



6,215 Total confirmed cases

2,357 Recoveries

317 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 November 2020.

HIGHLIGHTS

- As of 9 November, the Syrian Ministry of Health (MoH) reported 6,215 laboratory-confirmed cases, 317 fatalities, and 2,357 recoveries in Government of Syria (GoS)-controlled areas
- To date, 194 cases amongst healthcare workers (HCWs) in GoS-controlled areas have been reported
- In northwest Syria (NWS), as of 3 November, 7,059 confirmed cases of COVID-19 were reported, including 42 deaths
- In northeast Syria (NES), 4,978 cases were confirmed as of 3 November, including 758 recoveries and 133 deaths
- 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 make ongoing sample collection more challenging

SITUATION OVERVIEW

In GoS-controlled areas of the country, 6,215 laboratory-confirmed cases have been reported by the Syrian MoH as of 9 November. Of these, seven were in Ar-Raqqa; 22 in Deir-Ez-Zor; 35 in Al-Hasakeh; 90 in Quneitra; 226 in Dar'a; 303 in Tartous; 250 in Hama; 222 in As-Sweida; 900 in Homs; 710 in Rural Damascus; 530 in Lattakia; 1,274 in Aleppo; and 1,646 in Damascus.

As of 9 November, 211 HCWs have tested positive for COVID-19 in GoS-controlled areas. Of these, 12 fatalities have been reported, while 114 cases remain active. 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.

Meanwhile, the prevention of transmission in schools continues to prove a challenge as a result of overcrowded classrooms, insufficient qualified teaching personnel, and poor/damaged infrastructure. At the time of writing, 303 confirmed COVID-19 cases among school children and teachers and school personnel were reported by the Ministry of Education (MoE) including three deaths. Both WHO and UNICEF, along with Health and Education sector partners, continue to support schools in COVID-19 preventive actions, including through teacher and school health worker trainings, PPE distributions, and infection prevention and control (IPC) measures including increased water trucking and soap distributions.

While current official numbers remain relatively low, it is clear the epidemiological situation in Syria continues to rapidly evolve and all factors. – including that the vast majority 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 2,000 confirmed cases in August.

With limited testing facilities still a challenge, the actual number of cases may far exceed official figures, with a significant number of asymptomatic and mild cases going undetected. Contact tracing is also a particular challenge, including in more remote governorates and camps. A significant number of people with symptoms are likely not seeking testing or treatment or are obtaining private services offering homecare. This could be due to community stigma and individual reluctance to go to hospitals. This in turn makes determining the actual numbers of cases difficult to ascertain, which may increase the risk

of late referral of severe/complicated cases for treatment, negatively impacting the long-term health prospects and survival of patients.

In NES (as of 4 November), 4,978 reported cases of COVID-19 have been confirmed. Of these, there were 4,087 active cases, 758 recoveries and 133 deaths.

In addition to high levels of transmission in Al-Hasakeh and Quamishli districts, notable increases have been reported in Malakiye District (Al-Hasakeh Governorate), Ar-Raqqa District (Ar-Raqqa Governorate), and Ain Al Arab District (Aleppo Governorate). Overall, the number of confirmed cases does not provide an accurate reflection of infection prevalence.

While there has been an increase in testing, under-testing due to limited testing capacity and low detection/surveillance capacity remains a challenge. Low levels of cases are linked to under-reporting due to social stigma, misapplication of the case definition/clinical screening protocols, as well as challenges in activating rapid response teams (RRTs). The high risk of undetected transmission is compounded by limited adherence to preventative measures, making transmission more likely, low case management capacity and continued high levels of transmission amongst HCWs. As of 3 November, 496 cases among HCWs were reported, including 167 in Al-Hasakeh city alone.

On 30 October, a 10-day partial curfew came into effect across NES lasting until 8 November. All major markets/public facilities have been ordered closed for the duration of the ban, excluding shops selling food and restaurants (for takeaway orders only provided they close by 3pm in the afternoon); places of worship must close except for Friday prayers and Sunday mass and; mass gatherings (wedding halls, condolence tents and conference meetings all specifically mentioned) are prohibited. Education facilities and administrative buildings are permitted to remain open, but are encouraged to implement basic preventative measures.

Although the directive requires the population to wear masks, no enforcement mechanism has been put in place to promote compliance. On 3 November, following a recent surge in cases in Malakiyeh (Derik), the Executive Council of Jazeera Canton announced a full 14-day lockdown in 'Derik city and its countryside' (understood as the whole of Malakiyeh District) which will come into effect on 6 November and last until 19 November.

Under this lockdown, schools (excluding shops selling food between 6 am and 1 pm), places of worship, shops, restaurants, playgrounds and private clinics will be closed, while movements in and out of Derik city will be prohibited (excluding emergency cases and food shipments). Humanitarian actors are exempted from these restrictions.

In NWS (as of 3 November) a total of 7,059 confirmed cases of COVID-19 were reported (4,265 from Idleb and 2,794 from Aleppo governorates), including 42 deaths. 2,728 people have reportedly recovered.

As of 3 November, there were 7,059 confirmed cases of COVID-19 in NWS. 4,265 cases were in the Idleb area and 2,794 were in northern Aleppo governorate. Of the total, 42 COVID-19 associated deaths have been reported and 2,728 people have reportedly recovered.

Of all cases, 693 (12.2 per cent) were among HCWs as of 31 October. WHO has attempted to limit spread and transmission of COVID-19 in NWS 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 IPC working groups. Risk Communication and Community Engagement (RCCE) must be targeted to HCWs, as well as other vulnerable groups.

Strong emphasis is being placed on surge planning in hospital settings, simultaneously focused on infection control, clinical operational challenges, triage staffing and maintenance of staff wellness through psychosocial support. To this effect, a survey of 250 health facilities was conducted focusing on triage preparedness and the implementation of IPC measures to help identify gaps and strengthen facility preparedness.

Increasing testing capacity continues to be the focus as well in NWS, particularly in hotspot areas such as Al Bab, Jarablus, Dana and Idleb. In total 26,028 polymerase chain reaction (PCR) tests have been completed (as of 31 October), with a test positivity rate of 24.0 per cent. Currently three laboratories have been operationalized (Idleb, Jarablus and Afrin), with a total of four PCR machines (two of which were delivered in September 2020). Daily testing capacity has nearly quadrupled since September, to an average of over 800 tests per day. Procurement of additional testing kits is ongoing, as are efforts to enhance human resources, including through training.

NWS currently has nine hospitals for case management, with a capacity of 188 intensive care unit (ICU) beds and 645 step-down ward beds (exclusively separated for isolation treatment). Targets for increasing ventilator capacity has been reached (164 new ventilators have been added) to have adequate capacity to treat critical cases.

To reduce additional burden on hospitals and utilize health resources more efficiently, particularly with regard to critical cases, WHO and the TF are working to set up COVID-19 Community-Based Treatment Centres (CCTCs) to isolate and treat the mild cases. CCTCs are placed strategically near communities to ensure easy access and to act as the first point of contact before a patient is referred to a COVID 19 referral hospitals (if symptoms intensify). A total of 20 such centres with in-patient capacity are currently operational with a bed capacity of more than 900. New CCTCs are being planned to open in Afrin and north Aleppo, including in current hotspot zones – Al-Bab, Jandaris, Raju, and Azaz.

Challenges include increased global demand for COVID-19 testing supplies and PPE globally, which is impacting the timely procurement in required quantities and cross-border delivery to NWS. There also remains significant funding

shortages to procure supplies, including PCR kits and lab consumables. Furthermore, transmission risks remain high in this densely populated NWS, exacerbated by a general shortage of crucial items, including PPE, for the wider public, inhibiting complementary preventative measures. Given an acute shortage of masks in the market, local procurement and the production of fabric masks in the field need to be enhanced.

In addition, given the crowded living conditions in both urban and camp settings across NWS, a significant challenge in countering COVID-19 remains the difficulty of physically isolating people. Efforts are currently being concentrated on establishing quarantine centres, however, funding for such centres remains limited.

Lastly, there remains a critical need to expand field surveillance capacity and laboratory human resources, given the opening of new labs. This includes skill enhancement/capacity building (surveillance, CT, rapid response, lab methods).

In NWS, there continues to remain a funding gap of nearly US \$11 million through 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, particularly in informal camp settings.

PREPAREDNESS AND RESPONSE

Hub-level preparedness and response planning

The Humanitarian Country Team (HCT) in Syria continues to focus 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 national and subnational 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;
- Raising awareness and risk communication.

In particular, WHO, acting on the eight pillars of the global WHO Strategic Preparedness and Response Plan, continues engaging the Syria MoH and partners to enhance technical capacity and awareness, including on rational use of PPE, case management, IPC, environmental disinfection, and risk communication; and is focused on procuring and enhancing medical supplies including in laboratory testing and PPE for case management and healthcare facilities.

On 31 March, UN Secretary General Antonio Guterres launched a report Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19, which forms the basis of incorporating socio-economic impacts as the ninth pillar of the response.

As the UN supports national preparedness and response in Syria, the specific country context poses considerable challenges. This includes: a fragile health system lacking sufficient personnel; infrastructure and existing essential equipment; insufficient water and sanitation infrastructure; significant existing vulnerable populations reliant on humanitarian assistance; challenges accessing certain areas including due to ongoing hostilities; challenges for humanitarian workers to move freely to support and implement humanitarian programmes due to preventive measures including border restrictions; challenges procuring supplies including due to border restrictions, a deteriorating economy and competition for local supplies, as well as sanctions. The 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, remains a priority.

ACCESS RESTRICTIONS

As of 30 October, Syria and neighboring countries continue to reinforce precautionary measures at border crossings to limit the virus's spread. Border crossings remain impacted as Syria and neighboring countries continue implementation of precautionary measures. Most land borders into Syria remain closed, with some limited exemptions (from Jordan, Turkey and Lebanon) including commercial and relief shipments, and movement of humanitarian and international organization personnel. International commercial passenger flights resumed at Damascus International Airport from 1 October and have continued to date.

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.

From 16 August, the GoS has implemented new requirements for individuals arriving from official border crossing points with Lebanon, including presentation of a negative PCR certificate obtained within the past 96 hours at accredited laboratories. Those unable to present such a document are quarantined. The GoS further announced 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. Private laboratories offer testing, including one center dedicated to UN staff and diplomats.

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.

Some crossing points inside Syria are slowly reopening while some restrictions are still noted. On 12 October, local authorities in NES announced that all internal crossings would be open for movement, and reports indicated this is occurring at Tabqa, Akeirshi and Abu Assi in Ar-Raqqa and Al-Taiha in Aleppo, although reports also indicate some individuals have been prevented moving to GoS areas in the former. Further reports indicate that internal crossings in the Tal-Abiad-Ras al-Ain remained closed for all movements. In addition, restrictions appear to remain in place at Um Jloud in Aleppo; at Awn Dadat, the crossing was initially opened at 12 October, but closed again on 19 October. Al-Bukamal-Al Quaem crossing is reported open for commercial and military movements; Ras al-Ain border crossing is partially open for humanitarian shipments, voluntary returns and visits relating to the agricultural harvest. Abu Zandin in Aleppo remains closed, although reports indicate in practice, crossings do occur. Ghazawiyet Afrin and Deir Ballut in Aleppo are open for commercial, military, and humanitarian cargo movement.

In NWS, access for 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. Partners have implemented adaptive working and distribution models and implementation approaches based on the recommended mitigation measures throughout and 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, including increased sporadic airstrikes, and contamination with explosive ordnance continue to hinder safe access to highly vulnerable areas by humanitarian workers in support of existing needs and COVID-19. Sporadic restrictions have been implemented by local authorities in relation to the closing of and or reductions to crossings allowed at both international and internal borders/crossing points. In most instances, accommodations have been made to allow continued access for humanitarian staff but impacts on civilians seeking medical treatment cross border have been observed. Currently, the Bab al-Hawa border into NWS from Turkey is open for commercial and humanitarian traffic and movement of humanitarian staff while the Bab al-Salam border is currently open daily for commercial and humanitarian cargo but restricted to two days per week for humanitarian staff which is limited to one staff member per organization. Internal crossings between Idlib and northern Aleppo remain open to both humanitarian cargo and staff. All internal crossings between NWS and NES remain closed, however, not due to COVID-19 restrictions. 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 local authorities continue to provide exemptions 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, however other movements generally remain restricted. In addition, on 8 September, local authorities announced individuals holding expired European residency permits can cross to Iraq to undertake renewal processes once per week. All border crossing points remain closed as a precautionary measure. Humanitarian personnel and medical cases are reportedly exempt. As of 30 October a 10-day partial curfew came into effect across all of NES, lasting until 8 November. Under this curfew all major markets/ public facilities have been ordered to close for the duration of the ban, excluding shops selling food and restaurants (for takeaway orders only provided they close by 3pm in the afternoon); places of worship must close except for Friday prayers and Sunday mass and; mass gatherings (wedding halls, condolence tents and conference meetings all specifically mentioned) are prohibited. Education facilities and administrative buildings are permitted to remain open, but are encouraged to implement basic preventative measures. At the time of writing it remained unclear whether humanitarian actors will be granted an exemption.

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 continues to engage the Inter-Sector Coordination team in Damascus to coordinate response efforts 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 preparedness response plan (PRP). Weekly operational calls on NES are also ongoing, including on enhancing and strengthening preparedness and response efforts at points of entry (PoE) 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 3 November), the NES COVID-19 TF continues to oversee collective COVID-19 preparedness and response efforts under the chairmanship of the NES Forum. The TF meets on a weekly/biweekly basis, 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.

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-19 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.

There have also been seven local COVID-19 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-19 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-19 committees and the central TC. In most areas, COVID-19 committee meetings take place on a weekly basis; NGOs supporting key components of the COVID-19 response these areas are encouraged to participate.

NGO partners continue to actively support case tracking and reporting. The Kurdish Red Crescent (KRC), in close collaboration with local authorities, are 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.

At present, there are two main challenges around COVID-19 data collection and case reporting: In terms of tracking recoveries, the operations desk currently lacks the human resource capacity to track and confirm recoveries (a recovered case being defined as an individual who meets criteria of a minimum of 13 days in self-isolation, with the last three-days asymptomatic). Efforts are ongoing to bolster the capacity of the operations desk, through the establishment of a dedicated 'recovery unit'. The second challenge is the tracking of hospitalized cases.

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 31 October), The COVID-19 TF continues to meet on a weekly basis to scale-up preparedness and response efforts across NWS and coordinate with other clusters regarding local mask manufacturing and distribution.

In mid-October, the TF met with the Gaziantep Health Directorate to plan for increased community testing, the establishment of three new COVID-19 CCTCs in Afrin and North Aleppo, with an emphasis on current hotspots in sub-districts such as Al-Bab, Jandais, Raju and Azzaz. Priority areas include the referral network, PoE surveillance and monitoring, support for CCTCs, support for hospital functionality, and PPE availability and distribution.

Risk Communication and Community Engagement

The United Nations Country Team (UNCT) has activated the Risk Communication and Community Engagement (RCCE) Group which aims to inclusively engage communities while communicating critical risk and event information concerning COVID-19. Working closely with WHO and the 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 on proper use of masks and effective hygiene practices, continued to be broadcast.

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 - particularly in lower density populated communities - and a considerable lack of adherence to individual preventive measures has been observed in some communities.

With UNICEF and WHO technical support, a public opinion survey on COVID-19 with the aim to further understand public perceptions is underway, utilizing 30 trained data collectors targeting 6,000 individuals. The final report is expected by November.

As per previous reporting, development, printing and distribution of information, education and communication (IEC) materials 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 distribution points and door-to-door continues, as does engagement at universities, schools, as well as religious leaders.

During the reporting period, following widespread wildfires in coastal regions, WHO-supported medical teams provided additional awareness-raising on COVID-19 in Homs and Hama governorates. WHO also continued technical support for the MoH COVID-19 Dynamic Infographic Dashboard for Syria, in Arabic and English.

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 continued awareness raising targeting women, adolescent girls and pregnant and lactating women, including through mobile teams, in clinics, community well-being centers, family protection units and women and girls' safe spaces, and distributed relevant information, education and communication (IEC) materials in addition to direct engagement through social media groups. Training and regional outreach is also ongoing. During the reporting period, more than 300 volunteers were engaged in activities in all governorates to promote Global Hand Washing Day, with an emphasis on COVID-19 prevention. Oxfam reported a number of Global Handwashing Day outreach activities, including in Rural Damascus, Deir-Ez-Zor and rural Aleppo, including direct engagement with mothers and children, and distribution of IEC materials.

UNICEF also supported two five-day trainings on RCCE for 50 health educators in Lattakia and Tartous, and continued their ongoing RCCE efforts, including using edutainment and a mobile van to disseminate messages, including in particular in Aleppo, where over 26,000 individuals in the most vulnerable communities were reached on key messages, including on combating social stigma. In addition, WHO and UNICEF supported a one-day workshop for 24 journalists in advance of the national polio vaccination campaign, including key messages on COVID-19.

In NES (as of 3 November), information, education and communication (IEC) materials are available to partners either through the dedicated NES Forum COVID-19 Google Drive Folder or the dedicated Syria COVID-19 Resources Dropbox folder (accessible to all partners, and also including the latest situation updates and sector-specific guidance). In recent weeks, trainings on RCCE key messages have been developed and delivered; with training materials/tailored trainings to partners available on request.

In October, results from the fourth round of the knowledge, attitudes and practices (KAP) survey were released, showing preventative behavior amongst respondents had decreased from the earlier stages of the COVID-19 pandemic. This implies a further reduction in levels of risk perception, suggesting that people either do not consider the risk of COVID-19 transmission as significant enough to adapt their behavior or that people doubt the efficacy of these measures in reducing the virus's spread. Of further concern is that fewer than half of all respondents said that they would stay at home and/or self-isolate if they contracted COVID-19, while fewer than half reported that they would call a doctor or medical professional. (Note: the most recent round of the KAP survey only focused on Al-Hasakeh Governorate).

Although low, awareness and adherence to preventative measures is generally considered higher in Al-Hasakeh than in other areas of NES. It is therefore likely that overall levels of risk perception and behavioral adaptation for NES might be significantly lower than reported.

The latest round of the HNAP COVID-19 Rapid Assessment (Round 23 as of 3 November), further indicates the continued limited implementation mitigation measures. Although the NES Forum COVID-19 TF is concerned that curfew measures implemented by local authorities for an initial 10 days from the 30 October do not go far enough, it's hoped they might help increase the level of implementation of mitigation measures. Indeed, partners should use this directive to help communicate the urgency of the COVID-19 situation in NES and encourage people to adopt basic preventative measures to limit the virus's spread.

In addition to ongoing RCCE activities, in October a number of key initiatives were expanded or launched in NES, including training on key messages for enumerators at the Serekaniye IDP camp and focal persons from camp management agencies; the establishment of a mental health and psychosocial support hotline; as well as a face covering campaign in the first week of November, aimed at ensuring 100 per cent face mask compliance in health facilities.

In NWS (as of 31 October), during the reporting period, a total of three online webinars were hosted for Syrian health professionals, averaging 70 health professionals per session. The meetings aimed to improve knowledge of the COVID-19 plans and achievement. Covered topics case management protocols, responsibilities of different health stakeholders, different scenarios of COVID-19 transmission in NWS, the COVID-19 patient pathway, and the role and functions of CCTCs.

In coordination with the launch of the polio vaccination campaign, the distribution of fabric facemasks began on October 10 and demonstrated high demand and interest amongst local communities. Over 460,000 masks were distributed during the reporting period by over 400 community HCWs, who also distributed awareness-raising messages.

On 23 October, the Coronavirus Awareness Team (CAT) provided disposable face masks to one of the large demonstrations in Idleb, resulting in over 30 per cent more individuals wearing masks than other demonstrations in the past.

A WHO partner is preparing for the third phase of a face mask distribution campaign, targeting camps in Idleb outside the Dana area and camps in Azaz and Afrin, followed by Al Bab.

On 27 October, a training session for Food Security and Livelihood partners was held in English (with future trainings in Arabic scheduled for November) on the following COVID-19 topics: symptoms, transmission, case definition, misconceptions, official sources of information, RCCE preparedness plan and activities, referral systems, hotline services, and CCTC centres, as well as how to protect ourselves: individuals, families, vulnerable, and field workers.

On 28 October, local health directorates with support from RCCE actors organized a press conference on COVID-19 on ongoing response activities, as well as to answer media queries.

Online risk communication messaging is ongoing through local internet service providers. As a result, around 100,000 camp residents in underserved camps in Darkosh and Jisr Al-Shoghour continue to receive regular messages about COVID-19 risk mitigation.

With support from local health directorates, the COVID-19 hotline service is currently operating 24/7 in NWS, with seven hot lines now operational. The service number is allocated by geographic areas to cover all camps and host communities in NWS, providing awareness messages, answering questions and concerns about COVID-19, and linking suspected cases with referral services.

A new reporting tool was shared with the CAT partners. The new tools and data reporting will collect both qualitative and quantitative data results will be presented on a monthly base using the dashboard and PowerPoints slides.

375,384 beneficiaries were reached with mental health and psychosocial support and non-communicable disease (MHPSS/NCD) IEC material specific to COVID-19, including 350,069 through social media and 26,315 via posters.



Surveillance, Rapid Response Teams and Case Investigation

WHO continues to engage closely with the Syrian MoH with technical teams meeting daily. With WHO support, the new COVID-19 case definition for Syria has been disseminated, and suspected cases have been included as a priority in the early warning alert and response system (EWARS) in Syria.

There are 1,271 sentinel sites currently reporting cases through the EWARS system in all 14 governorates. With the support of WHO, 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.

Within Syria, relevant stakeholders agreed to collect samples through 112 rapid response teams (RRTs) for referral to the Central Public Health Laboratories (CPHL) for testing (in line with similar established mechanisms). To date, 470 RRT personnel in 13 governorates have received training on COVID-19 case investigation, sample collection and referral. In NES, five RRTs are active in Al-Hasakeh, five in Ar-Raqqa and four in Deir-Ez-Zor, while Menbij/Kobane are covered from Aleppo; however the majority of samples are collected by 24 RRTs operating under a parallel sample collection system supported by local authorities and humanitarian partners.

During the reporting period, over 4,850 suspected COVID-19 cases and contacts were investigated within 24 hours of an alert being received. Additionally, WHO supported the transport of 630 suspected case specimens to the central laboratories. To enhance surveillance efforts, within the reporting period, WHO supported training of 37 RRT personnel from all 14 governorates, and provided a three-day workshop for 30 surveillance officers. 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 Lattakia with WHO support. As of 28 October, approximately 31,471 samples had been collected from 13 governorates since mid-March, including 231 samples from Al-Hasakeh; 84 from Deir-Ez-Zor; and 13 from Ar-Raqqa.

In NES (as of 3 November) at least 12,822 samples have been collected in response to alerts received through one of the three surveillance systems operational. Of these, at least 5,154 samples (not including two samples collected and tested via a local authorities' mechanism in April) have confirmed positive; 58 case via the MoH/EWARS mechanism, 118 cases via the Early Warning, Alert and Response Network (EWARN) mechanism, and 4,978 cases via the local authorities' mechanism.

As of 28 October, 328 swab samples (Al-Hasakeh-231, Deir-Ez-Zor-84, Ar-Raqqa-13) were collected in response to an undisclosed number of alerts received through the MoH/WHO EWARS system. This is an increase of 185 samples as of the end of September. As previously noted, the status and/or results of these tests have not been systematically communicated with relevant entities. It's also possible, however, 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-eight of these samples reportedly tested positive (an increase of three from the end of September), including 35 from Al-Hasakeh (three deaths), seven from Ar-Raqqa and 16 from Deir-Ez-Zor (one death).

As of 3 November, there have been 679 tests conducted in NES in response to alerts received through the EWARN system (an increase from 466 as of the end of September). These samples have been transferred to Idleb for testing, with 118 samples testing positive: 11 in Al-Hasakeh, 24 in Ar-Raqqa and 83 in Deir-Ez-Zor.

As of 3 November, 11,815 swab samples have been collected and transferred to the laboratories belonging to local authorities in Quamishli and Tall Refaat for testing. This is an increase of 4,730 samples tested as of 30 September, with almost 60 per cent of all tests conducted over the last month.

Although the majority of samples continue to be from Al-Hasakeh, there has also been an increase in samples collected from other areas – particularly Ar-Raqqa, Tabqa, Menbij and Kobane. The lowest number of samples continue to come from Deir-Ez-Zor.

In NWS (as of 3 November), 7,059 confirmed cases of COVID-19 were reported, including 42 deaths. Of the total cases, 4,265 cases were in the Idleb area, while 2,794 were in northern Aleppo Governorate. 2,728 people have reportedly recovered.

Of the total cases on 31 October, 92.1 per cent developed mild symptoms, 257 developed moderate/severe symptoms, and 188 cases were asymptomatic. Among the cases, 3,424 (60.5 per cent) are males and 2,236 (39.5 per cent) females. The mean age of the cases is 35.0 years, 31 cases are under 5 years old, and 359 cases are over 60 years old.

Among the cases, 693 (12.2 per cent) are health care workers (physicians, dentists, nurses, midwives and various medical technicians), and another 402 (7.1 per cent) are other staff working in healthcare facilities/community health workers.

Out of 240 sentinel sites (Aleppo 129, Idleb 111), 236 reported through EWARN which constitutes 98.3 per cent completeness and 84 per cent timeliness (compared to 98 per cent and 82 per cent respectively in the previous week).

Between 6 and 27 October, the WHO Regional Office for the Eastern Mediterranean (EMRO) conducted a training for RRT members from the EWARN team working in NWS on four thematic areas: (a) active case finding and contact tracing; (b) engagement of communities; (c) occupational health and safety; (d), and data management and dissemination.

Points of Entry

The Syrian MoH stationed at least one ambulance at all PoEs. To date, WHO has supported screening efforts by providing PPE, infrared thermometers, barriers, registration forms and one thermal scanner camera. Among 15 GoS-designated PoEs, seven have now partially opened for international travelers, including airports in Damascus, Aleppo and Lattakia.

WHO has supported assessments of 11 PoEs in Rural Damascus, Homs, Tartous, Aleppo and Lattakia; and based on findings, are now working to fill identified gaps, including medical points and ensuring sufficient effective IPC measures. Further assessments are planned in November. 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 3 November), local authorities announced on 12 October that all PoEs would be immediately reopened as normal. However, due to restrictions on the Kurdistan Region of Iraq side, NGOs continue to limit cross-border movements to one per week at the time of this report.

Given the current point of the epidemic curve in NES, with uncontrolled transmission occurring across all areas, the PoE pillar is not considered an immediate priority. However, as transmission levels fall, ensuring adequate screening capacity at PoEs will prove critical in avoiding the re-importation of infection chains. According to the latest HNAP Transit Point Mapping (as of 20 October), approximately 15,000 people crossed into NES via cross-line and cross-border PoEs each week in October. This is broadly consistent with the level of movement reported during September.

With support from stakeholders, local authorities have developed a “NES Border Crossing/Points of Entry Guidance” document, which is supported by a technical monitoring system for PoEs in NES. The technical monitoring system acts as a monitoring checklist to ensure adherence to the endorsed guidance. A monitoring team has been established to assess levels of compliance and the NES COVID-19 TF is exploring the capacity of partners to provide some limited support, focused on the provision of training on screening procedures to PoE staff.

In NWS (as of 31 October), 269,224 travelers were screened using temperature measurements over the month within the seven PoEs by medical staff of WHO implementing partners. Of these, 144 suspected COVID-19 cases were referred to CCTCs.

A total of 1,518 additional suspected cases were referred to CCTCs and referral hospitals from other health facilities inside NWS through the COVID-19 referral system.

Laboratory

To enhance diagnosis and prioritize increased testing capacity, WHO continues to support the 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 a laboratory generator repaired.

On-site training for 38 laboratory technicians has been completed, including to support expansion of testing in four regional laboratories in Lattakia, Homs, Aleppo - and most recently - Rural Damascus. WHO has provided testing kits to the Syrian MoH since 12 February.

To date, WHO has provided a wide range of resources and supplies needed for conducting approximately 60,000 tests, in addition to five PCR machines and two extraction machines, 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 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 27 October, the MoH reported that approximately 47,500 tests had been conducted. The increased capacity and decentralization of testing, including in NES, continues to be a priority for WHO to support.

In NES (as of 3 November), there has been a gradual expansion of the Quamishli laboratory capacity since 23 July, with the laboratory now operational at least five days per week (up from just two days per week a month ago). Despite work reportedly completed to expand the laboratory, at the time of writing there were still only two PCR machines installed. This makes it difficult to scale-up testing beyond the current maximum levels recorded of approximately 400 tests per day. There remain six PCR machines in stock which are ready to be activated.

In terms of diagnostic supplies, the laboratory in Quamishli came very close to a stock-out in the first half of October. This resulted in a temporary reduction in levels of testing (with a focus on prioritizing more severe cases). As of the end of October the immediate gap in supplies (RNA extraction kits and PCR testing kits) had been bridged, with three small shipments of supplies delivered, including an NGO donation of 36 (x250) RNA extraction kits. Efforts are ongoing to establish a longer-term pipeline, with two NGOs so far committing to provide sufficient supplies for approximately 40,000 tests. Based on a low projection of 500 tests per day, these 40,000 tests will cover less than three months. The first 20,000 of these tests are expected in the first week of December, with the second shipment not expected until 2021.

Without additional shipments, the laboratory faces the prospect of a stock-out in the second half of November. At present local authorities have an established pipeline for diagnostic supplies. As outlined under the NES Forum COVID-19 PRP, approximately US\$3.2 million is required to cover the laboratory supply needs over a six-month period (based on the 500 tests per day projection). In addition to RNA extraction kits and PCR testing kits, other supply gaps include filter tips, microcentrifuge tubes, swabs and PPE (N-95 masks, disposable aprons and gloves).

In a bid to increase testing capacity, NES local authorities have committed to conduct a minimum of 500 tests per day, screen health workers and test health workers in self-quarantine. At present, where there are multiple symptomatic

people identified in a household, RRTs are only taking a sample from the individual for whom the alert was received. Discussions continue with local authorities around the testing strategy in instances where there are multiple symptomatic household members.

Recognizing limitations in testing capacity, the NES COVID-19 TC has advocated that additional symptomatic household members be recorded as positive contacts and probable cases. Where a member of the household records a positive PCR result, these individuals should then be clinically confirmed as COVID-positive. At present, these individuals are not registered. This means that case figures are artificially low, while also hampering effective follow-up and referral.

In NWS (as of 31 October), 26,028 samples have been tested by Reverse Transcription Polymerase Chain Reaction (RT-PCR) from NWS, including 12,547 in Aleppo and 13,481 in Idlib. In total 23,569 samples have been tested since the first case from NWS was reported on 9 July, with a test positivity rate of 24.0 per cent.

An official MoU has been signed between the Hatay Health Directorate and Assistance Coordination Unit regarding operations of the Afrin lab. Currently three laboratories – Idlib, Jarablus and Afrin - are fully operational in NWS, supported by WHO, as well as other partner organizations.

WHO provided PCR and isolation kits for 70,000 tests and 6,700 swabs and Universal Transport Mediums (UTMs) which reached inside NWS on 13 October. In addition, with support from WHO, 5,000 swabs and UTMs reached NWS on 26 October and 15,000 swabs and UTMs on 27 October.



Infection Prevention and Control (IPC)

Partners continue to work closely with 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 social distancing, maintaining cross-ventilation, handwashing and disinfection, and upgrading triage areas. Similar efforts continue in collective shelters, with partners supporting upgrades in 21 shelters to date.

WHO continues to bolster PPE supplies inside Syria, with a focus on protecting HCWs. During the reporting period, WHO delivered another 5,800 medical masks to one partner in Hama for HCWs; 6,000 N95 masks and 30,000 protective gowns to isolation centres in Homs, Aleppo and Lattakia; as well as 2,500 goggles, 80 alcohol hand-rubs, and 4,500 face shields in Damascus.

To date, WHO has delivered over 6 million PPE items, including medical masks, N95/FFP2 respirator masks, gloves, reusable heavy-duty aprons, gowns, head covers, shoe covers, goggles, coveralls, face shields, alcohol hand-rubs and PPE kits. In addition, over a million PPE items have been delivered by Health Sector partners.

Over the reporting period, UNFPA procured and delivered over 515,000 various PPE items to partners, including medical masks, latex gloves and disposable gloves, as well as over 6,000 bottles of disinfectant and surface sanitizer, as well as alcohol-based hand sanitizers and gels. Further, 12 waste bins and 375 boxes of nitrile gloves were delivered.

UNFPA further provided implementing partners, including in Hama and Al-Hasakeh, additional PPE, 30,600 antiseptic soap bars and over 50,000 hygiene COVID-19 kits. UNICEF, in its capacity as the WASH cluster lead, continues to engage with partners to strengthen IPC at healthcare facilities, schools and learning spaces, youth and community centres, in addition to regular WASH services.

In addition to water trucking, over the reporting period, UNICEF continued operation and maintenance of WASH infrastructure (including the provision of 932 metric tons of sodium hypochlorite for water disinfection during the reporting period) across the country. Additionally, UNICEF has supported light rehabilitation of WASH systems in 15 quarantine and isolation facilities, including at the Al-Hol and Dweir quarantine centres.

Given the importance of Dweir to host potentially significant numbers of returnees, as well as cases requiring isolation in the event of hospitals being overstretched, partners have identified gaps and are working on a way to improve existing facilities.

With the reopening of schools, WASH Sector partners under the Implementation Plan of the School Reopening Framework continue to support the delivery of soap and disinfectants to schools. During the reporting period, WHO supported 135 training-of-trainer sessions for doctors in Damascus, Tartous, Hama and Aleppo, and further supported the delivery of IPC/PPE items, as well as 40 infrared thermometers for medical teams working with the Ministry of Education.

UNICEF continued to support delivery of 23,000 IPC and cleaning items to 11,500 schools across the country, including, in coordination with SARC, delivery of 20,000 bars of soap to students in Deir-Ez-Zor and surrounding communities. Additionally, UNICEF supported water trucking to 48 schools in East Ghouta, as well as 10 schools in northern rural Aleppo. One NGO partner distributed soap to 100 students in Deir-Ez-Zor as part of Global Handwashing Day. As reported earlier, UNDP has completed rehabilitation (including WASH) at a hospital isolation centre in Damascus and continues to support the rehabilitation of eight additional healthcare facilities identified as isolation centres in Tartous, Lattakia, Deir-Ez-Zor and Dar'a.

An NGO partner has completed the rehabilitation of a quarantine centre in Deir-Ez-Zor, and light WASH rehabilitation at two facilities in Dar'a and Deir-Ez-Zor. One partner has completed rehabilitation and re-equipment of WASH facilities in clinics and isolation facilities in Quneitra, Idleb, Aleppo and Deir-Ez-Zor, in addition to distribution of PPE to partners. Furthermore, a partner reported carrying out several disinfection campaigns in Damascus and Rural Damascus, including at schools, mosques, and other public areas.

One partner also reported distribution of 1,900 family hygiene kits, 500 child hygiene kits and 4,830 mini kits in various locations in Aleppo. UNFPA further reported distribution of 69 protection dignity kits and 66,012 packs of sanitary napkins to pregnant and lactating women in Al-Hasakeh, in addition to assistance, with WFP and UNICEF, to support women to buy hygiene items that they may need in Dar'a.

WASH Sector partners continue to deliver increased quantities of soap and water to vulnerable communities, including to areas in Idleb Governorate. In the reporting period, UNICEF continued to support water trucking in East Ghouta, and support emergency water trucking to Al Hol camp and Al-Hasakeh city, five camps in northern rural Aleppo, and Al Zhouria in Homs (more than 2,600 m³ per day).

In addition, UNICEF commenced provision of 150 m³ of water per day to targeted communities in Rural Damascus. UNDP also continue 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 a solid waste management projects in Homs and Hama, and in the reporting period distributed 30 steel solid waste containers to six municipalities in Rural Damascus for upcoming activities. UNRWA continued to support essential WASH services to Palestinian refugees in 10 accessible camps (nine official), including maintenance of the existing sewerage and water supply networks, as well as solid waste management.

Sterilization also continued, with a focus on markets, crowded areas and schools. PPE distribution to 125 sanitation laborers continues as a priority. Additionally, UNFPA supported training on making detergents in Homs, with subsequent distributions to the community. Training in IPC and use of PPE also continued. UNICEF supported four one-day trainings for 100 nurses and midwives on IPC for COVID-19 in Damascus, Homs and Tartous.

In NES (as of 3 November), continued steps are being taken by health partners to reduce transmission among HCWs and at health facilities. The NES COVID-19 TF proposes all health facilities in NES take six basic steps to promote greater compliance with IPC measures: i) all health facility directors/managers should sign a declaration agreeing to comply with a basic set of IPC measures with the aim of increasing accountability; ii) HCWs should always wear masks in health facilities and are expected to set a positive example to the wider community by wearing face masks in public spaces; iii) HCWs should disinfect their hands before/after attending to a patient; iv) All people entering a health facility should wear a face mask (patient or non-patient); v) HCWs should not be working/moving between facilities, especially for staff working in camps or COVID19 facilities and; vi) HCWs are encouraged to adopt standardized disciplinary measures where these procedures are violated (e.g. an official warning, fine, salary deduction and, as a last resort, termination of contract).

As of the beginning of November, 11 of 12 NGOs reported having implemented disciplinary measures (up from three at the beginning of October), while 10 NGOs required health staff to sign a personal declaration form agreeing to adhere to a set of basic preventative measures (up from five as of the beginning of October). As of 3 November, according to information shared by 12 NGOs, two health facilities are fully closed (Kobane and Derik) and one health facility is partially closed (Menbij). There are 68 staff from these facilities currently in self-isolation or self-quarantine.

A further 22 health facilities have been closed or partially closed at some point during October due to contamination of facilities and confirmed cases among staff. During October, 138 health staff from six NGOs have been in self-isolation or self-quarantine at some point. Overall, there appears to be a reduction in the level of transmission at NGO supported health facilities and among NGO employed health workers over the last two months, suggesting that IPC enhancements have had a positive impact on reducing transmission, although transmission levels and absentee levels remain dangerously high. A key challenge remains the level of movement/work between different health facilities, which presents a risk of cross-contamination. Based on data from 61 supported NGO facilities, in 22 (36 per cent) NGOs reported that almost 50 per cent of staff were working in multiple facilities.

Although NGOs are not facing any imminent gaps in PPE stocks, there are concerns around stockpiles particularly in case of disruption to pipelines in the months. In November, the NES COVID-19 TF will update the mapping of PPE stocks/pipeline capacity undertaken in August, to identify any pressing gaps and determine requirements. Local authorities continue to report PPE supply challenges in supported facilities. Although not reflecting pipeline capacity, a recent inventory of warehouses belonging to local authorities across NES suggests that barely 10 per cent of required PPE for the next six months are in place. These shortages correlate with challenges being reported by local authorities. For instance, a lack of PPE led to delays in activating a COVID facility in Menbij, which was only activated on 14 October following an NGO donation. Gaps in PPE stock have also been reported at the COVID facility in Tabqa. PPE gaps in non-COVID facilities are likely more acute, with anecdotal reports of disposable PPE being washed/reused in some facilities, while in others only being used in the treatment of suspect cases in an effort to save stocks.

In NWS (as of 31 October), over 21 new staff working in the CCTCs were trained in IPC measures. As a continuous action point, curbing transmission in healthcare settings is being taken up on a priority. Strong emphasis is being laid (through periodic assessments, supportive supervision activities and practical guidance) on effect surge planning in hospital settings, simultaneously focused on infection control, clinical operational challenges, triage staffing and maintenance of staff wellness through psychosocial support. To this effect a survey of 250 health facilities was conducted focusing on triage preparedness and IPC measures implementation to assist in identifying gaps and strengthening facility preparedness. Facilities were assessed on triage infrastructures, protocol adherence, staff knowledge levels, availability of PPE and IPC supply, as well as patient safety and environmental hygiene and waste management measures. In terms of overall scoring, 16 per cent were found to be in an advanced stage with all measures in place, 15 per cent were adequate needing some improvements, 33 per cent with only basic triage system and mixed scoring across assessment areas and 35 per cent were found to be inadequate requiring vast improvements. On a priority, health facilities in high risk zones and those scoring below the 70 per cent threshold (basic and inadequate) will be targeted for improvements.



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 MoH's 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 of 33 identified quarantine facilities and 50 isolation spaces in 13 governorates. At the central level, the MoH has announced 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 reportedly have a capacity of 5,764 beds.

As previously reported, information indicates that 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 outlined previously, UNDP is supporting rehabilitation at nine hospitals. A partner has completed light rehabilitation of WASH systems at isolation centres in Dar'a and Deir-Ez-Zor.

As previously reported, WHO delivered 85 tons of medical supplies by road from Damascus to Quamishli in July, to be distributed to various health facilities and health authorities for health partners in NES.

As of early October, all 85 tons has been distributed to 17 hospitals, including 16 in cross-line areas (12 of which were previously supported by the UN through the Yaruobiah crossing), two private hospitals serving as referrals for Al Hol, and two hospitals in areas of GoS-control. WHO continues to deliver case management trainings. Over the reporting period, WHO supported 13 one-day trainings for 235 healthcare workers on case management in Homs, Aleppo, Dar'a, Al-Hasakeh and Quneitra.

In NES (as of 3 November), although hospitalization levels have increased in the last month, overall bed occupancy rates remain low. Across COVID-19 facilities, less than 50 per cent of beds are currently occupied and in many cases occupancy levels are closer to 10-15 per cent. This raises concerns that people in need of hospitalization are not receiving the treatment they require. There are a number of factors which are believed to be contributing to low levels of hospitalization. Included in this is continued social stigma related to COVID-19 and COVID facilities, limited follow-up of cases, non-referral or delays in 10 referral of suspect cases (i.e. not confirmed), and the referral of cases to non-COVID private facilities (which also raises concerns around contamination), often at the patients' discretion. Given low levels of testing and in the absence of reliable data, it's difficult to assess the impact of low levels of hospitalization on mortality (i.e. the number of people who may be dying at home). However, there are concerns that delays in admitting cases to COVID-19 hospitals (i.e. people are only going to hospital when they become critical) are contributing to high mortality among hospitalized cases, perpetuating the social stigma associated with these facilities.

In NES, there are 23 planned isolation centres for moderate-severe and critical cases, with 12 currently partially operational (four in Al-Hasakeh, five in Ar-Raqqa, and one each in Kobane, Menbij and Deir-Ez-Zor). When completed, the total capacity will be 844 beds for moderate-severe cases (80 currently active) and 121 for ICU (59 currently active). Two facilities are still undergoing rehabilitation, while the others need more substantial work, including additional equipment. NGOs are currently providing support to 17 of these facilities. In Ar-Raqqa, an NGO has completed an isolation ward at the National Hospital.

NGO-supported facilities in Tabqa, Ar-Raqqa and Malakiyeh are active, with facilities in Ein Issa, Deir-Ez-Zor, Kobane and Menbij also activated during October. Gaps in coverage remain, particularly in Deir-ez-Zor and Tabqa. Across NES there are at least 10 specially equipped ambulances available to support COVID-19 related referrals.

In NWS (as of 31 October), within the COVID-19 TF, the case management team has developed a standard operating procedure manual for management of cases in CCTCs. There are currently 19 functional CCTCs with 820 beds. Plans to open three additional CCTCs are underway, following IPC training for prospective staff at these facilities.

Standard reporting is being activated in all COVID-19 isolation hospitals and CCTCs using DHIS II Standards (Admission, Discharge, and Death Certification). Training and pilot-testing for this initiative is now underway.

Some 62 MHPSS hot line consultations were provided during the reporting period. Included in this were seven consultations for COVID-19 patients, four consultations for frontline workers and their families, and 51 consultations for the rest of the community with mental health conditions.

In October, NCD emergency kits worth US\$1.2 million were delivered to 80 primary health care centres; each kit covers the needs of 10,000 people for a period of three months. As 20 per cent of the adult population have NCDs, it is estimated 160,000 people will benefit from the 46 complete NCD kits and 160,000 people from 16 incomplete NCD kits. A total of five mobile mental health clinics continue to provide services in in Al Bab and northwestern parts of Afrin where no fixed MHPSS facilities are currently available.

Between August and September, WHO completed 32 training sessions on psychological first aid (PFA), reaching 300 frontline workers at CCTCs and isolation hospitals. The next phase, 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 continues to work 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 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 Task Force 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 include 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, will provide full visibility on the pipeline for COVID-19 related supplies.

Through funds received from the OCHA COVID-19 reserve Syria Humanitarian Fund 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 3 November) 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.

Partners are encouraged to notify the NES Forum of any planned COVID-19 shipments through the dedicated COVID-19 supplies shipment tracker. This tool aims to ensure more systematic tracking of the ability of NES NGOs to bring COVID-19 related supplies into NES to enable a better understanding of the specific constraints impacting NES COVID-19 shipments, as well as 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 KRI or working with other stakeholders to mobilize alternative supply modalities to mitigate supply challenges NES NGOs are facing).

In NWS (as of 31 October), 2.5 million face masks were distributed to health facilities over the month to be given to patients with visits to facilities, prioritizing patients with co-morbidities. The COVID-19 Referral Network and Idleb Referral Central Desk was supported with a one-month supply of IPC supplies and PPE.

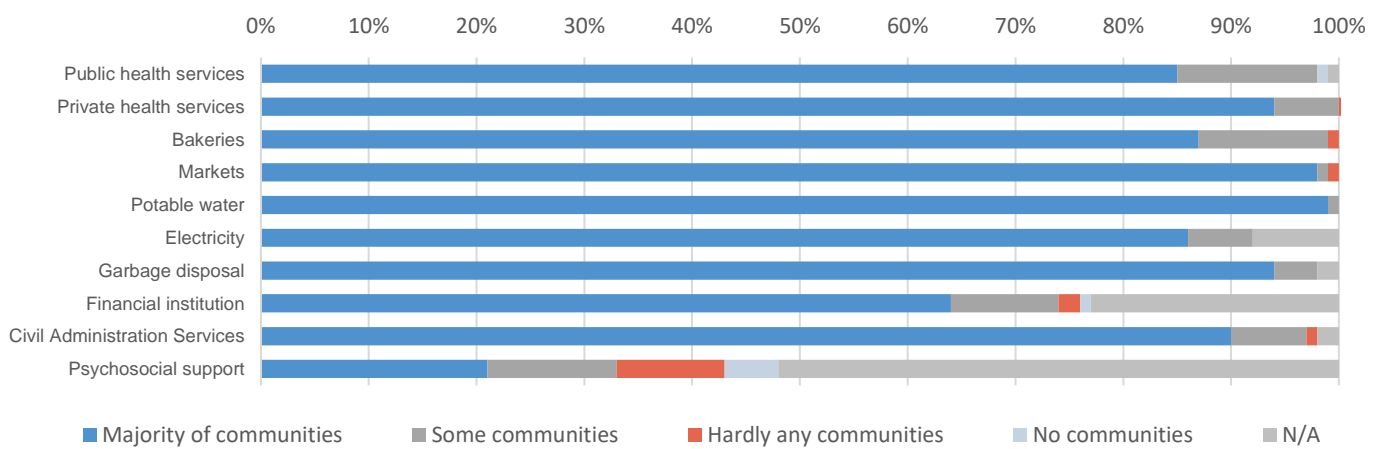
A total of 70,000 PCR test kits, 21,700 UTMs (used for PCR tests), and swabs were shipped to laboratories. In the last week of October, WHO delivered three trucks of essential health supplies, which included 15,000 nasal swabs with viral transmission medium in order to respond to ensure the continued collection of samples from suspected COVID-19 cases.

A distribution plan for COVID-19 supplies has been prepared for the month of November in coordination with the COVID-19 TF.

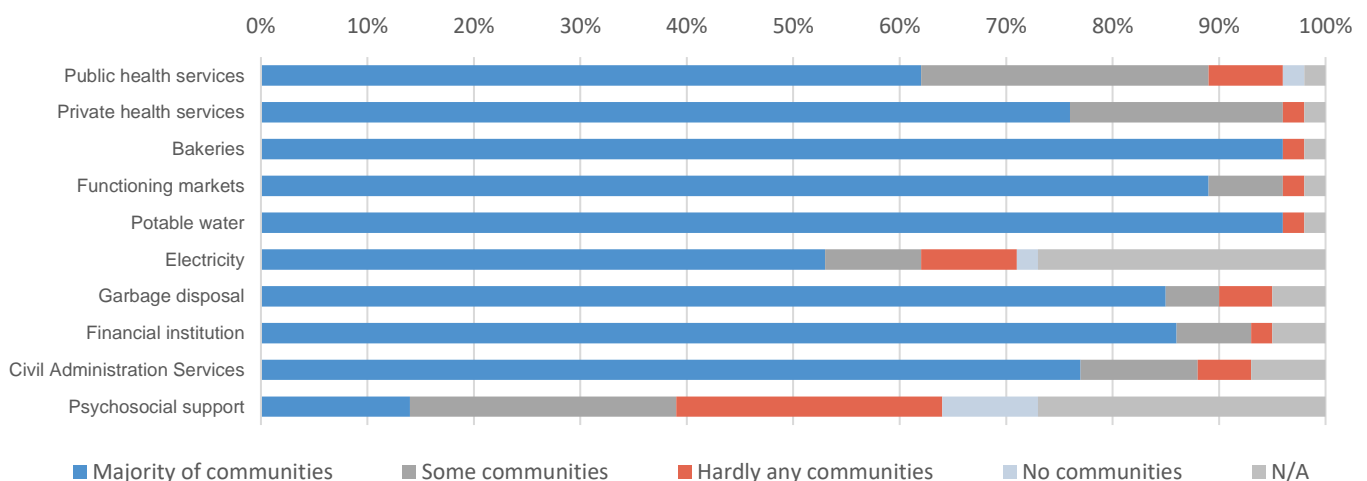
Annexes

STATUS OF BASIC SERVICES *(Source: HNAP as of 3 November 2020/Proportion of sub-districts with access to the below services:)*

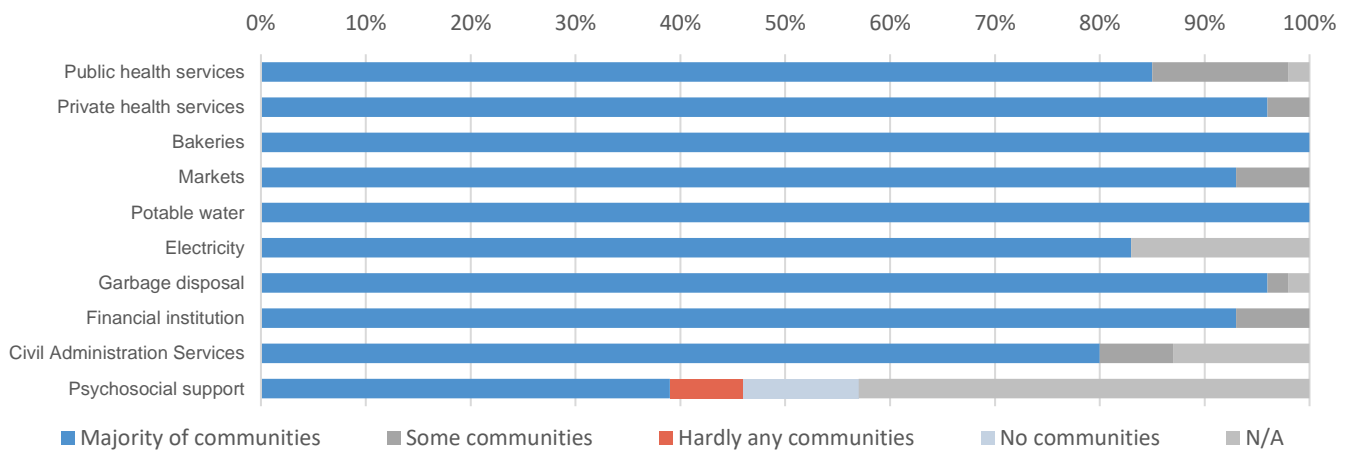
GOS



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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

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