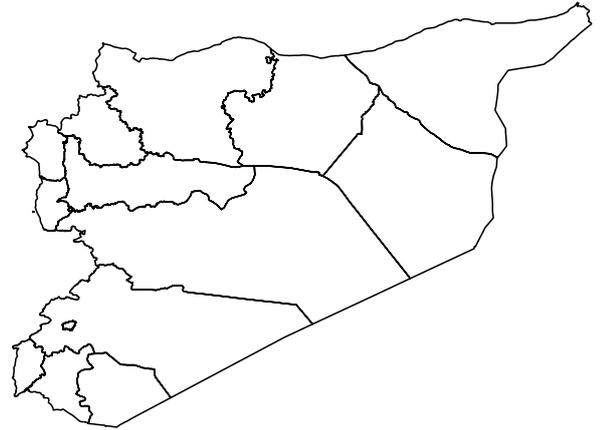


July 2020 | Round 2

How COVID-19 compounds already dire economic needs: insight from Syria



The global impact of COVID-19 is uneven and complex. In Syria, people’s ability and willingness to adopt precautionary measures is complicated by civil war and a plummeting economy. With the conflict in its ninth year, skyrocketing food prices and unprecedented depreciation of the Syrian pound have pushed the country into a hunger crisis.¹ Consequently, some respondents see adhering to restrictions that might mitigate the spread of COVID-19 as simply “unbearable.”

Building on our [first round of findings](#) from community consultations in May, in June Ground Truth Solutions (GTS) and the Humanitarian Needs Assessment Programme (HNAP) sought to better understand whether and how information on the virus has reached the population and influenced trust, behaviour, and livelihoods. In total, 6,803 community focal points across all 14 of Syria’s governorates provided insight into how the pandemic is affecting their communities.² This report provides further analysis according to areas of control: the Government of Syria (GoS), Non-State Armed Group/Turkish-Backed Armed Forces (NSAG/TBAF), and the Syrian Democratic Forces (SDF).³

The community focal points told us:

- More people feel they have sufficient information to protect themselves from the virus (52%)⁴ than in the first round (40%), despite limited changes in communities’ main information sources and needs. Tartous governorate saw the largest increase, with 92% reporting having sufficient information in June, compared to 52% in May.
- Despite improvements in information, adherence to precautionary measures seems to have declined since May. This is likely explained by a fatigue with restrictions where they are in place, a perceived lack of existing restrictions (particularly in NSAG/TBAF and SDF controlled areas), or economic implications (rising prices and fear of losing employment).
- The majority of focal points (85%) confirm that people’s ability to meet their basic needs has worsened since the start of the pandemic. The situation is perceived to be particularly severe in SDF and GoS areas of control, where more than 95% of respondents feel that their community’s ability to meet basic needs has deteriorated. This inability to meet basic needs can likely be attributed to the economic situation itself, which in turn influences people’s ability to adopt precautionary measures. Amid soaring prices and reduced access to basic goods, it is not surprising that job and income loss are the primary economic concerns in these communities.

¹ “Syrians ‘face unprecedented hunger amid impending COVID crisis,’” *UN News*, June 26, 2020, <https://news.un.org/en/story/2020/06/1067252>.

² The 14 governorates include Al-Hasakeh, Aleppo, Ar-Raqqa, As-Sweida, Damascus, Dar’a, Deir-ez-Zor, Hama, Homs, Idleb, Lattakia, Quneitra, Rural Damascus, and Tartous.

³ The boundaries, areas, and names shown and the designations used in this report do not imply official endorsement or acceptance. Reference is made to these designations as COVID-19 measures have been largely homogenous by Area of Control.

⁴ A difference in proportions test was conducted on this question which confirmed that the difference is statistically significant to the < 0.05 level and is thus not due to random sampling error.

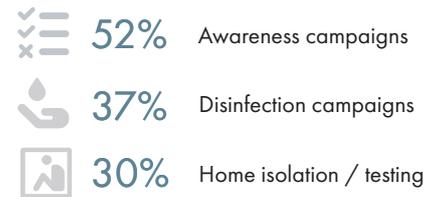
- Almost two-thirds (64%) say their communities trust that the measures introduced in their area will reduce the spread of the virus. Confidence is higher in SDF (71%) and GoS (68%) than in NSAG/TBAG (43%) areas, where many community members are not adhering to any precautionary measures.
- Though community members trust health professionals (48%) the most, focal points note that their communities continue to receive most of their information about the virus from the news media (29%), local government (18%), and social media (18%). However, social media is one of the sources people find least trustworthy.

Recommendations

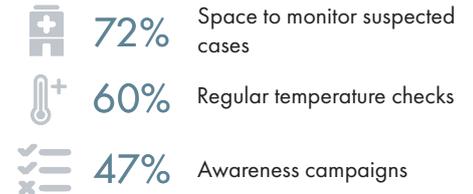
- When humanitarian agencies disseminate information on COVID-19, they should clearly emphasise that the recommendations come directly from healthcare professionals (where applicable), thus highlighting that this information has been verified by the source communities trust the most.
- Since fear of losing employment is a key concern in both NSAG/TBAF and GoS areas of control, humanitarian agencies must prepare to provide temporary support to compensate for this potential loss of employment (where possible), whilst also actively linking the affected population with relevant and available social protection systems.
- Precautionary measures must be clearly and practically explained so that people do not perceive them as necessarily inhibiting their ability to remain employed.
- Humanitarian agencies must consider how communities can continue accessing aid/services while also adhering to key precautionary measures. Information on how aid is accessible in line with the necessary precautionary measures should be communicated alongside the suggested information campaigns mentioned above.

Precautionary measures implemented according to community focal points*

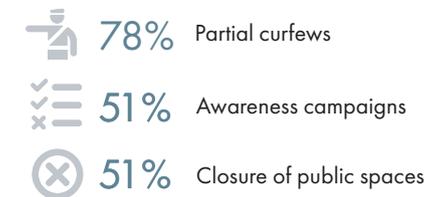
Government of Syria (GoS)



Non-State and Turkish-Backed Armed Forces (NSAG)



Syrian Democratic Forces

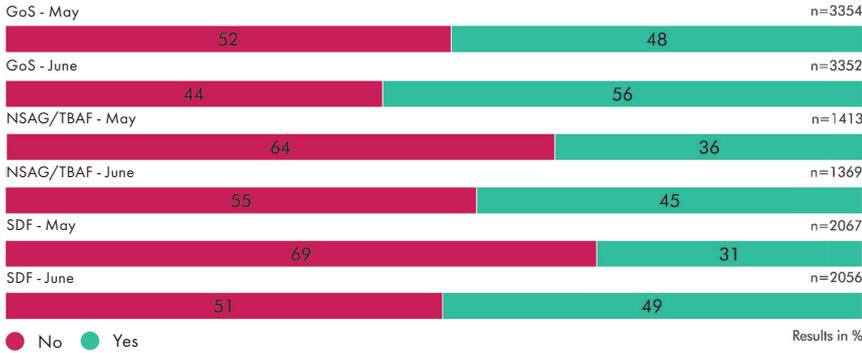


* This data is sourced from HNAP's round 10 dataset with analysis by GTS. Please note that this dataset includes feedback from only 197 focal points in GoS; 43 in NSAG/TBAF; and 45 in SDF areas of control.

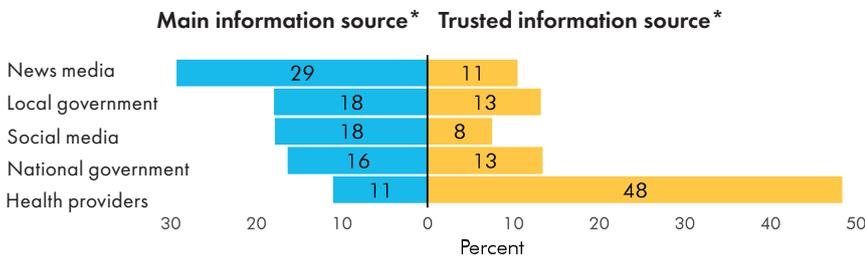
Information

Only half of the focal points believe that their communities have enough information about the virus to keep themselves safe, which is an increase from 40% in the May consultations.⁵ The findings vary slightly by area of control, seemingly in line with awareness campaigns in each area: 56% of the focal points in GoS areas report that their communities are sufficiently informed, while those in SDF (49%) and NSAG/TBAF (45%) are less positive. This slight overall increase may simply be attributed to the general growth of knowledge about the pandemic over time.

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

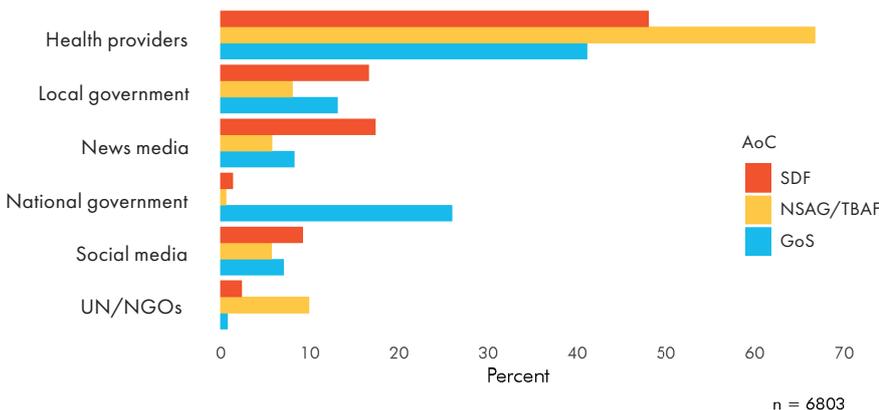


Communities continue to receive most of their information about the virus from the news media (29%), local government (18%), and social media (18%). While many communities get information via social media across all areas of control, this does not mean that it is a trusted source of information on the virus: only 6% of the focal points in NSAG/TBAF areas believe that their communities trust information spread via social media. A more nuanced enquiry is required to understand the sources of the information people access through social media channels.



Overall, community members trust health professionals (48%) the most. However, the second most-trusted source of information varies by area of control: communities in GoS areas trust the national government (33%), while it is UN/NGOs in NSAG/TBAF areas (32%) and news media in SDF areas (41%).⁶ Perhaps unsurprisingly, fewer than 0.4% of the focal points in NSAG/TBAF and SDF areas believe that their communities receive reliable information about the virus from the national government.

What source of information do people trust the most?*



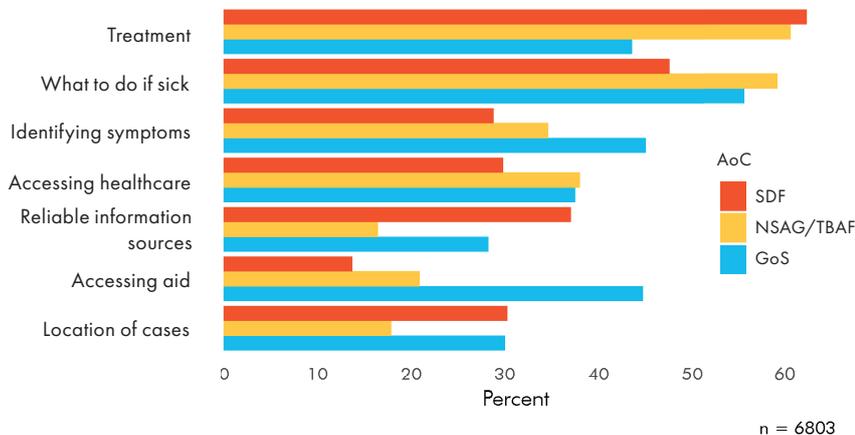
⁵ A difference in proportions test was conducted on this question which confirmed that the difference is statistically significant to the < 0.05 level and is thus not due to random sampling error.

⁶ Social media is mentioned as a key source of COVID-19 information in HNAP's June rapid assessments per area of control.

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

People need to know different things in different areas. How to access non-health aid (such as cash and food parcels) is a much higher need in GoS than in other areas of control. Meanwhile, more communities in SDF (62%) and NSAG/TBAF (61%) areas need information on treatment than in GoS (44%) areas. Yet others do not need more information: more than double the amount of focal points in SDF areas believe that their communities need no additional information (19%), compared to the other two areas of control (6% in GoS and 8% in NSAG/TBAF).

On what subjects does your community need more information?*

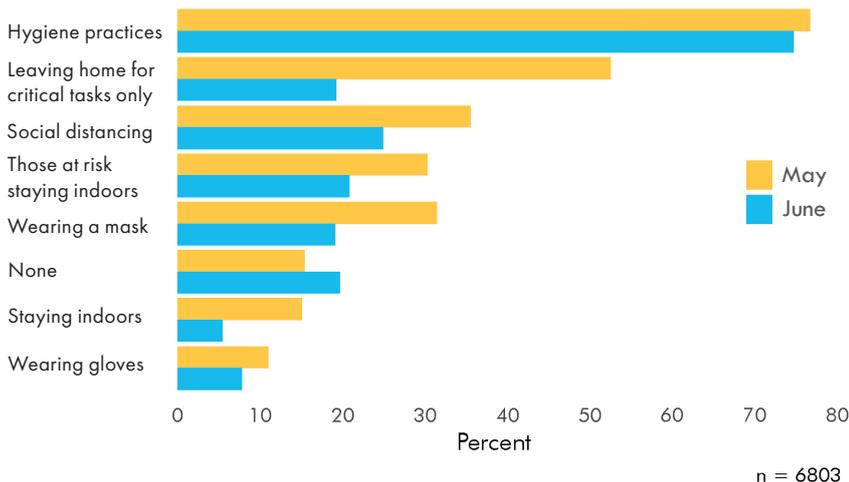


Those who say their communities need additional information point to largely the same topics as in May, with the top needs including “what to do if sick” (54%), treatment (53%), and testing (43%). This implies that people with suspected cases may not have adequate information on how to access health services, which increases the risk of the virus spreading rapidly. As communities continue to receive information through the same pathways as before, it is unlikely that the content has changed drastically from May to June. **Humanitarian agencies should disseminate frequently updated, tailored information based on regional needs, capacity, and trust. They should emphasise that such advice is based on health professionals’ recommendations, so communities know they are receiving information from the source they trust the most.**

Behaviour

Overall, adherence to precautionary measures has declined since May. The majority of communities (75%) continue to practice hygiene protocols such as extensive handwashing, which aligns with perceptions that these are the most important measures to adopt. Yet only 25% continue to practice social distancing (down from 36% in May), 21% report that individuals considered to be at high risk are self-isolating (down from 30%), 19% stay home except for essential purposes (down from 53%), and 19% wear a facemask (down from 31%).

What measures have communities adopted to protect themselves from coronavirus?*



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

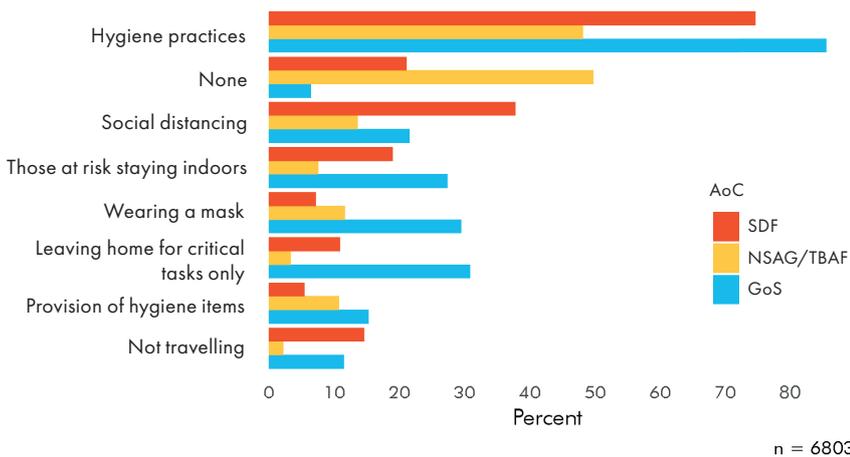
Adherence to hygiene practices remains high in GoS (86%) and SDF (75%) areas. Yet awareness-raising campaigns are not always reaching the communities. Various campaigns were implemented in June, but only 18% of the focal points in GoS areas were aware of them.⁷ They appear to have been more successful in SDF areas, with 44% of respondents noting awareness campaigns and 33% mentioning disinfection campaigns.⁸ Thus continued adherence to hygiene practices clearly cannot be directly attributed to awareness or disinfection campaigns alone.

Half of the focal points in NSAG/TBAF and 21% in SDF areas report that their communities are not following any of the precautionary measures. There are very few reports of protocols in these areas of control that require community participation (i.e., less than 10% report a partial curfew, community lockdown, requirements for symptomatic people to isolate at home, quarantining diagnosed cases, testing for the virus, or distributing personal protective equipment).⁹

The exception is that 33% of the focal points in SDF and 35% in NSAG/TBAF areas report the closure of public spaces, but it is unclear whether communities are willing or able to abide by this measure.¹⁰ The low uptake of measures may thus be linked as much to the presence of such measures as to trust in authorities or an inability to adhere to the measures due to practical barriers.

Facemask usage remains low: only 29% of the focal points in GoS areas report that their community members wear them, and the numbers drop to 12% in NSAG/TBAF and 7% in SDF areas. Without distributions of PPE, community members often cannot find masks in stores or afford them where they are available, which makes it hard to take this simple and important precaution.

What measures have communities adopted to protect themselves from coronavirus?*



Practicing good hygiene is still the measure focal points identify as most important to their communities. Though communities also recognise that wearing a facemask and social distancing are important, these measures are among the most difficult to adhere to.

When asked why adopting these measures is difficult, the leading response is still that communities simply do not want to abide by them (54%). Other top reasons include the fear of losing aid (40%) or jobs (31%). The economic situation – with soaring prices, unprecedented depreciation of the Syrian pound, and lack of access to remittances – means that people’s ability to adhere to these measures is increasingly fraught because they need to hold on to their jobs and maintain their daily activities in order to afford basic goods. However, the lack of understanding of and adherence to precautionary measures still indicates a need to **disseminate information on how communities can continue to abide by some key measures without jeopardising their livelihoods. Explaining how the measures are adapted and practical to the context could help reduce the prevalent fear of losing employment and aid services.**



“[These measures are difficult] because of the outrageous wave of high costs, the interruption of work, and the lack of support by the government and humanitarian organisations in this crisis”

– Ar-Raqqa, 9 June

⁷ This data is sourced from HNAP’s round 10 dataset with analysis by GTS. Please note that this dataset includes feedback from only 197 focal points in GoS; 43 in NSAG/TBAF; and 45 in SDF areas of control.

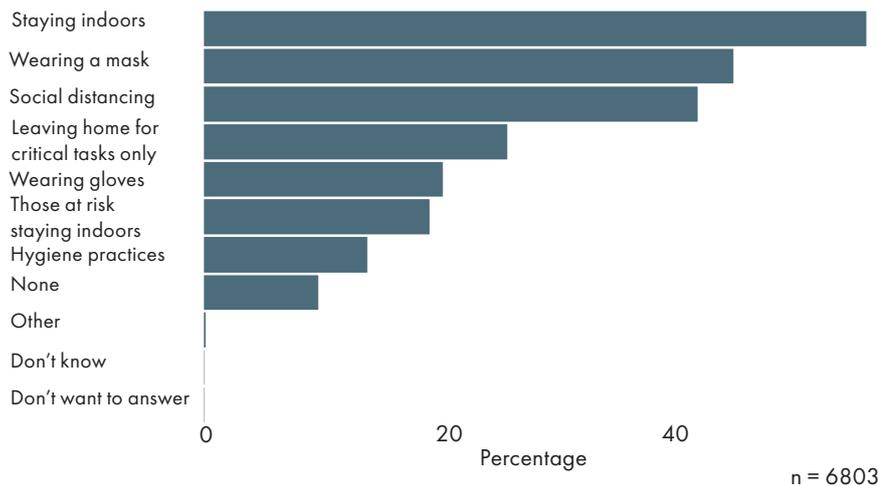
⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

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

What precautionary measures do people in your community find most difficult in daily life?*



The focal points note that if their community members experience COVID-19 symptoms, they are most likely to go to a health provider (50%), to self-isolate (37%), or to call a health provider (10%). In SDF areas, 50% of the focal points say their community would likely self-isolate,¹¹ compared to GoS¹² and NSAG/TBAF areas,¹³ where health providers would be the first port of call. This is likely to be linked to the low number of functional hospitals in SDF areas, where there are as few as five hospital beds per 10,000 people per district.¹⁴

Why are these measures difficult for people in your community to adopt?*



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



Economic Impact

Most community focal points (85%) report that living conditions have worsened for their communities since the beginning of the pandemic. An overwhelming majority in SDF (98%) and GoS (96%) areas say this, but in NSAG/TBAF areas, 59% report little change in their ability to meet their needs, with only 36% noting any deterioration at all.



“How do we manage to live under these difficult conditions if the crisis is prolonged?”

— Ar-Raqqa, 7 June

¹¹ These findings mirror H NAP’s results for their June rapid assessments per area of control: 51% of focal points in SDF report their communities would stay home (self-isolate).

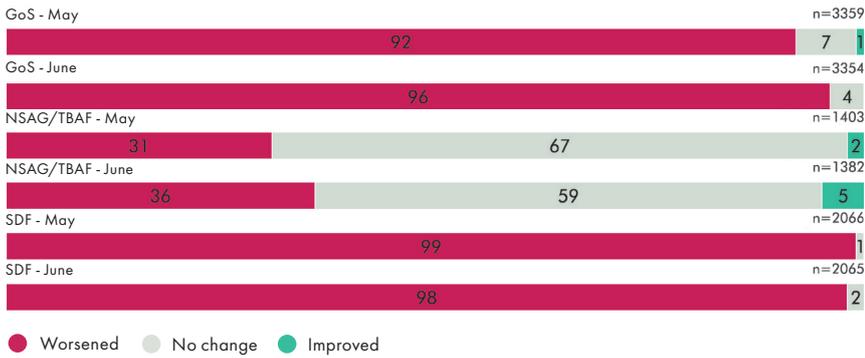
¹² These findings are similar to H NAP’s results for their June rapid assessments per area of control: 47% of focal points in GoS report their communities would stay home (self-isolate) and 41% would go see a health provider.

¹³ These findings mirror H NAP’s results for their June rapid assessments per area of control: 75% of focal points in NSAG/TBAF report their communities would go see a health provider.

¹⁴ “Snapshot of WoS Health Resources and Services Availability Monitoring Systems (HeRAMS),” *Health Cluster*, 2020 Q1: Jan - Mar.

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

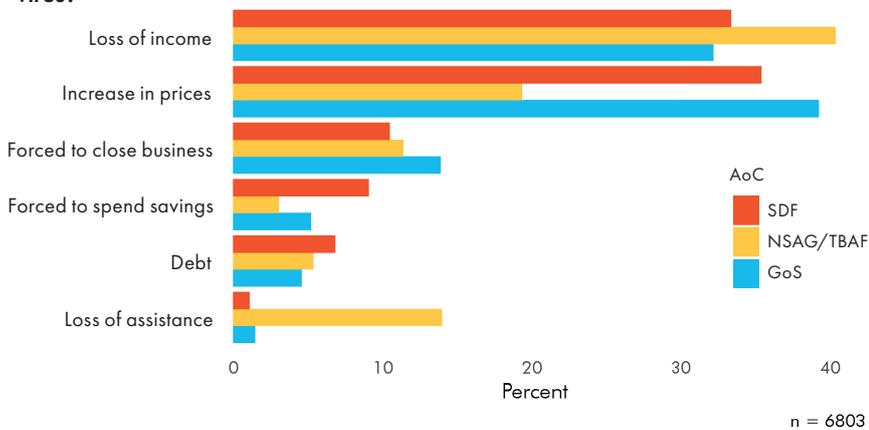
Within your community, how has the ability to meet basic needs changed since the virus started spreading?



These findings must be placed in the wider context of economic deterioration in Syria. Data collected in January shows that over 50% of households in all three areas of control were income insufficient.¹⁵ People’s diminished ability to meet their needs cannot be attributed solely to the impact of COVID-19, but income (in)security influences people’s ability to adopt precautionary measures. This coincides with the fact that the depletion of resources resulting from the Caesar Syria Civil Protection Act has exacerbated the May economic crisis.

Overall, the key challenges to meeting basic needs include high prices (97%), fear of job loss (62%) and lack of product availability (24%). Concerns about job losses and the lack of available products in the June consultations are consistent with our first round of consultations. It is no surprise then that the focal points report job loss/not being able to earn an income (34%) as their primary concerns with regard to the current economic situation, since losing employment would exacerbate the impact of high prices and reduced access to basic goods.

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



Trust

Sixty-four percent of the focal points say their communities trust that the measures introduced in their area will reduce the spread of the virus. The focal points in both SDF and GoS areas believe their communities have high levels of confidence that the measures will be effective (71% and 68%, respectively), but this confidence is dramatically lower in NSAG/TBAF areas (43%), where 50% of the community are said not to be adhering to any precautionary measures. There may be an opportunity to address this, at least somewhat, with information and feedback. As the consulted communities receive most of their information from social media platforms, which may not contain sufficient advice from trusted health professionals, humanitarian actors should constantly review whether information aimed at increasing awareness and the adoption of precautionary measures is being disseminated through trusted and accessible channels.



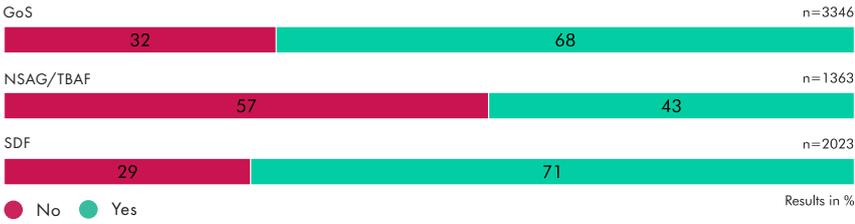
“The situation has worsened because low incomes mean we live off what we earn on a daily basis, given the [current status of the] market and the lack of government [support].”

– Ar-Raqqa, 6 June

¹⁵ “Spring 2020 Report Series: Socio-Economic Overview,” *Humanitarian Needs Assessment Programme (Syria)*.

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

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



Next steps

Ground Truth Solutions and the Humanitarian Needs Assessment Programme will use these findings as a basis for dialogue with humanitarian actors and health providers, providing insight to support the ongoing response. We will continue gauging community perceptions of the COVID-19 pandemic during the month of July, allowing us to identify trends and changes in people’s responses. After the publication of the July report, Ground Truth Solutions will unpack three rounds of findings with interested actors. To be part of these discussions - please [register here](#).

Methodology

Sampling

The focal points who participated in these interviews were selected from amongst the HNAP network of 24,000 community focal points. In every location (admin level 4) where HNAP interviewed several focal points for their monthly mobility and needs tracking, one respondent was asked these Ground Truth Solutions COVID-19 perception questions. This process allowed for geographic coverage across all of Syria.

In this round of data collection, 53% percent of the community focal points consulted are female and 47% percent are male, with 12% aged 18–30, 61% aged 31–45, 25% aged 46–60, and 2% over 60. Respondent profiles included community leaders, local administrators, teachers, health workers, humanitarian aid workers, journalists, and religious leaders. These community focal points contribute to HNAP as part of a joint UN assessment initiative which tracks displacement and return movements, conducts sector and multi-sectoral assessments, and monitors humanitarian needs within Syria. These assessments are implemented via local Syrian NGOs, with technical support from UN agencies.

Survey questions

Ground Truth Solutions designed the survey questions in consultation with the WHO global risk matrix and 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 with HNAP in advance, to ensure the survey is appropriate to country-specific realities. As there will be several iterations of this survey, the question and answer options will be adjusted on a rolling basis, where possible. The answer options were not read aloud during the phone surveys, in order to avoid influencing the focal points' responses.

Data collection

HNAP conducted interviews with the community focal points from 1st to 30th June 2020. HNAP team leaders received a Training-of-Trainers session on GTS methodology and the specific survey tool, which they then cascaded to their enumerators. Interviews with the community focal points were conducted in Arabic.

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. Accordingly, note that focal points are asked questions about their community's behaviours and preferences, thus results disaggregated by gender must be read as the predominate views of the focal point's community, not perceptions of a specific gender.

This report highlights key findings from the joint Ground Truth Solutions (GTS) and HNAP surveys, conducted in June 2020 with 6,803 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.

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>