

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 8 May 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 44 (three fatalities, 27 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).
- On 25 April, COVID-19 testing commenced at the Tishreen University Hospital laboratory in Lattakia governorate.
- On 28 April, the first repatriation flight of Syrian nationals abroad landed in Damascus from Armenia. Approximately 10,000 other Syrian nationals have registered for other repatriation flights. The MoH has requested assistance to expand quarantine capacity to accommodate returning nationals for a mandatory 14-day quarantine period.
- The enhancement of laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs) 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, 3,181,642 laboratory-confirmed cases of COVID-19, including 224,301 deaths (CFR=7 per cent) had been reported globally. The United States has the most confirmed cases (1,035,353) and the most deaths to date (55,337). In the Eastern Mediterranean Region, more than 193,942 COVID-19 cases have been reported, including 7,716 deaths, around 79 per cent of which occurred in Iran.

In Syria, 44 laboratory-confirmed cases have been reported by the MoH to date, with one case in Dar'a Governorate, 12 in Damascus, and 30 in Rural Damascus. 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 most recent case was announced by the MoH on 1 May. The MoH has also announced 27 recoveries to date. Data available indicates 22 of the cases are male and 21 female; with three cases aged between 0-9 years; two aged 10-19 years; three aged 20-29; nine aged 30-39; three aged 40-49 years, 11 aged 50-59 years; ten aged 60-69 years and two aged 70-79 years.

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. On 30 April, authorities in NES announced that they had detected two additional positive COVID-19 cases by testing through their own laboratory capacity. The authorities further stated the two cases were a woman at Qamishli National Hospital and her husband, who was currently at their home in Al-Hasakeh City.

As of 29 April, according to the MoH, around 2,000 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus. 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 first imposed in early to mid-March. 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, including a 28 April flight from Armenia to repatriate 29 Syrian nationals who had been unable to return to Syria

due to COVID-19 precautionary measures. The passengers were reported to be in 14-day mandatory quarantine. On 29 April, the Director of the Civil Aviation Corporation announced that a further approximate 10,000 Syrians abroad had registered for further repatriation flights; with priority given to women, children, patients, and students and residents whose residency will expire, and arranged according to quarantine capacity.

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 maintained exemptions on the Fishkabour/Semalka informal border crossing to enable access for NGOs to cross once per week. The pontoons have been repaired allowing humanitarian shipments above 500kg with several NGOs transshipping supplies including medical items, health kits, food baskets and office supplies over the past 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 a range of preventive measures, with some recent relaxations introduced. A daily curfew from 7.30pm to 6am is in place for the holy month of Ramadan until otherwise announced. A general travel ban between governorates and to and from urban and rural areas with some exemptions remains in place, however on 30 April a three-day exemption was announced; with medical teams deployed to examine passengers at the entrance of major cities. On 23 April it was announced all industrial, retail and service businesses could open from 8am to 5pm during the holy month of Ramadan, so long as precautionary COVID-19 measures were adopted. On 26 April, the Ministry of Education (MoE) announced that no schools would reopen during the current academic year with national exams (9th and 12th grades) to occur on an as-yet unannounced date.

Some specified recreational areas continue to be subject to lockdowns, however quarantines on Mneen in Rural Damascus and Sayeda Zeinab were lifted in the reporting period. Visits to prisons and detention facilities continue to be suspended.

Local authorities in NES continue to implement curfew restrictions, as well as closure of all non-essential public and private facilities, offices and shops, with exemptions for pharmacies, commodities/food shops, and farm equipment shops. On 30 April, the authorities imposed a lockdown of al-Amran neighbourhood in Al-Hasakeh City; the residential area where two people who had recently been announced by local authorities to have tested positive for COVID-19 by their own laboratory capacity. All gatherings and events, including Iftar celebrations, 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

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. Since the advent of the holy month of Ramadan, further price increases have been reported, as has reports of limited supply of some basic food items. Fuel prices (diesel and gas) 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 also further weakened in mid-March to the lowest point on record (SYP 1,325 to US \$1), and is around SYP1,300 at the time of writing. On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704, 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.

The increase in food prices due to COVID-19-related factors – including a worsening informal exchange rate, panic buying, disrupted supply routes, slow stock replenishment, reduced shop opening hours and movement restrictions – is likely to increase vulnerabilities, as will diminished employment opportunities. According to WFP VAM food security monitoring, in March 2020 increased levels of harmful coping mechanisms were reported. Around 50 per cent of assessed households reported lack of employment as the main cause, followed by high food prices. As the impact of COVID-19 continues, a substantial number of households are likely to become more vulnerable to food insecurity.

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, including 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

However, slower delivery and temporary suspension of programmes necessitated by mitigation measures has had impacts, 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 are likely to remain suspended in line with authorities' directives.

As reported in previous updates, a Health sector rapid survey revealed that 44 per cent of responding organizations had reported their activities had been impacted by preventive measures related to COVID-19. Health and Nutrition sector partners also reported a decrease in demand for services due to preventive measures (for example, reduced operating hours) and prospective patients not wishing to attend facilities due to fear of transmission. In some areas, including Damascus, mobile teams have temporarily suspended operations due to factors including inadequate PPE for health workers and community fears. Sector partners have identified the need for appropriate risk communication and community engagement strategies to address such fears. Additionally, UNICEF are prepositioning preventive and curative nutrition supplies to cover at least two months to mitigate the impact of travel restrictions and other preventive measures.

As noted above, schools will remain closed for at least another month. The Education Sector is coordinating with the MoE to support distance and home-based learning, with the MoE expected to share a detailed plan with programmatic and financial requirements shortly. An assessment by the Child Protection AoR surveying 20 partners in ten governorates revealed that 45 per cent of centers – an entry point for child protection services – were closed, with significant impacts on specialized and referral services. The assessment will be further utilized to map gaps and strategize alternative modalities to reach children in affected areas.

In other protection activities, UNFPA continues to provide GBV services, including psychological first aid, remote GBV case management, psychosocial support as well as GBV prevention awareness raising during the COVID-19 crisis, using online and other platforms. Some women and girls' safe spaces have closed, however alternatives, such as remote delivery of GBV case management, continue. UNFPA further report that 90 of the 126 mobile outreach teams providing GBV/sexual and reproductive health services have suspended operations. To fill this gap, online training of frontline community volunteers on psychological first aid commenced on 26 April, and UNFPA will further provide GBV pocket guides with information on basic communication skills and on referrals of GBV cases.

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; 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 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. In the reporting period, the first meeting of the social protection technical committee led by MoSAL and co-chaired by WFP and UNFPA took place. At this meeting it was agreed to focus efforts around five workstreams: awareness raising and training; cash; food and NFIs; quarantine and boarding centers; and livelihoods and small and micro-enterprises. It was further agreed that assessments / monitoring would be a separate workstream. On 30 April, the joint inter-ministerial and UN Task Force on COVID-19 was held under the chairmanship of Deputy Minister of Health. A presentation was made on the UN response to date aligned with National COVID-19 Preparedness and Response Plan.

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. 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; the plan is now under leadership review.

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, in addition to 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. In the reporting period, an online training/meeting comprising 105 GBV sub-sector partners was held to map and support the monitoring of the GBV response and gaps and enable consistency and harmonization of data across partners.

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 27 April, a meeting was held with donors to discuss issues related to COVID-19, including development of the HRP Annex; a briefing from WFP on price increases and overall economic situation; and establishment of the global medevac platform.

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 covering a wide range of issues in relation to COVID-19, which has been disseminated to partners across the country. The Group has also finalized online training materials in Arabic.

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. An estimated more than 9.4 million people have been reached by television and radio awareness campaigns, two million by printed IEC materials, and nearly six million through social media. 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.

In the reporting period, WHO provided technical support to the MoH to launch the [COVID-19 Dynamic Infographic Dashboard for Syria](#). WHO also disseminated new global guidance on Safe Ramadan Practices in the context of COVID-19 to partners.

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. UNHCR is supporting over 2,500 out-reach volunteers and 250 health volunteers in awareness raising campaigns. UNHCR is also collaborating with 19 partners in 13 governorates to disseminate messages through established WhatsApp groups, and also during the reporting period, a further partner targeted 1,200 children with online cartoon programs and videos. UNFPA has supported the MoH and Mol to develop a television and radio campaign to raise awareness on COVID-19 and reproductive health services with a focus on pregnant and lactating women and midwives.

Trainings related to awareness raising also continued through the reporting period, including WHO support to a MoE training on key messages and to enhance interpersonal skills of health promoters working in the school health directorate. The International Medical Corps also trained 22 clinical staff and 669 beneficiaries on COVID-19 awareness. UNICEF and WHO also supported remote training of 175 case workers on COVID-19 and protection, including from partners in Damascus, Rural Damascus, Homs, Hama, Tartous, Latakia, Aleppo, Deir-Ez-Zor and Qamishli governorates.

Regional outreach is ongoing. In the reporting period, UNHCR Aleppo with protection partners supported additional awareness-raising initiatives for persons registered in Community and Satellite centers, and through IEC distribution in the city and rural areas. On 27 April, a joint WHO/UNDSS online awareness session commenced targeting UN staff members in Aleppo, and also within the reporting period, WHO supported MoE and MoH to complete a series of awareness sessions in Aleppo, Tartous, Latakia, Hama, Homs, Rural Damascus, Dar'a, As-Sweida and Deir-Ez-Zor, with 150 physicians working on school primary healthcare centers participating. A protection partner in Homs also reached more than 6,000 children with text messages.

In NES, awareness campaigns and related trainings of partner staff, including specific targeting of camps, IDP settlements and collective shelters are ongoing. Specifically in IDP camps, WHO, UNHCR and UNICEF completed a targeted COVID-19 awareness campaign from 13-25 April covering the five formal IDP camps (Al-Hol, Areesha, Mahmoudli, Al-Roj, and Newroz), 74 collective shelters, 43 IDP settlements in Ar-Raqqa and Deir-Ez-Zor and two informal camps in Menbij, utilizing over 200 trained volunteers.

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. 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 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 in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. On 28 April, WHO supported a training workshop for 86 RRT members covering 13 governorates.

In NES, five RRTs are active in Al-Hasakeh, three in Ar-Raqqa and five in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo. UNFPA has supported NES partners with infrared thermometer devices to be used at health service entry points and to refer to appropriate facilities for follow up and testing.

Where possible, UNICEF's fixed health clinics are incorporating the triage system for patients, and with WHO, will implement community surveillance in camps. UNRWA have also continued a triage system in their 25 health centers to examine patients with respiratory systems separate from other clients. To date, 4,365 patients at UNRWA facilities have reported respiratory complaints and have been examined; no COVID-19 cases have been detected to date.

As outlined in previous reports, samples continue to be collected by RRTs and sent to the CPHL from all 14 governorates. During the reporting period, two samples from Al-Hasakeh and one sample from Deir-Ez-Zor were sent to CPHL.

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 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 18 CPHL laboratory technicians has also been completed.

WHO has provided testing kits to the MoH since 12 February. During the reporting period, WHO delivered 10,000 laboratory swabs to CPHL and viral transport medium for sample collection, as well as PPE. This is in addition to deliveries outlined in previous reports, consisting of 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), 4,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR), in addition to PPE for laboratory staff. WHO is further procuring additional supplies and equipment, with sufficient supplies for three months in pipeline.

In Lattakia, the testing of COVID-19 samples at Tishreen University Hospital commenced on 25 April, following WHO support for on-site training of laboratory technicians and delivery of essential supplies. At the time of writing, five cases had been tested. The establishment of further laboratories in Aleppo and Homs governorates are underway. On-site training for 24 laboratory technicians from Lattakia, Homs, Aleppo and Damascus is ongoing until 5 May, with 18 technicians trained to date. PCR machines have been delivered to Aleppo and Homs, and testing kits to Aleppo, Homs and Lattakia. The establishment of a laboratory in Al-Hasakeh is under consideration, and as detailed above, the GoS has committed to establish laboratories in all governorates.

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. As of 29 April, the CPHL has tested approximately 2,000 cases for COVID-19, with a current average of 60-90 tests 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 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. 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. 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, with passengers entering a 14-day mandatory quarantine. A further approximate 10,000 Syrians abroad have registered for further repatriation flights. On 29 April, the MoH indicated that it would be seeking support to expand quarantine capacity to accommodate further repatriation returns.

As detailed in the last update, WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. In the reporting period, WHO delivered 102,680 gloves, 121,195 surgical masks, 54,510 medical masks, 37,795 gowns and 9,790 alcohol hand rubs to partners. To date, WHO has delivered more than one million PPE items across Syria, including surgical masks, gloves, reusable heavy-duty aprons, gowns, headcovers, alcohol hand-rubs, medical masks, goggles and coveralls, in addition to alcohol hand-rubs; including shipments of PPE and sterilization items to Qamishli National Hospital, the DoH in Al-Hasakeh, and also in Deir-Ez-Zor.

In the reporting period, WHO also provided a training workshop on IPC and case management in Al-Hasakeh, and trained healthcare workers at Al-Hayat Hospital and Al-Hikma Hospital in two three-day training sessions, and at Al-Hol camp. Training workshops on IPC for 48 healthcare workers from IMC was also completed during the reporting period. Other trainings in the reporting period included IMC training 97 beneficiaries on IPC and handwashing awareness.

Regional dispatch of 20MT of medical supplies (including PPE, 14 ICU beds, three x-ray machines, and seven ventilators) which WHO airlifted to Qamishli has been completed, with deliveries to the Al-Hasakeh, Qamishli, Menbij, Tabqa and Ar-Raqqa national hospitals as well as to the Deir-Ez-Zor and Al-Hasakeh health authorities, Al-Hol camp, and to SARC. More than 3,400 items of PPE, a ventilator, and a basic x-ray system was delivered to Al-Hol camp. A smaller shipment (less than 1MT), including two ICU beds and two ventilators, and PPE was donated to Menbij National Hospital.

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. Out of the 15 hospitals assessed across the country, UNICEF is supporting ongoing light rehabilitation of WASH systems in six facilities in Lattakia (Al Hafa Hospital and Al Qerdaha Hospital), Aleppo (University Hospital, Zahi Azraq Hospital, and Ibn Khaldoun Hospital), and in Al-Hol camp.

To enhance IPC measures in healthcare facilities, UNDP has also continued, with MoH, supporting WASH rehabilitation within priority healthcare facilities, with further rehabilitation (including WASH) planned at Al-Qadmous Hospital in Tartous. Plans are underway to support Dummar Hospital in Damascus with an expected implementation timeframe of two months and works at Al-Qadmous Hospital in Tartous will be completed in a month. In addition to light rehabilitation completed at an isolation center in Dar'a Governorate (Al Bassel Education Centre) Première Urgence Internationale (PUI) is supporting ongoing light rehabilitation at the designated isolation center (Health Institute) in Deir-Ez-Zor Governorate. PUI is also supporting light WASH maintenance and provision of cleaning/hygiene items to 15 childcare centres in Damascus, Rural Damascus, Homs and Aleppo governorates. 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 for when schools reopen.

As detailed in previous reports, UNRWA continues to support disinfection campaigns and increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp), and ensuring its frontline staff has PPE.

Also as previously detailed, WASH sector partners are continuing to deliver increased quantities of soap and hygiene kits. By the end of April, distributions of soap was expected to reach approximately two million bars. UNICEF also continue delivery of regular WASH services, including operation and maintenance of WASH infrastructure across the country. UNICEF are further locally procuring supplies of PPE to distribute to partners for use of frontline health workers, and during the reporting period SARC distributed PPE to their health facilities, including in nutrition units.

Under the Global COVID-19 Urban Response Framework (including WASH), UNHabitat, in partnership with MoLA&E is mobilizing support for solid waste interventions in Homs and Hama governorates, including enhanced engagement with communities and targeting the most vulnerable groups (the elderly, disabled, IDPs, and female headed households).

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.

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. As outlined in previous reports and as referenced above, UNDP is in technical discussions with MoH to support infrastructural rehabilitation at hospitals in Damascus and Tartous. 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.

Further to the support detailed in previous reports, WHO continues to deliver trainings on case management (resuscitation and ventilation management). During the reporting period, trainings were conducted in Deir-Ez-Zor and Homs, with further trainings scheduled in Homs and Aleppo governorates in the coming week. UNFPA has also procured 20 ventilators, 20

ICU monitors, two computerized tomography (CT) scanners, and 25 cardiocography machines, expected to be delivered to partners around 12 May, to enhance response for women of reproductive age.

In NES, during the reporting period, WHO conducted three training workshops in NES for 43 health workers at Al-Hikma Hospital, Al-Hayat Hospital and Areesha camp. As detailed in previous reports Sectors are working to establish isolation centers in identified camps and informal sites, and external referrals are being explored for moderate cases from Mahmoudli camp and Washokani informal site. 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 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 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. In addition, it is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in humanitarian assistance supply into Syria.

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.

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.

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. The meeting will serve to enhance coordination among partners and avoid duplication. During the reporting period, RRTs received approval to enter camps and national hospitals in NES, and WHO received a third shipment of PPEs, with distribution to occur shortly, including to Al-Hol.

As referenced above, a joint WHO, UNHCR and UNICEF COVID-19 awareness campaign plan for camps and collective shelters in NES has been completed in the reporting period covering the five formal IDP camps (Al-Hol, Areesha, Mahmoudli, Al-Roj, and Newroz), 74 collective shelters, 43 IDP settlements in Ar-Raqqa and Deir-Ez-Zor and two informal camps in Menbij, utilizing over 200 trained volunteers.

WASH partners are further continuing support to 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, Latakia and Tartous governorates; in addition

21 assessments are starting in Al-Hasakeh. From these assessments so far, eleven shelters (covering 815 households) have been identified for work to commence.

As outlined in previous reports, the rehabilitation and light maintenance of WASH facilities in 13 collective shelters in Hama, Tartous and Homs governorates is ongoing with PUI support. PUI has also conducted assessments at four other shelters in Damascus and Lattakia, with work planned.

Al-Hol Camp

As referred to in previous reports, no confirmed cases of COVID-19 have so far been reported in Al-Hol camp.

Construction of the planned isolation area, with capacity for 80 beds and a storage area for sterilization items, supplies and hygiene kits, continues. A triage tent will be installed at the gate of the site, with further plans to staff the isolation center with medical personnel 24/7. During the reporting period, installation of WASH facilities at the isolation center was ongoing and is expected to be completed in two weeks; two large tents are being installed for confirmed cases and two rub halls for suspected cases. Graveling of the site is also ongoing, after which time the fence will be installed. Service area works are progressing slowly due to mandatory curfews and transportation restrictions imposed between cities, however site leveling has started. It is expected the area will be functional within three weeks.

The Protection Working Group is also coordinating with the Health sector regarding arrangements for communication between family and caregivers for children and elderly persons in the case adult family members are hosted at the isolation center. UNICEF has confirmed readiness to manage a separate area for children in the case their parents enter the isolation center and are coordinating with WHO and Shelter actors on the issue.

To date, WHO has delivered two shipment of PPEs and four thermal screening devices to Al-Hol Camp (two at the main gate, two at the Annex entrance). Thermal screening is ongoing by personnel trained by WHO. Enhanced WASH interventions also continue. The joint UN-agency awareness campaign has been completed, covering all phases of the camp, including the annexes.

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. 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 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.

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

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, 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 past months, 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 (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 next update to the GHRP is expected to be issued around 7 May.

The GHRP 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 currently estimated at \$178.6 million and are currently undergoing a leadership review. Moving forward, they Requirements - along with the GHRP – will be updated on a monthly basis, as the situation evolves. To date, sectors have identified approximately \$29.3 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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