Situational Report:

Impact and response of Dawlaty's partners and operations

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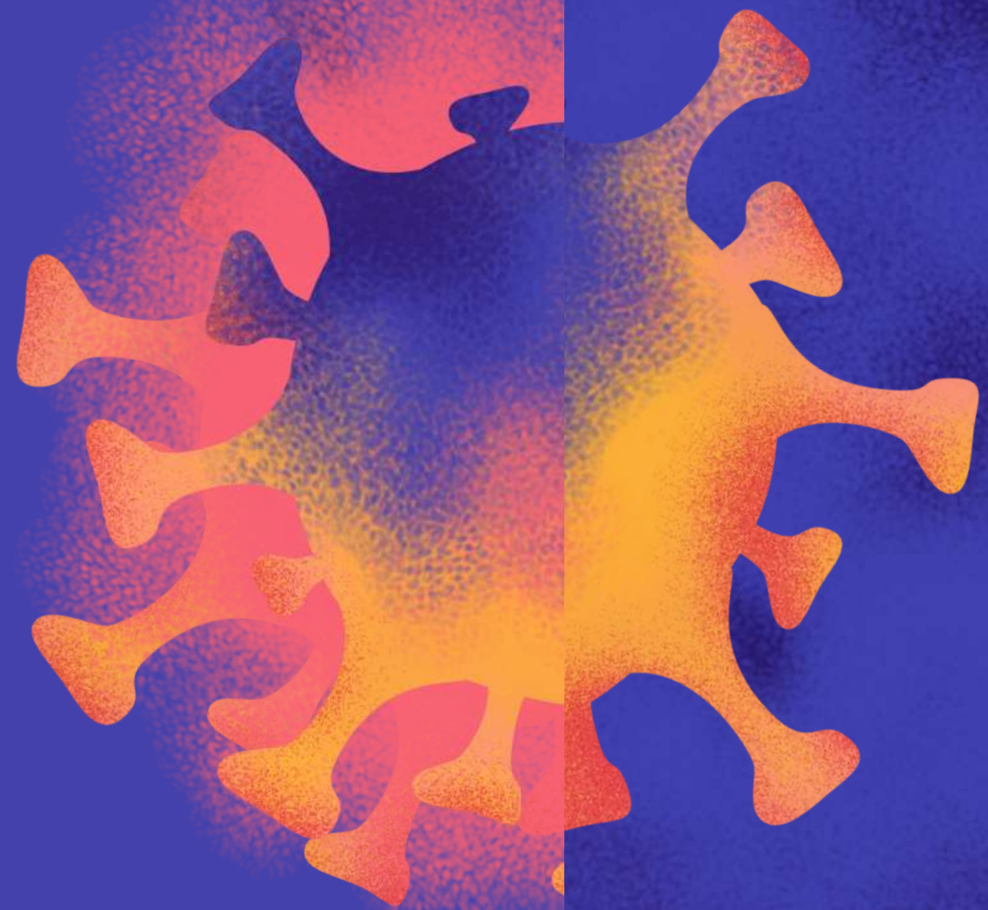
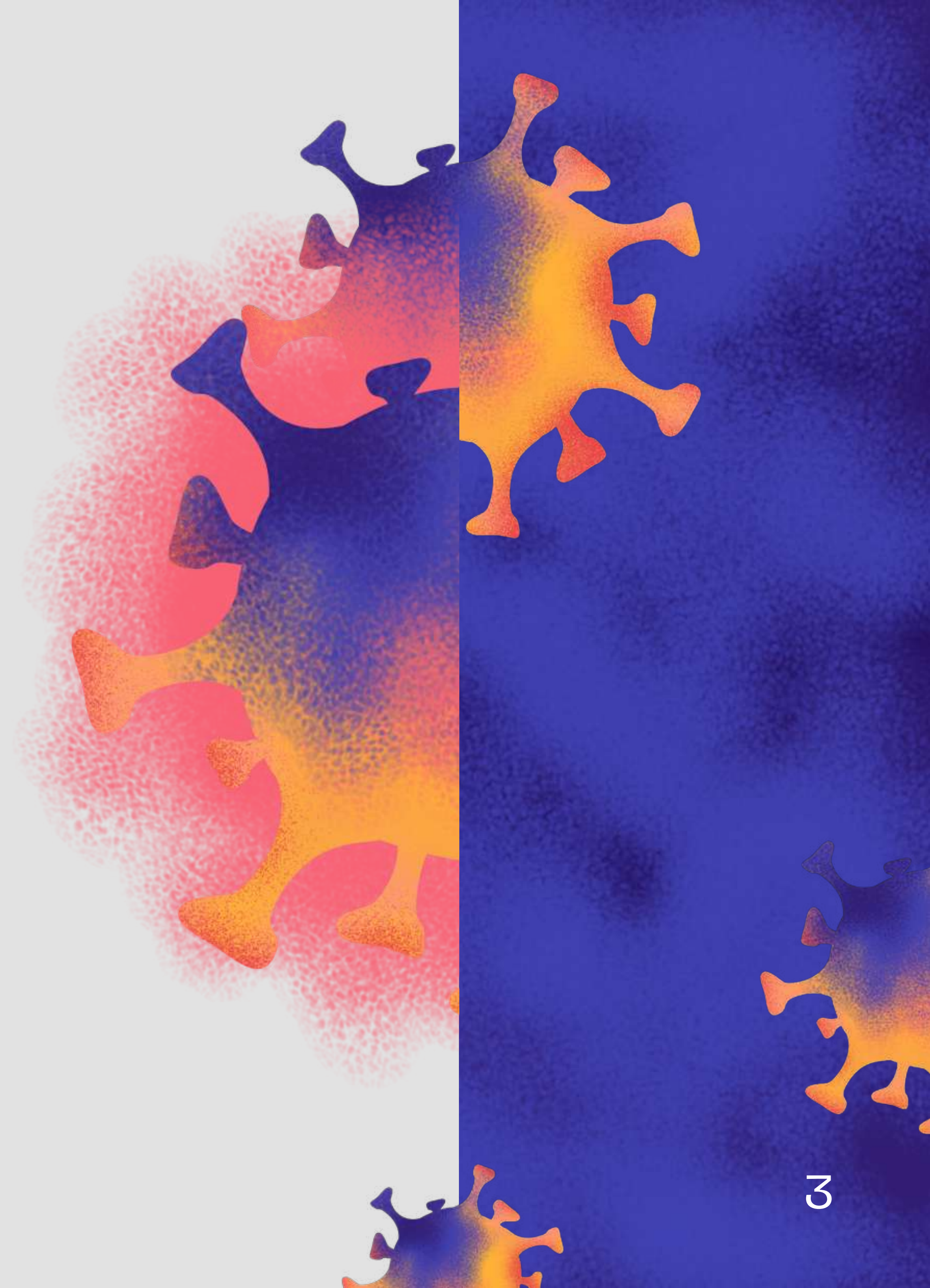


Summary

Dawlaty presents this report as a review of the impact of the COVID-19 virus impact on the activities and programming of its partners working in Syria, Lebanon, and Turkey. A convenience sample of eleven partners were selected to participate in a survey. The respondents present a diverse selection of partners in the areas of their operations and programming and who consented to take part in this quick assessment.

The COVID-19 was declared as a global pandemic at the end of January 2020. Cases of positive identification of the virus were first reported around the end of March in Syria and have risen to a conservative 42 positive cases. Yet these numbers are more likely due to a lack of proper mobilization on detection and reporting. Although the Syrian regime has received testing kits and implemented confirmation testing in areas under its control, it maintains that the numbers it reports do not include those of north east or west of Syria. Testing and reporting in both of these areas are mainly coordinated by present local authorities and which have for a good period of time, did not have access to testing kits and equipment. At the moment, two or three cases have been confirmed in NWS and none in NES, though the latter does report more preparedness to do so. On the hand, Syria's health care system is highly fragile with a limited capacity of a threshold of 6,500 cases which is not uniformly distributed across the country. In certain areas, such as Deir el-Zor, the threshold is calculated at zero cases.



The COVID-19 pandemic had a significant impact socially as populations and communities attempted to adapt to changes to their everyday lives. State response and management of the crisis varied between Turkey, Lebanon, and Syria. Depending on this response and degree of coordination of efforts, so did the impact on the people living in each of these countries. In general, the better the state management of the crisis was, the lower was the negative social implications and the higher the ability of the population to adhere to social distancing and self-isolation. In Syria, there is a lack of needed governance structures to maintain compliance with community efforts to curb the spread of the virus (access to running water, adherence to social distancing and self isolation, etc…). In addition, there is a presence of several at-risk populations (IDPs, crowded detention centers, etc…).

Grass-root groups and civil society organizations had to amend or introduce changes to their operations and immediate goals; either by suspending non-essential activities and maintaining essential ones (mainly services), and/or moving their work online and from home. This shift comes with an apparent technical and logistical gap such as lack of equipment and a shift in the needs of the community that they serve.

Information needs on the spread of the virus and best safety practices is an urgent need, especially for communities that are most affected. Technical and logistical support could pave the path for these organizations to relieve some of the stress and challenges that they face and focus on a more sustainable response in their programming to continue serving the needs of their communities. Capacity building of skills and knowledge for these CSOs goes hand in hand with any form of support that they could benefit from, especially those capacities which they will need to re-imagine their programming on community engagement and mobilization that is responsive to the needs of their communities. Advocacy could be directed to mobilize international interest to secure support to Syrian communities such as funding to support activities on the above mentioned areas of intervention as well as maintain transparency of this funding. On the other hand, advocacy efforts could also be channeled towards a more inclusive and responsive preparedness and relief for most affected communities. This include the immediate release of detainees, challenging domestic violence against women and children, as well as supporting infrastrucure in displacement camps.

Introduction and purpose

The COVID-19 pandemic has had a global impact, with over two hundred countries reporting cases of infection and deaths related to this virus[1]. More and more literature is being released on the impact of the COVID-19 pandemic, yet those on Syria are relatively difficult to draw generalizations or conclusions from, due to obstacles posed by the conflict and, more actively, by the Regime's lack of transparency . What can be generally summed up from the various sources that are published is not encouraging. Syria has many risk factors and little opportunities to mitigate the risk of an outbreak. In this paper, we try to understand the way in which civil society is responding to COVID-19, the challenges they face and what kind of support they required. To do this, we also examine the context in which they are responding, examining the current spread of the virus, the capacity of the health system and nation- or region-wide efforts to curb the spread or what has come to be coined as "flattening the curve".

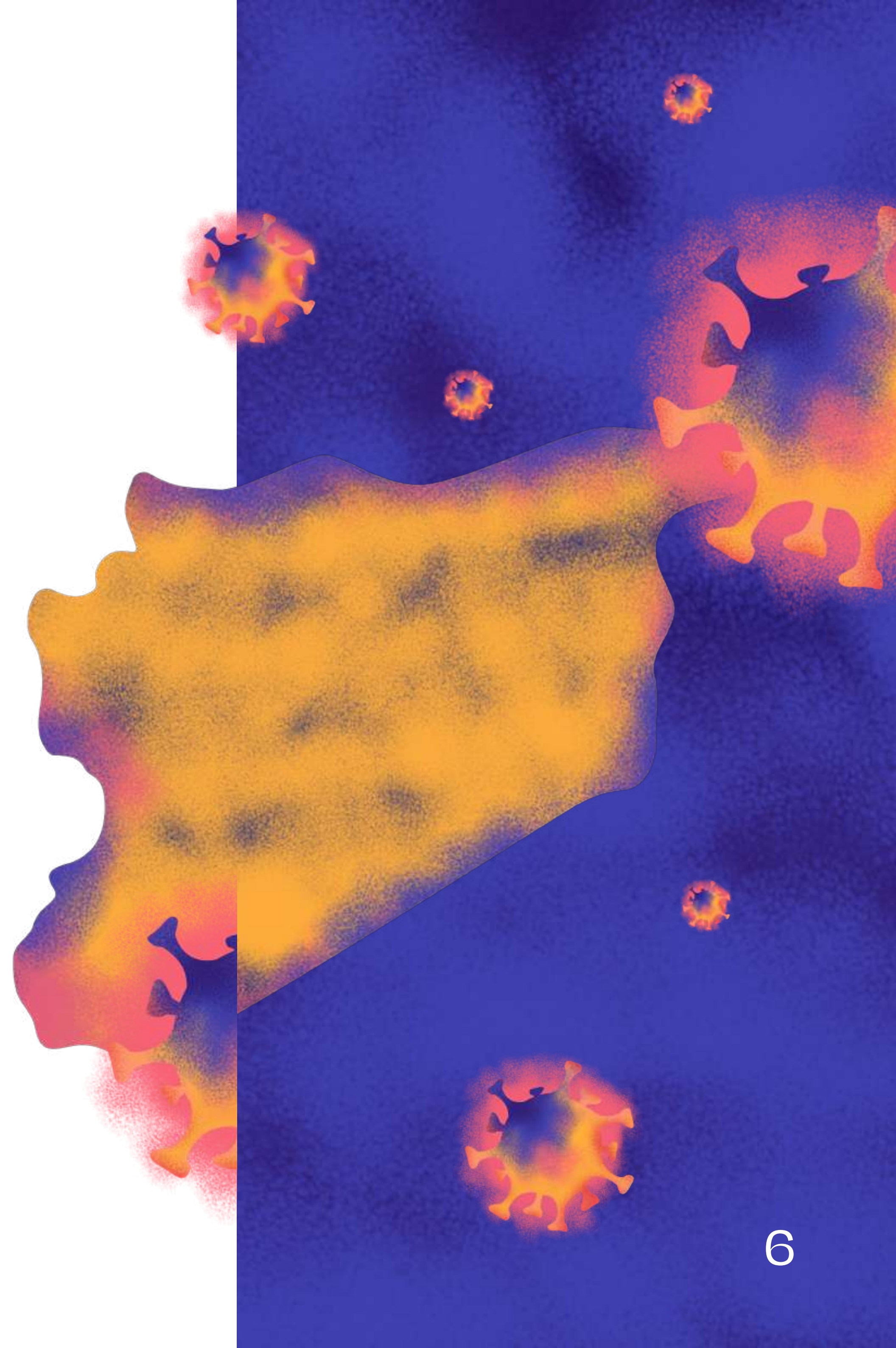
This document offers a window into the operating environment and response by civil society's to the COVID-19 pandemic in Syria. We conduct an analysis of the response of Dawlaty's partners inside Syria toward the crisis, the strategies that they are employing to adapt, as well as their needs. Information is collected via desk research and literature review of available materials on the unfolding crisis. Information on Dawlaty partners' needs and strategies are collected via an unstructured survey. A total of 11 partners working in Syria (8), Turkey (2), and Lebanon (1) participated in answering the survey questions between 7th April- 14th April 2020[2]. Six of them identify themselves as women-led organizations whose activities are focused on women empowerment and mobilization. One of those organizations work directly with female detainees as part of their programming. Two of the respondent organizations have youth-specific programming on civic education and participation. One organization from the sample engages in education and direct support for children at risk as well as offers protection services.

One respondent organization who participated in this survey declined to share their activities and programming within this report due to the sensitivity of their work in the areas that they are active in. However, and based on their request, we have included their perspective in the overall analysis of the context.

1- https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6bda7594740fd40299423467b48e9ecf6
2- One of the partners work in two countries (Turkey and Syria) making the total of the areas of operation different than the number of participating organizations

Spread of the virus

The first declared case of COVID-19 in government-controlled areas (GCAs) of Syria was reported on March 22nd 2020, with 42 cases, 3 fatalities and 6 recoveries, reported as of April 21, 2020[3] . While announcing the first official case, Syrian Health Minister claimed that the source of the coronavirus infection was outside Syria[4]. Notably, countries with whom Syria shares borders (Lebanon, Jordan, Iraq) reported cases as early as February 2020. Iran, with whom Syria has strong geopolitical alliances, has reported 44,606 cases as of 1st April 2020[5].(1) Estimates suggest that up to 22,000 Iranians visit Syria on pilgrimage annually and thousands of Iranian militias remain in Syria[6] . These numbers would suggest that a potential outbreak of the virus in Syria is very likely. In areas outside of the Syrian Regime's control, testing and reporting remain limited and therefore, information on the spread of the virus is poor at best. Testing and reporting in north-east Syria (NES) which is under the Autonomous Administration for North and East Syria (AANES) is almost non-existent[7]. Active search for COVID-19 cases has begun as of April 1, with respiratory distress that meets certain criteria being proactively sought out and tested for COVID-19, in addition to simply waiting for referrals of suspected cases. Tests from NES are checked in Damascus. On April 17th, one case of COVID-19 related death was officially announced by the UN and WHO. Following a delay of two weeks to report on the result of the test from Damascus, the 53-year old patient had already died from related symptoms of the disease. On April 29th, the AANES reported and confirmed the first two locally PCR tested positive cases[8].



3- (2020, April 24). . Health Ministry: Three new coronavirus cases registered in Syria. Syrian Arab News Agency Retrieved on 24th of April 2020.
4- (2020, March 23). No spitting, no fighting: Coronavirus crisis reaches Syria - COAR. Retrieved April 15, 2020.
5- "Coronavirus COVID-19 (2019-nCoV) - ArcGIS.com." https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6. Accessed 7 May. 2020.
6- (2020, March 19). Syria's response and healthcare capacity - LSE Research .... Retrieved April 15, 2020.
7- (2020, February 12). Crisis Grows in Northwest Syria - Foreign Policy. Retrieved April 15, 2020
8- (2020, April 29) Syria Arab Republic: Whole of Syria COVID-19 response update No.1. OCHA-WHO. Retrieved on March 5, 2020

As for the opposition controlled areas made up of the province of Idlib and northern Aleppo (NWS), There is testing capacity for 6,000 tests in total in the lab in Idlib. Options for two other lab sites in the area are being explored. As of April 29, the NWS had undertaken 226 tests, all of which have returned negative results[9] . What can be said in confidence is that NWS lacks a unified coordinating body which reflects a difficulty managing testing kits and equipment, as well as reporting.

Regardless of the Syrian government's reported cases, there has been anecdotal evidence that the virus is spreading in multiple areas. Research from the London School of Economics relays reports from Damascus and Tartous of a sharp rise in deaths caused by pulmonary infections and pneumonia in patients over 60[10] . Meanwhile, a civil society activist from Sweida told researchers in a Skype interview that the bodies of pneumonia and pulmonary infection patients are being taken by intelligence officers, families are not allowed to see or bury them[11].

It is worth noting that testing efforts are not being done consistently and to the necessary levels by the government. In addition, the WHO response remains lacking, as we have seen that testing kits have been delivered to Damascus but not disseminated to all provinces. While the WHO have provided training and testing capacity in Syria; however, this has been concentrated in Government Control Areas.

9- ibid.
10- (2020, March 19). Syria's response and healthcare capacity - LSE Research .... Retrieved April 15, 2020.
11- (2020, March 26). COVID-19 pandemic: Syria's response and healthcare capacity. Retrieved May 7, 2020, from http://eprints.lse.ac.uk/103841/

Capacity of Health Systems

In terms of the capacity of the health care system in Syria, the numbers and figures paint a grim picture. Out of the total number of hospitals in the country, only half of them are fully functional while the other half is either partially or completely non-functional (25% each). Research from London School of Economics reports that around 6500 COVID-19 cases at maximum can be treated[12] across Syria with considerable variation of capacity between different provinces as the capacity per province. The threshold at which Syria can maintain a 5% mortality rate due to the spread of the virus is estimated at 6,500 cases after which the health sector would collapse and the mortality rate would rise.

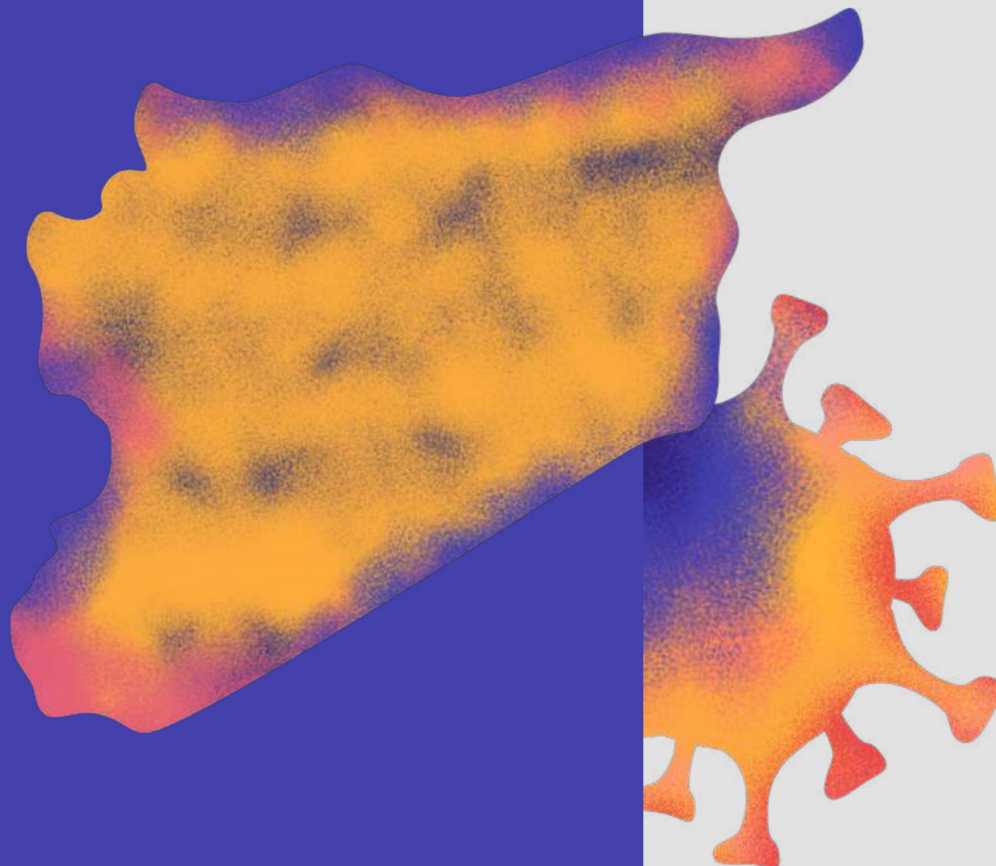
As for NWS, the humanitarian situation had already deteriorated as a result the military escalation of the Syrian army and its Russian allies in the southern parts of Idlib (4). As of January 2020, the data showed that the entire NWS area had access to 166 doctors and 64 health facilities, operating at minimum-capacity (4). The head of the Idlib Health directorate issued a letter mid-March 2020, stating that a COVID-19 outbreak in NWS is highly likely but information is inconclusive due to the absence of test kits in the area (4).

"[...] the area is going through a general state of confusion and this is due to the lack of sufficient medical facilities to deal with the coronavirus in case it spreads in the area. All the liberated areas from Idlib to Jrablous [...] can not withstand more than a 100 cases if they happened and there is no testing centers for the virus in northern and eastern rural Aleppo so the suspected cases would have their specimen sent to Turkey and put in isolation for 72 hours till the result comes up. There were 20 cases last month which were isolated and all of their results were negative. In Idlib there is a test for the virus but the daily capacity is 20 tests. The city of Al-bab according to what we are observing is the most affected due to the Abu-al-Zendin crossing border with the regime areas]." - A07, NE Syria

In addition to the overall capacity deficits, we must take into account that the threshold of the healthcare system is not uniform across the country with Damascus's threshold reaching the highest at 1,920 cases and dropping drastically to 100 in provinces like Homs, al-Raqqa, and Daraa and as low as zero in Deir el-Zor. We must note that for many residents of Syria, mobility between provinces is not feasible or even safe under current government policies. We need to also take into account that many areas are already marginalized and denied essential services due to anti-government views and actions. Anecdotal reports indicate that some areas that were formerly besieged have been quarantined again with besiegement-like conditions and increased scarcity of resources.

12- Treatment refers to the range from self-isolation and follow up to symptoms management to intensive care at an ICU. Calculation is based on available ICUs available at 325 beds with ventilators and a 5% estimate of cases which will require an ICU admission (325/0.05=6500 cases). (325/0.05=6500 cases).

Nation & Region-Wide Measures to Curb



GCA

The regime's measures for dealing with this pandemic have ranged from the constructive to the irrelevant and counter-productive The government started taking precautions three weeks before the first case was announced (4). It launched sanitary campaigns, partially closed borders, banned doctors from commenting on the Covid-19 situations in Syria and the Ministry of Interior, as well as threatened citizens with arrest and prosecution for publishing information about the virus that the authorities deemed fabricated[13].
GCAs implemented curfews more successfully than non-regime held areas and adherence was much higher, with public facilities closed and limited gatherings; travel between cities was limited to two days per week and for one time per person[14] .

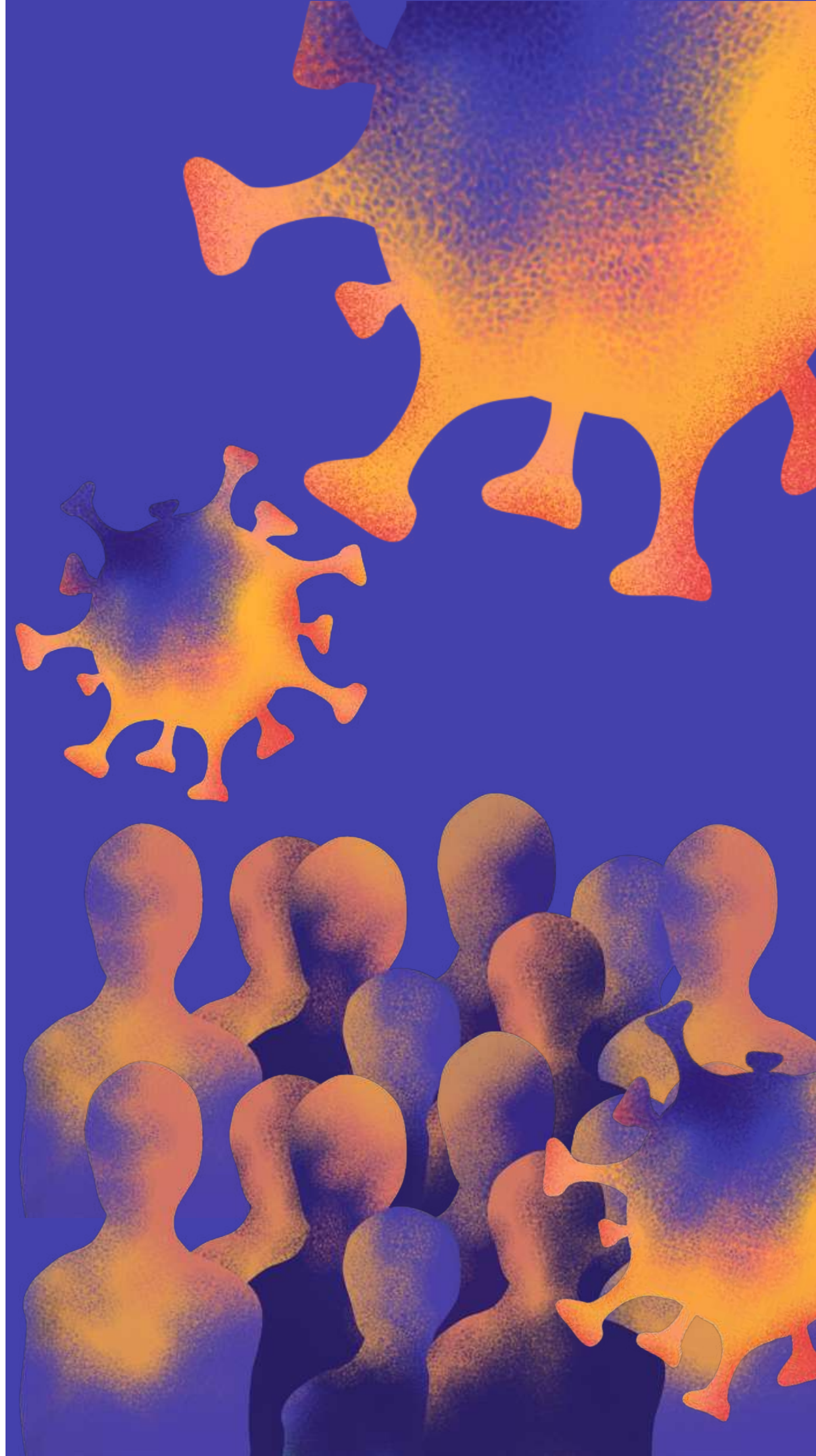
The response however, has been hampered by an evident lack of trust in the communication of the present regime. At least three respondents to our survey have noted a state of confusion fueled by the sharp lack of medical facilities equipped with needed resources (beds and ventilators) to contain any possible outbreak. In addition, medical staff and protective equipment are missing in most, if not all, areas. Public facilities such as schools and care homes are being turned into make-shift quarantine facilities by local authorities. However, There are concerns about the capacity and quality of care in the quarantine centres. In addition, potential cases may not self-report to these centres (?)due to a well-founded fear of persecution (particular for those opposed to the government) or being isolated in unfamiliar settings far from home[15] .

13- ""Before Corona, I will die of hunger": The socio-economic ...." Retrieved on April 15, 2020.
14- This information is gathered from information shared by contacts living in these areas. Coordination is not clear and as such we are not able to provide a reference to this information.
15- (2020 April 17) Syrian Arab Republic: COVID-19 Update No.6. ReliefWeb. Retrieved on 24th, April, 2020.

Government measures are doing little to ease confusion as little awareness efforts are being made. When they are, poverty and high population density, due to the presence of high numbers of IDPs living in relatively crowded areas, counter any real effort to adhere to community social distancing and prevention protocols. In terms of medical services, most of the areas where our partners operate have a couple of medical facilities operating yet they all lack the needed staff, and equipment to respond to any potential outbreak that might take place.

"There is a lot of overlap between active parties where the Ba'ath party, the municipality, and communal committees are competing to take initiative (despite the goals of each group), as well as the Ministry of Public Health and the Ministry of Social Affairs who are getting ready for direct intervention. This is in addition to the [Syrian] Red Crescent and some organizations according to each area. There are individuals who tried to coordinate with some of these parties but in many cases the result was a failure due to the overlap of the parties. At the moment, there is no real action other than working with one of the active groups (be it the [Syrian] Red Crescent or the Ba'ath party or maybe the municipalities." - A03, Damascus

In GCAs, the management of the response has been less than ideal where several parties (municipalities, Ba'ath party, Ministry of Health, Ministry of Social Affairs and others) wrestled over leadership. One of our partners who operates in Damascus said that there is no real coordination taking place and some attempts that were taken depended on working with one of the aforementioned groups depending on the areas but most of these attempts were unsuccessful. The government has also announced the allocation of 100 billion Syrian pounds to the response without detailing how the funds will be distributed (7). Local associations and NGOs are putting in the work where the Syrian government is lacking. Local support initiatives are being organized through social networks and mostly in GCAs (Damascus, Lattakia, Tartous, Sweida, Hama, Homs, Aleppo, Deraa), to bring assistance to the people most in need, especially the elderly (7).



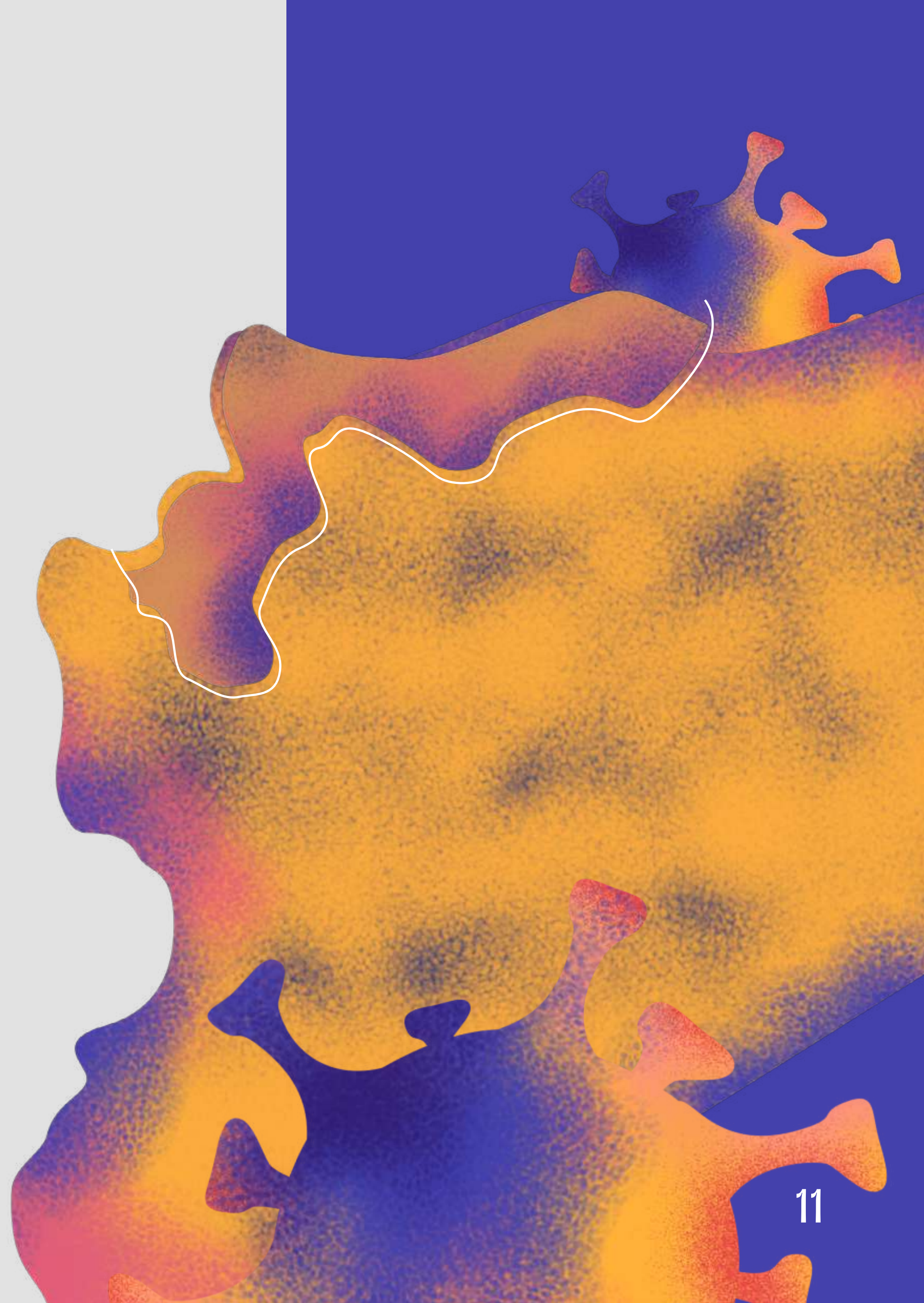
NWS

"The local council coordinated with a group of organizations (crisis unit) which resulted in an emergency committee to be in control in case the disease spreads and they did a campaign called "You are up to it" which had several activities." - Souryana el-Amal

Despite significant recent destruction of health systems capacity, local efforts are being made to help "flatten the curve" in NWS. A local COVID-19 awareness team was established on 16 March and met with UNICEF and WHO to coordinate activities at field level and discuss a plan for community engagement and appropriate communication channels[16] . Local authorities attempted their own measures which were more or less successful, with residents in these areas adhering voluntarily to self-isolation and social distancing guidelines. Gatherings were limited in most areas, public facilities were closed and transportation between areas and across borders was stopped. However, there are reports that some mosques have reopened since the beginning of Ramadan.

CSOs and community initiatives were more active outside of GCAs and powered by local volunteers who provided basic items and materials to families in self-isolation. Prices of basic goods and medications rose which affected people with limited income or whose income depended on them, limiting their ability to adhere to self-isolation. Poverty is a major factor which limits compliance with these guidelines. Populations living in camps, such as IDPs, were uniformly identified across our sample of interviewees as the most vulnerable population. In areas outside the control of the government, local councils coordinated heavily with local CSOs to implement self-isolation and social distancing through awareness raising and supporting populations to meet as much as possible of the community's basic needs. Volunteers in several areas formed emergency units to support these efforts.

16- (2020, April 7). COVID-19 preparedness and response for Northwest Syria .... Retrieved April 15, 2020.



Turkey & Lebanon

Interviewed Civil Society Organisations (CSOs) in Turkey and Lebanon seemed more at ease with the authorities' response than those in Syria. The Turkish and Lebanese governments have implemented measures that communicated status updates including reported numbers of COVID-19 cases which seem to provide a level of confidence in applied measures. In addition, the Turkish government has been communicating awareness messages and social distancing protocols to present populations, including Syrian refugees, which seems to be well received.

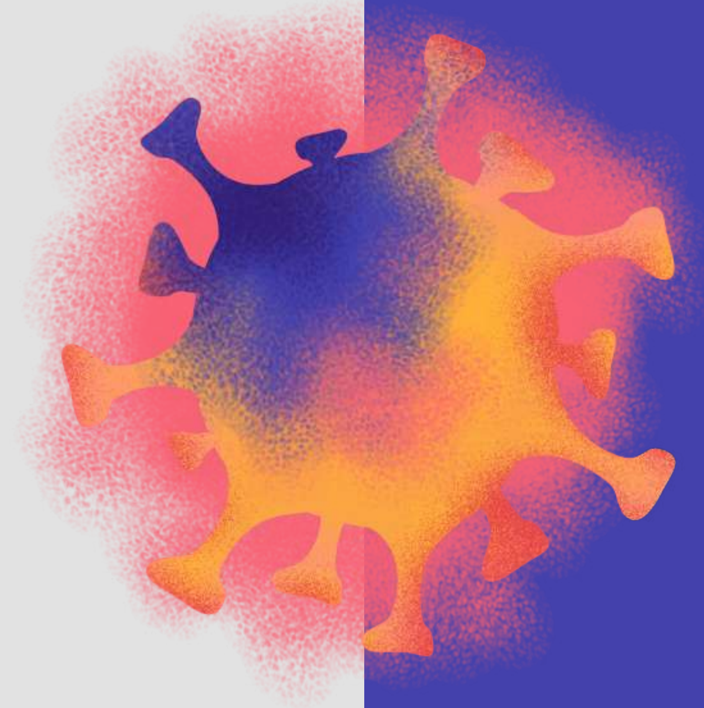
Lebanon and Turkey had a more uniform response than that of Syria, where governmental procedures in the latter were less coordinated and effective. Turkey and Lebanon implemented curfew decrees that were put into place with high adherence. Both countries limited gatherings, closed public facilities, and provided awareness raising messaging to promote social distancing guidelines and implement self-isolation at homes. The Turkish government also implemented social support services to most-at-need families. These services reached Turkish citizens but did not extend to Syrian refugees and residents.

It should also be noted that, in Turkey, many CSOs had their work interrupted and one partner indicated that it became nearly impossible for them to access their funds at the bank as these procedures moved online. Overall, the government in Turkey seems to have made the most sensible approach by being responsive and communicative on providing needed resources and coordination to increase compliance and adherence to social distancing and self isolation. Lebanon started with voluntary adherence, which was later reinforced by a government crackdown on non-compliance via fines and penalties.

The COVID-19 pandemic had a significant impact socially as populations and communities attempted to adapt to changes to their everyday lives. State response and management of the crisis varied between Turkey, Lebanon, and Syria. Depending on this response and degree of coordination of efforts, so did the impact on the people living in each of these countries. In general, the better the state management of the crisis was, the lower was the negative social implications and the higher the ability of the population to adhere to social distancing and self-isolation.

In Syria, there is a lack of needed governance structures to maintain compliance with community efforts to curb the spread of the virus (access to running water, adherence to social distancing and self isolation, etc...). In addition, there is a presence of several at-risk populations (IDPs, crowded detention centers, etc...). Continuously deteriorating humanitarian response and socio-economic conditions are met with the Regime's resistance to and/or inability to provide support to most-vulnerable populations. All these conditions as well as a lack of resources and awareness efforts makes the possibility of an outbreak an inevitable outcome. The only opportunities that Syrian authorities seem to be betting on are the higher temperatures, which could control the spread of the virus, and the young population, which could translate into lower mortality rates than expected. These opportunities are, at best, wishful thinking in the face of impending catastrophe.

Implications on partner CSOs and their response



Immediate response

Almost all of the partner organizations that we interviewed said that they either stopped all their work and activities or amended the programs and projects that they are working on. Out of our eleven interviewed partners, six of them moved their activities online and started working from home. One did similar work but kept urgent activities such as PSS and basic needs support ongoing. Three had to suspend all of their work, with one of them suspending their work till July and thus could not benefit from any of their active grants till then. Three of the respondent organizations said that they continued to work with and support the communities that they work with to various degrees of success. Two of them who work in Syria (Idlib and Aleppo) have taken part in the local response by coordinating with present authorities on providing awareness and information to the public as well as coordinating humanitarian support and assistance; mostly by joining local response units. One of the respondent partners in Lebanon, reported that though they suspended most of their gatherings at the center and limited staff available on the premises at any given time, they organized field visits to the camps and visited some beneficiaries at their homes, based on need and under appropriate safety measures to limit exposure.

All the partners whom we interviewed in this survey said that they had to amend or introduce changes to their operations and immediate goals.
This change took three main forms:

1. Non-essential activities or activities that required some form of a social gathering were suspended, such as training sessions, workshops, etc....

2. Some of the urgent activities were maintained by at least two respondents. These activities included providing mental health services to some of the beneficiaries or protection services. This has raised concern about how to keep going about this work safely without putting the beneficiaries at risk. One respondent mentioned that they introduced working guidelines on limiting gatherings at their centers or having the organization's staff travel to the beneficiary's residence so they don't have to breach their self-isolation.

3. And finally, most of the respondents have begun moving their work online and asking their staff to work from home. This, of course, have raised some logistical and technical concerns which they explicitly welcomed support to mitigate. Logistical concerns were related to availability of laptop units to all staff members, availability of internet access to the staff and the populations that they want them to be on the other side, as well as electricity cuts and shortages in many areas (which means that not all of the staff could be available during the working hours as needed). On the technical side, remote management is a new concept for several of the respondents. Even though some of them had some staff working remotely, it became entirely different when this arrangement became the norm rather than the exception.

Challenges and implications

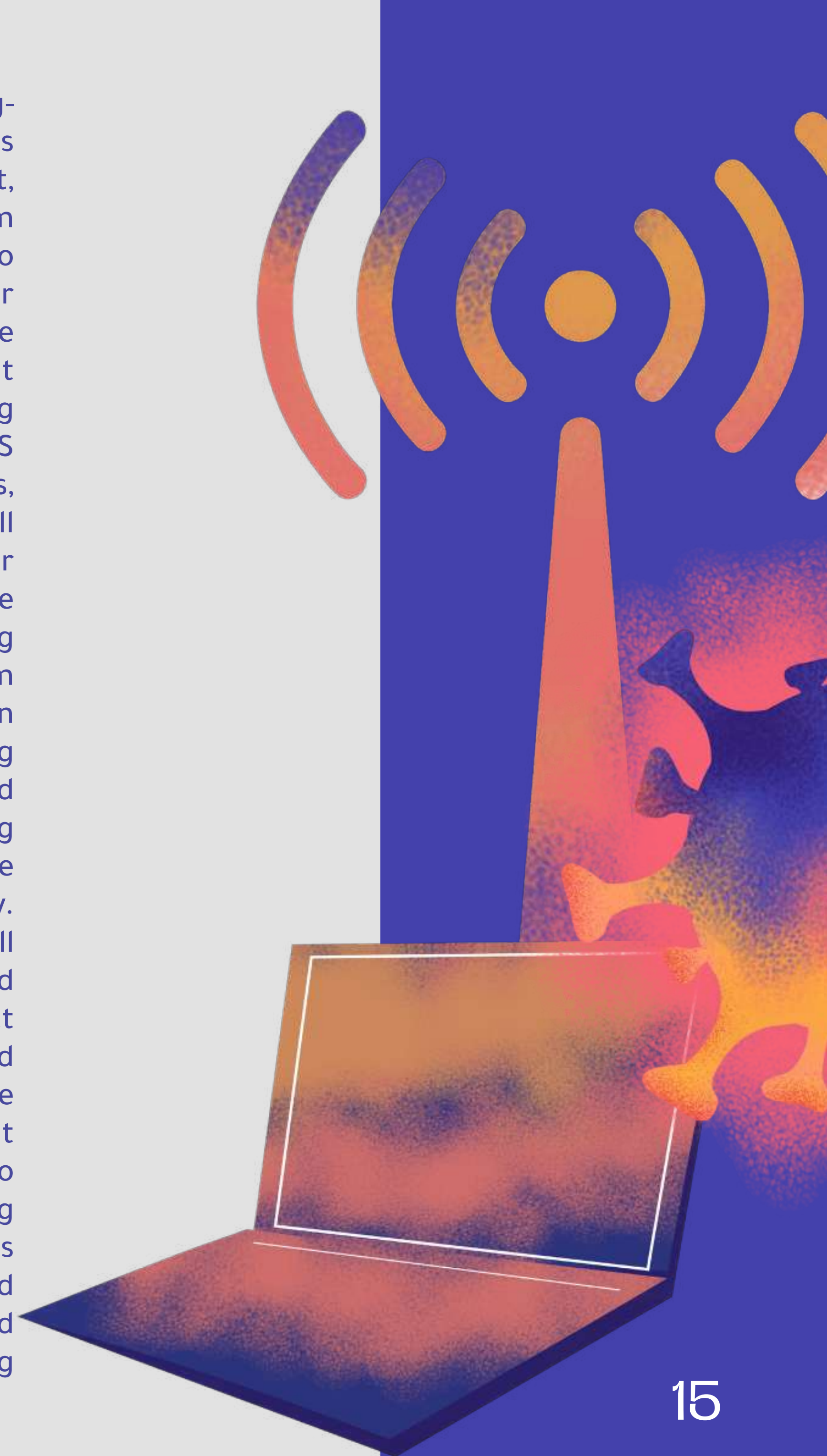
These strategies to adapt to the changing context came with several challenges for the CSOs. Notably, five of our partners said that their staff did not have the needed equipment, including laptops and printers, to be able to work from home. Six of them said that their staff as well as their beneficiaries did not have or could not afford a stable internet connection at home to carry out their activities online. Two of them said that these combined implications meant that they could not access the grants that they had. Electricity access at home was also a challenge that was mentioned by one of the partners. Moreover, five organizations also said that they didn't have the technical proficiency to easily navigate new communication platforms for conferencing or learning and required support in that regard if they were to move their training components online. One organization mentioned that they needed support in writing reports and developing awareness information and updates on COVID-19, as their teams were mostly involved in the awareness campaigns in their areas.

Areas of potential support

"[...] we also need [...] organizations to help organizing in the background efforts to disseminate reports, raise awareness, communicate with donors on advocacy and lobbying efforts, as well as finding creative solutions and creative support processes to raise awareness and prepare learning and training module systems related to the current situation, with an emphasis on the significant challenge related to the [weak] internet connection, [bad] internet services, which is not available to all the population and diverse groups." - A04, NE Syria

Regarding support that could be offered to Syrian grass-root organizations by partners and donors, two organizations mentioned that they would be interested in trainings on a variety of topics such as PSS (geared for their female staff and beneficiaries), political participation, needs assessment, and awareness regarding COVID-19 which they can transmit to their beneficiaries. Also, two organizations said that they are interested in being trained on remote management so that they can manage working from home. Another two said that they would need to know how to translate the materials that they have so it would be more compatible for online training. Finally, four groups said that they need logistical support, including equipment, to be able to fully move to work from home.

When asked about their long-term plans and the preparations that they are thinking about, understandably most of them did not seem to be able to concretely identify how their plans will look like. Broadly, three of them have indicated that they are considering working on providing online-based PSS with their female beneficiaries, while five said that they will be moving to continue their training and teaching online via web conferencing and using Learning Management System (LMS) models. One organization said that they will be thinking about moving from advocacy and community capacity building to humanitarian response if the situation continues in this way. Two others said that they will consider continuing their field work while implementing strict safety procedures in their field activities. It is notable that five of them were very clear that they were ready to move into awareness raising and focusing their work on raising awareness in their local communities and supporting social distancing and self-isolation protocols among their beneficiaries.



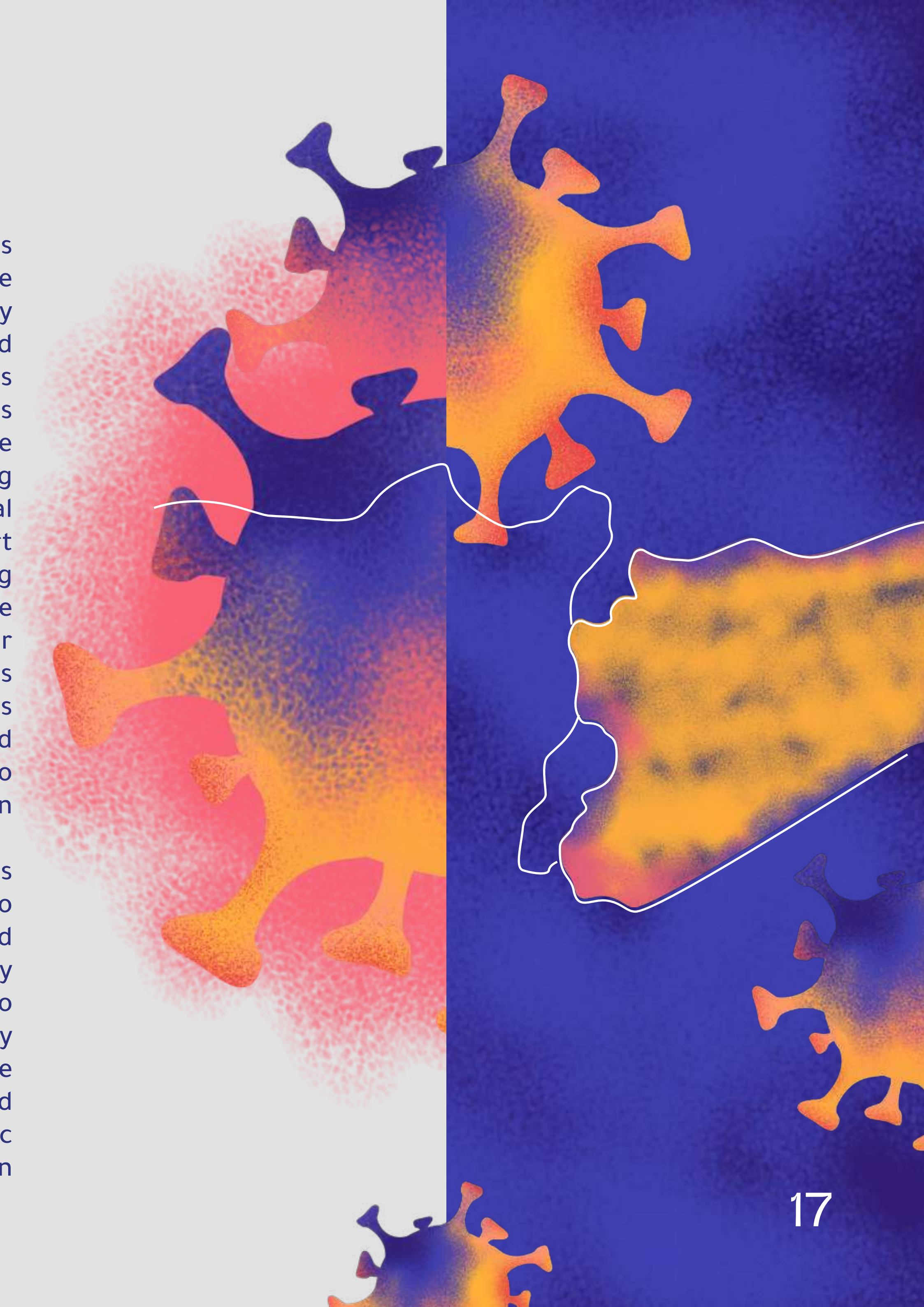
Regarding advocacy and communication priorities and needs, the interviewed organisations highlighted the priorities listed below:

Advocacy/communication priorities	Number of respondents
Awareness On COVID-19, social distancing, and self-isolation	7
PSS Especially for elderly population, women, etc…	4
Social cohesion Disability, women head of households, most-vulnerable families	4
Domestic violence SGBV against women, violence against children	4
Release of detainees Political prisoners, no due process,…	2
Accountability on funding ear-marked towards COVID-19 response	2
Rights of people living in IDP camps	1
Community & Youth initiatives	1
Responsible Media	1
Humanitarian support & aid	1

Table 1. Distribution of frequency of mentioned advocacy priorities by partner CSOs

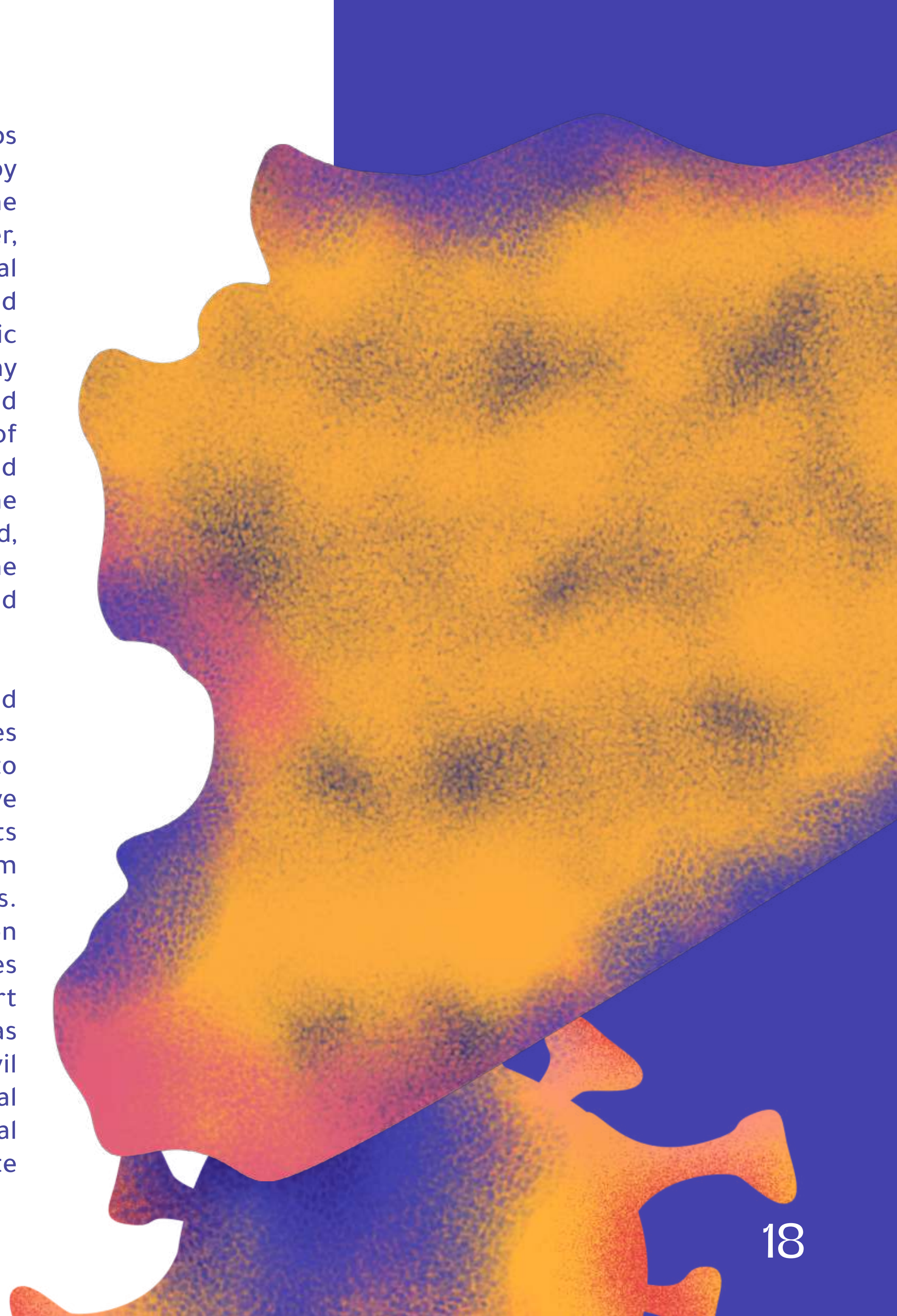
Conclusions

In brief, the COVID-19 response in all three countries reviewed falls far from the recommended guidelines and responsibilities of state countries per WHO guidelines and protocols. State and civil society response to the crisis differed significantly according to the country and area. In brief, the more communicative and responsive the measures that were taken by the state, the more controlled were the implications on the communities that live in those areas. Turkey and Lebanon have managed to mount a decent coordinated response with Turkey heading their response with prompt communication and guidelines on social distancing and self isolation. It also provided humanitarian support and assistance to families most-at-need which helped in decreasing the economic burden and impact on these families. Still their response does fall short on alleviating the full economic impact and partner organizations have noted that the Turkish state measures and efforts echo earlier discriminatory practices Syrian refugees found themselves at a disadvantage. Humanitarian assistance and support excluded Syrian families in need and civil society organizations were required to cease all their activities and gatherings, limiting their ability to step in and respond to these needs.
Lebanon did not fare as well as the Turkish state, as its response was delayed and fueled by a blunt authoritarian response. In order to implement its policies regarding the country's lockdown, it introduced fines and fees on non-compliance. With a similar discriminatory approach against Syrian refugees, the state has failed to take into account the ability of refugees and the various camps in the country to adhere to these guidelines. Humanitarian support and assistance was promised to most-at-need families but it is highly delayed and insufficient as well as exclusive of Syrian refugee families. The economic burden of the crisis has hit Syrian refugees living in Turkey and Lebanon far more than it hit Turkish and Lebanese citizens.



Syria's overall response has been criticized by various international groups and organizations as well as the communities themselves, as echoed by the respondents in this survey. There is considerable difference in the response in the areas under its control and those outside of it. In the latter, the response has been neglected and automatically delegated to local authorities in these areas. As such, Syria has failed to mount a coordinated response to the crisis. In GCAs, information on the virus and the pandemic was heavily controlled by the regime which attempted initially to downplay the spread of the virus in the country. When the regime implemented limitations on social gatherings and took steps to counter the spread of the virus, it neglected accompanying it with proper communication and awareness messaging. This move has led to more confusion among the communities in Syria. Humanitarian support and assistance was delegated, by default, to groups and organizations currently present locally in the area which has translated into a lack of leadership on this response and limited coordination on this front.

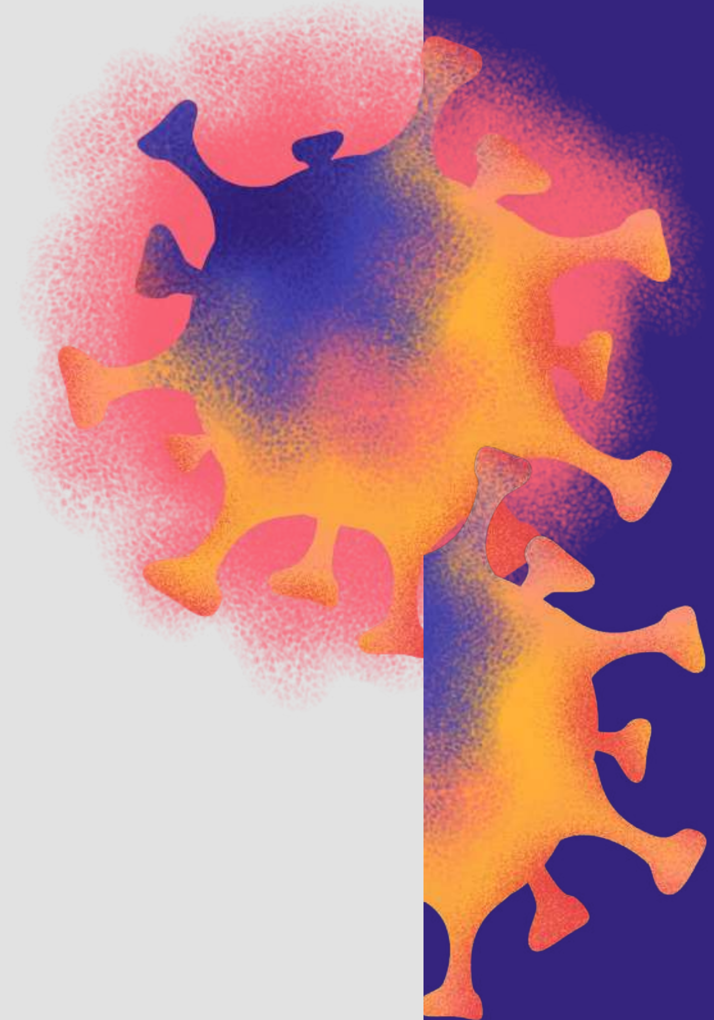
In areas outside the control of the regime, local authorities have attempted to mount their own response in these communities with the little resources available for them. In brief, this response has been fairly robust relative to the available resources. More importantly, it was by far the most creative and participatory. Areas in Aleppo and Idlib have seen coordination efforts between local authorities and present civil society organizations to form several emergency response units powered by volunteers and aid workers. These groups have engaged in providing information and communication on the virus, and social distancing and self-isolation to the communities that they serve. They have also engaged in providing humanitarian support and assistance to these communities at a great cost to their own safety as protective gear and equipment are highly scarce in these areas. Some civil society organizations have shifted their entire focus to take part in local initiatives taking place in their communities. In some of these areas, local authorities have provided field workers and volunteers with appropriate IDs to facilitate their movement in their areas.



As organizations shift their programming to adhere to social distancing measures or respond to the pandemic and its social implications, there is a lot of need here to fill in a logistical and a technical gap. Equipment support is highly recommended and needed in terms of laptop units, printers, webcam units, etc… Communication support for the organization's staff and beneficiaries/partners is also a need that could require a more detailed planning on how to feasibly provide it. On another hand, these groups are very likely to welcome some form of training or mentoring sessions on remote management, or even a detailed guide based on the experiences of other CSOs who have engaged in remote management for a period of time.

There is also a clear realization from almost all the respondents that their long term plans will not include reverting back to their normal plans and projects. Rather, they foresee that this crisis will introduce significant changes to their plans, though these changes remain unclear at the moment. For the time being, there is an interest in fostering skills and capacities which will most likely be useful for them in the coming period. One of these skills is in-house psychosocial support for both staff members and the communities that they work with. Populations that they want to support are groups and populations which will be most impacted by the crisis, including but limited to elderly individuals, families and individuals living in extreme poverty, and women, as concerns rise in parallel to a festering environment for domestic violence and abuse and increased burden on them to play traditional carer roles.

The respondents also identified a space for support in advocacy and communication efforts. There are several groups that they thought should be a focus on during the coming period; either as being a risk group to be most affected (IDPs, detainees, elderly individuals, etc…) or as parties who could support in lobbying or advocating for sustaining and upscaling support to Syria and its CSOs. The later form of advocacy support focused on pressuring the Syrian regime and local authorities to upscale their response on one hand. On another hand, advocacy with international bodies and states needs to be geared to ensure that funds and grants that are ear-marked for the COVID-19 response and support are both encouraged and sustained at the needed level, as well protected from being diverted to other programs and interests.



Recommendations

Information needs

For CSOs mounting local response in their communities, partners including Dawlaty could support in providing them with the needed research, communication materials, and information to incorporate in their awareness efforts. This could support them in focusing their efforts on delivering the messages and awareness information by taking away the burden of developing them, and cutting down on the time that they need to respond to the changing context of the crisis. Supporting field grass-root organizations with constant updates on awareness materials, guidelines, and general updates on the pandemic for them to disseminate, could also help control the level of confusion that is spreading across communities which are not being provided with this information that they need adequately.

Logistical & technical support

Syrian grassroot CSOs could benefit from a training or mentoring session on remote management, or better yet a detailed guide. Organizations or groups who have relied on remote management before the crisis and have massed an experience in this form of work are best suited to provide this form of support. Other forms of technical support could include training sessions of web conferencing softwares with an introduction to their security risks and different functionalities. More generally, organizations which will have their staff working from home could also benefit from support in making this transition (assessment of gaps, guidelines, training/mentoring, etc…).

Capacity building

Capacity building and training sessions on needed skills to manage the emerging needs of the organizations and the communities that they serve is in demand. On an organizational level, training on needs assessment, remote management, and working from home guidelines could position Syrian CSOs at an advantage to respond to the changing context that they work in. On a program level, PSS for staff and beneficiaries could prove highly useful for the organizations to be adept in providing. Awareness raising skills could also be useful for the organizations to receive and become proficient in as long as it is centered around the pandemic and the crisis (updates, translating information into behaviour change models, etc…).

mobilization

Syrian CSOs are investing in maintaining their work with the communities that they serve. Yet they realize that this form of work needs to respond to emerging needs and appropriate tools and techniques. This translates into reimagining local community initiatives that are both responsive to current needs and feasible in application; i.e. messaging that focuses on social cohesion using accessible online communication tools (reaching out to most-at-need groups, sensitizing the public on needs of most-at-need groups,…).

Advocacy and communication

Several areas are identified for advocacy and communication efforts. On a local level, awareness on updates related to COVID-19 in Syria and worldwide as well as behaviour change on social distancing and self-isolation was the most commonly mentioned theme. PSS support for field workers, civil society workers, and the general population also received a lot of attention from the respondents. Respondents identified several communities which would require close monitoring as they deemed them at-risk who would be most impacted by the crisis; these populations include people with disability, the elderly, women head of households, etc.... Domestic violence against women and children was also a concern for many as the current context offers a fertile ground for this form of violence to fester unseen.

Advocacy on the release of detainees could be increased as demands could be placed to respond to high crowding of detention facilities in Syria and lack of proper medical services. Political prisoners and people detained with no due process are two populations among the detainees or whom immediate release must be advocated.

Finally, donors and international groups could take part in advocating for increasing support for communities in Syria which are affected by the pandemic. This includes calling for funding for the COVID-19 response efforts as well as ensuring that these funds are ear-marked for this purpose and transparent in their provision.

دولتي

COVID-19

Situational Report: Impact and response of Dawlaty's partners and operations