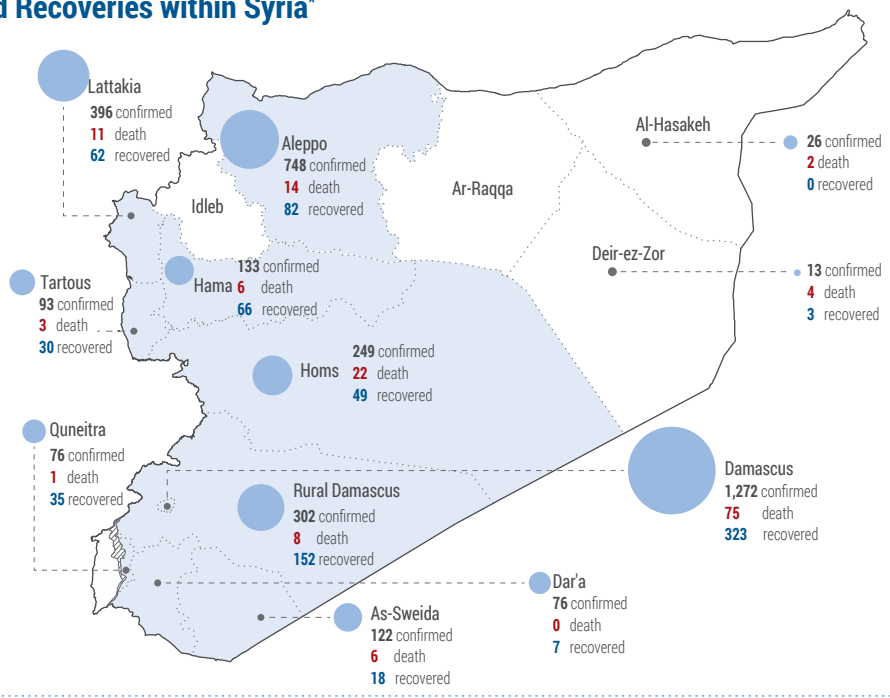
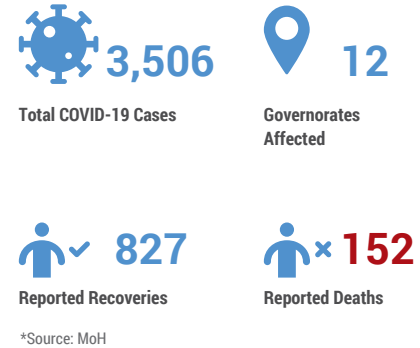


This dashboard provides an overview of COVID-19 humanitarian response by partners within Syria.

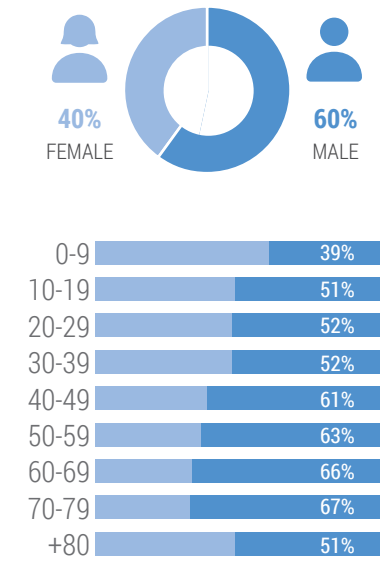
Situation Overview

The number of confirmed COVID-19 cases within Syria has steadily increased throughout August and into September. Between 22 March, when the first case was reported, and 12 September, the Government of Syria (GoS) announced 3,506 cases, including 827 recoveries and 152 deaths. More than 1,600 cases were recorded during August alone. While cases appear to have slightly decreased in recent weeks, the humanitarian community remains concerned that given Syria's limited testing capacity, it is likely that actual cases far exceed those officially recorded. While GoS precautionary measures have been eased, overall compliance remains extremely low with a lack of adherence to individual preventive measures observed in many communities. Given this, the response is now focusing on the following priorities: strengthening surveillance capacity; increasing the number of tests conducted daily to more than 3,000; enhancing risk communication and community engagement efforts, including through a behavioural survey; and reinforcing infection prevention and control measures, including adherence to rational and proper usage of personal protective equipment (PPE), particularly among healthcare workers and at points of entry. In the meantime, COVID-19 continues to exact a toll on the Syrian people having contributed to a major loss of livelihoods as well as remittances, all amplified by the ongoing financial crisis in Lebanon, particularly in view of the Syrian diaspora in Lebanon and Saudi Arabia. Significant funding gaps remain for the within Syria COVID-19 response, including US \$29 million required to expand testing capacity through the establishment of additional laboratories and regular supply of testing kits, reagents and other laboratory supplies.

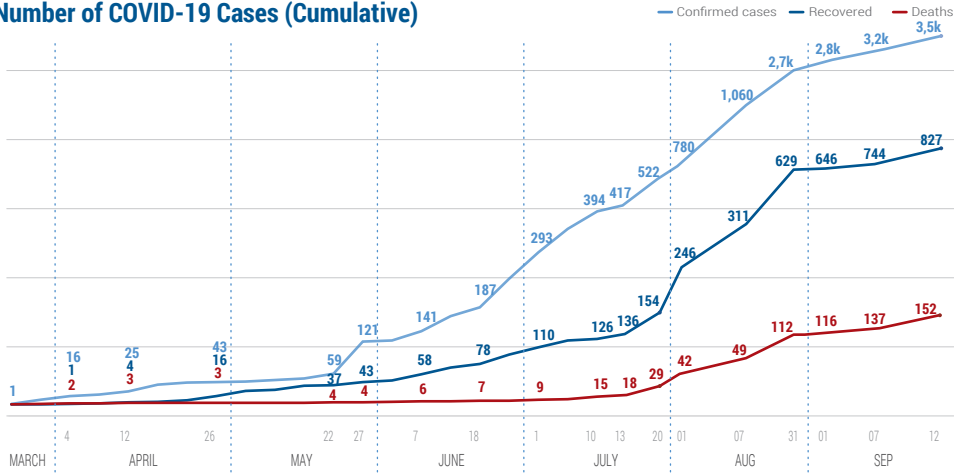
Number of COVID-19 Cases, Deaths and Recoveries within Syria*



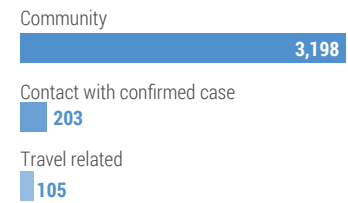
COVID-19 Cases by Sex & Age



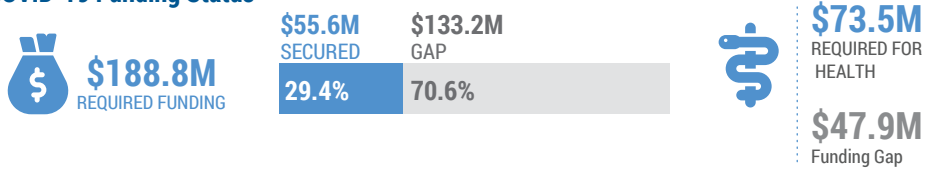
Number of COVID-19 Cases (Cumulative)



COVID-19 Cases by Exposure



COVID-19 Funding Status



Response Progress



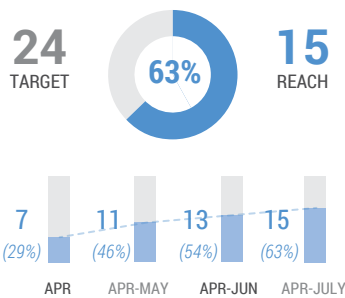
STRATEGIC OBJECTIVE 1

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

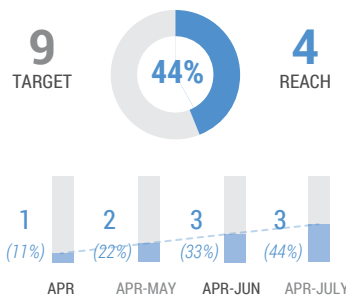


COUNTRY-LEVEL COORDINATION

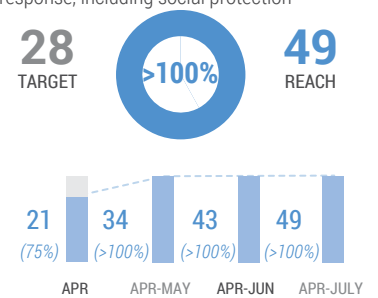
of COVID-19 humanitarian updates produced and disseminated



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

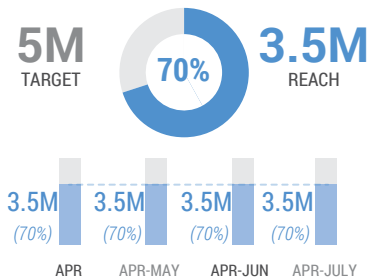


of SOPs, guidance notes, protocols and strategies developed by sectors, the ISC and HCT and shared to wider community on COVID-19 preparedness and response, including social protection

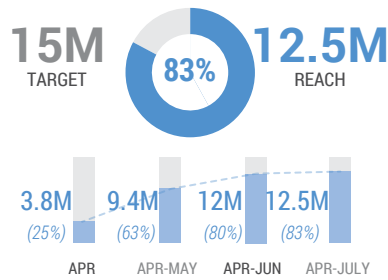


RISK COMMUNICATION & COMMUNITY ENGAGEMENT

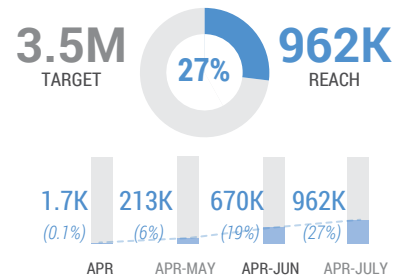
of people reached through COVID-19 IEC materials developed, printed and distributed



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



12.2M people
have been reached through social media



405k people
reached through outreach engagement activities to raise awareness of COVID-19



1.8k people
reached through online interactive quizzes



2 million people
reached through Smart Card/Takamol application



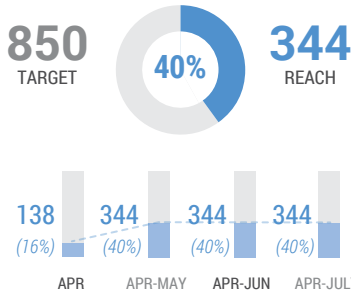
2.8k
outreach volunteers trained to raise awareness of COVID-19



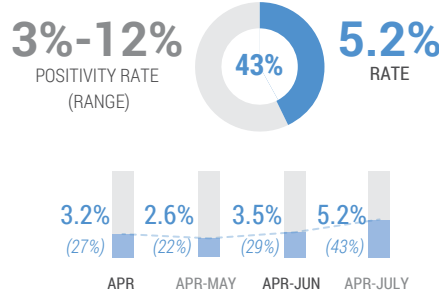
3k
religious leaders engaged in 3,600 mosques

SURVEILLANCE, RAPID RESPONSE TEAMS & CASE INVESTIGATION

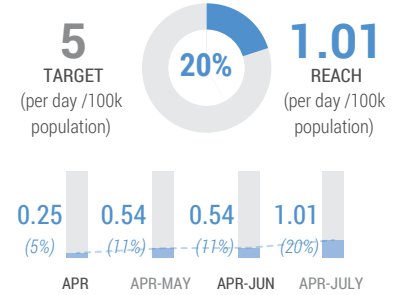
of RRT team members trained on COVID-19 in all governorates



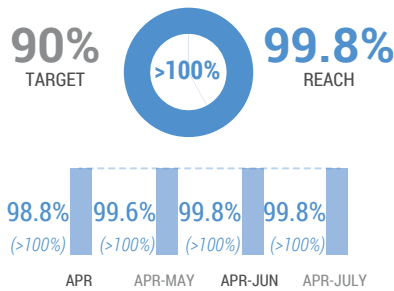
Positivity rate



Testing rate per day/100k population



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



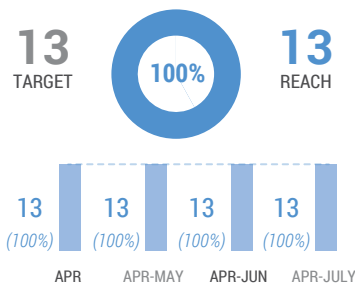
H 125 Hospitals
With active surveillance

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

14k Samples
collected and referred to laboratories for testing by the end of July across 13 governorates

POINTS OF ENTRY

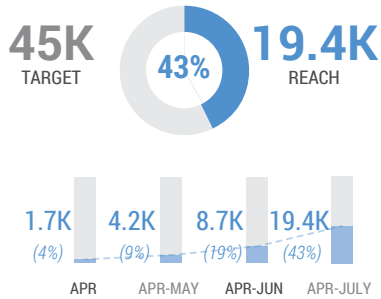
of PoEs equipped with appropriate levels of staffing, PPE and other necessary COVID-19 supplies, including ambulances



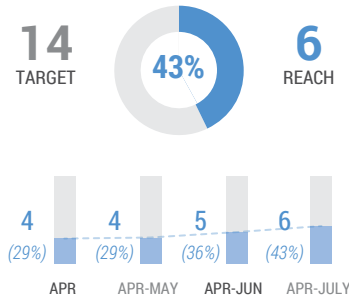
15 Ambulances
stationed at official points of entry

NATIONAL LABORATORIES

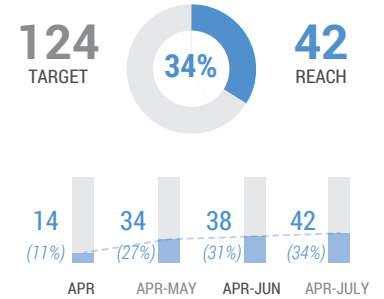
of laboratory tests conducted



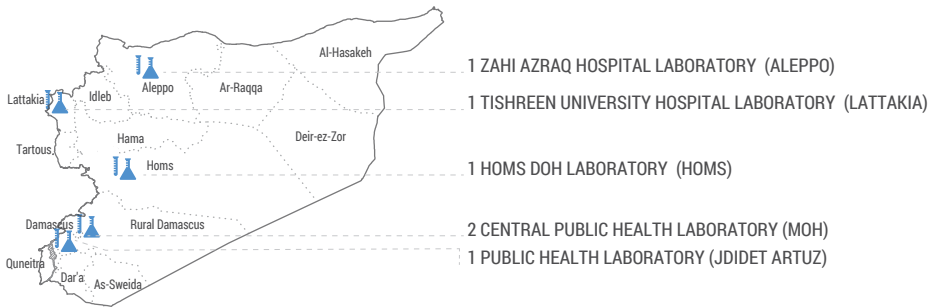
of laboratories established to test COVID-19



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 300 - 500 tests are conducted per day

1,370 Testing Kits
including 232 enzyme kits (46,000 reactions)

299 Extraction Testing Kits
(55,350 reactions)

815 Screening Testing Kits
(49,490 reactions)

8 Confirmatory Testing Kits
(768 tests) provided to the Central Public Health Laboratory

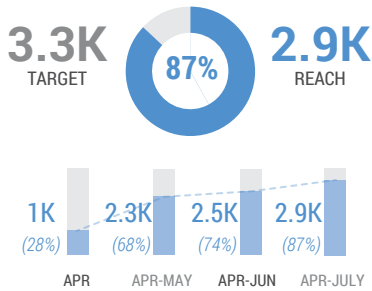
53k Swabs and viral transport medium provided for sample collection

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

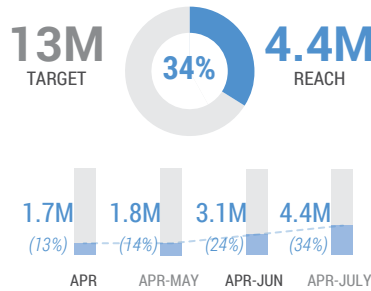
5 GeneXpert Machines Under procurement

INFECTION PREVENTION & CONTROL

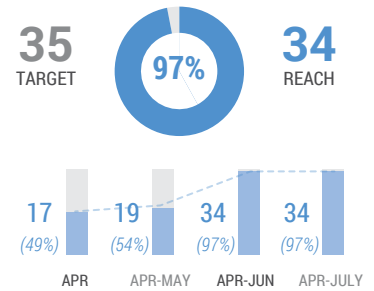
of humanitarian personnel (health workers, warehouse employees, third party monitors and private contractors) trained on IPC



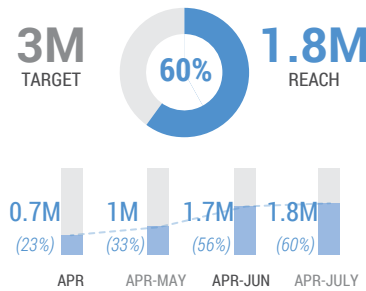
of PPE distributed among humanitarian personnel (health workers, warehouse employees, third party monitors and private contractors)



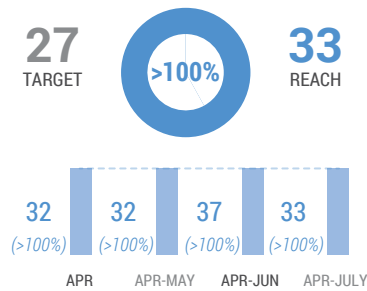
of COVID-19 facilities (quarantine and isolations centers) with WASH services on screening measures



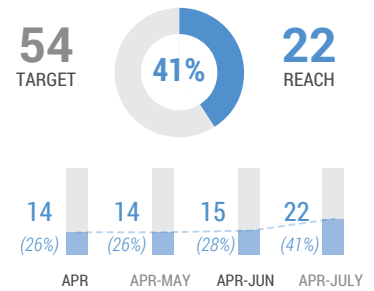
of people reached with critical WASH services and NFI supplies, including water trucking, solid waste management and hygiene items



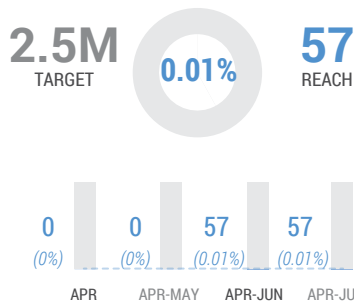
of quarantine centers adapted for COVID-19 compliance*



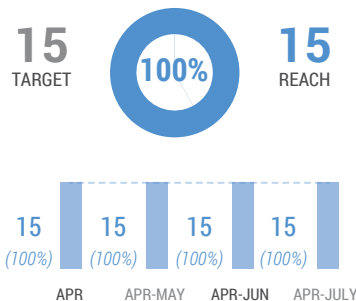
of isolation centers adapted for COVID-19 compliance



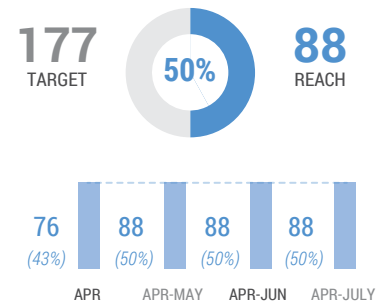
of children / youth accessing WASH facilities / IPC interventions in schools and youth centres



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

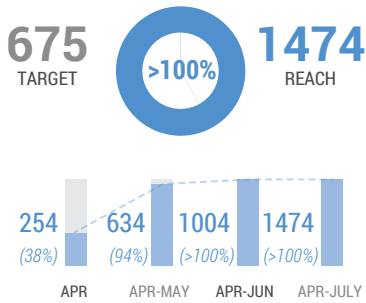


Footnote :

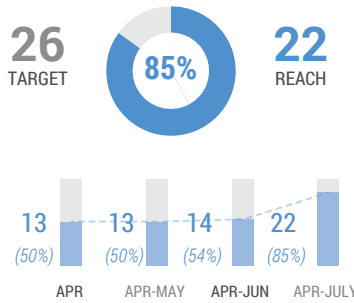
* Overachievement is due to the identification of additional quarantine centers by the Ministry of Health during the reporting period.

((())) 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



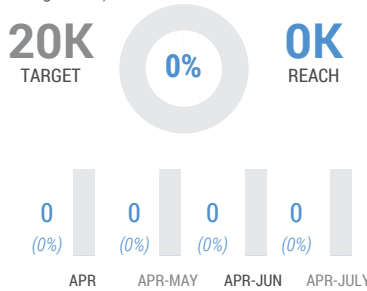
of humanitarian personnel trained on MHPSS



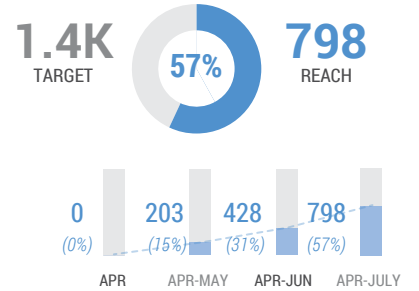
of people with specific vulnerabilities, including the elderly, those with chronic diseases etc., assisted with home support through community-based initiatives including the provision of medicine, food, healthcare and cleaning services



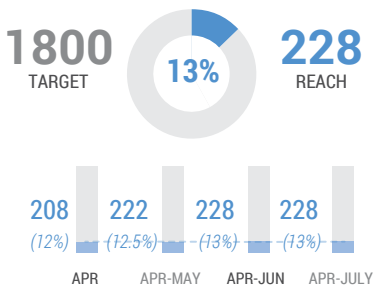
of people supported in quarantine and isolation centers with multi-sectoral assistance (hot meals, hygiene items, protection assistance, including psychosocial support, first aid and case management)



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



3.2M Outpatients consultations provided

16.9k Deliveries attended by a skilled attendant

2.4M Treatment courses delivered to health facilities by UN Actors

154k Children under the age of 1 received DPT3 or equivalent pentavalent vaccine (national programme)

33 Quarantine Centers in 13 governorates

855 Treatment beds in all isolation centers

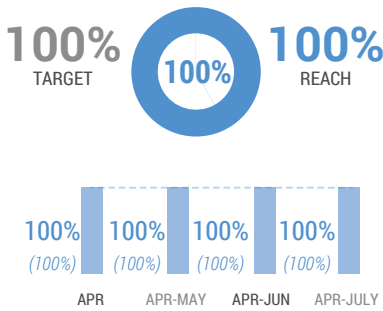
158 Ventilators

5,764 Quarantine beds with an additional 1,400 in the pipeline

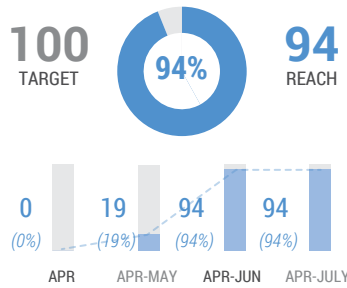
179 ICU beds

OPERATIONAL SUPPORT & LOGISTICS

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



Mt of COVID-19 related cargo transported

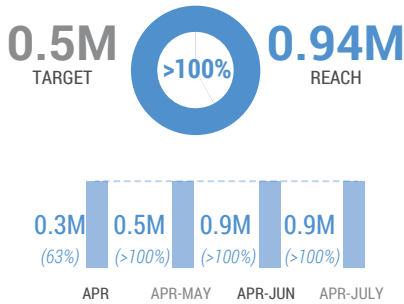


STRATEGIC OBJECTIVE 2

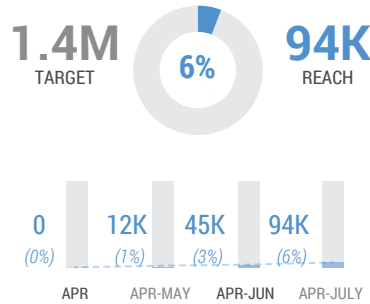
Decrease the deterioration of human assets and rights, social cohesion, food security and livelihoods

SOCIO ECONOMIC IMPACTS

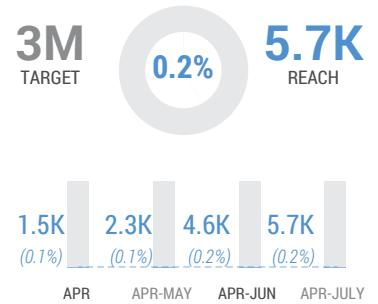
of men, women, boys and girls supported to meet their medium to longer term livelihood needs through distribution of in-kind food assistance, cash and vouchers



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)



of education personnel trained on conducting distance-learning & psychosocial support

