

This dashboard provides an overview of COVID-19 humanitarian response by partners within Syria.

Situation Overview

The number of confirmed COVID-19 cases has continued to climb within Syria throughout June and into July. Between 22 March, when the first case was reported, and 20 July, the Government of Syria announced 522 cases, including 154 recoveries and 29 deaths. More than a third of all recorded cases have occurred in the past two weeks. The humanitarian community within Syria has scaled up its COVID-19 response significantly over the past four months prioritizing **containment of the virus** through enhancing surveillance and diagnostics capacity and procuring vital medical supplies and equipment; **saving lives** by supporting clinical readiness; and **protecting the delivery of essential healthcare services**. Currently the within Syria Operational Response Plan is only one-third funded with a gap of US \$133.2 million. At least \$10 million is urgently required to expand national and sub-national laboratory capacity to reach a target of 2,000 tests per day, in addition to \$6.5 million needed to support case management and \$1.1 million needed to procure personal protective equipment vital to keep frontline workers safe from illness.

Number of COVID-19 Cases, Deaths and Recoveries within Syria*



522

Total COVID-19 Cases



10

Governorates Affected



154

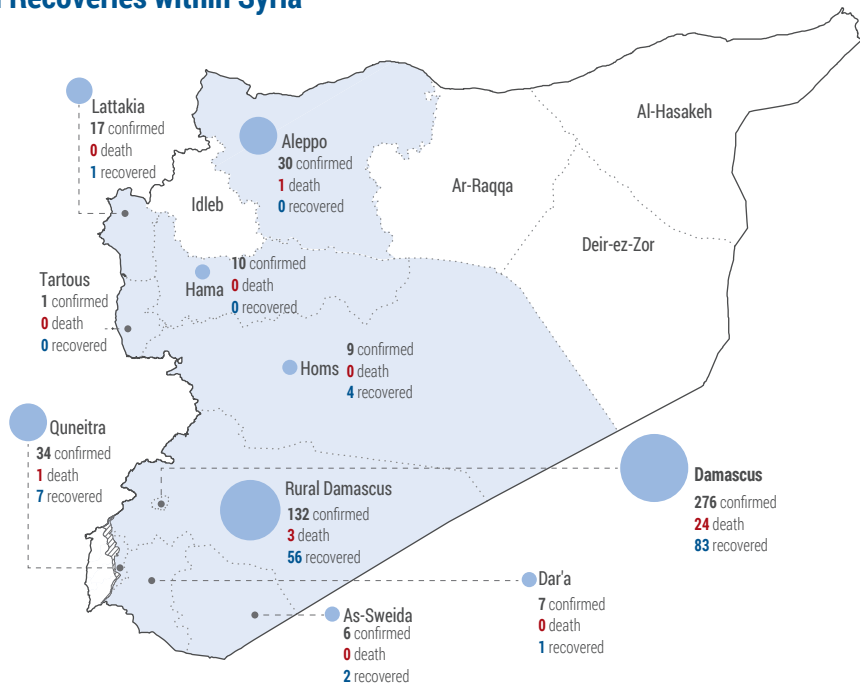
Reported Recoveries



29

Reported Deaths

*Source: MoH



COVID-19 Cases by Sex & Age

223



43%
FEMALE

299



57%
MALE

0-9 21

10-19 48

20-29 70

30-39 73

40-49 48

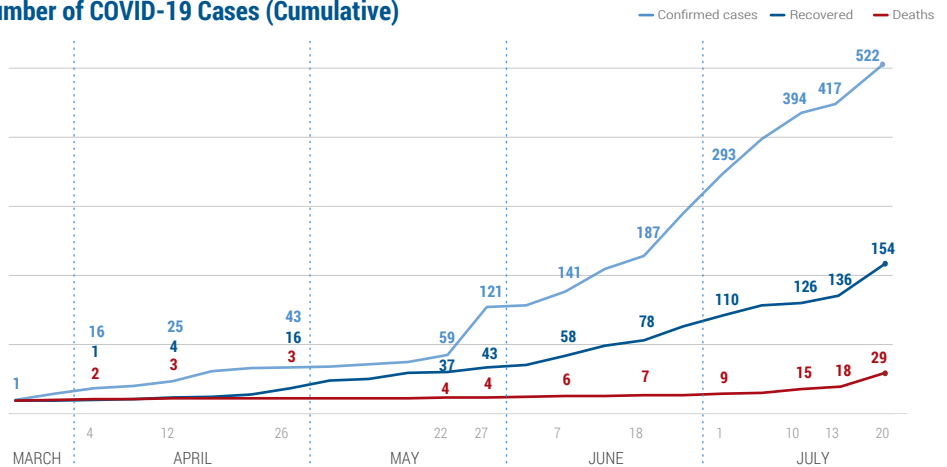
50-59 83

60-69 78

70-79 34

+80 11

Number of COVID-19 Cases (Cumulative)



COVID-19 Cases by Exposure

Unknown 215

Contact with confirmed case 203

Imported 104

COVID-19 Funding Status



\$188.8M
REQUIRED FUNDING

\$55.6M
SECURED

29.4%

\$133.2M
GAP

70.6%



\$73.5M
REQUIRED FOR
HEALTH

\$47.9M
Funding Gap

Response Progress



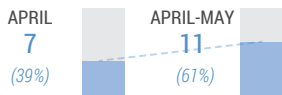
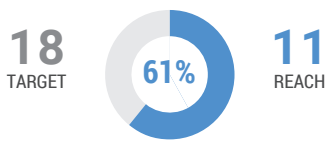
STRATEGIC OBJECTIVE 1

Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality

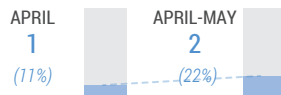
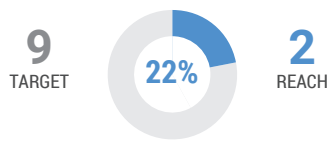


COUNTRY-LEVEL COORDINATION

of COVID-19 humanitarian updates produced and disseminated



of times COVID-19 operational response plan is reviewed and revised

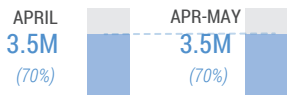
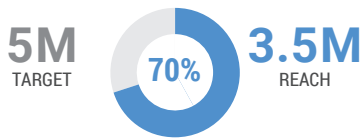


of SOPs, guidance notes, protocols and strategies developed by sectors, the ISC and HCT and shared to wider community on COVID-19 preparedness and response, including social protection

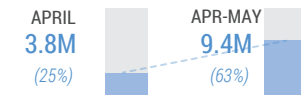
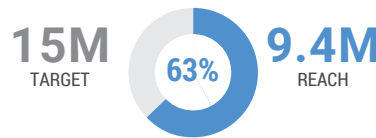


RISK COMMUNICATION & COMMUNITY ENGAGEMENT

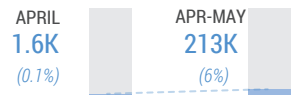
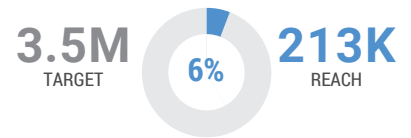
of people reached through COVID-19 IEC materials developed, printed and distributed



of people reached through SMS messages, radio announcements and TV advertisements sent and issued



of women, girls, men and boys participating in awareness raising sessions



6 million people
have been reached through social media



1.8k people
reached through online interactive quizzes



1k
religious leaders engaged in 3,600 mosques



2 million people
reached through Smart Card/Takamol application

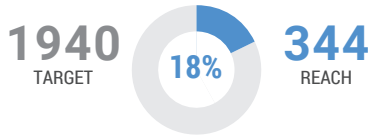


2.5k
outreach volunteers trained to raise awareness of COVID-19

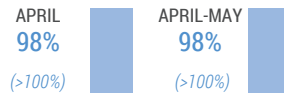


SURVEILLANCE, RAPID RESPONSE TEAMS & CASE INVESTIGATION

of RRT team members trained on COVID-19 in all governorates

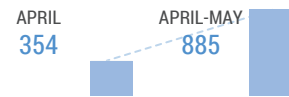


% of samples from suspect cases collected and transported within 48 to 96 hours



of suspected COVID 19 cases reported through surveillance system and investigated within 24-48 hours

885 REACH



H 125 Hospitals
With active surveillance

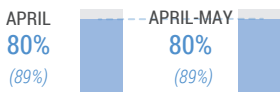
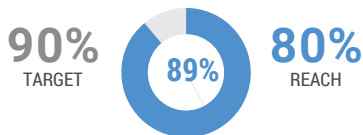
111 Rapid Response Teams
active across 13 governorates for case investigation, sample collection and referral

4,370 Samples
collected and referred to laboratories for testing in April and May across 12 governorates



POINTS OF ENTRY

% of arrivals at PoEs monitored and screened

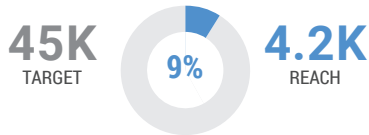


15 Ambulances
stationed at official points of entry

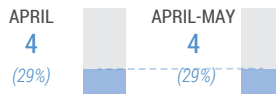
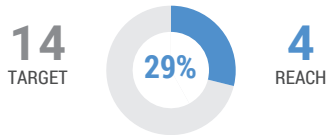


NATIONAL LABORATORIES

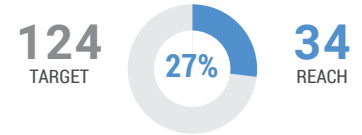
of laboratory tests conducted



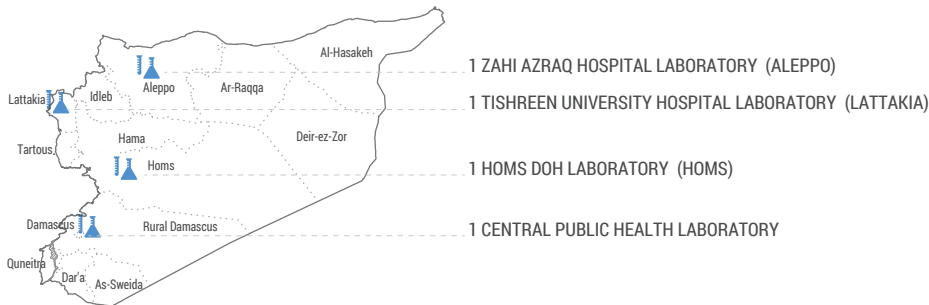
of laboratories established to test COVID-19



of laboratory technicians trained on bio- safety, technical procedures and reporting formats



Laboratory & Testing Capacity within Syria



The current testing capacity is **1,000** per day by five laboratories while on average **200 - 400** tests are conducted per day

177 Extraction Testing Kits

172 Screening Testing Kits

15 Confirmatory Testing Kits
provided to the Central Public Health Laboratory

18k Swabs and viral transport medium provided for sample collection

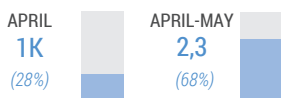
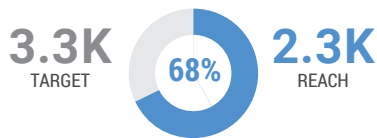
5 PCR Polymerase chain reaction (PCR) machines donated to the MoH

5 GeneXpert Machines Under procurement

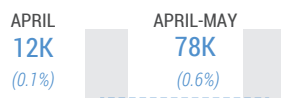
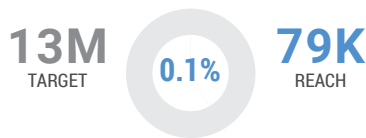


INFECTION PREVENTION & CONTROL

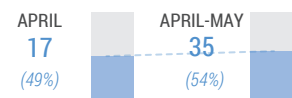
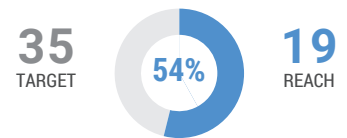
of humanitarian personnel (health workers, warehouse employees, third party monitors and private contractors) trained on IPC



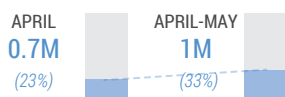
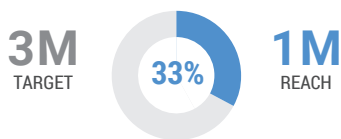
of PPE distributed among humanitarian personnel (health workers, warehouse employees, third party monitors and private contractors)



of COVID-19 facilities (quarantine and isolations centers) with WASH services on screening measures



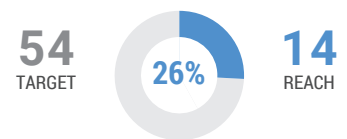
of people reached with critical WASH services and NFI supplies, including water trucking, solid waste management and hygiene items



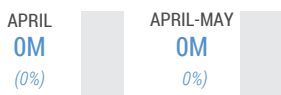
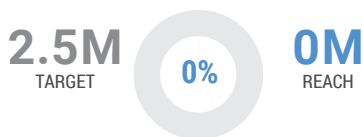
of quarantine centers adapted for COVID-19 compliance*



of isolation centers adapted for COVID-19 compliance



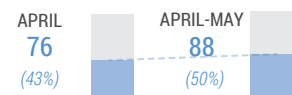
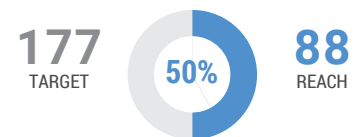
of children / youth accessing WASH facilities / IPC interventions in schools and youth centres**



of IDP and refugee camps where IPC measures have been set up and are operational



of collective shelters where IPC measures have been set up and are operational

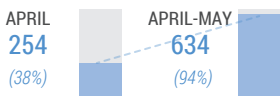
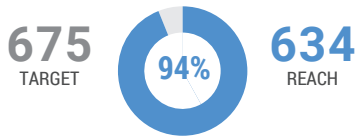


Footnote :

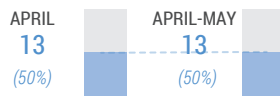
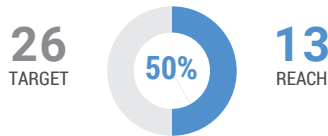
- * Overachievement is due to the identification of additional quarantine centers by the Ministry of Health during the reporting period.
- ** As schools and youth centers were closed during the reporting period due to COVID-19 containment measures, no progress has been possible against this indicator to date.

(👤) CASE MANAGEMENT

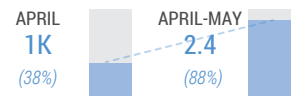
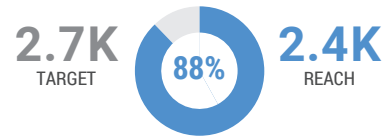
of health workers trained on case management



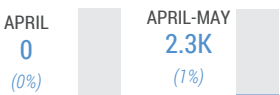
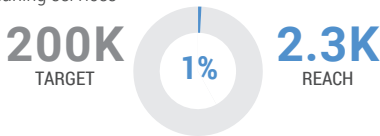
of isolation centers established at governorate level and equipped with life-saving essentials such as ventilators, oxygenators and monitors



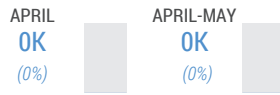
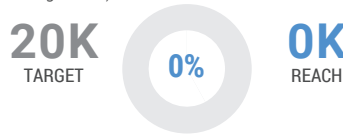
of humanitarian personnel trained on MHPSS



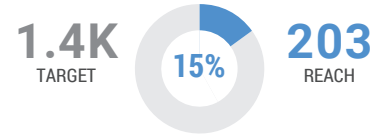
of people with specific vulnerabilities, including the elderly, those with chronic diseases etc., assisted with home support through community-based initiatives including the provision of medicine, food, healthcare and cleaning services



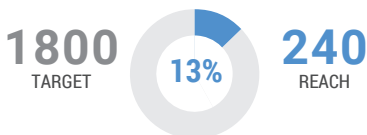
of people supported in quarantine and isolation centers with multi-sectoral assistance (hot meals, hygiene items, protection assistance, including psychosocial support, first aid and case management)



of people receiving COVID-19 related trainings on GBV, SEA, child protection and protection mainstreaming, prevention and response and knowledge of referral systems



of non-COVID-19 health facilities supported in order to continue providing health services



1.4M Outpatients consultations provided

8.8k Deliveries attended by a skilled attendant

670k Treatment courses delivered to health facilities by UN Actors

56k Children under the age of 1 received DPT3 or equivalent pentavalent vaccine (national programme)

4,865 Quarantine beds
with an additional 1,400 in the pipeline

605 Treatment beds
in 14 districts

126 ICU beds

18 Isolation Centers
in 12 governorates

37 Quarantine Centers
in 12 governorates

1k Ventilators

OPERATIONAL SUPPORT & LOGISTICS

Percentage of requests for COVID-19 cargo received into common storage fulfilled

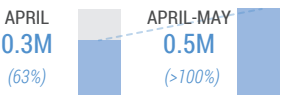


STRATEGIC OBJECTIVE 2

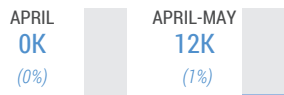
Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods

SOCIO ECONOMIC IMPACTS

of men, women, boys and girls supported to meet their medium to longer term livelihood needs through distribution of in-kind food assistance, cash and vouchers



of people reached through community-based protection services, including individual targeted assistance, including cash, dignity kits and other supplies



of boys and girls of school age supported with distance/ home-based learning (formal and non-formal education)

