Syria Country Office
COVID-19 Humanitarian Response Flash Update #1
March 6th – April 8th 2020

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Situation Overview

As of 08 April 2020, Syria reported a total of 19 COVID-19 cases, with 2 recoveries and 2 registered deaths. Since the first case of COVID-19 was reported in Syria on March 23rd, the Government of Syria has introduced precautionary measures against the novel coronavirus. These measures include: movement restrictions between governorates, 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. 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 are at greater risk of not being tested for the disease and treated. Women caring for others, and the predominant role they play as caregivers, health and social welfare responders, are 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 intimate partner violence is increasing due to the containment measures, including prolonged time inside the house with the entire family, compounded by the disruption of support services.¹ 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. Due to the years of conflict, multiple displacements and lack of access to basic health care services, including Reproductive Health (RH) the needs of individuals and communities continue to be dire, and, COVID-19 threatens to significantly increase their vulnerabilities. The pandemic has severely disrupted access to life-saving sexual and reproductive health services and hampered the ability to respond to gender-based violence, at a time when women and girls need these services most. This is in addition to already-increasing risks of Gender-Based Violence (GBV), particularly, sexual exploitation, forced and early marriage.

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, establishment and 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. However, WGSS² activities such as awareness raising activities and trainings that require physical presence have been put on halt as per the WHO guidelines of social-distancing and government directives to avoid transmission of COVID-19.

- UNFPA continues to liaise with the Ministry of Health (MoH) in its planning, to maintain antenatal and postnatal care, support the establishment of dedicated antenatal and postnatal care facilities/ mobile clinics in accordance with population needs.

¹ Global-Humanitarian-Response-Plan-COVID-19
² WGSS provide a range of GBV services including: GBV Case Management, Psycho-social Support (PSS), GBV awareness raising, vocational trainings, recreational activities, referral to more specialized services such as mental health, and more physically severe cases. The WGSS serve newly displaced women and adolescent girls as well as the people in the host communities.
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 care services.

UNFPA is engaging with Ministries of Information, Health, and Religious Affairs as well as media partners to scale up a national risk communication campaign on safe pregnancy and prevention of GBV and domestic violence during self-isolation and social distancing.

Procurement and distribution of hygiene items and/or protective equipment, depending on immediate needs and market availability, and including items such as: soaps, thermometers, latex gloves, medical masks, algocel (hand sanitizer) and steri-surface (high-level surface disinfectant) is ongoing.

162,000 bars of soap along with hygiene materials were procured through a local supplier. The soap is scheduled to be jointly distributed with partners across the country.

Hygiene items and protective equipment were procured for the Family Protection Unit (FPU) in Rural Damascus (Dahyiet Qudsaya). These items included masks, personal hygiene items (soap, hand sanitizers, etc), and surface disinfectant, and they were distributed to the staff of the FPU and the shelter residents. Priority was given to the FPU because it serves as a shelter for GBV survivors and its work cannot be interrupted.

In addition to regular GBV awareness raising, UNFPA has been conducting awareness raising on COVID-19 prevention, including messages on personal hygiene. The awareness sessions are done either on an individual basis, through broadcast messages using digital media such as social media and short videos, and/or with the dissemination of brochures. The awareness raising has taken place in: Aleppo, Deir-ez-zor, Homs, Hama, Tartous and Lattakia.

In Aleppo, in effort to continue GBV response during the COVID-19 crisis, UNFPA IP; Syrian Family Planning Association (SFPA), started an initiative of training women in manufacturing hand gel sanitizers with an initial number of 5 women participating. Through this initiative, and in agreement with the Ministry of Health (MoH), the training also includes making masks which will then be distributed in UNFPA-supported health facilities, in addition to awareness raising and distribution of COVID-19 IEC materials.

UNFPA IPs continue to provide one-on-one sessions for: case management, Psycho-Social Support (PSS), individual counseling and health individual consultations in addition to outdoor individual awareness raising initiatives on COVID-19.

In Deir-ez-zor, all WGSS activities were suspended, however, GBV program delivery continues by using internet, phone, WhatsApp groups and other technological means. Case management and PSS services for returning clients are still provided by IPs; Al Birr and Ihsan Charitable Association (BICA) and Syrian Family Planning Association (SFPA) through phone calls or WhatsApp. For new cases, RH static clinics which are functional and equipped with PSS counsellors play the role of an entry point for such cases. The PSS counsellor initiates the link between new GBV clients and the case manager and facilitates communication based on the client’s desire (landline, mobile phone or WhatsApp).

Also in Deir-ez-zor, for some GBV vocational training sessions that can be done remotely and online, some UNFPA IPs have started WhatsApp groups to convey learning objectives. For example, UNFPA IP; BICA association distributed some raw materials to trainees who have personal sewing machines at home to continue their learning which is also supported by the sewing trainer online. The same approach is applied for linguistic skills.

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Gender Based Violence (GBV)

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Footnote:

3 A 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.
In some locations such as: Hama, Deir-ez-Zor and Homs, UNFPA IPs have adapted remote counseling services and information dissemination, including key messaging on hand washing and positive hygiene behaviors by placing posters on COVID-19 at WGSS'.

An initiative led by a UNFPA IP dubbed, "Stay at Home" led by UNFPA IPs and mobile teams is ongoing. The initiative aims to raise awareness on the importance of staying at home so as to avoid further possible infections and spread of Coronavirus. Through this initiative, awareness messages were recorded and disseminated through short videos and were broadcasted through various digital media platforms.

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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 with ITS IPs, and through UNFPA-supported RH clinic and mobile clinics in all Syrian governorates are working continuously to ensure that pregnant women, women in labor and lactating women, including those who are quarantined, have timely and safe access to SHR services including: ante-natal care (ANC), post-natal care (PNC), family planning (FP) services, and treatments for reproductive tract infections (RTIs) and urinary tract infections (UTIs) in addition to psychosocial support services aiming to meet their reproductive health needs.

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.

In Aleppo, 2 RH clinics operated by UNFPA IP; Circassian Charity Association (CCA) continue to function and provide RH services, in addition to provision of psychosocial support services, provision of medication, in addition to individual awareness sessions on prevention and control of COVID-19.

Also in Aleppo, several awareness sessions on COVID-19 were provided by the RH clinic operated by UNFPA IP; DARB Association. This is in addition to disinfecting the center, procuring personal protective equipment (PPE), distributing face masks to beneficiaries and providing awareness on the use of hand sanitizers. The NGO is disinfecting the clinics regularly and has purchased gloves, masks and sanitizing items with the support of UNFPA.

UNFPA implementing partner, Syrian Arab Red Crescent (SARC) has obtained approvals from the government, to facilitate the staff movement between districts in Aleppo during curfews in order to ensure continuity of response.

In Deir-ez-zor governorate, 2 RH static clinics in Deir-ez-Zor city and Mayadeen (65 km east of Deir-ez-Zor city) are providing RH services, including, medical consultations and supply of prescribed medicines along with raising awareness on COVID 19 individually, ensuring that personal protective measures are applied.

In Rural Homs, UNFPA IP; Syrian Arab Red Crescent (SARC), through 6 mobile teams and 3 clinics, continues to provide individual awareness raising on COVID19, targeting 30 surrounding locations, in addition to distributing awareness brochures issued by WHO.

Also in Rural Homs, 140 protection kits (101 males and 39 females) were delivered to the quarantine center for beneficiaries held in quarantine. The quarantine center was prepared by the Directorate of Health for possible suspected cases.

Syria Family Planning Association (SFPA), through 11 RH clinics in Homs Governorate, provided 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. Additionally, daily information, awareness messages and health updates on COVID19 are broadcasted on the SFPA to ensure more reach.
With the support of UNFPA, awareness raising sessions on COVID19 were conducted in the RH facilities, and through the mobile teams in Homs, Hama, Tartus 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.

Functional and equipped RH that also have psycho-social support counsellors have been serving as an entry point for women to access GBV services, using the RH/GBV integration approach for new GBV cases.

**Operational and Logistic Support**

A UN inter-agency supply working group was established in Syria to tackle procurement and logistics aspects of the COVID-19 response in a coordinated manner. UNFPA provided its support through its international Supply Officer. In order to support prompt procurement, local manufacturers and suppliers have been identified and two Requests for Quotations (RFQs) for PPE procurement were developed by UNFPA Syria CO.

Hygiene materials are among the locally procured items and UNFPA Syria has initiated procurement of 162,000 bars of soap through a local LTA. The soap is scheduled to be jointly distributed with partners across the country.

Requests from partners in the health and non-health sectors were centralized through WHO in order to ensure prioritization of health facilities.

**Coordination and Partnerships**

UNFPA continues to forge partnerships with other UN agencies and partners for joint response, in efforts to ensure a gender-mainstream lense across all sectors in the COVID-19 response in Syria. UNFPA currently also leads the GBV Sub Sector, as part of response efforts and continues to lead coordination of GBV centric services, under the protection sector, along with other sub sectors. Mapping of actors is underway and dissemination of standard IEC material on COVID-19 has been shared with members of the GBV sub-sector. Sector Response plan for GBV for COVID-19 has also been submitted to HCT through the Protection Sector. Inter-Agency Referral Pathway for COVID-19, is under consideration at the hub level.

UNFPA is an active member of the two UN-Government coordination mechanisms, one led by MoH on health response, and another, led by MoSAL on Social Protection. UNFPA is a member of the expanded UN Crisis Coordination Committee (CCC).

In Aleppo, UNFPA IP; Syrian Social Society for Development (SSSD) is coordinating with key community leaders, Syrian Arab Red Crescent (SARC) and the Association of Homeless and Beggars Care in order to prepare for the sanitization campaigns in Aleppo.

In Aleppo, UNFPA IP; Palastinain Red Crescent Society (PRCS) is coordinating with community leaders, SARC and local governments for emergency response.

Also in Aleppo,UNFPA IP, Alihsan Charity for Development Association (ICDA) is coordinating with the Directorate of Social Affairs and Labor (DoSAL) and the Governor’s Office to facilitate the movement of mobile teams and update them on the provision of services in order to ensure continuity of services.

UNFPA is currently working with the GenCap advisor on a guidance note to mainstream gender within COVID-19 response.

During this period, UNFPA GBV coordinator for Tartous and Latakia held a meeting with the director of DoSAL in Tartous. The focus of the meeting was the ways in which UNFPA can provide services during the COVID-19 crisis.

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**Challenges**

- A series of supply bottlenecks occurred as a result of the new restrictions on movement imposed across Syria. UN agencies continue to advocate with the Government of Syria to facilitate customs clearance, movement of trucks carrying humanitarian cargo and access to warehouses.
- Suspension of public transportation has made it more difficult for beneficiaries to access service points, in response, UNFPA continues to make efforts towards bringing services closer to people in need.
- Due to lack of awareness and misconceptions in communities about COVID-19, a considerable amount of time is required to engage community members to adhere to safety precautions associated with COVID-19. In response, UNFPA continues to provide awareness-raising using different methods, which are appropriate for the situation.
- Social spaces such mosques and schools in rural areas where awareness-raising sessions were previously carried out, are closed as a result of government directives, this has resulted in a considerable reduction of physical spaces to provide the services. In response, UNFPA continues to explore innovative ways to reach people individually, in their family homes as well as using technology.
- Lack of functional hotlines to coordinate timely response of services further limits survivors’ access to services. Lack of staff capacity building opportunities, which impedes the quality of GBV services in relation to readapting to COVID-19.
- The reduction of working hours of service providers directly affects the number of women and girls UNFPA is able to reach in comparison with before COVID-19.

**Immediate Needs**

An initial needs assessment exercise was carried out by UNFPA. The assessment aimed to find the financial resources needed to cover required PPEs necessary for protection of service providing staff in maternities, UNFPA IPs continuing service provision despite the pandemic, and procurement of RH kits, and supply of temporary field hospital structures. **The financial gap for COVID 19 response is estimated at 6 million USD.**