



Picture Credit: UNFPA

SITUATIONAL OVERVIEW

As of 26th April 2020, Syria reported a total of 43 COVID-19 confirmed cases: 26 active, 14 recovered and 3 registered deaths. Since the first case of COVID-19 was reported in Syria on March 23rd, the Government of Syria has introduced measures amid fears of a spike of the novel coronavirus. These measures include movement restrictions between governorates, between city centers and rural areas, as well as a countrywide curfew in effort to ensure social distancing and self-isolation to minimize the risks of infections. Part of these efforts also include a ban on public gatherings and activities that involve large numbers of people. In Syria, people affected by humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, are faced with challenges accessing health services that were otherwise available before the COVID-19 outbreak. Several measures have been taken at international and national levels to contain the spread of the virus, which has disrupted people's normal lives including humanitarian response, in addition to the already existing dire humanitarian needs before the pandemic.

The most affected and at-risk population groups due to COVID-19, the movement restriction measure put in place to contain the spread of the virus, and pre-existing vulnerabilities include women and girls, among others such as the elderly. Sociocultural norms on women and girls, requiring the authorization of a male family member to seek health care; women's caregivers role within the family, the extended family and the community; women's role as health and social welfare responders, make women particularly exposed to increased social pressure and to potential contamination risks. Risks are also heightened for pregnant women who are more susceptible to contracting various transmissible infections.

The effects of self-isolation and quarantine, lockdown and movement restrictions have created a new wave of Gender-Based Violence (GBV) risks, human rights violations and access limitations to basic health services including reproductive health, clinical management of rape and psychosocial support. There are clear indications that gender-based intimate partner violence is increasing globally due to the containment measures, including prolonged time inside the house with the entire family, compounded by the disruption of support services. Syria is no exception. Those at risk and in need of immediate assistance: pregnant and lactating women, widows, women heading households, children, people with disabilities, the elderly and those whose coping mechanisms are drastically diminished. This is in addition to already-increasing risks of GBV.



GBV PREVENTION, RISK MITIGATION AND RESPONSE

From the moment the first COVID-19 case was detected in Syria, UNFPA Syria Country Office started conceptualizing, developing and implementing new modalities to continue prevention, risk mitigation and provision of response GBV services, in line with global guidelines for social distancing (physical distancing) to ensure the safety of beneficiaries as well as Implementing Partners staff. UNFPA Syria has established an innovation-programme working group that continues to explore new and innovative modalities to deliver services under the current circumstances.

Some of these modalities are for immediate implementation and others are being put in place mindful that the COVID-19 crisis will affect the service provision for months to come and that we need to be ready to continue providing services under these *new circumstances*.



IMMEDIATE RESPONSE THROUGH UNFPA IMPLEMENTING PARTNERS

To ensure continuation of services the following is being implemented:

- Leveraging on social media platforms to conduct GBV and COVID-19 awareness raising activities including the establishment of WhatsApp groups aimed at maintaining social networks for women and girls as some of them no longer have regular access to the WGSS.
- Remote phone and WhatsApp provision of GBV case management, psychological first aid, individual counseling, and psychosocial support and awareness raising on COVID-19 and GBV.
- Virtual provision of vocational trainings through online platforms.
- Production of short video messages on GBV, COVID-19, the effects of isolation on households and the increase of domestic violence during this time.
- Integrating mobile GBV/SRH services provision while minimizing the number of individuals served in one session, therefore applying social distancing to ensure COVID-19 infection mitigation measures.
- Maintaining individual face to face GBV case management in the WGSS' with staff rotation of one person per day.



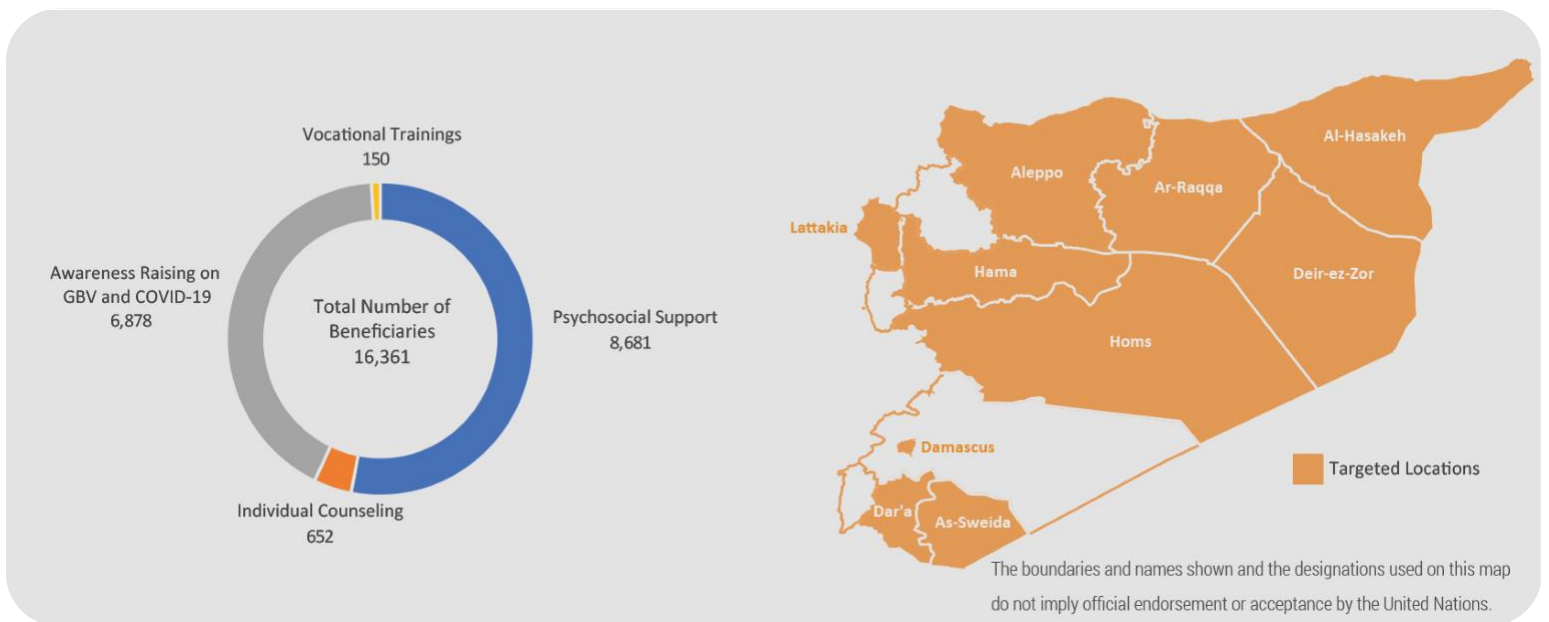
UPCOMING RESPONSE

- Arabic language adaptation, regional contextualization of the yet-to-be-launched global on-line GBV risk mitigation training package (targeting all sectors) and creation of the online platform.
- Facilitation (in Arabic) of the on-line GBV mainstreaming training open to humanitarian actors in Syria.
- Development, in Arabic, of the first-ever self-paced e-learning course “IASC Guidelines for Integrating GBV Interventions in Humanitarian Action”
- Preparation and delivery of a series of webinars, in Arabic, targeting GBV service providers, on safe and ethical remote GBV service delivery.
- Development of a package (Arabic) of one pagers on remote GBV service delivery targeting UNFPA GBV service providers.
- Provision of remote technical support and supervision for UNFPA implementing partners based on needs.
- Support to e-voucher system targeting pregnant and lactating women (PLW) and replacing distribution of kits in targeted locations: UNFPA is establishing a partnership with WFP building on WFP existing e-voucher system. UNFPA contribution to the e-voucher modality is designed in a way that allows recipients to access an extra amount of money for hygiene products replacing the distribution of the kits. Initially, the e-voucher system will be piloted in Dara’a city and the planned target is approximately 1,200 PLW.
- Utilization of some UNFPA mobile teams to team up with the MOSAL volunteers for community outreach activities.
- Planning the development of knowledge products which include the use of sign language to reach people with hearing impairment.
- UNFPA is part of a UN joint COVID-19 socio-economic impact analysis in Syria. The assessment seeks to better understand the potential impact of COVID-19 and provide guidance to the response needed. UNFPA leads on the social component with focus on reproductive health and protection from GBV and has the role, on behalf of all participating UN organizations, to ensure gender considerations are mainstreamed across the research cycle.
- Identify and remotely provide online training for frontline non-GBV actors on Psychological First Aid (PFA) and provide GBV pocket guides with information on basic communication skills and referrals in case of disclosure of GBV incidents during their interaction with the communities.
- Activate a hotline, through an already existing hotline or mobiles in order for GBV case managers to work directly with the most critical cases in the UNFPA-supported Family Protection Unit (FPU). The FPU functions as a shelter for women and girl survivors of more serious GBV cases. The unit is open 24/7 to receive new and urgent cases and sometimes life-saving services, it also serves as a temporary residence for the women and children. During this period, the FPU has continued to function.



BENEFICIARIES REACHED FROM 08TH UNTIL 16TH OF APRIL 2020

UNFPA, along with its implementing partners (IPs) continues to ensure that women and girls have access to timely, safe and quality Gender-based Violence (GBV) prevention and response services to women and girls in Syria. Due to the COVID-19 pandemic, 19 out of 48 Women and Girls' Safe Spaces (WGSS) have been put on halt. In addition, a total of 90 out of the 126 mobile teams that initially provided integrated GBV/SRH services including awareness raising prior to the pandemic have also been suspended. However, some alternatives have been established and GBV interventions such as: psychological first aid, remote GBV case management, psychosocial support as well as awareness raising on GBV prevention during the COVID-19 crisis are continuing.





CHALLENGES

- Delays in the delivery of aid supplies (kits) between governorates due to government restrictions have continued to be witnessed.
- Fluctuating and increased prices.
- Movement restrictions as part of the measures for the containment of COVID-19 have impacted service delivery through WGSS; Community Wellbeing Centers; Mobile Teams.
- Number of people being reached with services have significantly decreased. The above indicated measures aim at overcoming movement restrictions and social (physical) distancing requirements while ensuring that the remote service provision is done in a safe and ethical manner under technical supervision. The development of new modalities require extensive efforts and the positive results are expected to be seen once all platforms and tools are in place.
- IDPs continue to live in overcrowded schools, or makeshift shelters in rural areas, where women and adolescent girls have limited access to health and GBV response services.



PRIORITIZING DUTY OF CARE TO IP STAFF

UNFPA continues to prioritize IP staff wellbeing during this difficult and unprecedented time. UNFPA is working with implementing partners to put systems in place that ensure that staff safety is at the forefront and they also receive continued technical support as the outbreak continues.