




Awareness messages about COVID 19 – Credit UNICEF

SYRIAN ARAB REPUBLIC
Emergency Type: Level 3 Emergency
Reporting Period: 1-30 April 2021

 **12.4 M**
PIN of health assistance

 **11.6 M**
Targeted with health interventions

 **6.7 M**
IDPs







 **\$ 618**
Funds required

 **336,200**
Returnees

HIGHLIGHTS

- As of 30 April 2021, the Ministry of Health COVID-19 reported cases in Syria have reached 22 733 including 1 592 deaths and 16 981 recoveries¹. The first confirmed case was declared on 22 March 2020 and the first death on 29 March 2020.
- The Syrian Arab Republic, as one of the participant of the COVAX Facility, has received 203,000 doses of AstraZeneca on 22 April from allocated 912 000 doses of the vaccine.
- A total of 1,152 out of 1374 active reporting sites (84%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 79% of timeliness. A total of 96,449 EWARS notifiable cases were reported.
- WHO dispatched 100 tons of health supplies (medicines, medical and WASH supplies equipment) to MOH, MOHE, MOE, SARC, NGOs etc.

HEALTH SECTOR

	70 HEALTH SECTOR PARTNERS
KITS DELIVERED TO HEALTH FACILITIES/PARTNERS	
	15 IEHK BASIC & SUPPLEMENTARY KITS
	01 TRAUMA KITS
	30 CHOLERA KITS
	25 NCD KITS
SUPPORTED MOBILE HEALTH UNITS	
	107 MOBILE HEALTH UNITS/TEAMS
HEALTH ACTION	
	727,704 MEDICAL PROCEDURES
	1,055,510 TREATMENT COURSE
	20,027 TRAUMA CONSULTATIONS
VACCINATION	
	34,574 PENTA 3
EWARS	
	1,374 REPORTING SITES
FUNDING \$US	
	618 M REQUESTED WOS IN 2021 4% FUNDED (FTS.OCHA)

¹ Currently, there are 24 052 confirmed cases of COVID-19 including 1 729 associated deaths as of 22 May 2021.

SITUATION UPDATE

- As the Syrian crisis enters its 11th year, the scale, severity and complexity of humanitarian needs remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, spontaneous returns and sustained erosion of communities' resilience during more than nine years of crisis. Syria is still one of the biggest and most complex crises globally. The Syrian crisis has generated more than six million refugees and displaced further six million Syrians inside their own country.
- Health needs in Syria are already significant. Thousands of children are suffering from severe malnutrition. Thousands more are suffering from cancer, diabetes and other chronic conditions for which treatment is limited.
- In 2021, more than 12.4 million people (out of the total estimated population of 20 million) require health assistance.
- COVID-19 has aggravated the situation further. In April health authorities announced 3824 cases as compared 3321 in March, 1540 in February, 2,614 in January, 3,547 in December, 2,159 in November, 1,528 in October, 1,435 in September, 2,008 in August, 478 in July, 157 in June and 79 confirmed cases in May 2020. All indicators point out to the disease occurrence across the communities in the country and a third wave.
- The health sector agencies continue supporting interventions to suppress the transmission of the virus through risk communication and community engagement; procurement and distribution of medical supplies, personal protective equipment's; supporting COVID-19 clinical readiness; supporting case management and maintaining essential health care services and system.
- WHO and UNICEF is supporting MoH in roll out of COVID 19 vaccine . MoH received first batch of 203,000 doses of AsraZeneca vaccine for frontline health workers .

PUBLIC HEALTH RISKS, PRIORITIES, NEEDS AND GAPS

- The ongoing conflict, violence and displacement have had grave public health consequences with increased morbidities, mortalities and disabilities among affected and vulnerable populations. The most affected are children, women and elderly people.
- Despite challenges, the Ministry of Health, WHO as well as humanitarian partners continue to assist people in need where access is possible, with a focus on vulnerable people, by delivering essential health services and supporting referrals.
- **The first confirmed case of COVID-19 was announced on 22 March 2020.** As of 30 April 2021, the number of reported cases in Syria has reached 22 733 including 1 592 deaths and 16 981 recoveries.
- The areas of concern are densely populated, notably Damascus/Rural Damascus, Aleppo and Homs, in addition to those living in camps and informal settlements in Northeast Syria (NES), collective shelters throughout the country.
- Populations living in low-capacity settings face enhanced vulnerabilities in the COVID-19 context. Persons who are homeless or displaced, whether internally or as a refugee or asylum-seeker, as well as those who are stateless and migrants with tenuous legal status, face additional compounding risk factors, which may dramatically increase the risks they face in the context of the COVID-19 pandemic. It is important to recognize the extent to which the COVID-19 outbreak may affect people differently according to their age, sexual orientation and gender identity, ethnicity, disability, education, employment, displacement, migration status and other socio-cultural attributes.
- COVID-19 testing is taking place at 7 laboratories in **Damascus, Rural Damascus, Aleppo, Homs and Lattakia** governorates. One GeneXpert machine is functioning at the health centre located at the Syrian-Lebanese border, mostly for returnees, another GeneXpert machine was donated by WHO to Al Qamishli National hospital.

- There are 7 quarantine centres with 520-bed capacity; and 151 hospitals with 1832 treatment beds, and 828 ICU beds.

EWARS and epidemiological updates at national level (week 14-17,2021)

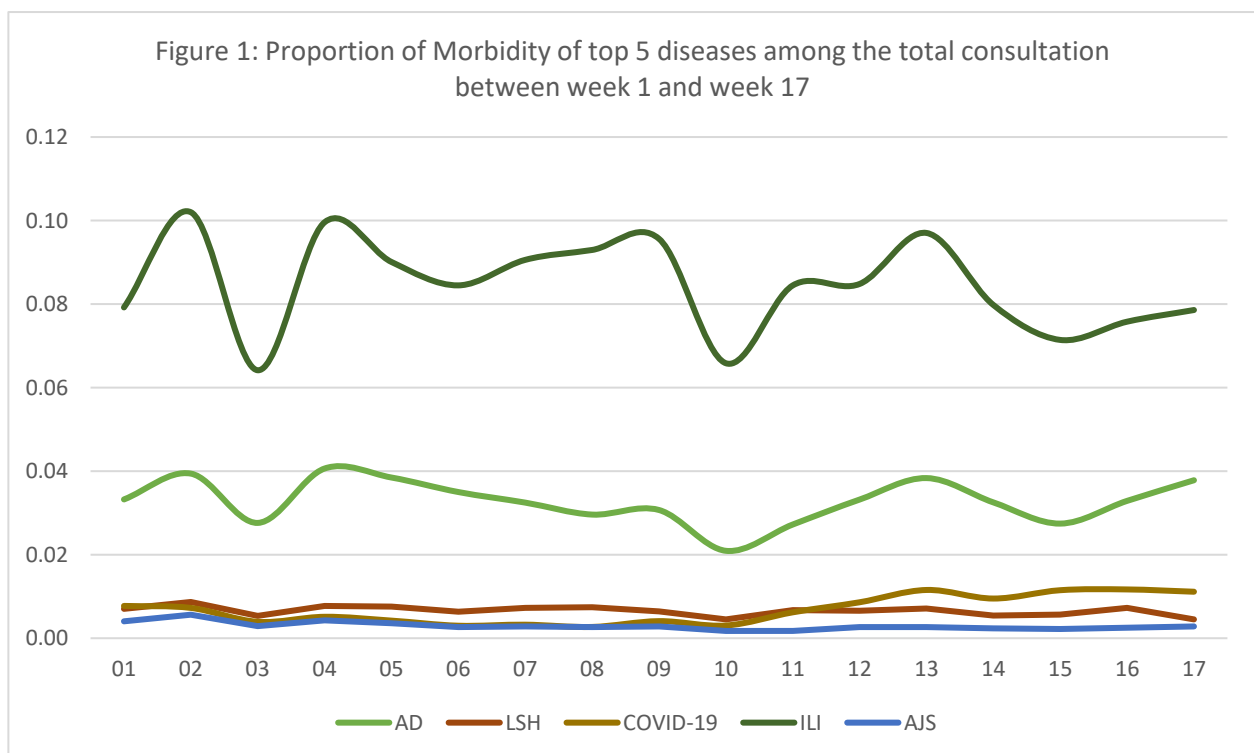
Surveillance performance:

- A total of 1,152 out of 1374 active reporting sites (84%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 79% of timeliness.
- Out of the 682,840 total consultations, a total of 96,449 EWARS notifiable cases were reported.

Morbidity:

The leading causes of morbidity among all age groups were influenza-like illnesses, and acute diarrhoea (Figure 1). The breakdown was as follows:

- Influenza-like illness (ILI): 52,110 accounting for 54% of total cases. Most cases reported from Deir-ez-Zor, Aleppo and Al-Hasakeh, the average number of ILI case per week was 13,028.
- Acute diarrhoea (AD): 21,997 (23% of total cases), most reported from Deir-ez-Zor, Aleppo and Al-Hasakeh.
- Severe acute respiratory infection (SARI): 1,027 case were reported.
- Acute jaundice syndrome (AJS): 1,686 most reported from Deir-ez-Zor, Ar-Raqqa and Idleb.
- Suspected measles (SM): 53, most reported from Idleb and Al-Hasakeh.
- Acute flaccid paralysis (AFP): 12, reported from Aleppo and Deir-ez-Zor.
- Suspected COVID-19: 7,428. Most reported from Tartous, Daraa and Aleppo.
- For the “other diseases” category 11,277 cases were reported, with the most reported cases is Leishmaniasis (3,930), Scabis (1,876) and Lice (1,629).



EWARS and epidemiological situation in Al-Hol camp (week 14-17,2021)

Surveillance performance:

- Total number of reporting site is 17.
- Total number of consultations were 2,763 Out of the total consultations, 2,484 EWARS notifiable cases were reported.
- 59.68% of the cases were among females, and 57.55% were distributed among children under 5 years.

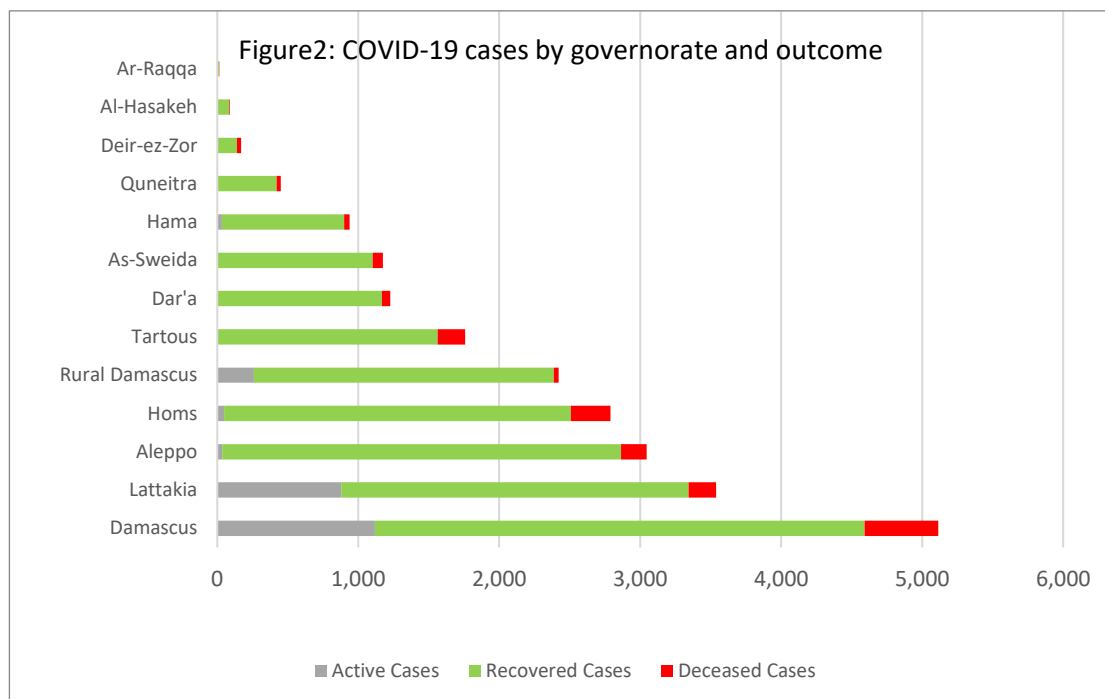
Morbidity:

- The leading causes of morbidity among all age groups were influenza-like illnesses (35.03%/968). Then acute diarrhoea (36.08%/997)
- 3 suspected measles cases were detected in Al hol camp in December, all cases were investigated, and no positive measles case was reported
- 12 Suspected COVID-19 was reported during this month

COVID-19 updates 30 April 2021:

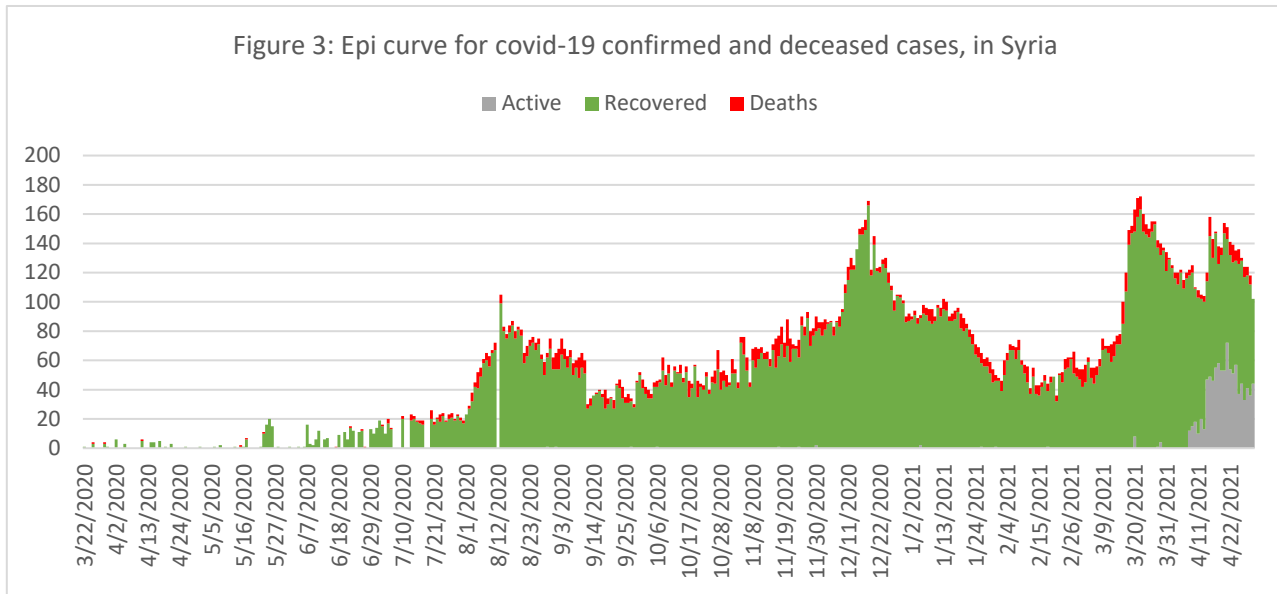
Situation:

As of 30 of April 2021, **22,733** cases - in 13 governorates as figure 2.

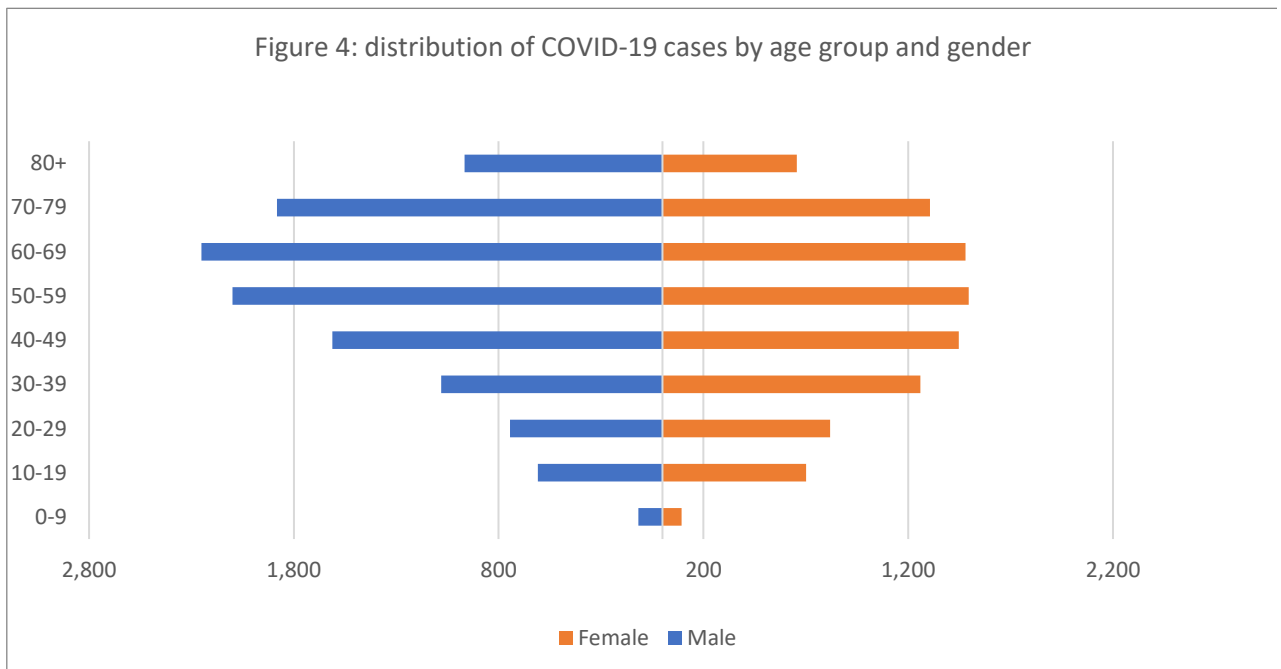


- Number of COVID-19 deaths is 1,592 and CFR= 7 %. COVID-19 deaths

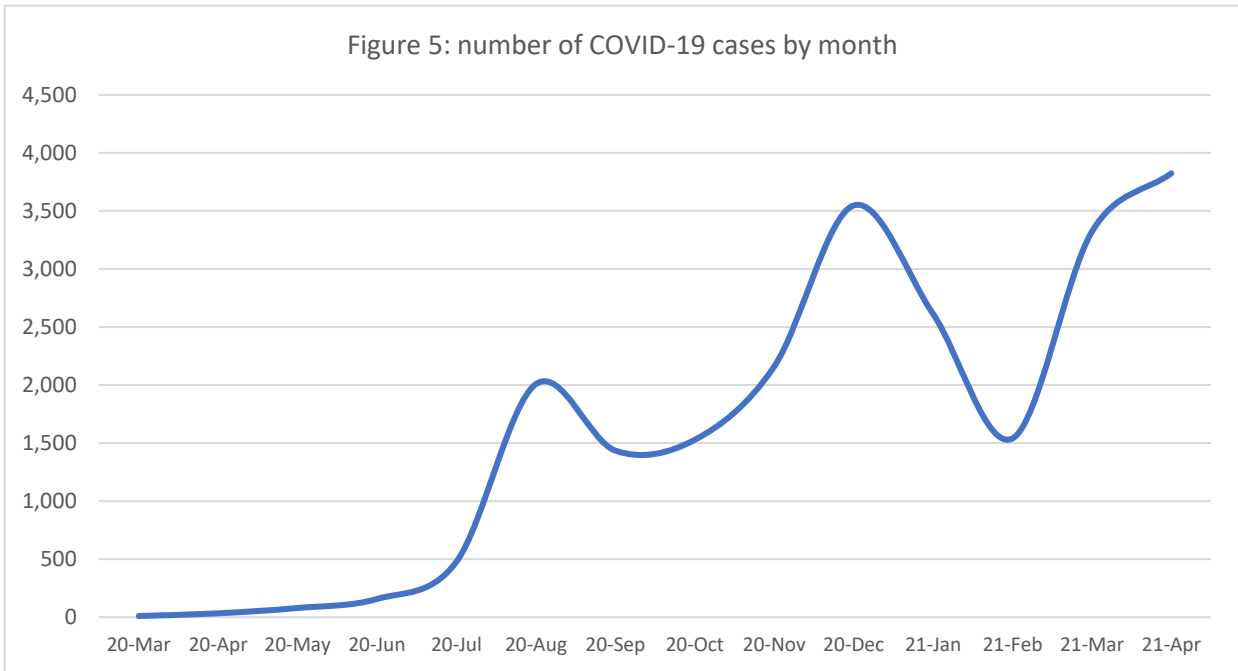
- Clinical presentation of cases: 1 739 of cases (7.65%) were asymptomatic, 8 189 (36.02%) had moderate symptoms, 10 801 (47.51%) were severe, and 2 004 (8.82%) have not reported yet.



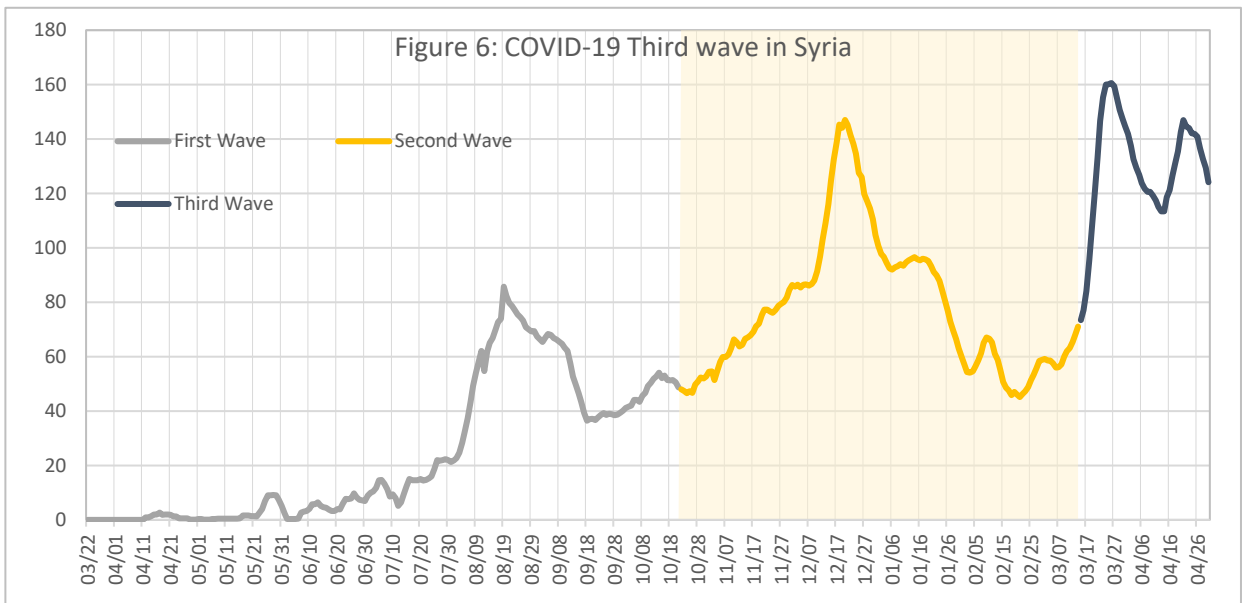
- 55% are male and 45% are female. The average age is 52 (ranging from 1 to 108), figure 4.



➤ A increase in cases reported in April by 15% compared with March cases. Figure 5.



Taking the average number of confirmed cases, it appears to indicate the Syria is still in the third wave. The current 7-day rolling average of daily new cases (124) increased 14.4% compared with the previous 7-day rolling average in 31 March (145). Compared with the highest peak on March 26 (161), the 7-day average in April decreased 23%.



- The number of confirmed COVID-19 cases among health workers increased to 879 in mainly in Damascus hospitals, Lattakia, and Aleppo and Rural Damascus. 29 HWs deaths were reported among positive COVID-19 cases.
- total number of 76,310 lab tests were performed in public health laboratories in seven governorates Damascus, Aleppo, Homs, Lattakia, Rural Damascus, and Hasakeh. The current testing rate is 374 tests per 100,000, and positivity rate is 29.8%. Table 1: The number of confirmed cases by governorate.

Governorate	Population size	Test done	Testing rate / 100,000	Number positive	Positivity rate	Incidence / 100,000	Deaths	CFR
Damascus	1,835,380	23,400	1275	5115	21.86%	278.7	502	9.81%
Rural Damascus	3,160,454	8,840	280	2422	27.40%	76.6	34	1.40%
Homs	1,451,058	4,947	341	2789	56.38%	192.2	270	9.68%
As-Sweida	379,170	1,720	454	1175	68.31%	309.9	74	6.30%
Al-Hasakeh	1,060,341	524	49	89	16.98%	8.4	3	3.37%
Dar'a	1,015,275	3,406	335	1228	36.05%	121.0	57	4.64%
Lattakia	1,186,494	17,152	1446	3539	20.63%	298.3	188	5.31%
Aleppo	3,933,168	8,819	224	3046	34.54%	77.4	175	5.75%
Ar-Raqqa	690,801	15	2	13	86.67%	1.9	1	7.69%
Deir-ez-Zor	741,249	392	53	169	43.11%	22.8	28	16.57%
Hama	1,342,187	2,601	194	939	36.10%	70.0	40	4.26%
Quneitra	103,269	1,857	1798	451	24.29%	436.7	29	6.43%
Tartous	906,362	2,637	291	1758	66.67%	194.0	191	10.86%
Idleb	2,588,454	0	0	0	0.00%	0.0	0	0.00%
Total	20,393,662	76,310	374	22,733	29.8%	111	1,592	7.0%

Response activities

- WHO facilitated testing of (20) COVID-19 positive sample for genetic sequencing at Referral laboratory in Abou Dhabi. The results found: 11 samples lineage B.1.1.7 (UK variant), 3 samples Lineage B.1.351 (South African Variant), and 2 samples Lineage B.1.525 (Tanzania Variant)
- WHO continues to support building the capacity of MoH surveillance teams. One EWARS workshop was conducted in April for 25 surveillance officers in Swieda governorate. The training focused on COVID-19 reporting, case definition, and investigation measures.
- WHO continues to provide needed support for the Rapid response teams (RRTs) to undertake investigation and response of COVID-19 alerts by facilitating the transportation of RRTs, samples collection and transporting to designated laboratory in 5 governorates. During the reporting period more than 7,331 suspected COVID-19 cases were investigated properly within 24 hours, in addition WHO supported the transporting of 1,500 specimens of COVID-19 suspected cases to the central laboratories in four governorates.

HEALTH FACILITY FUNCTIONALITY

Public Hospitals

- By the end of 4th quarter 2020, and out of the 113 assessed public hospitals [MoH & MoHE], 48% (54) were reported fully functioning, 28% (32) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 24% (27) were reported non-functioning.
- 78% (88) hospitals were reported accessible, 8% (9) hard-to-access, and 14% (16) were inaccessible
- The general practitioner (0.2%) and emergency physician (0.3%) were the lowest proportion of health staff in public hospitals, followed by dentists (0.7%), pharmacists (0.7%), midwives (4.7%), laboratory (5.0%), specialists (12.2%), resident doctors (24.1%), and nurses (52.1%).

Public health centres

- By end of the 4th Quarter 2020 and out of 1,790 assessed public health centres, 48% (861) were reported fully functioning, 21% (376) partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), 31% (553) non-functioning (completely out of service).
- 82% (1,465) health centres were reported accessible, 3% (54) hard-to-access, and 15% (264) were inaccessible, while the accessibility status of 0.4% (7) health centres were unknown.
- The pharmacists represented (1%) of total health staff at centres' level, followed by resident doctors (2%); general practitioners (4%); laboratory (6%); Specialist (7%); dentists (9%); midwives (11 %); and nurses (60%).

HEALTH SECTOR ACTION

Health Sector Coordination and service delivery

- During this month, two virtual health sector coordination meetings were held in Damascus and were attended by national Syrian NGOs, international NGOs, SARC and observers. The Health Working Group meetings were also held at hubs and in Al-Hol Camp with a special focus on COVID-19 response and continuity of essential health care.
- The health sector partners delivered health services and cumulative monthly indicators (February and March 2021) are summarized in the below table.

HRP Indicator 2021 (Per Month)		February	March
Medical procedures	1.1.1 Number of outpatient consultations provided	753,677	699,485
	1.1.2 Total number of trauma consultations supported	7,785	20,027
	1.1.3 Number of mental health consultations supported	12,277	3,690
	1.1.4 Number of physical rehabilitation sessions supported	2,784	1,678
	1.1.5 Number of vaginal deliveries attended by a skilled attendant	865	788
	1.1.6 Number of caesarean sections supported	1,115	844
	1.1.7 Number of cases referred for specialised treatment	1,014	1,192

CHILD HEALTH

- **34,574 children** were immunized for Penta-3 in March, as compared to 29,388 children in February.

REPRODUCTIVE HEALTH

- Skilled birth attendants conducted 788 **normal deliveries** while **844 mothers underwent cesarean** sections.

HEALTH CLUSTER PARTNERS UPDATES

UNICEF

UNICEF supported health and nutrition two fixed clinics and one mobile team carried out the below activities in **14** villages and their farms administratively belong to **Sanjar , Abul Tohur, Tamannah, Kafr Nobol and Ma'arrat AnNum'an** sub-districts;

Expanded programme on Immunization (EPI); Well-coordinated efforts between key partners on the ground (Directorates of Idleb and Hama, UNICEF, and Governor Office) within the health sector significantly contributed to ensure that children have access to routine immunization services in areas with large concentration of returnees. During the reporting period, **112** children U5 years were reached with one of the following antigens (BCG, DTP, MMR, IPV and OPV).

Primary Health Care (PHC); During the reporting period; **593** children U15 years and adults benefited from integrated package of health services including out-patient consultations and health supplies through two fixed UNICEF supported clinic.



Pediatric and Reproductive health clinic in Idleb- Sangar subdistrict Credit:UNICEF

UNICEF provided community based counselling and raised awareness on the importance of exclusive breastfeeding and complementary feeding reaching **128** pregnant and lactating women in newly accessible areas in Idleb. Emphasis was placed on prevention of malnutrition by providing supplementary food and multi-micronutrients to children and their mothers across **Sanjar , Abul Tohur, Tamannah, Kafr Nobol and Ma'arrat AnNum'an** sub-districts.

Immunization campaign: community engagement activities for RI campaign was conducted for five days in two governorates in Hassakeh and Raqqa, the activities focused on the importance of vaccines, and the protective measures for COVID 19, more than three UNICEF partners supported the health directorates especially in the camps and informal settlements, more 50 community volunteers from H&N partners trained by DoH

coordinators, reached to more 132,300 people in two governorates through home visits, awareness sessions, Facebook pages for partners and local radio, recreational activities and IEC materials distributed such as banners, posters, flyers, as well as translated messages provided about immunization and COVID 19 to two camps Al Hol and Roj camps.

MEDAIR

MEDAIR Syria is implementing the following intervention, mainly in the following governorates, Deir el Zor, Aleppo, Hama, South Idleb, Quneitra, Daraa, Raqqa: health facilities rehabilitation and re-equipping, capacity building and supporting Health Workers and Community Health workers (including malnutrition management trainings and support), support of People Living with Mobility Impairment with the distribution of appropriate assistive devices and Special Hygiene Kits.

During April MEDAIR is working on assessing the COVID situation in Hilal, and Mujtahid hospital for IMPACT intervention.

- Planning on how to use the COVID dedicated funds in the current action, Vaccination campaign support or medical equipment support for hospitals like ventilators or oxygen generators.
- Coordination with UNHC, ICRC and WHO on the COVID19 Damascus intervention in Hilal and Mujtahid Hospitals
- Medair is struggling to find a way to support the operations of COVID-Vaccination. COVID funds will be routed to COVID19 pillar 6 – 7 responses.
- COVID19 vaccine hesitancy Study among 119 Medair CHWs



Field visit to Primary health facility Credit Medair

ACTION AGAINST HUNGER (AAH)

- **Capacity building:**
 - 315 (41 M: 274 F) teachers in Hassakeh, Aleppo, and Rural Damascus were trained on PSS in the context of COVID-19. Average increase in knowledge was estimated around 80%. Teachers were provided with individual kits to support conducting recreational activities for students.
- **Community outreach activities:**
 - CHWs in Hama continued conducting awareness sessions on various topics, including COVID-19 precautionary measures, COVID-19 stigma, MHPSS, IYCF, leishmaniasis, and war remnants. 704 community members were reached in April.
 - Trained CHWs carried out home visits in Murak and Harbanifse villages in Hama. A total of 150 households were targeted in April. Household members received health and nutrition consultations. Pregnant and lactating women and children under 5 were screened for

malnutrition. Pregnant women were referred to PHCs for antenatal check-ups and to receive micronutrient supplementation.

- In collaboration with MOH, the Healthy Villages Program activities began in Bani-Zeid and Salah-Al-Deen towns, in Aleppo. Trained CHWs visited Al-Achrafieh and Az-Ziebdiyeh PHCs and were introduced to available services. Home visits are planned to begin by early May.
- **Service provision:**
 - 1,086 advanced psychotherapy services were provided at 2 DOH clinics in Aleppo, that are supported by AAH.
- **Monitoring and follow-up:**
 - Joint monitoring visits, with Aleppo DOH, were conducted to support the resumption of service delivery in rehabilitated PHCs (As'ad Mahfouz, Abu Jabbar, Masqan, and Batraneh).
 - Supervisory visits were conducted to the Public Maternity Hospital, and As'ad Mahfouz and Az-Ziebdiyeh PHCs to monitor the quality of health and nutrition services provided post rehabilitation. Visits were also conducted to other health facilities, supported by AAH, to provide on-the-job sessions for PHC staff previously trained by AAH on various health topics.
- **Procurement and rehabilitation:**
 - 2 mobile medical clinics were equipped to provide health services, including nutrition and mental health, in Hamra, Suran, Murak and Harbanifse villages in Hama.
 - Provision of medical equipment and supplies, to Ash-Shajara and Msefira PHCs in Dar'a, was finalised.
 - PPE supplies were delivered to Masqan and Batraneh PHCs in Aleppo.
 - Handover of Abu Jabbar PHC to Aleppo DOH was completed.
 - Roof isolation and handover of Loulou'a PHC, in Hassakeh, were completed



ABU JABBAR PHC BEFORE AND AFTER REHABILITATION. CREDIT AAH

AGHA KHAN HEALTH SERVICES SYRIA

AKHS, Syria has supported Hama health directorate in conducting raise awareness sessions about the scientific information related to the COVID-19 vaccines by establishing and training two health educators' teams. The first team consist of 32 health educators from 5 districts in Hama, and the second team consist of 24 health educators from 5 public hospitals. The results of these training sessions showed that the vaccination acceptance percentage was increased by 90%. The health educators teams have been started conducting the raise awareness sessions with the other health workers since the last week.



AWARENESS SESSIONS CREDIT AKHSS

Syrian Society for Social Development (SSSD)

- The Syrian Society for Social Development team implemented a sterilization initiative for schools in Jaramana, Rural Damascus. During the initiative, all schools of all levels were sterilized in the city of Jaramana in cooperation with the educational community.
- Under the supervision of the Directorate of Social Affairs and Labor in Deir Ezzor, SSSD distributed 100 health kits, which were distributed in the Fayd Center Al-Nahda Women's Association for orphans.
- With the aim of preventing the spread of the third wave of covid-19, the Syrian Society for Social Development team, in cooperation with UNHCR, implemented a sterilization campaign in a number of government centers and departments in Qamishli, Hassakeh. Sterilization included all buildings, offices, corridors, bathrooms, guard rooms, and waiting rooms. Furthermore, the centers covered by the sterilization campaign included the Social Affairs and Labor Division, the Justice Palace in Qamishli with its old and new buildings, the Medical Services Center, the Department of State Cases, the Agriculture Authority in Qamishli, the Qamishli Rural Police Station, the District Directorate in Qamishli, and the Civil Registry Secretariat in Qamishli.



Distribution of health kits and sterilization campaign Credit SSSD

Plans For Next MONTH

- Establishment of Technical Review Committee and Review of HRP 2021 health projects and provide guidance to the partners in revising the projects and addressing TRC comments
- Finalization of health sector “rehabilitation criteria for primary health care facilities.”
- Work with sector partners and OCHA to develop Strategy Paper for 1st Standard Allocation
- Conduct health sector coordination meetings
- Production of Health Sector Bulletin for the month of April.

CONTACT US

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