

Syria Humanitarian Country Team
Guidance Note for the Rehabilitation of Quarantine Facilities
Syrian Arab Republic
as of 3 May 2020

I. Background

This document has been prepared by the Syria Humanitarian Country Team in collaboration with the inter-sector coordination (ISC) group and area coordinators to ensure a common approach is adopted to requests received by humanitarian actors from the Government of Syria (GoS) to engage in the rehabilitation of COVID-19 quarantine facilities. It recognizes that:

- The Ministry of Health recommends quarantine only for those exposed to the virus through direct or close contact with confirmed cases who may be asymptomatic, as well as arrivals from abroad; hospital admission is limited to those experiencing *mild, moderate* or *severe* symptoms. This is in line with recent evidence which shows that in environments where testing and active surveillance is limited: a) close contacts must also be prioritized for quarantine; and b) sick people need to be separated from those who are healthy regardless of the severity of their symptoms;
- As per the plan presented by the Government of Syria (GoS) at the joint GoS-inter-ministerial UN task force meeting on 20 March, the rehabilitation of isolation centers and upscaling hospitalization and treatment capacity is a high priority.¹
- While the Ministry of Health announced publicly on 26 March 2020 that 19 quarantine and 13 isolation facilities had been designated as such across thirteen of the fourteen governorates,² WHO mapping at the governorate level has identified 27 quarantine facilities and 54 isolation centres for COVID-19 response; the UN continues to request a formal list from the Government of Syria of all such designated facilities;³
- Actors at both the governorate and central level continue to receive ad-hoc and multiple requests to support rehabilitation works communicated directly by Governors and Directorates of Health which are often extensive in nature and varying in type;
- If minimum infection prevention and control measures are not adhered to, then the quarantine facilities may themselves serve as a source of infection and increased transmission risk; WHO standards are to be applied at all times;
- The scope of works required to bring several of these facilities up to standard⁴ – particularly in light of existing containment measures and reduction in working hours – as well as practical experience of the approvals process may extend beyond the estimated timeframe in which the facilities can reasonably be expected to be utilized for such purposes. For those facilities where standards can be reached relatively quickly – within seven to 14 days⁵ upon approvals being received – minimum requirements are to be included within the technical design of intervention. Advocacy with relevant government counterparts will also be required to expedite the approvals process;
- Any quarantine facilities adapted for COVID-19 compliance must be publicly and not privately owned;
- Where quarantine centers are already accommodating people, the provision of food such as hot meals, as well as other packages of assistance including WASH, and hygiene supplies may be necessary; all efforts will also be made to ensure minimum protection standards are maintained.

¹ Where required, field or mobile hospitals may be established in concert with the local Governor and MoFA's approval ; an expansion of intensive care unit capacities through overflow beds established in repurposed gymnasiums, exhibition centers and hotels, as occurred in many European countries, is not considered a realistic policy for Syria to pursue.

² [The Ministry of Health establishes medical isolation and quarantine centers in the governorates](#), SANA, 26 March 2020

³ WHO interactive dashboard: Isolation and Quarantine facilities as of 9 April 2020: [link](#).

⁴ This includes, for example, the establishment of adequate air ventilation or air filtration systems which can be lengthy to complete.

⁵ One INGO engaged in light rehabilitation works has indicated that the in the context of an emergency response and depending on the initial status of the facilities – which can be agreed with local stakeholders – standards can be reached relatively quickly. For example, with a seven-day timeframe.

II. Definitions

According to WHO, the ‘**quarantine** of persons is the restriction of activities or the separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases.’⁶ It is different from **isolation** ‘which is the separation of ill or infected persons from others to prevent the spread of infection or contamination’.

The guidance contained in this note is therefore premised on the recommendations outlined in the World Health Organization’s (WHO) paper *Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)*. These recommendations include: the identification / selection of appropriate quarantine settings, such as hotels, dormitories, and other facilities catering to groups, as well as the contact’s home; ensuring that adequate food, water, and hygiene provisions are in place for the quarantine period; and ensuring that minimum infection prevention and control measures, as well as minimum requirements for health monitoring of quarantined persons during the quarantine period are established and maintained.⁷

III. Normative Framework

All social measures intended to contain and combat the spread of COVID-19 – from quarantines to lockdowns – must always be carried out in strict accordance with human rights standards and in a way that is necessary and proportionate to the evaluated risk.⁸ Where countries have the legal authority to impose quarantine, it should always be implemented only as part of a comprehensive package of public health response and containment measures and in accordance with Article 3 of the International Health Regulations (2005), therefore fully respectful of the dignity, human rights and fundamental freedoms of persons.⁹ Constructive engagement with communities is essential if quarantine measures are to be accepted, while all efforts should be made to maintain family unity and avoid the separation of children and other vulnerable groups. As part of efforts to mitigate potential violations, the Protection sector in Syria has prepared a guidance note outlining four considerations to mainstream protection principles into quarantine procedures: i) prioritize safety & dignity – do not cause harm; ii) provide non-discriminatory, inclusive access to assistance and services; iii) accountability; and iv) community participation and empowerment as essential.¹⁰ Information, communication and awareness raising on related processes and available services will also be required as will ongoing guidance and training of governmental and health counterparts in infection prevention and control, including the donning and doffing of personal protective equipment (PPE).

At the time of writing, approximately 758 people are accommodated in six quarantine centres across five governorates (Aleppo, Homs, Latakia, Rural Damascus, and Tartous); a further 65 are home quarantining in Dar’a and Ar-Raqqa under Department of Health (DoH) supervision. Reports from the field indicate that the majority of those accommodated in quarantine centers are arrivals from abroad (mainly Lebanon) who have arrived through informal crossings, although a small number are understood to have arrived from Idlib, Iraq and Spain. On 27 April, the Ministry of Health informed that the Government of Syria had recently conducted a survey and identified 8,000 – 10,000 Syrian nationals working abroad who wish to return to the country in the coming weeks and who will need to be quarantined and supported for that duration. On 28 April a flight arrived in Damascus from Armenia repatriating 29 Syrian nationals. The Director of the Civil Aviation Corporation further announced on 29 April that approximately 10,000 Syrians abroad had registered for further repatriation flights; with priority given to women, children, patients, and students and residents whose residency will expire, and arranged according to quarantine capacity.¹¹

⁶ [Considerations for quarantine of individuals in the context of containment for coronavirus disease \(COVID-19\)](#), World Health Organization, 19 March 2020

⁷ *ibid*

⁸ The Syria UNCT Risk Register (February 2020) ranks the residual ‘risk of association with human rights offenders in the course of implementing humanitarian programmes’ as moderate once control measures have been applied.

⁹ [Key considerations: quarantine in the context of COVID-19](#), Social Science in Humanitarian Action: A Communication for Development Platform, UNICEF, Institute of Development Studies; 2020

¹⁰ <https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/syrian-arab-republic-protection-principles-mainstream-quarantine>.

¹¹ On 29 April 2020, the Director of the Civil Aviation Corporation announced that they had received a return list from Syrian embassies as follows: Kuwait (2,571); Beirut (2132) Abu Dhabi (1,280); Manama (923); Baghdad (697); Khartoum (678); New Delhi 591; Cairo (271); Dar Al Salam (35); Amman (19); Prague (9); Stockholm (9); Yerevan (9); Madrid (5); Geneva (1); Jakarta (1). <https://www.facebook.com/smartwindow.sy/photos/a.379122199279225/825391677985606/?type=3&theater>

The guidance contained in this note assumes that humanitarians cannot and should not replace the role of the authorities, and in this regard it is anticipated that the Department of Health and / or other line ministries at the governorate level will be responsible for disinfecting quarantine centers in between guests; for furnishing the centers with bedding; carrying out the laundry; and monitoring infection prevention and control compliance. There are, however, several practical interventions humanitarians can implement to reduce the health and protection risks people are facing due to COVID-19, and to minimize their exposure to further risks while at the same time ensuring they do not contribute to or maintain discrimination, abuse, violence, neglect, exclusion or exploitation.

IV. Recommendations

Given the above, **the humanitarian community has identified the following priorities and criteria through which it will engage in the adaptation / light rehabilitation of quarantine facilities where:**

- i) the works can be completed within seven to 14 days of the requisite approvals being received;
- ii) the buildings are publicly and not privately owned. In case no public or government buildings are available, a set of key issues needs to be verified to ensure the humanitarian community is doing no harm; not rehabilitating occupied properties; and not using humanitarian funds to support commercial business;¹²
- iii) previous usage is affiliated only with the provision of social services, leisure, and public administration; and
- iv) the works are necessary to ensure and safeguard the dignity, protection and well-being of residents, including rehabilitation of WASH facilities.

At the same time, the humanitarian community will continue to prioritize the following workstreams:

- i) Supporting the GoS in the dissemination of clear messaging on when quarantine is required; e.g. for close contacts of confirmed cases and arrivals from abroad only; as well as other risk communication;
- ii) Upscaling isolation / treatment centers by ensuring availability of adequate beds, ventilators and oxygenators which can be used for secondary and tertiary health support at a later stage and which therefore have a more sustainable impact on health systems for the benefit of Syrian people; and
- iii) Continued support to longer-term projects focused on the restoration or repair of damaged or destroyed buildings which serve a crucial humanitarian function such as health facilities, hospitals and education facilities.

The considerations outlined in this guidance note will be clearly communicated to the Ministry of Health, Departments of Health and Governorates to ensure humanitarian partners can focus resources appropriately.

Humanitarian support to quarantine procedures in Syria

Sector	
Health	<ol style="list-style-type: none"> 1. Conduct joint assessment of facilities from Health perspective and provide recommendations to GoS and humanitarian partners on works to implement 2. Provide guidance on proper set-up of the facilities; e.g. ventilation, spacing, waste management protocols etc. 3. Provide training on daily monitoring, infection prevention and control measures and follow up of quarantined person across quarantine period. 4. Activate Rapid Response Teams (RRTs) to conduct case investigation and sample collection (where indicated) for suspect cases. 5. Provide awareness-raising and information, education and communication materials to those accommodated in quarantine centers, including on precautionary measures.
WASH	<ol style="list-style-type: none"> 1. Conduct WASH assessment of facilities.

¹² Currently, the Global Protection Cluster is developing guidance for partners on considerations to be taken into account when approached to rehabilitate private facilities.

	<ol style="list-style-type: none"> 2. Rehabilitation to water pipes and networks 3. Installation of hand washing facilities at entrance 4. Repair to showers and toilets 5. Quick installation of pre-fab showers and toilets (but only if they can be connected to the existing waste management / sewerage system) 6. Provide of soap/hand-sanitizer and other infection prevention and control supplies (soap, chlorine, cleaning kits, etc.).
Early Recovery & Livelihoods	<ol style="list-style-type: none"> 1. Link to sewage and waste management (but if internal plumbing not connected to the main sewerage then it will not be repaired). 2. Provision of incinerators and generators.
Shelter/NFIs	<ol style="list-style-type: none"> 1. Partition rooms to increase privacy in line with WHO guidance. 2. Make basic repairs including electrical, plastering, lightening, doors and windows. 3. Provide locks on doors. 4. Provide guidelines for laborers working in quarantine sites.
Protection	<ol style="list-style-type: none"> 1. Provide guidance on privacy and mitigating gender-based violence (GBV) measures as well as child protection issues as relevant. 2. Provide psychosocial support remotely (to limit the number of people entering the facility). 3. Protection safeguarding. 4. Case management and referral.
Food & Nutrition	<ol style="list-style-type: none"> 1. Provision of hot meals.
Education	<ol style="list-style-type: none"> 1. Provide educational materials, if children are present.