhol Camp - ph1 – EPC
Alhol Camp - ph2 – EPC
Alhol Camp – Hospital
Shehid Legerin Hospital
Washoukani Camp – EPC

Mambjc:

Menbij Clinic – EPC
Abo Qalqal – EPC
Heimer Labda – EPC
Tel Hozan – EPC

Derir Zor:

Sur – EPC
Alshaddade Clinic – EPC

Raqqa:

AlMahmoudli Camp – EPC
ALHELAL Hospital
Alrasheed Clinic – EPC

Shahba:

AlZyara Camp – EPC
Tel Refaat Camp – EPC
Ehres Camp – EPC
Berxwedan Camp – EPC
Serdem Camp – EPC
Ahdath Camp – EPC
Burj Alqas Camp – EPC

It has established a specific protocol to triage each suspicious case, identifying three different modalities to deal with the patient, related to the level of the symptoms.

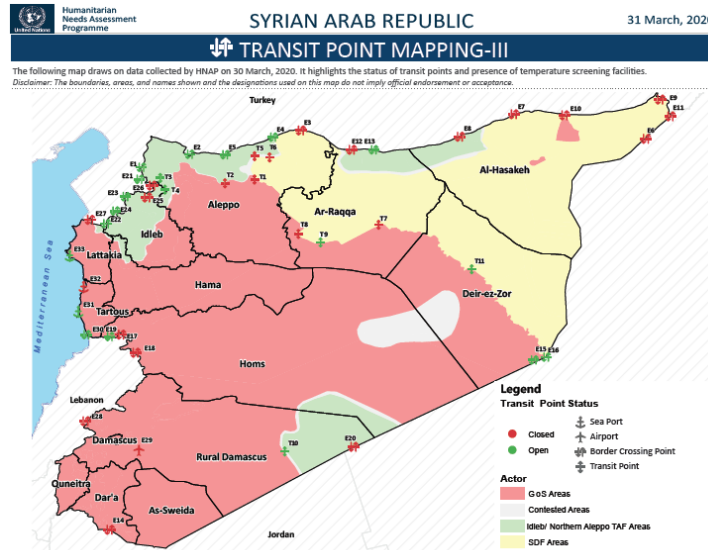
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KRC is providing a system of "checking temperatures" to the people who are coming along the border in the following gates (have a look to the picture below), to ensure safe mobility into NES.



TREATMENT

KRC is making available **13 ambulances** for COVID – 19 cases transportation; three of them will be specifically committed for intensive care.

KRC has already of some PPE - Personal Protective Equipment, sterilization and basic materials to treat COVID – 19 moderate cases only. Some equipment is arrived in Al-Qamishli a few days ago by WHO, and we are waiting for the distribution of the specific equipment and kits to deal with this disease.

According to **WHO standards**, it was established clinical procedure to follow, in order to early recognition of suspected patients allows and the timely initiation of appropriate IPC measures.

So it will be used the **Early Warning System for SARI / COVID-19 table** to support the clinician in deciding what category the patient falls into for clinical case management.

Early identification of those with severe illness, such as severe pneumonia, allows for optimized supportive care treatments and safe, rapid referral and admission to designated hospital ward/ICU according to local protocols. For each clinical stage is established a different treatment and measure. There were identify four different stages of the disease:

Mild Case Management with NO risk factors

Mild Case Management WITH risk factors

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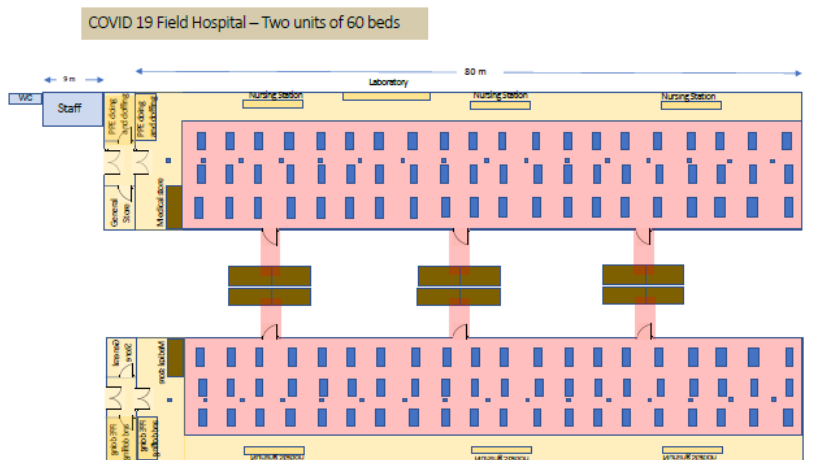
Moderate Case Management

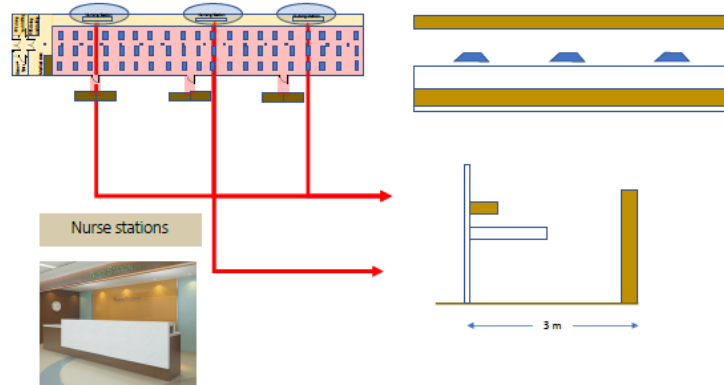
Severe Case Management – ICU

HOSPITAL HASSAKE - Moderate Case Management

KRC (Kurdish Red Crescent) decided to build a Hospital Center in order to recover **moderate cases**. The health facility will be placed in Al – Hassake area, in outskirts and far from the city (in order to avoid populated and crowd places and reduce the risk of contagious). It will be host 120 beds.

The hospital will be treated specifically COVID – 19 cases, in the second stadium of the disease. 16 internal doctors, 32 nurse and anaesthetics, 16 paramedics (able to intubate), eight cleaners, laboratory technical, guards and receptionists with all equipment will provide the health facility in order to treat moderate cases. The hospital will follow WHO standards and criteria, which means between each bed there will be three meters of distance and there will get strict training on the paths to walk and work for the workers.





INTERNAL PROVISIONMENTS

According to international standards, WHO criteria and Sphere principles, in order to take care of their volunteers and employments **KRC** has introduced the following steps:

- Reduced the number of personnel office to the minimum, encouraging home working and decrease the movements until are necessary
- All staff in the front line is provided by specific and technical equipment, PPE - Personal Protective Equipment, to deal with the disease and beneficiaries
- Organizing and improve education training for KRC's workers and volunteers

General Framework

Laboratory Analyze

On April, the Self Administration was able to get four PSR (Polymerase Chain Reaction) in order to testing and analyzing samples. This will give to North-Eastern Syria the possibility to check and diagnostic COVID – 19 in the area. So far, the only laboratory who can diagnostic COVID – 19 disease was in Damascus, under the control of the Syrian Government. From the screening of suspicious case (WHO will be warned, and a specific team will take a sample and will transport to a laboratory in Damascus) until the confirmation of the laboratory, confirmation of diagnostic will be ready to 5 days to 1 week. In any case, results were not 100% sure, given the distance and the impossibility to check the quality of the procedures.



DIFFICULTIES:

Due to the instability of the area (the armed conflict is still going on), the difficulties that may arise are several and unpredictable. Turkey and Syria are continuing the low-intensity war against the people of northern Syria in the pandemic. Different conflicts and clashes are recording daily between the different forces on the field.

Some of them, who already come out, are the following:

- **Lack of WATER supply**

International law specifically protects the right to water and sanitation

The right includes access to a sufficient, safe and affordable water supply for personal and domestic use, and private, safe and clean sanitation facilities. The **Allouk pumping station**, which usually serves more than 460,000 people in and around Al - Hasakah, **regularly cut off** since 30 October 2019. The Alouk Water Station is located near the border town of **Serekaniye**, which Turkey and its militant proxies took control of in October 2019 during Turkey's so-called "**Peace Spring Operation**". Since then, **Turkish-backed groups have regularly cut off the water flow**. This is confirmed also by a public UNICEF statement, which one claimed the move was the latest in a series of disruptions in water pumping over the past weeks. Protecting water resources and infrastructure to ensure a reliable supply of water and electricity to the population is a basic need for the civil population. In the last two weeks, the water was cut off already two times. At this moment is working but we are also aware of this dangerous action, which has constantly deprive people of a basic and essential need.

Safe water and appropriate sanitation facilities are essential to:

- sustain life, health and dignity
- prevent death from dehydration
- reduce the risk of water-, sanitation- and hygiene-related diseases
- allow for adequate consumption, cooking, and personal and domestic hygienic requirements

The right to water and sanitation is part of the universal rights essential for human survival and dignity, and state and non-state actors have responsibilities to fulfil the right. During armed conflict, for example, attacking, destroying, removing or making water installations or irrigation works useless is prohibited. **Denying hundreds of thousands of people access to water is denying them a basic source of protection against COVID – 19, given that handwashing is a fundamental means in shielding oneself of the virus.**



- **Cross-border aid deliveries to Syria**

Since 10 January 2020, the **2165 Resolution** was expired and **UN Security Council** never renews it. Since then, the disruption of much needed life-saving humanitarian aid is going on in Idlib crisis and North East of Syria. The **Yaroubiyh crossing** is of crucial importance because it allows 40% of the medicines for humanitarian operations to be transported to the northeast. According to the UN, the border crossing in the past enabled support to an estimated 1.4 million people in northeast Syria. **Owing to these circumstances and due to the critical and dramatic situation due to COVID – 19 pandemic, the Yaroubiyeh border has to be reopening.**