

# Impact of COVID-19 prevention measures on humanitarian operations for protection sector

## Protection Sector and Community Service Sector Report

26 March 2020

### INTRODUCTION

On 11 March, WHO officially declared COVID-19 a pandemic. In Syria, the first case was tested positive for COVID-19 on 22 March. On 25 March, the Ministry of Health announced a further four cases, making the total number five. The Government of Syria is implementing emergency preparedness and response plan by procuring more protection, detection and surveillance equipment, training health staff, and preparing isolation and quarantine facilities<sup>1</sup>. These measures have impact on the humanitarian programmes in the country. Protection sector and community services in Syria carried out a rapid survey among its partners between 22-25 March 2020, using online survey ([form available here](#)). 59 organizations have responded providing an overview of the impact of the COVID-19 prevention measures on their operations in Syria.

### RESULTS

**412,000** people are immediately impacted by the disruption of the protection services in the coming two weeks<sup>2</sup>

Most of the organizations (97%) report their activities impacted by the preventive measures related to COVID-19: 25 organizations suspended all assistance and services, and another 25 continue with only specialized services and case management for vulnerable and high-risk cases, and 7 agencies suspended all group activities (see graph below).

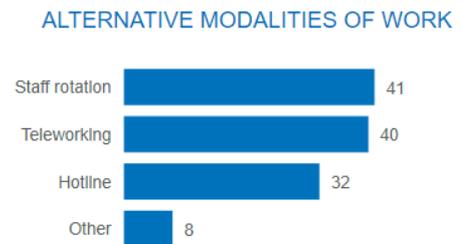
#### HOW DO YOU CONTINUE DELIVERY OF PROTECTION SERVICES AND ASSISTANCE NOW



<sup>1</sup> Syrian Arab Republic: COVID-19 Update No. 03 - 25 March 2020 available at: <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-covid-19-update-no-03-25-march-2020>

<sup>2</sup> This is based on an estimate of 206,000 people impacted weekly and partner inputs. Since not all partners

**Alternative modalities of work:** To cope with the situation, most of agencies have adopted flexible work arrangements like staff rotation and teleworking; 32 agencies report maintaining hotlines. Few are adopting WFP provisional guidance<sup>3</sup> for distribution of the assistance.



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*Hotlines are an active alternative for the communication with affected communities. There is an opportunity to further increase outreach to communities using this modality*

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Additional measures already adopted by the partners:

- Follow up on cases by phone, and in person in case of emergencies only;
- Use hotline and WhatsApp to monitor the status of affected communities and families;
- Rotating system among staff present in the office daily or remote work;
- Posting announcements about the hotlines and call centres to inform communities about new means of communication;
- Improving sanitation measures in the workplace and institutions;
- Providing staff with personal protective equipment, including medical masks, gowns, gloves and goggles;
- For distributions: limit presence of beneficiaries (SMS messages sent to request no children, no elderly or non-essential family members to attend);
- Rolling out online education programmes and self-learning, dissemination of resources for self-studies;
- Preparing online content for trainings for staff and community members;
- Put on hold all group activities;
- Closing community centres (temporarily).

**60% organizations report funding concerns related to the preventive measures**

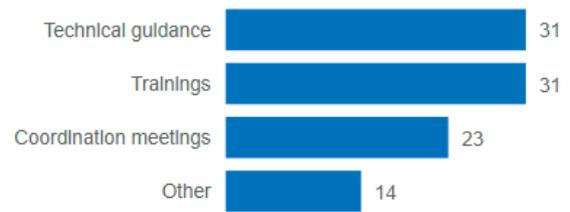
In addition to the funding concerns, agencies report risks related to the travel restrictions and ability to continue regular programmes and most importantly to meet urgent needs of communities, and fear of looting of the closed facilities.

<sup>3</sup> Recommendations for adjusting food distribution standard operating procedures in the context of the COVID-19 outbreak Version 2 – 13 March 2020. Available here: <https://reliefweb.int/report/world/recommendations-adjusting-food-distribution-standard-operating-procedures-context-covid>

## Required support

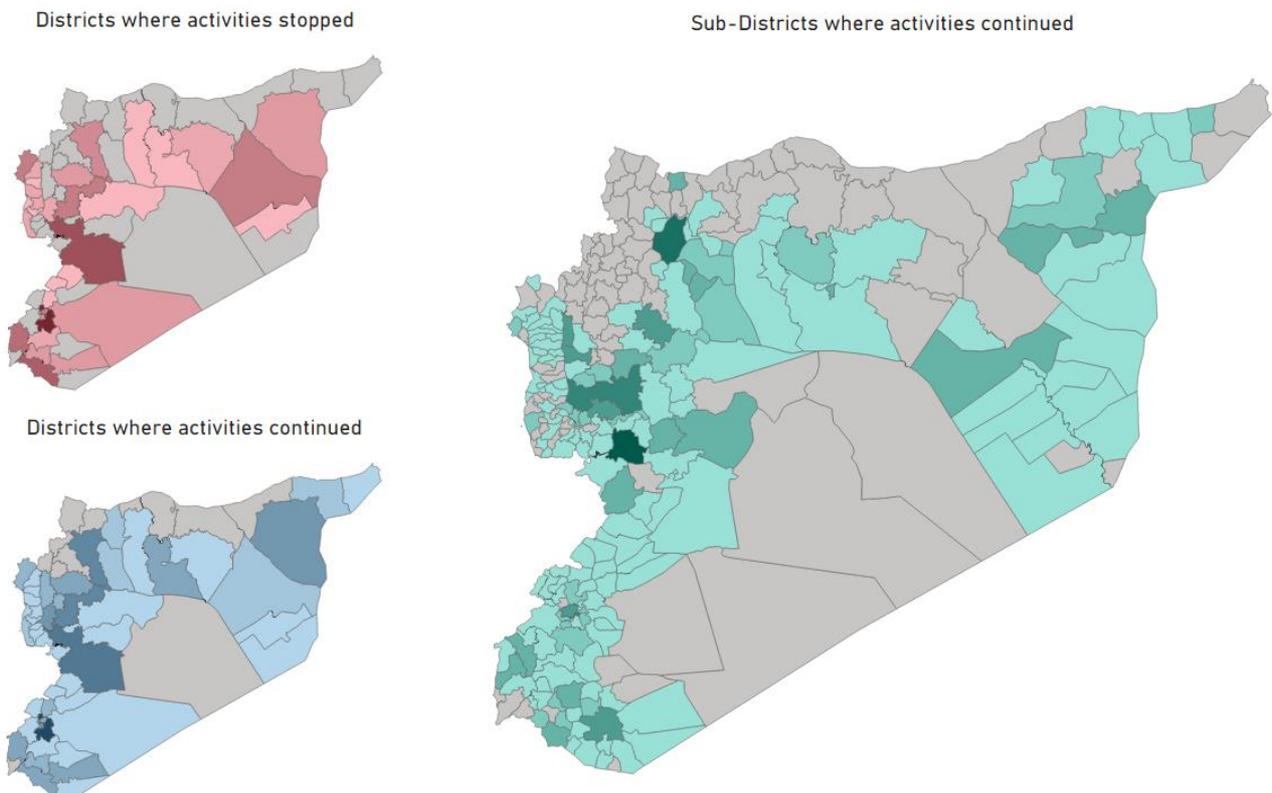
Most of the agencies report need for technical guidance and training about the COVID-19 spread. Additionally, partners require more personal protective equipment supplies (like masks, gloves etc.) for the frontline workers, integration of awareness raising on COVID-19 in all programmes, and funding to implement these measures.

## SUPPORT NEEDED FROM THE SECTOR



## Impact on the activities

Geographical analysis shows that all areas are impacted the same. Preventive measures are applied uniformly across the country. Specific services (such as group activities, trainings, outreach, awareness-raising) are more impacted by the COVID-19 preventive measures. Critical services (case management to the most vulnerable) continue for now, with alternative work modalities applied.



Map 1 - Overview of geographical breakdown of activities that are continued and on hold

The partners continued only essential activities. Among top three activities continued is response services to GBV survivors (GBV), specialized child protection services (CP) and case management and referrals (protection). Mine action does appear to be among activities prioritized for continuation as of now.

#### CONTINUED ACTIVITIES

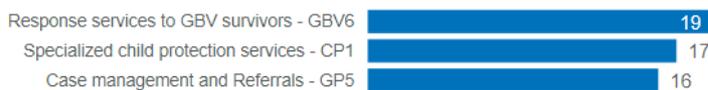


Figure 1 - Top 3 activities continued by the partners

However, a few activities, mostly of group nature, were affected, which also includes such vital activities like response services to GBV survivors, psycho-social support, response services for women/girls at risk, and dignity kits distribution.

#### AFFECTED ACTIVITIES



Figure 2 - The most affected activities

## RECOMMENDATIONS

1. As the situation is rapidly evolving, the sector should continue monitoring the measures implemented by the Government of Syria and guidance of WHO and proactively share it with the partners. Repeat the survey in the next 3 weeks again.
2. Advocate for the trainings on the preventive measures for the partners and additional funding needed for the implementation of COVID-19 related measures.
3. Utilize the opportunity of numerous partners opening hotlines and improve communication with communities using lessons learnt from similar contexts / approaches. Map out the newly established hotlines by partner.

### Vulnerabilities associated with the prevention measures:

- **IDPs, returnees, refugees and Asylum seekers<sup>4</sup>** are at high risk due to their specific vulnerabilities and limited access to health care and water and sanitation services. Those living in camps, camp-like settings or detention centres are at particular risk due to their accommodation arrangements. Displacement itself also heighten risks. There are currently an estimated 41,000 individuals hosted in 145 collective shelters as well as nearly 105,000 displaced in camps and informal settlements<sup>5</sup>.
- **Women and girls** may be disproportionately affected – where healthcare systems are over-stretched, women and girls tend to bear responsibility for caring for ill family members, increasing their exposure to COVID-19.
- **Children** may face additional risks due to the disruption to their protective environment - closure of schools, lack of attentive care or separation from caregivers can leave children more vulnerable to violence, exploitation and abuse.

<sup>4</sup> 28,281 refugees and asylum seekers living in Syria

<sup>5</sup> Source? Please add a link to the source

- **Older persons** and **persons with pre-existing medical conditions** are most at risk - the pandemic is indiscriminate in who it infects, but mortality rates amongst these groups are comparatively higher;
- **Minority or marginalized groups, including people with disabilities, people in remote areas and older persons**, may face greater challenges in accessing health care and other essentials they need.

## Prioritization of Activities

The PCSS in Syria recommend the protection actors to prioritize the following activities:

- (1) **life-saving response,**
- (2) **Critical protection activities for the most vulnerable persons/groups, and**
- (3) **COVID-19 awareness-raising and hygiene outreach related to containing the virus.**

**Awareness-raising:** Awareness raising activities on protection issues should continue and may also include information on the containment, prevention and response to COVID-19 if staff are trained by health actors and if information materials are available.

**Community-level protection need identification:** The need identification should be designed to provide information related to the protection environment and the protection needs of affected communities, including as they relate to the impact of COVID-19 and restrictions.

**Case management:** Case management support should be maintained for existing caseload and be provided to new cases, to the extent of partners' abilities in the current situation. If case management in person is not feasible or advisable in the current circumstances, alternative modalities may be explored to ensure continued support, such as follow up by phone

**Psychosocial support:** PSS should be limited to individual PSS as part of the case management support. Group based activities are not advisable in the current circumstances and should only be conducted if they comply with government directives and prevention and mitigation measures are put in place.

**Dignity kits:** The provision of dignity kits is essential to the physical and psychological well-being of women and girls and should therefore continue. The provision of dignity-kits is done at the individual level and only for cases supported with case management services.

**Material assistance for protection:** Material assistance including cash for protection is essential as it can contribute to the physical protection of the persons and address protection needs. This is particularly relevant with regards to the heightened risk of negative coping mechanisms that may result from reduced access to assistance and services, as well as reduced economic opportunities due to COVID-19 situation.

## Adoption of alternative work modalities

**Telephone, mobile calls** and social communication media including **WhatsApp** can be very effective work modalities during the prevention measures. The above-mentioned methodology can ensure vulnerable individuals and groups have access to information, including as they relate to the impact of COVID-19 and restrictions, availability and access to services.

**Tree network/s:** trust members from the communities that can be engaged in sharing information and preventive measures. The network can also be used as referral mechanism to identify and refer cases with protection and humanitarian needs

**Outreach and community volunteers, community leaders and mobilizers:** trained community volunteers can play important roles on the continuation of critical protection activities for the most vulnerable persons. Volunteers can raise awareness, provide information, identify and refer most vulnerable person, as well as identify protection and humanitarian issues need an urgent intervention;

**Material assistance:** Assistance including cash, dignity, kits, etc. are done through targeted assessment and distribution at the individual or HH level and therefore does not require large social gathering. Modalities of distribution may be also adapted as relevant.

**Partnership with health frontline personal** health personal can play important role of identifying and referring vulnerable persons for humanitarian and protection assistance, protection partners to work closely with health colleagues working in hospitals, clinics and quarantine facilities;

### **Enabling elements and factors to continue protection work:**

- Make sure that sanitization measures are in place in community outreach centers, field offices, work stations, in camps and collect shelters, including that they have the right personal protective equipment (masks, gloves, etc.), have access to handwashing facilities with adequate soap and/or gel, and practice appropriate hygiene practices;
- Ensure staff have permission from local authorities to move freely between workplaces and home;
- Provide outreach and community volunteers with all communication equipment, including smartphones, laptops, as well as ensure they have efficient phone credit and 3G access;
- Ensure that your field staff are trained on remote work modalities and they receive standard operating procedures and they have all relevant guidance;
- Assess the risk of your intervention, do not provide assistance in case you will put persons at more risk;
- Discuss funding flexibility with your donor during the emergency response;
- Enhancing staff safety and duty of care, promote the safety, self-care and psychosocial wellbeing of the humanitarian workers, community and outreach volunteers and frontline team including provision of protective gear;
- Ensure that frontline staff and volunteers are trained on how to protect themselves from COVID-19;
- Before drafting any guidance and SoP, check with other partners, they might already have something (share good experiences and practices);
- Ensure that roles and responsibilities between team members are communicated internally and externally, this will help better coordination and better coverage of protection activities;
- Continue monitoring other protection issues, people movements and their vulnerabilities;
- For identification of vulnerable individuals: start form your old database and internal information;
- Explore different modalities of delivering services

#### **For more information:**

[Recommendations and guidance with regard to the COVID-19 situation](#)

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