

This report is produced by OCHA Syria in Damascus in collaboration with WHO Syria and Damascus-based humanitarian partners, and does not reflect cross-border operations. The next report will be issued on or around 27 May 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 50 (three fatalities, 36 recovered).
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NES, collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).
- COVID-19 testing has now commenced at laboratories in Aleppo, Homs and Latakia governorates.
- The enhancement of laboratory and case investigation capacity across Syria remains a priority, as does the timely communication of all information relevant to the safeguarding of public health. The UN has pledged its support to assist the MoH achieve its stated goal to have testing capacity in all 14 governorates.

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 4,396,392 laboratory-confirmed cases of COVID-19, including 300,441 deaths (CFR=6.8 per cent) had been reported globally. The United States has the most confirmed cases (1,382,362) and the most deaths to date (83,819). In the Eastern Mediterranean Region, more than 312,736 COVID-19 cases have been reported, including 9,632 deaths, around 72 per cent of which occurred in Iran.

In Syria, 50 laboratory-confirmed cases have been reported by the MoH to date: one case in Dar'a; 15 in Damascus; and 34 in Rural Damascus; with the most recent cases announced on 15 May. The first positive case was announced on 22 March, with the first fatality reported on 29 March, and subsequent fatalities reported on 30 March and 19 April. The MoH has also announced 36 recoveries. Of the cases announced to date, 10 cases were imported, with 40 having no recent travel history. The average age is 45.1 years (ranging from 7 years to 75 years), with 50 per cent of cases over 50 years old. Three cases are below 10 years old. Further, when samples were collected, 63 per cent of the cases were symptomatic, with the remainder asymptomatic.

On 16 April, WHO EMRO shared information indicating a 53-year-old man from Al-Hasakeh City who had been admitted to Qamishli National Hospital on 27 March had sadly died on 2 April. A COVID-19 test was reported as later testing positive. On 29 April, authorities in NES announced they had detected two additional COVID-19 cases by testing through their own laboratory capacity. Further information available indicates that local authorities in NES have also confirmed an additional three cases through antibody (not PCR) testing, who had since recovered. One other additional case detected by PCR and antibody testing is also reported to have recovered.

As of 15 May, according to the MoH, around 3,350 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, and an additional 44 tests by the public health laboratory in Aleppo, 22 in Latakia and 30 in Homs. It remains a priority to enhance laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs).

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey and Lebanon) for commercial and relief shipments, and movement of humanitarian and international organization personnel. International and domestic commercial passenger flights remain suspended however some other flights continue. This includes domestic commercial cargo flights between Damascus and Qamishli, and international repatriation flights to Damascus and Latakia international airports from multiple locations in the past two weeks, including Armenia, Iraq, Egypt, the United Arab Emirates, Sudan, Russia, Oman and Kuwait, to repatriate Syrian nationals who had been unable to return to Syria due to COVID-19

precautionary measures. To date, more than 3,000 Syrians abroad – out of a reported 10,000 registered – have been repatriated. As of 6 May, 422 repatriated nationals had been tested, with three reported positive for COVID-19. Due to the shortage of testing kits and laboratory supplies, testing of all the passengers has been suspended. Random sampling is ongoing, and all repatriated nationals are required to complete a 14-day mandatory quarantine; in some cases as home quarantine.

Tartous and Lattakia ports remain operational, with precautionary measures which have slowed down operations, including mandatory sterilization procedures, and minimum staff.

In NES, at the time of writing, local authorities had reinstated exemptions for humanitarian goods and personnel at the Fishkabout/Semalka informal border crossing to cross once per week. Tell Abiad border crossing is reported partially open for some commercial and humanitarian shipments and Al-Bukamal-Al Quaem for commercial crossings, while Ras al-Ain border crossing is closed except in limited circumstances.

Restrictions remain in place at most other crossing points inside Syria. Abu Zending, Um Jloud and Awn Dadat in Aleppo remain closed, as do Akeirshi and Abu Assi crossing points in Ar-Raqqa. Ghazawiyet Afrin and Al-Taiha in Aleppo are reported open for commercial traffic and Bab Al Hawa in Idlib partially open with restrictions. Deir Ballut in Aleppo is open.

Preventive measures

The Government of Syria (GoS) continues to implement preventive measures, albeit with ongoing relaxations. A daily curfew from 7.30pm to 6am remains in place until the end of Eid al Fitr, after which it has been announced it will return to return to 6pm to 6am. The general travel ban between governorates and to and from urban and rural areas is further lifted until 30 May. Since 23 April, all industrial, retail and service businesses have been allowed to open from 8am to 5pm, so long as precautionary COVID-19 measures are adopted, however restaurants, cafes and public parks remain closed. Recently, Friday prayers resumed with limited capacity and physical distancing, as has Sunday mass in churches. Public and private transportation services have also resumed as have civil registry services. Universities and institutions will also reopen from 31 May, and elections remain postponed until 19 July. Despite these relaxations, during the reporting period, the GoS indicated that a “full curfew” remained possible, should factors related to the virus necessitate it.

Likewise, local authorities in NES continue to implement restrictions, but with recent relaxations. From 11 May, daily curfew has been in place from 7pm to 6am, and most transport, shops and markets are now allowed to operate. On 12 May, the lockdown on Al-Amran in Al-Hasakeh City was lifted after local authorities announced that a suspected COVID-19 case had recovered. All gatherings and events remain cancelled. A decree released by local authorities stated that fines will be imposed (ranging from SYP 5,000-45,000) for curfew violation.

Humanitarian Impact

Although prices and availability fluctuate, overall significant price increases and some shortages in basic goods (on average 40-50 per cent in food staples) and personal sterilization items (on average 300 per cent increase) have been reported across Syria since mid-March. Fuel prices (diesel and gas) have also increased, costing more than 115 per cent and 337 per cent respectively in the informal market, compared to the formal, government-subsidized prices.

The informal exchange rate further weakened during the reporting period to its lowest point on record (SYP 1,560 to US \$1), closing at around SYP1,550 at the time of writing. On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704 (a 61 per cent devaluation), however the GoS Ministry of Trade retains access to the former rate to enable cheaper purchases of basic commodities. The recent devaluation of the Lebanese Pound and possible collapse of the Lebanon banking system could further negatively impact the Syrian Pound in the coming weeks.

Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line, with high and increasing levels of food insecurity. According to preliminary estimates, 9.3 million people in Syria are now considered food insecure; an increase of 1.4 million in the past six months. WFP’s national average reference food basket in April was reported at SYP 50,962 – the highest ever recorded price for Syria since the start of the crisis; and 16 per cent higher than in March 2020, and 100 per cent higher than in October 2019. This increase combined with diminished employment opportunities due to COVID-19-related factors is likely to exacerbate overall food insecurity further.

As previously reported, according to the Ministry of Social Affairs and Labor (MoSAL), more than 320,000 people registered for the National Campaign for Emergency Social Response for assistance due to work lost as a result of COVID-19 preventive measures. Of these, 91 per cent are daily labourers, 10.9 per cent are older persons, and 8 per cent are people

with disabilities, with the highest levels of registration in Rural Damascus, followed by Damascus, As-Sweida, Lattakia and Homs. Based on the available data, needs and activities will be identified, with technical focal points identified to coordinate between UN agencies and authorities. MoSAL have also announced that one-time disbursements of SYP 100,000 will be provided to a first batch of 20,000 people within the next week, with a further 71,000 currently being verified for a second tranche.

As the socio-economic impacts of COVID-19 for Syria are likely to be far-reaching in nature, the UN Country Team (UNCT) has worked with UN agencies and humanitarian partners to ensure ongoing provision of life-saving assistance (including through adjusted modalities to reduce risks to beneficiaries and humanitarian staff) while seeking to identify and support initiatives to bolster social and economic resilience. In this regard, life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities, as has agricultural and livelihoods programs. UNDP and partners have further focused on support for micro, small and medium enterprises for workers temporarily out of employment with social safety net activities, in addition to distribution of agricultural inputs and livestock to sustain food security in rural areas.

In recent weeks, more humanitarian programmes, including essential health care, have been able to resume following the lifting of some precautionary measures, including malnutrition screening. Many remain impacted, however, as detailed in previous reports. The most pronounced impact remains in education and community-based services and activities, including in protection, livelihoods and psychosocial support programming, which largely remain suspended. However, in line with authorities' directives and reopening of Universities and institutions from 31 May, some programming may resume. For example, UNRWA will reopen their TVET centers at the end of the month, with necessary preventive measures in place.

As reported in previous updates, some Health and Nutrition sector partners have reported their activities have been impacted by preventive measures. Protection partners have also reported challenges in implementing alternative modalities, such as remote case management, particularly as in some areas limited internet connectivity and poor mobile phone coverage (including in Deir-Ez-Zor and Aleppo) has limited virtual psychosocial support and high-risk child protection case management. At Al-Hol camp, protection services for unaccompanied minors has also been affected, including reunification/repatriation processes. Further, mine risk activities in Aleppo have appeared to decrease since implementation of preventive measures.

However, UNFPA continues to provide essential maternal and neonatal health services, in addition to GBV prevention and response services. In particular, GBV prevention awareness raising continues using online and other platforms, including WhatsApp. GBV caseworkers continue to provide individual counselling and case management at 29 women and girls' safe spaces and integrated GBV and reproductive health services by 50 mobile teams is ongoing.

In other protection activities, in the reporting period UNICEF and WHO conducted remote training of 175 case workers on COVID-19 and protection, focusing on modalities of remote case management, psychosocial support, PSEA and GBV. UNRWA has reached over 35,000 children online learning platforms and provided psychosocial support and hygiene awareness through psychosocial counsellors.

Also in the reporting period, to enhance the community surveillance system for acute malnutrition in the absence of mobile team activities, UNICEF has initiated pilot training of caregivers/mothers to take MUAC measurements for their children. This will enable affected children to be identified early and referred for treatment.

PREPAREDNESS AND RESPONSE

The UNCT in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. At the same time, the UNCT is also focused on protecting, assisting and advocating for the most vulnerable, including IDPs, refugees and host communities particularly vulnerable to the pandemic, including by, to the extent possible, working to continue principled programme delivery and provision of life-saving assistance across the country. WHO is the lead agency and is working to support the MoH in enhancing health preparedness and response to COVID-19, in accordance with the International Health Regulations (IHR 2005).

The current key priorities in Syria are:

- Enhancing surveillance capacity including active surveillance, with a critical need to expand national and sub-national laboratory capacity to test for timely detection;
- Protecting health care workers by training and providing additional PPE;
- Ensuring proper case management, isolation and contact tracing; and
- Raising awareness and risk communication.

In particular, WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, continues engaging the MoH and health partners to enhance technical capacity and awareness, including on rational use of PPEs, case management, infection prevention and control, environmental disinfection, and risk communication; and is focused on procuring and enhancing integral medical supplies including in laboratory testing and PPE, for case management and healthcare facilities. A WHO multi-disciplinary team is also on stand-by to be deployed. On 31 March, UN Secretary-General Antonio Guterres launched a report *Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*, which forms the basis of incorporating socio-economic impacts as the ninth pillar of the response.

As the UN supports national preparedness and response in Syria, the specific country context poses considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance; challenges accessing certain areas including due to ongoing hostilities; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures including border restrictions; challenges procuring supplies including due to border restrictions, a deteriorating economy and competition for local supplies, as well as sanctions. As the response expands, there is a need to both increase and decentralize testing, in order to accommodate more timely diagnosis of more samples from a greater range of geographical locations including NES.

Country-Level Coordination

At the national level, the UN has established a COVID-19 Crisis Coordination Committee, led by the UN Resident Coordinator and Humanitarian Coordinator (RC/HC) with the WHO Representative for Syria serving as the Incident Manager, to closely engage with the GoS and other stakeholders in the implementation of the multi-sectoral response.

OCHA Syria also continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly health sector coordination meetings and operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. Weekly operational calls on NES are also ongoing, including on the development of a camp strategy which will outline multiple planning scenarios and guidance for the establishment of quarantine and isolation spaces within camps and camp-like settings to ensure a coherent approach.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with relevant authorities. Key activities have included developing sectoral-specific guidance on risk mitigation and other strategies, and information dissemination among partners, in addition to development of sector-specific response plans incorporated in the operational response plan.

The UN RC/HC and WHO Country Representative continue to engage in discussions with senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL and MoLAE, as well as ICRC and SARC. On 14 May the RC/HC met with the Governor of Rural Damascus and undertook a field mission to Eastern Ghouta.

Risk Communication and Community Engagement

The UNCT has activated the Risk Communication and Community Engagement (RCCE) Group, which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19. Working closely with WHO and MoH, the RCCE Group has developed a multi-component package, including a toolkit of key messages covering a wide range of issues related to COVID-19, which has been disseminated to partners across the country. The Group has also finalized online training materials in Arabic and trained several partners in NES.

As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) materials is ongoing, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques and churches. An estimated 9.4 million people have been reached by television and radio awareness campaigns and two million by printed IEC materials. More than six million people have been reached through social media, which partners continue to actively utilize for awareness raising. Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized. Direct awareness raising through teams at distributions and door-to-door continues, as does UNICEF's support of the Ministry of Awqaf to engage 1,000 religious leaders working in 3,600 mosques. Church networks

are also being utilized, with 14 educational and religious centers and nine volunteer groups mobilized to engage in awareness efforts, including through 29 existing church WhatsApp groups.

As detailed previously, WHO has also provided technical support to the MoH to launch the COVID-19 Dynamic Infographic Dashboard for Syria, available in [Arabic](#) and [English](#). In the reporting period, WHO delivered a further 7,500 IEC materials to public and private health centers in Tartous.

As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. UNICEF, working with WHO and partners, has finalized new resources to target children utilizing age-appropriate entertainment to be broadcast through various media outlets countrywide. UNFPA also continues to utilize WhatsApp groups and conduct awareness raising in its reproductive health clinics and through its mobile teams in 13 governorates.

Trainings related to awareness raising also continued through the reporting period, including WHO supporting a three-day awareness session for 60 NGOs in Deir-Ez-Zor from 10-12 May.

Regional outreach is also ongoing. In collaboration with UNICEF, DoHs in Homs and Hama governorates have prepared RCCE plans, aimed at targeting the most vulnerable communities. UNHCR continued supporting 37 protection partners utilizing 860 WhatsApp groups on awareness raising. In addition, the Syrian Society for Social Development (SSSD) reached 1,693 people with awareness raising in the reporting period, including families with specific needs.

In NES, awareness campaigns and related trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing. In April, WHO, UNHCR and UNICEF completed a COVID-19 awareness campaign covering the five formal IDP camps, 74 collective shelters, 43 IDP settlements in Ar-Raqqa and Deir-Ez-Zor and two informal camps in Menbij. In the reporting period, child protection and C4D teams reached 1,550 families in informal settlements in Ar-Raqqa and 2,750 families in Areesha camp. UNICEF also continued a one-month physical distancing awareness initiative utilizing volunteers in Al-Hasakeh and Ar-Raqqa, targeting key service centers such as hospitals, bakeries, and post offices.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection, one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through the EWARS system in all 14 governorates. With the support of WHO, MoH has commenced active surveillance utilizing 1,932 surveillance officers across 14 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, including NES, all relevant stakeholders have agreed to collect samples through RRTs for referral to the CPHL for testing (in line with similar established mechanisms for sample testing). To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral, with further trainings scheduled for June. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo.

WHO also continue to support the MoH with contact tracing, through the WHO-developed application “Go.Data”. As of 10 May, 223 contacts had been tested, with 20 positive for COVID-19. The MoH has also conducted active case finding applying random sampling methods in seven Damascus and Rural Damascus neighborhoods where confirmed cases were reported, with 726 people tested during March and April. The number of positive cases from these tests has not been made available.

Further, up to 6 May, 422 repatriated Syrians had been tested; with three positive for COVID-19. Due to limited testing kits and laboratory supplies, random sampling repatriation testing is ongoing, with all required to complete a 14-day quarantine.

Where possible, UNICEF’s fixed health clinics are applying the triage system, in addition to the RRT referral pathway in coordination with WHO. UNRWA have also continued a triage system in their 25 health centers to examine patients.

As outlined in previous reports, samples continue to be collected by RRTs and sent to the CPHL with WHO support. The public health laboratories in Aleppo, Homs and Lattakia have also commenced testing; to date, 44 cases in Aleppo, 30 in Homs and 22 cases in Lattakia and Tartous were tested. In the reporting period, one case was investigated in NES.

Points of Entry

At all points of entry, the MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts including providing one thermal scanner camera. In light of the increased number of repatriations in the past two weeks, WHO has provided support with 1,690 items of PPE, disinfection materials, and 200 IEC materials to the Lattakia DoH.

WFP, as the Logistics Cluster lead, continues to monitor ports of entry for cargo movement including operational status, capacity, new developments and restrictions. The Food Security Sector continues liaison with the Logistics Cluster to update partners with pertinent information as necessary.

National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing. On-site training for 24 CPHL laboratory technicians has also been completed.

WHO has provided testing kits to the MoH since 12 February. During the reporting period, WHO delivered 5,000 waste bags and 10,000 bags for samples to CPHL. To date, WHO has provided 34 enzyme kits (3,400 reactions), 52 extraction kits (3,000 reactions), 82 screening kits (7,872 reactions) and 11 confirmatory testing kits (1,056 reactions), 14,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to PPE for laboratory staff. WHO has further supplies and equipment in the pipeline expected to arrive in the next one to four months.

Following WHO support for on-site training of laboratory technicians from Aleppo, Homs, Lattakia and Damascus and delivery of essential supplies, on COVID-19 testing is now ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, and further, on 14 May commenced at the public health laboratory in Homs. As detailed above, the GoS committed to establish laboratories in all 14 governorates.

The increased capacity and decentralization of testing, including in NES, continues to be a priority for the UN to support implementation. As of 15 May, the laboratories have performed testing for around 3,200 cases for COVID-19, with 100-150 tests currently performed per day. Support is ongoing to scale up this capacity and increase geographical coverage.

Infection Prevention and Control

WHO, UNICEF, Health and WASH partners are working closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors continue health facility assessments to gauge IPC capacity, with many implementing IPC measures, including by establishing distance, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

Similar efforts are underway to reduce risks in collective shelters. Shelter sector partners in coordination with MoLAE continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities, with upgrades completed in 11 shelters to date.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. In the reporting period, WHO delivered an additional 1,690 PPEs to health workers working at two quarantine centres in Lattakia. To date, WHO has delivered more than 1.3 million PPE items, including surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles and coveralls, and alcohol hand-rubs. Shipments of PPE and sterilization items have also been dispatched to Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor.

In the reporting period, 30MT of medical supplies (including medicines, essential supplies and PPE) arrived in Qamishli by road. This is the WHO's first road shipment to NES with GoS approval since 2018. These supplies will be distributed within a week. A further 23MT is expected to arrive in the coming week.

During this reporting period, UNICEF, including in its capacity as the WASH cluster lead, continued to engage with the Health sector and other actors to strengthen IPC in healthcare facilities, schools and learning spaces, youth centers and communities. UNICEF continues to support light rehabilitation of WASH systems in hospitals across the country, with works at the isolation center in Al-Hol camp now completed, and 14 other locations ongoing. In the reporting period, UNICEF also supported delivery of PPEs and hand sanitizers to implementing partners in Hama, Aleppo, Tartous and Homs governorates, and trained 63 health workers in Deir-Ez-Zor in correct use of PPE. UNICEF also completed development of five WASH / IPC protocols (on chlorine preparation and dilution; for contractors; protocol in healthcare facilities; protocol in schools, and protocol in MoSAL centers), and widely shared with partners to use.

As reported previously, UNDP continue to support WASH rehabilitation within three priority healthcare facilities identified as isolation centers in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates. In addition to light rehabilitation completed at an isolation center in Dar'a (Al Bassel Education Centre) Première Urgence Internationale (PUI) continues to support light rehabilitation at the designated isolation center in Deir-Ez-Zor. The Education sector is also mapping WASH needs in schools; so far, 1.15 million soap bars and IPC materials for 11,500 schools have been procured. Further, alongside WASH sector partners, mapping has commenced to support WASH needs at 5,000 exam centers across the country for upcoming exams scheduled on 21 June.

Also as previously detailed, WASH sector partners are continuing to deliver increased quantities of soap and hygiene kits. In the reporting period, UNFPA distributed 3,667 dignity kits through partners in three governorates. UNHCR and SARC also commenced implementation of two community-led initiatives in Quneitra, distributing hygiene kits including disinfectants and cleaning materials to families who could not otherwise afford them.

Further, Triangle Génération Humanitaire continued to support distribution of a further 618 hygiene kits and 8,310 soap bars in Hama and Rural Damascus in partnership with the Syrian Arab Red Crescent (SARC). International Medical Corps (IMC) in partnership with SARC also continued distributions with 7,050 soap bars to three hospitals, 17 health centers, one school health center, one communicable disease division and five SARC centers in Deir-Ez-Zor provided to date. SSSD also contributed to sterilization campaigns of public places and facilities in Aleppo and Ar-Raqqa, including clinics, public hospitals, and pharmacies, and distributed face masks to shop owners in Aleppo. Action Against Hunger has also procured over 600,000 items of PPE, alcohol hand rubs and disinfectant sprays to distribute to isolation centers.

As detailed in previous reports, UNRWA continues to support increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp), and UNDP continues to support municipalities in solid waste collection and removal activities in Aleppo, Al-Hasakeh, Rural Damascus and Dar'a governorates, with 600 workers recruited. UNDP support to rehabilitation of wells and pumping stations in Al-Hasakeh also continues. UN-HABITAT also continue to improve IPC at the municipal level in Homs and Hama cities and also in Dar'a, including through solid waste collection, rehabilitation of sewer pipelines, and support of medical waste treatment, as detailed in prior reports.

Case Management

Working closely with MoH technical teams, health and WASH partners, WHO is meeting on a daily basis to monitor, plan and assess the incident management system functions. To support the MoH's announced plans to establish quarantine and isolation for treatment centres in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health. To date, humanitarian partners have been informed by local authorities (Governors and Departments of Health) of 26 identified quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running.

On 28 April, the first repatriation flight of Syrian nationals who had been unable to return to Syria due to COVID-19 precautionary measures landed in Damascus, and as detailed above, 3,000 nationals have subsequently been repatriated from various locations. Approximately 10,000 Syrians abroad have registered for repatriation flights. The MoH have indicated it would be seeking support to expand capacity to accommodate repatriation returns for the mandatory 14-day quarantine. In the reporting period, WHO and UNICEF provided support to isolation centers in Lattakia, through delivery of IEC materials, PPEs, sanitizers and disinfectants. Mobile teams to provide mental health / psychosocial support services for children and older persons are further planned.

Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the priority remains on providing support to and reinforcing isolation facilities. As outlined in previous reports and UNDP is supporting rehabilitation at three hospitals. PUI has completed light rehabilitation of WASH systems at Dar'a (Al Bassel Education Centre), and is progressing work at the Health Institute in Deir-Ez-Zor.

WHO continues to deliver case management trainings (resuscitation and ventilation management). During the reporting period, 50 health workers were trained in Aleppo and Dar'a, with more planned in Queneitra, Damascus and As-Sweida.

As detailed in previous reports Sectors are working to establish an isolation center in Al-Hol and to establish referral pathways for moderate cases. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al-Hasakeh; three ambulances are stationed there.

Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, particularly the Logistics Cluster, to minimize potential disruption to service delivery and essential humanitarian assistance, including through the Procurement Working Group (PWG) in Damascus which is consolidating UN agency PPE requests in order to harmonize sourcing.

Globally, challenges include an unprecedented demand of essential medical items including PPE, which may also have a cascading effect in disrupting manufacture of critical medical equipment and medicines. WHO has established the Supply Chain Coordination Cell comprising WFP, UNICEF, UNHCR, UNFPA, MSF and IFRC to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring. WHO has established three buyers consortia – a PPE Consortium, a Diagnostics Consortium, and a Clinical Care Consortium – which work to ensure that some critical supplies are reserved to meet the requests of countries most in need, especially low- to middle-income countries. The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and onward submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder collaboration body to coordinate demand, procurement and allocation of supplies for low- and middle-income countries.

Within Syria, distributions and service delivery are being rapidly adapted. With 3.5 million people in Syria reliant on food assistance, WFP alone has 1,600 distribution points within Syria; work is ongoing with SARC to adapt modalities in order to decongest distribution sites. Other options being utilized includes combining essential distributions; with modalities to be shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in supply into Syria of humanitarian assistance. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in weekly consultations with partners. These include cluster coordination and Supply Chain working group meetings and engaging with the PWG to keep an overview of any potential downstream supply needs that may arise. Finally, WFP Headquarters will notify the Logistics Cluster as and when COVID-19 related items from any humanitarian organization are in the pipeline for Syria through WFP's Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, will provide the Logistics Cluster with full visibility on the upstream pipeline for COVID-19 related supplies.

CAMPS AND COLLECTIVE SHELTERS

At present, from those displaced in October 2019, approximately 71,042 remain displaced in NES, with 15,458 living in 90 collective shelters. This is in addition to approximately 99,109 IDPs and refugees in NES, most of whom were displaced prior to October, living in four camps and two informal sites. A further estimated 27,625 people live in 58 collective shelters throughout the other governorates.

From 23 April, the monthly camp coordination meeting for all formal and informal camps in NES (excluding Al-Hol) has been combined into one weekly meeting to enhance coordination among partners. Sectors are coordinating to establish isolation areas in Al-Hol camp, with the Shelter sector finalizing mapping for Areesha, Mahmoudli, and Roj as well as Newroz, Washokani, Tal As-Samen, Tweina, and Abu Khashab informal sites. In all formal camps, health committees have been set up and are active.

As a first stage, sector partners have agreed that two large tents will be allocated in each camp; one for suspected cases and the other for confirmed, with the possibility of expansion. Partitions for privacy between male and female patients will be installed. Design proposals have been shared with other sectors for feedback. UNHCR shelter will further provide solar system illumination for general lighting within the isolation centers. To date, in Areesha and Mahmoudli camps, isolation center locations have been identified and agreed with camp administration and in Roj camp a pre-existing location which needs minor rehabilitation will be utilized. Follow up is occurring, including at other camp and informal camp locations.

As previously reported, the rehabilitation and light maintenance of WASH facilities in 13 collective shelters in Hama, Tartous and Homs governorates has been completed with PUI support. PUI also continues light rehabilitation of WASH systems at four other shelters in Damascus and Latakia governorates.

Further, Shelter partners have conducted 43 assessments of collective shelters in Aleppo, Damascus, Deir-Ez-Zor, Homs, Latakia, Tartous and Al-Hasakeh to identify repairs to hygiene facilities, improve privacy and reduce overcrowding, with further assessments planned for another 50 shelters. To date, work has been completed in 11 shelters in Homs; shelter kits are being provided to 25 shelters to quickly improve privacy and for basic repairs; other work in remaining shelters is expected soon. Three NFI partners have also reallocated funds for hygiene kits, and UNICEF also distributed hygiene kits to 11,182 beneficiaries in four IDP settlements in Aleppo.

Al-Hol Camp

No confirmed cases of COVID-19 have so far been reported in Al-Hol camp. Given the parallel sample collection system in NES, in the event of suspected cases, focal points will notify both the DoH RRT and local authorities for sample collection.

Field hospitals within Al-Hol have confirmed there are three ventilation devices on site. To date, potential suspected cases of COVID-19 are not allowed to be referred to medical facilities outside the camp. In the interim, the one 24/7 operational field hospital has allocated five beds for moderate cases; WHO are coordinating additional PPE and WASH requirements. Given the limited facilities in the camp, advocacy continues on the matter.

Construction of the planned isolation area at Al-Hol continues. To date, installation of WASH facilities was completed, including latrine units for people with special needs. Two rub-halls, two large tents and three family-size tents were also erected. Graveling of the site has been completed, and service area works are progressing.

To date, WHO has delivered two shipment of PPEs and four thermal screening devices to Al-Hol Camp (two for the main gate, two for the Annex entrance), and has trained personnel in thermal screening. Enhanced WASH interventions also continue. Following the joint UN-agency awareness campaign across all phases, daily awareness sessions continue.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (movement restrictions, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions, remote working modalities). In Syria, as is the case elsewhere, the operating environment is in flux, with factors such as movement restrictions (border closures, curfews) subject to change at any time. In addition, some areas, particularly where there are ongoing hostilities, are difficult to access to support a response.

Due to the prolonged crisis in Syria, the public health system is fragile and will require considerable support to reinforce its capacity to support a potential outbreak of COVID-19. Overall, only 57 public hospitals (64 per cent) are fully functioning in the country.¹ There is also a considerable shortage of trained staff and a high turnover rate, all of which reduce its capacity to manage cases, and of medical equipment essential for case management, including ventilators.

The crisis has also disrupted national routine surveillance with currently EWARS the only timely surveillance system for communicable diseases. Technical and operational support is urgently needed to enhance further laboratory capacity across Syria to collect and ship samples as well as recruit and train surge technicians. In line with global WHO guidance, the UN in Syria emphasizes the urgent need for a rapid increase in testing to properly track and monitor a possible outbreak.

Border closures, the volatility of the exchange rate (and banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response are also a concern. Other materials, for example pumps, sterilization equipment and PPEs are in short supply in the local market, resulting in the inability of partners to procure items, or increased costs due to price hikes.

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff and contractors where needed, including international staff who may not be able to cross borders. Evolving and unforeseen preventive measures are also disruptive to humanitarian programming. For example, the ongoing restrictions on travel within governorates to and from urban and rural areas, even with exemptions, in addition to curfews,

¹ World Health Organization. 2019. Annual Report of WHO Summary of key indicators.

has impacted the ability of programmes and field/technical assessments to reach communities, particularly in remote areas. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

FUNDING

Due to the pandemic, a COVID-19 Global HRP (GHRP) to address direct and indirect public health consequences on the population has been developed, with inputs from WHO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR and UNICEF, as well as the Red Cross Red Crescent Movement. The GHRP offers a multi-partner/sectoral response to the pandemic; for the time-being it does not attempt to deal with secondary or tertiary issues related to macroeconomic effects and more longer-term requirements in various sectors. The updated GHRP was issued on 7 May with revised requirements of \$6.7 billion to meet COVID-19 related needs across 63 countries until the end of 2020. To date, \$923 million, or 14 percent of overall requirements has been received. Funding will be allocated to UN agencies at the global level and updated monthly.

The GHRP is aligned with the WHO Global Strategic Preparedness and Response (currently costed at approx. \$12 bn) and complementary to, and in support of, existing government response plans and national coordination mechanisms.

Within Syria, the financial requirements for the revised COVID-19 operational response plan are currently estimated at \$188.6 million. Requirements will be updated as the situation evolves and aligned to the GHRP. To date, sectors have identified approximately \$32.6 million from either new contributions or existing funding reallocated or repurposed from programmes suspended due to COVID-19 mitigation measures, which can be used for immediate response. The Syria Humanitarian Fund (SHF) Advisory Board has been informed of the initial results of Technical Review Committees conducted between 26 and 30 April 2020. In total, 31 projects valued at \$22.7 million have been recommended for funding across the Health (\$12.5 million), WASH (\$4.5 million), Protection (\$2.27 million) and Logistics sectors (\$0.2 million), including four multi-sectoral projects (\$2.85 million). Funding should be disbursed within the next two weeks.

SARC has also prepared a four-month plan to respond to the COVID-19 outbreak, covering a range of preparedness, containment and mitigation measures, totaling \$10.4 million. On 8 May, UNRWA launched an updated \$93.4 million Flash Appeal to expand their humanitarian response to the pandemic, over the next three months.

General information on COVID-19: <https://www.who.int/health-topics/coronavirus>

Global surveillance for human infection with coronavirus disease: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

Advice for public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

Infection prevention and control during health care: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

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