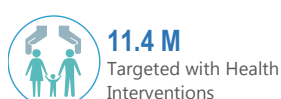




Opening of ToT for School Health Doctors – Photo by WHO

SYRIAN ARAB REPUBLIC  
Emergency type: Level 3 Emergency  
Reporting period: 01-09-2020 to 30-09-2020



HIGHLIGHTS

- As of 30 September 2020, the Ministry of Health reported COVID-19 cases in Syria has reached 4200, including 200 deaths\*. The first confirmed case was declared on 22 March and first death on 29 March.
- The Ministry of Education in collaboration with WHO conducted five workshops geared towards training 155-school health doctors from Damascus, Aleppo, Tartous and Hama.
- Health sector continues to bolster PPE supplies in Syria, with a focus on protecting health workers. To date, WHO has delivered more than six million PPE items while health partners has delivered more than four million PPEs.
- UNICEF supported two TOTs for 50 participants from nursing schools on infection control and prevention (IPC) for Covid-19 and rational use of PPEs in Damascus.
- Medair has rehabilitated and equipped six health facilities and one COVI 19 isolation center in Aleppo, Idleb, Deie –ez –Zor and Quneitra governorates.

\* Currently there are 5180 confirmed cases of COVID-19 including 254 associated deaths as of 21 October, 2020

HEALTH SECTOR



**61** HEALTH SECTOR PARTNERS

KITS DELIVERED TO HEALTH FACILITIES/PARTNERS

**12** IEHK BASIC & SUPPLEMENTARY KITS  
**05** FISRT AID KITS  
**02** NCD KITS

SUPPORTED MOBILE HEALTH UNITS



**138** MOBILE HEALTH UNITS/TEAMS

HEALTH ACTION

**835,635** MEDICAL PROCEDURES  
**445,707** TREATMENT COURSES  
**16,215** TRAUMA CASES



VACCINATION

**30,036** PENTA 3



EWARS



**1,300** REPORTING SITES

FUNDING \$US

**443.2 M** REQUESTED WOS  
**103 M** FUNDED (23% ONLY).



## Situation update

As the Syria crisis enters its tenth 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 the 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 created more than six million refugees and displaced a further 6 million Syrians inside their own country.

Health needs in Syria are already significant. Thousands of children are suffering from severe malnutrition. Thousands of more people suffer from cancer, diabetes, and other chronic conditions for which treatment is limited.

50% of hospitals were reported fully functioning, 25% hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 25% were reported non-functioning. 47% of public health centres were reported fully functioning, 22% partially functioning, and 31% non-functioning (completely out of service).

More than 12 million people (out of the total estimated population of 20 million) are in need of health care services in 2020. 70 % of the sub-districts (188 out of 268) have most severe health needs and severity score of 3 and above.

COVID-19 has aggravated the situation further. In September, health authorities announced 1435 confirmed COVID 19 cases as compared to 1954 in August, 320 in July, 157 confirmed cases in June and 79 confirmed cases in May 2020. All indicators point out that the disease is spreading rapidly across the communities in the country.

The aid agencies continue to ramp up efforts to suppress the transmission of the virus through risk communication and community engagement; procurement and distribution of medical supplies and equipment; by supporting COVID-19 clinical readiness; and safeguarding the public health care system.

**Rukban returnees:** The total number of people who left Rukban transiting through Homs shelters is 19,769 people, of whom 329 people left Rukban supported by UN/SARC. On 4 October, 193 people (53 male, 53 females, 57 children and 30 infants) out of 286 who were arrived in Homs on 19 September and hosted in Mahomud Othman shelter in Al Qusour neighborhood, left the shelter. As of 5 October, 93 people (42 males, 20 females, 24 children and 7 infants) are still in the shelter.

## Public health risks, priorities, needs and gaps

The ongoing conflict, violence and displacement have grave public health consequences with increased morbidities, mortalities and disabilities among affected and vulnerable population. The most affected are children, women and elderly people.

Despite challenges, Ministry of Health and humanitarian partners continue to assist people in need where access is possible with focus on collective shelters and IDP camps delivering essential health services.

**The first confirmed case of COVID-19 was announced on 22 March.** As of 30 September 2020, the number of reported cases in Syria has reached 4200, including 200 deaths and 1103 recoveries.

The areas of concern are densely populated areas, notably Damascus/Rural Damascus, Aleppo and Homs, and those living in camps, and informal settlements in northeast Syria (NES), collective shelters throughout the country, as well as other areas including Deir-Ez-Zor, and where hostilities may be ongoing making sample collection more challenging.

The populations of concern are all groups susceptible to the virus. However, the elderly (those 60 years and above) and people with underlying health conditions are particularly at risk; as are vulnerable refugee and IDP populations and healthcare workers with inadequate personal protective equipment (PPE).

COVID-19 testing is taking place at **six** laboratories in **Damascus, Rural Damascus, Aleppo, Homs and Lattakia** governorates.

The enhancement of laboratory and case investigation capacity across Syria remains a priority, as does the timely communication of all information relevant to the safeguarding of public health. The UN has pledged its support to assist the MoH achieve its stated goal to have testing capacity in all 14 governorates.

### **EWARS and epidemiological updates at national level (week 36, 2020-week 40, 2020)**

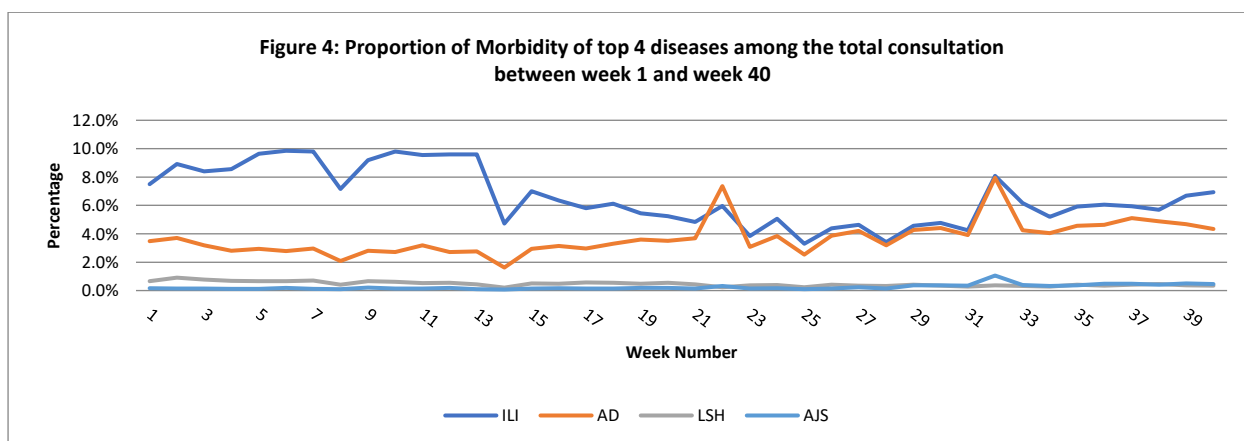
#### ***Surveillance performance***

- A total of 1141 out of 1302 active reporting sites (87.6%) in all 14 governorates of Syria reported through early warning alert and response system (EWARS) with 91.9% of timeliness.
- Total number of consultations was 992,706. Increased by 36.4% than the previous month. (in July was 727,764).
- Out of the 992,706 total consultations, 134,159 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): 62,036 accounting for 46.2% of total cases. Most cases reported from Aleppo, Deir-ez-Zor and Tartous. The average number of ILI case per week was 12,407.
- Acute diarrhoea (AD): 47,033 (35.1 % of total cases), most reported from Deir-ez-Zor, Aleppo, and Idleb.
- Severe acute respiratory infection (SARI): 785 case were reported, which decreased by 42.2% compared to the number of SARI during the previous month (1359). The average of weekly number of reporting was 157.
- Acute jaundice syndrome (AJS): 4640 most reported from Deir-ez-Zor, Ar-Raqqa, and Idleb.
- Suspected measles (SM): 72 most reported from Idleb, Deir-ez-Zor, Rural Damascus, and Al-Hasakeh.
- Acute flaccid paralysis (AFP): 26 most reported from Homs, Rural Damascus, Damascus, and Al-Hasakeh.
- Suspected COVID-19: 2761. Most reported from Aleppo, Damascus and Rural Damascus.
- For the "other diseases" category 14961 cases were reported, with the most reported cases is Lice of cases (4592), leishmaniasis (3911), and typhoid (1613).



## EWARS and epidemiological situation in Al-Hol camp (week 36,2020-week 40,2020)

### Surveillance performance

- Total number of reporting site is 25.
- Average completeness of reporting 100% and average timelines is 100%.
- Total number of consultations were 19,045, Out of the 19,045 total consultations, 3,013 EWARS notifiable cases were reported.
- 54.4% of the cases were among females, and 47.6% were distributed among children under 5 years.

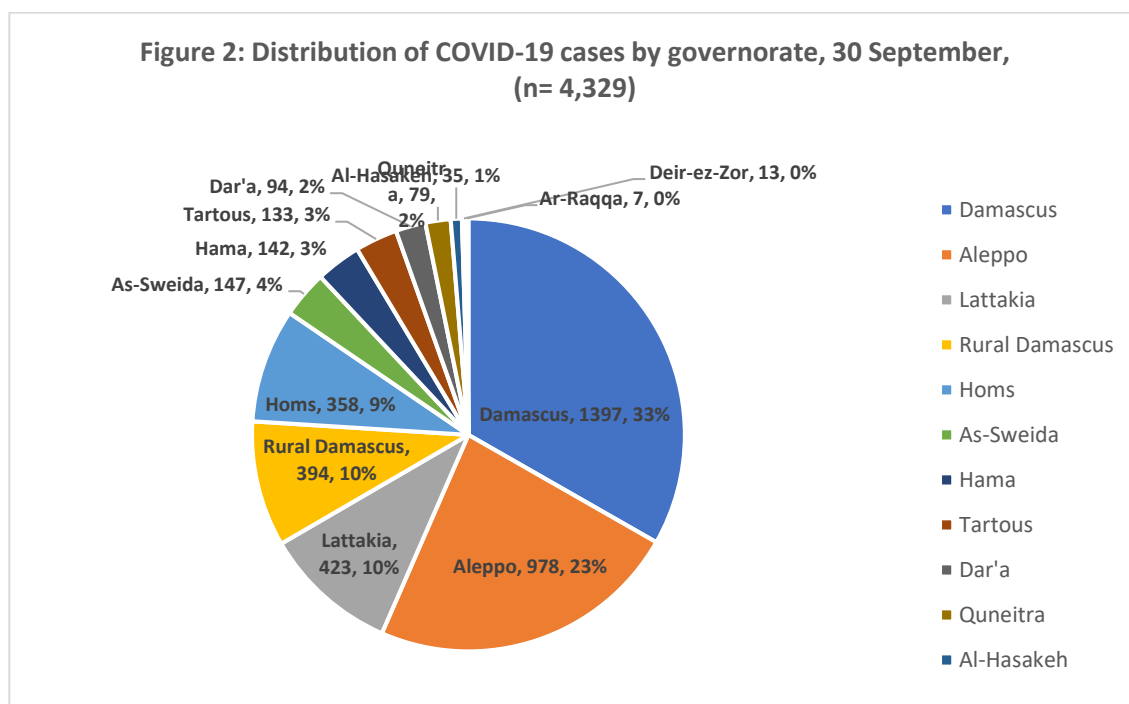
### Morbidity

- The leading causes of morbidity among all age groups were acute diarrhoea (53.2%/1603), then influenza-like illnesses (41.9%/1263).
- ONE suspected measles was reported, which under was under five years old.
- Zero cases of AFP reported.
- Seven suspected COVID-19 cases

## COVID-19 updates 30 September

### Situation:

- The first case of COVID-19 – 22<sup>nd</sup> of March 2020 in Damascus, imported from USA; no positive cases through contact tracing
- As of 30 of September 2020, 4,200 cases - in 13 governorates ( figure 2)
- Number of COVID-19 deaths is 200 and CFR= 4.8%. COVID-19 deaths were distributed as follow: 90 (45%) in Damascus, 30 (15%) in Homs, 28 (14%) in Aleppo,12 (6%) in Lattakia, 10 (5%) in Rural Damascus, 8 (4%) in As-Sweida, 7 (3.5%) in Hama, 6 (3%) in Tartous, 4 (2%) in Deir-ez-Zor, 3 (1.5%) in Quneitra, and 2 (1%) in Al-Hasakeh.

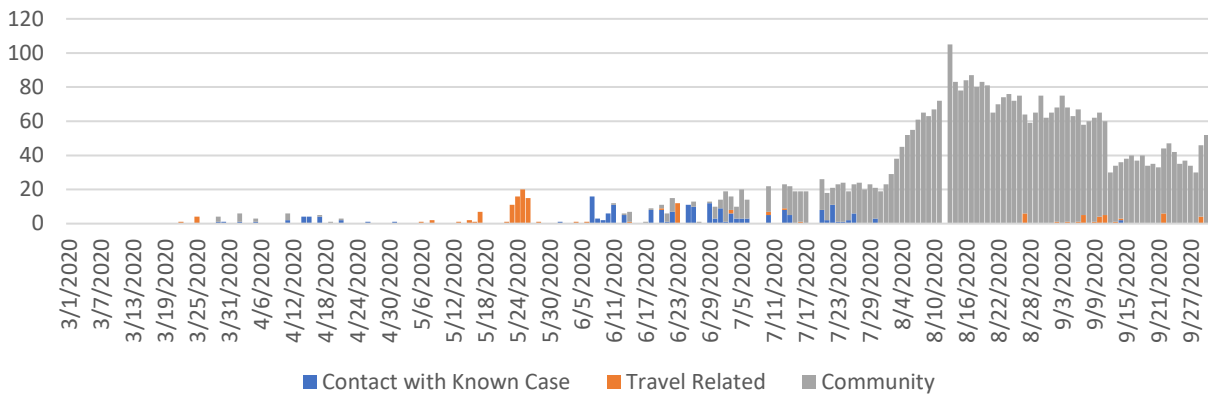


- 141 cases (3.4%) are travel related cases, 205 cases (4.9%) are contacts of confirmed cases, and 3854 cases (91.8%) are community infection (Figure 3).
- Clinical presentation of cases: 501 of cases (11.9%) were asymptomatic, 1061 (25.3%) had moderate symptoms, 2638 (62.8%) were severe.
- 59.86% are male and 40.14% are female. The average age is 53 (ranging from 1 to 98).
- A decrease of COVID-19 cases by 28.5% in September with 1435 cases compare with cases reported on August 2008 cases. (Figure 6)
- The current transmission is presented as “community”
- The number of confirmed COVID-19 cases among health workers increased to 180 , mainly in Damascus and Lattakia, in addition to Rural Damascus, Aleppo and As-Swieida. 11 HWs deaths were reported among positive COVID-19 cases (6 Damascus, 2 Rural Damascus and 2 in Aleppo and 1 in Homs)
- Total number of 26,667 lab tests were performed in public health laboratories in four governorates Damascus, Aleppo, Homs, and Lattakia. The current testing rate is 131 tests per 100,000, and positivity rate is 15.7%

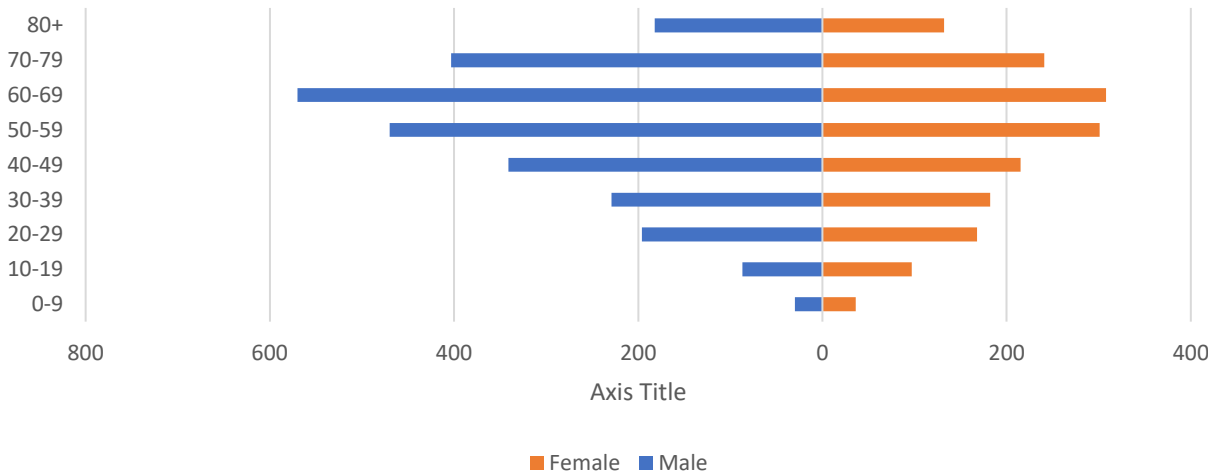
**Table 1: The number of confirmed cases by governorate**

Governorate	Population size	Test done	Testing rate / 100,000	Number positive	Positivity rate	Incidence / 100,000	Deaths	CFR
Damascus	<b>1,835,380</b>	9,920	540	1397	14.08%	76.1	90	6.44%
Rural Damascus	<b>3,160,454</b>	4,311	136	394	9.14%	12.5	10	2.54%
Homs	<b>1,451,058</b>	1,236	85	358	28.96%	24.7	30	8.38%
As-Sweida	<b>379,170</b>	475	125	147	30.95%	38.8	8	5.44%
Al-Hasakeh	<b>1,060,341</b>	172	16	35	20.35%	3.3	2	5.71%
Dar'a	<b>1,015,275</b>	788	78	94	11.93%	9.3	0	0.00%
Lattakia	<b>1,186,494</b>	4,592	387	423	9.21%	35.7	12	2.84%
Aleppo	<b>3,933,168</b>	3,178	81	978	30.77%	24.9	28	2.86%
Ar-Raqqa	<b>690,801</b>	15	2	7	46.67%	1.0	0	0.00%
Deir-ez-Zor	<b>741,249</b>	54	7	13	24.07%	1.8	4	30.77%
Hama	<b>1,342,187</b>	634	47	142	22.40%	10.6	7	4.93%
Quneitra	<b>103,269</b>	755	731	79	10.46%	76.5	3	3.80%
Tartous	<b>906,362</b>	537	59	133	24.77%	14.7	6	4.51%
Edleb	<b>2,588,454</b>	0	0	0	0.00%	0.0	0	0.00%
<b>Total</b>	<b>20,393,662</b>	26,667	131	4,200	15.75%	20.6	200	4.8%

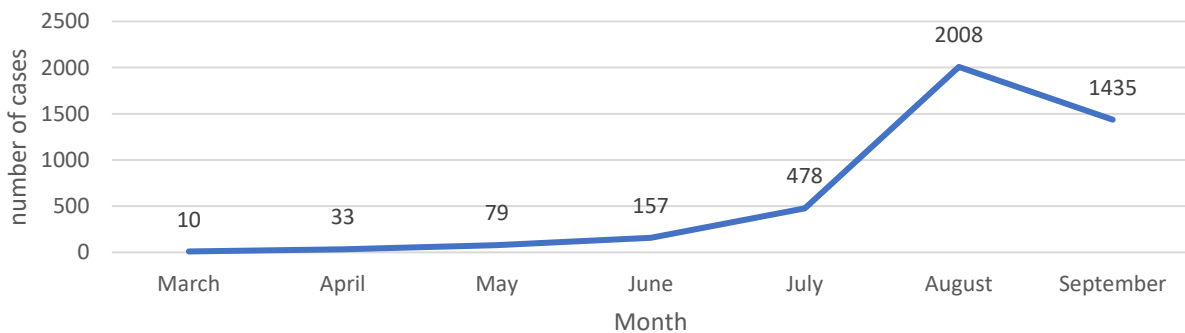
**Figure 3: EPI curve for COVID-19 cases by type of exposure, 30 September**



**Figure 5: distribution of COVID-19 cases by gender and age group, 30 September**



**Figure 6: cases of COVID-19 cases by month**



## Response activities

- WHO supported three days meeting for MoH surveillance officers. The meeting was conducted between 28 and 30 September, 2020, attended by 30 officers (communicable disease directorates at MoH, manager of health directorates, heads of health programs and communicable disease department at DoHs). The objectives of meeting were:
  1. Present the current epidemiological situation of COVID-19 in Syria and the governorates.
  2. Finalize and endorse the new COVID-19 surveillance guideline aiming to improve the detection and response to COVID-19 cases in Syria
  3. Endorse the newly developed reporting tools; the aim is to improve the quality and timeliness of data shared by the field reporting sites to the central level (Laboratory and CDC central)
- WHO continues to provide needed support for the Rapid response teams to undertake investigation and response of COVID-19 alerts by facilitating the transportation of RRTs, samples collection and transporting to designated laboratory in four governorates. During the reporting period about 5000 suspected COVID-19, cases were properly investigated within 24 hours.
- WHO has provided technical and financial support for MoH in conducting the active surveillance visits to 125 hospitals in 13 governorates (active case search and zero reporting) by providing technical Guide: develop SOPs, Field guides and reporting formats/ training facilitation/ Financial cost for training and field operations including transport, internet and telephone connections).
- WHO supported the MOH in securing logistics requirement for improving and strengthening of COVID-19 surveillance through printing of all supporting surveillance documents (e.g. reporting formats, posters, case definition etc.) in addition, to develop and printing a new coding system for COVID-19 suspected cases to ease the registration and tracking of the cases by laboratory and communicable disease directorate.

## Health facility Functionality

### Public Hospitals

By end of 2019, out of the 113 assessed public hospitals [MoH & MoHE], 50% (57) were reported fully functioning, 25% (28) hospitals were reported partially functioning (i.e., shortage of staff, equipment, medicines or damage of the building in some cases), while 25% (28) were reported non-functioning. 81% (91) hospitals were reported accessible, 8% (9) hard-to-access, and 11% (13) 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 (0.8%), pharmacists (0.7%), midwives (4.9%), laboratory (5.1%), specialists (12.5%), resident doctors (20.7%), and nurses (52.8%).

### Public Health centres

By end of 2019, out of 1,813 assessed public health centres, 47% (853) were reported fully functioning, 22% (405) partially functioning, 31% (555) non-functioning (completely out of service). 83% (1,501) health centres were reported accessible, 2% (40) hard-to access, and 15% (265) were inaccessible, while the accessibility status of 0.4% (7) health centres were unknown.

The resident doctors represented (2%) of total health staff at centres' level, along with pharmacists (4%) followed by general practitioners (4%); laboratory (6%); Specialist (7%); dentists (10%); midwives (11%); and nurses (59%).

## Health Sector Action

### Health Sector Coordination and service delivery

During this month, two virtual health sector coordination meeting were held at 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 special focus on COVID-19 Response and continuity of essential health care.

The health sector partners delivered health services and the cumulative monthly indicators (August) are summarized in the below table.

HRP Indicator 2020 (Per Month)		July	August
Medical procedures	1.1.1 Number of outpatient consultations provided	889,999	741,224
	1.1.2 Total number of trauma consultations supported	29,263	16,215
	1.1.3 Number of mental health consultations supported	14,110	16,150
	1.1.4 Number of physical rehabilitation sessions supported	2,717	6,322
	1.1.5 Number of vaginal deliveries attended by a skilled attendant	4,013	4,522
	1.1.6 Number of caesarean sections supported	3,404	3,965
	1.1.7 Number of cases referred for specialised treatment	227	88

### Child Health

**30,036 children** were immunized in August as compared to 29,803 children in July for Penta 3.

### Reproductive Health

Skilled birth attendants conducted **4,522 normal deliveries** while **3,965 mothers underwent caesarean** sections.

### Health Cluster Partners Updates

Health Cluster Partners continued supporting health service delivery across the country. Some of the highlights are,

#### World Health Organization

Dispatched 12.98 tons of medical, lab & WASH supplies, kits, equipment covering 7 governorates. The recipients included 10 MoH facilities, 3 MoHE facilities, 3 MoSA's directorates, 12 NGOs, and a camp. The total number of treatments is 186,642.

Five TOT training sessions for school health doctors were conducted in Damascus, Tartous, Hama and Aleppo. The total number of trainees was 155, from Damascus, Rural-Damascus, Hama, Homs, Tartous, Lattakia, Idleb, Aleppo, Deir-ez-Zor, Al-Hasakeh, Al-Raqqa, Sweida, Dara' and Quneitra with a focus on COVID-19 measures - based on the school guidance developed in coordination with MOH - RCCE topics and IPC/PPE measures. The school doctors will be responsible for training 13,200 school supervisors at the governorate's level.

WHO supported the Ministry of Education with IPC/PPE items; 40 Infrared Thermometers, 5000 surgical masks and 200 gowns; all in favor of medical teams.

Supported the C 19 isolation facility in Latakia Al-Haffeh hospital with 14,500 PPEs (for 160 health personnel) enough for two months.

WHO has supported implementation of Leishmania awareness, case finding, and treatment campaign in DeZ by deploying 28 health workers and three supervisors. The campaign has targeted people coming from eastern Euphrates River at six river ferries (Al Mayadin, Bugrus, Al Ashara, Al Quryiah, Ghreibeh, and Subeikhan. Total 621 new cases were diagnosed and treated on the mentioned river ferries, among them 233 cases have been fully cured.

66 awareness-raising sessions have been conducted on river ferries that reached to 4278 beneficiaries.



115 awareness raising sessions have been conducted in high-risk villages that reached to 12460 beneficiaries.

4000 printed materials were distributed during the 30-days campaign.



Leishmania Campaign in Deir ez Zor - Photo by WHO

Delivered 177,783 treatments of life-saving medicines, IV fluids, supplies and 71 IEHK kits to health centers in Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Damascus, Homs, Hama and Aleppo.

Delivered 17 different types of trauma kits (surgical, trauma kits A & B) sufficient for 1700 trauma cases to health partners in Al Hassakeh, Ar-Raqqa, Deir-ez-Zor and Aleppo.

90 persons with disabilities benefited from different types of assistive devices, which were delivered to Al-Burr NGO in Hama in favor of Building Community Association for Development.

## UNICEF

UNICEF local partner's mobile team (Syria Al-Yamama) has been delivering health services to Third-Country National children under 15 who were moved with their mothers from Al-Hol camp's annexes to Roj camp. In Sept, the mobile team referred 25% of consultations (39 child) to specialized services in Al-Malikya town (for specialist consultations, laboratory services, X-Ray and/or hospitalization).

**UNICEF supported two PHC centers in Duma city continue to** provide medical and nutrition services such as,

A total of 275 healthcare workers were trained on trauma care management and treating patients with disabilities. Training took place in several governorates Damascus, Rural-Damascus, Quneitra, Tartous and Hama.

15,799 Mental Health consultations and services were provided at the community level through partnership with 6 NGOs in 71 different locations including emergency response areas across the country, with the inclusion of GBV basic services and awareness sessions.

Rehabilitation started of 4 Health Center in the northern area; Taldau, Jaboureen, Kafarnan and Tier Maleh Health Centers in Homs.



COVID 19 Awareness Campaign in Lattakia – Photo by WHO

- Routine immunization programme and supplementary vaccination campaigns;
- Nutritional surveillance, Community-based Management of Acute Malnutrition CMAM, Infant Young Children Feeding IYCF programs, and Dietary Diversity DD project.
- C4D activities for nutrition and immunization services. The health center implement nine group awareness sessions monthly for the IYCF and ten for the Dietary Diversity project.

**Immunization program:** There are four immunization sessions per week, in addition to the mobile team who visits remote areas. The dropout children are followed up by the staff via telephone

calls, and through the municipality. The mobile vaccination team conducts two visits per month to surrounding locations to reach children with routine immunization and C4D activities through megaphones, meetings with stakeholder, sessions with mothers, and home visits.

No refusal cases were witnessed because of the intensive work on C4D in this area

UNICEF supported two TOTs, each for four days for 50 participants from nursing schools on infection control and prevention (IPC) for Covid-19 and rational use of PPEs in Damascus. The trainees will train the nurses and midwives in nursing schools all over the country in the coming month on the same topic.

## UNFPA

In response to the dire needs, on 2nd September, UNFPA signed an agreement with WFP in Syria to scale up the e-voucher cash based transfer mechanism delivered via SCOPE card, targeting pregnant and lactating women across Syria.

UNFPA will provide additional top-ups using the WFP e-voucher system to support women to buy hygiene items that they may need from designated stores in: Aleppo, Damascus, Dara'a, Deir Ez-Zor, Hama, Hassakeh, Homs, Lattakia, Quneitra, Raqqa, Rural Damascus and Tartous governorates of Syria. This initiative is based on a successful pilot that UNFPA and WFP have implemented in Dara'a.

The UNFPA investment in the scale-up amounts to USD 3.37 million for the period of September - December 2020.

[https://syria.unfpa.org/en/news/e-voucher-system-targets-pregnant-women-and-new-mothers-syria?fbclid=IwAR2a32tIj4aluDWZVrVs4shtc1BJc-oBqugNUPnlxBS2faF3ztdpVUag\\_Z8](https://syria.unfpa.org/en/news/e-voucher-system-targets-pregnant-women-and-new-mothers-syria?fbclid=IwAR2a32tIj4aluDWZVrVs4shtc1BJc-oBqugNUPnlxBS2faF3ztdpVUag_Z8)

<https://reliefweb.int/report/syrian-arab-republic/unfpa-and-wfp-scale-e-voucher-emergency-cash-based-transfer-mechanism>

In Deir Ezzor, 20 health workers from three NGOs were trained on IPC and proper use of PPEs.



Immunization – Photo by UNICEF

On 3<sup>rd</sup> of September, a huge fire broke out in Al Ghab area in northwest Hama and extended to the neighboring villages causing a lot of damages and loses. Therefore, on 22<sup>nd</sup> of September and until the end of Sep, UNFPA in collaboration with Misyaf charity, and Syrian family planning association (SFPA), made an urgent intervention to the areas affected by the fires in Sahl Al-Gab in north Hama. The mobile teams distributed 2460 personal hygiene kits. The mobile teams also provided psycho-social support (PSS) services and reproductive health services for pregnant women.



Response to Fire in northwest Hama – Photo by UNFPA

## **MEDAIR**

### Rehabilitated clinics

Medair has finished the rehabilitation and equipping of six clinics and one isolation center in Nabea Al-Sakher (Qneitra), Hawa (Aleppo), Um Hajara (Idleb), Mayadin (DEZ), Masrab (DEZ), Isolation centre in Al-Assad hospital (DEZ), and Ummal (DEZ). All Medair rehabilitated clinics ensure that it is accessible and safe for people living with disabilities and for women and girls.

### PPE distribution

Medair distributed PPEs to MoH central warehouse. It included 8717 masks, 21620 medical gowns, 4800 respirators, 97 oximeters, 96 infrared thermometers, 3790 bottles of surface sterilizer, and 6450 bottles of hand alcohol rub solutions.

### Trainings

Medair organized five COVID19 trainings for health workers in Homs, Daraa, Quneitra, Deir ez zor and rural Deir ez Zor, for a total of 59 women and 25 men.

Medair has given three RH-GBV training for health workers in Homs, Deir ez zor and Daraa. Moreover, Medair has finished the initiation training for the community health programme to community health workers in Quneitra, Rural Deir ez zor and Daraa.



Health Facility after rehabilitation by Medair

## **International Medical Corps Syria**

International Medical Corps continued to provide primary health care for beneficiaries through three static clinics in Masaken Barzah clinic (Damascus), Jaramana clinic (Rural Damascus) and As-SanaJunn clinic (Dara'a), and seven Medical Mobile Clinics



Health facility before rehabilitation

## **INTERSOS**

INTERSOS conducted an IPC & triage training for 102 SARC health workers (66 females and 36 males ) from three SARC HF's in Rural-Damascus (Jaramana, Kisweh and Hrasta),

The main topics introduced were the following:

- 1- IPC Introduction; The evolving epidemiology and transmission dynamics of SARS-Cov-2.
- 2- Rational use of personal protective equipment (PPE) for COVID-19.
- 3- Cleaning, disinfecting, sterilization + related poisoning.
- 4- Hygiene practices, Community Surveillance and Supportive Health Services.



IPC and Triage training – Photo by INTERSOS

(MMCs) in Rural Damascus and Damascus. During Sep-2020, a total of 19,254 consultations were provided to 15,884 beneficiaries

In addition, IMC provided patients with advanced health care through referral system to International Medical Corps' contracted hospitals/ specialists. The advanced health care includes consultations in



various specialties, surgeries, and providing hearing aid services to children with hearing impairments, this service covers audiometry tests, installing H.A devices, and speech therapies.

Besides, disability aids are provided continuously to people in needs as per IMC criteria. During September 2026, patients received different types of disability aids including wheel chair, diapers, walkers, toilet seats, crutches, catheters and colostomy.

In addition, regarding COVID19 response, IMC provided health education in Clinics and MMTs as following:

### A Success Story

**The pain is temporary ... It may last for a minute, an hour, a day, or even a year ... But at the end, it will disappear...**

Ali Muhammad Shahoud, 53 years old, from Harbnafsa Village, married, has four children and one of them died because of the illness. Ali lives in a destroyed house, because of the war and faced displacement and severe psychological fatigue. He



has no fixed job and no support except his wife and son, who work as daily laborers in the agricultural lands for a low wage.

He was exposed to a war injury in the foot that resulted in a fragmentation in the bone (the left leg), causing a shortness in the bone (15) cm. He underwent several surgeries for it in the hospitals of Hama. This injury caused him a disability and an inability to move alone and resulted in losing his work (he used to work as daily laborer).

2,558 Beneficiaries received health education sessions related to COVID19

1,761 Beneficiaries received COVID19 Awareness sessions

693 Beneficiaries received Hand Washing sessions

104 Beneficiaries received Infection Prevention Control sessions

16 health workers (doctors, nurse and laboratory technician on COVID19.

He knew the Psychological Support Team by visiting the Roaming Team (that is related to SCAKAA NGOs in Hama, supported by WHO) where he submitted a medical complaint to the Internal Doctor. After treating and providing him the medicines, he was referred to the Psychological Support Team . After several sessions and follow-up of his psychological state (sadness, the exposure to a shocking event, depression) the following was monitored:

- 1- A significant decrease in the level of sadness and stress.
- 2- Doing some activities (relaxation exercises).
- 3- His ability to expand the circle of his social relationships by making friends and meeting neighbors.

He was given crutches with awareness of how to use and was provided physical therapy sessions. **Now he is able to leave the house alone and secure his own needs.**

Among the phrases that we spotted when he was handed over the crutches after thanking the Team, he said, **“now I have a foot that I can move”**

### Plans for future response

- Developing need analysis for 2<sup>nd</sup> SHF Standard Allocation 2020
- Revising COVID 19 Preparedness and Response Plan and budget requirement for the health sector.

## CONTACTS

Damascus national level	Aleppo sub-national level	Homs sub-national level	Lattakia/Tartous sub-national level	Qamishli (north-east Syria): sub-national level
<b>Coordinators</b>				
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