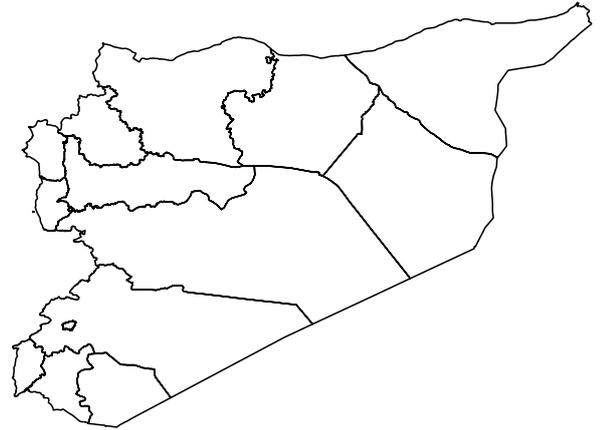


June 2020

COVID-19 insight from Syria



As COVID-19 spread globally, concern grew for the 11.7 million people in need of humanitarian assistance in Syria, where over nine years of conflict and displacement have decimated almost half of the country’s health facilities.¹ Restrictions on the importation of medical supplies, limited access to essential equipment, reduced outside support, and ongoing attacks on medical facilities have left Syria’s health infrastructure in peril and unable to meet the needs of its population.

After the first case of the virus was confirmed in Damascus on 21 March, authorities began imposing movement restrictions. By the end of April, however, lockdowns began to loosen in government-held areas, allowing businesses and markets to open if they adhered to public safety measures like distancing and disinfecting surfaces.² On 11 May,, authorities in North East Syria (NES) announced the reopening of mosques.³ As of 22 June, the Syrian Ministry of Health reported a total of 204 COVID-19 cases.

To better understand how information on the virus has reached the population and influenced trust, behaviour and economic status, Ground Truth Solutions (GTS) worked with the Humanitarian Needs Assessment Programme (HNAP) in May to survey 6,844 community focal points across all 14 of Syria’s governorates; Al-Hasakeh, Aleppo, Ar-Raqqqa, As-Sweida, Damascus, Dar’a, Deir-ez-Zor, Hama, Homs, Idleb, Lattakia, Quneitra, Rural Damascus, and Tartous governorates. They told us:

- Most people (60%) do not feel that they have sufficient information to protect themselves from the virus.
- Meeting basic needs has become more difficult since the start of the pandemic, due to increased prices, job and income losses, and inability to access shops. People worry about going into or exacerbating debt, being unable to buy basic items and having to sell or spend assets and savings to survive.
- While most are attempting to abide by COVID-19 guidelines, many find it difficult to remain indoors and adhere to social distancing measures when they need to leave the house to work and meet household needs.

¹ “Humanitarian Needs Overview: 2019,” *United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in Syria*.

² Suleiman Al-Khalidi, “Syria extends night curfew but allows businesses to reopen,” *The Star*, last modified April 29, 2020, <https://www.thestar.com.my/news/world/2020/04/29/syria-ex-tends-night-curfew-but-allows-businesses-to-reopen>, quoted in ACAPS, “#COVID19 Government Measures Dataset,” <https://www.acaps.org/covid19-government-measures-dataset>.

³ Halgurd Sherwani, “Mosques to reopen as Kurdistan Region reports no new COVID-19 cases,” *Kurdistan 24*, last modified May 8, 2020, <https://www.kurdistan24.net/en/news/43d12317-6e9f-4ea9-bad8-d6d7886c6265>, quoted in ACAPS, “#COVID19 Government Measures Dataset,” <https://www.acaps.org/covid19-government-measures-dataset>.

Information

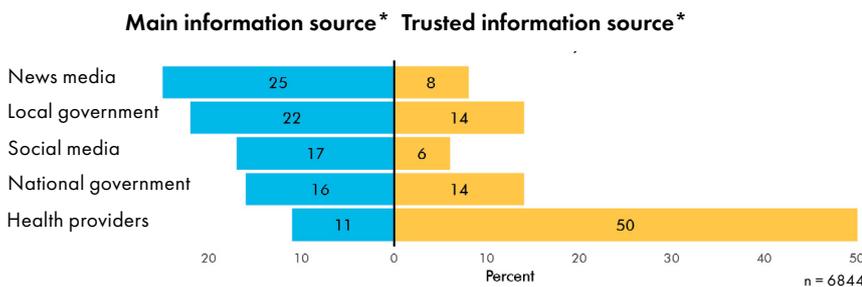
Sixty percent of respondents felt their communities did not have enough information to stay safe. The percentage was higher in Al-Hasakeh, Rural Damascus, and Quneitra, (90% or more) and lower in Lattakia, Homs, and Hama. Al-Hasakeh has a higher number of COVID-19 mitigation measures in place than other governorates.⁴ Such measures include varying degrees of curfews, testing, awareness campaigns, community lockdowns and distributions.

Do people in your community feel they have the information needed to protect themselves from the virus?



Community members say they primarily receive information on how to protect themselves from the virus from news media (25%), local administration (22%), social media (17%) and national government (16%).

Enhanced efforts to support public messaging from health professionals may increase community trust in the response. Fifty percent of our respondents identify health professionals as the most trusted information source, but only 11% are receiving information from them. This may also explain the thematic information gaps, with people needing more information on identifying symptoms (43%) and what to do next: "What to do if sick" (58%), treatment (53%), and testing (47%). Females emphasise the need to know where to access reliable information about the virus as well as the current location of cases.



Behaviour

In a culture where handshaking and participation in social events is part of everyday life, it's no surprise that only half respondents reported staying home except in emergencies - and just 36% said they adhere to social distancing guidelines. Still, three-quarters (77%) of respondents note that people in their community have adopted hygiene practices such as extensive handwashing, believing it to be the most important prevention measure. Female community focal points emphasise keeping vulnerable individuals in isolation. Other preventative measures referenced include limiting contact with strangers, external goods, and not travelling outside their region. A few respondents noted that people were staying away from congested spaces such as hospitals or withdrawing their children from schools.

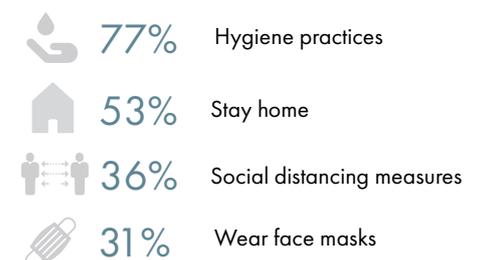
A handful of people reference taking vitamins and antibiotics, and eating a healthy diet to boost their immune system. Secondary research in the four Northern Governorates indicates a prevalence of local beliefs such as drinking boiled herbs, garlic, and exposing oneself to high temperatures.⁵



"The local culture and traditions such as hand shaking and participation in the social events, visiting patients and other events are something people can't give up easily."

— Female community focal point in Deir-ez-Zor, 6 May

What precautionary measures, if any, have people in your community adopted to protect themselves from the virus?*

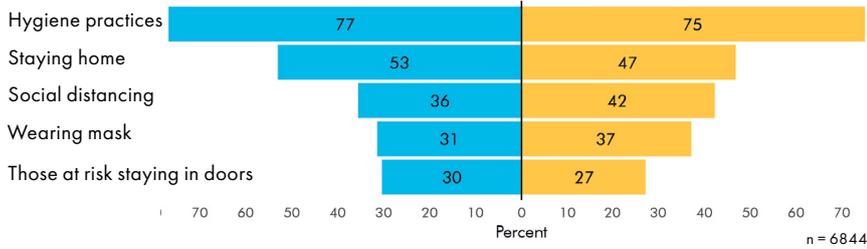


⁴ "Regional COVID-19 Vulnerability Map," June 4, 2020, H NAP.

⁵ REACH, "COVID-19 Knowledge, Attitudes and Practices (KAP) Survey Northeast Syria Descriptive Statistics - Rounds 1 and 2," June 2020, https://www.impact-repository.org/document/reach/5f-16b69e/REACH_SYR2009_Factsheet_KAP_NES_Round2_descriptive.pdf.

* Percentages do not total 100 because respondents could choose multiple options.

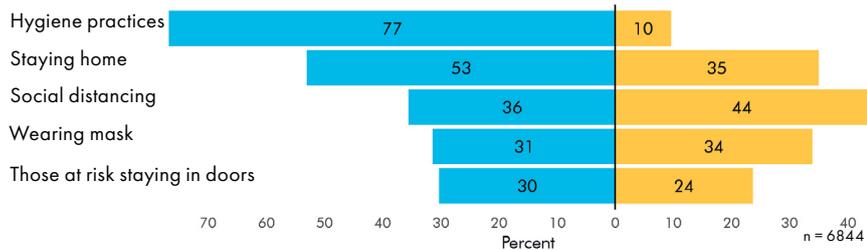
What measures have people adopted?* **What measures are most important?***



In Syria, trust in the importance of preventative measures does not equal compliance and more than half the respondents report that their communities simply did not want to abide by them, and 48% said that they did not understand them. Similar numbers of people fear losing aid if they stay home, 29% say there is not enough space for social distancing and 25% say there is a lack of access to hygiene items (soap, water, face masks, gloves).

Some 15% of respondents said that their community is not adopting any measures at all; some putting this down to no nearby confirmed cases. For others, there was a sense that the virus is either not real, or not as dangerous as reported. This is particularly worrying in Syrian Democratic Forces (SDF) areas where 80% of the population are at high COVID-19 risk, compared to 44% and 19% in Government of Syria and Non-State Armed Group and Turkish-backed armed forces controlled areas, respectively.^{6,7}

What measures have people adopted?* **What measures are most difficult?***



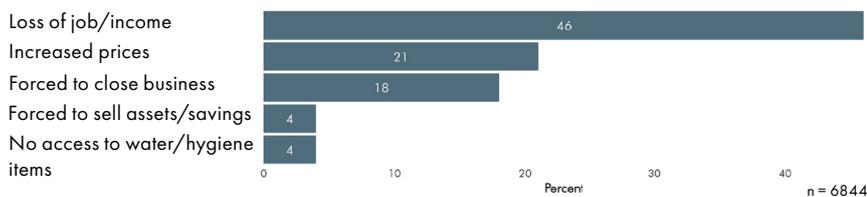
Economic impact

The relationship between mitigation measures and their economic impacts are clear in Syria. Eighty-one percent of community focal points reported that their community's ability to meet basic needs had worsened. People fear losing their jobs and not being able to earn an income (46%), prices becoming too high for them to purchase items to meet their basic needs (21%), and/or being forced to close their shop or business (18%).

Within your community, how has the ability to meet basic needs changed since the virus started spreading?



What is your community's main concern about their economic situation due to the virus?*



⁶ "Regional COVID-19 Vulnerability Map," June 4, 2020, H NAP.

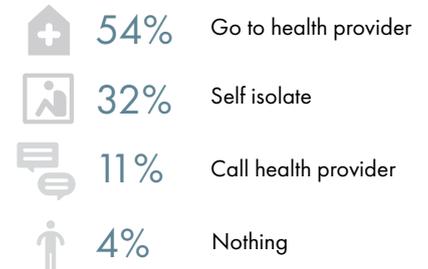
⁷ This risk is calculated upon population density/level of congestion, priority WASH and health needs, COVID-19 mitigation efforts present and transit point status.



"Society is unaware of the seriousness of the pandemic."

- Male community focal point in Aleppo, 15 May

If/when people in your community experience coronavirus symptoms, what do you think they would do?*



"Because there are no reported cases in the area people don't care about the mitigation measures, and even so the people can't afford the cost of purchasing masks and gloves."

- Female community focal point in Deir-Ez-Zor, 5 May



"Because the economy for the community is dependent on daily work - there is no alternative."

- Female community focal point in Ar-Raqqa, 16 May

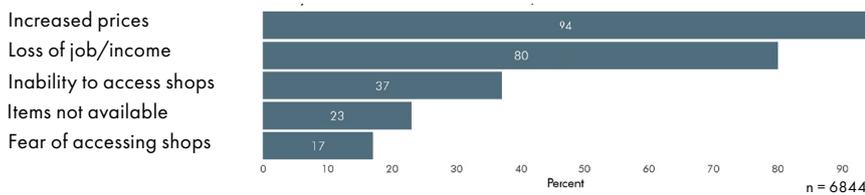
* Percentages do not total 100 because respondents could choose multiple options.

Prior to COVID-19, some 80% of people in Syria lived below the poverty line.⁸ According to the World Food Programme, the price of an average food basket in May 2020 was 11% higher than in April, and 133% higher than the same time in 2019.⁹ With many employed in daily labour or operating small businesses, restrictions on movement and advice to socially distance forces people to choose between meeting daily needs and exposing themselves, their family, and community to the risk of the virus.

To address this, people in the NES region were exempt from paying water and electricity fees for two months, and authorities announced monthly food distributions for low-income families throughout the lockdown period. In NWS, similar measures were introduced, including significant scale up of health services and the provision of personal protective equipment.

Price increases (94%), loss of jobs or income (80%) and inability to access shops (37%) are the key reasons people feel unable to meet basic needs. In Ar-Raqqa and Idlib, job/income loss is less of a concern; instead, the community focal points emphasise the lack of products available in the market. Though 37% of respondents across the country report the inability to access shops as a concern, variation between governorates is high: almost no respondents find this to be a barrier in Lattakia, while over 30% report this as a key concern in Ar-Raqqa, As-Sweida, and Deir-ez-Zor. Meanwhile, restrictions on cross-border trade with Turkey and Jordan is a central concern in Ar-Raqqa and Dar'a, respectively.

If your ability to meet your basic needs worsened, what factors contributed?*



Trust

Sixty-three percent of respondents said their communities trust that measures introduced in their area will reduce the spread of the virus. The 37% who don't are mostly concentrated in the Government-controlled governorates of As Sweida, Quneitra and Rural Damascus. Ar-Raqqa is an outlier, where some 83% of respondents do not feel that the measures introduced will help. Secondary research indicates that this may pertain specifically to a distrust of measures introduced by authorities, as 95% of KAP survey respondents felt that they could take measures themselves to reduce the chance of being infected by the virus.

Overall, does your community believe the measures introduced in your area will reduce the spread of the virus?



Next steps

GTS and HNAP are sharing these findings with humanitarian and health actors, so that community insight can inform the ongoing response. We will continue gauging community perceptions of the COVID-19 pandemic at regular intervals, to identify trends and changes in people's responses.

⁸ "Syrian Arab Republic COVID-19 Response Update No.05," June 2020, WHO, https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/final_covid-19_update_no_5.pdf.

⁹ Ibid.

Sampling methodology

Community focal points interviewed for the survey were selected from the HNAP network of 24,000 community focal points. In every location (admin level 4) where HNAP interviewed several respondents for their monthly mobility and needs tracking, one respondent was asked these COVID-19 perceptions questions. This process allowed for geographic coverage across all of Syria.

Challenges and limitations

Though the data collected covers all 14 governorates of Syria, these findings cannot be considered to be statistically representative of the perceptions of the population within them. As this data was collected through community focal points, it can only be considered indicative.

Survey questions

Ground Truth Solutions designed the survey questions in consultation with the WHO global risk matrix and in line with the Global Humanitarian COVID-19 response plan. To this end, we identified four key metrics which guided our questions: information, trust, behaviour, and economic impact. We reviewed other actors' COVID-19-focused tools and surveys in order to avoid duplicating their efforts and to ensure that our data is useful and actionable. We also shared the survey questions and response options HNAP in advance, to ensure the survey is appropriate to country-specific realities. As there will be several iterations of this survey, question & answer options will be adjusted as warranted. Answer options were not read out loud during the phone surveys, so as to avoid leading respondents.

Data collection

Interviews were conducted by HNAP from 1-31 May 2020. HNAP Team Leaders received a Training-of-Trainers on GTS methodology and the specific survey too. The training was cascaded to their enumerators. Community focal point interviews were conducted in Arabic.

Participants

Fifty-five percent of community focal points were female and forty-five percent male in the first round of data collection, with 60% aged 31-45, 25% 46-60, and 13% 18-30. Respondent profiles included community leaders, local administration, teachers, health workers, humanitarian aid workers, journalists, and religious leaders. These community focal points contribute to HNAP as a joint UN assessment initiative which tracks displacement and return movements, conducts sector and multi-sectoral assessments, and monitors humanitarian needs inside Syria. This is implemented through local Syrian NGOs, with technical support from UN agencies.

This report highlights key findings from the joint Ground Truth Solutions (GTS) and HNAP surveys, conducted in May 2020 with 6,844 community focal points across all 14 of Syria's governorates; Al-Hasakeh, Aleppo, Ar-Raqqa, As-Sweida, Damascus, Dar'a, Deir-ez-Zor, Hama, Homs, Idleb, Lattakia, Quneitra, Rural Damascus, and Tartous governorates.

Perception data

Ground Truth Solutions gathers feedback data from affected people, using their views, opinions, and perceptions to assess humanitarian responses. Gathering perception data from affected populations should be viewed as complementary to other monitoring and performance data. Collecting feedback is a vital first step in closing the accountability gap, empowering affected populations to be part of the decisions that govern their lives, building relationships with communities, and understanding local knowledge.

The Humanitarian Needs Assessment Programme for Syria (HNAP) is a joint UN assessment initiative which tracks displacement and return movements, conducts sector and multi-sectoral assessments, and monitors humanitarian needs inside Syria. HNAP is implemented through local Syrian NGOs, with technical support from UN agencies. Information is collected across all communities in Syria through face-to-face consultations and direct field consultations.

Recommended citation

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Additional resources are available at:

<http://hnap.info>

<https://groundtruthsolutions.org>