

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 24 April 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 38 (including two fatalities, five recovered)
- On 16 April, WHO EMRO provided information indicating that a fatality at Qamishli National Hospital in northeast Syria (NES) on 2 April had subsequently tested positive for COVID-19.
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps, and informal settlements in northeast Syria (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).
- The enhancement of laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs) remains a priority. 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, 2,078,605 laboratory-confirmed cases of COVID-19, including 139,515 deaths (CFR=6.7 per cent) had been reported globally. The United States has the most confirmed cases globally (632,781) and the most deaths to date (28,221). In the Eastern Mediterranean Region, more than 114,910 COVID-19 cases have been reported, including 5,364 deaths, almost 90 per cent of which occurred in Iran.

In Syria, 38 laboratory-confirmed cases have been reported by authorities to date. The first positive case was announced on 22 March, with the first fatality reported on 29 March. One further fatality was reported on 30 March. The most recent cases were announced by the MoH on 17 April. The MoH has also announced five recoveries to date. On 16 April, WHO EMRO shared information indicating that 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 for the patient was reported as having subsequently tested positive; another family member is currently reportedly also in hospital with symptoms of COVID-19 with test results pending. Active surveillance is ongoing in NES to detect additional potential cases.

As of 15 April, according to the MoH, around 1,200 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, including 19 from Deir-Ez-Zor and 17 from Al-Hasakeh governorates. 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 are now closed, with some limited exemptions remaining (from Jordan, Turkey and Lebanon) for commercial and relief shipments, and movement of humanitarian and international organization personnel. International and domestic commercial flights remain suspended, although on 15 April a flight arrived at Damascus International Airport containing 2,016 COVID-19 test kits from the People's Republic of China (PRC). Additional donations are expected to arrive from the PRC over the coming weeks.

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

In NES, local authorities have recently relaxed the controls on the Fishkabour/Semalka informal border crossing to enable access for NGOs once a week. Tell Abiad and Al-Bukamal-Al Quaem border crossings are reported partially open for some commercial and humanitarian shipments, while Ras al-Ain border crossing is closed.

Restrictions are also in place at most other crossing points inside Syria. Abu Zandin, Um Jloud and Awn Dadat in Aleppo are reported closed, as are Akeirshi and Abu Assi crossing points in Ar-Raqqa. Al-Taiha, Ghazawiyet Afrin and Deir Ballut in Aleppo, and Bab Al Hawa in Idleb, are reported as partially open with restrictions.

Preventive measures

The Government of Syria (GoS) continues to implement a range of preventive measures, which were recently extended until at least 2 May. This includes a daily curfew from 6pm to 6am and weekend curfew from 12pm to 6am; a ban on travel between governorates and also travel within governorates to and from urban and rural centers, with some exemptions. On 16 April, the GoS announced they would allow travel between governorates on 20 and 21 April, with medical teams to be stationed at the entrances of all cities. While all non-essential services remain largely closed, in the reporting period some businesses in specified fields have been permitted to re-open within the terms of the curfews, including in some areas of manufacturing, taxis, mechanics, mobile phone shops and carpentry.

Some recreational areas and specified residential areas have been subject to total lockdowns including in Mneen, rural Damascus, and al Sit Zaynab, an area of pilgrimage, also in Rural Damascus, until further notice, in addition to Al-Tay neighbourhood in Qamishli city. Additionally, visits to prisons and detention facilities continue to be suspended until further notice.

Similarly, local authorities in NES continue to implement curfew restrictions until at least 21 April, as well as closure of all non-essential public and private facilities, offices and shops. 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. In addition, judicial proceedings are suspended until at least 23 April.

Humanitarian Impact

Since mid-March, significant price increases and some shortages in basic goods (on average 40-50 per cent in food staples) and personal sterilization items (face masks, hand sanitizers – up to 5,000 per cent increase) have been reported across Syria. Fuel prices (diesel and gas) also increased, with the cost of diesel and gas in the informal market more than 160 per cent and 248 per cent higher respectively. However, in the reporting period, some areas have noted a decrease in the price of some items, including fuel and foodstuffs. The exchange rate also further weakened since mid-March to the lowest point on record, closing at an unofficial rate on 25 March of SYP 1,325 to US \$1, and is around SYP1,300 at the time of writing (representing a more than 50 per cent devaluation compared to a year ago). On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704, and announced only the GoS Ministry of Trade would have access to the former rate to enable cheaper purchases of basic commodities.

The increase in food prices due to COVID-19-related factors – including a worsening informal exchange rate, panic buying, disrupted supply routes, slow replenishment of stocks, reduced shop opening hours and movement restrictions – is likely to increase vulnerabilities. Many businesses are shut or working on reduced hours, impacting employment and household income. While lack of employment affects many in society, it is the poorest and most vulnerable who are predominantly engaged in unskilled, daily wage labour, often with limited savings, who will be the most affected. Nutrition may become an increasing factor as food supplies continue to be affected, prices stay high or increase and people's incomes and/or savings reduce, pushing poor families to harmful coping mechanisms, including reducing the quantity and variety of food.

A number of humanitarian partners have reported operational delays and disruptions due to preventive measures, however many have resumed assistance with adjusted modalities to reduce risks to beneficiaries and humanitarian staff. Examples include handwashing and sanitation facilities at distribution points, combining distributions, measures to reduce overcrowding including utilizing community focal points and increasing distribution days, and appropriate use of PPE. Life-saving food assistance to 3.5 million people has continued with adjusted distribution modalities, and in the nutrition sector, activities have resumed with remote surveillance and following up, and utilizing one-on-one counselling where possible. A simplified community-based management of acute malnutrition is also being considered to manage cases in order to mitigate risks of transmission while still providing essential outpatient and community-based services.

However, slower delivery and temporary suspension of programs necessitated by new mitigation measures has had impacts, as detailed in previous reports, including in shelter, NFI and WASH programmes. The most pronounced impact

remains in education and community-based services and activities, including in protection, livelihoods and psychosocial support programming, which are likely to remain suspended in line with authorities' directives.

In the child protection sub-sector, specific mapping of gaps and available services is underway for child protection and mental health / psychosocial support services (PSS), which will support the referral of children who require specialized support. Preparation is under way to build capacity of partners to deliver remote PSS, and at the field level, UNHCR and partners are continuing activities in some areas through remote case management for SGBV, child protection and PSS. Follow ups have been initiated through individual phone calls for home-based rehabilitation and training programmes for the elderly and children with specific needs, as has legal counselling and awareness. In education, partners are further utilizing online learning tools, WhatsApp groups and direct communication between teachers and students where possible, in addition to increased distribution of recreational kits to support the mental wellbeing of vulnerable children.

In other protection activities, WHO has supported volunteers to undertake home visits for mental health patients in some areas and commence MH/PSS activities in facilities hosting elderly residents. UNFPA with partners has also included new modalities for reproductive health activities (including family planning and PSS) by using online and other platforms to provide health counselling for some cases, building capacity of NGO partner staff including proper use of PPE and social distancing. UNFPA is also ensuring continuation of GBV services in Syria where possible, including through remote interventions through phone and WhatsApp.

To measure the impact of preventive and lockdown measures, the Health sector carried out a rapid survey among its partners between 4-8 April. Of the 34 organizations who responded, 44 per cent reported their activities had been impacted by the preventive measures related to COVID-19. In addition, 26.5 per cent had suspended group activities, 14.7 per cent had continued with only specialized services for vulnerable and high-risk cases. Only 2.9 per cent organizations suspended all assistance and services. Most have adopted flexible work arrangements such as staff rotation (72.4 per cent) and teleworking (44.8 per cent).

The survey further indicated that 72.4 percent of organizations report funding concerns related to the preventive measures. For those partners who continued only essential activities, the top reported activities continued are delivery of essential primary health care services and ante-natal care.

PREPAREDNESS AND RESPONSE

The UN Country Team 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 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; focused on procuring and enhancing integral medical supplies including in laboratory testing and PPE, for case management and healthcare facilities; and worked to increase awareness, including with vulnerable communities. 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 such as refugees, asylum-seekers and IDPs; 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 and challenges procuring essential 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 greater 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. At an inter-hub level, weekly operational calls are ongoing between OCHA Damascus/Qamishli, WHO Damascus/Qamishli, health sector focal points, INGOs and the Whole of Syria Health Sector Coordinator to support coordination on key issues requiring joint approaches in NES, including community mobilization, capacity building, case management and a unified strategy for camps. OCHA Syria also continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. At present, the ISC is finalizing its updated Operational Response Plan for COVID-19 structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFI continue to undertake national and sub-national level meetings to map business continuity and support coordinated response planning, in addition to coordinating with relevant authorities. Key activities have included developing sectoral-specific guidance on risk mitigation and other relevant strategies, and information dissemination among partners, in addition to development of sector-specific response plans incorporated in the operational response plan. On 13 April, an ISC meeting was held to discuss the COVID-19 Strategy for Camp and Camp-like settings as well as key performance indicators for the operational response plan, while on 14 April, a Health sector coordination meeting dedicated to COVID-19 reviewed the Monitoring Framework for the 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 Foreign Minister of Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL and MoLAE, as well as ICRC and SARC. The UN RC/HC also visited Homs on 15 April where he visited quarantine and isolation centers at Al-Birr hospital recently adapted for COVID-19 cases, among other humanitarian activities.

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 the MoH, the RCCE Group has developed a multi-component package, including a toolkit of key messages, and in the reporting period, finalized online training materials in Arabic to train partners.

As detailed in the last report, development, printing and distribution of information, education and communication (IEC) materials is ongoing, with at least 1.4 million materials distributed by UN agencies and partners so far, 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. Specifically for WHO, between February and 14 April, 15 various IEC materials have been developed with the MoH, with approximately 650,000 IEC materials printed and distributed to partners. WHO has further supported training for three partners on precautionary and preventive measures. In the reporting period, the MoH finalized development of the national guideline for planning and management of COVID-19, which WHO has printed 1,000 copies to be distributed to public hospitals. The plan covers the guidance for case detection, case notification, case investigation, case management, sample collection and transport, as well as contact tracing, among other issues.

UNICEF has further supported additional awareness-raising initiatives including through the Takamol (Smart Card) application, used by two million families, and interactive websites with the Nour Foundation. UNFPA is planning a joint

nation-wide campaign to raise awareness about women and girls' health, and in particular on pregnant and lactating women during the COVID-19 pandemic. WFP have continued to disseminate IEC at food distribution points, through WhatsApp messages and other social media.

To ensure the safety of refugees and asylum seekers in Syria, UNHCR developed a guidance note for outreach volunteers and partners to utilize when disseminating information and engaging communities on COVID-19. UNHCR further supported awareness training for 138 outreach volunteers and staff members for partners across all 14 governorates and prepared a bank of Q&As for hotlines. A reporting tool has also been developed to ensure main concerns and protection risks reported through the hotlines will be captured. UNRWA is continuing their work in awareness-raising among Palestine refugees.

Regional outreach is ongoing. In the reporting period, WHO, working with the DoH, provided more than 8,000 IEC materials for distribution in Deir-Ez-Zor. WHO further supported online awareness sessions for the Education and WASH sector in Aleppo, and awareness sessions for 50 health workers in the National Hospitals at Mesyaf and Salamiyah in Hama. WHO is further supporting ongoing awareness sessions for UN and NGO staff members across the country. In addition, UNHCR conducted an online awareness session for 138 outreach volunteers and focal points of all partners in the country.

Specific sectors are also continuing to work collaboratively with partners on risk communication and community engagement. In addition to the initiatives detailed in previous reports, UNICEF is planning to deliver remote training for more than 10,800 volunteers who have registered with MOSAL for the COVID-19 response. The training will include COVID-19 awareness messages, PSS first aid, basic case management skills, prevention of sexual exploitation and Abuse (PSEA), and GBV.

In NES, awareness campaigns including specific targeting of camps, IDP settlements and collective shelters are ongoing.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria, a syndromic based surveillance system functioning since 2012. Currently 1,271 sentinel sites report cases through EWARS system across all 14 governorates.

With the support of WHO, MoH has commenced active surveillance utilizing 1,932 surveillance officers across 14 governorates, who will be in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, including NES, all relevant stakeholders including local authorities have agreed to collect samples through 92 RRTs for referral to the CPHL in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). To date, 172 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral to CPHL, including within the reporting period, team members in Deir-Ez-Zor and Tartous governorates. Training will continue in April to cover up to 344 RRT members.

In NES, five RRTs are active in Al-Hasakeh and three in Ar-Raqqa. Deir-Ez-Zor has no RRT and is instead utilizing the EWARS focal point, while Menbij/Kobane is being covered from Aleppo. Where possible, UNICEF's fixed health clinics are incorporating the triage system for patients, and with WHO, will implement community surveillance in camps.

As of 15 April, according to information received from the MoH, 299 samples from RRTs have been collected and sent to the CPHL, from Damascus, Rural Damascus, As-Sweida, Aleppo, Quneitra, Deir-Ez-Zor, Homs, Ar-Raqqa, Hama, Lattakia, Al-Hasakeh and Al-Hol camp. This includes 19 cases from Deir-Ez-Zor, 17 cases from Al-Hasakeh, and one case from Ar-Raqqa.

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 to MoH.

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 additionally fixed; and the laboratory generator was repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing; as of 15 April, 70 per cent of the rehabilitation had been completed. Training of more than 95 MoH and DoH staff in sample collection and surveillance has been completed, as has on the job training for 10 CPHL laboratory technicians.

WHO has provided testing kits to the MoH since 12 February. As of 15 April, 62 screening kits (5,952 reactions), seven confirmatory testing kits (672 reactions), 4,000 laboratory swabs for sample collection, 30 extraction kits (1,500 reactions), 17 enzyme kits (1,700 reactions) and five polymerase chain reaction (PCR) machines have been delivered, in addition to PPE for laboratory staff. The PCR machines have been calibrated and are ready to use. WHO is further procuring additional laboratory supplies and equipment sufficient for six months.

The establishment of further laboratories in Aleppo, Homs, and Latakia governorates are underway. On-site training for 24 laboratory technicians is ongoing until 5 May. PCR machines have been delivered to Aleppo and Homs, and testing kits to Aleppo, Homs and Latakia for testing to commence. The establishment of a laboratory in Al-Hasakeh is also under consideration, and as detailed above, the GoS has committed to establish laboratories in all governorates over the coming weeks and months.

The increased capacity and decentralization of testing, including the need for a laboratory in NES, continues to be a priority for the UN to support implementation. On 7 April, the MoH announced that testing capacity had increased to 100 analyses per day (previously 30 per day); support is ongoing to scale up this capacity as well as 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 are undertaking health facility assessments to gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing distance between patients, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

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

As detailed in the last update, WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered approximately 900,000 items of PPE to partners, including 610,000 surgical masks, 151,000 gloves, 66,000 reusable heavy-duty aprons, 48,900 gowns, 10,000 headcovers, 2,850 alcohol hand-rubs, 3,830 medical masks, 1,440 goggles and 1,100 coveralls, in addition to 5,600 alcohol hand-rubs. To NES, WHO dispatched a shipment of PPE and sterilization items to Qamishli National Hospital (1,440kg) and another shipment to the DoH in Al-Hasakeh (175kg). The shipment to Qamishli will remain in use for the GoS-run national hospital. In Deir-Ez-Zor, WHO additionally supported an IPC orientation session for 16 School Health Department personnel in the reporting period.

As detailed in previous reports, WASH sector partners are continuing to deliver increased quantities of soap and hygiene kits and have further contributed to recent disinfection of public spaces in Damascus, Rural Damascus, Dar'a, As-Sweida, Aleppo, Homs, Hama, Al-Hasakeh, Ar-Raqqa and Deir-Ez-Zor. By the end of April, distributions of soap are expected to reach approximately two million bars. Partners are also implementing measures in distribution sites such as use of masks, hand sanitizers and contactless distribution processes.

As part of its efforts as the WASH cluster lead agency, UNICEF, in the reporting period, continues to strengthen IPC measures in healthcare facilities, schools and learning spaces, youth centers and communities. To date, WASH assessments – to identify gaps and formulate responses – have been conducted in 15 hospitals across the country.

In addition, UNICEF has supported drafting and translation into Arabic of four context-specific IPC protocols (for contractors; healthcare facilities; MoSAL centres; and schools), as well as a Guidance Note on Chlorine Dilution (for disinfection

purposes). All documents are currently undergoing review. UNICEF has also continued delivering its regular WASH services, most notably the support to the operation and maintenance of WASH infrastructure (including the provision of sodium hypochlorite for water disinfection) across the country. In the reporting period, UNICEF provided 146 hygiene kits (including 32,400 soap bars and 6,900 hygiene materials) and awareness materials to residential care centers.

UNFPA also continued to support WASH initiatives, and in the reporting period, provided 162,000 soap bars that have been distributed by WFP to vulnerable families in Rural Damascus, and a further 140 dignity kits.

In other WASH efforts, UNRWA, within the nine official and accessible Palestine refugee camps, continues to support disinfection activities and has appointed 16 additional sanitation laborers (two each in Hama, Homs and Aleppo governorates and 10 in Damascus). UNDP is working with the MoH to support infrastructural rehabilitation (including WASH systems) at this hospital, with further rehabilitation (including WASH) planned at Al-Qadmous Hospital in Tartous. Première Urgence Internationale (PUI) has commenced light rehabilitation of WASH systems at isolation centers in Deir-ez-Zor and Dar'a, and is further supporting light maintenance of WASH systems, and also providing cleaning/hygiene items to 15 childcare centres in Damascus, Rural Damascus, Homs and Aleppo.

UNHabitat, under the global COVID-19 Urban Response Framework, is also working with MoLAE to support municipal preparedness and response capacities (including WASH), targeting local authorities in Rural Damascus, Homs, Hama, Tartous and Deir-Ez-Zor governorates.

In addition to efforts detailed in previous reports, in the reporting period UNHCR distributed hygiene kits in collective shelters in As-Sweida and launched initiatives with SARC to deliver hygiene kits to families in Quneitra and Dar'a governorates. UNHCR further procured and distributed 6,000 hand sanitizers and 28,000 masks to UNHCR officers for further distribution to partners running community centers.

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, with people reported in quarantine or medical isolation in Damascus, Rural Damascus, Dara'a, Aleppo, Deir-Ez-Zor, Homs, Hama, Latakia and Tartous.

Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the immediate priority is on providing support to and reinforcing isolation facilities. In addition to the support outlined in previous reports, in the reporting period UNDP has commenced work with the MoH with a view to supporting infrastructural rehabilitation at Dummar Hospital in Damascus, with further rehabilitation planned at Al-Qadmous Hospital (a designated isolation center) in Tartous. Based on WASH assessments at three isolation centers in Aleppo, Deir-Ez-Zor, and Dar'a, PUI has commenced light rehabilitation of WASH systems at isolation centers in Deir-Ez-Zor and Dar'a (Health Institute and Al Bassel Education Centre). PUI has further conducted a technical assessment for Zahi Azraq Hospital in Aleppo.

In the reporting period, WHO has delivered 20 tons of medical equipment to Qamishli on 12 April, including X-ray machines, ICU beds, oxygen concentrators and seven ventilators, for use in the KSA and GoS-administrated hospitals. WHO has further donated 13 ventilators (including one portable) to MoH and four ventilators (including two portable) to SARC.

In addition, UNICEF has supported two quarantine centers with recreational kits and provided tents to the MoH. The Protection sector with partners have developed and shared guidance on how to mainstream a protection response in quarantine facilities.

Further to the support to case management detailed in the previous report, WHO continues to deliver trainings, including during the reporting period two additional sessions on case management (resuscitation and ventilation management) in Zabadani district, Rural Damascus for health workers, and one further session at Mujtahid Hospital in Damascus, with a total of 100 health workers trained. Further plans for workshops to be conducted in Dar'a, Damascus, Deir-Ez-Zor, Homs and Aleppo governorates are ongoing. In addition, WHO has supported the training of 30 physicians by MoE/MoH in one-day workshops specifically on quarantine center awareness in Dar'a and As-Sweida governorates.

In NES, sectors are working to establish isolation centers in identified camps and informal sites, including Al-Hol, Areesha, Mahmoudli, Roj, Newroz, Washokani, Abu Khashab, Tal As-Samen, and two camps in Menbij. 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.

Operational Support and Logistics

The COVID-19 Crisis Coordination Committee is working with partners, particularly the Logistics Cluster, to minimize potential disruption to delivery of services and essential humanitarian assistance, including through the Procurement Working Group in Damascus which is consolidating PPE requests from UN agencies with the purpose of having a harmonized sourcing approach.

Globally, challenges include an unprecedented demand of essential medical items including PPE with stockpiles depleted, substantial price increases and export bans a further factor. Lack of PPE globally may also have a cascading effect in disrupting manufacture of other critical medical equipment and medicines. Globally, 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.

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 explored is combining essential distributions, for example, of sanitation, health and NFIs with food; 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.

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 who 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.

Sectors are currently drafting a strategic plan in line with the WHO eight pillars, covering camps and informal settlements including those in NES and UNRWA camps for Palestine refugees. The plan will outline activities currently taking place, identify 'at risk' populations and set agreed actions for all sectors/partners.

As outlined in the previous report, WHO has developed a COVID-19 awareness campaign plan for camps and collective shelters in NES. Partners informed by a UNHCR/protection partners rapid assessment as part of the comprehensive response plan for COVID-19 in NES, are continuing awareness campaigns in camps and informal settlements.

WASH partners are further continuing their work to support IPC enhancements in camps, settlements and collective shelters. To date, Shelter partners have conducted 18 assessments of collective shelters to identify repairs to hygiene facilities, improve privacy and reduce overcrowding in Aleppo, Damascus, Deir-Ez-Zor, Homs, Lattakia and Tartous governorates. The rehabilitation and light maintenance of WASH facilities in 13 collective shelters in Hama, Tartous and Homs governorates is ongoing with PUI support, and in parallel to this, PUI has also conducted assessment at two other centres in Lattakia.

Essential services and distributions are continuing in camps, however group activities including educational activities, gatherings at child friendly spaces and WGSS have been suspended or modified to mitigate risks. Additional measures, including limiting outside visits, appropriate reductions in staff numbers, and sterilization and awareness campaigns are ongoing. In addition, distributions of food, hygiene and NFIs, have been grouped together to reduce the number of distributions and exposure. The Food Security Sector in collaboration with the WASH and Health Sector have developed joint SOPs on COVID-19 for NES camps, and have shared it with partners.

Al-Hol Camp

As referred to in the previous report, the one suspected case of COVID-19 so far reported in Al-Hol camp has been confirmed as tested negative. At the time of writing, no further suspected cases had been reported. As RRTs are not allowed to enter the camp due to security approvals, for the time being samples will be collected at the main gate.

Construction has commenced to establish an isolation area outside Al-Hol camp, with capacity for 80 beds and a storage area for sterilization items, supplies and hygiene kits. A partner has committed to provide graveling and fencing for the area, in addition to a generator, 80 beds (including mattresses and NFIs) for the isolation area, while UNHCR will provide the other needed NFIs. A triage tent will be installed at the gate of the site to confirm that the referred cases meet case definitions, with further plans to staff the isolation center with medical personnel 24/7.

Also in the isolation area, UNICEF has commenced installing WASH facilities, hand washing stations and water tanks according to WHO guidelines. The WASH sector will provide hygiene kits and other sterilization items. ICRC has confirmed capacity to provide three hot meals per day for patients at the isolation center and for staff.

WHO provided four thermal screening devices to Al Hol Camp (two at the main gate, two at the Annex entrance) and thermal screening has commenced by personnel trained by WHO on the use of devices. WHO is further supporting by technical guidance for preparing a strategic response in case of outbreak at the camp and camp like settings., WHO has delivered the first batch of PPEs, including masks, gloves and sterilization items. A second shipment of PPEs has been received with distribution plans underway.

In WASH, UNICEF has supported the commencement of installation of two additional reverse osmosis water stations in Al-Hol, each with a capacity of 200 m3. WASH partners are further preparing a strategic plan to cover Al-Hol, in addition to other NES camps, including installation of handwashing stations, disinfection and sterilization of all distribution points, health facilities and communal kitchens. Nutrition partners have completed training of their staff on IPC measures and case definition.

WHO in coordination with sectoral actors have commenced a ten-day awareness campaign on COVID-19, including for residents of the Annex. In addition to IEC materials in public spaces and use of speakers, a tent-to-tent campaign will occur in phases hosting Syrian and Iraqi residents. In the Annex, IEC materials have been translated into several languages, and will be posted in public spaces, however tent-to-tent visits will not occur due to security concerns.

CHALLENGES

As is the case globally, the impacts of COVID-19 are all encompassing, and present challenges across multiple fronts – ranging from operational (including unprecedented restrictions on movement, lengthy quarantines) to personal (concerns over physical wellbeing / family separation), and logistical (market disruptions / failure, remote working modalities). In Syria, as is the case elsewhere, the operating environment is also changing rapidly, 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. Furthermore, the CPHL is the only designated laboratory for testing COVID-19 in the country, although further laboratories are set to open shortly. Nevertheless, 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 of COVID-19. Of note, the absence of a laboratory capacity in NES, coupled with transport delays and access challenges, hinders the timely testing of suspected cases.

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

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

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 recent restrictions on travel within governorates to and from urban and rural areas, in addition to curfews, has impacted the ability of programmes and field/technical assessments to reach communities, particularly in remote areas as they seek exemptions. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

Further challenges include other unforeseen events related to the crisis that impact communities' ability to protect themselves from COVID-19. As an example, in the past month, the Alouk water station, a critically important water source for 470,000 people, has been disrupted multiple times. The UN emphasizes that, now more than ever, basic services must be de-politicized and their protected status respected under international law. In addition, border closures and the deteriorating exchange rate has impacted humanitarian conditions. In Rukban, as of 18 March, residents have been unable to access the UN clinic on the Jordanian side of the border as authorities require pre-screening for COVID-19. The UN continues to advocate to all parties for conditions that would enable safe humanitarian access.

FUNDING

Due to the pandemic, a COVID-19 Global HRP 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 HRP 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 HRP is aligned with the WHO Global Strategic Preparedness and Response (currently costed at approx. US \$12 bn) and complementary to, and in support of, existing government response plans and national coordination mechanisms, with requirements over a 9-month period (until the end of 2020) amounting to \$2.01 billion. Funding will be allocated to UN agencies at the global level and will be updated on a monthly basis.

Within Syria, the financial requirements for the revised COVID-19 operational response plan are still being determined, however are expected to far exceed what is currently available. To date, sectors have identified approximately \$21 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. On 17 April, the SHF launched a \$23 million reserve allocation in accordance with the preparedness and response priorities.

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 17 March, UNRWA launched a \$14 million Flash Appeal aimed at raising the initial resources required to prepare for and mitigate the impact of the virus. UNRWA is currently revising its Flash Appeal to include a stronger and updated response to the socio-economic consequences of the crisis on the lives of Palestine refugees.

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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