

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 15 May 2020.

## HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 47 (three fatalities, 29 recovered).
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps and informal settlements in NES, collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.
- Populations of concern: All groups are susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).
- COVID-19 testing has now commenced at laboratories in Aleppo and Latakia governorates.
- 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, 3,855,812 laboratory-confirmed cases of COVID-19, including 265,862 deaths (CFR=6.9 per cent) had been reported globally. The United States has the most confirmed cases (1,245,874) and the most deaths to date (69,889). In the Eastern Mediterranean Region, more than 244,024 COVID-19 cases have been reported, including 8,694 deaths, around 75 per cent of which occurred in Iran.

In Syria, 47 laboratory-confirmed cases have been reported by the MoH to date: one case in Dar'a; 12 in Damascus; and 34 in Rural Damascus; with the most recent cases announced on 8 May. The first positive case was announced on 22 March, with the first fatality reported on 29 March, and subsequent fatalities reported on 30 March and 19 April. The MoH has also announced 29 recoveries.

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

On 6 May, reports indicated that several Turkish police officers in Afrin had tested positive for COVID-19. At the time of writing, no official details had been released, however reports suggest the officers had been evacuated from Afrin to Turkey.

As of 8 May, according to the MoH, around 2,700 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. 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 flights from various locations (including Armenia, the United Arab Emirates and Egypt to date, with another flight scheduled from Russia in the coming week) to repatriate Syrian nationals who had been unable to return to Syria due to COVID-19 precautionary

measures. Repatriated nationals are required to enter a 14-day mandatory quarantine. According to the GoS, approximately 10,000 Syrians abroad have registered for repatriation flights.

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

In NES, at the time of writing, local authorities had closed Fishkabour/Semalka informal border crossing to goods and personnel, with exemptions for NGOs to leave (i.e. Semelka to Fishkabour), and for exceptional crossings of medical personnel to cross into NES with the requirement of 14-day quarantine upon arrival. An alternative emergency crossing modality has been agreed but is yet to be activated. Tell Abiad border crossing is reported partially open for some commercial and humanitarian shipments and Al-Bukamal-Al Quaem for commercial crossings, while Ras al-Ain border crossing is closed except in limited circumstances.

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

### ***Preventive measures***

The Government of Syria (GoS) continues to implement preventive measures, albeit with further relaxations being progressively introduced. A daily curfew from 7.30pm to 6am is in place for the holy month of Ramadan until otherwise announced, as is a general travel ban between governorates and to and from urban and rural areas with some exemptions. Since 23 April, all industrial, retail and service businesses are allowed to open from 8am to 5pm, so long as precautionary COVID-19 measures are adopted. In the reporting period, the GoS further announced that Friday prayers would be allowed to resume from 8 May, and public and private transportation services, including between rural areas and major cities, could resume from 10 May. Universities and institutions will also reopen from 31 May, and elections are postponed until 19 July.

Local authorities in NES continue to implement curfew restrictions (between 3pm to 6am). Some relaxations have been reportedly introduced, with most shops and many services now allowed to open. Al-Amran in Al-Hasakeh City, the residential area where two people who had been announced by local authorities to have tested positive for COVID-19 remains under lockdown until at least 11 May. All gatherings and events remain cancelled. A decree released by local authorities stated that fines will be imposed (ranging from SYP 5,000-45,000) for curfew violation.

### ***Humanitarian Impact***

Although prices and availability fluctuate, overall significant price increases and some shortages in basic goods (on average 40-50 per cent in food staples) and personal sterilization items (face masks, hand sanitizers – up to 5,000 per cent increase) have been reported across Syria since mid-March. 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 weakened to its lowest point on record (SYP 1,435 to US \$1) in the reporting period, closing at around SYP1,415 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.

Prior to the COVID-19 crisis, an estimated 80 per cent of people in Syria already lived below the poverty line, with high and increasing levels of food insecurity; from 2019 to 2020, food insecurity increased by 22 per cent, from 6.5 million people to 7.9 million people. Of these 7.9 million, 5.4 million live within government-controlled areas and NES. An additional 1.4 million people in these areas are at risk of falling into food insecurity. The recent increase in food prices and diminished employment opportunities due to COVID-19-related factors is likely to exacerbate this further. Should additional funding not materialize in the coming weeks, WFP will need to start reducing the calorific content of its food ration in order to avoid cutting beneficiaries.

The Ministry of Social Affairs and Labor (MoSAL) reported that approximately 320,000 people registered online by 28 April for the National Campaign for Emergency Social Response for assistance due to work lost as a result of COVID-19 preventive measures. Of these, MoSAL report that around 91 per cent are daily labourers, 10.9 per cent are older persons, and 8 per cent are people with disabilities. The highest levels of registration were recorded in Rural Damascus, followed by Damascus, As-Sweida, Lattakia and Homs. Further registrations for those unable to access the online system, in addition

to data verification is planned. Based on the available data, needs and activities will be identified, with technical focal points recently identified to coordinate between UN agencies and authorities.

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

While life-saving programmes have continued, including essential health care, more have been able to resume in the past two weeks following the lifting of some precautionary measures, including malnutrition screening in urban and rural areas. Many remain impacted, however, as detailed in previous reports. The most pronounced impact remains in education and community-based services and activities, including in protection, livelihoods and psychosocial support programming, which 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. Health and Nutrition sector partners also reported a decrease in demand for services due to preventive measures and patients not wishing to attend facilities due to fear of transmission. In the reporting period, the Nutrition sector has held advocacy meetings with various Departments of Health to ensure continuity of nutrition programming with COVID-19 prevention measures. UNRWA also report reduced attendance at their health facilities, with non-critical services remaining suspended. However UNRWA is providing telemedicine support, with 1,225 calls logged to date; and door-to-door visits with 157 visits conducted in the reporting period.

While universities are scheduled to re-open at the end of May, schools remain closed until further notice. 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.

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 using online and other platforms, including WhatsApp. Nineteen women and girls' safe spaces have closed, as have mobile outreach teams. However alternatives, such as remote delivery of GBV case management and training of community volunteers, continue.

## PREPAREDNESS AND RESPONSE

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

The current key priorities in Syria are:

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

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

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

## Country-Level Coordination

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

OCHA Syria also continues to engage the Inter-Sector Coordination (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 has finalized 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 updated funding requirements, as well as the accompanying Response Monitoring Framework. Moving forward, the ISC intends to conduct a light-touch review – mainly financial – of the response plan every four to six weeks (aligned to the planned updates to the Global Humanitarian Response Plan for COVID-19). The HCT has also finalized a Guidance Note on the Rehabilitation of Quarantine Facilities for partners in the field to take into consideration when approached by authorities to provide support.

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.

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 6 May the RC/HC briefed the Damascus diplomatic corps on the COVID-19 response to date, and also met with Damascus-based INGOs to discuss the same issue, among other topics.

## 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 and trained several partners in NES.

As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) materials is ongoing, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques. An estimated 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.

As detailed in the previous report, WHO has also provided technical support to the MoH to launch the COVID-19 Dynamic Infographic Dashboard for Syria, available in both [Arabic](#) and [English](#). In the reporting period, WHO delivered a further 19,500 IEC materials to public and private health centers in Tartous and Latakia. In addition, WHO and UNICEF worked with partners on the development of new television campaigns on COVID-19 awareness and collaborated with UNDP and UNICEF to develop training for MoSAL volunteers.

As also detailed in prior reports, UN agencies, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives, including through social media campaigns. UNHCR is supporting 112 active hotlines utilizing a bank of 130 questions and answers across 11 themes.

Trainings related to awareness raising also continued through the reporting period. UNICEF developed and shared with MoSAL a RCCE training package to be utilized for 10,800 volunteers, while UNHCR supported further training to hotline operators and partners.

Regional outreach is ongoing. In the reporting period, UNICEF supported campaigns in Aleppo and in NES, highlighting physical distancing. UNHCR also continued supporting partners in 37 community-led initiatives including in awareness raising. WHO also supported a further five awareness raising sessions in Hama and Latakia governorates.

In NES, awareness campaigns and related trainings of partner staff, including in camps, IDP settlements and collective shelters are ongoing. 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. UNICEF also launched a one-month physical distancing awareness initiative in Al-Hasakeh and Ar-Raqqa, targeting hospitals, bakeries, post offices and other areas.

## Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection, one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through 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 for testing (in line with similar established mechanisms for sample testing). To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral. Further trainings at the governorate level are scheduled for June. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo.

Where possible, UNICEF's fixed health clinics are applying the triage system, in addition to the RRT referral pathway in coordination with WHO and will implement community surveillance in camps. UNRWA have also continued a triage system in their 25 health centers to examine patients. To date, 6,018 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. The public health laboratories in Aleppo and Latakia have also commenced testing; to date, 38 cases in Aleppo and 10 cases in Latakia and Tartous were tested. In the reporting period, nine cases were investigated in NES.

## Points of Entry

At all points of entry, the MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts including providing one thermal scanner camera 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 24 CPHL laboratory technicians has also been completed.

WHO has provided testing kits to the MoH since 12 February. During the reporting period, WHO delivered additional PPE to CPHL including 2,000 medical masks, 500 surgical masks, 13,000 gloves, 14,000 head covers, 12,000 shoe covers, 200 coveralls and 50 face shields. To date, WHO has provided 34 enzyme kits (3,400 reactions), 52 extraction kits (3,000 reactions), 82 screening kits (7,872 reactions) and 11 confirmatory testing kits (1,056 reactions), 14,000 swabs and viral transport medium for sample collection, and five polymerase chain reaction (PCR) machines, in addition to PPE for laboratory staff. WHO has further supplies and equipment sufficient in pipeline expected in the next one to four months.

Following WHO support for on-site training of laboratory technicians from Aleppo, Homs, Lattakia and Damascus and delivery of essential supplies, on 25 April, testing of COVID-19 samples commenced in at the Tishreen University Hospital in Lattakia, and on 3 May, at the Zahi Azraq Hospital in Aleppo. To date, 38 tests have been conducted in the Aleppo laboratory and 10 in Lattakia. As detailed above, the GoS committed to establish laboratories in all 14 governorates.

The increased capacity and decentralization of testing, including in NES, continues to be a priority for the UN to support implementation. As of 7 May, the laboratories have performed testing for around 2,700 cases for COVID-19, with 90-150 tests currently performed per day. Support is ongoing to scale up this capacity and increase geographical coverage.

## Infection Prevention and Control

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

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

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 as detailed above, WHO delivered additional PPE to the CPHL in Damascus, in addition to 24,300 items of PPE to the laboratory and main isolation center at Tishreen Hospital in Lattakia. To date, WHO has delivered more than 1.3 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. Shipments of PPE and sterilization items have also been dispatched to Qamishli National Hospital, the DoH in Al-Hasakeh, and in Deir-Ez-Zor.

In the reporting period, WHO also provided a training workshop on IPC and correct use of PPEs for 57 health workers from four NGOs in Deir-Ez-Zor, and four IPC trainings in NES, including at Al-Hol and Areesha camps, and two private hospitals.

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. UNICEF is supporting ongoing light rehabilitation of WASH systems in 15 hospitals across the country, including in Lattakia, Aleppo, Quneitra, Rural Damascus, Da'ra, Homs and Hama governorates and in Al-Hol camp.

To enhance IPC measures in healthcare facilities, UNDP is currently supporting WASH rehabilitation within three priority healthcare facilities identified as isolation centers in Tartous, Damascus and Dar'a, with plans to further support rehabilitation (including WASH) at an additional 14 health facilities in all governorates. In addition to light rehabilitation completed at an isolation center in Dar'a (Al Bassel Education Centre) Première Urgence Internationale (PUI) continues to support light rehabilitation at the designated isolation center (Health Institute) in Deir-Ez-Zor. The Education sector is also mapping WASH needs in schools; so far, 1.15 million soap bars and IPC materials for 11,500 schools have been procured for when schools reopen.

Also as previously detailed, WASH sector partners are continuing to deliver increased quantities of soap and hygiene kits. In addition to delivery of their regular WASH services across the country, UNICEF are preparing this month's soap distribution to occur jointly with WFP food assistance, targeting 3.5 million people. In addition in the reporting period, UNICEF distributed 13,605 PPE items and 3,000 bottles of hand sanitizers to NGO and health partners in five governorates.

Further, Medair, in addition to reviewing IPC measures in its supported health care centers, distributed 8,250 PPE items in Homs, Dar'a, Quneitra, Aleppo and Deir-Ez-Zor. Triangle Génération Humanitaire supported distribution of 1,539 hygiene kits and 8,265 soap bars in Hama and Rural Damascus in partnership with the Syrian Arab Red Crescent (SARC). International Medical Corps (IMC) in partnership with SARC also distributed 828 family hygiene kits and 13,420 bars of soap in collective shelters, orphanages, other vulnerable beneficiaries in Hama Governorate. In Al-Hasakeh Governorate, IMC and SARC are finalizing plans to distribute cleaning materials and tools, jerry cans and soap in 63 IDPs shelters.

UNFPA is in the process of launching an e-voucher system to support the most vulnerable pregnant and lactating women for the purchase of essential hygiene items. The system will first launch in Dar'a and its rural areas to target an initial 3,000 women, with possibility to expand elsewhere. Another partner, the Syrian Society for Social Development (SSSD), reached 4,655 beneficiaries in Homs and Hama with soap, PPEs and IEC materials. SSSD further distributed disinfectant material to 50 families in need in Al-Hasakeh.

As detailed in previous reports, UNRWA continues to support increased sanitation activities at the nine official and accessible Palestine refugee camps (and one informal camp). To date, UNRWA has supported the recruitment of 16 additional sanitation workers at its camps, and recently recruited an additional 24 temporary workers. To further reinforce IPC in communities, UNDP continues to support municipalities in solid waste collection and removal activities in Aleppo, Al-Hasakeh, Rural Damascus and Dara'a governorates, with approximately 600 workers recruited and provided with PPE. UNDP is further supporting ongoing rehabilitation of wells and pumping stations in Al-Hasakeh.

UN-HABITAT is also working to improve IPC at the municipal level and strengthen local community engagement in Homs and Hama cities. This includes the support of sterilization material and equipment, solid waste containers and recruitment of solid waste collection workers, focusing on densely populated areas/neighborhoods with a high population of vulnerable groups. UN-HABITAT is also working with MoLAE to support improvement of treatment of medical waste in Aleppo, including by providing two temperature medical waste incinerators. Also in Aleppo, a solid waste management project to reduce and prevent infections has been initiated, as has the rehabilitation and replacement of 2,000 meters of damaged sewer pipelines in Dar'a, to improve sanitation and public health conditions for 15,000 people.

## 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. In the reporting period, the MoH announced that 3,325 people had been isolated over COVID-19 concerns since February, with 771 still in quarantine for further tests.

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. On 4 May, a subsequent flight of over 200 Syrian nationals from the UAE arrived. Approximately 10,000 Syrians abroad have registered for further repatriation flights. The MoH have indicated it would be seeking support to expand quarantine capacity to accommodate repatriation returns for mandatory 14-day quarantine.

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

WHO continues to deliver trainings on case management (resuscitation and ventilation management). During the reporting period, 32 health care workers at Al Waleed Hospital in Homs were trained, and four further trainings were conducted for

health workers at Al-Hol and Areesha camps, and two private hospitals in NES. UNFPA also conducted an online training for 209 health care workers from Damascus, Aleppo, Al-Hasakeh and Hama governorates.

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. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in a repurposed factory building outside Al-Hasakeh; three ambulances are stationed there.

## Operational Support and Logistics

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

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

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

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to quickly identify bottlenecks in supply into Syria of humanitarian assistance. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in weekly consultations with partners. These include cluster coordination and Supply Chain working group meetings and engaging with the PWG to keep an overview of any potential downstream supply needs that may arise. 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.

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

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

As 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. In the reporting period, PUI also initiated rehabilitation of WASH systems at four other shelters in Damascus and Lattakia governorates.

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

Other activities in the reporting period include WHO supporting four trainings each on IPC and case management in Al-Hol and Areesha camps, and in two private hospitals. Partners have also agreed to distribute two rounds of assistance (May and June) at the same time to reduce overcrowding. Wash and Food Security sector partners are working to preposition assistance at the camps to cover two cycles.

### **Al-Hol Camp**

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

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

Construction of the planned isolation area at Al-Hol, with capacity for 80 beds, continues. During the reporting period, installation of WASH facilities was completed, including latrine units for people with special needs. Two sub-halls, two large tents and three family-size tents were also erected. Graveling of the site has been completed, with further ground preparation (cementing) underway. Service area works are progressing and is expected to be completed in two weeks.

An IPC sub-committee was established and held its first meeting at Al-Hol to discuss IPC strategies in the camp. WHO also conducted an IPC training at the camp, in addition to a training on case management for health workers. To date, WHO has delivered two shipment of PPEs and four thermal screening devices to Al-Hol Camp (two for the main gate, two for the Annex entrance), and has trained personnel in thermal screening. Enhanced WASH interventions also continue.

Following the joint UN-agency awareness campaign across all phases, daily awareness sessions continue. During the reporting period, several partners conducted awareness sessions in the Annex and IEC materials were displayed.

## **CHALLENGES**

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

Due to the prolonged crisis in Syria, the public health system is fragile and will require considerable support to reinforce its capacity to support a potential outbreak of COVID-19. Overall, only 57 public hospitals (64 per cent) are fully functioning in the country.<sup>1</sup> 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.

<sup>1</sup> World Health Organization. 2019. Annual Report of WHO Summary of key indicators.

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

Humanitarian staff are also impacted, with restrictions on movement and lengthy quarantine a contributing factor to limiting the ability to deploy staff and contractors where needed, including international staff who may not be able to cross borders. Evolving and unforeseen preventive measures are also disruptive to humanitarian programming. For example, the ongoing restrictions on travel within governorates to and from urban and rural areas, even with exemptions, in addition to curfews, has impacted the ability of programmes and field/technical assessments to reach communities, particularly in remote areas. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

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 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 updated GHRP was issued on 7 May with revised requirements of \$6.7 billion to meet COVID-19 related needs across 63 countries until the end of 2020. To date, \$923 million, or 14 percent of overall requirements has been received. Funding will be allocated to UN agencies at the global level and updated monthly.

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

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

SARC has also prepared a four-month plan to respond to the COVID-19 outbreak, covering a range of preparedness, containment and mitigation measures, totaling \$10.4 million. On 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, which is currently undergoing revision to include 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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