

Syria Country Office

COVID-19 Humanitarian Response Flash Update #2

9th - 22nd April - 2020



Picture credit: UNFPA – Syria

Situation Overview

As of 21st April 2020, Syria reported a total of 42 COVID-19 confirmed cases: 33 active, 6 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.

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. 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 take decisions. Women's predominant role in caregiving, and as health and social welfare responders, makes them particularly exposed to potential contamination. 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 services.¹ 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, the elderly and those whose coping mechanism 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 care, including obstetric maternal screening tests, fetal medicine and neonatal care, as well as mental care services. UNFPA Syria, is responding to COVID-19 through prevention and response for GBV and provision of RH services. The response is through implementing partners (IPs), including provision of maternal and reproductive health services for pregnant and lactating women, operation of women and girls' safe spaces, distribution of RH and dignity kits (both male and female), community awareness raising and referrals for both RH and GBV.

¹ [Global Humanitarian Response Plan - COVID19](#)



Gender Based Violence (GBV)

- 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. Despite the limitations and challenges that have continued to interrupt UNFPA regular programming as a result of the COVID-19 pandemic, UNFPA and the implementing partners have been able to readapt new programming modalities to sustain life saving GBV interventions. 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.
- On 16 April, a total of 68 people (15 families) arrived in Aleppo Governorate, coming from Hujeira in the Set Zeinab area in Rural Damascus. Local authorities immediately transported them to a nearby facility for a 14 days quarantine. UNFPA, through its IP Syrian Arab Red Crescent (SARC), distributed **30 sanitary napkin packs** to the quarantined families, and SARC also distributed UNICEF and UNHCR materials.
- To ensure continuation of services, UNFPA continues 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.
- Provision of remote phone and WhatsApp provision of GBV case management, psychological first aid, individual counseling, and psychosocial support (PSS) and awareness raising on COVID-19 and GBV continues.
- Virtual provision of vocational trainings through online platforms continues to be provided.
- UNFPA has commenced the 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 continues.
- UNFPA continues to ensure maintaining individual face to face GBV case management in the WGSS' with staff rotation of one person per day.
- GBV case management and PSS were provided in Aleppo, As-Sweida, Deir-ez-Zor, Homs, Hama, Lattakia, Al-Hassakeh, Ar-Raqqa, Damascus, Dara'a to **8,681 individuals**.
- Individual counseling was provided in Aleppo, As-Sweida, Deir-ez-Zor, Homs, Hama, Lattakia, Al-Hassakeh, Ar-Raqqa, Damascus, Dara'a to **652 individuals**.
- Awareness raising on GBV and COVID-19 was provided in Aleppo, As-Sweida, Deir-ez-Zor, Homs, Hama, Lattakia, Al-Hassakeh, Ar-Raqqa, Damascus, Dara'a to **6,878 individuals**.
- Vocational trainings were conducted in Aleppo, As-Sweida, Deir-ez-Zor, Homs, Hama, Lattakia, Al-Hassakeh- Ar-Raqqa, Damascus, Dara'a to **150 individuals**.

During this period, UNFPA achieved the following:

- Psycho-social support and counseling on COVID-19 provided to: **5,506** beneficiaries
- Awareness raising on GBV and COVID-19 provided to: **11,042** beneficiaries
- Vocational training provided to: **150** women and girls
- Number of supported Women's and Girls' Safe Spaces operational: **29**
- Number of mobile teams operating: **36**
- Number of distributed sanitary napkins packs: **750**
- Number of Dignity Kits² distributed (including 44 Pregnant and Lactating Women kits): **2,592**



Reproductive Health (RH)

- UNFPA continues to liaise with the Ministry of Health (MoH) in its planning, to maintain antenatal (ANC) and postnatal care (PNC), support the establishment of dedicated antenatal and postnatal care facilities/ mobile clinics in accordance with population needs.
- UNFPA is also coordinating with the Ministry of Social Affairs and Labor (MoSAL) and implementing partners (IPs) safe and dignified provision critical protection services, including remote PSS, and operating virtual space spaces. In addition, UNFPA is coordinating to ensure that pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, have access to woman-centred, dignified and skilled SRH care, as well as mental health care services.
- For its implementing partners, UNFPA is ensuring that all team members have hand gloves, masks and hand sanitizers as part of the precautionary and preventive measures against COVID 19 in accordance to WHO standards. In addition, RH clinics are being disinfected and sterilized and measures are being taken to avoid crowding and protect people from the risk of infection. Preventive measures are taken, especially when treating pregnant women and all facilities and mobile teams' vehicles are disinfected to ensure the highest hygiene standards.
- RH mobile teams and clinics supported by UNFPA in all Syrian governorates are working to ensure that pregnant women, women in labor and lactating women, including those who are quarantined, have timely and safe access to RH services.
- UNFPA conducted awareness raising sessions on COVID19 in RH static clinics and mobile teams in: Damascus, rural Damascus, Daraa, 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, broadcasting awareness messages on social media to broadcasting short videos in the static clinics aiming to have a wider reach.
- UNFPA conducted capacity building of health workers utilizing material issued by WHO and the MoH, including prevention and awareness guidelines, COVID-19 case management guidelines and COVID-19 Infection in Pregnancy guidelines, in addition to family planning during this pandemic awareness and online course (intro to COVID) issued by WHO.
- The RH programme also has psycho-social support 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.

During this period, UNFPA achieved the following:

- In Aleppo, **10 RH clinics** are providing RH services, psychosocial support services, medication, in addition to individual awareness sessions on prevention and control of COVID-19 in addition to **3 mobile teams**, and **3 polyclinics** which provide secondary health care.
- In Deir-ez-zor governorate, **2 RH static clinics** are providing RH services, including: medical consultations and supply of prescribed medicines along with individual awareness sessions on COVID 19.
- In Rural Homs governorate, **6 mobile teams** and **3 RH clinics**, continue to provide individual awareness raising on COVID19, targeting 30 surrounding locations, in addition to distributing awareness brochures issued by WHO.
- In Homs governorate, **12 RH clinics**, **3 RH clinics** and **6 mobile teams** are providing individual awareness raising on COVID19. Furthermore, awareness brochures on COVID19 (symptoms and prevention methods) are made available in all the clinics with the aim of raising more awareness.
- In Hama governorate, RH services in addition to awareness raising and mental health services on COVID-19 are being provided in **8 RH clinics**, and **10 mobile teams**, **1 Mental Health clinic**.
- In Tartous governorate, RH services are provided in addition to awareness raising on COVID-19 in **2 RH clinics** and **2 mobile teams**.
- In Idleb governorate, RH services are being provided in **2 mobile teams**.
- In Lattakia governorate, RH services and awareness raising are provided in **4 RH clinics** and **4 mobile teams**.
- In Al-Hassakeh governorate, **10 RH clinics** and **14 mobile teams** continue providing RH services in addition to awareness raising sessions on COVID19.
- In Raqqa governorate, RH services in addition to awareness sessions continue in **3 static clinics** and **1 mobile team**.
- In Dara'a governorate, RH services and awareness raising are provided in **3 RH clinics** operated and **1 mobile team**.
- In Quneitra governorate, RH services and awareness raising are provided in **2 RH clinics**.
- In Sweida governorate, RH services in addition to awareness raising are provided in **2 RH clinics**.
- In Rural Damascus governorate, RH services and awareness raising are provided in **18 RH clinics** and **6 mobile teams**.
- In Damascus governorate, RH services in addition to awareness raising are provided in **5 RH clinics**.
- RH static clinics: **84**
- Mobile Teams: **56**



Operational and Logistic Support

- UNFPA initiated the procurement of: **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 around 12th May 2020.
- UNFPA's supply unit is currently sourcing 6 types of PPEs in support of the RH department in MoH.

- With the initiation of UNFPA, a Procurement Working Group (PWG) that has requested all UN agencies to share their needs (items & quantities) of Personal Protective Equipment (PPEs) to be sourced locally. This is with the aim to have a harmonized sourcing approach for procuring PPEs, achieve value for money through economies of scale and ultimately cover the various response gaps until international supplies (sourced from international LTA currently put in place by UNICEF/WHO/UNFPA) reach Syria. The PPEs sourced through this process are envisaged to cover both health and non-health requests, staff needs, NGOs, implementing partners, etc.



Beneficiaries reached through RH and GBV

UNFPA COVID-19 response until 22 April 2020:

- Beneficiaries reached with PSS and counseling related to COVID-19: **16,649**
- Beneficiaries reached with awareness raising sessions on COVID-19: **23,665**
- Beneficiaries reached with sanitary napkins and dignity kits: **3,342**



Coordination and Partnerships

GBV sub-sector 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:** an online survey on the impact of COVID-19, protection needs and gaps, and preventive measures on humanitarian operations in Syria was conducted. One of the key gaps identified was the discontinuation of services, capacity building and funding for protection services, including GBV.
- **Mapping of GBV services and online trainings:** GBV response and reporting (4Ws – what, where, when, who): Updating of mapping the GBV services and members working in conflict-affected areas. A training was conducted, comprising a **total of 105 participants** from the UN, international and national organizations. The objective of the training was to enhance knowledge on reporting of GBV services and indicators. The meeting was also an opportunity to discuss Syria Humanitarian Fund (SHF) funding for COVID-19 and reporting on the GBV services through the same tools. The training was conducted online as a mitigating measure during the COVID-19 pandemic and the related challenges. GBV sub-sector also aimed to provide systematic information on the overall response and the coverage of actors and activities across the country which include: supporting the monitoring of the GBV response and gaps, and enabling consistency and harmonization of data across partners, across the sector areas of responsibility (AoRs), in line with the Inter-agency Standing Committee (IASC) Guidelines.

- **GBV Mainstreaming Training and e-Learning Courses:** under the same backdrop, an online training on GBV mainstreaming is currently being developed. This online training is expected to support 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. GBV sub-sector meeting was also organized, along with other AoRs such as: Child protection, Mine action and Protection to discuss Syria Humanitarian Fund for COVID-19. This also includes its priorities, and funding gaps and needs, faced by the GBV members on ground. According to GBV members, integrating COVID-19 response in existing reproductive health and gender-based violence interventions has been the key. The sub-sector members adapted to the evolving situation by developing innovative approaches for enhancing community mobilization and awareness raising through social media platforms.

Challenges:

- Suspension of public transportation has made it more difficult for people to access service points, in response, UNFPA continues to make efforts towards bringing services closer to people in need.
- 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.
- Movement of restrictions as part of measures for the prevention of COVID-19 has impacted service delivery in WGSS', Community Wellbeing Centres, and mobile teams.
- Due to the COVID-19 pandemic, 19 out of 48 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, new response modalities are currently being implemented.
- IDPs continue to live in overcrowded common public areas, or makeshift shelters in rural areas, where women and adolescent girls have limited access to health and GBV response services.

Immediate Needs

- Strategic Priority 1: Continuity of sexual and reproductive health services and interventions, including protection of the health workforce
Funding gap: \$250,000
- Strategic Priority 2: Addressing gender-based violence
Funding gap: \$250,000
- Strategic Priority 3: Ensuring the supply of modern contraceptives and other reproductive health commodities
Funding gap: \$1,800,000

The financial gap for COVID 19 response funding gap is estimated at: \$ 2, 300.000

Special Feature

Safe delivery in Homs during COVID-19 by mother from Rukban Camp



Picture credit: UNFPA, Syria

“I am so worried about my baby, especially during COVID-19 pandemic, my body is also weak from living in severe conditions” said Afraa, a 19-year-old young woman from Homs, who moved with her family to Al-Rukban camp in 2016, in the camp, they lived in severe conditions. She was married at 17 years old and immediately had her first child. “The food that was sold in the camp market was very expensive and we didn’t have enough money to maintain a decent diet. I was also struggling to provide milk and diapers for my child” she said.

After a consultation with UNFPA, Afraa was referred and transported to a hospital operated by UNFPA’s implementing partner, Syrian Family Planning Association (SFPA) in Homs. The process took around fourteen days in order to ensure a safe and secure way to be transported from Al-Rukban camp. She stayed in a temporary shelter, then moved to the hospital where she gave birth to her newborn daughter, who is called “Joud” which means generosity in Arabic. With the help of the medical staff in the hospital, her health status was monitored for two days after giving birth. Afraa was then moved to a shelter in Homs city.

“Despite the current difficult COVID-19 pandemic that the whole world is facing, including our country Syria, we were able to follow up on the patient's pregnancy and ensure the safe delivery of her baby girl. Due to her ailing health, we performed a cesarean section and a healthy baby girl was born in these challenging circumstances.” Dr. Ferial, the gynecologist at the SFPA hospital said.

“I am so happy and at peace now. I have joined my family and I will take care of my two daughters, thanks to UNFPA. The midwives and doctors helped me give birth to a healthy baby during this pandemic.”, Afraa told the UNFPA coordinator in Homs.