

Syria Country Office

COVID-19 Humanitarian Response Flash Update #6

1 - 31 July 2020



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Situation Overview

As of August 15, 2020, the Syrian Ministry of Health (MoH) has reported 1,593 COVID-19 cases across Syria: 1,125 active, 408 recoveries and 60 registered deaths¹. The first positive case was announced on 22 March 2020, with the first fatality reported on 29 March 2020.

As of 24 July, 44 health care workers (8% of reported cases) tested positive for COVID-19, according to the Syrian MoH, an increase of 26 health workers since the previous report. This highlights the particular risks faced by healthcare workers; and underscores – given Syria's fragile healthcare system with already insufficient numbers of qualified healthcare personnel – the potential for its overstretched healthcare capacity to be further compromised.

The UN remains concerned about the rising numbers of COVID-19 cases across Syria. Precautions against a potential spread of the virus have been scaled up in the past months. In Damascus, this includes the capacity building in 125 hospitals to provide active surveillance, as well as 18 isolation centers and 111 rapid response teams. The level of testing remains extremely limited throughout Syria. Capacity for testing throughout the country remains around 350 tests per day, and there have been around 16,000 tests conducted in total².

As some impact analysis is revealing, the impact of the lockdown and Covid-19 on women exacerbated some of their responsibilities and added to their burden in terms of household tasks. The work overload, the increased responsibilities and the movement restrictions also impacted negatively on mental health. Covid-19 has also added to the already-existing precarious economic situation and the pressure on women and female youth to work seems to be higher, particularly for women heads of their households.

The ongoing economic crisis has exacerbated humanitarian needs of the more than 11 million people across Syria in need. The poverty rate is over 90% and the national average food basket in June (SYP 84,095), is up 153% compared to December 2019,³ with the prices of basic items and goods having further increased in the local markets thus creating a large gap in accessibility between average wage income and the consumer market.

Reproductive health facilities were not prepared for the COVID-19 outbreak, the prevention measures against Covid-19 greatly reduced daily patients' visit and access to health facilities was greatly hampered. Some of the contributing factors include: suspension or lack of health services; the long distances required to reach the health facilities; the scarcity of transportation and the high prices; fear from being infected while accessing health facilities.

The lockdown was a unique experience as for the first time all the family members' lived together, which contributed to tensions arising, crystallized and exacerbated gender norms, roles and responsibilities of women and men, increased of violence and control over especially women and children.

Although sexual and reproductive health (SRH) services, as well as essential Gender-based Violence (GBV) services are now more accessible than in previous months due to lifted restrictions, the pandemic is still severely disrupting access.



Immediate Response

While the pandemic continues to spread across the country, UNFPA is working with key line ministries and implementing partners (IPs) to ensure continuity of reproductive health (RH) and gender-based violence (GBV) services, to protect health workers, and to prevent and control COVID-19 infection. UNFPA response includes provision of maternal and SRH services for pregnant and lactating women, operation of WGSS', distribution of SRH and dignity kits (both male and female), distribution of small hygiene kits, e-voucher system for hygiene supplies, community awareness raising and referrals to both SRH and GBV services. Furthermore, UNFPA launched a COVID-19 Pandemic Global Response Plan⁴ with 3 strategic priorities and 4 accelerator interventions in April 2020. The plan and funding needs will be regularly updated.

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

² [UNOCHA Daily Noon Briefing Highlights: Syria](#)

³ [WFP Data Visualization - Economic Explorer](#)

⁴ [UNFPA COVID-19 Pandemic Global Response Plan](#)



Advancing Dignity and Protecting Women & Gender Based Violence (GBV)

During this period, UNFPA supported the following:

- UNFPA caseworkers, across the 14 governorates, continue to provide individual psychosocial support (PSS) and GBV case management in the WGSS, with staff rotation measures in place and the use of mobile phones adopted for GBV cases' follow-up and coordination of services. UNFPA implementing partners have continued to witness an increase in the number of GBV cases over the last month with cases of intimate partner violence, psychological and economic violence mostly reported. Consent-based referrals and survivors are supported to access medical care , psychiatric care and treatment, and legal aid referrals by case workers.
- Integrated GBV/RH services, individual counseling sessions, and awareness raising on COVID-19 continue to be provided by mobile teams.
- **3 Community Wellbeing Centers (CWCs)**⁵ continued to provide integrated GBV and RH services while ensuring the respect of precautionary measures against COVID-19.
- **38 WGSS** have continued operating and have maintained individual face-to-face psychosocial support and GBV case management with staff rotation to ensure COVID-19 prevention measures.
- At the functioning WGSS, UNFPA implementing partners organized vocational trainings such as literacy classes, International Computer Driving License(ICDL) courses, beauty and cosmetics, sewing, wood painting, sweets and pastry production courses, crocheting, cooking and hairdressing, while recreational activities included: sports, aerobics, coloring and drawing. To ensure the participants' safety, all sessions were organized in small groups; WGSS facilities sterilized on a regular basis; participants were provided with masks; posters with COVID-19 awareness messages were displayed at the WGSS; videos with COVID-19 messages were shared with participants and all sessions started with sensitization on COVID-19 prevention.
- GBV awareness-raising activities continue to be provided at the WGSS, mobile teams and through social media platforms. The awareness-raising covered topics related to COVID-19 prevention measures, forced and early marriage and intimate partner violence risks associated with home quarantine and isolation. A total of **13,705 people** were reached by awareness-raising messages through various online channels/platforms.
- A total of **40 GBV case managers** participated in the 5th and final online webinar covering staff self care during COVID-19. The webinars are being organized by UNFPA to improve the quality of remote GBV case management and psychosocial support (PSS) services due to the GBV risks exacerbated by COVID-19. The training participants were selected from 4 UNFPA IPs (Al Tamayoz; NFRD; SFPA; and MSJM), operating in Damascus, Rural Damascus , Dara'a, Quneitra and Sweida.

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.

- During this period, Sahnaya WGSS integrated mobile team (GBV/RH) and Dummar WGSS mobile team, in coordination with the Syrian Ministry of Social Affairs and Labor (MoSAL), visited the MoSAL juvenile welfare center (Al Ghazali) in Rural Damascus, Qudsaya, the MoSAL juvenile welfare center (Khalid ibn al-Walid) in Rural Damascus, Qudsaya and the MoSAL Homeless Care Centre in Alkeswa to provide services to vulnerable youth. The teams consisted of: a case manager, PSS facilitators, psychologist, midwife, gynaecologist and mobile team facilitators. Services provided included awareness raising, medical check ups, recreational activities and kits distribution (26 female dignity kits and 237 male dignity kits).
- **1,989 households** in Dara'a have so far received 14,000 SYP through the e-voucher system, to which UNFPA is contributing in order to provide assistance targeting pregnant and lactating women in partnership with WFP and UNICEF.



Advancing Access to Reproductive Health (RH)

During this period, UNFPA supported the following:

- UNFPA continues to conduct awareness-raising sessions on SRH topics, including COVID-19 infection and prevention measures in RH static clinics and mobile teams, targeting; women, adolescent girls, pregnant and lactating women. The sessions are being conducted in: Damascus, Rural Damascus, Dara'a, Sweida, Quneitra, Hama, Lattakia, Homs, Hama, 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. A total of **5,434 beneficiaries** were reached through IPs health facilities with awareness raising, including messages on COVID-19.
- UNFPA has supported MoH-RH National Program, and the Syrian Directorate of Health Professions and Schools of Midwifery and Nursing in the implementation of 3 trainings for midwives and physicians working in public health facilities on: early detection and breast Examination, complicated placenta, and Prenatal Care where 46 health service providers were trained.

Distribution:

- UNFPA IPs distributed personal protective kits against COVID-19 into stages: the first stage targeted North-East Syria (NES) students in accommodation centers, while the second, targeted students without shelter and coming from areas that are under the control of the Government of Syria in Deir-ez-zour (Abu Kamal and Mayadeen). Beneficiary students received protective kits and other items provided by other UN agencies such as food items. A total of **871 students** and their companions benefitted from this distribution.



Enhancing the Livelihoods of Young People

During this period, UNFPA supported activities as follows:

- On 15th July, the Y-PEER networks in collaboration with Nour foundation and with the support from UNFPA held a four days' training for **25 youth participants** from Homs governorate (aged between 18-30). The aim of the training was to strengthen the capacity of youth who are the leaders in our society, and touched on issues related to Gender Based-Violence, reproductive health, peer education, early marriage, through creative ways such as interactive theater, games.
- UNFPA in partnership with Masyaf charity association celebrated the World Population Day (WPD)⁶, on 11th July. The key messages on; *"Putting the brakes on COVID-19: how to safeguard the health and rights of women and girls now"* were disseminated through interactive theater, short movies related to World Population Day (WPD), games, and highlighted the importance of gender equality in Hama (Mesyaf). A total of **54 young people** participated in the events, while also taking into consideration COVID-19 prevention measures.
- A total of **286 young people** were reached with GBV, RH and healthy lifestyle awareness-raising through various online platforms by UNFPA IPs. The activities covered topics related to COVID-19 prevention measures and GBV with a focus on the young people's role in raising awareness on COVID-19 amongst their peer groups. Additionally, awareness raising activities were conducted in the Youth Friendly Spaces⁷ (YFS), through outreach teams, and social media platforms, targeting young people while adhering to all precautionary and social distancing measures.



Operational and Logistic Support

- UNFPA continues to provide family planning methods to MoH, MoHE and implementing partners. The UNFPA RH team continues to monitor consumption by IPs on a monthly basis . UNFPA Syria is in the procurement process for more PPE to be distributed to both MoH and MoHE. The items include: **350,000 facial masks, 50,000 N95, 7,500 gloves,** and **10,000 liters** of surface sterilizer. The items are expected to be delivered by September.



During the reporting period (1-31 July 2020), UNFPA achieved the following (GBV & RH & Youth):

- Beneficiaries for RH awareness raising, including COVID-19 related topics: **5,434**
- Young people reached with awareness raising on COVID-19 related topics: **286**
- RH static clinics: **87**
- RH mobile teams: **74**
- Psycho-social support and counseling on COVID-19 provided to: **18,809 beneficiaries**

⁶UNFPA | World Population Day

⁷ A Youth Friendly Space (YFS) mobilises communities to provide safe spaces for young people, with programming which could include education activities, life skills trainings, psychosocial support, awareness raising and referral to other services.

- Awareness raising on GBV and COVID-19 provided to: **13,705 beneficiaries**
- Vocational training provided to: **931 women and girls**
- Number of supported Women's and Girls' Safe Spaces operating: **38**
- Number of Community Wellbeing Centers operational: **3**
- Number of GBV mobile teams operating: **104**
- Number of Dignity Kits⁸ distributed: **776**



From the beginning of COVID-19 response (1st of April-31st of July), UNFPA achieved the following (RH & GBV & Youth):

- Beneficiaries reached with PSS and counseling related to COVID-19: **162,660**
- Beneficiaries reached with awareness raising sessions on COVID-19: **134,792**
- Beneficiaries reached with sanitary napkins packs and dignity kits: **18,832**

Next in response:

- Expansion of the e-voucher system in partnership with WFP.
- Support for 100 community volunteers through the implementing partners to upscale awareness raising on GBV and COVID-19 in selected locations: Dara'a, Damascus and Rural Damascus.



Challenges

- 16 MTs, 2 CWCs and 8 WGSS suspended services during this reporting period due to a surge in COVID-19 cases. However, services such as PSS, medical consultations, and awareness raising, continued to be provided online through the already established platforms.
- Prolonged power outages have severely affected online sessions organized by UNFPA IPs.
- Very high transportation costs have become a burden and an obstacle to accessing services.
- Some IPs have raised concerns about the increasing caseload for the GBV case managers deployed at the WGSS due to the noted increase in the number of GBV reported cases.
- Shortage of PPEs for some IPs staff providing services.
- 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.



Immediate Needs

The financial gap for COVID-19 response is estimated at : \$1,200,000

⁸ [UNFPA standard dignity kit items](#)

Bold and Strong after Surviving Early Marriage



“I gave birth to my first child at the age of fifteen, and after four years, I got divorced and was not welcomed home by my father because of my daughter. We returned to be exposed to physical violence by one of my family members, and this eventually led to my drug addiction”, Hala started telling her story to the UNFPA coordinator - Lattakia, Syria.

Hala, at the age of twelve, was swiftly forced from adolescence to being a wife, leaving her family, dolls, and her rights as a child. Her life became burdened with commitment and responsibilities for her husband, who was always violent with her. Hala tried to seek refuge to her family and ask for divorce, but getting divorce was not acceptable to her family.

Hala was one of hundreds of women who attended the awareness-raising sessions conducted by the Mosaic mobile team. She lives in the same area and got acquainted with the services provided by Mosaic center including vocational trainings that she has always dreamed of learning, such as hairdressing and makeup artistry. Of course, she did not hesitate to register in the vocational training to fulfill her dream. She eventually graduated and started her career. Hala started to work at her home, and she was able to generate income from her work: in the morning she works in a beauty center and in the afternoon she provides the same services to clients in her house. Individual counseling was provided to Hala and she was referred to a psychiatrist who helped her to get rid of the tranquilizers that had dominated her life and eventually Hala got relief from her drug addiction.

Hala's dream was not limited to learning the profession of hairdressing, but also to being a guitarist, and through her income, she was able to buy herself a guitar and register in a special musical course to learn more skills.

Today, Hala, at 23-year-old, is an independent young person who feels bold and strong about her added skills and is generating her own income.

"Early marriage is a common phenomenon in my society, and I will try to fight this problem. I will start with my daughter." Hala concluded her story with a determination to go on and never surrender in life.



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