

Syria Country Office

COVID-19 Humanitarian Response Flash Update #4

1 - 31 May 2020



Picture Credit : UNFPA - Syria

Situation Overview

As of 09 June, 2020, the Syrian Ministry of Health (MoH) has reported 144 COVID-19 cases across Syria: 76 active, 62 recoveries and 6 registered deaths.¹ The first positive case was announced on 22 March 2020, with the first fatality reported on 29 March 2020.

The movement restrictions which were previously introduced by the Syrian government as part the national COVID-19 response; including, the country-wide curfew were lifted on May 26, 2020. However, the Syrian government is still taking active steps towards ensuring that precautionary measures are followed in public service facilities and universities.

The COVID-19 pandemic constitutes the largest global public health crisis in a century, with daunting health and socioeconomic challenges. Governments are taking unprecedented measures to limit the spread of the virus, ramping up health systems and restricting the movement of millions. The pandemic is severely disrupting access to life-saving sexual and reproductive health services, as well as essential Gender-Based Violence services. It is also deepening existing gender inequalities, increasing gender-based violence, and worsening discrimination and barriers for marginalized groups. The effects of self-isolation and quarantine, lockdown and movement restrictions created increased GBV risks and significant limitations in availability and access to protection services, including, but not limited to, case management and psychosocial support.² Those at risk and in need of immediate humanitarian assistance include pregnant and lactating women, widows, children, people with disabilities, people with chronic diseases, the elderly and those whose coping mechanisms are drastically diminished. 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. Sexual and reproductive health and GBV are significant public health issues that demand urgent and sustained attention and investment and Syria is no exception.³



Immediate Response

To ensure provision of essential maternal and reproductive health and safe birth, UNFPA continues to provide maternal and neo-natal health and GBV prevention and response services. UNFPA continues coordination with the Ministry of Health (MoH), other key line ministries, and actively advocates for efforts to provide SRH services in the wake of COVID-19. In response to the programming limitations that the COVID-19 pandemic posed, UNFPA has established a programme-innovation working group which aims to: conduct rapid analyses of the issues/challenges resulting from this pandemic, identify possible solutions, propose immediate re-programming for each of UNFPA programmatic areas of work and activities that have been impacted and propose resilient actions that will help equip people and communities to become more resilient. UNFPA is also ensuring that implementing partners' (IPs) staff members adhere to precautionary and preventive measures against COVID 19, by using hand gloves, masks and hand sanitizers.

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

² [UNFPA Syria COVID-19 Humanitarian Response Flash Update #3](#)

³ [Coronavirus Disease \(COVID-19\) Pandemic UNFPA Global Response Plan](#)



Gender Based Violence (GBV)

During this period, UNFPA provided GBV services as follows:

- The Family Protection Unit (FPU)⁴ is now fully operational both for the residents in the shelter and in the external clinics which provide services for non-residential beneficiaries.
- The online intervention for the FPU is currently underway. An online group of approximately **195 beneficiaries** has been created. Individual questionnaires have been administered to allow people to inform UNFPA about their current urgent needs. This database will inform the types of activities and awareness sessions that will be provided to the online group. Additionally, some visual training materials (videos of vocational training) have been prepared for publishing on the online group.
- **3 Community Wellbeing Centers (CWCs)**⁵ continued to provide integrated GBV and RH services, while also taking into consideration the precautionary measures against COVID-19.
- For women and girls who might have difficulties accessing the WGSS', CWCs, or FPU, UNFPA continues to use online platforms to provide a virtual space where they can receive the services they need.
- UNFPA is in the final stages of completing online webinar modules, which will target UNFPA implementing partners' case workers on remote GBV service delivery. The webinars will be organized in a 5-week series and will cover topics such as: remote GBV case management, online GBV messaging, mobilizing women networks through online platforms and staff self care. One pager guidance notes will also be provided to participants after the webinars and online support to case workers will be provided from June to December 2020. The first series of webinars will take place on 11 June targeting a total of **52 case workers**.
- In addition, UNFPA caseworkers, across the 14 governorates continue to provide individual psychosocial support and GBV case management at the WGSS, with staff rotation measures in place, and the use of mobile phones have been adapted for case follow-up and coordination of services. Integrated GBV/RH services (individual counseling sessions, awareness raising on COVID-19 as well as SRH services) also continue to be provided by mobile teams while ensuring that few individuals are served in one session in line with the COVID-19 containment measures.
- UNFPA finalized the MoU of a joint programme with the Ministry of Social Affairs and Labour (MOSAL) to support a community volunteers' initiative. Through UNFPA support, from the month of June, the volunteers will disseminate information related to COVID-19 and GBV and provide psychological first aid, safe and confidential referrals for those in need of GBV services in selected governorates. A total of 10 volunteer coordinators, who will work under the guidance and supervision of MOSAL have already been recruited and orientation on UNFPA integrated GBV/SRH services has been provided.
- UNFPA has recently launched its contribution to the WFP e-voucher system. From UNFPA's contribution, **3,000 pregnant and lactating women** have started receiving 7,000SYP (\$10) per month, which is an additional amount of UNFPA's contribution to WFP and UNICEF's respective contributions. The e-vouchers aim to cover the purchasing of essential hygiene items such as:

⁴A 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.

⁵ A 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.

shampoo, toothbrush, toothpaste, wet wipes, anti-lice shampoo, female deodorant, diapers and laundry detergent powder. The e-voucher system was launched in Dara'a and its rural areas. UNFPA has in addition, mobilized resources in order to expand in other governorates through voucher assistance modality to increase women and girls' access to hygiene items. Awareness messages on GBV and SRH as well as referral SoPs for sensitive cases such as GBV including sexual exploitation and abuse have also been completed. The SoPs and messages will be provided to the IPs distributing vouchers at the different distribution points in Dara'a.

- UNFPA has continued to distribute sanitary napkins packs to women of reproductive age (WRA), female dignity kits, men hygiene kits and pregnant and lactation women kits. In addition, UNFPA will procure customized types of dignity kits in response to COVID-19 to meet the needs of homeless people hosted in MOSAL-managed shelters, including boarding centers for people living with disabilities and elderly people. The customized hygiene kits will include: sanitary napkins, shampoo, antiseptic hand soap, towels, wet wipes, hand sanitizing gel, vaginal gel and laundry detergent powder. Through UNFPA's implementing partners, the kits will be distributed to persons living with disabilities and the elderly at 8 boarding facilities in Damascus and Rural Damascus, reaching **a total of 750 people** on a monthly basis for a period of six months initially.
- In Deir-Ez-zor, online Mental Health and Psycho-Social Support (MHPSS) training was organized by WHO and UNFPA for case managers, PSS counselors, social workers, and health workers, on how to first protect themselves from COVID 19 and ways to continue program delivery while maintaining healthy physical and psychological wellbeing and stress management. This activity was carried out in two phases to allow a larger number of IPs' staff to attend. The learning objectives were as follows: COVID-19, the disease and its epidemiology, how to protect yourself and others, infection prevention and control, myth busters, women and COVID-19, mental health and PSS during COVID-19 pandemic context, and stigmatization in context of COVID-19. Approximately **52 staff** in NGOs and contracted with UN agencies benefitted from this training.
- UNFPA is also a part of an inter-agency socio-economic impact analysis of COVID-19. UNFPA is taking the lead on the social component, with a particular focus on aspects of health, hygiene and protection, and ensuring a gender dimension is included in the entire cycle of the analysis. The methodology of the analysis was prepared and the study started, using three simultaneous methods for data collection: key informant interviews with NGOs managers and staff members, focus group discussions with UNFPA beneficiaries, and online surveys for beneficiaries and young people.

Reproductive Health (RH)

During this period, UNFPA provided RH services as follows:

- UNFPA continues to provide family planning counselling and services. Contributing to the COVID-19 operation response plan, UNFPA has engaged key line ministries such as Ministry of Health (MoH) and Ministry of Information (MoI) 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 is ensuring that implementing partners' staff members adhere to precautionary and preventive measures against COVID 19 by using hand gloves, masks and hand sanitizers when providing services. In addition, RH clinics are being disinfected and sterilized and measures are being taken to avoid overcrowding and protect women and girls from the risk of infection.
- 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. **547 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, Dara'a, 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.
- UNFPA supported its implementing partners in North East Syria (NES) with infrared thermometer devices to be used at the entry point of health clinics to detect high fever cases and refer suspected cases to the designated MoH facility for follow up and testing.



Operational and Logistic Support

- During this period, UNFPA's supply unit has completed the procurement of various types of personal protection equipment (PPEs) on behalf of the RH department in MoH. The following items were delivered to the MoH warehouse: **5000 boxes of disposable gloves** (each box contains 100), **10,000 alcohol and hand-gel sanitizers**, **5000 bottles of surface sanitizers**. Additionally, **300,000 medical masks** and **7,500 boxes of Latex gloves** (each box contains 100) are in the delivery process.
- 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, and 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 is envisaged to cover both health and non-health requests, staff needs, NGOs, implementing partners, etc. The tender was finalized and the results of the tender were shared with UN agencies and INGOs in Syria.



During the reporting period (23April -7May), UNFPA achieved the following (GBV & RH):

- Beneficiaries for RH awareness raising, including COVID-19 related topics: **23,144**
- RH static clinics: **85**
- RH mobile teams: **72**
- Psycho-social support and counseling on COVID-19 provided to: **1,030 beneficiaries**

- Awareness raising on GBV and COVID-19 provided to: **22,407 beneficiaries**
- Vocational training provided to: **162 women and girls**
- Number of supported Women's and Girls' Safe Spaces operating: **39**
- Number of Community Wellbeing Centers operational: **3**
- Number of GBV mobile teams operating: **103**
- Number of distributed sanitary napkins packs: **2,978**
- Number of Dignity Kits⁶ distributed: **622**



From the beginning of COVID-19 response (1st of April-7th May), UNFPA achieved the following (RH & GBV):

- Beneficiaries reached with PSS and counseling related to COVID-19: **71,920**
- Beneficiaries reached with awareness raising sessions on COVID-19: **64,468**
- Beneficiaries reached with sanitary napkins packs and dignity kits: **9,840**



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:

- **Impact of COVID-19 on Humanitarian Operations for Protection Sector and Community Services including GBV and other AORs:** 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 June 2020 and it is currently at finalization stage. The second round of assessment focuses on how the COVID has affected key high risk groups such as women headed households, pregnant and lactating women, elderly men and women and children etc.
- **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 was completed with the revision of proposals by the partners and is now at the final stage of signing off between OCHA and partners.

⁶ [UNFPA standard dignity kit items](#)

- **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. The trainings are expected to be conducted in the last two quarters of 2020.
- The Ministry of Education (MoE), requested the UN and partners to provide humanitarian support during the 2020 national school exams between August and September. In this regard, UNFPA will be supporting 92 accommodation centers in 6 governorates: Aleppo, Raqqa, Idlib, Deir-ez-Zor, Damascus and Rural Damascus. This support will cover **29,000 adolescent girls and boys** in need of sanitation and hygiene supplies. In addition, relatives accompanying these students will also be supported with the same (around 19,000). UNFPA will customize the packages with hygiene items such as sanitary pads/napkins, sanitizers and soaps etc.

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.
- The most common challenge was the availability of internet connection amongst beneficiaries, which has limited the utilization of online platforms to provide services to people in need. To overcome this, UNFPA is currently exploring the possibility of designing a new service to be provided by Syrian private telecommunication companies, targeting beneficiaries to provide them with free internet bundles, while maintaining the beneficiaries' privacy (keeping their phone numbers private).
- Border closures, the volatility of the exchange rate (and banking challenges in Lebanon), and other factors that impact the import of certain medical supplies critical to an effective COVID-19 response are also a concern. Other materials, for example pumps, sterilization equipment and PPEs are in short supply in the local market, resulting in the inability of partners to procure items, or increased costs due to price hikes.
- UNFPA IPs are providing remote awareness raising activities through online platforms and through WGSS' that have remained open, individual PSS and GBV case management. The number of supported Women's and Girls' Safe Spaces that are currently operating is 29 out of 48 supported across Syria.



Immediate Needs

The financial gap for COVID-19 response is estimated at : \$1,182,342 for the provision of services, medical equipment and PPE.

Special Feature

Through her eyes: A painful journey and quest for self-resilience



“Maybe from society’s perspective, I am a cruel woman, who has given up on her husband and family, but I only wanted to live with respect, and I will never allow my children to suffer from the violence that I suffered from for a long time,” said 41 years old Mariam*, who is one of UNFPA-supported women’s and girls’ safe spaces’ (WGSS) beneficiaries in Homs.

Mariam lost her mother at the age of three, she was exposed to physical and psychological violence by her step mother, who lived with them for 10 years. At the age of 13, Mariam was forced to marry her husband. During her marriage, Maryam was raped by her relative and her husband’s relative.

During her marriage, Mariam gave birth to 8 children, and during the crisis in Syria, she lost a son and a daughter. After the death of two of her children, Maryam felt that she had nothing to lose, she decided to leave her husband, face her society which often came with stigma, and transformed herself to regain her independence. It was then that she decided to visit the UNFPA-supported WGSS. Mariam’s main focus was to move on with her life along with her children, aiming to keep them away from violence and abuse.

The psychosocial support counselor in WGSS, which is operated by UNFPA’s implementing partner, Syrian Family Planning Association (SFPA) in Homs, followed up on Mariam’s case for three months and then helped her register in two vocational training courses in the WGSS; Cooking and Nursing. “The vocational training completely changed my life,” she said.

Mariam’s career and economic independence started after she had graduated from the two courses. She has been working as a nurse in the morning, investing in the skills she has learned, and in the afternoon, she has been working in the food industry. Having been able to generate her own income, Marian has been able to economically rely on herself and gained the independence she has always aspired to have. Mariam was able to rent a house for her and her children away from her abusers. “I am surprised by the rapid and positive change that has occurred in Mariam’s life as well as that of her children,” the WGSS psychosocial support counsellor stated.

UNFPA’s WGSS provide a place where women and girls feel physically and emotionally safe, with the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm, while also gaining skills through various types of vocational trainings and receive GBV information and psychosocial support to help build their resilience.

*Mariam: Name has been changed to protect confidentiality



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