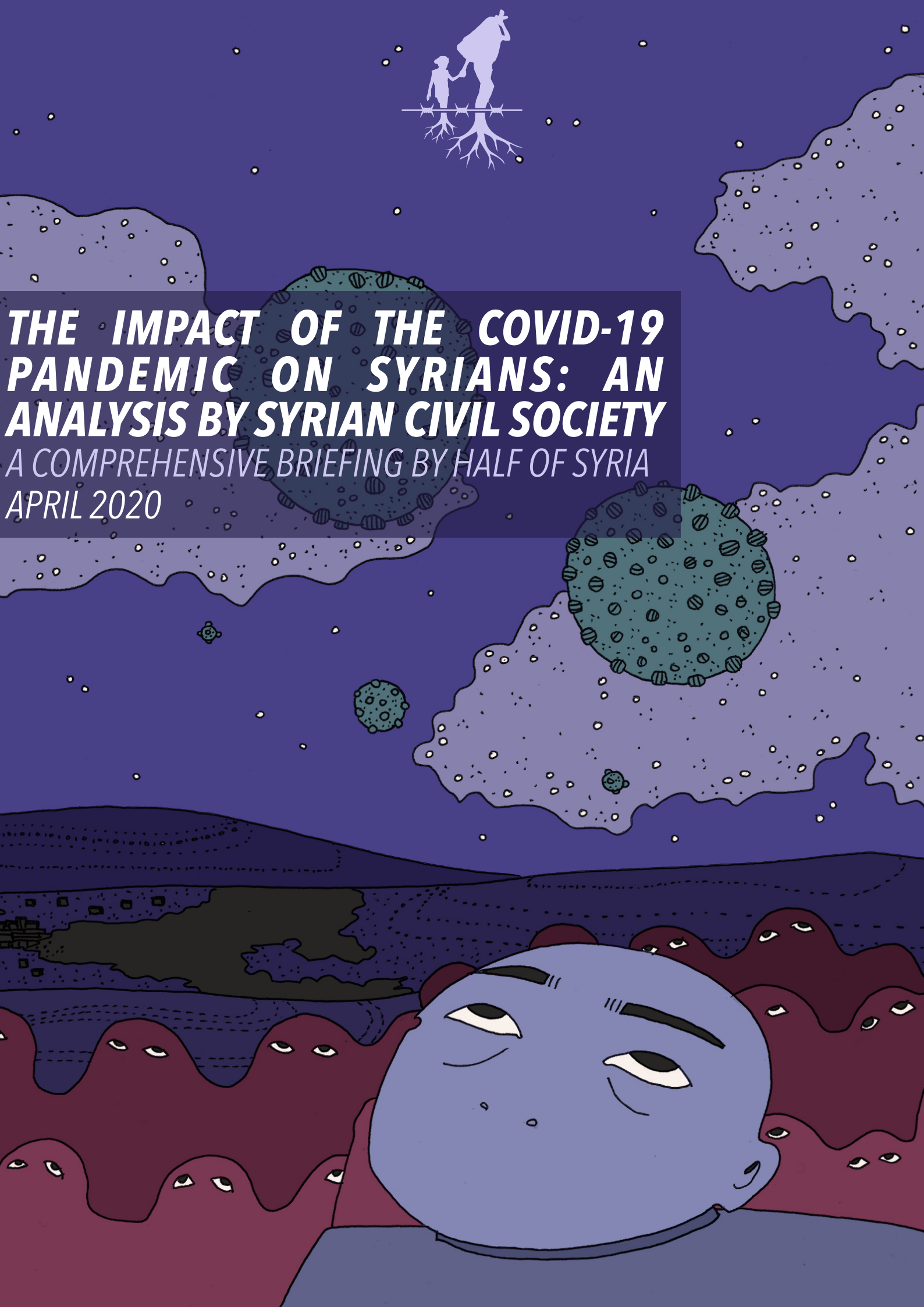




# **THE IMPACT OF THE COVID-19 PANDEMIC ON SYRIANS: AN ANALYSIS BY SYRIAN CIVIL SOCIETY**

A COMPREHENSIVE BRIEFING BY HALF OF SYRIA  
APRIL 2020



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## ABOUT #HALF OF SYRIA



*Half Of Syria is a campaign that aims to highlight the mass forced displacement of Syrians. Over half of Syria's population has been forced to leave their homes. They are living as refugees or as outsiders inside their own country.*

### WHO WE ARE

*We are a group of civil society organisations (CSOs) and individuals campaigning on the issue of forced displacement in Syria. Some of us are living outside and inside of Syria in areas they fled to. We have responded to sieges, displacements and bombardments.*

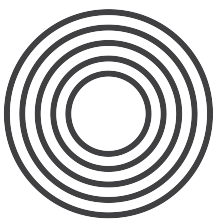
### WHAT WE WANT

*We want the world to know that this is the largest displacement crisis of our current time, according to the UN. You may see some of the over 5 million Syrian refugees outside of Syria, but over 6.2 million people are displaced inside their own borders and they are invisible and without protection.*

 @HALFOFSYRIA

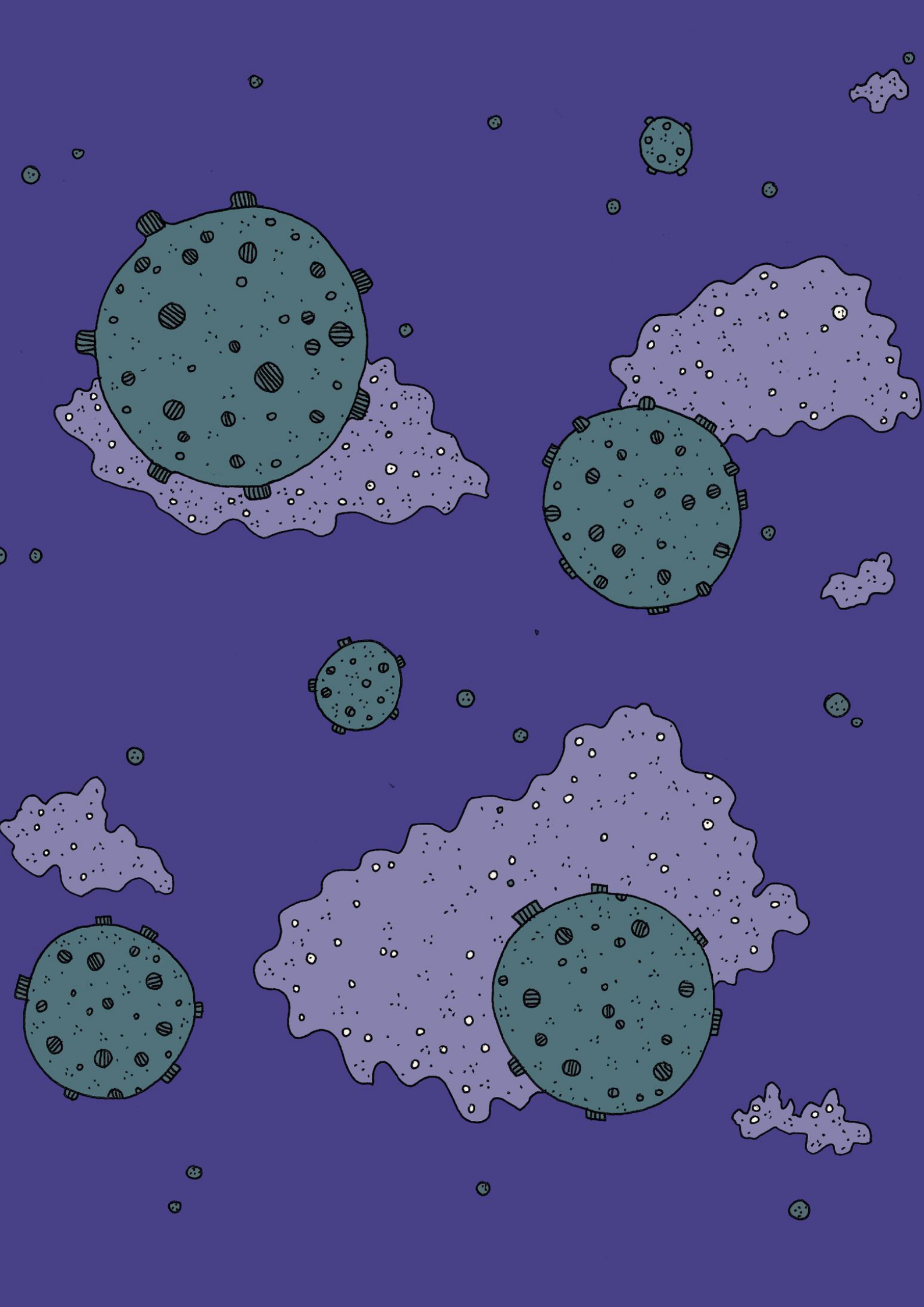
 @WEAREHALFOFSYRIA

 [HTTP://FORCED-DISPLACEMENT.CAMP/](http://FORCED-DISPLACEMENT.CAMP/)



*The #Half Of Syria campaign is an initiative supported by **We Exist!**, a Syrian-led network of Civil Society Organisations. **We Exist!** aims at ensuring that the Syrian Civil Society is central to any thinking and planning on the future of Syria. **We Exist!** strictly empowers advocacy and campaigning efforts of its members, without endorsement or representation.*





## **EXECUTIVE SUMMARY**

Still reeling from Syria's worst humanitarian crisis yet in northwest Syria, organisations behind the Half of Syria campaign were distressed as news of the COVID-19 virus travelled around the world. All of our organisations shared a fear of the severe damage the fatal pandemic could do in the context of war. We are not strangers to crisis. For nine years, we have coped with aerial bombardment, starvation sieges, and the constant threat of forced disappearance and torture. Among our organisations are medical workers who have seen their hospitals and clinics routinely bombarded and who have had to fortify their facilities and move them underground. There are women and children's rights organisations who have made every effort to offer protection to the most vulnerable in our communities. Relief organisations have had to deal with the forced displacement of more than one million people in Idlib in a matter of weeks. Despite the odds, Syrian civil society has served millions of men, women, and children with relief, medical care, education, empowerment, economic support, and protection.

The Syrian regime has officially declared nineteen cases of COVID-19 and two deaths. We expect that the numbers may be higher. Inside and outside Syria, Syrian civilians face a lack of adequate medical care. We have no time to waste now as we prepare a response to COVID-19 inside Syria, in neighbouring countries and in Europe where refugee populations live. To rise to this monumental challenge and its potentially catastrophic effects in Syria and neighbouring countries, we will need the support of UN agencies, donor governments, and national and international non-governmental organisations.

As an alliance of international Syrian civil society organisations (CSOs), many of our members have teams inside Syria and in the region active in various sectors: health, child care, education, women's empowerment, media and culture, research, human rights and accountability, relief and social services, and local governance. The critical challenges of the COVID-19 pandemic in the eyes of Syrian civil society have been collated following extensive interviews with the teams of member and partner organisations working in the field.

Inside Syria and in neighbouring countries, civil society organisations were concerned about broken health systems and a lack of basic health infrastructure. Years of aerial attacks on medical facilities have forced many to shut. Facilities that remain open face an absence of qualified medical staff and are ill-equipped, lacking ventilators as well personal protective gear. A serious lack of testing was raised as a point of concern by various organisations. Inside Syria, the number of tests available was dismal. Where people were able to get tested, the logistics of safely transporting tests to a neighbouring country, in the case of non-regime held areas, to process results were time-consuming and difficult.

In regime-held areas and in camps in Lebanon and France, people feared deportation, stigmatisation or punishment if they tested positive for COVID-19, leading them to avoid talking about their symptoms and sometimes attempting to flee medical facilities where





treatment was being administered. Fear and mistrust of authorities were seen by civil society organisations as key barriers to testing, treatment and cooperation with recommended measures.

The conflict has multiplied the number of vulnerable people whose health and circumstances may make them more susceptible to the worst outcomes of the virus. Refugees, the forcibly displaced, and the disappeared are most at risk. Civil society organisations' teams have lost sleep over the idea of Coronavirus spreading through underground detention facilities or crowded displacement camps. The disappeared, due to routine torture and malnutrition, no doubt have a weakened immune system. The same could be said for the displaced who are forced to live with unsanitary and inadequate living conditions. Indeed, civilians in Syria, whatever their age, have had their bodies put through chemical attacks, malnutrition, beatings, and other harsh conditions.

Organisations were deeply concerned about the lack of economic safety net for Syrians inside and outside Syria. Many Syrians earn their income on a daily basis, and lockdown measures forcing them to stay at home have already had devastating effects on families' ability to secure basic needs. Aside from foodstuffs and sanitation products, access to the internet has been affected. This was cited as one of the issues compounding the lack of awareness of the scale and severity of the virus, as well as the measures individuals could take within their households and communities to mitigate them.

Organisations described the challenges facing women and children in particular, who make up the vast majority of displaced populations. Protection concerns were already recorded by civil society groups, and many feared the effects of lockdown measures on domestic violence, sexual exploitation in return for aid and the effect of the pandemic on sexual and reproductive rights. Education for children has been halted, affecting not just their ability to learn, but making it much more difficult for organisations to work on their protection.

Other challenges include the global nature of the virus, with fears that this could affect the support the Syrian humanitarian response will receive from donor governments and the international community. Organisations also worried that sanctions would mistakenly lead to effects on the health sector and prevent much-needed resources from reaching the population.

Finally, there were challenges related to the response itself, in particular around transparency and coordination. Inside Syria, the government and de facto authorities will not coordinate the response to the pandemic, even though the virus will not discriminate by geography. The World Health Organisation (WHO), an institution critical to shaping the global response to the pandemic, traditionally deals with state bodies, but a successful response inside and outside Syria will require coordination with a multitude of entities and actors.

Civil society organisations have already begun responding to this set of complex challenges. Centres have been established to quarantine those who are believed to have



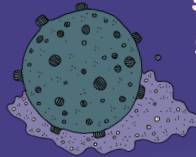
contracted the virus. Awareness campaigns have been run, public spaces have been disinfected and medical facilities are on alert and preparing to respond to the crisis.

However, in order to help protect Syrians from this pandemic, an international response will be critical as well as the cooperation of parties to the conflict and all humanitarian actors active on the ground inside Syria and outside Syria working with refugee communities. A full set of recommendations can be found in the section below.

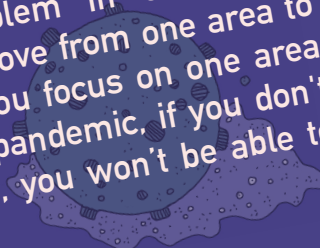
« Once the virus enters one camp, there's no way to stop it »



« Needless to say, the situation in Syria in general is bad. I don't think there's anything stopping the virus from spreading very fast. »



« You can't treat the problem in each area separately because people move from one area to another constantly. Even if you focus on one area and manage to contain the pandemic, if you don't coordinate with other areas, you won't be able to sustainably contain it. »



## **RECOMMENDATIONS**

We urge the international community and INGOs to acknowledge the unattainability in applying the basic COVID-19 preventive measures. inside Syria, camps in neighbouring countries and in Europe). After extensive consultations with our members and partners, we have accumulated the following recommendations that we address to different bodies :

### ***TO PARTIES TO THE CONFLICT:***

First and foremost, we demand that conflicting parties, regional and international powers heed the call of the UN Secretary-General to cease fire and give health systems a chance to fight the pandemic, a virus that knows no boundaries, ideology, religion or ethnicity as a universal humanitarian and humane duty.

### ***TO THE WORLD HEALTH ORGANISATION:***

- Immediately support hospitals, isolation centers, and camp medical centers with testing kits, ventilators, hygiene kits, and ICU unit equipment. Provide personal protective equipment (PPE) in sufficient numbers to cover the needs of medical staff, NGO workers, logistics workers, and local journalists;
- Implement a realistic response to the pandemic and start working with internationally accepted local authorities in Northeast and Northwest Syria who implement health services;
- Ensure that Syrian CSOs including health CSOs and medical workers are around the table in any discussion around the response.

### ***TO DONORS:***

- Coordinate with de facto authorities and not solely the government in order to accelerate the dissemination of information, material and staff;
- Ease procedures of funding or reallocation of existing grants for local CSOs inside Syria and those working in refugees camps in neighboring countries for rapid response projects providing support to communities and health authorities to respond to the pandemic;
- Support addressing the impact of the pandemic through financial support and livelihood so families can be lockdown without fear of hunger;
- Support local CSOs in providing remote education to children;
- Support local CSOs responding to social risks caused by social distancing.





## ***TO THE INTERNATIONAL COMMUNITY:***

- Ensure that sanctions and restrictive measures imposed by governments contain exemptions for the provision of goods and services relevant to the COVID-19 response, and ensure that exemptions already in place are effective and utilised;
- Reassess the legitimacy of sanctions affecting the health sector and civilian lives after the end of the pandemic;
- Ensure a special dispensation that enables WHO to work with regions of Syria, and not only “states”;
- Ensure coordination with all authorities across Syria to distribute materials and equipment in a fair manner on the basis of a needs assessment.

## ***TO AUTHORITIES IN REFUGEE HOST COUNTRIES:***

- Announce that infection with the virus does not equal deportation or arrest for undocumented Syrians. This must be monitored to ensure this crisis doesn't indeed provide a license for authorities to deport Syrians;
- Improve the sanitary conditions for all refugees, migrants and displaced people;
- Suspend evictions of refugees during the outbreak.

## ***TO SYRIAN AND INTERNATIONAL NGOs:***

- Implement a high-level task force: a cross-regional approach, with global support and a multidisciplinary task force (doctors, policemen, CSOs, local councils, etc.) with local authorities and “correspondents” to apply and monitor this approach and work at a local level;
- Provide factual information about all areas of Syria in order to evaluate the needs and the evolution of the sanitary crisis;
- Ensure that support provided by donors to tackle the crisis reaches all areas of Syria;
- Funds and in-kind donations should be monitored to ensure they reach the designated project. Emphasis on transparency is vital for trust purposes in the public health system and the interest of donor's;
- Key information should be made available on how to protect oneself, for those with little to no resources, who don't speak additional languages;
- Ensure an unbiased and transparent coverage of the epidemic in all areas with a focus on the people affected by it;
- Provide population and specifically women with access to psychosocial support and creative solutions to boost it, including through technology such as text messaging or online platforms.



## KEY CHALLENGES AND CONCERNS

### A broken healthcare system

Syria's broken healthcare system is a result of almost a decade of a highly destructive war.. According to the WHO, only 64% of hospitals across Syria and 52% of primary healthcare centers were functional at the end of 2019<sup>1</sup>. According to this document, up to 70% of the health workforce is known to have left the country. The lack of human resources, access restrictions, and the deliberate mass attacks on health facilities have paralyzed healthcare in Syria. The lack of basic health infrastructure on a national level raises concerns for the civil society about the management of a highly possible COVID-19 breakout. In Syria, the figures of Covid-19 casualties we've seen globally will undoubtedly be more dramatic. The global shortage in medical and personal protective equipment (PPE) and the competition with developed countries for the existing supplies will make it all the more challenging for the Syrian health system to deal with Coronavirus. One of our members raised the point that harvest time is coming soon and is accompanied by an increase of dust in the air, which usually results in an increase in respiratory illnesses. These might put extra pressure on doctors and hospitals with people showing up with symptoms similar to COVID-19.

### Lack of capacity to test

The issue of carrying out tests is crucial in Syria as everywhere around the world. Until today, tests are lacking in Syria, with only a few hundreds of tests provided by the WHO. Dr. Chamsy Sarkis, former scientist in Molecular Biology and virology at the CNRS in France told us during an interview: *"It is time the WHO recognizes that dealing with Coronavirus in Syria without a reasonable amount of tests is like sending a blindfolded surgeon to the operation room. This is very alarming, as more and more people across the country complain of symptoms similar to those of COVID-19".*

All of our interviewed members fear that Syria doesn't have sufficient expertise and equipment to develop tests for COVID-19, thus relying on WHO to provide tests, which are insufficient. According to local sources, only a few hundred tests have been provided for the north of the country, which has only one PCR machine to perform the tests. The same PCR machine is of poor quality, not suitable for large scale testing, as it allows only ten PCRs in parallel, which means only eight tests, as two slots of the machine are needed for positive and negative controls. Dr. Sarkis told us *"The WHO is not thinking the right way in Syria. Syria will not compete with rich countries to access the WHO RT-PCR test kits. The WHO and donors should provide means to set up makeshift laboratories, be able to perform common RT-PCRs with cheaper reagents and with high throughput capabilities. Some Syrians abroad do have the necessary expertise to set up and run such facilities, and some are ready to go to Syria for such a mission. Most importantly, the WHO and donors should guarantee hundreds of*

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<sup>1</sup> World Health Organization, Surveillance System for Attacks on Health Care (SSA) <https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>



*thousands of rapid immunoassay tests for Syria, the most suited solution for mass testing in the country . Without extensive testing, we will act blindly, thus probably wrongly."*

### **A high proportion of vulnerable people**

Two populations are particularly vulnerable to COVID-19: the elderly, and people presenting pre-existing health conditions (diabetes, hypertension, cardiovascular diseases, cancer). The mortality rate of vulnerable groups may rise to 20% or even more, according to worldwide scientific and medical literature<sup>2</sup>. Moreover, both international and local NGOs have warned about the high prevalence of non-communicable diseases in refugee populations inside and outside Syria<sup>3</sup>. Most prevalent are diabetes, hypertension, and cardiovascular diseases, the same pre-conditions making people much more vulnerable to Coronavirus lethality, at up to tenfold, even 100 fold higher than people in good condition from the same age category. Although updated and accurate statistics are not available, members of our coalition working with refugees and IDP camps, all agree that the prevalence of pre-existing health conditions raising vulnerability to COVID-19 are high in these populations, and increasing overtime for the last years, due to lack of health care.

Although the population age pyramid in Syria is on the younger end of the spectrum, nine years of war have led the country's demography to change. Over 5.6 million people have fled the country and many young men have largely been killed or arrested. The average age of the population is now older than in 2011. In such circumstances, Syrian civil society organisations are now concerned that the virus outbreak could lead to a large number of deaths among the older generation within the country.

Over the years of war, sieges, chemical attacks, malnutrition, depression and anxiety have left a considerable proportion of the population now with a weakened immune system which makes them more fragile or vulnerable regardless of their age.

The scale of forced displacement is an additional serious risk factor for millions of Syrians, increasing their vulnerability to the pandemic. Most of the people internally displaced are living in terrible conditions, some in informal settlements, without adequate shelter and with minimal access to food, health and education.

The large-scale arbitrary detention and forced disappearance of thousands of men, women and children whose lives have been in limbo for years, is also a risk factor. Syrian CSOs are very much concerned about the estimated 90,212 detainees (according to the Violations Documentation Center in Syria and the Syrian Center for Media and Freedom of Expression) who are being denied any medical care.

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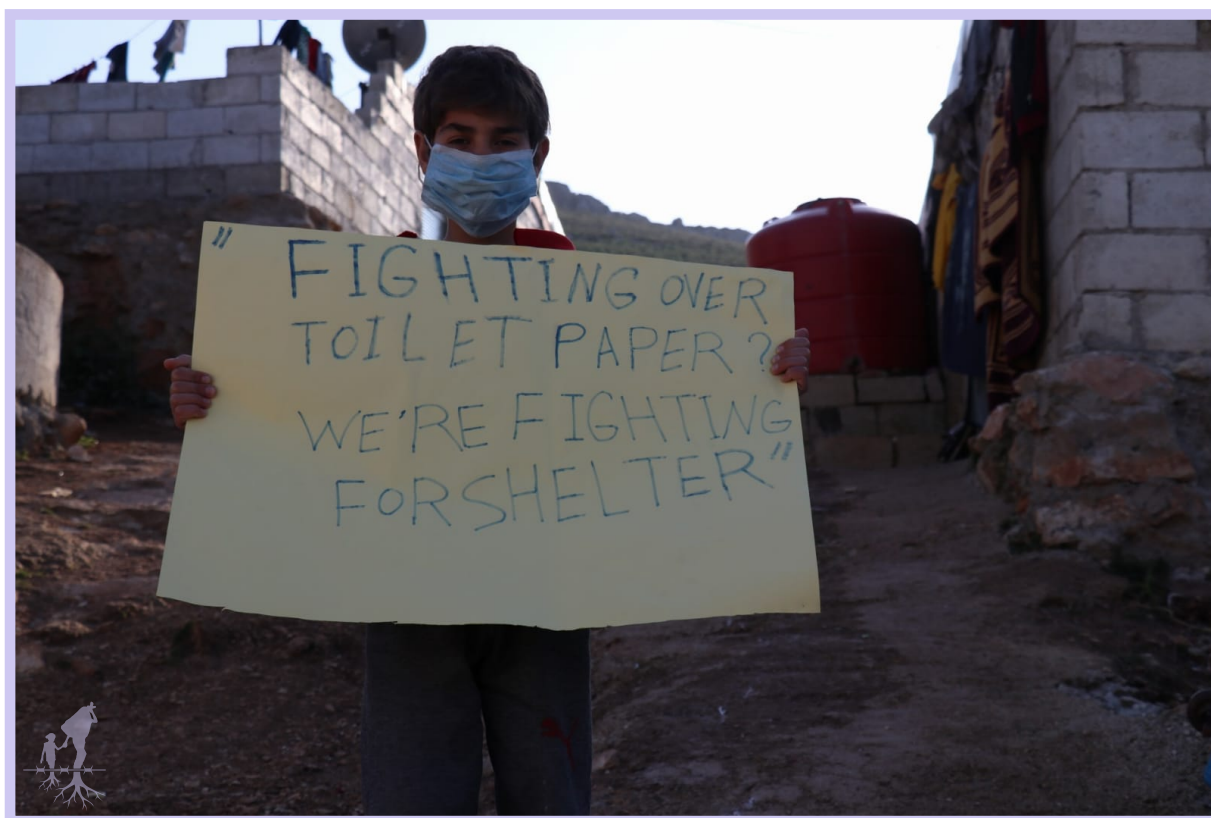
<sup>2</sup> Grasselli, Giacomo, et al. « Baseline Characteristics and Outcomes of 1591 Patients Infected With SARS-CoV-2 Admitted to ICUs of the Lombardy Region, Italy ». JAMA, avril 2020. jamanetwork.com, doi:10.1001/jama.2020.5394.

<sup>3</sup> Naja, Farah, et al. « Burden of non-communicable diseases among Syrian refugees: a scoping review ». BMC Public Health, vol. 19, n° 1, mai 2019, p. 637. BioMed Central, doi:10.1186/s12889-019-6977-9, .



Extensive forced military conscription also contributes to the population's vulnerability to COVID-19. Not only are young men being sent to die, but households have been economically challenged and thus made vulnerable, restricting many families' access to food, health, and education.

One of our members mentioned an additional risk related to health habits and behaviours of Syrians: *"Syrians are used to taking antibiotics, and strong medicine that we can buy very easily in pharmacies. Elsewhere people aren't allowed to buy such drugs without a prescription. These habits have weakened our immune system over the years. Furthermore, some of these drugs can have hazardous side effects if the patient is infected with COVID-19. This is a cultural problem that will also play a major role in this crisis."*



**Photo credit:** Half Of Syria, "Child in a camp. Ariha, Idlib"

### **No safety net in a broken economy**

Inside Syria, people cannot afford to stay at home and adopt the lockdown measures that would slow the spread of the virus. Most people's livelihoods depend on day labour, and they do not have a safety net. According to a member of Half of Syria, the cost of staple goods makes up at least 80% of an unskilled worker's monthly salary, and 50% to 80% of a public service worker's monthly salary: these are the "working poor" in Syria. At the time of writing, the daily wage for 12 hours typical daily labour in Idlib is 1,500 Syrian Pounds, about 1.10 Euros. The effects of a COVID-19 outbreak will aggravate the already-ongoing economic decline, further reducing households' purchasing power and access to health.



According to the UN OCHA's Humanitarian Needs Overview (HNO) in 2019<sup>4</sup>, 83% of Syrians live below the poverty line. This leads many Syrians to adopt "harmful coping strategies" such as reducing their food consumption, ignoring medical needs, or even reducing hygiene practices. There is no support system for many people and their families.

One of our members who we interviewed told us : *"All the countries are facing this crisis not only from a health and medical perspective but also from an economic one. States are providing support mechanisms to encourage their citizens to stay home and respect security measures. This is something that won't ever happen in Syria. There is no economic policy to support people and encourage them to respect a lockdown"*. Local administrations and authorities don't have the capacity to support small businesses. Civil society organisations in general were concerned that very few people can work from home or can afford to spend a few weeks without working. One of our contributors said , *"It is easy for us to stay home and work remotely on our laptops, but this can not be considered by the vast majority of the Syrian people inside the country"*.

### **Lack of awareness**

Several local associates expressed their concerns at the overall lack of awareness among citizens. One of our interviewed members told us that *"it seems like people all over the country still do not grasp the nature of the virus, how rapidly it spreads and why it is crucial to flatten the curve urgently. Independently from the current context related to the ongoing war, Syrians, like many other people in the region, are usually socially very close, and the individual sphere is tight."* Syria has a close-knit society with intimate social relations within its communities, as in neighbouring countries. Dr. Sarkis, also expressed concern about this and said during an interview that *"it seems like people are not taking into consideration the speed, the high contagiousness of the virus, and a policy on social distancing will be tough to set up in Syria. One should recognize that social distancing will not be feasible in some parts of Syria, and alternate strategies must be thought and implemented to secure the most vulnerable"*.

An important factor in mitigating any public health crisis is people's ability to stay connected, aware, and informed through the internet. One of our members, in a yet unpublished report, has found that at least 90% of households in rural areas and in IDP camps (a tent is considered as a household) have access to a smartphone and use the internet for at least one hour per day. In 2019, when the research was performed, households spent up to 30% of their income on Internet communication, mainly in order to have access to news and to communicate with relatives. In the condition of an outbreak, with the probable increase in the price of basic service and with higher health and hygiene spending, many may need to reduce their spending on internet access. Consequently, access to information and guidance on COVID-19 might be reduced, even more for isolated populations, such as in informal camps. Risk communication, a field of action identified as crucial by WHO in the battle against Coronavirus, will thus be less effective when many

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<sup>4</sup> 2019 Humanitarian Needs Overview: Syrian Arab Republic. //hno-syria.org.





Syrian households, especially the poorest, cannot afford to spend money on internet access.

### **Lack of transparency & coordination**

The members of Half of Syria noted a strong concern related to the coordination of a response to the COVID-19 pandemic. Coordination and transparency are lacking on several levels: within the country between different areas, between the regime and the Syrian people, and between UN organisations working in Syria, and Syrian CSOs.

These circumstances make it difficult to cooperate with INGOs since there is no unity in the country to establish an action plan across the country. For instance, several members denounced that the WHO does not deal with regions, but only with states. The WHO is refusing to deal with regions in Syria is problematic. *“There needs to be a proper adapted plan, in both regime-held areas and the others. We lack leaders who own the responsibility to pilot the response”*, said a spokesperson for a local member organisation.

The lack of cooperation between different areas of the country constitutes a big challenge for Syria. One Half of Syria member said that the virus would hit the Syrian territory in its entirety. As a result of the conflict, the country is divided into different areas with different military or political factions governing their territory. The factions are at war, and inevitably, this results in a lack of coordination between the different areas. *“This is a pandemic. You can't treat the problem in each area separately, because people move from one area to another constantly. Even if you focus on one area and manage to contain the virus, if you don't coordinate with other areas, you won't be able to sustainably contain it”* she explained. Another member's focal point expressed similar concerns. Every country is handling the Coronavirus crisis as a state, which can not be the case in Syria given the country's governance division. There is no united governing force that can act as a leader for the country, and ensure that citizens across the country apply restrictions and measures.

Half of Syria member organisations expressed that UN agencies working in Syria are not working transparently, or adequately, with many Syrian NGOs. The Health Cluster in Gaziantep has a COVID-19 Task Force that coordinates the health response, and UNOCHA has supported the Inter-Cluster Coordination Group (ICCG) to create a response plan<sup>5</sup>. Although essential, coordination with Clusters is not sufficient, as many local NGOs inside Syria and Syrian NGOs abroad are not within the Clusters, although they are providing crucial support to many communities or sectors. One of our members explains, *“I do not understand how these Clusters interact with the UN. I sometimes read nonsense proposals produced by UNOCHA and WHO, when dealing with Syria. For example, a recent UNOCHA report states that “some IDP families are using public buildings as collective centers, including some schools that need to be evacuated to resume educational activities” when we believe*

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<sup>5</sup> « Recent Developments in Northwest Syria - Situation Report No. 11 - As of 27 March 2020 - Syrian Arab Republic ». *ReliefWeb*, <https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-situation-report-no-11-27-march-2020>.





*that schools need to be used to shelter the most vulnerable in an epidemic situation, and indeed not reopened."*

Several members and partners highlighted the importance of a Syrian-led task force, which the UN should collaborate with, to deal with the parts of Syria that are not under the control of the Syrian government. Another member stated, *"grassroots organisations will be at the frontline in the COVID-19 response, and they should be listened to immediately before it is too late"*. Referring to the UN, he adds: *"Once the big whale takes a direction, it will be too late to change it, even if it is speeding straight to the shore"*.

### **The impact on women**

According to a Half of Syria member, women and children make up 80% of the population of displaced persons in Syria. As well as the vulnerabilities of displacement and the effects that may have on their health, the COVID-19 pandemic poses a wealth of increased protection risks for women. This member organisation working on the empowerment of women said *"We receive a lot of questions from women, on how to clean vegetables and how to disinfect tents. They are scared and worried about how they will protect their families. Some women are trying to produce their own disinfectant solution by mixing chlorine with other cleaners, which can produce dangerous reactions. We have heard of several cases of poisoning in Damascus, Idlib and in neighbouring countries, all of them women"*.

The economic impact of lockdown measures also pose a threat. Prices of basic foodstuffs and sanitation products have risen, according to the same organisation. Women risk being exploited, and the organisation had previously heard of cases where women were sexually exploited in exchange for aid. In times of scarcity, women are often the last person in the family to eat, despite at times being the person who may need nutrition the most because they are pregnant, breastfeeding or menstruating.

Women bear the burden of childcare, which has increased in many cases due to the closure of education facilities. In camps, informal settlements and apartments, women must educate, entertain and protect children in already difficult living circumstances. The impact of the outbreak on the mental health of women cannot be overstated. In addition to their own stress, women need to deal with their children's anxieties and confusion; for example, many of them don't understand why they can not go to school anymore. Access to psychosocial support will no doubt be affected.

Within the Ebola outbreak, researchers found that the outbreak had a negative impact on sexual and reproductive rights, with all health resources diverted to combating the outbreak. In The Atlantic quoted a researcher saying *"Things that aren't priorities get canceled. That can have an effect on maternal mortality, or access to contraception."*<sup>6</sup> In Syria we already have witnessed raising of maternal mortality during birth due to the war, we are very afraid of a new raise.

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<sup>6</sup> Lewis, Helen. « The Coronavirus Is a Disaster for Feminism ». *The Atlantic*, 19 mars 2020, <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>.



Domestic abuse was a serious cause for concern during the pandemic. In contexts where the rule of law and a justice system was absent, women were at great physical risk during lockdown. The head of one feminist organisation said, "I have personally received jokes that say it is time to take revenge from women as the police will not come to your place". According to Lebanese organisation Kafa, reports of domestic violence increased by 100%<sup>7</sup> since the beginning of the lockdown in Lebanon and Syrian refugee women are now less likely to report abuse as they have less access to communication tools due to the lockdown.

In Syria, like elsewhere, women are responders to the pandemic through their professions, in particular nurses and teachers. Although they are now needed more than ever, no support system exists in place for them. A lack of protective gear poses a risk to women and their families, and though they are expected to respond to the crisis, they had no access to childcare or mental health support. The partner organisation quoted said they were looking for ways to support women through the organisation. Led by Syrian women to support Syrian women, the organisation's model of work includes a focus on establishing safe spaces for women to meet, make use of services, receive psychosocial support, access to internet and training in the English language or other skills. This model is unfeasible during the pandemic and the organisation was exploring alternatives.

### **An international crisis**

Due to the nature of the pandemic, countries all over the world are struggling to deal with their health and economic crises at a national level and are, in some cases, calling for help from other nations and INGOs. One of our member organisations, specialised in child protection and education, explained during an interview that Syria, despite its catastrophic humanitarian crisis and urgent need for support, is not the international community's priority. He said, *"The problem is global so there is a disinterest in the Syria file. Donor countries are so overwhelmed. Look at the situation in France. In Germany, Syria is not a priority at the moment."*

### **Sanctions and restrictions**

*"We need to take a clear stance on sanctions. It is vital to note that there are many reasons behind further poverty in Syria. If America is going to force sanctions on Syria, they're welcome to put sanctions against the regime. But the sanctions and restrictions put on an entire country also impact the support that aid agencies can provide. Advocates need to ensure the message that sanctions should not include health sectors - if an entire country has a sanction, it will make it even more difficult for banks to deal with it. We can't be restricted any more than we are on delivering aid in Syria."* said one of our members. This shall be done with great consideration to the fact that the Syrian regime is politicising the issue and trying to get the sanctions applied on it lifted, out of this pandemic.

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<sup>7</sup> « % العنف الممارس على النساء تفاقم في زمن الكورونا: الخط الساخن لقوى الأمن: الزيادة بلغت 100 % » , <https://newspaper.annahar.com/article/1160449>.



## SYRIAN REGIME-HELD AREAS



Photo credit: SMART News Agency, « Ain Tarma with Curfew »

## KEY CHALLENGES AND CONCERNS

### Opacity and denial

Despite the regime's attempt at denying any critical risk, there are many reasons to fear that the virus is spreading within the country: Pakistani authorities reported that the country's first cases were fighters coming back from Syrian regime-held territories inside the country while the regime was still denying the presence of COVID-19 in its territory<sup>8</sup>. Furthermore, Iran, which has been harshly affected by the pandemic, has thousands of its fighters supporting Assad's regime locally<sup>9</sup>. However, despite those reasons and the increasing number of people complaining about symptoms (mostly as "pulmonary infections" according to a local member), the regime does not provide a transparent discourse on the situation and is not sharing updates about the number of people infected. On the contrary: it tries to stifle any case or proof of the outbreak and to shut down any public announcement related to the pandemic, even when it is coming from the medical community (as explained by Mazen Ghabirah and Zaki Mehchy in their research "COVID-19

<sup>8</sup> « Syria, Insisting It Is Coronavirus-Free, Takes Broad Steps to Prevent Spread ». *Reuters*, 14 mars 2020. [www.reuters.com](https://www.reuters.com/article/us-health-coronavirus-syria-idUSKBN2110SA), <https://www.reuters.com/article/us-health-coronavirus-syria-idUSKBN2110SA>.

<sup>9</sup> « Syria Confirms First Coronavirus Case as Fears Grow It Could Spread ». *Reuters*, 23 mars 2020. [www.reuters.com](https://www.reuters.com/article/us-health-coronavirus-syria-idUSKBN21912A), <https://www.reuters.com/article/us-health-coronavirus-syria-idUSKBN21912A>.



pandemic: Syria's response and healthcare capacity<sup>10</sup>). The first official case of COVID-19 was declared only on March 22nd, when there were reasons to believe that there have been many more cases for quite some time before.

The regime is dealing with the pandemic with opacity. Dr. Joseph Daher, an academic whom we have interviewed, pointed out that the regime is trying to block any independent solidarity initiative coming from citizens. *"The regime wants to prevent any autonomous and local solidarity initiative to develop its means of self-organisation and expand its own networks. We have seen many local solidarity initiatives flourishing in some cities in regime-held areas, a lot of them having started on social media . In Damascus, Tartous, Lattakia, Sweida and other cities, these local initiatives aimed at helping people in need, raising awareness and providing means to prevent spreading the virus, delivering food and medicine for vulnerable citizens , among others. However, the Minister of Social Affairs and Labour stated that people should provide aid exclusively through the entities registered with the Ministry".* This is how for instance, some local youth initiatives in Lattakia have been repressed by security forces, according to the academic.

### **Fear of interrogation**

As a result of the regime's repression, patients may be afraid to report their symptoms. One local member, said that citizens in regime-held areas are experiencing an additional level of stress with this outbreak - the fear of being interrogated. There is a real taboo around COVID-19 in Syria. This is cause for concern, given that when people don't speak up about their symptoms, they are unable to access treatment and may be spreading the virus among their community. Taboo is a consequent factor of the propagation of the virus in Syria.

## **LOCAL RESPONSES**

It is clear, from our interviews with members and associates , that in regime-held areas, populations mostly have to rely on themselves and can not expect proper protective measures from the government's system. According to the aforementioned research carried out by Mazen Gharibeh and Zeki Mehchy, patients are relying on informal personal connections to get tested or to be admitted to hospitals. Some private hospitals are also offering the test for approximately 300 USD for the minority able to afford the sum. In this report, they highlight that one of the most significant efforts put in place by the Syrian regime since the propagation of Coronavirus is to bury the stories and suspicions of cases, rather than responding to an outbreak within the country. The regime is not attempting to cooperate with other regions of the country to set up a global plan in Syria; authorities in general are wary of cooperating together. Therefore, responsible measures are mostly taken by people themselves, at an individual level, as much as possible. As Dr. Daher told us, some local citizens' initiatives are emerging from people in regime-held areas, to try to provide help to vulnerable populations. These initiatives have flourished in Damascus,

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<sup>10</sup> Gharibah, Mazen and Mehchy, Zaki (2020) COVID-19 pandemic: Syria's response and healthcare capacity. Policy Memo. Conflict Research Programme, London School of Economics and Political Science, London, UK.





Lattakia, Tartous, Sweida, Hama, Homs, Aleppo and Deraa. Most of these initiatives consist in bringing assistance to people in need, securing them and delivering food and medicine for them, especially the elderly. Some local NGOs and associations also initiated campaigns to raise awareness and provide means to prevent the propagation of the virus, as Dr. Daher explains in an article<sup>11</sup>.

### The regime's way of "securing" the population



Source: [www.sana.sy](http://www.sana.sy)

This poster was released on the Syrian Arab News Agency's website, a Syrian state media organisation linked to the Ministry of Information. It says: **"If you know a person who shows symptoms of coronavirus, inform your local health facilities. To protect them. To protect your country. Inform. Don't hesitate to. #With\_you\_against\_corona"**

This poster is quite suggestive of the regime's strategy of fear and denunciation. This is its way of dealing with the pandemic: denouncing infected people, which opens doors to potential dangerous behaviours and fuels the culture of fear in Syria that has been sowed by the regime for decades. A local source of ours also informed us that security is currently forbidding Damascus media to publish pictures of crowded places, and compelling them to spread only positive messages. These are, among other things, proof of the regime's denial of its responsibility and of the seriousness of the situation

<sup>11</sup> « "Before Corona, I Will Die of Hunger": The Socio-Economic Impact of Covid-19 on the Syrian Population and New Challenges for the Regime ». *MEDirections Blog*, 2 avril 2020, <https://blogs.eui.eu/medirections/corona-i-will-die-hunger-socio-economic-impact-covid-19-syrian-population-new-challenges-regime/>.



# NORTHWEST SYRIA

## KEY CHALLENGES AND CONCERNS

### A humanitarian catastrophe

Out of four million people trapped in northwest Syria, 51% are children and 25% are women (according to an OCHA Situation Report)<sup>12</sup>, and around one million are living in overcrowded camps. According to a local partner, in January 2020 alone, almost 1.5 million people fled their homes, most of them ending up in urban centres in northern Idlib and Aleppo, which are already overcrowded and underprepared. Access to health is catastrophic. Under those circumstances, it is impossible for the local population to properly apply preventive measures to face a virus outbreak. Dr. Munther al-Khalil, head of the Health Directorate in Idlib, speaking at a webinar organized by Syrian civil society<sup>13</sup>, said that within one year, they had lost over 70 health facilities. He told us that the health sector in Idlib is currently unable to face the virus outbreak, and that unless the region receives supplies immediately, we can expect 100,000 deaths. Dr. Munther gave us a clear understanding of local capacities: *"People are supposed to wash their hands frequently, when they don't have enough water to drink. They are supposed to stay in lockdown when they don't have food and can be up to 30 people in a tent. We are preventing this crisis as CSOs when we should be supported by INGOs and authorities. Donors have cut their support funds, and there aren't solid organisations supporting our work today"*. As a matter of fact, the numbers are quite alarming. *"Today we have 95 beds in the ICU for 3.5 million people. Our ventilators are all occupied. We crucially lack doctors and hospital settings. We have around 600 doctors in Northern Syria for 4.5 million people. It represents less than 2 doctors for 10 000 inhabitants, which is catastrophic. Our doctors have been either arrested, killed or displaced."* said Dr. Munther. Turkey has announced training for staff in northwest Syria for PCR testing, a type of test for COVID-19, but only a few laboratories are set up to run these tests. According to Dr. Al-Khalil, the WHO has a plan to increase the testing capacities that is too modest, allowing only a few dozens, at best a few hundreds tests per day for the entire country.

One of our members explained that the region is the most favourable for a high virus propagation. It constitutes a priority for a specific response. He said *"usually you need to provide a response that is strictly related to health, maybe economy. But in the Syrian northwestern case, the response goes beyond that as you need to acknowledge the total lack of services and poor infrastructure. In "normal" places, you try to save as many people as possible. In Northwestern Syria, maybe you can't save people, but just help them not get sick by isolating them. Borders are closed, with Syrian Democratic Forces (SDF), Turkey and regime-held areas. These people are literally trapped in a prison"*.

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<sup>12</sup> « Recent Developments in Northwest Syria - Situation Report No. 11 - As of 27 March 2020 - Syrian Arab Republic ». *ReliefWeb*, <https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-situation-report-no-11-27-march-2020>.

<sup>13</sup> *YouTube*. [https://www.youtube.com/playlist?list=PL8XnANrJ-GTOQ\\_5sVSsqXBdxmFebWC0sv](https://www.youtube.com/playlist?list=PL8XnANrJ-GTOQ_5sVSsqXBdxmFebWC0sv).





The situation in northern Syria poses great potential for humanitarian disaster. Over a million IDPs are living in overcrowded camps and services are extremely poor. The hosting capacity for the camps has been estimated by local administrations in Idlib governorate to be 400%, which is to say that four persons are living in a space that should host only one person. With no infrastructure and an absence of proper services, this area of the country is extremely vulnerable. Basic measures recommended worldwide are extremely difficult to implement. There are no means to enforce a lockdown nor give advice for the public on how to wash your hands and other basic hygiene measures. The region suffers a tremendous lack of medical infrastructure and equipment. Testing people is for now almost not an option since there are less than 500 tests available in northern Syria. Until now, the few tests performed have been sent to laboratories in Turkey. The necessity to collect and transport the samples in good condition is drastically reducing the accuracy of test results obtained in such conditions.. The pre-epidemic high prevalence of SARIs (severe acute respiratory infections) in North Syria was already a burden to health facilities, already drastically affected by their systematic targeting by warplanes<sup>14</sup>.

### **Educational and child protection perspective**

One of our members specialising in child protection and education has teams based in northern Syria. They spoke of an extremely challenging situation in the north from an educational perspective. Education in northern Syria provides balance in children's lives on more than one level. One of the team members explains: *"For several years now, education's role in the region has been covering more than just pure education itself. It has been a way to provide protection and social and psychological support. Now that schools are closed, and visiting children are banned , children are much more exposed to social risks"*. She goes further: *"Our problem with coronavirus is not just that education per se is stopped. The risks related to that are immense. For instance, social distancing will provoke a rise of child abuse and maltreatment, and none of the professional staff will be able to do anything about it or check on the kids regularly"*. This can also have a social impact in the long run, considering that lack of education may give rise to child labour and forced marriages. *"One could consider offering an alternative with online education but how would the vast majority of children access the content when they live in tents and/or don't have internet access?"* she adds. According to this organisation, the provided material is often not adapted to the local population (doesn't have subtitles or doesn't fit to the children's context at all). *"Also what about children with special needs or disabilities? How are you going to adapt education with generic material?"* she highlighted.

The organisation explained their concerns regarding the support to their activity: *"If we stop education programs and cut the education staff's salary for 2 months, how could we ensure that afterwards we will be able to fund restarting your activities? We are worried that these funds will be allocated to other activities in the meantime"*. One of the executive team said sadly *"in the previous period we achieved great things. Now it is like we are going back to zero."*

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<sup>14</sup> World Health Organization, « Whole of Syria - Disease Early Warning Snapshot », December 2018. [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/03/WoS\\_who\\_ewars\\_n\\_Dec\\_2018\\_V3.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/03/WoS_who_ewars_n_Dec_2018_V3.pdf).



*To less than zero actually. All of our efforts and achievements are going to waste now. It's not just going backwards, it's like cancelling all that we have achieved".*

### **"Just another way of dying"**

Several of our members have expressed a major concern regarding the lack of awareness in northern Syria. A bitter observation among the local civil society actors was that people were so desperate and have been enduring such horrific traumas, that they are not sensitive to the virus outbreak. One of our members explains: *"it is scary how people are so traumatised, and life has been so hard on them over the past years, that they do not fear Coronavirus. We have been hearing many people saying things like 'We are dying anyway, if not from Corona then from cold, hunger, of bombing. Corona is just a new reason for death.' It is absolutely devastating"*. Another member struck a more optimistic tone, citing communities' resilience as source of hope: *"We have survived chemical attacks, constant bombings, starvation, sieges and forced displacement. A virus is the least of our concerns"*.



Photo credit: Half Of Syria "Idlib camp"



## LOCAL RESPONSES

Measures have been taken by health NGOs, local health directorates and local councils, but also local CSOs who are trying to respond to the outbreak, despite a pronounced lack of resources.

The OCHA declared on March 27th in their situation report<sup>15</sup> that the Idlib National Laboratory received COVID-19 diagnostic testing kits and started testing. To limit the propagation of COVID-19 within health facilities and workers, there will be a medical triage system (temperature devices, infection prevention supplies, screening questionnaires) established in northwestern health facilities.

Schools have been closed, and local councils have stopped all public and religious gatherings (collective prayers are forbidden in northern Aleppo, some markets are closed in Hama). Aid agencies and NGOs have been disinfecting camps and schools and evaluating local capabilities to handle a highly possible virus outbreak, thanks to the ceasefire in place since mid-March.

The White Helmets, officially known as Syria Civil Defence, continue their efforts alongside various other organisations to establish three containment centres with sixty beds that will lay the groundwork of the COVID-19 response in northwest Syria. As well as sterilising schools and public spaces in the countryside of Aleppo, to date, volunteers have provided over 300 awareness sessions with guidance brochures which include information on measures including personal and public hygiene and social distancing.

The Idlib Health Directorate (IHD), in partnership with medical NGOs, has put a COVID-19 task force in motion for emergency activities. These include setting up community isolations centres, allocating medical facilities with ICU beds and ventilators, and hosting awareness campaigns around how civilians can protect themselves. However, without the support of donor agencies, the response plan won't be effective due to the deterioration of health facilities, lack of trained nurses, and ICU technicians<sup>16</sup>.

Furthermore, local CSOs are running awareness campaigns to try to prevent a dramatic outbreak and get people to take measures to limit the propagation of the virus. For example, our member specialised in child protection and education has developed a contingency plan, with four major steps: preparing, alerting, responding and recovering. Each step is associated with a package of concrete tasks and activities, deployed in various steps. The first package aims at raising awareness to improve protective behaviors and reduce

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<sup>15</sup> « Recent Developments in Northwest Syria - Situation Report No. 11 - As of 27 March 2020 - Syrian Arab Republic ». *ReliefWeb*, <https://reliefweb.int/report/syrian-arab-republic/recent-developments-northwest-syria-situation-report-no-11-27-march-2020>.

<sup>16</sup> Gharibah, Mazen and Mehchy, Zaki (2020) COVID-19 pandemic: Syria's response and healthcare capacity. Policy Memo. Conflict Research Programme, London School of Economics and Political Science, London, UK.



harmful behaviors for children and school staff. The second package consists of increasing means and reducing barriers to increase ability and opportunity for the protective behaviors such as hand washing and cleaning common areas. The third package is about ensuring that learning outcomes and psychosocial resilience of children is sustained. This organisation's director told us during an interview "*the response should have been quicker. We are talking about a place where people are trapped and isolated! Why did taking measures take so much time? There are only 18 testing kits in the region, and only 200 beds that are already used. Disinfecting places is not going to stop the pandemic when people keep going out. The only hope for Syrians is for them to take responsibilities and to save themselves*". He added that their team continues to provide books to children, hoping that if they keep reading and learning, they will be able to start again once the crisis is gone, and hopefully compensate for the missed learning time over the summer.



# NORTHEAST SYRIA

## KEY CHALLENGES AND CONCERNS

### Acute infrastructure

As explained in the research *"COVID-19 pandemic: Syria's response and healthcare capacity"*<sup>17</sup> carried out by Mazen Ghabirah and Zaki Mehchy, the risk of coronavirus in the northeast is very high due to the continuous movement of civilians from and to the Kurdistan region of Iraq. A local associate said ***"Camps are overcrowded and medical points are only serving normal cases with limited staff and working hours"*** he said. According to him, only the Kurdish Red Crescent (KRC) hospital remains open in Al-Hol camp after 2 p.m when the others (International Commission of Red Cross and Médecins Sans Frontières hospitals) are closed after 2 p.m. ***"The camps of Arisha, Mahmoudly, Washkani, Nawroz, Roj, Twehine, Abu Khashab and Tel Samen receive even less medical attention"*** he added. Furthermore, cross-border provision of medical supplies is becoming almost impossible. The services in camps are extremely poor. In Al-Hol camp, where 73,000 people live in extremely bad conditions, residents asked the management not to allow any foreigner to enter, fearing that someone infected might come to the camp since this would be the only possible way for the virus to enter the camp. ***"Once the virus enters one camp, there's no way to stop it"***, said one of our members.

### Poor means and material

As stated in their research, a doctor who works in the city of al-Raqqa told Mazen Ghabirah and Zaki Mehchy, that they don't have kits yet, and cannot rely on Damascus to deliver them. Although, as stated in this research, the Syrian Arab Red Crescent (SARC) declares to send testing kits and all other necessary medical supplies to their health facilities, northeastern Syrian authorities continue to report that they are not receiving any form of delivery of such kits or supplies. A local partner's insight on that is the following: ***"There is no coordination with SARC. They only move according to regime orders. There are no PCR kits"***. Medical equipment and disposables are scarce; prices of masks and disinfection gels jumped 10-20 times within a few days according to a local source.

A Half of Syria member said: ***"The administration is now using the testing kits developed by the PEAS research institute as announced by the health commission, however these are only for pneumonia-like diseases. The region doesn't have PCR testing kits nor qualified laboratories. They have purchased a few and are waiting for the shipment to arrive. Up until now, all tests taken were sent to Damascus through the WHO for analysis: none of them were positive and many are still without result. Some medical professionals suspect a manipulation by the regime officials. Privately owned laboratories are not utilized yet, and neither do they have PCR kits or equipment"***.

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<sup>17</sup> Gharibah, Mazen and Mehchy, Zaki (2020) COVID-19 pandemic: Syria's response and healthcare capacity. Policy Memo. Conflict Research Programme, London School of Economics and Political Science, London, UK.





Although several INGOs are already working in the region, they had to pull out most of their expats in the latest Turkish assault in October 2019, so many are not working at full capacity yet.

The Autonomous Administration of northeastern Syria has called the United Nations, the WHO, and INGOs to provide medical and sanitary material necessary to respond to the virus outbreak, and to prevent a humanitarian catastrophe that is highly likely to occur, and that will affect a high amount of internally displaced people living in camps, especially in Al-Hol camp where the living conditions are extremely acute<sup>18</sup>.

### A late response

Despite several warnings from the Autonomous Administration, mobility restriction orders and a curfew from the SDF, there are still breaches. Depending on the location of citizens, social distancing and avoiding large gatherings for now remains largely an individual choice. For instance, we know from local sources that the curfew was well-respected in Rojava (northern parts of the region) but less successful in Raqqa and Deir Ezzor. The reasons for that are multiple. There is a lack of enforcement of decisions and guidelines. Local police don't have the capacity to enforce measures widely and the administration capacity of law enforcement is uneven in all regions. One of our members says *"the late response to the pandemic could also be because some administration officials themselves don't believe it's a real threat. At first, some officials thought this was all a political game and there was no reason to panic"*. Another reason (which was previously mentioned in this report) is that people still don't grasp the nature of the virus, how it spreads rapidly and why it is crucial to cut the chain of spread and flatten the curve. Additionally, for people who actually have a home and a job, their economical situation doesn't afford them to stop working and stay in lockdown .

### Restricted access to water

Restrictions to water access only worsens the situation, preventing people from applying basic sanitary measures such as washing your hands. According to a local member, the Alouk water station is the main source of water for over 600,000 people living in the region, especially in Al-Hasakah, Tal Tamr and the surrounding countryside including camps (Al-Hol, Al-Arisha, Al-Sadd and Washo Kani and Al-Tuwaina camp). These camps hold tens of thousands of IDPs coming from various Syrian regions, in addition to thousands of Iraqis and foreigners who previously lived in areas under control of the Islamic State. Such a number of people relying on one source of water is extremely problematic in normal times , and even more now. The practice of cutting off water for this amount of people in the region impedes urgent response plans to protect civilians during the virus outbreak. Our local associate explained that the station's water tank has a capacity of 25,000 cubic meters and 12 large pumps, which pumps water through transmission lines over 67 kilometers before delivering it to the water station of "Al-Huma" in the western Al-Hasakah countryside, and from there to the population centers. He said *"A few hours before the Peace Spring*

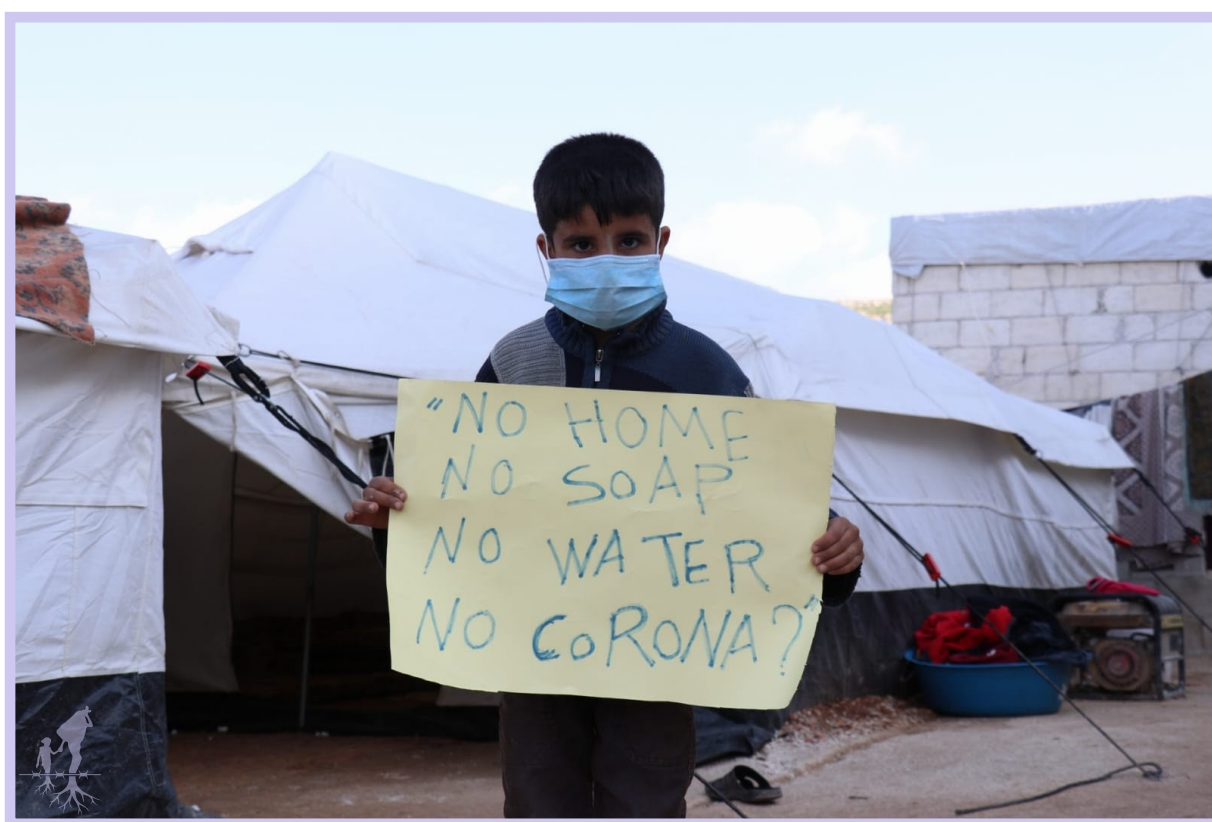
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الإدارة الذاتية تطالب المجتمع الدولي بمساعدات طبية لمواجهة فيروس كورونا | نبض الشمال<sup>18</sup>  
6 avril 2020, <https://www.dnesyria.com/?p=11446>.





*Operation conducted by the Turkish government in northeastern Syria, the Alouk water station went out of service, as a result of the indiscriminate aerial bombardments and artillery. The station was subjected to several shells, while other bombings hit the power lines feeding it. This led to the complete cessation of pumping drinking water to the city and its countryside. Those areas received tens of thousands of IDPs fleeing the Turkish attack in the early days of the operation. In mid-October 2019, the Turkish forces extended their full control over the Alouk water station, although it remained out of service".* On April 2nd, the Alouk water station was hit by a bombing by the Syrian opposition forces. Promises have been made to repair the water pump and make it running again. The water administration of the Self-Administration in Al-Hasakah, is looking to build a new water station instead of being subject to actions taken by Turkey. The new water station will be in "Al-Huma", west of Al-Haskah and will provide water for its citizens. The project will take approximately a month, however, the capacity of the new water station won't be the same as Alouk's.



**Photo credit:** Half Of Syria 'Child in a camp. Ariha, Idlib'"

## LOCAL RESPONSES

In the Northeast, the SDF have implemented a curfew and substantial mobility restriction. One of our local partners strongly believes they will resort to tougher measures if required. The Democratic Self-Administration of Rojava released a statement on the 19th of March 2020 declaring the closure of the border crossings with Iraq, along with public places. These include all malls, cafes, public places alongside a mandatory curfew but exempting key workers.



The KRC is working with Médecins Sans Frontières, Un Ponte Per and the WHO on COVID-19 cases. According to one of our partners, the WHO will be sending five new ventilators.

Some of our partners are reviewing their operational modalities to ensure the delivery of critical services while respecting new measures. Local NGOs in northeastern Syria have come together to establish awareness campaigns for the public to encourage self-isolation and social distancing further. We have interviewed one of our partners who is highly active in the region. ***"When taking everything into account, medical professionals in the north east are left with a handful of options"*** he said. According to him, in northeastern Syria there are 27 ventilators in around eight public hospitals and over 30 private ones. These will be installed in the biggest cities, as not all private hospitals have ICUs, and the field hospitals and medical points of KRC, the Red Cross, and Doctors Without Borders are only treating lighter cases. The KRC has around 1,100 employees, with more volunteers to join. The health commission is apparently operating in the main hospitals and coordinating efforts and introducing policies.

Our local partner also mentioned that the main public hospital in Qamishli is still under the regime's control as still supervised by the Ministry of Health. However, the operation is managed locally, and it provides free-of-charge treatments, but in deplorable conditions. ***"The conditions are miserable. Four out of six ventilators are defective. We have to note also that access to this hospital is limited and not for everyone, since the regime's security forces are present there"*** he said. Our partner also mentioned a hospital in Amouda that has been evacuated and prepared to be turned into a COVID-19 unit. However it is not operational yet.

Another local partner also mentioned that SDF has deployed its anti-terrorism troops (HAT) to back the Asayesh in enforcing the curfew, so the situation is under control in most parts of the region.



## KEY CHALLENGES AND CONCERNS

Syria's neighboring countries all have confirmed cases of COVID-19. However, testing is very limited which means that the actual numbers of infected people in host countries are likely much higher than the official ones, according to several of our partners active in the region. So far, no cases have been officially confirmed in any of the region's camps but given the virus outbreak in host countries and the risk of Coronavirus to Syria ranked as "very high" by the WHO, we have reason to fear a spread of the virus among refugee camps in neighboring countries. Terrible conditions persist in camps in Lebanon. The infrastructure of camps vary from one to the other, and some are under-equipped in water, food, hygiene and sanitation which makes the basic preventive measure of washing hands inaccessible. Other recommended measures to prevent a COVID-19 outbreak such as social distancing and self-isolation are also impossible in those circumstances. In refugee camps, people are well aware of the seriousness of the disease, as well as their own inability to face it, given their circumstances.

### ACROSS LEBANON

In Lebanon, Syrian refugees and other vulnerable communities largely depended on irregular or daily labour. They have seen their livelihoods disappear with strict self-isolation measures imposed and the closure of all non-essential services and shops. Individuals are in urgent need of rent support, food, and hygiene materials.

One of our members is concerned about increased vulnerability over the long term due to inability to respond to protection risks in a timely manner (gender-based violence, child protection, elderly, people with special needs).

Another member organisation, focused on women's empowerment, shared the same concerns. The largest percentage of Syrian refugees in Lebanon are women and children, most of these women are the breadwinners for their families. They feared that the government's emergency procedures, accompanied by a lack of economic support as well as obstacles to access humanitarian services, would lead to humanitarian disasters more severe than the COVID-19 disaster. A representative said, "whole families will lose their daily income, and the number of domestic violence cases will increase and we are beginning to observe this through our direct work with women."

They also feared an increase in domestic violence cases, as well as women's ability to access support services. While the rate of domestic violence reports from Lebanese women had increased by 100% in March, Syrian refugee women calls to a support center in



Bekaa had decreased from 45% to 30% since March 13<sup>19</sup>. Kafa, the organisation that handles the calls, believes this was a result of lack of access to communication tools and women's inability to leave their homes and find a way to place a call.

### **Fear of deportation**

There is a widespread fear among Syrian refugees that in case they get infected, they may be forced to return to Syria or get arrested, so even if testing and treatment is made available for Syrian refugees, there is strong hesitation to make use of it. It is of utmost importance to spread awareness that infection does not equal deportation or arrest, and that not reporting puts both the infected individual and other people at increased risk. Simultaneously, it is important to monitor that this period of crisis does indeed not provide a license for Lebanese authorities to deport Syrians. One of our members mentioned an example from Akkar: an infected individual was treated in a hospital in Akkar, but left because he was too scared to remain. The authorities had eventually traced him and he was taken to Rafiq Hariri hospital in Beirut, the government hospital treating coronavirus patients, but there is worry that fear among refugees could lead them to evade treatment. Even if hotlines, testing and treatment is made available for Syrian refugees in case of infection or suspicion of infection, there is strong hesitation to make use of it.

The high cost of medical care and movement restrictions due to lack of legal residency also restrict Syrians' access to essential care. Prices of basic food and hygiene products have surged, fueled by the worst financial crisis since its civil war that Lebanon has been facing. The Lebanese General Security has declared that refugees can now postpone the renewal of residency without any additional cost to preserve the lives of people.

### **IN TRIPOLI**

No discrimination or difference in curfews between Syrian and Lebanese communities has been observed by the field team, however residents are unable to commit to the curfew and social distancing guidelines due to urgent lack of income and the need to secure basic necessities. As long as urgent needs are not dealt with, the measures cannot be committed to fully.

Online awareness sessions have been implemented by CSOs, but responding to the crisis with desperately needed food and hygiene kits has only started in very limited form, leaving the majority of vulnerable families without support and without proper meals for days. Tripoli municipality plans to distribute food vouchers and the Lebanese army has distributed some food baskets as well, however there are reports that these have been of poor quality.

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<sup>19</sup> « بين وباء كورونا ووباء العنف الأسري: تقرير كفى لشهر آذار » [https://www.kafa.org.lb/ar/node/407?fbclid=IwAR257Nkkqn691POrIMlsj5gLHdrjZ1iAkEJk99zwjUQgsLo\\_DAHh-zMZqqU](https://www.kafa.org.lb/ar/node/407?fbclid=IwAR257Nkkqn691POrIMlsj5gLHdrjZ1iAkEJk99zwjUQgsLo_DAHh-zMZqqU)



Demonstrations and protests are taking place in the area due to the difficult economic situation, continuous closure of the banks and lack of dollars. At least two cases of suicide have been reported - a mother of four who was no longer able to feed her children and another of a Syrian-Palestinian refugee also felt helpless as a result of economic hardship and his ability to care for his children

## **IN SHATILA CAMP**

Very low levels of awareness were observed in Shatila camp. Even after the municipality shut down a large number of shops and businesses by force, the streets remained crowded as people were still strolling around, not taking the preventive measures seriously or unaware of the need to. After the announcement of stricter enforcement of measures on the 21st of March, army patrols were observed in the vicinity of the Camp. Many individuals lack good internet connection or television to receive messages and increase their awareness. Residents also heard rumours that because sterilization/ spraying of the streets had taken place, the virus would no longer pose a threat. CSOs believe that narratives have to be countered with appropriate awareness sessions. Our local member witnessed an actual inability or unwillingness to commit to social distancing guidelines, due to urgent lack of income and the need to secure basic necessities. As long as urgent needs are not addressed, the measures cannot be adhered to fully. There is a huge need for food assistance and hygiene promotion.

Furthermore, the camp is extremely overcrowded. If infection reaches the camp, a crisis is imminent. Overall, preparedness for this crisis was very low and the response is only slowly gaining pace. The Social and Security committees (the authorities in the camp, since the Lebanese government is not present here) initiated meetings to start developing emergency and preparedness plans, with Doctors Without Borders, the Palestinian Civil Defense and a number of local NGOs, some health and some civil actors. They are planning to distribute food and hygiene kits to the people, but so far, the impact is not measurable yet.

## **IN BEKAA**

Curfews have been imposed by (almost) all municipalities in Bekaa, thus preventing refugees from leaving the informal tented settlements, while the situation inside these settlements is still crowded. This is not the case for residents (Lebanese or Syrian) residing in apartments. As a matter of fact, our member told us that strict and discriminatory curfews have been installed by municipalities in Bekaa, preventing refugees from leaving the informal settlements except for tight timeslots, while the situation inside these settlements is still extremely crowded and water, sanitation and hygiene (WASH) facilities lacking. In some cases, Syrians are threatened with the confiscation of their passports in case they breach the rules, leading to increased vulnerability.

There is a decrease in food items in the stores of the camps and not all Shawishs (representative of the group of refugees, focal person for negotiations with authorities and



NGOs) are able to find a solution with the municipalities in order to provide the vulnerable residents with the necessary basic assistance (food, hygiene materials). NGOs are still not distributing food or hygiene kits to Syrian communities yet as they are still in the planning and negotiation (with local authorities) phase, while the needs are rising. Some Lebanese communities have received food baskets and hygiene kits from the municipalities.

No cases have been identified in the informal tented settlements, but rumours about suspected cases are being circulated in some areas in Bekaa, thereby spreading panic without solid evidence. It is evident, also from awareness sessions that some of our CSOs organized, that more awareness is needed as a lot of false or unjustified information is circulating. Our local member is very concerned about the lack of information about what is happening inside informal tented settlements (ITS). They told us *“what is the state of WASH facilities? Are the shops in the ITS providing the residents with sufficient food and hygiene materials, what are the levels of awareness? None of the NGO and humanitarian actors have this information at the moment, but it is clear that there is a decrease of food items in the stores of the camps and not all Shawishs are able to find a solution with the municipalities in order to provide the vulnerable residents with the necessary basic assistance (food, hygiene materials)”*.

Our member also highlighted that owners are reappropriating properties for personal use, resulting in evictions. Some landowners are threatening to appropriate properties for personal use, with the potential to lead to evictions. Other landlords and landowners have been very accommodating with postponing payments, which is highly appreciated.

Fears of stigmatization and discrimination remain high among undocumented Syrians, despite the Lebanese government stating that all Syrians will be treated in case they are infected. Lack of trust in the local government means that the presence of CSOs is necessary to echo government and UN messages to communities.

Municipalities and authorities adopt various restrictions with regard to the work of NGOs, such as that they enforce to target more Lebanese than Syrian individuals in each response. They prefer that cash distributions are not done inside the camps as it is considered risky. Municipality officers need to be present during distribution rounds, and the distributions are supposed to take place in the CSOs centers and not in the informal settlements themselves.

## LOCAL RESPONSES

Curfews have been installed by (almost) all municipalities in Bekaa, thus preventing refugees from leaving the informal tented settlements while the situation inside these settlements is still crowded.

One of our interviewed partners is planning on the following measures in Lebanon:





- Increase food assistance and hygiene promotion activities;
- Continue the majority of protection services for adults remotely;
- Vouchers distribution will resume as planned in April;
- Cash for work, to be resumed in April with all necessary precautions taken;
- Planning and preparations are ongoing to continue all education activities remotely since the remaining school year is canceled;
- Basic literacy and numeracy courses are being conducted online already; business development training is currently planned and prepared to continue online;
- As much as possible is done online at the moment, while critical cases do receive a field visit by staff, taking all necessary precautions;
- In Shatila camp, preparedness for this crisis was very low and the response is only slowly gaining pace. Awareness campaigns and periodical sterilization of vital areas in the camp are taking place (by MSF and the Palestinian Civil Defense), but actual distribution activities do not seem to have started. All actors are still in the planning phase.



## KEY CHALLENGES AND CONCERNS

The first confirmed case of coronavirus of a Greek citizen on the island of Lesbos has provoked a strong fear among people stuck in the overcrowded camps. In Lesbos, 19,000 asylum seekers are stuck in Moria camp<sup>20</sup>, which was designed to welcome less than 3,000 people. Those people live in extreme conditions as the settlements lack sanitation and have very limited medical care means, which according to Doctors Without Borders, constitutes the “perfect storm” for a COVID-19 outbreak. Currently, in the Greek islands, 42,000 asylum seekers are trapped in hotspots (in Lesbos, Chios, Samos, Leros and Kos)<sup>21</sup>.

As a matter of fact, camps all over Europe present a high level of concern regarding their poor infrastructure and lack of capacity to respond to a COVID-19 outbreak. Half of Syria interviewed members of Collective Aid, an NGO working in the “Calais Jungle”, a refugee settlement located in the vicinity of Calais in Northern France. The organisation is also active in Dunkerque, 47 kilometers away from Calais. They shared with us deep concerns about a Coronavirus outbreak under the current circumstances, where there seems to be a lack of the bare necessities available.

### Acute accommodation and infrastructure

According to Katie-Lee, at Collective Aid in Calais, there are no proper camps in Dunkerque and Calais. Approximately 1,500 people sleep outside at the moment. Some places are available for unaccompanied minors, women and families but there are not enough of them. For instance, St. Omer (which usually houses unaccompanied minors) is currently full. Single men (regardless of their age) are almost always turned away from emergency temporary shelter. As a result of the COVID-19 outbreak in France, the local authorities have advised that they will open accommodations so that people could safely isolate from the virus. *“Our concerns were that there was no information available on how many people would be housed, how long for, whether people could stay with their communities, whether there would be translators amongst others. Today (March 31st) was meant to be the start of the shelter, but no busses came; there was only police violence. We are an organisation which provides material aid to the persons sleeping outside in Calais and Dunkerque, we never have enough sleeping bags or tents for everyone. The evictions take place in Calais every second day, people are woken up, told to move on, sometimes arrested or their personal belongings (including tents and bedding) are taken”* she said.

<sup>20</sup> « European Lawyers in Lesvos ». *European Lawyers in Lesvos*, <https://www.europeanlawyersinlesvos.eu>.

<sup>21</sup> « Urgent Evacuation of Camps in Greece over Coronavirus COVID-19 Fears | MSF ». *Médecins Sans Frontières (MSF) International*, <https://www.msf.org/urgent-evacuation-squalid-camps-greece-needed-over-covid-19-fears>.





**Photo credit:** Human Rights Observers, Calais

In those settlements, there is no proper access to water, not enough access to showers, toilets and washing facilities. Also, there have been many concerns about a high presence of rats in the settlements. People are herded together in huge groups, forced to share tents because there is not enough to go around and still they are evicted every other day. As a matter of fact, refugees are forced to share tents with more than four persons in areas which are reducing in size as more fences are erected by the council. Refugees in northern France have made long journeys from various countries including Syria and have only just made it through winter. They then have to live in these deplorable conditions, which makes them extremely vulnerable to COVID-19. Katie-Lee explains the dire situation: ***"Often when we call ambulances for refugees it is unclear whether they will be reached as one of the first questions is about the person's nationality. There are no facilities for refugees to wash their hands or their clothes in the 'jungle' and a complete lack of language appropriate information. Add to this that La PASS, the hospital that would usually serve the refugee population in Dunkerque, closed at the beginning of the lockdown in France"***. According to Collective Aid, there have been two confirmed cases of Coronavirus in Calais and one in Dunkerque. However; no efforts were deployed to check who these people have been in contact with, or to provide them with medical treatment.

These extremely poor conditions lead to unsafe behaviours from the local population. The Red Cross used to provide charging facilities but their help was suspended. The day centres in the city of Calais also closed due to the virus outbreak. The NGO providing information,



Wi-Fi and phone charging to refugees was recently forced to leave France because of the outbreak. Collective Aid teams are unable to cover the areas they looked after at such short notice; they already provided charge 13 times per week over 3threelocations. This means that currently around 750 people have no means to charge their phones. Katie-Lee told us that she has seen people resorting to very dangerous methods: *“Due to the lack of charging facilities, people are taking steps and putting themselves at risk. For instance, we see them charging phones on train tracks, power relay stations. It is so important for persons to have charge, without their phones they cannot keep in contact with associations like ours, their families and as well as receiving information on the outbreak. We have always looked for an end to the deplorable conditions, everything above is also an issue outside of the pandemic. The people we are trying to support have so many other issues, like scarcity of food, this naturally leads to a reduced focus on keeping safe from the virus (where possible).”* It is clear that in such conditions, it seems almost impossible to apply the basic preventive measures to the virus outbreak. *“next week we will try to bring generators to these locations, but we are being asked to do more and more each week, at some point we will be unable to respond to those needs”* she said.

### **Fear and lack of trust**

Another challenge they have identified, which echoes the previously mentioned similar identified situation in Lebanon, is fear among the local population. Displaced people have such bad relationships with local authorities that trust is completely lacking. *“An issue with the virus response is that relations between the displaced and the state are so horrendous that nobody seems interested in being taken to a safe place, fearful as they are they will be fingerprinted and abused. It's more of this weird contradiction where the state evicts while serving breakfast.”* says Jon, who works at Collective Aid in northern France in a refugee settlement. This situation can pose a significant challenge for preventing virus propagation. People don't feel safe to talk and in such a context, it is hard to imagine they would be likely to alert authorities about potential symptoms of COVID-19. Transparency is missing from both sides and this is very concerning. Katie-Lee also explained that most of the local displaced people are not willing to speak out about this critical situation, given that they are scared of repercussions, and they are not willing to jeopardize their possibility of going to the UK.

### **Unavailability of food**

The council has advised that with the opening of the accommodation that the state funded, the organisation that usually provides food in Calais (La Vie Active) will reduce its services. Due to the travel restrictions and the call for British citizens to return to the UK, the NGO Refugee Community Kitchen had to cease operating last week. This organisation has provided over 2000 meals per day in Calais and Dunkerque for the past four years. In Dunkerque there is no state worker providing food. Many NGOs have closed due to the spread of the virus. Katie-Lee shared a very concerning story related to this issue: *“Only two weeks have passed since the beginning of the lock-down in France but already people are hungry. Today my colleague and I tried to go to a Carrefour Supermarket in Calais when we finished work; we saw two refugees being refused entry. We went back to the supermarket to see if the two men would be allowed to enter if they were with us. They were not, we*



*questioned the employees at the door as to the reason for the refusal. We were told it was because the store was closing, which was not true. One of the refugees explained to me that they were hungry; since the food had been reduced, they needed to buy something and were at a loss as to what they could then do. We have a video of my colleague speaking to the employees. We actually have had many reports of this happening to refugees since the beginning of the outbreak."*

## LOCAL RESPONSES

Doctors Without Borders declared that in the Greek camps the situation is unbearable and demands the immediate evacuation of the camps of Moria.

In northern France, the Red Cross and Médecins Du Monde have withdrawn from the field after the lockdown was set up. A few WHO posters are circulating among settlements, on proper handwashing, but these have not been translated and are not refugee facing. There are no UN agencies present on the ground in Dunkerque and Calais. Most other grassroots NGOs have ceased operating in the region and have sent staff and field members away. Our correspondent from Collective Aid in Calais says they have reduced their operations to a minimum and explains how they are coping with handling local needs whilst applying preventive measures: *"We are providing tents and bedding only (no clothes or hygiene) and charging facilities. There has been a review and adjustment also to the way we work to reduce unnecessary gathering and waiting by people for our services. Our team has drastically reduced in size, and we are cleaning all our equipment before and after we distribute. We avoid physical contact so that we do not spread the virus and are constantly vigilant of our own hygiene practices. We are also providing information from the ground on the needs of minors, women and families to those organisations that cannot be in the field (as well as providing information to Human Rights Observers regarding evictions and police brutality)."*

