



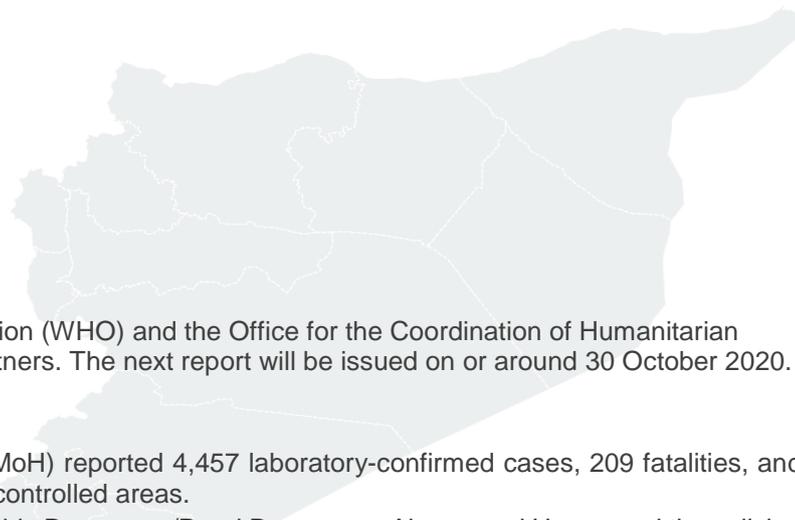
4,457 total confirmed cases

1,183 Recoveries

209 Deaths

Source: Syrian Ministry of Health (MoH)

*MoH data does not include areas outside of GoS control



This report is produced by the World Health Organization (WHO) and the Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with humanitarian partners. The next report will be issued on or around 30 October 2020.

HIGHLIGHTS

- As of 6 October, the Syrian Ministry of Health (MoH) reported 4,457 laboratory-confirmed cases, 209 fatalities, and 1,183 recoveries in Government of Syria (GoS)-controlled areas.
- 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, where hostilities may be ongoing making sample collection more challenging.
- In northeast Syria (NES), the number of confirmed cases continues to rise, with 1,998 cases confirmed as of 6 October, including 503 recoveries and 71 deaths.
- In northwest Syria (NWS), as of 1 October 1,072 confirmed cases of COVID-19 were reported, including six deaths. There is a funding gap of nearly US\$11 million until the end of the year for the COVID-19 preparedness and response efforts, with an urgent need to fill gaps in expanding testing, strengthening surveillance, and furthering IPC materials.

SITUATION OVERVIEW

In GoS-controlled areas of the country, 4,457 laboratory-confirmed cases have been reported by the Syrian MoH as of 6 October: seven in Ar-Raqqa; 13 in Deir-Ez-Zor; 35 in Al-Hasakeh; 81 in Quneitra; 100 in Dar'a; 131 in Tartous; 144 in Hama; 154 in As-Sweida; 396 in Homs; 424 in Rural Damascus; 431 in Lattakia; 1,077 in Aleppo; and 1,464 in Damascus. More than 500 new cases have been announced since the last report.

Further underscoring the particular risk to healthcare workers (HCWs), as of 30 September, 143 HCWs have tested positive for COVID-19. This includes 59 in Damascus, 30 in Lattakia, 14 in Rural Damascus, nine in Aleppo, seven in Hama, six each in Quneitra, Tartous and Dar'a, three in Al-Hasakeh, two in As-Sweida, and one in Homs. To date, 11 HCWs have reportedly died; the most recent being on 3 September.

The steady increase in affected HCWs since July underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised.

Humanitarian actors continue to receive reports that HCWs in some areas do not have sufficient personal protective equipment (PPE). The WHO continues to lead efforts to support increased distribution of PPE where needed to ensure the protection of HCWs.

While current official numbers remain relatively low, it is clear the epidemiological situation in Syria continues to rapidly evolve and all factors – including that more than 92 per cent of announced cases to date have not been linked to exposure/contact with a known case – point to widespread community transmission. Since July, official numbers have risen sharply; including a peak of over 1,600 confirmed cases (around half the current total) in August.

In NES (as of 6 October) 1,998 reported cases of COVID-19 have been confirmed. Of these, there were 1,424 active cases, 503 recovered cases and 71 deaths.

While the majority of newly confirmed cases has been concentrated in Al-Hasakeh, with 423 newly confirmed cases in the past two weeks (a 53 per cent increase) (as of 30 September), the upward trend of increased transmission in other areas

has also continued. In Ar-Raqqa District, 129 new cases over the same period (a 211 per cent increase) have been reported, while the first cases have also recorded in Menbij. Overall, the number of confirmed cases does not provide an accurate reflection of infection prevalence.

Despite an increase in testing in some areas, under-testing due to limited testing capacity and, most immediately, low detection capacity, continues to remain a challenge. Low levels of case detection are linked to under-reporting due to social stigma, misapplication of the case definition/clinical screening protocols, as well as challenges in activating the rapid response teams (RRTs). The high risk of undetected transmission is compounded by limited adherence to preventative measures, as well as limited enforcement of these measures, which makes transmission more likely, low case management capacity and continued high levels of transmission amongst HCWs.

In NWS (as of 1 October), a total of 1,072 confirmed cases of COVID-19 were reported (401 from Idleb and 671 from Aleppo governorate), including six medically confirmed deaths (Case Fatality Rate: 0.6 per cent). To date, 980 cases developed mild symptoms, 58 developed moderate/severe symptoms, and 34 cases were asymptomatic. A total of 526 (49 per cent) of the cases have already recovered. Among the cases, 629 were males and 443 were females. The mean case age was being 34.7 years, while 10 cases were under five years of age, and 67 cases were over 60 years of age.

Of all cases, 172 (16 per cent) are HCWs. WHO has attempted to limit spread and transmission of COVID-19 by issuing official guidance on the management of HCWs exposed to suspected or confirmed COVID-19 in healthcare settings put together by the COVID-19 Taskforce (TF) and Case Management and Infection Prevention and Control (IPC) working groups. Risk Communication and Community Engagement (RCCE) must be targeted to HCWs, as well as other vulnerable groups.

This is supplemented by efforts to increase laboratory testing capacity through the delivery of two additional polymerase chain reaction (PCR) machines and the development of a renewed testing strategy that better meets the context in NWS.

An additional laboratory was established in Jarablus northern Aleppo following support of a Health Cluster partner. There is a funding gap of nearly US\$11 million until the end of the year across preparedness and response plan (PRP) pillars, with an urgent need to fill gaps in expanding testing, strengthening surveillance and further IPC materials across northwest Syria in order to mitigate COVID-19 outbreaks

Large-scale capacity building in NWS is ongoing to support staff working in COVID-19 community based treatment centres (CCTCs), as well as designated isolation hospitals. Early Warning, Alert and Response Network (EWARN) district level officers conducted 15 training sessions for 15 health facilities in Idleb, Harim, Afrin and Jisr as Shagur district from Idleb and Aleppo governorates to train 189 NGO HCWs on the basics of COVID-19 disease surveillance and diagnosis.

PREPAREDNESS AND RESPONSE

Hub-level preparedness and response planning

The Humanitarian Country Team (HCT) in Syria is focused on reinforcing comprehensive, multi-sectoral preparedness and mitigation measures for COVID-19. At the same time, the HCT is also focused on protecting, assisting and advocating for the most vulnerable, including internally displaced persons (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 [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 at the national and sub-national level to test for timely detection;
- Protecting HCWs 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 to engage with the Syrian MoH and partners to enhance technical capacity and awareness, including on rational use of PPE, case management, infection prevention and control (IPC), environmental disinfection, and risk communication; and is focused on procuring and enhancing medical supplies, including laboratory testing and PPE for case management and healthcare facilities.

On 31 March, UN Secretary-General Antonio Guterres launched a [report](#) entitled 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.

In NWS, a major focus has been on curbing transmission amongst HCWs. To mitigate outbreaks among the medical community, a number of actions are being undertaken. Surveillance is working to come out with a renewed testing strategy for NWS, based on WHO recommendations, adopting to context. This will include:

- Testing of HCWs at high risk facilities dealing with respiratory illness
- Periodicity of testing in focus areas (hot spots)
- Testing of HCWs with multiple shifts/contracts
- Testing of HCWs where there are multiple co-infection-related service delivery points (for e.g. tuberculosis)

Reducing turnaround time of lab results is a key focus area. The Afrin lab opening and decentralized sample collection at health service delivery points are concrete actions being pursued.

Additional focus on IPC measures in facilities (bi-weekly reporting from implementing partners' (IPs) monitoring teams), refresher trainings for staff. Health directorates (HDs) and Health Cluster recommendations to IPs to avoid dual employment of HCWs. A mechanism of declaring deaths to be coordinated with case management and HDs and surveillance – with proper review of epi. and case sheet/sequence of clinical manifestation as per WHO guidance. For the management of deceased persons, the referral system task force is coordinating with HDs and hospitals to hand over management as per WHO guidelines. WHO through its Health Information System (HIS) project will accelerate death certificate implementation.

Discussions are ongoing to repurpose a number of COVID-19 community-based treatment centers to quarantine centres, mainly for asymptomatic contacts amongst internally displaced persons (IDPs). A quarantine centre working group involving relevant cluster coordinators has been convened to discuss inter-cluster contributions and coordination mechanisms for quarantine centres. One centre in the Idleb area and one in the northern Aleppo area are planned to be piloted before more are established.

NES NGO partners continue to implement and scale-up COVID-19-related activities under all of WHO's eight preparedness and response pillars for COVID-19.

ACCESS RESTRICTIONS

As of 3 October, Syria and neighboring countries continue to reinforce precautionary measures at border crossings to limit the virus's spread. Most land borders into Syria remain closed, with some limited exceptions from Jordan, Turkey and Lebanon, including commercial cargo, relief shipments, and the movement of personnel from humanitarian and international organizations. Domestic flights are ongoing and repatriation flights have landed in Damascus, including from the United Arab Emirates, Libya and Oman, bringing the total number of Syrian nationals repatriated to date to more than 5,000. On 1 October, following a six-month suspension of air travel, international commercial passenger flights resumed at Damascus International Airport.

Access to Rukban from within Syria remains under discussion with the various parties. The border crossing point with Jordan remains closed, curtailing access to the UN-clinic. On 27 September, the Jaber/Nassib border crossing for commercial movement was re-opened by the Jordanian authorities following more than six weeks of closure. Tartous and Lattakia ports remain operational, with precautionary measures in place.

New requirements for arrivals from Lebanon continue to be instituted by the GoS at official border crossing points, including presentation of a negative PCR certificate obtained within the past 96 hours at accredited laboratories. Those unable to provide such a document are quarantined. The GoS further announced that Syrians transiting through Lebanon must reach the borders no more than 24 hours before their flight and within 96 hours of a negative PCR test. In recent weeks, some 2,000 Syrian nationals reportedly returned to Syria from Lebanon through land crossings; mainly the Maasna crossing point.

The GoS continues to maintain a widespread easing of preventive measures introduced throughout May, albeit with some ongoing changes. The daily curfew remains lifted, as does the travel ban between and within governorates. Public places, including markets, restaurants, cafes, gyms, parks, theaters, cinemas and most leisure facilities remain open, with mandated precautionary measures. Mosques and churches are open, with physical distancing requirements. Public and private transportation services have resumed, as have schools, universities and institutions. Whilst the re-imposition of broad-based restrictions by the GoS is not anticipated due to economic and social impacts, the enforcement of localized lockdowns is possible. Recently, ad-hoc suspension of prayers in some locations has been reported, as well as closures of wedding halls and some schools/classrooms where students or teachers were confirmed to have contracted COVID-19.

Restrictions remain in place at most other crossing points inside Syria. Abu Zandin and Um Jloud in Aleppo as well as Akeirshi and Abu Assi in Ar-Raqqa (except students) remain closed. Reports indicate, however, that in practice crossings

do occur. The Tabqa crossing point is reportedly currently open to commercial and humanitarian cargo and NES residents processing a residency card. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement. Al-Taiha in Aleppo is reportedly open for commercial traffic and NES residents possessing a residency card. Awn Dadat in Aleppo was reportedly open from 19-30 September for NES residents with residency documentation; however, reports at the time of writing indicate that local authorities on the other side have stopped movement. The Al-Bukamal-Al Quaem crossing is reportedly open for commercial and military movements, while the Ras al-Ain border crossing remains closed, except in limited circumstances.

In NWS, access by humanitarian actors to beneficiaries and communities to basic services have remained generally permissive, in the period leading up to the first confirmed cases and in the subsequent period of COVID 19 transmission in NWS. Throughout, partners have implemented adaptive distribution models and implementation approaches based on the recommended mitigation measures. They are also seeking to strengthen precautionary measures in communities to safeguard both staff and local communities amid heightened transmission risks due to overcrowding and population movements. This is particularly the case for IDP camps and areas in proximity to the frontlines. Ongoing hostilities and contamination with explosive ordnance continue to hinder safe access to highly vulnerable areas by humanitarian workers in support of response to existing needs and COVID-19.

Local authorities in NWS have put in place sporadic restrictions at international and internal crossing points through short-term closures or limitations on the number of people allowed to cross. In most instances, accommodations have been made to facilitate continued access by humanitarian staff but movement restrictions on civilians seeking medical treatment across the border have been observed. Currently, Bab al-Hawa crossing point is open for commercial and humanitarian cargo and movement of humanitarian staff from Turkey into NWS. Bab al-Salam crossing point is open daily for commercial and humanitarian cargo but restricted to two days per week for humanitarian staff and one staff member per organization. Internal crossings between Idlib and northern Aleppo remain open to both humanitarian cargo and staff whilst those between NWS and NES remain closed. As transmission of COVID 19 increases in NWS, the humanitarian community continues to work with local authorities to both increase mitigation measures and maintain access.

In NES, all border crossing points remain closed as a precautionary measure, with exemptions put in place by local authorities for humanitarian goods and personnel at the Fishkabour/Semalka informal border crossing, and in other limited cases, including urgent medical cases to cross to Iraq. For imports, local authorities remain operational at approximately 30 per cent capacity due to COVID restrictions, resulting in common bureaucratic delays in organizing cargo flights and obtaining NGO tax exemptions. In addition, air cargo transport service from Damascus to Quamishli is expected to continue by WFP as the Logistics Cluster lead agency until 25 November through funds from the OCHA COVID-19 reserve Syria Humanitarian Fund (SHF) allocation, in addition to the UNHAS service for air passengers between Damascus and Quamishli.

On 27 September, schools have re-opened and local authorities have put in place mitigation measures to reduce overcrowding as well as encourage good hygiene and physical distancing practices. After local authorities lifted the ban on mass gatherings, lockdown measures are not foreseen, including in IDP camps; humanitarian partners have thus advocated for enhanced risk mitigation measures amid reports of low adherence to basic preventive measures.

Country-Level Coordination

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

OCHA Syria also continues to engage the Inter-Sector Coordination team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly Health sector coordination meetings and operational calls to monitor implementation of the COVID-19 PRP. Weekly operational calls on NES are also ongoing, including on enhancing and strengthening preparedness and response efforts at points of entry and contingency planning for camps.

In addition, sectors, including WASH, Health, Logistics, Protection, Nutrition, Food Security, Shelter and NFIs continue to undertake national and sub-national level meetings to support coordinated response planning, as well as coordinating with authorities.

Key activities have included developing sectoral-specific guidance on risk mitigation, information dissemination among partners, and development of sector-specific response plans incorporated in the operational response plan.

The UN RC/HC and WHO Country Representative, along with other UN leadership in country, continue to engage senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministry of Social Affairs and Labour, the Ministry of Legal Affairs, and Ministry of Education, as well as the International Committee of the Red Cross (ICRC) and Syrian Arab Red Crescent (SARC).

In NES (as 30 September), the NES COVID-19 TF continues to oversee collective COVID-19 preparedness and response efforts under the chairmanship of the NES Forum. Since the end of July, the TF has resumed weekly meetings, bringing together the work of three sub-TFs- RCCE, Infection Prevention and Control (IPC) and Case Management – which are driving key work streams under these collective pillars.

In addition to providing a weekly platform to update health partners and sector coordinators on COVID-19-related developments, the TF also supports engagement with the local authorities and addresses key cross-cutting issues affecting health partners.

The NES Forum and partners continue to engage with local authorities at two levels. At the central level a COVID-19 Technical Committee (TC) continues to function, with meetings convened with the head of local health officials on a weekly basis. The TC acts as an advisory body to the Department of Health (DoH); ensuring strategic coherence under the eight pillars of the response, providing guidance to the seven local COVID committees and advocating on key public health measures which should be adopted. The TC also brings together other stakeholders (i.e non-NGO/NES Forum partners) providing an advisory role vis-à-vis local authorities and supporting local health governance/ health system strengthening. Functional focal points under each of the response pillars, reporting directly to the DoH, have also been recruited to ensure greater strategic coherence. A training was delivered to these focal points on 28 September.

There have also been seven local COVID committees established across NES (Al Hasakeh, Quamishli, Deir-Ez-Zor, Tabqa, Ar-Raqqa, Menbij and Kobane). These committees provide operational leadership at the local level, with a focus on RCCE, case investigation and RRT deployment, IPC among HCWs and at health facilities. As well as leading these work-streams, the local COVID committees should help ensure implementation of a coherent approach (based on common standards) across NES. To this end, designated focal points have been identified to strengthen linkages between the local COVID committees and the central TC. Since the last report, consultations have been held with each local COVID Committee to collectively review progress and identify key gaps, challenges and priorities. Findings from these visits are incorporated in this report.

The NES Forum COVID-19 TF TC continues to support efforts to streamline and systematize case tracking and reporting. The Kurdish Red Crescent (KRC) is overseeing case reporting, linking with the laboratory focal point to track new confirmed cases and recoveries, as well as the local COVID committees/operations desks to track deaths. Daily case breakdowns are then communicated to local authorities, forming the basis of their daily public declarations of new cases. A detailed case breakdown is now shared on a daily basis. As previously mentioned, efforts are ongoing to establish both a public dashboard and patient database (for hospitalized cases) through ActivityInfo. Both will be activated by mid-October.

At the camp-level, health committees continue to operate across all camps in NES to oversee actions related to COVID-19 prevention and mitigation. The camp administration also participates in these bodies. These committees support work under the eight pillars, overseeing key functions, including contact tracing, RCCE and the isolation areas inside the camp.

Contingency plans to support the continuity of services have been developed across all camps. These plans specify the activities which can/should be maintained, activities which have been adapted to mitigate the risk of transmission, as well as activities which have been suspended to reduce the risk of transmission.

In NWS (as of 1 October), the virus continues to infect HCWs and medical staff, resulting in the COVID-19 TF to meet with selected hospital managers to better understand response challenges, as well as recommendations to mitigate/curb HCW infections, as well as general public transmission.

Concrete recommendations were drafted and are being acted on, including re-orienting facility staff on IPC; reducing turn-around-time for sample collection of suspected cases, as well as revisiting triage protocols in reference to transfer pathways for suspects.

Due to the productive outcome of the meeting, further hospital manager meetings will be conducted periodically, targeting hot spots areas and affected health facilities. These meetings will serve as an additional external monitoring feedback mechanism for the response. As quarantine centres are not under the health umbrella, in coordination with the Gaziantep NWS Inter-Cluster Coordination Group (ICCG) plans are under way to open community quarantine centres in Idleb, targeting internally displaced persons (IDPs) and those in IDP camps settings.

Risk Communication and Community Engagement

The United Nations Country Team (UNCT) has activated the RCCE Group which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19. Working closely with WHO and the Syrian MoH, the RCCE Group has developed and widely disseminated a multi-component package, including a toolkit of key messages covering a wide range of issues related to COVID-19.

The Group has also finalized online training materials in Arabic and trained several partners in NES and other parts of the country. As preventive measures have been lifted, the RCCE is working with partners to continue to engage the public on the ongoing risks of COVID-19 and to continue to promote behavioral initiatives such as hand and respiratory hygiene and physical distancing.

During the reporting period, new RCCE-supported radio and television spots highlighting key preventive measures, including messages specifically targeting children were broadcast on 10 public and private stations.

While cumulative RCCE efforts to date have reached an estimated 15 million people, survey information and anecdotal evidence suggests the risk perception across Syria remains very low and a considerable lack of adherence to individual preventive measures has been observed in some communities.

With UNICEF and WHO technical support, preparations are underway to soon launch a public opinion survey on COVID-19 with the aim to further understand public perceptions. As detailed in previous reports, development, printing and distribution of information, education and communication (IEC) material, in addition to awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions, is ongoing. Other channels, including through the Smart Card/Takamol application and online quizzes, are also being utilized.

Direct awareness raising at distributions and door-to door continues, as does engagement at universities, schools, of religious leaders in mosques, and with church networks. During the reporting period WHO supported one further workshop for media professionals aimed at raising COVID-19 awareness and combating rumors. WHO also continues technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in Arabic and English. As previously reported, 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. In the reporting period, UNFPA reached 7,874 people on awareness raising, including through mobile teams, in clinics, and in women and girls' safe spaces, and distributed relevant IEC materials.

Training and regional outreach is also ongoing. Over the reporting period, WHO supported a workshop for health workers on updated findings and recommended standards in the context of COVID-19. With the reopening of schools, UNICEF within the reporting period, focused support on awareness raising in schools in 14 governorates, including distribution of 110,671 IEC materials promoting handwashing and physical distancing. A partner reported a training-of-trainers in Rural Damascus and Aleppo and is preparing rollout of IEC materials specifically targeting returnee communities. In Aleppo Governorate, a partner worked to raise awareness through mobile teams, home visits and at their charity centers.

In NES (as 30 September), awareness campaigns and trainings of partner staff, including in camps, IDP settlements and collective shelters continue. Over the reporting period, at the Al-Hol IDP camp, a community rapid assessment exercise commenced, led by UNICEF with WHO, with 2,500 questionnaires collected so far. In addition, two community leaders' consultation meetings were held to dispel rumors, in addition to ongoing support to 55 community volunteers working with the RCCE working group. Over the reporting period, the volunteers reached 2,400 families with tent-to-tent visits.

Community outreach and awareness materials have been circulated widely across all sectors and consolidated through a dedicated Syria COVID-19 resources drop box folder (accessible to all partners, and also including the latest situation updates and sector-specific guidance).

In line with previous trends, adherence to COVID-19-related personal preventative measures in NES continues to decline according to recent Knowledge Attitudes and Practices (KAP) surveys. While knowledge around personal preventative measures to combat the virus' spread remains high, these surveys indicate that adherence to these measures has declined.

According to the latest round of the COVID-19 Rapid Assessments (21 September) by the Humanitarian Needs Assessment Programme (HNAP), almost all communities reported no/hardly any social distancing, prohibitions of mass gatherings, use of face coverings or adherence to self-isolation/ quarantine protocols. Such gaps were particularly acute outside Al-Hasakeh.

Of additional concern is the low proportion of respondents reporting that they would call a medical professional in cases of infection/symptoms. Less than 50 per cent of respondents said that they would report symptoms in a recent assessment, while only 23 respondents said that they would stay home and self-isolate. In addition, HNAP reported that in the majority of sub-districts outside of Al-Hasakeh 'going to the hospital' was still reported as the main course of action if a household member falls ill.

These findings reflect key challenges being reported on the ground, including high levels of underreporting (related to social stigma) and underutilization of the helpline/referral systems for individuals developing symptoms. Lastly, in terms of communication channels, television continues to be reported as the most widely used (92 per cent of respondents) and trusted source of information, with 'word of mouth' (84 per cent of respondents) the second most mentioned means of receiving information about COVID.

This further underscores the need to utilize both conventional and social media, as well as outreach through community networks to effectively share knowledge, shape attitudes and influence behavior in response to COVID-19.

Adherence to personal preventative measures continues to remain low across NES, contributing to a ripe environment for widespread transmission. There are multiple factors which are contributing to low risk perception on COVID-19 and limited adherence to personal preventative measures. These include a lack of positive behavioral uptake among key influencers: There has been limited uptake of recommended preventative measures among key influencers, including people in positions of power (local officials and community leaders) and public sector workers (health workers and teachers). The

limited adjustment to behavior among these groups- whether wearing face coverings, not shaking hands, not eating communally or implementing screening protocols outside public buildings- has contributed to low risk perception and complacency among the population. RCCE campaigns should be targeted at key influencers, including community leaders, to influence uptake.

Decisions to lift restrictions and enforcement measures, particularly at a time when the transmission risk is increasing, has resulted in reduced adherence to personal preventative measures and a misplaced confidence.

Limited enforcement measure (e.g. reinstating bans on mass gatherings, restricting access to public facilities without face coverings and curfews) should be considered to generate increased uptake and alter risk perceptions.

Risk communication to the population remains weak. Although daily case figures are publicly shared by local authorities, taken at face value these figures suggest a general stabilization of the situation. People are not fully informed of the likely scale of undetected transmission and the prospect that the situation worsens.

Social stigma remains a fundamental barrier to timely reporting and hospitalization of cases. COVID-19 is still seen as something which should be hidden from the wider community. According to recent assessments and consultations with communities, people are reluctant to contact the public COVID helpline for fear of a RRT being deployed to their homes (often in an ambulance and always wearing full PPE) at risk of people suspecting they have COVID. Targeted campaigns are urgently required to counter this stigma and encourage early reporting of symptoms.

Between May 2020 and August, NES NGOs conducted COVID-19 risk awareness/communication activities in at least 27 of 35 accessible sub-districts in NES: 10 in Al-Hasakeh, 7 in Ar-Raqqa, 6 in Deir-Ez-Zor and 4 in Aleppo. Overall, these partners reached 112 communities and 23 IDP/Refugee last resort sites (including formal and informal camps as well as collective centres and informal settlements).

Core messaging has been delivered across all 135 locations through a combination of modalities including posters, face-to-face engagement (while maintaining social distancing protocols), WhatsApp (including voice messages) and text messages as well as information provided at distribution points. In addition, tailored messaging has been delivered in 29 locations, including nine camps, directed to the most at risk groups namely the elderly, people in camps and collective shelters (including parents and caregivers), frontline workers, and persons with disabilities. Since June, 203,427 individuals have been directly reached with core and tailored messages through household level visits, and at static facilities (e.g. health centres).

In addition, the KRC alone has distributed over 500,000 COVID-19 awareness brochures since March, while since mid-September brochures on making self-quarantine and providing information on what to do if you develop symptoms have been distributed at all cross-line Points of Entry (PoEs) which are currently open, as well as for arrivals through the Quamishli Airport. In addition, the KRC continue to develop multi-media material for social media and television to maximize the reach of messaging.

In NWS (as 1 October), 14 health cluster partners reported utilizing 2,625 awareness workers to reach 346,748 beneficiaries with different RCCE activities in 29 sub-districts in nine (Afrin, Al Bab, Ariha, Azaz, Harim, Idleb, Jarablus, Jebel Saman, Jisr-Ash-Shugur). Activities included, 37,804 awareness sessions conducted with partners; 168,512 beneficiaries attending awareness sessions; 20 awareness workers being trained on COVID-19; 1,499 beneficiaries receiving hygiene items; 112,224 beneficiaries receiving soap; 26 banners being presented; 13 awareness sessions with religious focal points (imams) being conducted; 964 beneficiaries being reached with IEC materials through WhatsApp; and 180 awareness sessions being accompanied by the distribution activities.

A WHO implementing partner launched a contest to receive the best video to promote the use of face-masks in NWS. A total of 100 videos were received, and eight videos will be used in promotion. The winning video has been distributed for wide scale distribution.

WHO, in collaboration with an implementing partner, launched a training plan for camp managers in NWS with sessions on preventing and managing COVID-19 outbreaks in camps and settlements.

Some 329,000 people were reached through 198 social posts and six social media live streams on COVID-19 and mental health and psychosocial support (MHPSS) IEC materials, including topics related to coping with stress and social stigma surrounding COVID-19, as well as messaging frontline workers. An additional 19,000 people were reached through TV screens at health facilities in patient waiting areas at the Idleb TB Center, the Atme Maternity and Paediatric hospital, Armanaz physiotherapy center, Kafartahim Hospital and Armanaz Hospital.

MHPSS helplines for COVID-19 patients, frontline workers, and their families continue to be active. A WHO partner supporting with implementation is currently distributing the MHPSS helpline posters for all PoEs COVID-19 community-based treatment centers (CCTCs), isolation hospitals, public places, and health facilities across NWS.



Surveillance, Rapid Response Teams and Case Investigation

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

With the support of WHO, the Syrian MoH is conducting active surveillance utilizing a network of surveillance officers across 13 governorates, who are in regular contact with and actively visit private and public health facilities to monitor admissions. With WHO support, the new COVID-19 case definition for Syria has been disseminated, with the aim of broadening the scope for case detection.

Over the reporting period, WHO supported printing of posters with the updated case definition to distribute to health facilities. In addition, suspected cases has also been included as a priority in the EWARS system. Within Syria, relevant stakeholders agreed to collect samples through 112 RRTs for referral to the Central Public Health Laboratory (CPHL) in Damascus for testing. To date, 432 RRT personnel in 13 governorates have received dedicated training, including refresher training on COVID-19 case investigation, sample collection and referral.

To enhance surveillance efforts, WHO is working to expand active surveillance beyond the existing 125 hospitals to all primary healthcare facilities. WHO is also continuing technical support to strengthen the existing surveillance system by developing an electronic surveillance platform for COVID-19. As outlined in previous reports, RRTs continue to collect and deliver samples to the CPHL or regional laboratories in Aleppo, Homs and Latakia with WHO support. As of 28 September, approximately 25,091 samples had been collected from 13 governorates since mid-March, including 123 samples from Al-Hasakeh, 55 from Deir-Ez-Zor and seven from Ar-Raqqa.

In NES (as of 30 September), At least 5,381 samples have been collected in response to alerts received through one of the three surveillance systems operational in NES. Of these, at least 1,779 samples (not including two samples collected and tested via a local authorities' mechanism in April) have confirmed positive; 55 case via the MoH/EWARS mechanism, 54 cases via the Early Warning, Alert and Response Network (EWARN) mechanism, and 1,670 cases via the local authorities' mechanism.

As of 28 September, 185 swab samples (Al-Hasakeh-123, Deir-Ez-Zor-55, Ar-Raqqa-7) were reportedly collected in response to an undisclosed number of alerts received through the MoH/WHO EWARS system. As previously noted, the status and/or results of these tests have not been systematically communicated with relevant entities. It is also possible that the total number of suspected case notifications received, and samples collected by MOH EWARS RRTs could be higher than what has been reported in this Situation Update as this information is not shared by MoH with local authorities or NES partners.

Fifty-five of these samples have reportedly tested positive, including 35 from Al-Hasakeh (three deaths), seven from Ar-Raqqa and 13 from Deir-Ez-Zor (one death). Further information is being sought on these cases to understand whether they have also been recorded under the local authority's surveillance and testing mechanism.

As of 28 September, there have been 466 tests conducted in NES in response to alerts received through the EWARN system. These samples have been transferred to Idleb for testing, with 54 samples testing positive: 10 in Al-Hasakeh, 15 in Ar-Raqqa and 29 in Deir-Ez-Zor. It is understood that the EWARN team alerts local authorities whenever suspect cases are identified, with samples subsequently collected via EWARN and local authorities. As such, the vast majority the 54 positive cases have also likely been confirmed positive by local authorities (i.e. these 54 positive cases are part of the 1,670 positive cases recorded by local authorities, not in addition to).

As of 30 September, 4,730 swab samples (the majority from Al-Hasakeh) have been collected and transferred to the laboratories belonging to local authorities in Quamishli and Tall Refaat for testing. The vast majority of these tests have been administered since the end of July. It should be noted that there are significant geographic variations in the quantity of samples collected with a majority of these tests carried out on samples collected from Al-Hasakeh, and a sizeable proportion of tests administered to health workers. As such, the current breakdown of positive tests is unlikely to give an accurate overview of the infection prevalence among the community.

In NWS (as of 1 October), 1,072 COVID-19 cases were reported, including 401 from Idleb and 671 from Aleppo governorate. A total of six deaths were reported (Case Fatality Rate: 0.6 per cent) Of the cases, 980 (91 per cent) cases developed mild symptoms, 58 developed moderate/severe symptoms, and 34 cases were asymptomatic. 526 (49.1 per cent) of the cases have already recovered.

Of the total cases, 629 (58.7 per cent) were males and 443 (41.3 per cent) females. The mean age of the cases stood at 34.7 years. Ten cases were under five years of age, while 67 cases were over 60. A total of 172 (16.0 per cent) are health care workers (physicians, dentists, nurses, pharmacists and various medical technicians), and another 93 (8.7 per cent) are other staff working in healthcare facilities/community health workers.

Out of 232 sentinel sites, including 123 in Aleppo and 109 in Idleb, 224 reported through the EWARN which constitutes 96.5 per cent completeness and 82 per cent timeliness (compared to 99 per cent and 84 per cent respectively in the previous week).

As part of capacity building activities, EWARN district level officers conducted 15 training sessions for 15 health facilities in Idleb, Harim, Afrin and Jisr as Shagur district from Idleb and Aleppo governorates to train 189 NGO health care providers on the basics of COVID-19 disease surveillance and diagnosis.

Points of Entry

At all PoEs, the Syrian MoH has stationed at least one ambulance with medical personnel. To date, WHO has supported screening efforts by providing PPE, infrared thermometers, guidance notes, registration forms and one thermal scanner camera. To reduce the risk of importing and exporting cases, WHO has developed a three-tiered strategy to enhance preparedness and response capacity at PoEs, including early detection and timely isolation of suspected cases among travelers, effective IPC measures; and establishment of multi-sectoral mechanisms for preparedness.

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

In NES (as of 30 September), there has been an increase in people entering NES via cross-line PoE from GoS-controlled areas without restrictions. On 3 September, local authorities announced residents originally from NES (proof required) wishing to return or visit their communities would be permitted to enter NES from GoS areas without any restrictions. This has contributed to an increase in people entering NES via cross-line POEs, particularly in Tabqa. This upward trend is likely to continue.

The exemption for NES NGOs to cross into/out of NES via the Fishkabour-Semalka crossing point remains in place. In addition, the Walid crossing, the main commercial hub, remains open to transport imports into NES. As of 15 September, the Fishkabour-Semelka crossing was reportedly opened for cancer cases and separated spouses to return to NES. The authorities have previously indicated that there would be a cap of crossings into NES of 40 cases. It remains unclear whether this is being implemented.

Between 8 September and 21 September, the following movements were reported at PoEs in NES, according to the H NAP Transit Point Crossing Mapping: Ar-Raqqa (3 crossline PoEs): 8,400 arrivals via the Abu Assi crossing point and 10,500 arrivals via the Tabqa crossing point. The Akeirshi/Shanan crossing was reportedly closed for the duration of the reporting period. There was a 123 per cent increase in the number of people crossing into NES in the latest two- week reporting period compared to the previous two weeks. Menbij (2 crossline PoEs): 100 arrivals via Tahya and 150 via Um Jلود o Hasakeh (two cross-border PoEs): 300 arrivals via Semelka and 150 via Walid

There continues to remain significant gaps in screening capacity at PoEs. Recent advocacy with the local health authorities (LHAs) has focused on stopping all use of rapid diagnostic tests (RDTs) for screening new arrivals. Instead, current efforts are focused on ensuring that temperature screening and routine clinical assessments are conducted for all new arrivals. A recent mission to Tabqa found that of 6,000 people arriving in NES from GoS-areas during one week in September, no individuals were found to have a temperature. This suggests that temperature screening was not conducted properly, underlining the need for additional trainings.

To enhance capacity at PoEs, the NES COVID-19 TF has prepared surveillance SoPs to guide screening at PoEs (both primary temperature screening and secondary screening for symptoms) which should be carried out by medical personnel.

Additionally, a brochure containing general information on COVID-19, guidance on self-quarantine and information on what to do if symptoms develop (this includes phone numbers to contact the helpline) has been prepared for all arrivals to NES and shared through information points established at PoEs.

The Tabqa CoH oversee the screening of arrivals via three crossing points- Tabqa, Abu Assi and Akiershi/Shannan- and have recently highlighted a number of specific gaps in capacity at PoEs in terms of infrastructure, supplies and staffing. This includes dedicated medical and isolation caravans, furniture, ambulances, medical equipment (including oxygen), PPE and coverage of staffing costs. As noted in the previous updates, similar gaps were reported by the Quamishli CoH for the Semelka and Walid crossing points with the Kurdistan Region of Iraq (KRI). Although NES NGOs are not prioritizing support to PoEs, the NES COVID-19 TF is coordinating with stakeholders to ensure these gaps are covered.

In NWS (as of 1 October), almost 313,167 travelers were screened with temperature measurements within the seven PoEs through medical staff of WHO implementing partners. Of these, 235 suspected COVID-19 cases were referred to the CCTCs.

A total of 1,385 additional suspected cases were referred to the CCTCs and the referral hospitals from other health facilities inside NWS through the COVID-19 referral system.

Cooperation to manage formal crossings included strengthening coordination for reducing traffic within NWS to essential purposes between Idleb-Afrin and Idleb-W. Aleppo crossings, as there are several hotspots in Aleppo countryside districts and there is a need to avoid the further spread of coronavirus into Idleb (which can have dire consequences considering the density of IDP population). Additionally, advocacy is ongoing for the ad-hoc opening of smaller border crossings for NGO staff, for quick deployment of IPC and screening measures by mobile teams.



To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the Central Public Health Laboratory (CPHL) in Damascus. Of note, rehabilitation of the CPHL was completed to establish a designated laboratory for COVID-19; two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired.

On-site training for 38 laboratory technicians has also been completed, including for those working in regional laboratories. In September, with WHO support, a new laboratory for testing came online in Rural Damascus.

WHO has provided testing kits to the Syrian MoH since 12 February. To date, WHO has provided a wide range of reagents and supplies needed for testing including enzyme kits (31,240 reactions), extraction kits (47,250 reactions), screening kits (63,568 reactions) and confirmatory testing kits (1,920 tests), 60,000 swabs and viral transport medium for sample collection, five polymerase chain reaction (PCR) machines and two extraction machines, in addition to 5,000 waste bags and 21,000 bags for samples, and six months' PPE for staff. WHO has further supplies and equipment in the pipeline, including four GeneXpert machines. In addition, UNHCR has procured one GeneXpert machine. WHO has reported that at present, both WHO and MoH are facing challenges to obtain some specific supplies, largely due to limited market availability and transportation, which is impacting the capacity to expand testing.

WHO continues to work with the Syrian MoH to ensure availability of needed supplies. Following WHO support for on-site training of laboratory technicians and delivery of essential supplies, COVID-19 testing is also ongoing at the Tishreen University Hospital in Lattakia, the Zahi Azraq Hospital in Aleppo, at the public health laboratory in Homs, and the recently established laboratory at Jdidet Artuz Health Center in Rural Damascus.

As of 19 September, the Syrian MoH reported that 37,000 tests have been conducted. 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 WHO to support.

In NES (as of 30 September), the NES COVID-19 TF continues to coordinate closely with the laboratory in Quamishli to establish a full inventory of supplies, understand pipeline capacity, and outline requirements for the coming six months.

Local authorities have a maximum of 27,000 PCR tests in stock. At current levels of testing, however, these stocks will be largely depleted by January 2021. The laboratory has warned of a total stock out of certain critical items unless additional supplies are secured soon. In addition to PCR kits, other critical gaps highlighted include micro-tubes, filter tips, and PPE (including N-95 masks and powder free latex gloves and micropeptide).

While NGOs explore procuring diagnostic supplies to donate to the laboratory, NGOs alone cannot cover the anticipated gap in supplies (particularly PCR kits and RNA extraction kits, which are expensive particularly when purchased in relatively small quantities). Multiple supply lines are critical in supporting efforts to maintain and expand current testing, and thereby contain transmission.

Since the 23 July, there has been a gradual expansion of the Quamishli laboratory capacity, with the laboratory now operational at least five days per week. This is up from two days a week just one month earlier.

There are currently two PCR machines operational at the Quamishli laboratory (and a further one machine active in Tall Refaat). A second room has been prepared in the Quamishli laboratory which can accommodate a further two PCR machines. The NES COVID-19 Technical Committee has strongly recommended that the DoH take immediate action to install these additional PCR machines and train an additional laboratory team. There remain six PCR machines in stock ready to be activated.

In terms of testing capacity, approximately 120 samples are currently being tested per day. At current capacity, the laboratory can potentially process up to 200 samples with a maximum number of 281 samples processed in a single day (including the Tal Refaat PCR machine).

Provided diagnostic supplies are readily available and all available PCR machines are activated, over 500 samples could be processed each day. Of the 4,730 samples processed as of 30 September, 29 per cent of samples have been processed (and results presented) the same day as sample collection, 67 per cent within a full 24 hours (i.e. the day after arrival at the lab) and 88 per cent within a full 48 hours. Sample processing generally takes longer for samples collected outside Al-Hasakeh. To accelerate the turnaround time, sample transportation will be made available at least five days per week at all locations.

In NWS (as of 1 October), a total of 11,231 samples have been collected, including 5,397 from Aleppo and 5,834 from Idlib. Of these, samples were tested by RT-PCR, with 49 pending (as of 30 September 2020). The total number of new samples collected in the previous 24 hours was 224 (Aleppo 112 and Idlib 132).

In total 9,102 samples have been tested since the first reported case in NWS, with a test positivity rate of 11.8 per cent.

A Health Cluster partner supported the opening of one new laboratory in Jarablus which came online on 23 September.

Over the reporting period, additional supplies for more than 9,000 PCR tests supported by WHO and Health Cluster partners were delivered to NWS. WHO Gaziantep received regional approval for procuring 70,000 PCR and isolation kits, as well as 6,700 universal transport media and swabs.



Infection Prevention and Control (IPC)

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 through establishing social distancing, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas. Similar efforts are ongoing in collective shelters, with Shelter sector partners supporting upgrades in 21 shelters to date.

WHO continues to bolster PPE supplies in Syria, with a focus on protecting HCWs. Within the reporting period, WHO delivered a further 30,000 face shields to be prioritized for hospitals responding to COVID-19. To date, WHO has delivered more than 4.4 million PPE items, including 1.5 million medical masks, 67,848 N95/FFP2 respirator masks, 1.3 million gloves, 7,500 reusable heavy-duty aprons, 83,869 gowns, 662,600 head covers, 464,800 shoe covers, 4,769 goggles, 18,406 coveralls, 3,500 face shields, 308,407 alcohol hand-rubs and 75 PPE kits. In addition, over a million pieces of PPE have been delivered by health sector partners.

In NES, a UNICEF and WHO shipment of more than 15 000 PPE items arrived in Quamishli to be distributed in camps and informal settlements respectively. UNICEF, including in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC in healthcare facilities, schools and learning spaces, youth centres and communities, in addition to regular WASH services. During the reporting period, in addition to water trucking (see below), UNICEF continued operation and maintenance of WASH infrastructure (including the provision of sodium hypochlorite for water disinfection) across the country.

To date, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities, including Al-Hol. Light rehabilitation of WASH facilities at Dweir quarantine centre is complete. Given the importance of Dweir to host potentially significant numbers of returnees and also cases requiring isolation in the event of hospitals being overstretched, partners have identified gaps and are working on a way forward to improve existing facilities. As referred to in the previous report, in light of schools reopening, WASH sector partners under the Implementation Plan of the School Reopening Framework continued to support delivery of soap and chlorine bottles to schools, in addition to procurement of IPC and hygiene kits.

Additionally, UNICEF supported water trucking to 55 schools in East Ghouta. As reported previously, UNDP has completed rehabilitation (including WASH) at a hospital isolation center in Damascus and continues to support rehabilitation of eight additional healthcare facilities identified as isolation centres in Tartous, Latakia, Deir-Ez-Zor and Dar'a. A partner has now completed rehabilitation of the quarantine centre in Deir-Ez-Zor, and light WASH rehabilitation at two facilities in Dar'a and Deir-Ez-Zor, while another partner has completed rehabilitation and re-equipment of WASH facilities at clinics and isolation facilities in Quneitra, Idleb, Aleppo and Deir-Ez-Zor, in addition to distribution of PPE to partners.

Still another partner with SARC distributed 1,039 hygiene kits in Rural Damascus, alongside hygiene promotion sessions. Another supported delivery of 3,605 COVID-19 sanitation kits in Idleb and Hama. UNFPA further distributed 2,500 protection dignity kits in Quneitra and sanitary napkins in Homs, in addition to hygiene kits including PPE and disinfectants to supported facilities.

WASH sector partners continue to deliver increased quantities of water to vulnerable communities. In the reporting period, UNICEF continued to support water trucking to targeted beneficiaries in East Ghouta, and support emergency water trucking to Al-Hol camp and Al-Hasakeh city (both averaging 600m³ per day). One partner continued water trucking for safe drinking water in 11 villages in Eastern Ghouta. UNDP also continues to support rehabilitation of seven pumping stations and 26 wells and the provision of dosing pumps to ensure water quality in Al-Hasakeh Governorate. UN Habitat continues to implement solid waste management projects in Homs and Hama, and in the reporting period conducted two hygiene awareness sessions. UNRWA continued to support essential WASH services to Palestine refugees in 10 accessible camps (and three informal camps), including maintenance of the existing sewerage and water supply networks and solid waste management. Sterilization of installations also continued, as did distribution of PPE to 125 sanitation laborers as a priority.

UNFPA continued to support targeted pregnant and lactating women, with WFP and UNICEF, utilizing the WFP e-Voucher system, to support women to buy hygiene items that they may need from designated stores in Dara'a governorate. Training in IPC and use of PPE also continued. WHO supported four one-day workshops for 60 healthcare workers in Aleppo and Quneitra on triage, IPC/PPE, case definition and referral pathways, in addition to an additional workshop for trainees including on IPC/PPE at partner hospitals.

In NES (as of 30 September), there continues to be significant transmission among health workers, indicating both the high risk to health workers, as well as poor adherence to basic preventative measures. Against the backdrop of acute shortages in health staff in NES, and with the rate of transmission in NES likely to continue to rise in the coming weeks and months, there are concerns that the health system could collapse if more health workers become infected.

To date, there have been 439 confirmed cases among HCWs in NES. As of 30 September, according to information shared by 11 NGOs, eight health facilities were fully closed (including two mobile clinics): one in Ar-Raqqa, two Deir-Ez-Zor and four in Al-Hasakeh. A further three health facilities (one in Ar-Raqqa, one in Al-Hasakeh and one in Deir-Ez-Zor) are partially operational, having scaled back services to a bare minimum in the face of COVID-19 related disruptions.

At the same time, 122 HCWs working for eight NES NGOs are currently in self-isolation or self-quarantine. Compared to the end of August, this represents a reduction in the level of disruption to NGO-supported health facilities (suggesting that additional efforts to promote compliance, increase awareness and reduce work between multiple facilities are having an effect- see previous situation reports for more details), when 217 NGO employed health workers were in self-isolation/ quarantine.

That being said, transmission levels and absentee levels remain dangerously high. Despite efforts to reduce movement and work between facilities (and ensure regular testing is available where it is not possible to do so), NGOs report that in at least 37 facilities staff continue to work in multiple facilities.

As well as continued contamination between health facilities, key challenges include shortages of PPE (with reports of disposable PPE being reused or washed in non-NGO supported facilities), inadequate triage/screening outside health facilities, the high volume of suspect cases who are visiting health facilities when they have symptoms rather than reporting symptoms via the public hotline and low levels of personal adherence/compliance with basic IPC measure among health workers in some areas. Issues around compliance (rather than awareness on IPC measures) are reported as common among health providers with, for instance, multiple instances where symptomatic workers or close contacts continue to work more due to complacency than a lack of awareness.

At present only two NGOs have introduced disciplinary measures for staff who violate basic preventative measures. However, there is a recognition among partners that although difficult to implement, additional measures may need to be considered to promote compliance.

The NES COVID-19 TF maintains that humanitarian actors should not distribute disposable face coverings to the community to ensure that sufficient stocks are available for health workers. At the same time, in addition to providing messaging around 'do it yourself masks', the NES Forum strongly encourages cash-for-work and vocational training activities focused on the production and distribution of reusable cloth face masks.

Currently, a UN implementing partner is starting-up a cash-for-work activity which aims to support the production of an initial 300,000 cloth masks for camp residents. In addition, one international NGO is supporting cloth face mask production as a cash-for-work activity, with some 35,000 cloth masks so far produced. Over the coming months this partner aims to produce 32,000 cloth masks per month.

According to partner feedback, there are insufficient stocks of PPE to last the remainder of the year at 46 supported facilities (72 per cent of supported facilities). There are particular gaps in gloves (all types), face-shields, disposable aprons and goggles. Gaps are due to a number of factors, including global supply shortages, difficulty in procuring some items on the local market and challenges related to the import of certain items from KRI.

The NES Forum is working closely with local authorities to establish a clearer picture of supply gaps health facilities supported by local health authorities. Although some health facilities report low levels of PPE, with anecdotal reports of disposable PPE being washed and reused or health workers going without PPE unless a patient is confirmed as COVID positive, it is unclear whether this is due to fundamental supply gaps or distribution challenges.

As PPE is distributed to LHA from the central DoH, supply shortages at the local level do not necessarily equate to gaps in stock in NES more generally.

In NWS (as of 1 October), health facilities and operating NGOs are submitting monthly needs survey on IPC materials to avoid gaps. PPE and IPC supply are not an issue as the TF has a revolving reserve.



Case Management

Working closely with Syrian MoH technical teams, health and WASH partners, WHO continues to meet on a daily basis to monitor, plan and assess incident management system functions. To support the ministry's plans to establish quarantine and isolation for treatment centres across all governorates, WHO completed inter-sectoral mapping in coordination with departments of health.

To date, humanitarian partners have been informed by local authorities of 34 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, 21 isolation centres are currently running, with a cumulative

capacity of 1,034 beds, including 855 isolation beds, 179 ICU beds, and 158 ventilators. The 33 quarantine centres are reported to have 5,764 beds.

Information indicates patients experiencing mild symptoms have been requested by some isolation centres to quarantine at home. Given that even the most advanced health systems globally have been quickly overwhelmed, the priority remains on providing support to and reinforcing isolation facilities. As part of enhancing capacity and to ensure a continuity of health services and appropriate management of COVID-19 cases, WHO has commenced a new procurement of medical equipment and supplies.

As outlined previously, UNDP is supporting rehabilitation at nine hospitals. One partner has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor. As outlined in previous reports, WHO delivered 85 tons of medical supplies by road from Damascus to Quamishli, to be distributed to various health facilities and health authorities for health partners in NES.

To date, almost 61 tons has been distributed to 17 hospitals, including 16 in cross-line areas (12 of which were previously supported by the UN through Yaruobiah crossing), two private hospitals serving as referrals for Al-Hol, and two hospitals in areas of government control. Distribution of the remaining 24 tons covering more than 40 primary health care facilities is awaiting facilitation from relevant authorities. WHO continues to deliver case management training.

Over the reporting period, WHO supported the training of 100 healthcare workers on case management in Rural Damascus, Quneitra and Tartous, including on immediate life support and ventilator management. In addition, WHO continued training for midwives, supporting an additional capacity building training for 30 midwives in Lattakia.

In NES (as of 30 September), there are 23 planned isolation centres for moderate-severe and critical cases, with nine currently partially operational (four in Al-Hasakeh, four in Ar-Raqqa and one in Kobane). When completed the total capacity will be 844 beds for moderate-severe cases (372 currently active) and 121 for ICU (59 currently active). Two facilities are still undergoing rehabilitation, while others need more substantial work, including additional equipment. NGOs are providing support to 14 of these facilities. There are tentative plans to establish at least three further facilities, including a 120-bed isolation hospital in Washokani. In Ar-Raqqa, an NGO has completed an isolation ward at the National Hospital and NGO-supported facilities in Tabqa, Ar-Raqqa and Malakiyeh are active, with facilities in Ein Issa, Deir-Ez-Zor, Kobane and Menbij likely to be online during first half of October. Across NES there are at least 10 specially equipped ambulances available to support COVID-19 related referrals.

There continue to be significant gaps in camp-level isolation areas in NES. Key issues include a continued lack of clarity on minimum standards and SoPs on issues ranging from solid waste management, laundry, organization layout (i.e. to ensure compliance with minimum IPC standards) and training requirements for isolation area staff (e.g. IPC training for caregivers). There also continue to be basic gaps and delays in preparedness including with regards the installation of partitions between the beds in the tents for suspect cases, the installation of WASH infrastructure and the mobilization of medical screening teams to monitor the condition of patients.

In NWS (as of 1 October), WHO has completed a total of 32 training sessions on psychological first aid (PFA) on COVID-19 and Self Care between August and September 2020, reaching 300 frontline workers at the COVID-19 Community-Based Treatment Centers (CCTCs) and isolation hospitals. The next phase, the peer-to-peer support and coaching, is currently being done for the 300 frontline workers who have completed the PFA training.

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.

WHO has established the Supply Chain Coordination Cell to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring.

WHO has also established three buyers consortia – a PPE Consortium, a diagnostics consortium, and a clinical care consortium – to ensure that some critical supplies are reserved to meet the requests of countries most in need. The COVID-19 supply needs from all hubs have been shared with WHO EMRO for compilation and submission to the Global COVID-19 Supply Chain Task Force for consideration, a multi-stakeholder body to coordinate demand, procurement and allocation of supplies for low- and middle income countries.

The RC/HC has also designated a dedicated Supply Chain TF Coordinator for within Syria who will oversee and validate related requests for Damascus-based partners uploaded onto the system. WHO in coordination with the Health Sector has developed an online COVID-19 Supplies Tracking System to monitor the items procured, distributed and in pipeline in real time by health sector partners. The dashboard is updated weekly.

Within Syria, distributions and service delivery have been rapidly adapted. WFP alone has 1,600 distribution points within Syria; work is ongoing to adapt modalities in order to decongest distribution sites. Other options being utilized includes combining distributions; with modalities shared across networks to ensure all sectors can adapt where possible.

The Logistics Cluster is monitoring UN agency supply routes into Syria and working with the Global Logistics Cluster to identify bottlenecks. Further, the Logistics Cluster continues to facilitate access to free-to-user warehousing around Syria and is in monthly consultations with partners through cluster coordination meetings. Ad-hoc Supply Chain working group meetings and close collaboration with the PWG ensures the Logistics Cluster can keep an overview of any potential downstream supply needs. Finally, WFP headquarters will notify the Logistics Cluster when COVID-19-related items from any humanitarian organization are in the pipeline through WFP’s Global Service Provision. This, in addition to close liaison with the Whole of Syria Health Cluster, which will provide full visibility on the pipeline for COVID-19 related supplies.

Through funds received from the OCHA COVID-19 reserve Syrian Humanitarian Fund (SHF) allocation, WFP, as lead agency of the Logistics Cluster, is providing access to an air cargo transport service from Damascus to Quamishli until 25 November. This is in addition to an UNHAS service for air passengers between Damascus and Quamishli.

In NES (as of 30 September), NGOs continue to face challenges in importing medical equipment and PPE from suppliers based in Iraq/KRI. NGOs continue to report challenges in exporting COVID-19 related supplies from KRI to NES, with the authorities deeming that certain supplies (e.g. face masks) are required in country and cannot be exported.

Overall, the restrictions on the KRI side are opaque, with no formal directive banning export of items. Some NGOs have had more success than others in navigating these ambiguities through direct negotiation with authorities, reducing quantities (i.e. dividing into individual shipments) and other workarounds.

The NES Forum has launched a COVID-19 supplies shipment tracker. This tool will ensure more systematic tracking of the ability of NES NGOs to bring COVID-19 related supplies into NES and will enable a better understanding of the specific constraints impacting NES COVID-19 shipments and provide clarity on the workaround to address these constraints. Information gathered through this tool will also guide subsequent advocacy around supply issues (whether this be formal advocacy vis-à-vis the authorities in the KRI or working with other stakeholders to mobilize alternative supply modalities to mitigate supply challenges NES NGOs are facing).

In NWS (as of 1 October), distribution of a one-month supply of COVID-19 supplies for 226 health facilities operated by 30 NGOs has been finalized. This includes 348,500 pairs of examination gloves, 3,463 protective goggles, 90,252 N95 masks, 478,910 surgical masks, and 8,850 face shields and 227 IPC kits.

A total of 69 oxygen concentrators have been distributed among 10 CCTCs, and 15 continuous positive airway pressure (CPAP) devices and 68 ventilators have been distributed among the 3 isolation hospitals.

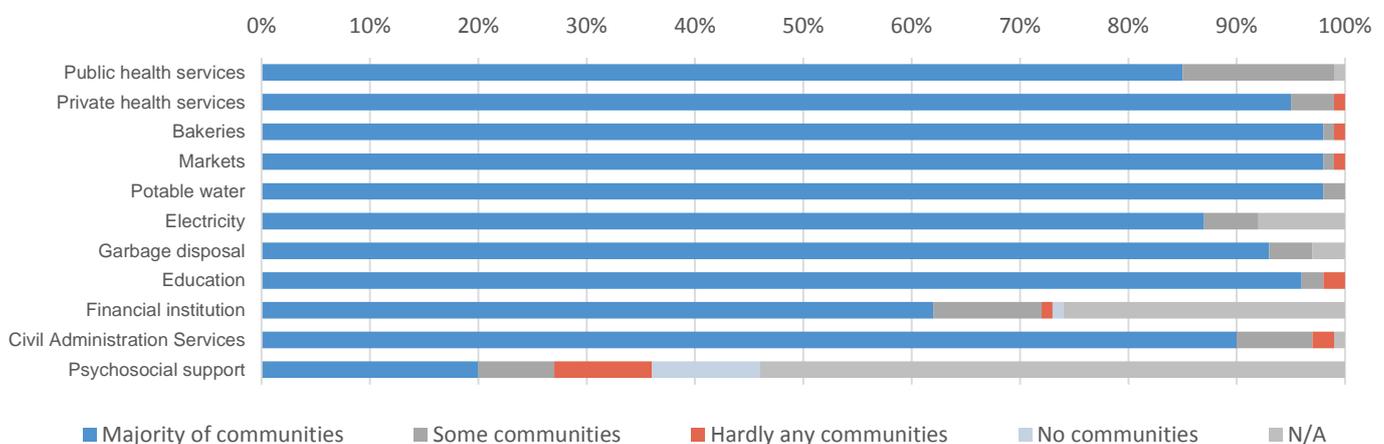
In addition to the health facility distributions, 99,750 masks have been allocated for 1,600 CHWs to cover the needs for 2.5 months. These supplies plan to reach health facilities in October 2020.

A methodology of public distribution for 2.5 million masks has been developed by the TF. The distribution plan is finalized to be implemented in October 2020.

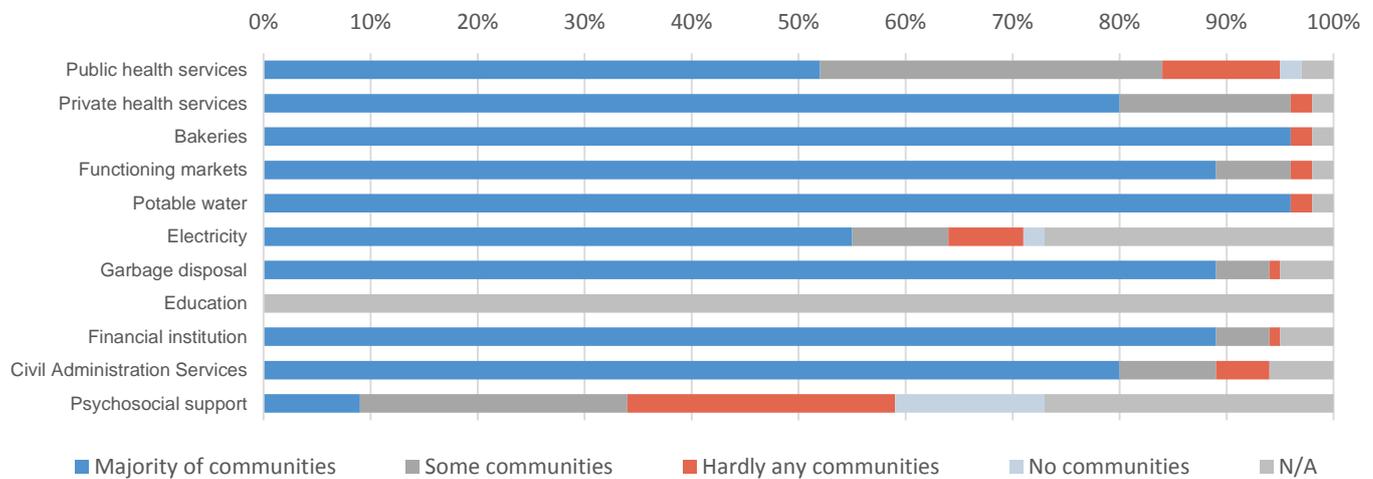
Annexes

STATUS OF BASIC SERVICES *(Source: HNAP as of 22 September 2020/Proportion of sub-districts with access to the below services:*

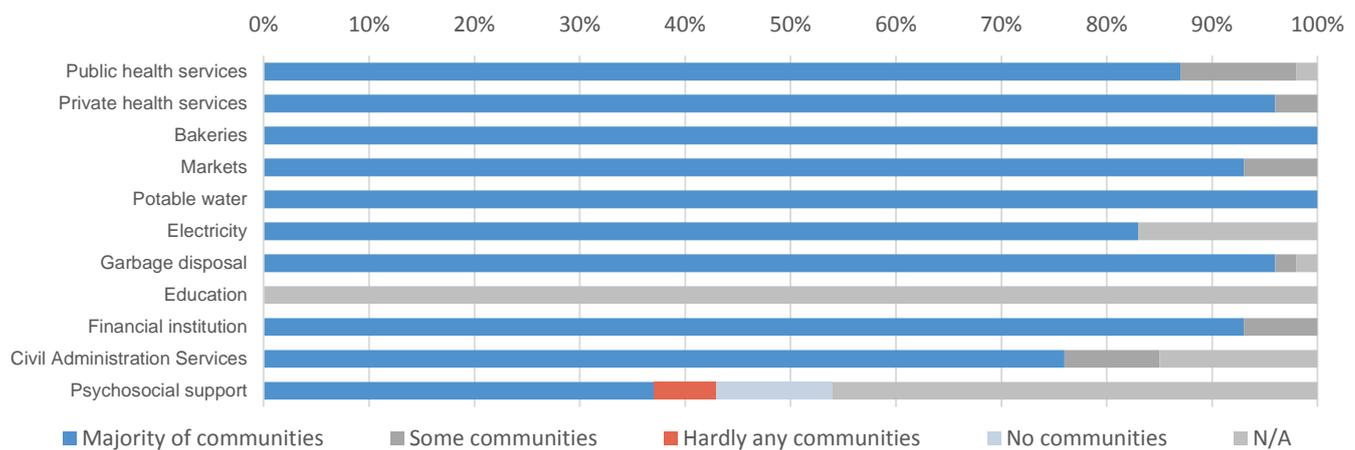
GOS



NSAG



SDF



More Information

- [COVID- 19 General information:](#)
- [COVID-19 Country and Technical Guidance](#)
- [WHO COVID-19 Dashboard](#)
- [IASC COVID-19 Outbreak Readiness and Response \(including protocols\)](#)
- [COVID-19 Advice for the Public](#)
- [Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected](#)
- [Statement on the third meeting of the International Health Regulations \(2005\) Emergency Committee regarding the outbreak of COVID-19](#)
- [How to talk to your child about COVID-19](#)
- [Guidance for Pregnant and Lactating Women](#)
- [Guidance on Rational use of Personal Protective Equipment for COVID-19:](#)
- [COVID-19 Online Courses](#)
- [Advice on International Travel](#)

For further information, please contact:

Inas Hamam, Communications Officer, WHO Regional Office for the Eastern Mediterranean, hamami@who.int
 David Swanson, Regional Public Information Officer – OCHA ROMENA, swanson@un.org