SYRIAN ARAB REPUBLIC

COVID-19 Response Update No.02

As of 6 May 2020

44 **total confirmed cases**

14 Active cases

27 Recovered

3 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 11 May 2020.

HIGHLIGHTS

- The Syrian Ministry of Health (MoH) confirmed 44 people with COVID-19, including three who died and 27 who recovered, as of 5 May.
- As of 3 May, three people with COVID-19 were reported in north-east Syria (NES).
- To date, there have been no confirmed cases of COVID-19 in north-west Syria (NWS).
- 2,500 samples have been tested across Syria, as of 3 May, including 289 samples in NWS which were negative.
- NES NGO partners continue to scale-up COVID-19 preparedness and response efforts.
- The UN pledged support to assist the Syrian MoH achieve its goal for testing capacity in all 14 governorates.
- Four laboratories have been established in Damascus, Lattakia and Aleppo; and Idleb with additional polymerase chain reaction (PCR) testing capacity established in Qamishli.
- The enhancement of laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams (RRTs) remains a priority, as does the timely communication of all information relevant to the safeguarding of public health.
- Preparedness and response efforts continue in NWS, with a focus on prevention, risk communication, protection of health workers, surveillance of entry points, provision of personal protective equipment (PPE) and community/facility-based isolation.
- The Consolidated Planning and Requirements for COVID-19 Across Syria document currently reflects the request of US$ 385 million for 2020. This is in addition to the US$ 3.4 billion 2020 HRP.

SITUATION OVERVIEW

To date, the Syrian Ministry of Health (MoH) has confirmed 44 people with COVID-19, including one case in Dar'a, 12 in Damascus, and 31 in Rural Damascus. The first positive case was announced on 22 March, with the first fatality reported on 29 March, and subsequent fatalities reported on 30 March and 19 April respectively. The MoH announced the most recent case on 1 May. To date, some 27 recoveries have been reported.

Some 2,000 tests have been conducted by the Central Public Health Laboratory (CPHL) in Damascus to date.

As of 3 May, there have been three cases in NES. On 16 April, the WHO Regional Office for the Eastern Mediterranean (EMRO) shared information indicating that a 53-year-old man from Al-Hasakeh City who had been admitted to Qamishli National Hospital on 27 March had died on 2 April. A test for the virus subsequently tested positive. On 29 April, two further cases – a man and a woman – tested positive in Qamishli after reportedly coming in contact with the first individual.

To date, there have been no confirmed cases of COVID-19 in NWS. As of 3 May, 289 samples have been tested; from Aleppo and Idleb. Of these, all tested negative. WHO and cluster partners are looking into opening additional labs to increase testing capacity.

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 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 the provision of life-saving assistance across the country. WHO is working to support the Syrian 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.

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

As the UN supports national preparedness and response in Syria, the specific country context continues to pose considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance such as refugees, asylum-seekers and IDPs; challenges accessing certain areas including due to ongoing hostilities; fragmented governance; 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 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 north-east Syria (NES).

Meanwhile, across **north-west Syria,** an extensive community COVID-19 awareness campaign continues through household visits, mosques, communities and social/traditional media.

According to OCHA's reporting on 1 May, current impacts on the humanitarian situation in the north-west are the result of countermeasures taken to mitigate the potential spread of COVID-19. Precautions taken include the closure of schools and markets, banning gatherings of people, including for religious services, reducing business operating hours, including for restaurants and grocery stores, and imposing curfews. At the Bab Al-Hawa and Bab Al-Salam border crossings between Turkey and Syria, individuals are no longer permitted to cross except in medical emergencies, while humanitarian staff crossings remain limited. Both crossings remain open for humanitarian and commercial shipments, while similar restrictions in place at crossing points between Idleb and northern Aleppo have reportedly been eased with civilians now able to cross between the two areas. At the border, infection, prevention and control (IPC) measures are in place on the Turkish side for both traveler's arrivals and departures.

Current response efforts in the north-west are focused on two areas: prevention of, and preparedness for, potential cases, and ensuring that humanitarian assistance continues while mitigating the risk posed by COVID-19 to communities and humanitarian workers.

A laboratory set up in Idleb to test COVID-19 samples from the north-west commenced on 24 March. The shortage of PPE such as gloves, gowns and masks is being addressed through procurement processes. The process to procure 90

ventilators, eight oxygen concentrators and three X-ray machines for hospitals in north-west Syria, in addition to the existing 203 ventilators is ongoing. 21 ventilators have been repurposed for COVID-19 use.

To treat confirmed cases, three hospitals with intensive care units (ICUs) supported by Health Cluster members are ready to receive patients in Kafartakharim, Dana and Idleb; and three additional health facilities are being established as COVID-19 isolation case management centres, in Idleb, Salqin and Daret Azza. One other hospital has been identified in northern Aleppo Governorate as a referral hospital with 46 ICU beds and 200 bed capacity. As self-isolation is largely not feasible in the densely-populated north-west Syria (NWS), community-based isolation (CBI) centres are being planned to separate and limit the movement of people with low risk profiles presenting mild COVID-19 symptoms. Humanitarian partners have begun installing CBI centres with a total capacity of 1,527 beds across 30 locations in Idleb and Aleppo governorates.

Humanitarian partners are updating existing plans to adjust for new service and delivery modalities to accommodate COVID-19 precautions while at the same time enabling operational continuity. Wherever possible, activities have been shifted to virtual platforms or phone-based engagement, including for coordination and for awareness raising, education, and case management services, and gatherings have been further reduced through scale-ups of door-to-door distributions and consolidating distributions. An extensive communication awareness campaign on individual precautionary measures against COVID-19 has been implemented across north-west Syria, amplified through mosques, local communities, and social and traditional media.

Efforts from donors to fund the humanitarian response in north-west Syria continue. It is anticipated that more funding will be needed as the humanitarian situation deteriorates in many areas, including food security and nutrition. Donor efforts to ensure rapid and early payment to support the ongoing response and the scaling-up of funding for the response to the COVID-19 pandemic are further encouraged.

Crisis-wide planning, coherence and advocacy

Across Syria, crisis-wide messaging on response priorities, gaps and financial requirements will be ensured through the following products currently under preparation: (a) a Syria update to the Global Humanitarian Response Plan on COVID-19; (b) an annex to the 2020 HRP which consolidates hub-level response priorities and additional financial requirements specific to COVID-19; and (c) an updated Critical Funding Gap Analysis, providing an overview of funding and expected gaps for commodity pipelines for key sector lead agencies, the extent of sectoral re-programming and key messages to donors in light of COVID-19.

Advocacy efforts further continue to focus on humanitarian access, including NGO partners' ability to move and operate in north-east Syria, and on facilitating access to critically required COVID-19 related supplies through global procurements and stocks.

Access Restrictions

Humanitarian access in Syria remains impacted by COVID-19 preventative measures. As of 3 May, facilitating measures for humanitarian operations continue to be negotiated and to some extent granted in various parts of the country.The main borders to Syria remain closed or offer limited crossing options. Borders with Lebanon and Jordan are closed to civilians. However, the crossing point with Lebanon remains open for humanitarian and commercial cargo. The Jordan-Syria border is completely closed, also sealing the remaining humanitarian access to Rukban from Jordan. Access to Rukban from within Syria remains under negotiation. The main crossing points to Turkey in the north-west remain partially closed, yet UN shipments continue to be permitted, allowing for sustained cross-border operations. While the border between north-east Syria and Iraq has been closed since early March, some international humanitarian staff have been allowed to evacuate to Iraq. The movement of humanitarian goods/supplies decreased substantially but continues while the entrance of incoming medical staff from Iraq to the north-east remains under negotiation with local authorities. Movements of commercial and humanitarian cargo from within Syria have continued. Medevac arrangements for international humanitarian staff have been agreed with the Kurdistan Region of Iraq.

Various COVID-19 related curfew measures have been imposed throughout Syria restricting movement for civilians and goods. These measures are often accompanied with facilitating measures for the movement of humanitarian staff and supplies. Humanitarian activities are often reduced due to restrictions and self-imposed measures. Many humanitarian partners have suspended non-emergency work, only conducting operations related to health, hygiene, and food, in some cases adapting modalities to programme remotely (e.g. home learning kits, e-learning etc.).

The UN continues to call on all parties to the conflict, and those with influence over them, to ensure immediate, safe and unhindered access for humanitarian staff and supplies to continue despite COVID-19 related preventative measures.

Country-Level Coordination

At the national level (as of 2 May), the 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, continues to closely engage with the Government of Syria (GoS) and other stakeholders in the implementation of the multi-sectoral response.

During the first meeting of the social protection technical committee, led by Ministry of Social Affairs and Labour (MoSAL) and co-chaired by WFP and UNFPA, it was agreed efforts would focus around five work streams: awareness raising and training; cash; food and non-food items (NFIs); quarantine and boarding centres; and livelihoods and small and micro-enterprises. It was further agreed assessments/monitoring would be a separate work stream.

On 30 April, the joint inter-ministerial and UN Task Force on COVID-19 was held under the chairmanship of Deputy Minister of Health. A presentation was made on the UN response to date aligned with National COVID-19 Preparedness and Response Plan. OCHA Syria continues to engage the Inter-Sector Coordination (ISC) team in Damascus to coordinate the response within Syria. WHO is holding daily meetings in Damascus and weekly operational calls to monitor implementation of the COVID-19 Preparedness and Response plan. The ISC is finalizing its updated Operational Response Plan for COVID-19 structured around the eight pillars of health preparedness and response, as well as the ninth pillar on socio-economic impacts, and updating funding requirements

Sectors continue to undertake national and sub-national level meetings to support coordinated response planning, in addition to coordinating with relevant authorities. Key activities include developing sectoral-specific guidance on risk mitigation and other strategies, and information dissemination among partners, in addition to development of sector-specific response plans incorporated in the operational response plan. In the reporting period, an online training/meeting comprising 105 gender-based violence (GBV) subsector partners was held to map and support the monitoring of the GBV response and gaps and enable consistency and harmonization of data across partners.

The UN Resident Coordinator/Humanitarian Coordinator (RC/HC) and WHO Country Representative continue to engage in discussions with senior officials on the COVID-19 response, including with the Deputy Minister of Foreign Affairs, the Minister and Deputy Ministers of Health, the Ministers of MoSAL and MoLAE, as well as the International Committee of the Red Cross (ICRC) and Syrian Arab Red Crescent (SARC).

In north-east Syria (as of 1 May), the NES COVID-19 Task Force (TF) continues to oversee collective COVID-19 preparedness and response efforts, under the joint chairmanship of the NES Forum and the NES health working group. This TF oversees three sub-TFs – Risk Communication and Community Engagement (RCCE), IPC and Case Management – which are driving key collective work-streams under these respective pillars. Further information is provided on the work of these TFs under the respective pillars.

Weekly operational calls between the relevant technical and coordination counterparts within Syria at field and Damascus level, as well as across Syria continue, discussing ways to improve coordination around the delivery of COVID/ non-COVID related medical supplies and equipment and the COVID-19 strategy for camps. In addition, key updates were shared around the Syria Humanitarian Fund (SHF) – including a summary of existing proposals to support COVID-19 preparedness and response in NES, the status of IPC in health facilities and the status of testing capacity at both country and regional level.

On 30 April, the second COVID-19 coordination meeting for all camps met to discuss the vulnerability mapping exercise in camps and the status of key preparedness exercises, including the establishment of isolation spaces. Progress updates were also shared on establishing COVID-19 committees at camp-level, comprising key health actors and including community representatives, camp management, camp administration and other partners supporting various pillars of the COVID response. Within these committees' focal points will be appointed under the key preparedness/ response pillars to follow-up on specific issues and convene dedicated discussions as required. These committees have now been established across NES, with initial meetings now taking place in all camps. These committees will take the lead on camp-level implementation, particularly focusing on the implementation of preventative measures in consultation with the community.

At the NES level, the Inter-Sector Working Group (ISWG) is working on updating the NES Preparedness and Response Plan (PRP) to incorporate a 'pillar nine' which outlines activities and requirements to address the socio-economic impacts of COVID-19. In addition, the ISWG is developing a monitoring framework to assess coverage and gaps against the NES PRP. As part of this, minor adjustments are being made to the monthly NES Forum 4Ws template to simplify reporting on COVID-related activities.

Humanitarians are working closely with local authorities and health committees to establish COVID committees in order to ensure a common approach to Case Management in NES and to oversee case investigation, detection and contact tracing activities remains a priority. Following initiatives launched by NES NGOs, local COVID committees have been established (and meetings convened) in Raqqa and Menbij over the last reporting period.

In north-west Syria (NWS) (as of 1 May), the Emergency Task Force chaired by the UN Deputy Regional Humanitarian Coordinator and the WHO emergency lead for the cross-border response meets weekly. A COVID-19 Task Force, under the cross-border Health Cluster, meets twice a week. The 15-member task force is represented by Syrian, Turkish and International NGOs, UN agencies, NWS and local health authorities. Within the first weeks, the task force developed the preparedness and response plan (PRP); a living document which has become the backbone of the initial preparedness activities.

Specific to COVID-19, the revised PRP for north-west Syria was issued on 5 April, with a focus on health and health-adjacent activities in response to the pandemic. Developed by the COVID-19 Health Task Force for north-west Syria, the plan covers a minimum period of three months (March/April to June 2020) and aims to support the scale up of capacity for prevention, early detection and rapid response to COVID-19 in the greater Idleb area, and the Afrin and A'zaz to Jarablus area of northern Aleppo Governorate, in line with requirements under International Health Regulations (IHR 2005). Under this plan, a funding requirement of US$ 34 million has been identified for Health preparedness and response activities, primarily for IPC, case management, risk communication and community engagement.

High population density, lack of shelter and inadequate WASH facilities remain the biggest challenges in the north-west. Local authorities have introduced a number of preventive measures, including the closure of schools and some markets and private clinics, banning the gatherings of people, including for religious services, and reducing services or operating hours of businesses including restaurants and grocery stores. Under the leadership of OCHA as part of the ICCG, an inter-cluster response plan has been developed to provide an overview of how humanitarian activities in the north-west are being affected by COVID-19, and how humanitarian partners are responding to ensure continuity while minimizing the virus's risk on staff and communities. The document will provide an overview of (i) the beyond-health impacts and challenges of COVID-19 on humanitarian operations in the north-west; (ii) the enabling factors and steps taken by humanitarian partners to mitigate these; and (iii) requirements for business continuity, and (iv) an overview of the sectorial response and projected impact.

Risk Communication and Community Engagement

The HCT activated the Risk Communication and Community Engagement (RCCE) Group, which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19. Working closely with WHO and the MoH, the RCCE Group has developed a multi-component package, including a toolkit of key messages covering a wide range of issues in relation to COVID-19, which has been disseminated to partners across the country. The Group has also finalized online training materials in Arabic.

Development, printing and distribution of information, education and communication (IEC) materials continues, as does awareness raising on social media, WhatsApp, radio and television channels, and direct community engagement/person-to-person, including during distributions and in mosques. More than 9.4 million people have been reached by television and radio awareness campaigns, two million by printed IEC materials, and nearly six million through social media. Other channels, including through the Smart Card/Takamol application and online interactive quizzes, are also being utilized. Direct awareness raising through teams at distributions and door-to-door continues, as does UNICEF's support of the Ministry of Awqaf to engage 1,000 religious leaders working in 3,600 mosques. In the reporting period, WHO provided technical support to the MoH to launch the COVID-19 Dynamic Infographic Dashboard for Syria. WHO also disseminated new global guidance on safe Ramadan practices in the context of COVID19 to partners.

Humanitarian partners, specific sectors and partners continue awareness-raising activities during existing programmes (such as distributions) and/or as separate initiatives. UNHCR is supporting over 2,500 out-reach volunteers and 250 health volunteers in awareness raising campaigns. UNHCR is also collaborating with 19 partners in 13 governorates to disseminate messages through established WhatsApp groups, and also during the reporting period, a further partner targeted 1,200 children with online cartoon programs and videos. UNFPA has supported the MoH and Ministry of Interior (MoI) to develop a television and radio campaign to raise awareness on COVID-19 and reproductive health services with a focus on pregnant and lactating women and midwives.

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

Regional outreach is ongoing. In the reporting period, UNHCR Aleppo with protection partners supported additional awareness-raising initiatives for persons registered in Community and Satellite centers, and through IEC distribution in the

city and rural areas. On 27 April, a joint WHO/UNDSS online awareness session commenced targeting UN staff members in Aleppo, and also within the reporting period, WHO supported MoE and MoH to complete a series of awareness sessions in Aleppo, Tartous, Lattakia, Hama, Homs, Rural Damascus, Dar'a, As-Sweida and Deir-Ez-Zor, with 150 physicians working on school primary healthcare centers participating. A protection partner in Homs also reached more than 6,000 children with text messages.

In north-east Syria (as of 1 May), awareness campaigns and related trainings of partner staff, including specific targeting of camps, IDP settlements and collective shelters are ongoing. Data collection for a whole of NES Knowledge, Attitudes and Practices (KAP) survey was completed by an assessment NGO. Over 2,000 respondents from over 600 communities, across all four governorates in which NES NGOs operate, were interviewed in the assessment. The upcoming findings will inform the RCCE/ social mobilization strategy being developed, and ensure messaging is appropriately tailored to the context. It will also help inform the development of a draft RCCE/social mobilization strategy, which will consolidate existing tools to provide a common reference around messaging and dissemination tailored to the NES context. To monitor performance and coverage, tracking tools are also being finalized with organization level focal points being identified to provide regular updates on outreach activities. Core messages around issues such as hygiene awareness/ etiquette, social distancing and seeking healthcare have been developed, as well as tailored messaging for different groups/ audiences in specific settings. In addition, related guidance is being finalized to distinguish between mass messaging (through media) and messaging at a programme level. As part of the overall RCCE/social mobilization strategy a dissemination plan is being developed. This will map out different channels of communication and provide guidance on appropriate communication channels in different settings, informed by the KAP assessment findings. To ensure adequate community engagement, the dissemination plan will document community networks/ mobilizers, building on efforts over recent weeks to establish sub-district and community-level focal points.

In north-west Syria (as of 1 May), the COVID-19 task force members continue to provide awareness sessions, mainly individual or in small groups while keeping social distancing without distributing brochures, while wearing protective equipment. One member organized local meetings with CSO, the member and local councils to organize awareness activities in Western Aleppo as the people started to return after the latest displacement in February. Another member conducted awareness-raising activities during water trucking reaching 40 heads of households (HH), and distributed messages to teachers and students through WhatsApp, in addition to using banners at distribution points. The early warning surveillance network (EWARN) dedicated an automatic WhatsApp number to provide answers to common questions and updates on COVID-19 stats in Syria, distributed 7,000 posters to health facilities in the north-west and NES, broadcasted five public updates, produced videos and participated in TV interviews with local and international press agencies. Another member started delivering HH sessions with a focus on hygiene promotion and information related to PWDs, and plan to distribute hygiene kits. Another member delivered 1,244 facility-based individual sessions. Local authorities conducted 470 public sessions, 404 local council visits, 4,347 HH visits, 203 pharmacy visits, and continued engaging 428 imams in addition to vaccination awareness sessions and social media publications. Another member delivered 262 HH sessions through 10 teams. Another member trained 169 volunteers, engaged imams, and produced messages related to homemade facemasks, and precautions in Ramadan. Another member conducted disinfection and awareness activities in 130 mosques, camps and other public facilities, delivered online training to 100 individuals, and distributed 10,000 posters. Another member delivered 1,091 individual sessions and 194 small group sessions in Aleppo, Idleb and Raqqa. A total of 107 CHWs with one member delivered 1,518 awareness sessions and distributed hygiene items to 990 families. This team started participating in food distribution activities conducted by Food Security and Livelihoods cluster members, to support social distancing and deliver awareness raising sessions during food distribution in Daret Azza and Jieneh in Aleppo. Another member interviewed over 50 candidates were interviewed out of the 107 trained community health workers to select the sub district focal points. The plan will include 28 focal points who will cover all of NWS to coordinate awareness activities at the field level and train awareness teams, volunteers and community leaders in their sub-districts.

Working in collaboration, WFP through the Corona Awareness Team, shared food distribution plans to identify awareness focal points from its members to join food distribution activities to deliver community awareness/health education while people are waiting to receive their food rations. The initial plan will include Dana, Daret Azza and Atareb.

As part of the Health Cluster, the MHPSS working group established four COVID-19 helplines (with specific guidelines) across the north-west to provide psycho social support counselling services for COVID-19 patients and their families, frontline health workers, and other members of the community. In addition, Psychological First Aid (PFA) COVID-19 training material has been completed by the MHPSS TWG. PFA and self care two-day trainings for 500 community leaders, imams, local councils, youth and women leaders will start next week in collaboration with a member in Idleb, Afrin and the Azaz to Jerabulus areas.

Surveillance, Rapid Response Teams and Case Investigation

At the national level (as of 2 May), WHO continues to engage closely with the MoH with technical teams meeting daily. Severe acute respiratory infection (SARI), one of the case definitions of COVID-19, is covered by the early warning alert and response system (EWARS) in Syria. Currently 1,271 sentinel sites report cases through EWARS system across all 14 governorates.

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

Within Syria, including NES, all relevant stakeholders have agreed to collect samples through rapid response teams (RRTs) for referral to the CPHL in Damascus for testing (in line with similar established mechanisms for sample testing, including influenza and polio). To date, 344 RRT personnel in 13 governorates have received dedicated training on COVID-19 case investigation, sample collection and referral.

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

In north-east Syria (as of 1 May), there are three surveillance systems operating. Among EWARS, five RRTs are active in Al-Hasakeh, three in Ar-Raqqa and five in Deir-Ez-Zor, while Menbij/Kobane is being covered from Aleppo. EWARN sentinel sites and sample collection teams are also active. Finally, with support of health actors, the local health authority is working to establish its own native RRTs, which will conduct case investigation and sample collection upon the notification of the area team leader who is responsible for coordinating the overall referral process.

To date, there have been at least 100 samples collected in response to alerts received through one of the three surveillance systems operational in NES to track reports of suspected cases, conduct case investigation and ultimately contain the spread of the virus. Of these, three samples have been confirmed as positive; two of which were via the local health authority's PCR testing capacity and one sample via the MOH testing capacity in Damascus.

In north-west Syria (as of 3 May) 289 samples were tested since 24 March. No positive laboratory confirmed cases of COVID-19 have been reported in the north-west areas. Alongside the collection of samples from Influenza Like Illnesses (ILI) and Severe Acute Respiratory Infections (SARI) cases, the alert system has been strengthened to detect any signal of people with suspected cases of COVID-19 from NWS. Active surveillance for SARI and ILI cases is been implemented in over 100 sentinel surveillance sites through the NWS.

The task force and Health Cluster partners have identified 30 community-based isolation (CBI) centres. Discussion is ongoing about integrating these CBIs with the surveillance and laboratory network to ensure timely sample collection, contact tracing and follow up of the mild and moderate cases.

Points of Entry

The MoH has stationed at least one equipped ambulance with medical personnel at all points of entry. 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.

In north-east Syria (as of 1 May), there have been no reported changes in the status of the main points of entry to the NES, including the airport, nine land border crossings and six crossing points between SF and GoS or Turkish areas of control. Qamishli airport (in GoS areas) remains officially closed to commercial flights, although the GoS has reportedly been transporting some individuals to Qamishli through the airport. Of the nine land border crossings into NES (three into Turkish-controlled areas), five crossings are currently 'partially open'; an increase from four last week (one additional crossing into Turkish-controlled areas has been opened under special circumstances only). Following the reopening of the Fishkabour-Semelka pontoon bridges, limited commercial and humanitarian shipments have occurred.

In north-west Syria (as of 1 May) there are currently 13 points of entry (PoEs), including 10 cross-border and three cross-line. The most recent cross-line point ('Mizanaz') is between the GoS and HTS in Maaret Elnaasan and the Taftanaz sub-district in Idleb. On the GoS controlled side, four PoEs have temperature screening and have implemented IPC measures in partnership with health cluster partners. The task force is working with WHO and partners to cover all PoEs within the next two weeks.

The referral network supported by health cluster partners is to be strengthen by adding 20 vehicles and WHO will provide infection control materials, including PPE. Additional links were established between initial referral system stations, as well as two referral hospitals in Idleb and Armanaz. More than 20 suspected cases have been transported to these referral hospitals.

Laboratory

To enhance diagnosis and increase testing capacity, WHO continues to support the CPHL in Damascus. To date, two air-conditioners and two refrigerators were procured; two air-conditioners and four refrigerators were fixed; and the laboratory generator repaired. Further rehabilitation of the CPHL to establish a designated laboratory for COVID-19 is ongoing. On-site training for 18 CPHL laboratory technicians has also been completed.

WHO has provided testing kits to the MoH since 12 February. During the reporting period, WHO delivered 10,000 laboratory swabs to CPHL and viral transport medium for sample collection, as well as PPE. This is in addition to deliveries outlined in previous reports, consisting of 34 enzyme kits (3,400 reactions), 52 extraction kits (3,000 reactions), 82 screening kits (7,872 reactions) and 11 confirmatory testing kits (1,056reactions), 4,000 swabs and viral transport medium for sample collection, and five PCR, in addition to PPE for laboratory staff. WHO is also procuring additional supplies and equipment sufficient for three months.

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

The increased capacity and decentralization of testing, including the need for a laboratory in NES, continues to be a priority for the UN to support implementation. As of 29 April, the CPHL has tested approximately 2,000 cases for COVID-19, with a current average of 60-90 tests per day. Support is ongoing to scale up this capacity and increase geographical coverage.

In north-east Syria (as of 1 May), of the four PCR testing machines received and dispatched by local authorities (Qamishli, Raqqa, Kobane and Tall Refaat- not accessible to NES NGOs), only one is reportedly operational. This machine, located in Qamishli, is operational only two days per week which could contribute to delays in timely diagnosis. Other challenges are related to the scalability of testing in NES. According to the local authorities, there are only 1,00-1,500 PCR testing kits in total in NES (with no readily available supply lines), underlining the need for a clear testing strategy. In addition, there are reportedly staffing challenges, with a lack of trained and qualified personnel available to operate these machines. Local health committees in Raqqa and Kobane, however, have indicated that the PCR machines in their areas will be operational by next week. In addition to these four machines, local authorities report that they have a further five PCR machines in Sweden which were procured prior to the donation from the KRG. There are reportedly a further 500 testing kits with these machines. Lastly, in addition to the PCR machines/tests, local authorities have 3,500 antibody tests (for rapid detection). As per the advice of the Case Management Task Force, these tests should only be used for screening and not as the basis for diagnosis.

In north-west Syria (NWS) (as of 3 May) the Idleb Laboratory increased its testing capacity by adding COVID-19 PCR trained laboratory technicians. The lab can process an estimated at 100 tests per day. As of 3 May 2020, 289 samples have been collected and tested for COVID-19 using the PCR in Idleb laboratory. All those samples were tested negative. In addition, the laboratory is testing samples from NES as part of their EWARN. An analysis was done of samples collected through 24 April from both north-east and north-west Syria (N=232).

- Among those samples, 67 per cent were male and 33 per cent female; the majority were between 25 and 34 years (44 per cent).
- The most common clinical symptoms recorded for the cases were fever (94 per cent), followed by dyspnea i.e. shortness of breath (77 per cent) and dry cough (67 per cent) which is in-line with COVID-19 case definition.
- Among the tested samples, 62 per cent samples reached Idleb lab on the same day, 30 per cent reached within 1-2 days and 8 per cent reached three days or more after collection.

To increase testing capacity in the north-west, the task force has identified partners, including WHO, to support at least two other locations with PCR laboratory capacity.

Infection Prevention and Control

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 better gauge IPC capacity, with many already taking a number of steps to reinforce capacity, including by establishing distance between patients, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas.

Similar efforts are underway to reduce risks in collective shelters. Shelter partners, in coordination with MoLAE, continue assessments (including interagency missions) to determine needed repairs to address issues such as overcrowding, poor hygiene and inadequate sanitation facilities. On 28 April, the first repatriation flight of Syrian nationals who had been unable to return to Syria due to COVID-19 precautionary measures landed in Damascus, with passengers entering a 14-day mandatory quarantine. A further approximate 10,000 Syrians abroad have registered for repatriation flights. On 29 April, the MoH indicated the need for support to expand quarantine capacity to accommodate further repatriation returns.

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

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

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

During this reporting period, UNICEF, including in its capacity as the WASH cluster lead, continued to engage with the Health sector and other actors to strengthen IPC in healthcare facilities, schools and learning spaces, youth centers and communities. Out of the 15 hospitals assessed across the country, UNICEF is supporting ongoing light rehabilitation of WASH systems in six facilities in Lattakia (Al Hafa Hospital and Al Qerdaha Hospital), Aleppo (University Hospital, Zahi Azraq Hospital, and Ibn Khaldoun Hospital), and in Al-Hol camp.

To enhance IPC measures in healthcare facilities, UNDP has also continued, with MoH, supporting WASH rehabilitation within priority healthcare facilities, with further rehabilitation (including WASH) planned at Al-Qadmous Hospital in Tartous. Plans are underway to support Dummar Hospital in Damascus with an expected implementation time frame of two months, while work at the Al-Qadmous Hospital in Tartous will be completed in a month. In addition to light rehabilitation completed at an isolation centre in Dar'a Governorate (Al Bassel Education Centre), a partner is supporting ongoing light rehabilitation at the designated isolation centre (Health Institute) in Deir-Ez-Zor Governorate. The partner is also supporting light WASH maintenance and provision of cleaning/hygiene items to 15 childcare centres in Damascus, Rural Damascus, Homs and Aleppo governorates. The Education Sector is also mapping WASH needs in schools. To date, 1.15 million soap bars and IPC materials for 11,500 schools have been procured for when schools reopen.

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

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

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

In north-east Syria (as of 1 May), NES partners have undertaken assessments of IPC status across 81 health facilities, comprising primary healthcare centres and hospitals which NES NGOs were already supporting prior to the outbreak and, in five instances, COVID-19-related isolation facilities. There remain gaps in assessment coverage in 15 facilities. Although partners have committed to assess eight of these facilities, there remain gaps in six or seven facilities in Hassakeh. Assessment results as of 1 May indicate that an additional WASH response is required in 63 of assessed facilities.

Further verification of the specific interventions required is being undertaken. Of the 63 facilities, WASH partners have been identified to undertake relevant IPC enhancements in 52 of them. Interventions to be delivered under this plan include installation of hand-washing facilities, provision of soaps/alcohol-based hand sanitizers, sanitation infrastructure upgraders and support to waste management systems. Under the health component of the IPC assessment, further analysis is ongoing to identify what interventions may be required, including in terms of ensuring adequate screening facilities (e.g. triage tents) at the entrance to health facilities.

In terms of camp coverage in the NES, various IPC measures have been implemented. At the entrance, humanitarian actors have supported the camp administration to establish temperature screening points and installed mandatory hand-washing stations, with partners providing equipment, including thermometric scanners, as well as basic training on medical screening to the guards. Visitors are prohibited, along with community gatherings and focus group discussions of more than seven people. Across camps partners are installing additional sanitation facilities, scaring up water provision and distributing COVID kits (containing additional soap, towels, buckets, bleach, gloves and a basin- to facilitate HH level handwashing). Gaps remain most extensive in the informal camps (Washokani, Abu Khashab, the Menbij camps, Tal Samen and Twaihina), particularly in relation to infrastructure improvements such as handwashing facilities and sanitation enhancements.

As of 30 April, two NES NGOs have committed to cover 49 collective centres in Hassakeh with a full package of IPC/ Risk Communication and Community Engagement (RCCE)-related interventions, including increased water provision, distribution of IEC material, hygiene promotion, WASH facility assessments (with a view to undertaking upgrades and installation of additional handwashing stations (finalized in 36 of the 49 collective centres). COVID-19 kits and additional rounds of soap distributions will be undertaken from mid-May. UN partners will be covering the remaining 19 collective centres in Hassakeh, with an NGO supporting messaging activities and soap provision. The scale of and scope of activities is more limited outside Hassakeh, with only 1 NGO reportedly supporting installation of handwashing stations 19 collective centres in Tabqa sub-district in Raqqa. This is out of 101 collective centres reportedly located in Raqqa and Deir-ez-Zor according to the Sites and Settlement Working Group mapping.

In term of informal settlements, NES NGOs are providing IPC/RCCE-related assistance to 60 informal settlements (approximately 30 per cent of informal settlements identified by the Sites and Settlements Working Group (SSWG) in NES, 17 of which are in Aleppo (Menbij), 34 of which are in Raqqa and nine of which are in Deir-ez-Zor. Interventions include hygiene promotion and dissemination of information, education and communication materials, COVID-19 kit distributions, increased water provision and installation of hand-washing facilities in a limited number of settlements. Gaps are most extensive in Deir-ez-Zor where only 13 per cent of the identified informal settlements are covered at present. This is especially concerning as the risk of transmission is likely to be particularly high due to sub-standard sanitation and poor hygiene practices which already contribute to the highest prevalence of waterborne diseases in NES.

Partners are particularly concerned about the possible impact of COVID-19 on vulnerable persons, particularly the elderly and those with underlying health conditions who are far more likely to experience severe illness or death should they be infected. There are particular concerns for those vulnerable profiles who are living in IDP last resort sites, where it is more difficult to adhere to social distancing and reduce contact with other people. As part of efforts to protect the most vulnerable groups, partners are currently completing a mapping of these groups in camps - which should be completed by 7 May – across all formal and informal camps. This analysis will help ensure more regular monitoring of these groups and the swift identification of any suspect cases to enable early referral and treatment.

In north-west Syria (as of 3 May), a health cluster member distributed a total of 25 hospital-specific IPC kits to the four COVID-19 designated hospitals, two CBIs, and to the COVID-19 referral network. Distributed IPC kit items included approximately 6,250 face shields, 150 protection goggles, 42,500 different sizes of disposable gloves, 875 L of 5 per cent chlorine solution, 626 L 96 per cent alcohol solution, and 375 alcohol- based hand rub solution in 500 ml/bottles, and 175 waterproof aprons. This member will continue the third round of IPC COVID-19 specialized training targeting approximately 135 medical and non-medical staff working in the seven designated hospitals.

Case Management

WHO, continues to work closely with MoH technical teams, health and WASH partners, to monitor, plan and assess the incident management system functions. In support of the MoH's announced plans to establish quarantine and isolation for treatment centres in all governorates, WHO completed inter-sectoral mapping in coordination with departments of health.

To date, humanitarian partners have been informed by local authorities (Governors and Departments of Health) of quarantine facilities and 50 isolation spaces across 13 governorates. At the central level, the MoH has announced 14 fully equipped isolation centers are currently running.

The immediate priority is on providing support to and reinforcing isolation facilities. UNDP is in technical discussions with the MoH to support infrastructural rehabilitation at hospitals in Damascus and Tartous. PUI has completed light rehabilitation of WASH systems in Dar'a (Al Bassel Education Centre), and is progressing work at the Health Institute in Deir-Ez-Zor.

Further to the support detailed in previous reports, WHO continues to deliver trainings on case management (resuscitation and ventilation management). During the reporting period, trainings were conducted in Deir-Ez-Zor and Homs, with further trainings scheduled in Homs and Aleppo governorates in the coming week. UNFPA has also procured 20 ventilators, 20 ICU monitors, two computerized tomography (CT) scanners, and 25 cardiotocography machines, expected to be delivered to partners around 12 May, to enhance response for women of reproductive age.

In north-east Syria (as of 1 May), during the reporting period, WHO conducted three training workshops in NES for 43 health workers at Al-Hikma Hospital, Al-Hayat Hospital and Areesha camp. As detailed in previous reports sectors are working to establish isolation centres in identified camps and informal sites, and external referrals are being explored for moderate cases from Mahmoudli camp and Washokani informal site. In Ar-Raqqa, an isolation ward is being set up at the National Hospital, and a quarantine center at Hawari Bu Median school in Ar-Raqqa city. On 20 April, NGOs opened a first phase (60 beds) of a 120-bed hospital in are purposed factory building outside Al-Hasakeh; three ambulances are stationed there.

Up to 16 dedicated isolation facilities are being established in the NES for moderate and severe cases, eight of them supported (to varying extents) by humanitarian actors. This is an increase of two planned facilities following confirmation of from local authorities of a 100-bed facility in Raqqa National Hospital (currently a local NGO is supporting the local authorities on rehabilitation) and a 50 bed facility in Kobane. Upon completion, there will be 895 beds available for moderate cases, with some of these facilities attaching to existing health centres, while many of the larger facilities are being establishing in repurposed public buildings (including a sports stadium, factory, wedding hall and multiple schools). As of 1 May there were reportedly 210 beds available and ready for immediate use, with a further 65 anticipated to become available over the coming week.

In north-west Syria (as of 4 May) in support to the COVID-19 NWS Task Force and to treat confirmed cases, three hospitals with ICUs supported by Health Cluster members are ready to receive patients in Kafartakharim, Dana and Idleb. WHO is providing support to five out of seven designated COVID-19 hospitals and ICU isolation-treatment centres in NWS, among which the three hospitals currently considered functioning (Dana hospital with capacity for 10 ICU beds, 20 hospital beds, and four ventilators, and Idleb Internal Medicine Hospital with seven ICU beds and three ventilators and Kafartakharim with 10 ICU beds, 20 hospital beds and 10 ventilators). WHO is accelerating the agreement to support Al Zira'a hospital with a capacity of 10 ICU beds and 15 beds for inpatient care services. The Health Cluster IMO team mapped all the health facilities and CBIs designated as part of the COVID-19 preparedness for easy reference.

Guidelines for the inclusion of full-time psychosocial workers (PSWs) and counselling rooms within the CBIs and 3 referral hospitals in NW Syria was completed through recommendations of the MHPSS TWG. A total of 154 PHC doctors across NWS continue to receive a refresher/roll-out training on mhGAP, including MHPSS service provision during COVID-19. All 112 MHPSS facilities remain fully functioning and are ready to provide continuous care and support; however, group counselling and PSS group activities for children have been suspended.

WHO is procuring 57 NCD Kits for 57 PHCs across NW Syria to support in provision of NCD drugs for the most vulnerable people during COVID-19. To help enhance the continuity of NCD Quality of Care and Support during COVID-19, 48 additional PHCs across NW Syria are being provided with 7 months of NCD/MHPSS structured trainings, monitoring, screenings, SOPs, and creation of the NCD/MHPSS Care Team for PHCs. The delivery of 16 essential NCD drugs and supplies were provided to 16 PHCs under the NCD/MHPSS Integration into 16 PHCs. Precautions and guidelines have been issued by the NCD TWG to protect vulnerable NCD patients from COVID-19, including conducting telephone follow-ups/check-ins, reduce crowding at PHCs (maximum 30 patients per doctor/day).

Operational Support and Logistics

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

Globally, challenges include an unprecedented demand of essential medical items including PPE with stockpiles depleted, substantial price increases being reported and export bans. Lack of PPE globally may also have a cascading effect in disrupting manufacture of other critical medical equipment and medicines. Globally, WHO has established the Supply Chain Coordination Cell comprising WFP, UNICEF, UNHCR, UNFPA, MSF and IFRC to improve information management and coordination to support strategic guidance, operational decision-making, and overall Supply Chain monitoring.

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

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

In north-east Syria (as of 1 May) to mitigate supply chain disruptions, NES NGOs rely on a combination of local procurement for basic medical items (such as basic PPEs), procurement from KRI and international procurement. The COVID-19 outbreak has contributed to an acute shortage of essential supplies, including PPEs, medical equipment (such as ventilators) and certain medicines.

Local supply chains in NES have been affected by disruption to cross-border commercial activity, while NES partners also face restrictions on procuring items in KRI for export.

Additionally, disruptions of commercial and airfreight services due to the closure of airports in KRI until at least 22 May have left partners unable to mobilize pipeline capacity at short notice. While partners continue to negotiate access to bring supplies into NES, challenges remain in accessing global markets to procure supplies due to their relatively limited size and centralized supply chain response mechanisms which are predominantly UN-centric. Consultations continue with a variety of key stakeholders to identify alternative sources through which NES NGOs can access essential supplies.

Sectors continue to explore ways to support critical functions/ activities and mitigate risk. For the Education sector, partners are exploring home-based learning modalities and utilizing existing WhatsApp learning groups to share lesson plans and convene discussions. The fundamental challenge remains ensuring that children and caregivers have access to internet. To ensure overall scalability of home/e-based learning, partners are looking at distributing phone credit. As well as supporting education, increasing internet and phone access can also help to support awareness raising around COVID-19.

In north-west Syria (as of 3 May), supplies delivered on 14 April, included 10,000 gloves, 200 goggles, 10,000 Surgical masks, 500 N95 Masks, 900 face shields and 1,400 gowns. Out of these supplies, WHO supported 1 isolation unit, 1 CBI centre and the referral network with 300 N95 masks, 550 face shields, 925 protective gowns, 130 protective goggles, 6,400 examination gloves, and 6,500 surgical masks in total.

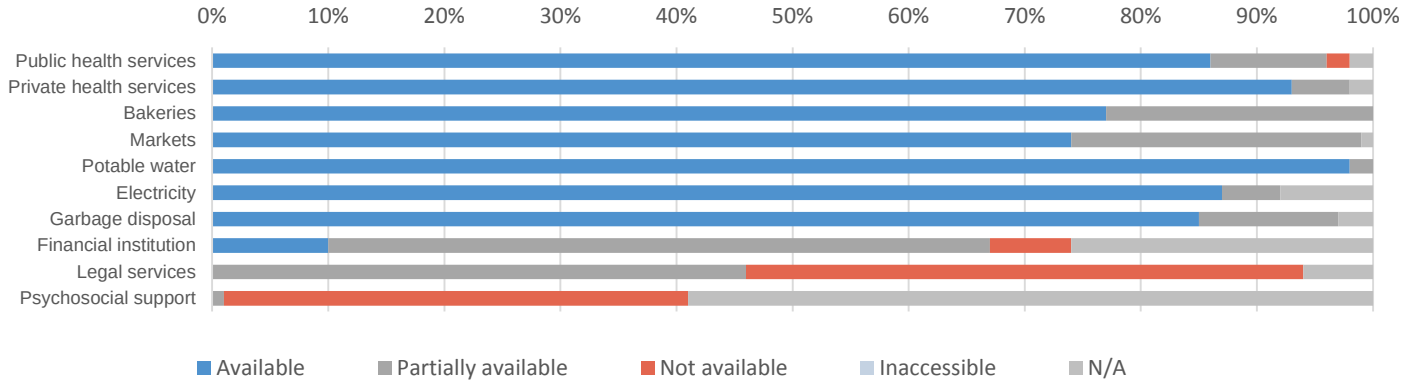
Country-wide, WHO, supported by OCHA is leading the consolidation of COVID-related supply requests – including PPE, hygiene and equipment – across hubs and its regional office will support a Syria wide supply request to be initiated through the new global COVID-19 Supply Chain Portal. WFP stands ready to support downstream shipping and distribution needs.

Annexes

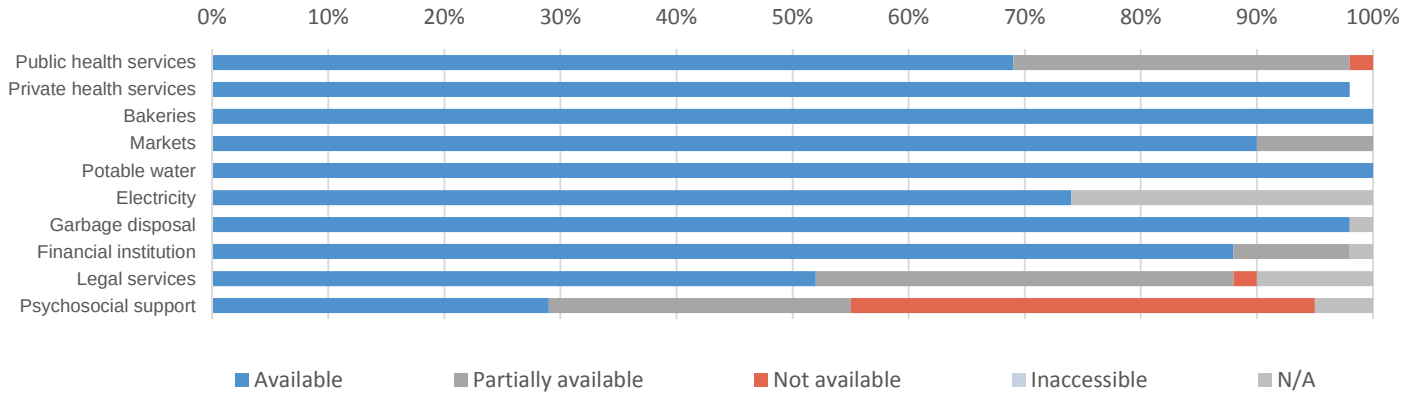
STATUS OF BASIC SERVICES

(Source: HNAP as of 4 May 2020)

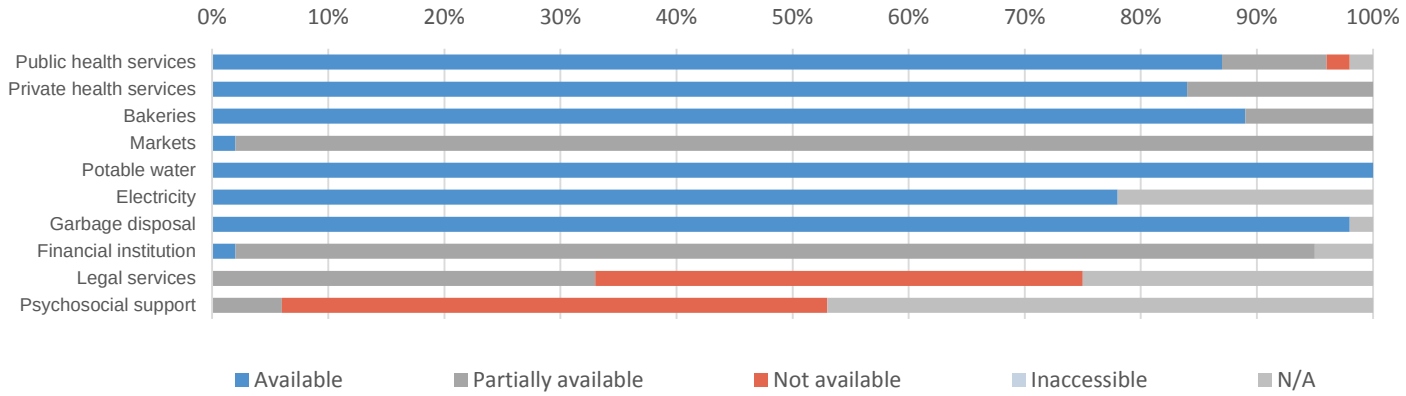
GOS



NSAG



SDF



NUMBER OF SUB-DISTRICTS IMPLEMENTING MITIGATION MEASURES

(Source: HNAP as of 4 May 2020)

MITIGATION MEASURES	GOS		NSAG		SDF	
	YES	NO	YES	NO	YES	NO
Community lockdown (no travel)	6	191	2	40	32	13
Total curfew (everyone stays home)	1	196	0	42	44	1
Partial curfew (everyone stays home for certain days/ hours)	195	2	0	42	43	2
Home isolation for symptomatic cases	61	136	0	42	13	32
Provision of spaces in health facilities to monitor suspected cases	55	142	33	9	12	33
Isolation in health centres for suspected cases	44	153	5	37	10	35
Quarantine of diagnosed COVID-19 cases	12	185	3	39	6	39
Testing for COVID-19	60	137	2	40	7	38
Regular temperature checks (check points, public places, etc.)	55	142	26	16	20	25
Closure of public spaces (restaurants, shops, etc.)	184	13	11	31	44	1
Distribution of soap/disinfectant/ masks	5	192	5	37	19	26
Disinfection campaigns	118	79	22	20	14	31
Awareness campaigns	103	94	38	4	32	13

More Information

- General information: https://www.who.int/health-topics/coronavirus
- Technical guidance: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance
- Global surveillance for human infection with coronavirus disease: https://www.who.int/publications-detail/global-surveillance-for-human- infection-with-novel-coronavirus-(2019-ncov)
- Global research on coronavirus disease: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel- coronavirus-2019-ncov
- Advice for public: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
- Infection prevention and control during health care: https://www.who.int/publications-detail/infection-prevention-and-control-during-health- care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125
- Guidance for Pregnant and Lactating Women: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html
- https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-faq.html https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know
- Guidance on Rational use of Personal Protective Equipment for COVID-19: Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19)
- Advice for international travel and trade: https://www.who.int/ith/2020-24-01-outbreak-of-Pneumonia-caused-by-new-coronavirus/en/ Introduction to COVID-19 online course: https://openwho.org/courses/introduction-to-ncov
- Statement of WHO General Director on COVID -19: https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the- media-briefing-on-covid-19---3-march-2020
- how to talk to your child about COVID-19: https://www.unicef.org/coronavirus/how-talk-your-child-about-coronavirus-covid-19

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