

Syria Country Office

COVID-19 Humanitarian Response Flash Update #3

23rd April - 07th May - 2020



Picture Credit : UNFPA - Syria

Situation Overview

As of 8th of May 2020, Syria reported a total of 47 COVID-19 confirmed cases: 15 active, 29 recovered and 3 registered deaths¹. 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. Movement restrictions between governorates, as well as a countrywide curfew from 19:30 until 06:00 are still in place in effort to minimize the risks of COVID-19 infections.

Since 06 May 2020, some restrictions have been lifted allowing, among other, universities and public institutions, as well as selected types of local businesses to reopen on condition that appropriate social-distancing and health safety measures will be adhered to. However, COVID-19 pandemic has exacerbated the already dire circumstances caused by the deterioration of the economic situation in Syria, increasing the humanitarian needs, including making vital goods such as food, water and hygiene items unaffordable for many. In addition to the loss of their homes due to displacement, people have lost their livelihoods and access to agricultural fields, increasing reliance on humanitarian support².

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. The majority of those on the frontlines of the pandemic are women in the health and social services sectors, increasing their risk of exposure to the disease. Stress, limited mobility and livelihood disruptions also increase women's and girls' vulnerability to gender-based violence and exploitation. The most affected and at-risk population groups due to COVID-19 and their vulnerabilities include women and girls who have to abide by sociocultural norms that require the authorization of a male family member to seek health care and receive appropriate treatments, or who lack power to make decisions. Risks are also heightened for pregnant women who are more susceptible to contracting many transmissible infections.

There are clear indications that gender-based violence (GBV), and particularly intimate partner violence, is increasing globally due to some of the containment measures, including prolonged time inside the house with the entire family, compounded by the disruption of support services³. Syria is no exception. Those at risk and in need of immediate humanitarian assistance also include: pregnant and lactating women, widows, children, people with disabilities, people with chronic diseases, the elderly and those whose coping mechanisms are drastically diminished. The effects of self-isolation and quarantine, lockdown and movement restrictions have created a new wave of GBV risks and significant limitations in availability and access to protection services, including, but not limited to, case management and psychosocial support.



Immediate Response

UNFPA continues to work to ensure that pregnant women with suspected, probable, or confirmed COVID-19, including women and girls who may need to spend time in isolation, have access to woman-centred, dignified and skilled RH and GBV services⁴. In order to overcome the challenges that came with the COVID-19 pandemic, UNFPA developed a Programme-Innovation Working Group which aims to find new and innovative programmatic approaches to continue delivering on the UNFPA mandate. UNFPA is also continuing its work on quality standards through which checklists for quality of services are being developed for implementing partners' application.

¹ [The Syrian Ministry of Health COVID-19 Cases Dashboard.](#)

² [OCHA Sitrep, 08 May 2020](#)

³ [Global Humanitarian Response Plan - COVID19](#)

⁴ [UNFPA COVID-19 Humanitarian Response flash update #2/09-22nd April 2020](#)



Gender Based Violence (GBV)

Despite the limitations and challenges that have interrupted UNFPA regular programming as a result of the COVID-19 pandemic, UNFPA and its implementing partners have been able to readapt new programming modalities to sustain life saving GBV interventions. Some alternative modalities in operating and delivering services have been established:

- The Women's and Girls' Safe Spaces (WGSS) that have continued operating have maintained individual face-to-face psychosocial support and GBV case management with staff rotation of one person per day.
- 3 community wellbeing centers (CWC)⁵ supported by UNFPA have remained closed for some weeks but have now resumed operation after obtaining the approval from relevant government authorities.
- The operation of the Family Protection Unit (FPU)⁶ shelter continued uninterrupted while services for non-residents remain suspended.
- UNFPA has been providing psycho-social support to counsellors who have been serving as an entry point for women to access GBV services, using the RH/GBV integration approach for new GBV cases.
- UNFPA-supported mobile teams which are currently operating are minimizing the number of individuals served in one session to ensure social distancing as part of COVID-19 infection mitigation measures.

UNFPA is in the process of developing a series of online webinars on remote GBV service delivery covering intervention areas such as GBV awareness raising during COVID-19, conducting remote safety audits in camp settings, enhancing women and girls networks through online platforms, remote GBV case management and psychosocial support through mobile phones (including texting) and Safety Planning for Intimate Partner Violence, Remote

- Supervision of GBV case workers and Staff Self-care during COVID-19 among others. The webinars will target UNFPA implementing partners.
- Online training for selected frontline community volunteers on Psychological First Aid (PFA) is being planned together with distribution of the GBV pocket guides (in Arabic) with information on basic communication skills and referrals in case of disclosure of GBV incidents during interaction with the communities.
- UNFPA continues leveraging on social media platforms to conduct GBV and COVID-19 awareness raising activities, utilizing WhatsApp groups that aimed at maintaining social networks for women and girls as some of them no longer have regular access to the WGSS, CWCs, or FPU.
- In line with the COVID-19 containment measures, integrated GBV/RH services (individual counseling sessions, awareness raising on COVID-19 as well as RH services) are provided by mobile teams while ensuring that few individuals are served in each session.
- Through UNFPA implementing partners (Syrian Arab Red Crescent, Syrian Family Planning Association and Agha Khan) different types of dignity kits have been distributed in Aleppo, Idlib and Hama.
- UNFPA has launched its contribution to the WFP e-voucher system. Through UNFPA contribution, 3,000 pregnant and lactating women, in Dara'a Governorate, have started receiving additional 7,000SYP per month to cover purchasing of essential hygiene and dignity items.

⁵A community wellbeing centre is a space which offers comprehensive GBV prevention, awareness-raising and care services to women and girls, and general capacity building to enhance their livelihood opportunities and reduce their vulnerabilities. This is in addition to the provision of SRH and GBV services including PSS services to IDPs and host communities including integrating men and involving them in GBV prevention.

⁶A family Protection Unit functions as a shelter for women and girl survivors of more serious cases of GBV. 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 who sleep, eat, and receive services.



Reproductive Health (RH)

- UNFPA continues to provide family planning counselling and services using online and social media platforms. In addition, outreach services with individual counselling (one to one or via social media and platforms) are offered. RH clinics and mobile teams are being disinfected and sterilized and measures are being taken to avoid overcrowding and protect women and girls from the risk of infection.
- Contributing to the COVID-19 operation response plan, UNFPA has engaged the Ministry of Health (MoH) and Ministry of Information (Mol) to jointly develop media campaigns to raise awareness on COVID-19 and reproductive health services, targeting pregnant and lactating women who are particularly vulnerable.
- UNFPA supported its IPs in the enrollment of an online training in Emerging Respiratory Viruses, including COVID-19 Methods for Detection, Prevention, Response, and Control provided by WHO. The training provides a general introduction to COVID-19 and emerging respiratory viruses. **528** health service providers were enrolled, and they participated in the training from different NGOs in different governorates. The IPs trained were in Damascus, Aleppo, Al-Hassakeh and Hama governorates.
- Awareness raising sessions on COVID-19 in RH static clinics and mobile teams were conducted in: Damascus, Rural Damascus, Daraa, Sweida, Quneitra, Hama, Lattakia, Homs, Tartous, Aleppo, Al-Hassakeh and Deir-ez-Zor. The awareness raising methods varied from conducting individual sessions, distributing awareness brochures issued by WHO and broadcasting messages.



Operational and Logistic Support

- UNFPA's supply unit is currently in the process of procuring **9** types of PPEs in support of the RH department in MoH which will meet a variety of needs. The procurement includes: **500,000 medical masks, 12,500 boxes of latex and disposable gloves, 10,000 alcohol and hand-gel sanitizers and 5000 bottles of surface sanitizers**, expected to be delivered during May 2020.
- On behalf of several humanitarian actors, and as part of the UN integrated approach, UNFPA has consolidated the needs of PPE to be sourced locally. A tender was launched with the intent of achieving economies of scale and cover the gaps until international PPE supplies are reaching Syria. The PPEs sourced through this process are envisaged to cover both health and non-health requests, staff needs, NGOs, implementing partners, etc.



During the reporting period (23rd April-07th May), UNFPA achieved the following (GBV & RH):

- Beneficiaries of RH awareness raising, including COVID-19 related topics: **26,758**
- RH static clinics operating: **85**
- Mobile Team operating: **69**
- Psycho-social support and counseling on COVID-19 provided to: **3,947 beneficiaries**
- Awareness raising on GBV and COVID-19 provided to: **19,381 beneficiaries**
- Vocational training provided to: **631 women and girls**
- Number of supported Women's and Girls' Safe Spaces operating: **29**
- Number of Community Wellbeing Centers operational: **3**
- Number of mobile teams operating: **76**
- Number of distributed sanitary napkins: **1,512**
- Number of Dignity Kits⁷ distributed: **537**



From the beginning of COVID-19 response (01st April-07th May), UNFPA achieved the following (RH & GBV):

- Beneficiaries reached with PSS and counseling related to COVID-19: **43,968**
- Beneficiaries reached with awareness raising sessions on COVID-19: **50,982**
- Beneficiaries reached with sanitary napkins and dignity kits: **9,526**



Coordination and Partnerships

GBV sub-sector, led and coordinated by UNFPA, is currently leading and ensuring the prevention and response to GBV as well as ensuring that GBV mainstreaming with the current COVID-19 is synergized across all sectors. The key activities undertaken during this period are:

- **Rapid Needs Assessment:** following the first conducted online survey on the impact of COVID-19 protection needs and gaps, and preventive measures on humanitarian operations in Syria, the second round of this survey is also planned to be undertaken in May 2020 and it is currently being developed.
- **Syria Humanitarian Response Fund:** Syria Humanitarian Fund (SHF) reserve allocation of \$23 million has been launched to support COVID-19 preparedness and immediate response activities. Health, WASH, Protection and Logistics were the prioritised sectors and proposals were solicited from international and local actors working on protection including GBV. The vetting process of the proposals has been completed and is being submitted to Humanitarian Coordinator/Resident Coordinator for endorsement.
- **GBV Mainstreaming Training and e-Learning Courses:** under the same backdrop, an online training on GBV mainstreaming is being developed. This online training is expected to support sectors and front line workers to integrate GBV in policy and programming (needs assessments, M&E, resource mobilization). The training also focuses on application of key GBV principles, ethical considerations for data collection on GBV and sharing of best practices in the Arab region. The Arabic translation of the training curriculum has been finalized, while the contextualization is in progress.

⁷ [UNFPA standard dignity kit items](#)



Challenges

- Due to the COVID-19 pandemic, 19 out of 48 Women's and Girls' Safe Spaces (WGSS) have been put on halt, The Family Protection Unit (FPU), also supported by UNFPA, closed its external clinics (which provide RH and GBV prevention and response services to beneficiaries from outside the FPU, as opposed to the residents of the shelter). In addition, a total of 50 out of the 126 mobile teams that initially provided integrated GBV/SRH services including awareness raising prior to the pandemic have also been suspended.
- Suspension of public transportation has made it more difficult for women to access service points.
- Delays in the delivery of aid supplies (kits) between governorates due to government restrictions have continued to be witnessed. This is further exacerbated by the increasing and fluctuating market prices.
- Since the percentage of allowed staff is 40% in public health facilities, the number of provided SRH services have been negatively impacted.
- Due to movement restrictions, challenges in conducting monitoring visits to UNFPA-supported services were faced.
- The power shortage and the poor internet connectivity are opposing challenges that could affect the participation in any online activities or courses in addition to the imposed restrictions on some learning platforms which makes it even harder for participants to tune in.



Immediate Needs:

The financial gap for COVID-19 response funding gap is estimated at: \$ 2, 300.000 for the provision of services, medical equipment and PPE.