SYRIAN ARAB REPUBLIC: COVID-19

Humanitarian Update No. 05

10 April 2020

This report is produced by OCHA Syria in Damascus in collaboration with WHO Syria and Damascus-based humanitarian partners. The next report will be issued on or around 16 April 2020.

HIGHLIGHTS

- Number of people confirmed by the Ministry of Health (MoH) to have COVID-19: 19 (including two fatalities, four recovered)
- Areas of concern: Densely populated areas, notably Damascus/Rural Damascus and those living in camps, collective shelters and informal settlements in northeast Syria (NES), 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).

SITUATION OVERVIEW

The global situation remains highly fluid. However, at the time of writing, 1,479,168 laboratory-confirmed cases of COVID-19, including 87,987 deaths (CFR=5.8 per cent) had been reported globally. While the United States has the most confirmed cases globally (425,889), Italy represents the most deaths to date (17,699). In the Eastern Mediterranean Region, more than 87,882 COVID-19 cases have been reported, including 4,583 deaths, 90 per cent of which occurred in Iran.

In Syria, 19 laboratory-confirmed cases have been reported to date. The first positive case was announced on 22 March, with the first fatality reported on 29 March. One further fatality was reported on 30 March. The most recent cases were announced by the MoH on 5 April. The MoH has also announced four recoveries to date.

As of 8 April, according to the MoH, around 950 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus, including 17 from Deir-Ez-Zor and ten from Al-Hasakeh governorates. It remains a priority to enhance laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs).

Points of Entry

Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria are now closed, with some limited exemptions remaining (from Jordan, Turkey and Lebanon) for commercial and relief shipments, and movement of humanitarian and international organization personnel. International flights have been suspended to Damascus International Airport, as have all domestic flights. Tartous and Lattakia ports remain operational, with precautionary measures which have slowed down operations, including mandatory sterilization procedures, and minimum staff.

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

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

Preventive measures

The Government of Syria (GoS) continues to implement a range of preventive measures to be imposed until at least 16 April. This includes a curfew from 6pm to 6am; a ban on travel between governorates and also travel within governorates to and from urban and rural centers, with some exemptions, including for emergency, humanitarian and essential services. All non-essential services remain closed, and public sector offices remain on reduced working hours. Some popular recreation areas, such as public parks in Damascus city and the corniche area of Tartous, have also been closed. On 2 April, a weekend curfew commenced, from 12pm to 6am every Friday and Saturday.

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

Similarly, local authorities in NES continue to implement curfew restrictions until at least 21 April, as well as closure of all non-essential public and private facilities, offices and shops. All gatherings and events remain cancelled. A decree released by local authorities stated that fines will be imposed (ranging from SYP5,000-45,000) for curfew violation. In addition, judicial proceedings are suspended until at least 23 April.

Humanitarian Impact

Since mid-March, significant price increases and some shortages in basic goods (as much as 40-50 per cent in food staples) and personal sterilization items (face masks, hand sanitizers – up to 5,000 per cent increase) have been reported across Syria. Fuel prices (diesel and gas) also continue to increase, with the cost of diesel and gas in the informal market more than 160 per cent and 248 per cent higher respectively. The GoS has recently announced some items would be banned from export (eggs, milk, cheese, legumes, sterilization items) and imposed stricter measures to ensure retailers only sell some specified basic goods at official price limits; reports indicate some shops have been shut down for violating official limits. The exchange rate also further weakened since mid-March to the lowest point on record, closing at an unofficial rate on 25 March of SYP 1,325 to US $1, but has since slightly improved to around SYP1,280 at the time of writing (representing a more than 50 per cent devaluation compared to a year ago). On 26 March, the Central Bank of Syria adjusted the official rate from SYP 438 to SYP 704, and announced that only the GoS Ministry of Trade would have access to the former rate, as a preferential rate to enable cheaper purchases of basic commodities.

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

To better understand the scale of the socio-economic impact of COVID-19, an interagency working group is assessing the impact on the supply chain in Syria and on the agriculture sector. Due to emerging challenges, it is likely that additional needs for agriculture sector support in the short to medium term will emerge.

A number of humanitarian partners have reported operational delays and disruptions due to preventive measures. As sectors have mapped and monitored impacts to programming, many have resumed assistance with adjusted modalities to reduce risks to beneficiaries and humanitarian staff. Examples include handwashing and sanitation facilities at distribution points, combining distributions (e.g. food, sanitation and NFIs together), 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 following development of adjusted distribution modalities to ensure safety of beneficiaries and staff, and reproductive, maternal health, and GBV services are ongoing in safe and dignified manner, through provision or protective equipment, establishment of additional service delivery areas, and remote counseling.

However, slower delivery and temporary suspension of programs necessitated by new mitigation measures has had impacts. The Shelter sector estimates that 290,000 people will be affected by the slowdown in operations between March-May; and the NFI sector has estimated over 200,000 people will be affected by not receiving NFI distributions between March and April. A number of WASH interventions have either been suspended or constrained due to movement restrictions, affecting an estimated 2,650,000 people.

The most pronounced impact is on education programs and community-based services and activities, including in protection, livelihoods and psychosocial support programming (PSS), which are likely to remain suspended in line with authorities' directives. While some limited education activities can continue (including self-learning, online learning and other initiatives to sanitize and rehabilitate schools), 450 community centers, child-friendly spaces and Women and Girls Safe Spaces (WGSS) providing specialized protection activities to 1.2 million people have been closed. For child protection, some alternatives have been established, including virtual case management for children in need of protection and awareness sessions through social media and WhatsApp.

UNFPA and implementing partners are also continuing activities, through one-on-one sessions for case management, PSS, individual counseling and consultations in addition to outdoor individual awareness raising initiatives on COVID-19. Also, while some WGSS activities were suspended, essential services continue in several locations, including case management, remote counseling services and information dissemination, using phone calls, WhatsApp and other internet-based means. Some vocational training sessions, normally held in UNFPA-supported WGSS, are also being done online. For new cases, reproductive health static clinics are functional, providing reproductive and mental health services including ante-natal care, post-natal care, family planning, and treatments for reproductive and urinary tract infections.

Specifically for UNRWA, from 5 April, non-critical health care services (routine dental and non-communicable disease check-up) have been suspended to reduce the risk of exposure, although vaccination services continue, and telemedicine support has commenced. Patients receiving medication for chronic diseases are receiving a two-month supply of medicine per visit, instead of the regular one-month supply. In education, self-learning and remote programmes are being implemented, and UNRWA PSS counsellors are working with teachers, students and parents via phone, WhatsApp and email. The UNRWA training center in Homs, in coordination with the Palestine Red Crescent, is supporting the production of face masks, which will be distributed to UNRWA front-line staff. Emergency cash assistance is also ongoing with preventive measures to reduce overcrowding in place.

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, has engaged the MoH and health partners to enhance technical capacity and awareness, including on rational use of PPEs, case management, infection prevention and control, environmental disinfection, and risk communication; focused on procuring and enhancing integral medical supplies including in laboratory testing and PPE, for case management and healthcare facilities; and worked to increase awareness, including with vulnerable communities. A WHO multi-disciplinary team is also on stand-by to be deployed. On 31 March, UN Secretary-General Antonio Guterres launched a report *Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*, which forms the basis of considering 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 and asylum-seekers, 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.

On 7 April, the UN RC/HC and UNCT members held a meeting with the Minister of Social Affairs and Labor (MoSAL) and key governmental counterparts to discuss and agree on coordination arrangements for the social protection response towards communities at governorate and municipal levels; and on 9 April the first meeting of the GoS and UN technical working group was held with representatives from the Ministries of Agriculture and Agrarian Reform (MoAAR); Education (MoE); Higher Education (MoHE); Information (MoI); Local Administration and Environment (MoLAE); MoSAL; Tourism; Transportation; WHO; UNHCR; UNICEF; UNFPA; UND; and OCHA to discuss the development of a response workplan. Key issues agreed included the need for preventive measures through a multi-sectoral approach which promotes risk communication and community engagement, and enhancement of laboratory investigation and testing. The GoS committed to establish laboratories in all governorates over the coming weeks and months to expedite and increase testing capacity.

At an inter-hub level, weekly operational calls are ongoing between OCHA Damascus/Qamishli, WHO Damascus/Qamishli, health sector focal points, INGOs and the Whole of Syria Health Sector Coordinator to support coordination on key issues requiring joint approaches in NES, including community mobilization, capacity building, case management and a unified strategy for camps. OCHA Syria also continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. At present, the ISC is finalizing its updated Operational Response Plan for COVID-19 structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to map business continuity and support coordinated response planning, in addition to coordinating with relevant authorities. Key activities include developing sectoral-specific guidance on risk mitigation and other relevant strategies, and information dissemination among partners, in addition to development of sector-specific response plans to be 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 Foreign Minister of Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL and MoLAE, as well as ICRC and SARC.

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 to assist implementing partners in their awareness-raising activities and harmonize a country-wide approach.

To date, WHO has supported the printing of more than 642,000 information, education and communication (IEC) materials with different key messages for distribution to health partners. WFP is currently printing 3.5 million IEC materials focused on hygiene promotion, safe management of crowds at food distribution points and supporting families to prepare their food safely at home. UNICEF has already disseminated 720,000 IEC materials in public places (pharmacies, bread distribution sites), and for inclusion with bread and grocery bags. In addition, 150 banners have been displayed in special areas such as rural locations on water trucking vehicles, and further IEC materials targeting school children and families have been produced. UNICEF has also developed television clips on key prevention practices to be aired nationally, and recently signed a MOU with a Syrian social services app to reach 1.5 million families to highlight relevant messages. Cooperation is also ongoing with the Ministry of Awqaf and religious leaders for awareness raising with 500 mosques.

Regional outreach is ongoing. WHO, working with the MoH, conducted an awareness session for 25 health workers in Squelbiya National Hospital in Homs; for school health doctors in Homs and Hama; and training for Syria Arab Red Crescent (SARC) health workers and volunteers is ongoing. International Medical Corps (IMC) in partnership with SARC continued awareness raising through provision of IEC materials in Hama city, while UNICEF has provided 16,000 IEC materials for distribution in five southern governorates. In Aleppo, protection partners have distributed IEC material and also in Aleppo, As-Sweida and Quneitra governorates, a WhatsApp awareness raising campaign has been launched.

Specifically to protect Palestine refugees, UNRWA has disseminated 50,000 leaflets as part of a food basket distribution across nine camps in Rural Damascus, Aleppo, Homs, Hama and Dara'a governorates.

UNFPA's key GBV-centric partners have integrated awareness raising in existing reproductive health and gender-based violence interventions, including through social media platforms.

To ensure the safety of refugees and asylum seekers in Syria, UNHCR is also continuing capacity building sessions on COVID-19 to refugee outreach volunteers to raise awareness, in addition to amplifying social media messaging.

Specific sectors are also continuing to work collaboratively with partners on risk communication and community engagement. In addition to the initiatives detailed in previous reports, the Protection Sector has launched a telephone awareness campaign whereby staff contact persons of concern to inform them of key messages and refer to alternative services. A joint risk communication campaign with the MoH, MoI and Awqaf is also ongoing targeting women and girls on health risks and prevention of domestic violence in the context of COVID-19 related measures.

In NES, WHO, UNICEF and UNHCR have commenced an awareness campaign targeting IDP settlements. Training has been completed for more than 200 volunteers in Al-Hol and Areesha camps and IDP shelters in Al-Hasakeh and settlements in Ar-Raqqa and Deir-Ez-Zor governorates. WHO has further distributed 69,000 IEC materials in various locations across NES, and UNHCR has printed an additional 3,000 for distribution. UNICEF has also started a detailed two-month RCCE plan in the NES, including printing and distribution of relevant IEC material in Al-Hasakeh and Ar-Raqqa governorates; implementation of a social media messaging plan; and a messaging toolkit distributed to all partners. In addition, ICRC/SARC have finalized visual material to be displayed in camps.

Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria, a syndromic based surveillance system functioning since 2012. Currently 1,269 sentinel sites report cases through EWARS system across all 14 governorates.

With the support of WHO, MoH has commenced active surveillance across 13 governorates, utilizing 72 surveillance officers, who will be in regular contact with and actively visit private and public health facilities to monitor admissions.

Within Syria, including NES, all relevant stakeholders including local authorities have agreed to collect samples through 92 RRTs for referral to the CPHL in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). RRT personnel (86) in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral to CPHL. Training will continue in April to cover up to 344 RRT members.

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

As of 7 April, according to information received from the MoH, 155 samples from RRTs have been collected, with 139 sent so far to the CPHL, from Damascus, Rural Damascus, As-Sweida, Aleppo, Quneitra, Deir-Ez-Zor, Homs, Hama, Lattakia, Al-Hasakeh and Al-Hol camp. Due to lack of flights or reliable transport, challenges of referrals of samples to Damascus has been identified and is being discussed by partners.

Points of Entry

At all points of entry, the MoH has stationed at least one equipped ambulance with medical personnel. WHO has supported screening efforts including providing one thermal scanner camera to MoH.

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

National Laboratories

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were additionally fixed; and the laboratory generator was repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing. Training of more than 95 MoH and DoH staff in sample collection and surveillance has been completed, as has on the job training for 10 CPHL laboratory technicians.

WHO has provided testing kits to the MoH since 12 February. As of 6 April, 62 screening kits (5,952 reactions), seven confirmatory testing kits (672 reactions), 4,000 laboratory swabs for sample collection, 30 extraction kits (1,500 reactions and five polymerase chain reaction (PCR) machines have been delivered, in addition to PPE for laboratory staff. The PCR machines have been calibrated and are ready to use. WHO is further procuring additional laboratory supplies and equipment sufficient for six months.

The establishment of further laboratories in Aleppo, Homs, and Lattakia governorates are underway. On-site training for six laboratory technicians commenced on 8 April (until 14 April), with 24 technicians to be trained in the next three weeks. Additional PCR machines already procured with WHO support will be transferred from Damascus to Homs and Lattakia to equip the public health laboratories. The establishment of a laboratory in Al-Hasakeh is also under consideration, and as detailed above, the GoS has committed to establish laboratories in all governorates over the coming weeks and months.

The increased capacity and decentralization of testing, including the need for a laboratory in NES, continues to be a priority for the UN to support implementation. On 7 April, the MoH announced that testing capacity had increased to 100 analyses per day (previously 30 per day); support is ongoing to scale up this capacity as well as increase geographical coverage.

Infection Prevention and Control

WHO, UNICEF, Health and WASH partners are working closely with relevant authorities to enhance IPC measures across public spaces, support health facilities, and to integrate measures across humanitarian programmes. Health and WASH actors are undertaking health facility assessments to gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing distance between patients, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

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

As detailed in the last update, WHO continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, this has included 610,000 surgical masks, 151,000 gloves, 66,000 reusable heavy-duty aprons, 20,400 gowns, 10,000 headcovers, 2,850 alcohol hand-rubs, 2,275 medical masks, 715 goggles and 600 coveralls. In the reporting period, to NES, WHO dispatched a shipment of PPE and sterilization items to Qamishli National Hospital (1,440kg) and another shipment to the DoH in Al-Hasakeh (175kg). For the larger health sector, UNICEF will assist in increasing the availability of PPEs by procuring 10 per cent of the estimated sector needs.

WASH Sector partners are delivering increased quantities of soap and have further contributed to recent disinfection of public spaces in Damascus, Rural Damascus, Dara'a, As-Sweida, Aleppo, Homs, Hama, Al-Hasakeh, Ar-Raqqa and Deir-Ez-Zor. To date, UNICEF has ordered 1.6 million bars of soap for distribution, including 795,000 bars through WFP as part of general food distributions. In addition to the distributions outlined in the previous report, IMC in partnership with SARC

will distribute 40,500 bars of soap in Deir-Ez-Zor, and 22,500 bars of soap in Hama. Partners are also implementing measures in distribution sites such as use of masks, hand sanitizers and contactless distribution processes.

As part of its efforts as the WASH cluster lead agency, UNICEF, in the reporting period, has commenced procurement of IPC items (chlorine, cleaning kits, sprayers) for health centers; WASH IPC supplies for distribution in 73 Ministry of Social Affairs (MOSA) residential centers, and drafted IPC disinfection protocols for WASH contractors. In addition, UNICEF continues delivering its regular WASH services, most notably the support to the operation and maintenance of WASH infrastructure (including the provision of sodium hypochlorite for water disinfection) across the country. In the reporting period UNICEF dispatched four tanks with 1,200 liters of chlorine to SARC branch in Sabkha subdistrict, Ar-Raqqa Governorate.

In other WASH efforts, in Hama Governorate, Triangle Génération Humanitaire (TGH) has completed the rehabilitation of a water system serving 2,280 people in Zegbeh. Water trucking quantity is also being monitored and increased where required; for example in East Ghouta, Rural Damascus Governorate, UNICEF increased delivery of water trucking from around 500,000 litres to 800,000 litres per day to 35 locations to support increased handwashing.

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 has commenced leading 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 29 identified quarantine facilities and 20 isolation spaces across 12 governorates. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running, with people reported in quarantine or medical isolation in Damascus, Rural Damascus, Dara'a, Aleppo, Deir-Ez-Zor, Homs, Hama, Lattakia and Tartous.

Given the extent to which even the most advanced health systems globally have been quickly overwhelmed by COVID-19 cases, the immediate priority is on providing support to and reinforcing isolation facilities. To date, support has included delivery of medical supplies and PPE to two facilities in Lattakia; UNICEF further plans to commence light rehabilitation of identified quarantine and isolation centers in the coming week. PUI will also commence rehabilitation at three identified facilities, and provide cleaning supplies, upon MoH approval.

WFP is further exploring the capacity to support food assistance for persons under quarantine, with an initial planning figure of 500 people per month for a 90-day period. In addition, UNHCR's 14 primary health centres and 16 health points in UNHCR-supported community centers continue to operate and support provision of care, including to refugees and vulnerable host communities and IDPs.

In addition to the support to case management detailed in the previous report, WHO continues to deliver trainings, including during the reporting period on case management (resuscitation and ventilation management) in Zabadani district, Rural Damascus for 25 health workers.

In NES, sectors are working to establish isolation centers in identified camps, including Al-Hol, Areesha, Mahmoudli, Roj, Newroz, Washokani, Anu Khashab, Tal As-Samen, and two camps in Menbij. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 9 April, WHO dispatched seven ventilators to NES locations.

Operational Support and Logistics

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

Globally, the 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. This interagency team will

help improve information management and coordination to support strategic guidance, operational decision-making, and overall monitoring of Supply Chain.

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

The Logistics Cluster is monitoring UN agency supply routes into Syria and working closely with the Global Logistics Cluster to have an overall picture of the global supply and routes to quickly identify bottlenecks in supply into Syria of humanitarian assistance. As there is a global shortage of PPEs, activities should be prioritized in coordination with HCT to ensure the most efficient use.

CAMPS & COLLECTIVE SHELTERS

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

In coordination with health partners, WHO has developed a COVID-19 awareness campaign plan for camps and collective shelters in NES. UNHCR and protection partners have completed a rapid assessment in four camps and two informal settlements to inform further awareness campaigns. IEC material relating to hygiene promotion has been distributed widely in camps and supported facilities and shared with partners for wider circulation. Broader hygiene promotion and outreach activities have also been scaled up in camps, with outreach workers training on new materials, and dedicated campaigns launched relating to safe handwashing, hygiene etiquette and COVID-19 awareness. More than 110 volunteers have also been trained in awareness and basic mental health/PSS interventions at Al-Hol, Mahmoudli, Areesha and Roj camps.

WASH partners have undertaken assessments in camps to identify handwashing facility gaps. In addition, contingency planning is underway to double water provision from 20 liters to 40 liters per person per day for increased handwashing, and partners are working on additional capacity to support IPC enhancements in collective centers. Shelter partners have conducted assessments in Aleppo, Damascus, Deir-Ez-Zor, Homs, Lattakia and Tartous governorates, and repairs are being planned or underway in the collective shelters to reduce overcrowding and improve hygiene facilities. This includes the repair of two shelters in Lattakia, and PUI have commenced rehabilitation and light maintenance of WASH infrastructure in 13 collective shelters in Hama, Tartous, and Homs governorates,

The Shelter sector has further pre-positioned tents in camps to help reduce overcrowding and distributed shelter kits in rural Aleppo and shared the NFI caseload with the WASH sector to ensure distribution of hygiene kits. IMC and SARC plan to distribute 1,341 hygiene kits in 16 collective shelters.

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

Al-Hol Camp

To date, one suspected case of COVID-19 has been reported in Al-Hol camp. A sample was collected and referred to CPHL. At the time of writing, the results were not yet available.

On 2 April, a multi-sectoral joint assessment was conducted to establish an isolation area inside Al-Hol camp, with planning for two rub-halls with a capacity of 30 beds each for the suspected cases, and two large tents with a capacity of 15 beds each for confirmed moderate cases. A triage tent will be installed at the gate of the site to confirm that the referred cases meet case definitions, with further plans to staff the isolation center with medical personnel 24/7.

Al-Hol was included in a mapping exercise on awareness activities to enable efficient coordination between protection partners and ensure activities were in line with current guidance. On 3 April, the first group of 50 volunteers were provided

online training on COVID-19 and mental health/PSS basic interventions. WHO in coordination with sectoral actors are continuing awareness campaigns, including for Annex residents. Modalities include printing of IEC material in multiple languages.

CHALLENGES

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

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

The crisis has also disrupted national routine surveillance with currently EWARS the only timely surveillance system for communicable diseases. Furthermore, the CPHL is the only designated laboratory for testing COVID-19 in the country, although further laboratories are set to open in Aleppo, Homs and Lattakia shortly. Nevertheless, technical and operational support is urgently needed to enhance further laboratory capacity across Syria to collect and ship samples as well as recruit and train surge technicians. In line with global WHO guidance, the UN in Syria emphasizes the urgent need for a rapid increase in testing to properly track and monitor a possible outbreak of COVID-19. Of note, the absence of a laboratory capacity in NES, coupled with transport delays and access challenges, hinders the timely testing of suspected cases.

Sanctions, which impose restrictions on 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 where needed, including international staff who may not be able to cross borders. Evolving and unforeseen preventive measures are also disruptive to humanitarian programming. For example, the recent restrictions on travel within governorates to and from urban and rural areas has temporarily impacted the ability of several mobile medical, nutrition and distribution teams to reach targeted communities as they seek exemptions. Border restrictions, in addition to other factors, are also impacting costs for humanitarian partners.

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

FUNDING

Due to the pandemic, a COVID-19 Global HRP to address direct and indirect public health consequences on the population has been developed, with inputs from WHO, IOM, UNDP, UNFPA, UNHABITAT, UNHCR and UNICEF, as well as the Red Cross Red Crescent Movement. The HRP offers a multi-partner/sectoral response to the pandemic; for the time-being it does not attempt to deal with secondary or tertiary issues related to macroeconomic effects and more longer-term requirements in various sectors.

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

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

requirements over a 9-month period (until the end of 2020) amounting to $2.01 billion. Funding will be allocated to UN agencies at the global level and will be updated on a monthly basis.

Within Syria, the financial requirements for the revised COVID-19 operational response plan are still being determined, however are expected to far exceed what is currently available. To date, sectors have identified approximately $21 million from either new contributions or existing funding reallocated or repurposed from programmes suspended due to COVID-19 mitigation measures, which can be used for immediate response. The SHF, which currently has available funds of $59.9 million (including pipeline and pledges), can also be used to support COVID-19 related interventions. A reserve allocation is currently being developed. 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.

More Information

General information: 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)

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

How to talk to your child about COVID-19: https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19

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

Guidance on Rational use of Personal Protective Equipment for COVID-19: Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)

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