
BUILDING A GRASSROOTS AND WOMEN-LED RESPONSE TO COVID-19 IN SYRIA

A Covid-19 Snapshot by Kvinna till Kvinna

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INTRODUCTION

As the covid-19 crisis unfolded in Syria, Kvinna till Kvinna concentrated on consulting with its partners to understand firsthand how the crisis is affecting them in order to support them more effectively.

This paper presents the main findings of an assessment on the effects of covid-19 on women rights and gender equality conducted by Kvinna till Kvinna in **April 2020** through a **survey** sent out to its Syrian partner organisations. The partners' responses detailed the impact of the pandemic on the women and girls in Syria as well as on their work. The analysis of the survey showed the needs and challenges in addition to the adaptations put in place to respond to the crisis.

The document relied also on data collected from different reports and analysis produced by Kvinna till Kvinna's Syrian partner organisations.

The recommendations are aimed to guide the donor-, and international community's way forward in Syria to ensure a more flexible and empathetic support to women and girls and local women-led grassroots organisations considering the covid-19 pandemic and the needed community led responses.

KEY FINDINGS ON THE IMPACT OF COVID-19 ON WOMEN AND GIRLS IN SYRIA

Whether globally or nationally, the pandemic has revealed the injustices and inequalities of the systems, and in conflict-affected areas it has further exposed food insecurity, gender-based violence, destroyed healthcare systems, and extreme poverty. In Syria, the outbreak encounters numerous other crises; economic, humanitarian, social and the health crisis. For women and girls, the most affected by the conflict, and who were already marginalised, it means facing new exacerbated protection challenges on a daily basis. It is also important to note that the effect of the containment and prevention measures to counter the epidemic have been urban-focused, and that their impacts on women and girls from marginalised, conflict-ridden or rural parts of Syria are largely undocumented, in particular its impact on their access to information, education, sexual and reproductive services and child and forced marriage.

Gender-based Violence (GBV), Child- and Forced Marriage and Sexual Exploitation

The lockdown implemented on 29 March 2020 in governmental areas, followed by the stay-at-home orders, are increasing tensions in the households and women and girls are facing heightened risk of domestic violence, intimate partner violence, child abuse and economic violence. Women's access to protection services is limited since many of them do not have access to mobile technology, in particular in rural areas, or fear from reaching out for help online. Additionally, there is already concern raised by different civil society organisations that in certain areas (especially the North-west) women and girls will be left even more vulnerable to sexual exploitation in return for aid¹, coercion, child marriage and sexual abuse. Closures of school because of covid-19 and the loss of income and employment due to the crises puts families under economic pressure to drop their girls out of school and eventually marry them off to ease the financial burdens.

¹ Half of Syria. The impact of the COVID-19 Pandemic on Syrians: An Analysis by Syrian Civil Society (10 April 2020). <https://weexist-sy.org/impact-of-the-covid-19-pandemic-on-syrians-a-comprehensive-briefing-by-halfofsyria-campaign/>

Economic Impact

Due to the mobility restrictions imposed during the outbreak, the informal economy is highly affected and rising prices of food, necessities and sanitation products have been recorded. Women in conflict-affected settings typically work in informal, low-paid work. In North-west Syria, women are deeply affected by job losses due to the economic downturn, especially female-headed households. Furthermore, the deteriorating economic situation and restrictions in the neighboring country Lebanon (shortage and limiting withdrawals of USD, local currency collapsing, further restricted bank accounts for Syrian nationals, forced closure of informal transfer money shops like Hawala, etc.) has put a lot of strain on the Syrian community, civil society, refugees and migrant workers.

Mental Health-care

For Syrian women and girls who already had very limited mobility and autonomy, the covid-19 measures have resulted in further restrictions on their movement and the loss of the very few activities that they were allowed to do outside. These opportunities have been seriously diminished due to movement restrictions. Many lost access to psychosocial support (PSS) sessions, that were disrupted completely or moved to online platforms. Online sessions weren't seen as appropriate for many women due to the poor internet quality and the lack of freedom and autonomy of women to express their needs to an external consultant over online platforms in their homes. They generally reported to our partners high levels of psychosocial distress stemming from the measures undertaken to minimise the spread of the virus intersecting with the broader conflict, and economic crisis in the country.



The pandemic forced us to delay the opening or limiting the opening of our local center, and to turn some our activities to online, specifically the psycho-social support which allowed us to reach women in different neighborhood. The absence of centers is a major concern for us as we lost the reach to vulnerable women that considered the centers as safe places, and not all women and girls have phones or internet.

- Maria Al Abdeh, Executive Director of Women Now for Development (WND)²



WND started a donation campaign to secure women a private bathroom in an overcrowded IDP camp, and another one to secure infant formula milk for mothers in need. To reach girls and women where they are, they also shifted their empowerment and protection services and programs to virtual platforms.

Unequal Caregiving Roles and Unpaid Care Work

Almost all women and girls are spending more time on housework and cooking, but the change was more dramatic for the married Syrian girls facing additional care work responsibilities for family members and children. In Syria, due to social stigma, women's roles are still largely confined to the home, they remain marginalised in unpaid domestic activities that are blocking them from several sectors of employment or the opportunity to work in general. The stay-at-home orders and other

² **Women Now for Development (WND)** is a Syrian non-governmental organisation working on empowering Syrian women (www.women-now.org).

covid-19 related restrictions further limit their access to, and control over, resources and power in decision making on household needs. Increased care-burdens in times of covid-19 are especially hard for single mums or female-headed households. As schools are closed the responsibility for in-home childcare falls predominantly to women and more people forced to stay at home has also increased the demand for household chores.

Education

Due to covid-19, students have been forced to study remotely. However, daily access to, and use, of computers or mobile phones is also gendered. Not only is online education for women and young girls not available in certain areas in Syria due to the poor internet connection and the lack of access to certain IT equipment outside of education centers (laptops/cellphones etc....), but also because of discriminatory practices and norms prioritising male access to these tools. The chances of Syrian girls going back to school after the pandemic are lower than those of boys.

Health-care Crisis

Due to the fragmented nature of the health system, the capacity to respond to the pandemic is gravely hindered or limited in Syria. Women are concerned about their ability to access clinics and hospitals should they need to, since conflict has destroyed and weakened healthcare systems. In conservative areas, women or girls may need the authorisation of a male family member to seek health care³, appropriate treatment or make any decision about their own body, which increase their level of anxiety and vulnerability to the virus. Syrian women are experiencing the collapse of the health care system disproportionately and are the first to suffer from gaps in the other vital services they need to survive- including water, sanitation, hygiene systems and essential sexual and reproductive healthcare, that are not put forward a priority due to covid-19. Covid-19 mobility restrictions to move from a region to another, further reduced their access to essential reproductive and maternal health services in a country where nine years of conflict have left infrastructure, in particular reproductive health services battered.

Access to Information

Many Syrian women have limited knowledge about covid-19 and the prevention and protection measures, due to lack of transparency and access to information relevant to the pandemic in Syria. There are also high rates of illiteracy among women and girls in Syria in certain regions and reliable health-, and safety information is harder to reach for women and girls without access to computers or who are not familiar with technology. Less likely than men to have a mobile, Syrian women are not only excluded from decision-making during the response to the outbreak, but they also risk not knowing how to protect themselves, their communities, or their families.

Dawlaty⁴ compiled a thorough **situation report⁵** on impact and response of Dawlaty's partners and operations to covid-19 in order to support other Syrian organisations to plan and deliver their response to the current changes. They support local responses in providing their grassroots partners with the needed resources, trainings, and information to incorporate in their awareness efforts and programs.

For example, Dawlaty is supporting its partners by offering a special training which aims to train peer to peer to peer mentors online. Additionally, they are discussing with their local partners how the subgrants could be used to help their current needs and priorities.

³ UNFPA Syria Country Office COVID-19 Humanitarian Response, 8 April 2020
<https://www.unfpa.org/resources/syria-country-office-covid-19-humanitarian-response-flash-update-1>

⁴ **Dawlaty** is a non-profit foundation that works to support of civil society to become active participants in transitioning Syria to a just democratic state (www.dawlaty.org).

⁵ Dawlaty. COVID-19 Situational Report: Impact and Response of Dawlaty's Partners and Operations.
https://drive.google.com/file/d/1Y_cPXNdSPtVHVyy6VSpHr4InJlOZTHkO/view

PROVIDING FLEXIBLE AND ADAPTABLE FUNDING TO SUPPORT THE WORK OF WOMEN'S RIGHTS ORGANISATIONS IN SYRIA

Our Partners Local Responses to the Crisis

Women's rights organisations are at the forefront of community-based initiatives and have already begun responding to the above challenges while rapidly shifted their strategies. As the world started to respond to the pandemic, Syrian women's rights organisations have worked on adapting their work. They shifted to online modalities like majority of organisations. A good example are trainings that were adapted to become suitable for online modalities by changing frequency of sessions and content to meet the diverse situation of women in Syria (in terms of access to internet, accessible and safe platforms etc.). Eventually, there has been changes in timeline of programs' implementation because activities that cannot be implemented online, such as vocational trainings, have been suspended or postponed. Furthermore, many organisations shifted their priorities to respond to the emerging needs and added covid-19 related activities. For instance, certain organisations have started implementing emergency and humanitarian work such as providing sanitary and hygiene kits for women. Due to the inconsistency of information between different actors and even lack thereof, some partner organisations started awareness campaigns around covid-19 in relation to prevention and protection measures.

The resilience of Syrian grassroots organisations to fast changing contexts as a result of covid-19 and other overlapping crises has been truly inspiring. The organisations continued to do their work and adapted as needed despite all the challenges.

RECOMMENDATIONS

The following recommendations are put forward reflecting the needs of our partners and other women-led organisations:

Flexible Funding and Relations Between the Donors and Local Women-led Organisations

The global crisis induced by the covid-19 might severely hit the already under-funded women's rights movement in the region, and in Syria in particular. Most at-risk organisations are grassroots organisations, working with hard to reach groups and marginalised women who have been excluded of the global humanitarian response to the covid-19.

- Donors need to provide women's rights organisations with emergency, core, flexible and long-term funding as they adapt their work to respond to the gendered impact of this crisis.
- Deploy and give access to emergency or rapid response funds to local and grassroots organisations in order to better respond to emerging needs and gender dimensions of the crisis.

- Make grant-, and application processes more flexible and less burdensome, considering that Syrian organisations were already severely strained by the conflict before the outbreak.
- Increase fund to support self-care and mental health support among staff, especially those who face challenges from caretaking children.
- Convert existing project grants into general operating grants that can cover core operations and staff salaries.
- Support virtual and online tools for remote work, IT equipment and cover digital security related costs.



We ask donors to make long-term commitment to ensure sustainable funding of women's rights organisations. Priority should be given to rights-based and feminist organisations, which work on mobilising women to become decision-makers.

- Oula Ramadan, Badael⁶ Director



A Collective Intersectional Response

Donors should adopt a collective intersectional response, taking into consideration that risks are affecting women and girls differently, especially thinking of diverse needs depending on geographical areas in Syria, age, disabilities, marital status, chronic illnesses, etc. Donors and international funders should in particular consider these actions in their covid-19 strategy:

- Work and collaborate with women's funds, women and women's rights organisations as partners, who engage directly with most marginalised women affected by the conflict and who must be integrally included to covid-19 prevention, response and recovery.
- Raise awareness about covid-19 and protection and prevention measures and bridge the gender gap of access to information between the different communities. Women and girls should be adequately informed about how to prevent and respond to the pandemic, since they play a major role in their communities. The information should be made accessible in various forms and formats, including pictorial to ensure that women and girls with different educational levels can understand the risks associated to the pandemic.
- Ensure that their covid-19 response is accessible to vulnerable women and girls and most at risk communities, displaced populations, people living with disabilities, rural women.
- Prioritise access to sexual and reproductive health services and ensure that women and girls can seek care despite restrictions on mobility related to covid-19.

⁶ Badael ("Alternatives" in Arabic) is committed to supporting grassroots civil society groups active in the fields of peace-building, human rights, and nonviolent activism in Syria. (www.badael.org).

- Ensure that humanitarian aid and basic needs distribution include:
 - Sanitary kits for women and girls, especially in IDPs camps and in marginalised areas
 - Food baskets
 - Cleaning and hygiene kits
- Support grassroots-, and women's rights organisations providing online family planning, and sexual and reproductive health counselling, and capacity of mobile clinics, as well as online psychosocial support.

Advocating for Joint Monitoring and Women's Inclusion

- Contribute to joint monitoring and reporting on situation of women and girls, marginalised groups/areas, and operating space/restriction on civil society (particularly women-led organisations) and consequently develop joint advocacy messaging and actions.
- Support inclusion of women leaders, women-led organisations/networks as critical partners in covid-19 response plans.

CONTEXT

While covid-19 continues to spread across the world with more than 3.5 million cases and 250 thousand deaths, concerns of the pandemic spreading in Syria are very high. The nine years of wars have left Syria with a poor health system, damaged health facilities and limited access to health services. Moreover, all measures taken across Syria exacerbated already-poor socio-economic and living conditions.

In general, there is a huge gap in the quality/presence of services for people in Syria. For example, there are some areas where there is limited to no access of internet or electricity, which makes it challenging for our partner organisations to shift work online and still be reaching women they usually work with.

The complexity and diversity of the different geographical areas is also very important to consider. For example, in government-controlled areas, the Government of Syria is imposing emergency response to respond to covid-19. Daily disinfection and awareness campaigns took place in some governorates such as Quneitra. However, observers are concerned that official figures likely reflect limited testing capabilities and contradict the actual covid-19 spread.

On the other hand, in non-government-controlled areas, the fear is that the spread of covid-19 might have drastic impact on the people there. With half of the population being IDPs, stresses on services has increased a lot. Out of four million people trapped in North-west Syria, 51% are children and 25% are women⁷, and around one million are living in overcrowded 12 camps. Aid and basic services provision remain below the threshold of acceptance. In the absence of a unified government response plan to covid-19, local civil society non-governmental organisations are taking the lead in planning and managing the response and taking over provision of services.

In North-east Syria, there are over 225,000 IDPs and refugees living in last resort-sites without reliable or sufficient access to essential services such as health, WaSH and shelter. There are multiple cities within the area with a population in excess of 100,000. Not only do these cities have close connections to countries in the region where local community transmission is ongoing, but they also have high population density and over-crowding.

⁷ OCHA Situation Report. *Recent Developments in Northwest Syria* | Situation Report No. 13- As of 1 May 2020

NORTH-WEST SYRIA



No officially reported cases

The area remains under constant tension, with a population reaching more than 4 million people as of April 2020, with half of them being IDPs.

Aid and basic service provision remain below the threshold of acceptance.

In absence of a unified government plan to covid-19, local civil society NGOs have taken the lead in planning and managing the response.



The World Health Organization warned that the coronavirus pandemic could have a **“catastrophic impact”** on Syria. ”

- Article by Colum Lynch. Warns of Pandemic's 'Catastrophic Impact' on Syria (1 May 2020)

children

women

51%

25%



Out of 4 million people trapped in North-West Syria

According to OCHA situation report



NORTH-EAST SYRIA



6 Reported cases
4 Recoveries
1 Death

The Self-Administration started a response plan in early March 2020 by restricting movements on border crossings and internal movements.

There are on-going adaptations to humanitarian plans to respond to the emerging needs and prevention measures.

The area is home to several displaced-person and refugee camps, holding tens of thousands of people in cramped conditions.

GOVERNMENT-CONTROLLED AREAS



58 Reported cases
36 Recoveries
3 Deaths

On March 29, 2020, Government of Syria started taking measures with lockdown by restricting movement between different areas.

The economic situation is deteriorating rapidly. The declining value of the Syrian pound has been compounded by increasing levels of inflation of basic food, sanitation and medical items, as well as increased resource scarcity.

There is growing concern that numbers are much higher in Whole of Syria.



GoS (Government of Syria)



North-East (SDF)



North-West (HTS, TAF, OAG)

