Currently, there are 21,584 confirmed cases of COVID-19 including 1,483 associated deaths as of 21 April 2021.

As of 31 March 2021, the Ministry of Health COVID-19 reported cases in Syria have reached 18,909 including 1,265 deaths and 12,852 recoveries. The first confirmed case was declared on 22 March 2020 and the first death on 29 March 2020.

The “Polio Campaign” was conducted from 7-11 March targeting 2.8 million children under five years of age.

The Syrian Arab Republic is allocated 912,000 doses of the AstraZeneca AZD1222 vaccine through COVAX facility.

The health sector conducted a consultative meeting with health partners to discuss result of cluster coordination performance monitoring survey on 16 March and developed “Plan of action” to strengthen coordination functions.

WHO dispatched 207 tons of health supplies (medicines, medical and WASH supplies equipment) to MOH, MOHE, MOE, NGOs etc.
**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 March health authorities announced 3321 cases as compared 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.

**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 31 March 2021, the number of reported cases in Syria has reached 18,909 including 1265 deaths and 12,852 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 22 hospitals with 1832 treatment beds, and 828 ICU beds.
## GAPS IN AVAILABILITY OF HEALTH SERVICES

1. Availability of health services in the functional public hospitals

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient services</td>
<td>99%</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>98%</td>
</tr>
<tr>
<td>Inpatients services</td>
<td>97%</td>
</tr>
<tr>
<td>Imaging service</td>
<td>95%</td>
</tr>
<tr>
<td>Emergency services</td>
<td>95%</td>
</tr>
<tr>
<td>Safe water availability</td>
<td>92%</td>
</tr>
<tr>
<td>Hypertension services</td>
<td>90%</td>
</tr>
<tr>
<td>Sanitation availability</td>
<td>90%</td>
</tr>
<tr>
<td>Management of diabetes</td>
<td>89%</td>
</tr>
<tr>
<td>Elective surgery</td>
<td>88%</td>
</tr>
<tr>
<td>Blood bank service</td>
<td>86%</td>
</tr>
<tr>
<td>ICU services</td>
<td>86%</td>
</tr>
<tr>
<td>Cardiovascular services</td>
<td>82%</td>
</tr>
<tr>
<td>Burn patient management</td>
<td>79%</td>
</tr>
<tr>
<td>End Stage Kidney Disease (ESKD) treatment</td>
<td>79%</td>
</tr>
<tr>
<td>Emergency surgery</td>
<td>79%</td>
</tr>
<tr>
<td>Communicable diseases services</td>
<td>77%</td>
</tr>
<tr>
<td>Trauma services</td>
<td>77%</td>
</tr>
<tr>
<td>Treatment of diabetic complications</td>
<td>72%</td>
</tr>
<tr>
<td>(CEmOC) Comprehensive emergency obstetric care</td>
<td>72%</td>
</tr>
<tr>
<td>Waste management</td>
<td>65%</td>
</tr>
<tr>
<td>Management of children diseases</td>
<td>65%</td>
</tr>
<tr>
<td>Comprehensive abortion care</td>
<td>62%</td>
</tr>
<tr>
<td>Medical evacuation</td>
<td>60%</td>
</tr>
<tr>
<td>Acute psychiatric inpatient unit</td>
<td>55%</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>55%</td>
</tr>
<tr>
<td>Management of severe acute malnutrition with complications</td>
<td>37%</td>
</tr>
<tr>
<td>Cancer treatment services</td>
<td>29%</td>
</tr>
</tbody>
</table>
2. **Availability of health services, across all functional health centres**

**EWARS and epidemiological updates at national level (week 9-13, 2021)**

**Surveillance Performance:**

- A total of 1,196 out of 1,365 active reporting sites (88%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 77% of timeliness.
- Out of the 2,841,517 total consultations, a total of 135,658 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): 84,412 accounting for 62% of total cases. Most cases reported from Aleppo, Deir-ez-Zor and Tartous, the average number of ILI case per week was 16,882.
  - Acute diarrhoea (AD): 25,701 (19% of total cases), most reported from Aleppo, Deir-ez-Zor and Idleb.
  - Severe acute respiratory infection (SARI): 1,539 case were reported.
  - Acute jaundice syndrome (AJS): 2,166 most reported from Ar-Raqqa, Deir-ez-Zor and Aleppo.
  - Suspected measles (SM): 64, most reported from Idleb and Rural Damascus.
  - Acute flaccid paralysis (AFP): 27, reported from Hama and Aleppo.
  - Suspected COVID-19: 6,640 Most reported from Tartous, Aleppo and Damascus.
  - For the “other diseases” category 14,219 cases were reported, with the most reported cases is Leishmaniasis (6,100), Lice (2,573) and Scabis (1,943).

EWARS and epidemiological situation in Al-Hol camp (week 9-13,2021)

Surveillance performance:

- Total number of reporting site is 17.
- Average completeness of reporting 64%.
- Total number of consultations were 2,287 Out of the total consultations, 2,484 EWARS notifiable cases were reported.
- 57.9% of the cases were among females, and 44.93% were distributed among children under 5 years.

Morbidity:

- 1 suspected measles cases was detected in Al hol camp in December, the case was investigated, and no positive measles case was reported.
- 2 Suspected COVID-19 was reported during this month.
COVID-19 updates 31 March

**Situation:**

- As of 31 of March 2021, 18,909 cases - in 13 governorates as figure 2. Number of COVID-19 deaths is 1, 265 and CFR= 6.7%. COVID-19 deaths

- 169 cases (1%) are travel related cases, 1 207 cases (6%) are contacts of confirmed cases, and 17,533 cases (93%) are community infection.

- Clinical presentation of cases: 1 478 of cases (7.3%) were asymptomatic, 4 496 (22.1%) had moderate symptoms, 11 175 (54.9%) were severe, and 3182 (15.6%) have not reported yet.

- 56% are male and 44% are female. The average age is 52 (ranging from 1 to 108), figure 4.
An increase in cases reported in March by 116% compared with February cases. Figure 5.

The 7-days rolling average of COVID-19 cases shows increase in the number of COVID-19 positive cases in Syria in the last 5 weeks (8-12). The ratio of increase in week 11 is 4 folds of the previous week. This increase could be a new wave. the seven-day rolling average was highest on 27 March 2021 with 161 average cases.

The number of confirmed COVID-19 cases among health workers increased to 691 in mainly in Damascus hospitals, Lattakia, and Aleppo and Rural Damascus. 33 HWs deaths were reported among positive COVID-19 cases.
• Total number of 68,570 lab tests were performed in public health laboratories in seven governorates Damascus, Aleppo, Homs, Lattakia, Rural Damascus, and Hasakeh. The current testing rate is 336 tests per 100,000, and positivity rate is 27.6%. Table 1: The number of confirmed cases by governorate.

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Population size</th>
<th>Test done</th>
<th>Testing rate / 100,000</th>
<th>Number positive</th>
<th>Positivity rate</th>
<th>Incidence / 100,000</th>
<th>Deaths</th>
<th>CFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damascus</td>
<td>1,835,380</td>
<td>21,234</td>
<td>1157</td>
<td>4353</td>
<td>20.50%</td>
<td>237.2</td>
<td>392</td>
<td>9.01%</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>3,160,454</td>
<td>7,690</td>
<td>243</td>
<td>1960</td>
<td>25.49%</td>
<td>62.0</td>
<td>32</td>
<td>1.63%</td>
</tr>
<tr>
<td>Homs</td>
<td>1,451,058</td>
<td>4,252</td>
<td>293</td>
<td>2475</td>
<td>58.21%</td>
<td>170.6</td>
<td>236</td>
<td>9.54%</td>
</tr>
<tr>
<td>As-Sweida</td>
<td>379,170</td>
<td>1,391</td>
<td>367</td>
<td>949</td>
<td>68.22%</td>
<td>250.3</td>
<td>60</td>
<td>6.32%</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>1,060,341</td>
<td>441</td>
<td>42</td>
<td>43</td>
<td>9.75%</td>
<td>4.1</td>
<td>2</td>
<td>4.65%</td>
</tr>
<tr>
<td>Dar’a</td>
<td>1,015,275</td>
<td>3,126</td>
<td>308</td>
<td>1006</td>
<td>32.18%</td>
<td>99.1</td>
<td>46</td>
<td>4.57%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>1,186,494</td>
<td>16,369</td>
<td>1380</td>
<td>2834</td>
<td>17.31%</td>
<td>238.9</td>
<td>142</td>
<td>5.01%</td>
</tr>
<tr>
<td>Aleppo</td>
<td>3,933,168</td>
<td>7,616</td>
<td>194</td>
<td>2528</td>
<td>33.19%</td>
<td>64.3</td>
<td>130</td>
<td>5.14%</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>690,801</td>
<td>15</td>
<td>2</td>
<td>7</td>
<td>46.67%</td>
<td>1.0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>741,249</td>
<td>292</td>
<td>39</td>
<td>91</td>
<td>31.16%</td>
<td>12.3</td>
<td>13</td>
<td>14.29%</td>
</tr>
<tr>
<td>Hama</td>
<td>1,342,187</td>
<td>2,105</td>
<td>157</td>
<td>754</td>
<td>35.82%</td>
<td>56.2</td>
<td>40</td>
<td>5.31%</td>
</tr>
<tr>
<td>Quneitra</td>
<td>103,269</td>
<td>1,739</td>
<td>1684</td>
<td>347</td>
<td>19.95%</td>
<td>336.0</td>
<td>26</td>
<td>7.49%</td>
</tr>
<tr>
<td>Tartous</td>
<td>906,362</td>
<td>2,300</td>
<td>254</td>
<td>1562</td>
<td>67.91%</td>
<td>172.3</td>
<td>146</td>
<td>9.35%</td>
</tr>
<tr>
<td>Idleb</td>
<td>2,588,454</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total</td>
<td>20,393,662</td>
<td>68,570</td>
<td>336</td>
<td>18,909</td>
<td>27.6%</td>
<td>93</td>
<td>1,265</td>
<td>6.7%</td>
</tr>
</tbody>
</table>
**Response activities**

- In response to high occupancy rates at isolation hospitals The Minister of Health advised to:
  - Stop cold operations except the emergency operations and surgery for tumours
  - Operate all hospitals at maximum capacity for COVID-19 patients.
  - Support all newly added wards for COVID-19 patients with needed medical staff
  - Since the start of the pandemic, WHO supported MoH 8 PCR + 1 GeneXpert machines. 3 PCR and 2 GeneXpert machines are in pipeline. In total, WHO is supporting 11 PCR and 3 GeneXpert machines in addition to lab reagents and supplies.
  - WHO facilitated shipping of the first batch of COVID-19 positive sample for genetic sequencing to Referral laboratory in Abu Dhabi.
  - WHO continues to support building the capacity of MoH surveillance teams. Three EWARS workshops were conducted during March in Damascus, Homs, and Tartous. 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 7,664 suspected COVID-19 cases were investigated properly within 24 hours, in addition WHO supported the transporting of 2,500 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 (January and February 2021) are summarized in the below table.

<table>
<thead>
<tr>
<th>HRP Indicator 2021 (Per Month)</th>
<th>January</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1 Number of outpatient consultations provided</td>
<td>671,133</td>
<td>753,677</td>
</tr>
<tr>
<td>1.1.2 Total number of trauma consultations supported</td>
<td>23,748</td>
<td>7,785</td>
</tr>
<tr>
<td>1.1.3 Number of mental health consultations supported</td>
<td>5,780</td>
<td>12,277</td>
</tr>
<tr>
<td>1.1.4 Number of physical rehabilitation sessions supported</td>
<td>2,399</td>
<td>2,784</td>
</tr>
<tr>
<td>1.1.5 Number of vaginal deliveries attended by a skilled attendant</td>
<td>912</td>
<td>865</td>
</tr>
<tr>
<td>1.1.6 Number of caesarean sections supported</td>
<td>898</td>
<td>1,115</td>
</tr>
<tr>
<td>1.1.7 Number of cases referred for specialised treatment</td>
<td>781</td>
<td>1,014</td>
</tr>
</tbody>
</table>

**CHILD HEALTH**

- **29,388 children** were immunized for Penta-3 in February, as compared to 30,862 children in January.
- The “Polio Campaign” was conducted from 7-11 March targeting 2.8 million children under five years of age. The coverage was 91%.

**REPRODUCTIVE HEALTH**

- Skilled birth attendants conducted 865 normal deliveries while **1,115 mothers underwent cesarean** sections.

**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)**

- UNICEF and WHO are working closely with MoH to develop the **2021 C19 RCCE Strategic Plan** engaging 10+ ministries and counterparts, in line with findings and recommendations from the C19 Intra-Action Review and as set out in the 2021 Health Sector Response Plan. UNICEF is contracting Technical Assistance to strengthen evidence-based strategy development and integrated planning.
- The Demand Generation and Communication component of the global COVAX Facility for COVID-19 vaccines deployment is being supported through strategy and plan development for knowledge management, capacity building, and public information campaign. UNICEF has recruited a Social and Behavior Change Communication consultant for data/information and a Media Agency will be contracted for campaign implementation.
- The **Community Rapid assessment on C-19 in Al Hol Camp in North East Syria** is completed, including a Health component focusing on signs and symptoms (WHO support) and an RCCE component focusing on information and knowledge (UNICEF support). **RCCE findings indicate low levels of knowledge and practice of prevention and health seeking behaviors due to the impact of curfew on all activities including RCCE and limited access to COVID-19 focal points. Rapid stop-gap measures are being actioned. Joint report development is underway.**
- Findings and recommendations from the **Syrian Opinion Public Survey** are being reviewed and report development is underway to inform and guide the 2021 Strategic Plan.
- Rapid survey on C19 vaccine acceptance and demand is being discussed with MoH for online poll targeting the general population and with UNHCR for PoCs, to inform and guide COVID-19 vaccines Demand Generation and Communications.
HEALTH CLUSTER PARTNERS UPDATES

WHO

- WHO dispatched 34,329 IPC/PPE items as follows: 9,500 gloves, 200 goggles, 850 gowns, 15,500 surgical masks, 150 Respirator masks, 1,000 Head Cover, 800 Coverall, 3,800 Hand sanitizer Alcohol 70% 500ml, 2,500 Alcohol 70% One Liter bottle, 29 infrared thermometer devices).
- The items had been distributed to health facility partners in Damascus, Hama, Aleppo, Al-Hasakeh, Deir-Ez-Zor and Raqqa including: Damascus (The newly-established Al Fayhaa Emergency Hospital/ covid-19 treatment center for mild case, Public Health Labs), Hama (ALBir NGO in Favor of Hama DOH), Aleppo (Ain Al-Arab (Kobani) Hospital, Menbej National Hospital), Hassakeh (Al-Hasskeh National Hospital, DOH Al-Hasaka, SARC, KRC Amouda, Alhasaka Health Authority), Deir-ez-Zor (Al-Sour Hospital, Buseira Hospital, Hajin Hospital, Jadid Al-Bagara Hospital, PHC under Deir-ez-Zor Health Authority), Raqqa (Raqqa National Hospital, Al-Tabqa National Hospital).
- Delivered lifesaving and PHC/NCD medications including 7,752 vials of Insulin and syringes to health partners in Hama, Al-Hasakeh, Deir-Ez-Zor, Ar-Raqqa, and Aleppo. The number of treatment courses provided under PHC was 23,860.
- WHO continues to support the training of laboratory technicians from all Syrian governorates at the central public health laboratory (CPHL) in Damascus. Nine technicians from Ar-Raqqa and Deir-Ez-Zor were trained on molecular biology technology, COVID-19 PCR testing, GeneXpert testing, in addition to biosafety and biosecurity procedures.
- Provided three cardiac software workstations for the already-procured and delivered CT-scan machines to Al-Bassel Cardiac Surgery Hospital (Damascus/MoH), Damascus University Cardiac Surgery Hospital (Damascus/MoHE) and Al-Bassel Cardiac Surgery Hospital (Lattakia/MoH). Furthermore, an X-ray machine was delivered to Al-Baath University Hospital in Homs.
- The newly-established isolation centre at Al-Fayha Sports’ city in Damascus was provided with medical supplies including oxygen concentrators, a resuscitation trolley with defibrillator and suction device, pulse oximeters, infrared thermometers, stethoscopes, sphygmomanometers and glucometers devices.
- More than 130 persons with disabilities benefited from different types of assistive devices that were delivered to the SARC-Aleppo branch.
- Supported by WHO, the national deworming campaign launched in March. The campaign reached more than 3 million school-age children from all governorates.
- 150,000 tubes of anti-lice lotion were distributed to School-Health Directorates in all governorates.
- Trained 200 health workers (prosthetics and orthotics technicians, physiotherapists, and physiatrists) from Damascus and Rural Damascus, at the MOH centre of Prosthetics and Rehabilitation.

UNICEF

- Polio/C4D campaign was conducted through community engagement activities in two governorates (Hasakeh and Arraqqa) with a focus on low coverage areas, reached 21,004 individuals through the door to door visit, 7,813 mother through awareness sessions, 756 community leaders through meetings with them. More than 40 cars equipped with microphones participated in the campaign announcement by touring villages and
IEC materials were distributed to 200 pharmacies, 50 hospitals, 25 ovens, and 100 grocery stores, in addition to the public square which was targeted by distributing posters and banners.

- **UNICEF continues to implement RCCE through dedicated mass communication and community-based activities, as well as through integration in sectoral programming (Health, Nutrition, Water & Sanitation, Protection, and Education).**

- **C-19 RCCE and Disability campaign:** a one-month (March) campaign is ongoing in Al Hol camp with 20 volunteers through tent-to-tent visits, hygiene kit distribution with Water and Sanitation and Hygiene. Coverage: **19,120 beneficiaries** (children).

- **C-19 RCCE campaign:** a 10-day rolling campaign is ongoing in Al Hol camp/Annex since October 2020 through community-based mother groups and recreational activities with children focusing mode of transmission, prevention measures including physical distancing and handwashing with hygiene kit distribution, and health-seeking behaviour. Coverage: over **9,000 beneficiaries** (6000 mothers and 3000 children).

- **C19 RCCE and Infant & Young Child Feeding, hygiene, vaccination demand generation:** promotion activities are ongoing with 65 volunteers in Al-Hassakeh and Ar-Raqq Governorates including in IDPs camps through household visits, awareness-raising sessions and community leaders’ meetings. Coverage: **1,661 beneficiaries**.

- **C19 RCCE and Mine Risk Education:** a campaign is ongoing in Al-Hassakeh and Ar-Raqq Governorates including camps through community-based awareness-raising sessions with mothers. Coverage: **66 households**.

**UNFPA.**

- The mobile team in the UNFPA-supported Project of the Al Yamamah Syrian Association in the governorate of Raqq is continuing its work in light of the Corona pandemic. During the complete ban in the area, they continue to provide medical and psychological services to the beneficiaries in the villages of the governorate while adhering to preventive measures to prevent the spread of the virus. They also raise the awareness of the beneficiaries, particularly on the importance of spacing and taking caution during this period, psychological counselling support sessions, health education sessions and health examinations have been organized individually to take caution and to avoid infection if there are symptoms of the disease.

- The mobile medical team continued their visits in the eastern countryside of "Salamiyah" and reached "Fayrouza" village, which suffers from a great lack of services. The reproductive health services were provided to about 44 women and three men, in addition to, general health services for about 26 children and girl.

- Among those services were family planning services, pregnant woman care, childbirth care, psychosocial support, and others. The tour also included an awareness session on methods of dealing with the child.

- The mobile medical teams are one of the projects of the Aga Khan Health Services, in cooperation with the United Nations Population Fund (UNFPA).
**UNDP**

- The 2nd phase of the rehabilitation of Dummar hospital is accomplished and the hospitals is prepared to be re-activated soon.
- The rehabilitation of Aleppo Pediatric Hospital is progressing at good pace as planned
- The ICU in Daraa National Hospital is ready and is prepared to be re-activated.

**MEDAIR**

- MEDAIR is working on preparing BoQs, BoCs for the approved clinic, in coordination with DoH and finding suitable ways to procure equipment during the huge inflation.
- 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.
- Taking donor approval to implement IMPACT project which include providing IPCs unit, PPEs, and COVID training for Mujtahid, and Hilal hospital. Letter for taking MoH approval had been sent.
- The selected clinics are:
  - Raqqa Governorate: Al-Hamadanieh
  - Qneitra governorate: Speineh, and Shabaa
  - HWs, CHWs training are ongoing.
  - IMCI training in DEZ governorate for 10 days had been implemented, number of trainees was 25.


- The proposed project aims to address COVID-19 preparedness in hospitals situated in densely populated areas and at high risk of transmission, with a combination of (facilitating) preventive and curative to reach highest possible impact. Preventive measures will include the establishment of a prefabricated IPC station at the entrance of two large hospitals in Damascus, as well as the provision of PPE, IPC awareness for both staff and patients, as well as training and capacity building for healthcare workers, based on recognized WHO IPC and hygiene assessment frameworks.
- Curative measures will entail case management through the provision and supportive supervision of the use of 5 non-invasive and 3 invasive ventilators to the same two major hospitals identified in a densely populated areas in Damascus, but both with catchment populations also extending into Rural Damascus. In addition to having the most direct possible impact on mortality, the rationale for increasing ventilator capacity inside large existing and functional hospitals seeing large numbers of patients, is threefold; 1) it is not unlikely that there will be a third wave of widespread transmission inside Syria, especially if variants of concern circulate and become dominant; 2) if there are more rural areas of Syria which have not yet seen first or second waves, patients requiring ventilators are likely to be referred to these large and busy hospitals; 3) serious deterioration in socio-economic conditions over the past 12 months will likely mean that the proportion of severe cases likely to present to public rather than private hospitals will be much higher in the coming year.
**Action Against Hunger (AAH)**

**Procurement and rehabilitation:**
- A nutrition unit was equipped in Loulou’a for the provision of CMAM services. AAH staff will provide necessary on-the-job training and continuous technical support and supervision.
- 10 PHCs in Hama were provided with infant and young child feeding IYCF/PSS kits to support IYCF counselling.
- Medical equipment and furniture were delivered to Ash-Shajara and Msefira PHCs in Dara’a.
- Medical equipment, furniture, and PPE were delivered to Abu Jabbar and As’ad Mahfouz PHCs in Aleppo.
- PPE was delivered to the Public Maternity Hospital in Aleppo, thereby finalising equipment provision.
- Handover of As’ad Mahfouz PHC to DOH was completed. Rehabilitation and handover of Batraneh and Masqan PHCs were completed. Abu Jabbar PHC was rehabilitated, awaiting DOH’s official approval for the handover.

**Capacity building:**
- 73 (19 M: 54 F) CHWs in Hama and Aleppo were trained on effective communication, CMAM, IYCF, MHPSS, maternal and child health, and public health issues. These will be in charge of home visits to provide health consultations, community-based surveillance, and referral of cases in need of facility-based services.
- 42 (12 M: 30 F) health workers in Hama were trained on psychological first aid (PFA) in the context of COVID-19.
- 39 (13 M: 26 F) nurses and psychologists in Aleppo were trained on psychological nursing.
- 95 (3 M: 92 F) teachers in Hassakeh and Rural Damascus were trained on PSS in the context of COVID-19.

**Community outreach activities:**
- Trained teachers implemented PSS activities, for 2,103 primary school students along with the distribution of games, to 1,547 students, in Hassakeh, with support from AAH team.
- CHWs in Hama continued conducting awareness sessions on various topics, including COVID-19 precautionary measures, MHPSS, IYCF, Leishmaniasis, and war remnants. 835 community members were reached.
- 43,677 community members were targeted with advice on personal hygiene and COVID-19, through awareness sessions that were held in PHCs in Dara’a and Rural Damascus.

**Service provision:**
- 85 advanced psychotherapy services provided at the DOH clinic in Aleppo that was equipped by AAH.

**Monitoring and follow-up:**
- 82 (17 M: 65F) health workers and CHWs from Dar’a that were previously trained on PFA attended workshops to follow up on community-based activities, case referrals and MHPSS service provision at PHCs, challenges, knowledge retention, and further support needed.
- AAH Nutrition Specialist conducted supervisory visits to 10 PHCs in Hama, where previously trained staff are holding IYCF counselling sessions for pregnant and lactating women.
AGHA KHAN HEALTH SERVICES SYRIA

COVID-19 Response

- In the context of COVID-19 response plan, and to enhancing the health system in Hama governorate, the AKHS,S has supported the health authority in Hama with PCR system and kits for COVID-19 testing including automated nucleic acid extraction machine in addition to reagents and supplies needed for conducting approximately 6,000 COVID-19 test.

- To ensure quality of operating the PCR lab, AKHS,S has supported to hold a training program for 14 days which included theoretical information and practical skills has been conducted for the specialists and technician from Hama province at the public board for laboratory Damascus at MoH Syria.

- Currently the PCR lab has been started from 8th March to issues formal lab results according to MoH recommendation. The table below is presented the tests and results during the period from 8th March, till 8th April. **Percentage of positive cases was 60.27**

<table>
<thead>
<tr>
<th>Test at Governorate level</th>
<th>Positive at Governorate level</th>
<th>Negative at Governorate level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>107</td>
<td>112</td>
<td>219</td>
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</table>

- Dr. Aaborah, the director of Hama health directorate, side: "The PCR lab has made qualitative achievement and strengthening the capacity of health authority in responding to COVID 19. Previously we were sent the samples to the labs in other governorates and have to wait about 8 - 12 days to get the results, while now the test is done and the result is given by the one day''. This reduces the individual’s burden and give the concern health workers the required information to follow up the suspected and confirmed cases.

Reproductive Health Services

- AKHSS in collaboration with Salameih Health District provides complementary health care services (Reproductive Health, Growth and Development Monitoring of children, Psychosocial Support Services, Raise Awareness) in remote and marginalized areas around Salamieh city, through 5 Medical Mobile Teams.

- During March (3557) individuals have received RH services, (2404) children have received Growth & Development Monitoring services, (3016) individuals received PSS services.
Recently, in coordination with Hama Health Directorate, with the aim of increasing health coverage in reproductive health and child health services filed, in marginalized and remote areas in Masyaf, AKHS,S has trained and equipped two MMTs, and now they are providing comprehensive health care services.

5 Mobile teams continue to provide comprehensive health services to marginalize areas around Salamieh city and remote areas, at this field 3557 have received RH services, 2404 children have received Growth & Development Monitoring and 3016 individuals received PSS services services in March.

**Plans For Next MONTH**

- Preparation of “Plan of Action” based on consultative meeting on cluster coordination performance monitoring survey results
- Prepare strategic priorities of health sector for SHF Standard Allocation 2021
- Support health sector partners in developing projects for HRP 2021
- Conduct health sector coordination meetings
- Production of Health Sector Bulletin for the month of March.

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