



Syrian Arab Republic  
United Nations Country Team

## Framework for the Immediate Socio-Economic Response to COVID-19

Three boys celebrate International Day of Peace  
Raqa, Syria



31 AUGUST 2020



COVID-19  
RESPONSE

## Joint foreword by the UN Resident Coordinator and the UNDP Resident Representative

The Socio-Economic Response to COVID-19 for Syria defines the United Nations Country Team's comprehensive response to the socio-economic impact of the pandemic. The framework is a multi-agency effort under the coordination of the Resident Coordinator and the technical leadership of UNDP. It is one of three instruments of the overall UN System response to the COVID-19 crisis and its impact, and supplements the health response and the humanitarian response, for which, within the UN System, respectively WHO and OCHA provide the technical and coordination support to the Humanitarian Country Team and the Humanitarian/Resident Coordinator.

The response plan is guided by the United Nations Secretary-General's report 'UN Framework for the Immediate Socio-Economic Response to COVID-19', which outlined the need for a global response to the pandemic and the impact it was having on people, and provided a five priority impact areas to be considered.

The plan is designed based on in-depth analysis and surveying by an inter-agency working group led by UNDP and composed of FAO, UNDP, UNFPA, UN-Habitat, UNICEF, UNRWA, WFP and WHO working from April to mid-July 2020, as a coordinated effort to collect a solid and comprehensive evidence base for the formulation of the response. The agency assessments and synthesis report demonstrated the strength of the UN Country Team in Syria collectively designing and analyzing emerging trends and findings. That analysis enabled those agencies as well as IFAD, UNHCR, UNIDO and UNMAS to participate in the response formulation, working to identify and formulate joint and individual responses that support addressing the immediate and short term socioeconomic impacts of COVID-19 in Syria.

The framework and proposed thematic response areas provide us with a coherent and collective roadmap that prioritizes the most vulnerable from the social and economic impacts of COVID-19. We would like to thank all the agencies of the UN Country Team in Syria for their contributions and full support to the process. And look forward to engaging with our international community partners soonest for a discussion on how best we can, in close partnership, efficiently and rapidly move the implementation of this plan forward.



**Imran Riza**  
UN Resident Coordinator



**Ramla Khalidi**  
UNDP Resident Representative

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| Funded           | Funding Gap      | Thematic area common goals | Partner agencies <sup>1</sup> |
|------------------|------------------|----------------------------|-------------------------------|
| US\$ 128 million | US\$ 582 million | 11                         | 12                            |

Figure 1. Programme response snapshot

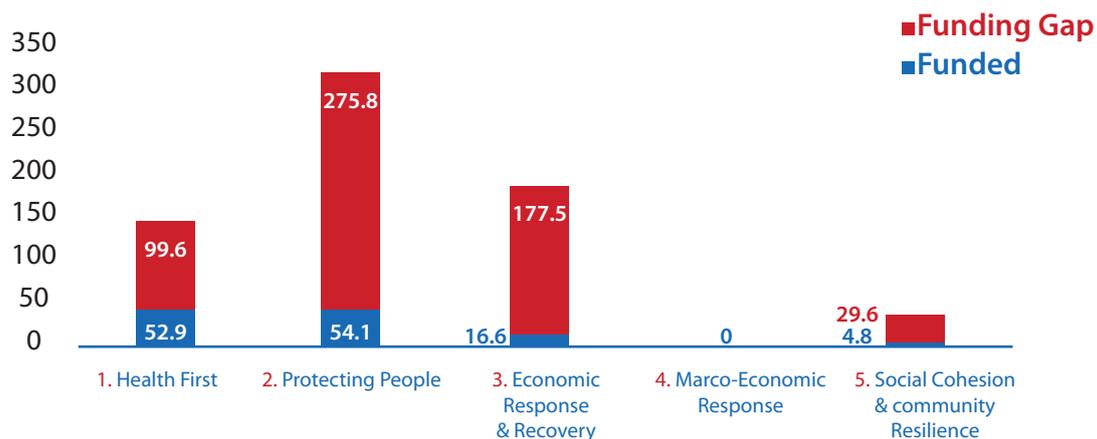
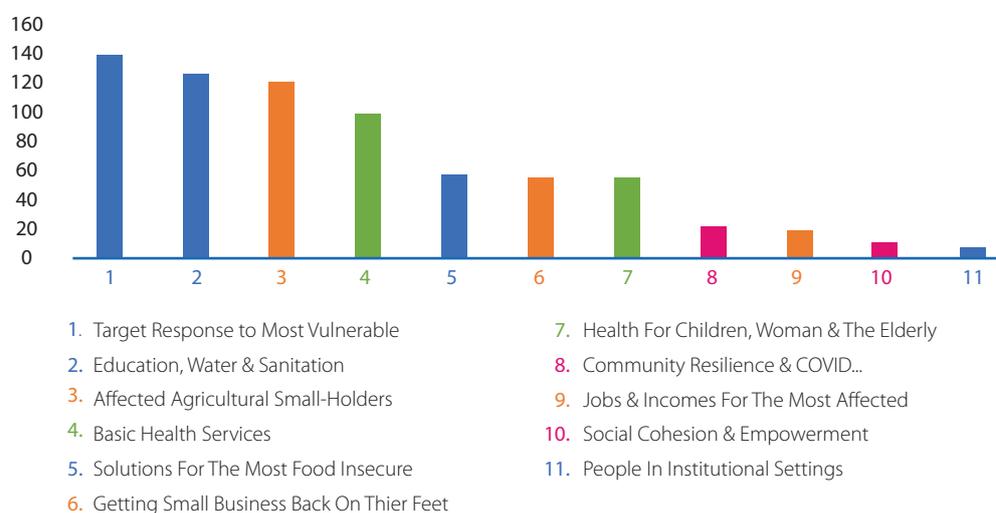


Figure 2. Budget By Thematic Area



<sup>1</sup> The Food and Agriculture Organization of the United Nations (FAO), the International Fund for Agricultural Development (IFAD), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), UN-Habitat, the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Industrial Development Organization (UNIDO), the United Nations Mine Action Service (UNMAS), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), the World Health Organization (WHO) and the World Food Programme (WFP).

## **I. Introduction: Purpose and content of this response framework document**

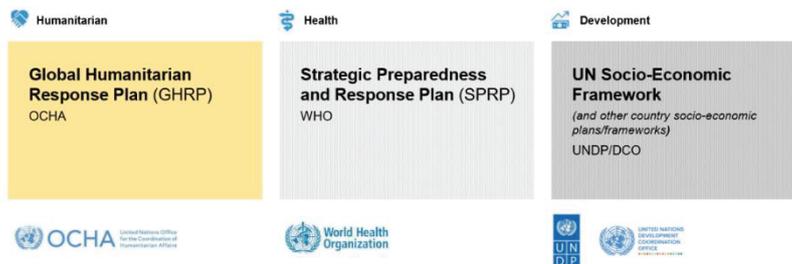
In April 2020, the United Nations Secretary-General issued his report ‘Shared Responsibility, Global Solidarity’, outlining the need for—and stressing the utmost priority of—a truly global effort in responding to the COVID-19 pandemic and its impact.

It was followed, that same month, with a report ‘UN Framework for the Immediate Socio-Economic Response to COVID-19’ providing more detail about each of the five priority impact areas to be considered (health; social protection; economic activity and jobs; macroeconomic management; and community resilience) and thus a structure to guide the formulation of national response plans being prepared by UN Country Teams, under the technical leadership of UNDP, to address the socio-economic impact of COVID-19.

Special emphasis was also placed in the Secretary-General’s report on the importance of national frameworks being formulated by UN Country Teams in close consultation with the countries concerned, and on the need for those UN Country Teams’ response frameworks thus to supplement, where needed and possible, those countries’ national

Figure 3. The UN multilateral response to COVID-19

## The United Nations Multilateral Response to COVID-19



This response framework for the socio-economic impact of the pandemic, a multi-agency effort under the coordination of the Resident Coordinator and with UNDP as technical lead, is one of three instruments of the overall UN System response to the COVID-19 crisis and its impact. It supplements the health response and the humanitarian response, for which, within the UN System, respectively WHO and OCHA provide the technical support and coordination to the Humanitarian Country Team and the Humanitarian/Resident Coordinator.

The within Syria COVID-19 Operational Response Plan, subsequently reflected in the Syria COVID-19 Annex, containing Health Preparedness and Response Plan activities, was formulated and launched in Syria very rapidly after the onset of the pandemic, in particular to address urgent humanitarian needs resulting from the outbreak. This was an opportunity to include a limited number of actions very early on to respond to some of the most urgent needs resulting from the socio-economic impact of COVID-19 (in particular in the areas of health, water, sanitation and emergency food aid, but to a much lesser extent livelihoods). Funding for these activities remains, however, extremely limited as of today.

The primary objective of this socio-economic impact response framework is to define a comprehensive response to the socio-economic impact of COVID-19, taking into account, so as to not duplicate, the socio-economic impact response initiatives already covered or programmed under the health and humanitarian, emergency needs plans and instruments mentioned above, and building further on the evidence base of the in-depth and comprehensive survey undertaken by the UN Country Team to better identify, quantify and prioritize response needs. Preserving Artisanal Work Aleppo, Syria

## II. Context and situational analysis

### A. Status of the pandemic as of end-August. Public health management capacity: The priority to contain the pandemic

Syria is one of the few countries that have so far not reported a major outbreak of the disease, although the most recent data, at the time of finalizing this response framework, show an alarming increase in case numbers in recent weeks.

A relatively limited number of cases of infection had been reported until 12 August: 1,512 people with COVID-19 across Syria (1,327 cases, with 53 deaths and 889 recoveries, in government-controlled areas; 139 in North-East Syria, and 46 in North-West Syria). However, the latest update, as of 29 August and thus just a few days before the finalization of this report, signals a sudden and rapid increase in the number of positive cases: a cumulative total of 2,628 cases reported as of this date by the Ministry of Health, not yet including the latest updates from the North-West and North-East (as these take some time to get included). While there were about 20–30 daily infections up to late July and mid-August, the number has since started to increase to 60–70 cases per day. Moreover, there are concerns about underreporting and that thus the number of cases may be much higher than the official figures. More than 80 percent of the cases of infection have occurred in the governorates of Damascus, Latakia, Aleppo, Rural Damascus and Homs. Out of the 2,628 known cases as of 29 August, (only) 105 were imported cases.

While testing is taking place, it happens in too small numbers.

Exact information on the spread of the infection is thus not available. As of mid-August, (only) about 20,000 tests had been conducted (of which about 15,000 in government-controlled areas), through six operational laboratories and one testing site. Since testing is the only way to know the actual rate of infection and thus to detect sources of possible transmission early, it thus remains an absolute priority to enhance laboratory and case investigation capacity across Syria, including training of laboratory technicians and rapid response teams, and to establish an effective tracing system. Global public health management practice and experience consider this tracing capacity as the key condition to ensure that currently relatively limited infection numbers do not rapidly escalate, as almost all other countries without comprehensive testing have witnessed at some stage. However, accessing equipment and supplies necessary to perform molecular testing of the virus causing COVID-19 is difficult in view of import restrictions which, even if they do not target critical medical supplies, do add further challenges and/or transaction costs—this, moreover, in the context of a stressed global market with neighboring countries also competing for the same products.

The specific Syrian country context, as it relates to health sector capacities and public health management, adds considerable challenges for an effective pandemic containment and response.

The Syrian crisis has led to a widespread deterioration in what was a well-functioning and predominantly public health care system before 2010, as a result of the destruction or disruption of health care facilities and the exodus of health care professionals. Major population movements and the corrosion of public services and infrastructure over the last 10 years have increased the risk of outbreaks and limited the capacity to contain them.

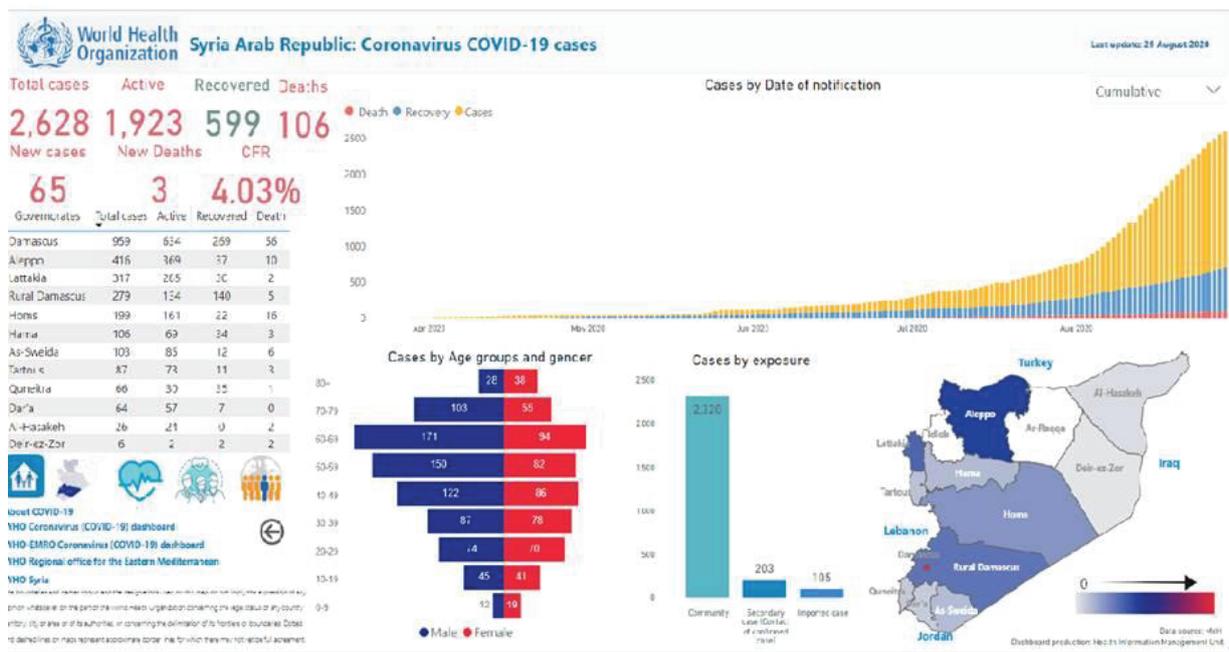


Figure 4. Overview of the COVID-19 pandemic in Syria (as of 29 August 2020)

Also, prior to the war, the pharmaceutical industry was booming in Syria, with more than 92 percent of drugs produced locally, and countries in the region preferring Syrian medicines to those from other countries. Currently, the health system faces severe shortages of medication, also with respect to the COVID-19 response, for many reasons, including the economic deterioration and escalating impoverishment.

International trade and import challenges are also affecting the capacity of the country to provide essential medicines such as insulin, which is currently lacking in many health centres, and having a negative impact on health service delivery. Of major concern with respect to the health response required to contain the pandemic, it has not been possible so far to ensure the availability of sufficient quantities of protective equipment needed for front-line workers.

**Containing the pandemic and preventing a sudden—and increasingly difficult to contain and control—infection explosion is an absolute priority in such a fragile context.** But several issues complicate an effective response, and must be addressed as quickly and as much as possible: a health system lacking sufficient personnel, infrastructure and essential equipment; insufficient water and sanitation infrastructure; significant numbers of vulnerable people reliant on emergency, life-saving assistance such as refugees, asylum-seekers and Internally Displaced Persons (IDPs); a majority of very poor people, and thus with limited capacity to adopt COVID-19-appropriate behaviours when they imperil opportunities to continue to earn a living; difficulties in accessing certain areas of the country, for several reasons including hostilities; areas of mixed control, making a coordinated and thus effective countrywide response more difficult to formulate and implement; an extremely limited financial resource base with which to fund the required action; deterioration of existing social safety nets; restrictions on humanitarian workers' ability to move freely to support and implement humanitarian programmes; and challenges in procuring essential supplies, internationally as a result of transport and restrictions, but also nationally as a result of a deteriorating economy and diminishing purchasing power.

Of particular concern is that almost 50 percent of the health infrastructure is not functional today (as was the case before COVID-19). As reported by WHO, at the end of May 2020, only 48 percent of 113 public hospitals assessed were reported to be fully functioning; 26 percent were reported to be only partially functioning (because of shortages of staff, equipment or medicines or damage to the building), while 26 percent were reported as non-functioning. Only 47.8 percent of 1,812 public health centres assessed were fully functioning in the first quarter of 2020. The inter-agency survey on the impact of the pandemic has clearly documented how, while only 50 percent of the infrastructure was functional at the onset of the COVID-19 crisis, that limited health capacity has been further substantially affected with respect to the continued delivery of basic health care services.

For instance, a reduction of up to 50 percent in immunization services has been reported.

Looking forward, it is an absolute priority to contain COVID-19 and to increase basic health care capacity and availability, to limit the socio-economic impact in case of any further expansion of the pandemic or a possible future resurgence requiring a reintroduction of lockdown measures. Given that infections can spread very quickly, as the response expands, the surveillance system must absolutely be enhanced so that, wherever infections emerge, there is the possibility of timely diagnosis and of collecting more samples, from a much greater range of geographical locations and capable of covering the entire country. Family Receives Sheep, Deir Ez-Zour, Syria



Family Receives Sheep, Deir Ez-Zour, Syria

Too many of Syria's 262 districts are still not able to offer an effective containment response. The pandemic does not recognize borders or lines. As Table 1 shows, in several aspects of public health management, a large majority of the subdistricts across the country are not yet equipped, organized or committed to what is required for an effective containment response.

**Table 1.**  
**Number of subdistricts undertaking specific COVID-19 health management action.**

| Action                               | Government-controlled areas | North-west Syria | North-east Syria |
|--------------------------------------|-----------------------------|------------------|------------------|
| Number of subdistricts               | 197                         | 43               | 45               |
| Testing                              | 60                          | 3                | 7                |
| Closure of public spaces             | 3                           | 0                | 0                |
| Distribution of protective equipment | 4                           | 11               | 3                |
| Disinfection campaigns               | 55                          | 18               | 0                |
| Awareness campaigns                  | 114                         | 27               | 24               |

Source: UN partners' survey/assessment, 11–12 July

Moreover, the feasibility and effectiveness of a countrywide health response remains severely impacted by the fact that access to some parts of the country remains restricted. Most land borders into Syria remain closed, with some limited exemptions from Jordan, Turkey and Lebanon. This also affects commercial and relief shipments, as well as the movement of personnel from humanitarian and international organizations. Borders with Lebanon and Jordan remain mostly closed to civilians, while a limited number of humanitarian workers have been able to enter the country from Lebanon. In north-western Syria, UN cross-border shipments continue and have in fact increased since March, while commercial trucks (used by most non-governmental organizations) were partially impacted. The crossing points with Lebanon have, fortunately, remained open for humanitarian and commercial cargos. The border with Jordan is still completely closed. As complete and sustained humanitarian access is yet to be ensured, acute concerns regarding the lack of medical services are growing.

The health response in north-western Syria is also heavily impacted by military developments on the ground, including shelling and clashes along the front lines in southern Idlib and airstrikes, some of them directly affecting health care infrastructure and personnel. As a result of these tensions, civilians living in areas close to the front lines in southern Idlib and northern Hama, including those who had recently returned to these areas after the ceasefire, have reportedly again been fleeing from their homes. Providing effective health care services, or being able to access them, has become extremely problematic, while these population movements may contribute to the further spread of COVID-19 infections.

## II.

### B. Inter-agency COVID-19 socio-economic impact assessment

#### a. Purpose, process and methodology

The socio-economic response outlined in the present document builds on the results of a multi-agency assessment and survey initiated in March 2020, with the participation of and contributions from FAO, UNDP, UNFPA, UN-Habitat, UNICEF, UNRWA, WFP and WHO.

Surveys were undertaken between early April and early July, and the results were analysed by the agencies concerned and consolidated by UNDP in a synthesis report in July. The main socio-economic impact findings, and the programme response priorities this evidence base calls for in response to the needs assessed and priorities identified, are the focus of this report. The assessment covered the actual and projected impacts on:

- Macro-economic parameters and activities of economic sectors;
- Micro, small, and medium-sized enterprises;
- Unemployment;
- Livelihoods, poverty and extreme poverty;
- Access to social infrastructure and social services;
- Agriculture, food security, food prices and food supply chains;
- Gender-related dynamics such as differential access to essential services and gender-based violence;
- New and deepening vulnerabilities;
- Children and adolescents; and
- Palestine refugees.

The UN Country Team used a consultative process to develop the operational approach, such as with respect to focus areas for data collection, methodology and the strategy for mainstreaming gender. Data collection was preceded by a review of existing literature, including agency and government reports.

In their contributions, each agency was explicitly requested to, first, ensure gender disaggregation of the data collected and to mainstream gender in their analysis and recommendations. Second, a special effort was also recommended to ensure that the most vulnerable members of society were reached in the data collection, analysis and recommendations, to enable the formulation of responses prioritizing those most affected and most vulnerable. Finalized methodologies, including survey instruments used by each agency, were circulated and discussed among all agencies so that overlaps, gaps and opportunities for collaboration in areas of common interest could be identified. Inter-agency

technical-level meetings were held regularly throughout the exercise to discuss and resolve any issues arising.

Upon completion of the agency surveys, totaling 350 pages of reporting, an overall 200-page synthesis report was drafted by UNDP, as Lead Agency, and shared early so that all agencies could formulate a common vision in terms of a concerted output and the survey's key findings and conclusions. A shorter, 25-page condensed version of the assessment conclusions has also been prepared, to inform interested partners and audiences of the key findings and conclusions.

Two workshops were held in mid- and late July (through a combination of both face-to-face meetings in Damascus and online conferencing arrangements) to review, respectively, the key findings and conclusions and the priorities for response, based on the survey findings, the Secretary-General's guidance and the specific Syrian context.

**Some difficulties in the impact analysis were, however, unavoidable, as follows:**

**1<sup>st</sup>**, while the aim of the survey exercise was to clearly ascertain the socio-economic impact of COVID-19 and containment measures, it took place not only against the background of a protracted and continuing 10-year conflict, but also in parallel to the fallout from a Lebanese financial crisis (adding further to the rapid depreciation of the Syrian currency) as well as the entry into effect of new trade restrictions in June 2020. While the impact of the latter on Syria has not yet been assessed, global experience shows that such restrictions could have an impact beyond their declared intentions.

The combined effects of these four concurrent crises (the continuing conflict, the COVID-19 pandemic, the Lebanese financial crisis and the trade restrictions) contributed to a contraction of economic activity, a rapid depreciation of the currency and dramatic inflation. This makes it extremely difficult, if not impossible, to separate the socio-economic impact of COVID-19 from the impacts of the other crises. In addition, targeting the response only to those directly affected by COVID-19 in a country where vulnerabilities were already so deep and severe prior to the pandemic would be difficult to achieve, let alone justify.

**2<sup>nd</sup>**, with respect to macroeconomic data, the production of these data normally has a long time lag in Syria. Up-to-date figures for early 2020 are thus not yet available. As a result, the macroeconomic impact had to be estimated primarily based on secondary data, on econometric simulation and on correlation of available data with historical trends, thus leading inevitably to a certain degree of 'guess-timating'.

3<sup>rd</sup>, with respect to some impact indicators, different agency surveys (all working on the basis of their own samples) may have concluded with slightly different figures with respect to the 'order of magnitude' of specific areas of impact. They nevertheless all point in all surveys to a similar pattern of severity of impact, thus leading to a clear and shared conclusion on the worsening of vulnerabilities and generating inter-agency consensus on response priorities.

Finally, COVID-19 had significant impacts for the duration of the height of the pandemic, when strict lockdown measures were implemented, but major impacts also remained after lockdown measures were gradually reduced and finally lifted. Such major impacts are thus also to be anticipated, based on what the surveys identified in terms of impact during the current pandemic and as a result of the lockdown measures introduced, if and when current infections spread or a second wave of infection occurs and lockdown measures have to be reintroduced. To the extent possible, these different dimensions of impact have been documented, the latter category in particular to inform response actions to strengthen the resilience and preparedness for a possible recurrence of COVID-19 in the future and to ensure that impacts can be—at least partially—prevented if not cured.

## B. b. Overview of survey findings<sup>2</sup>

Reduction in Gross Domestic Product (GDP) and deterioration in the value of the national currency were the obvious first points of analysis, as these were considered the two main factors affecting employment, living conditions, welfare, poverty and vulnerability. The onward impact of these two crisis-affected determinants was then assessed on business activity; on the Consumer Price Index (CPI); on consumer demand; on the national budget and thus the government's COVID-19 response capacity; on remittances; on employment; and, finally, on poverty, extreme poverty and food security. Particular attention in the analysis was paid to identifying and, where possible, quantifying the deepening as well as broadening of extreme vulnerability as a result of the impact on the reduction in economic activity, so that responses could specifically prioritize those most affected.

An already critical socio-economic situation existed by the time COVID-19 became a pandemic. Syria was already struggling with several mutually reinforcing structural and contextual challenges, and with economic and social conditions in the country that had continuously and dramatically deteriorated over the last 10 years. From a middle-income country, Syria had become a low-income country, and its ranking in the 2019 Human Development Index had fallen to 154th place. With respect to all indicators related to vulnerability and multidimensional poverty, the trend over the last 10 years has been continuously downward, and dramatically so.

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<sup>2</sup> Some major findings from the assessment are presented here. For more details, see the synthesis report prepared based on the 350-page supporting survey reports of the respective agencies.

**Table 2.**  
Projected GDP loss in Q2 and in 2020.

| Sectoral growth                                 | 2020        |               |              |             | Annual sectoral growth in 2020 |
|---|-------------|---------------|--------------|-------------|--------------------------------|
|   | Q1          | Q2            | Q3           | Q4          |                                |
| • Agriculture, forests and livestock            | 0.64%       | -11.7%        | 10.5%        | 6.9%        | -0.9%                          |
| • Mining, quarrying and manufacturing           | 0.7%        | -28.7%        | 23.0%        | 2.0%        | -11.5%                         |
| • Building and construction                     | 0.5%        | -22.8%        | 18.2%        | -1.9%       | -9.2%                          |
| • Wholesale, retail trade and repair            | 1.8%        | -25.0%        | 15.0%        | 2.5%        | -10.2%                         |
| • Transport, storage and communication services | 0.4%        | -47.9%        | 38.3%        | 24.4%       | -20.5%                         |
| • Finance, insurance and real estate            | -1.2%       | -15.0%        | 9.0%         | 9.2%        | -5.5%                          |
| • Social and personal services                  | 0           | 0             | 0            | 0           | 1.0%                           |
| • Government services                           | 0.2%        | 0.9%          | -0.7%        | -0.4%       | 1.4%                           |
| • Non-profit institutions                       | 0           | 0             | 0            | 0           | 1.0%                           |
| • <b>Total</b>                                  | <b>0.6%</b> | <b>-19.7%</b> | <b>12.0%</b> | <b>5.2%</b> | <b>-7.3%</b>                   |

After so many years of protracted crisis, the country has suffered enormous human and physical capital losses. Some estimates put the combined total cost of physical damage and GDP lost by the end of 2019 at US\$500 billion. Recent calculations of the cost of reconstruction vary widely, with some estimating that the total cost may soon reach US\$350 billion, while others go as far as US\$1 trillion. COVID-19 occurred thus in a context where the overall socio-economic situation had already so dramatically deteriorated over the last 10 years. The specific impact of COVID-19 on the economy and livelihoods, even if substantial, would thus inevitably remain fairly small relative to what had preceded it. This also makes an exclusively COVID-19-specific impact response not only difficult to formulate but possibly also challenging to justify.

The financial crisis that broke out in October 2019 in Lebanon, the capital control measures applied by the Lebanese banks on foreign currency deposits and transactions, and trade restrictions (including possibly those applicable as of mid-June 2020) had a considerable impact on Syria, just prior to—but continuing during—the COVID-19 crisis. The Syrian economy became deprived of access to foreign currency, such as Syrians' deposits in foreign currencies in Lebanon (estimated at between US\$20 billion and US\$40 billion and thus possibly equal to more than two years of GDP), interest earned on those accounts, and remittances sent by Syrian workers in Lebanon and other countries, and Syrians were prevented from using the Lebanese financial system as an important financial platform to conduct transactions with the rest of the world and to send remittances to Syria.

COVID-19 has abruptly halted and substantially reversed the first GDP growth since 2010 (which occurred, although modestly at 1 percent, in 2018 and 2019). Real GDP in the second quarter of 2020 is now expected to have decreased by 20 percent (see Table 2). About two thirds of that decrease could possibly be recovered during the third and fourth quarters of the year, if the epidemic has by then been fully contained and thus no further lockdown is required, limiting the total annual loss of GDP for 2020 to 7 percent. Particularly affected have been mining and manufacturing, construction, trade and transport—sectors with the highest employment, both formal and informal.

The severe shortage of foreign currencies in the Syrian market has led to a major and extremely rapid deterioration in the value of the Syrian pound. All four simultaneous or concurrent crises have contributed to this impact. While the Lebanon crisis started in late 2019, its impact accelerated dramatically in the first and second quarters of 2020.



Preserving Artisanal Work, Aleppo, Syria

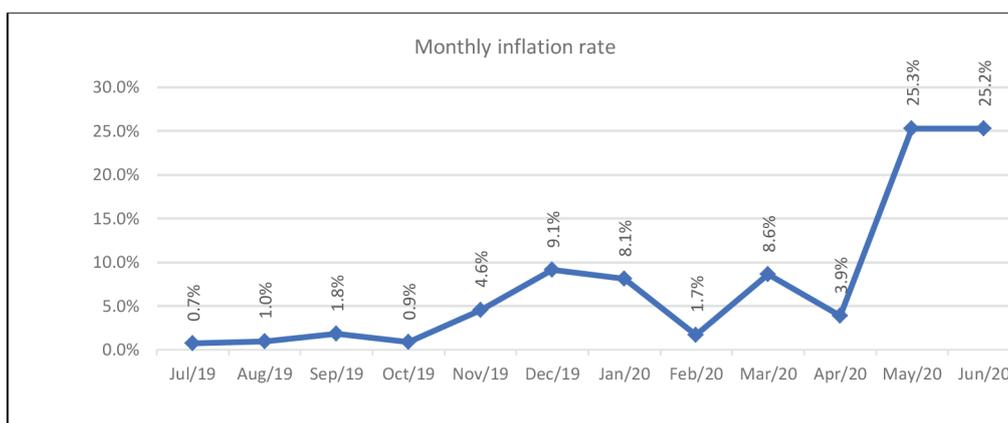


Figure 5. Monthly inflation rate in Syria, July 2019 to June 2020

The national currency has depreciated by two-and-a-half times since mid-June 2019 (from an average of SYP800 to an average of SYP2,000 SYP to the US dollar in just one year). Compared to the exchange rate of SYP45 to the dollar in 2010, and thus before the start of the crisis, the cumulative depreciation is now almost 50-fold over the last 10 years.

Today's value of the Syrian pound is thus just 2–3 percent of its 2010 value. Just over the last two months of the second quarter, at the peak of the COVID-19 crisis, inflation has galloped at a rate of over 25 percent each month. The impact on public expenditure capacity and on household consumption capacity, in particular, in a country which depends on imports for 50 percent of essential food consumption, is thus enormous (as documented further below). While this depreciation of the national currency is not exclusively induced by COVID-19, the reduced income of households as a result of lockdown-created unemployment has further compounded the severe impact of these multiple crises on the purchasing capacity of consumers who were poor already before the pandemic.

National revenue and expenditure capacity (in particular to fund the COVID-19 response) have been understandably hugely affected. This is due to the economic recession, the limited introduction of fiscal incentive measures such as those related to the postponement of tax payments due, and currency depreciation. The total 2020 budget expenditure estimate of SYP4,108 billion is about 3 percent higher than in 2019, and this increase is specifically due to the need and the decision to accommodate increased health sector and social spending in response to COVID-19. However, taking the currency devaluation into account, in US dollar equivalent terms this budget represents just a third of the 2019 budget and only about 15 percent of total 2010 expenditure. Moreover, the planned 2020 budget expenditure could only be accommodated through a budget deficit equivalent to 17 percent of GDP, probably thereby increasing public debt to about 115 percent of GDP, a level considered a critical 'debt stress' threshold. The current budget appropriation does thus not allow for major or further allocation and reallocation of expenditures to areas of highest COVID-19 impact, and also has major implications with

respect to expenditure capacity in future years to mitigate persisting impacts beyond those directly and temporarily due to lockdown measures.

**Business activity has been heavily impacted**, mainly as a result of lockdown measures but also increasingly, following the lifting of the lockdown, due to reduced consumer demand because of unemployment, loss of income and price inflation. UNDP's sample survey of 600 small and medium-sized enterprises clearly illustrates the severe impact on them during the lockdown. Only 15 percent of the businesses reported no impact on their activity. About 45 percent of businesses temporarily halted their activities, while about 25 percent reduced their levels of activity. Most dramatically, 15 percent of small and medium-sized businesses closed permanently.

**The impact on business revenue, during and after lockdown, has thus also been substantial.** The revenue of almost 15 percent of the companies decreased by 80–100 percent; for 20 percent of the companies this loss of revenue was 60–80 percent; for 20 percent of the companies it was 40–60 percent; for 25 percent it was 20–40 percent; while 15 percent of enterprises reported a loss of revenue of less than 20 percent. Less than 5 percent reported no change or even a small increase in revenue. This thus implies that more than 50 percent of small and medium-sized businesses lost at least 50 percent of their revenue during the lockdown. A liquidity shortage in the business sector, as a result of reduced consumer demand or production, will most probably have a severe impact on the capacity of some businesses that 'survived' the lockdown to continue operating, if no urgent measures are put in place to facilitate access to bridging finance. However, the capacity of the financial sector to provide additional access to financing is also heavily constrained.

The unemployment effects of COVID-19, in line with the contraction of business activity, are considerable. Unemployment was estimated at 42.6 percent of the working-age population at the end of 2019 but may now have returned to closer to 50 percent (the level in 2016) as a result of the multiple recent crises (including but not solely COVID-19). This would imply a permanent loss of between 200,000 and 300,000 jobs. During the lockdown, total unemployment may have jumped by between 600,000 and 700,000, particularly in the informal and self-employed sector. A one-time lump-sum payment to affected workers in the informal sector (and other vulnerable categories) was decreed by the government, but as of August 2020 only about 40,000 people had actually received the compensation, although further payments are planned over the next six months. The government also introduced regulations to protect private sector salaries during the lockdown (placing the financial burden for this mainly on employers), while public sector salaries also continued to be paid.

Of particular concern is the sudden decrease in remittances from the Syrian diaspora. While the reduction in remittances globally as a result of COVID-19 is estimated at about 20 percent, some analysis points at a possible reduction of 50 percent in the case of Syria. This greater impact on Syrian remittances is mainly because almost 50 percent of

Syrian migrant workers were employed in Lebanon or Saudi Arabia, affected by, respectively, the financial crisis and the slump in oil prices. Even more concerning is that, because of these destination country-specific reasons, a rapid recovery of that employment of Syrian migrant labour and of their remittances may be all but certain. As such, it is estimated that up to 500,000 Syrian migrant workers may have permanently lost their jobs, with daily remittances dropping from US\$7 million in 2010 and US\$4.4 million in 2017 to just US\$2 million during and since the COVID-19 crisis. No comprehensive surveys exist on how many households benefit from these remittances, although one rapid and incomplete survey puts the figure at an estimated 4–5 percent of Syrian households. The implication would then be that about 250,000 households or 1,250,000 people may have been impacted, losing what for them is most probably a main source of income.

The cost of living has escalated rapidly and dramatically over the last 6–12 months, in parallel to the depreciation of the currency and due to the high dependency on food imports. The monthly food cost, as per WFP's June 2020 update (below), has increased on average by 240 percent, with higher peaks in Damascus and Idlib. The average monthly food basket price has now exceeded even the highest public sector salary, and notwithstanding the recent across-the-board increases in public sector salaries and which have thus not been sufficient to compensate for that cost escalation.

Only about 10 percent of the households surveyed in June 2020 responded that their income was sufficient to cover expenses. Close to 80 percent of households have fallen back on one or more coping mechanisms (incurring debt, exhausting savings or even reducing food intake or the number of meals). The FAO survey documents that 70 percent of small-scale chicken farmers have closed their business, and consumption of lamb has decreased by 80 percent, in both cases because meat is at the higher end of consumption expenditure. Traders also report major decreases in the purchase of certain food items, and a much higher demand for consumer credit. Most worrisome is that the WFP survey shows that traders also reduce their stocks of produce, either because procuring them has become more difficult or because they expect little recovery in consumer demand.

**Table 3. Monthly cost of food in Syria, June 2020, May 2020 and June 2019**

| Governorate    | Price in June 2020<br>(SYP) | Month-on-month<br>increase (%) | Year-on-year<br>increase (%) |
|----------------|-----------------------------|--------------------------------|------------------------------|
| Aleppo         | 77,149                      | 47                             | 225                          |
| Damascus       | 86,442                      | 52                             | 280                          |
| Dar'a          | 84,779                      | 39                             | 220                          |
| Deir-ez-Zor    | 78,549                      | 61                             | 183                          |
| Hama           | 76,704                      | 43                             | 213                          |
| Al-Hasakeh     | 88,619                      | 41                             | 245                          |
| Homs           | 77,212                      | 43                             | 212                          |
| Idleb          | 107,891                     | 52                             | 353                          |
| Lattakia       | 76,822                      | 38                             | 202                          |
| Ar-Raqqa       | 85,970                      | 38                             | 229                          |
| Rural Damascus | 87,522                      | 62                             | 293                          |
| As-Sweida      | 79,379                      | 48                             | 247                          |
| Tartous        | 81,777                      | 45                             | 224                          |
| Quneitra       | 88,520                      | 78                             | 263                          |
| <b>Average</b> | <b>84,095</b>               | <b>48</b>                      | <b>24</b>                    |

Although poverty and vulnerability were already very high before COVID-19, the impact of the pandemic has further increased—and also deepened—the high poverty intensity existing before the multiple crises of the last 6–12 months. Although pre-COVID-19 poverty estimates differ (mainly due to the criteria used, such as the US\$3.50/day and US\$1.25/day monetary indicators for poverty and extreme poverty, the multidimensional poverty indicator or the daily intake of 2,100 calories), they are, notwithstanding those differences in standards and quantification, consistently high. Prior to the recent crises and COVID-19, the level of monetary poverty was 80–90 percent and of extreme monetary poverty was 50–60 percent, while using the calorie intake indicator would put food poverty closer to about 46 percent. COVID-19 has added further to these very high poverty levels, as one might expect in view of the above-mentioned increases in unemployment and cost of living and the reduced remittances. Estimates building on GDP data and poverty elasticity assumptions would indicate a possible further increase in poverty of about 3 percent or 500,000 people. This overall poverty estimate, while not directly confirmed by any survey results, would nevertheless be in line with the survey finding that less than 10 percent of interviewees say they can still meet basic expenditures from their income.

Equally dramatic is also the probable deepening of poverty, as a result of a combination of multiple factors: permanent job losses during lockdown; an additional probable loss of jobs as a result of companies facing closure after lockdown having exhausted liquidity; migrant workers having lost their employment and thus no longer able to send remittances back home; price inflation; and the reduction in the outreach capacity of emergency programmes. Extreme poverty, estimated at 50–60 percent at the end of 2019, may possibly have increased by about 5–10 percent. It would imply that between 1.5 million and 2 million people previously living in poverty (and, in some cases, even living above the poverty line) could now be living in extreme poverty.

Alarm bells are now also ringing with respect to the agriculture sector, and the impacts of the crises not only on the livelihoods of farming families but also on food security. Half of national food grain requirements are being met through imports—a major consequence of the prolonged and multiple crises, given that Syria was fully meeting its requirements and even exporting before 2010. Access to such imports may now become increasingly challenging, as a result of the further huge depreciation of the value of the national currency as well as export restrictions in Syria's traditional trading partners. Although the sector was not affected too much during the COVID-19 lockdown, as the pandemic started during the slack growing season, the recent increase in the price of inputs (seeds, machinery, labour and fertilizer), which wholesale traders have so far managed to make farmers bear, will inevitably lead at some point in the near future to either a substantial increase in consumer prices or, if that is not possible, a major reduction in farming activity for farmers who can no longer cover their costs and generate a surplus for themselves and their families. The poultry sector was also affected by the high cost of feed and reduced demand during and following the lockdown.

Particularly in north-eastern and north-western Syria, a dire humanitarian situation was further exacerbated by the countermeasures taken to mitigate the potential spread of COVID-19, coupled with the ongoing decline in the value of the Syrian pound. The effects of the pandemic, coupled with the rapid devaluation of the currency, continue to exacerbate the humanitarian needs of 4 million people living in the area, including 2.7 million who are internally displaced and thus particularly vulnerable. An estimated 2.8 million people are in need of humanitarian assistance to meet basic needs such as food, shelter, water, health and education, and the effects of recent developments are further exacerbating the existing humanitarian needs in these particularly vulnerable areas.

In addition to the above-mentioned negative effects on economic activity, incomes and livelihoods, access to social services was heavily impacted during the lockdown. Survey data provide estimates of reductions of 50 percent and 90 percent, respectively, in access to health care and education. Health care services for children, such as immunization and malnutrition prevention, have seen a drop of almost 50 percent in some cases. Moreover, an indication is emerging of health sector access challenges persisting after the lockdown, mainly because the cost of such access has become too high for poorer households (particularly the cost of transport and medicine). In addition to continuing access and service availability challenges, it has now thus also become an issue of cost of access and of affordability.

Several surveys also point to a major exacerbation of gender roles. Not only does COVID-19-induced unemployment affect women more than men, the pressure on women to find employment to supplement depleted household incomes is growing. The increasing presence at home of unemployed husbands (or young male family members) also creates a toxic environment, resulting in rising rates of gender-based violence. This is further

aggravated by the increased cost (or reduced service availability) of health care services, resulting in a much-reduced capacity of women to access health care services and support related to gender-based violence.

Palestine refugees in Syria are extremely vulnerable and among the most affected communities, and they continue to rely heavily on UNRWA for the provision of the most basic services. In the second half of 2019, UNRWA introduced a targeted approach, prioritizing cash assistance to the most vulnerable Palestine refugees in Syria (targeting female-headed households, persons with disabilities, households headed by older persons, and unaccompanied minors), who receive a higher social transfer value, while the remainder of the caseload receives a reduced amount of cash assistance. In-kind food assistance is now limited to the most vulnerable Palestine refugees in Syria, due to funding shortfalls. COVID19, and the resulting reduction in wages or loss of employment, has created a situation where close to half of Palestine refugees' households now report only having sufficient cash to cover their daily needs just for one day. About 80 percent report that they have reduced food intake (by consuming less nutritious items or skipping meals), while 8 percent state that children below 18 years old are currently working to support the household.



Raqqa, Syria

COVID-19 has thus resulted in major challenges for Palestine refugees to secure an income and meet basic needs, and UNRWA's food and cash assistance is no longer sufficient to cover even the most basic and escalating needs. Education, which is usually a first priority for Palestine refugees, is being seen as less important in the current crisis, as families have to prioritize food security to survive. Overall, the mental health of Palestine refugees is of particular concern, with over 70 percent of survey respondents mentioning that the spread of COVID-19 (and its socio-economic consequences) has negatively impacted the psychosocial and mental health of individuals in their household.

**Prior to COVID-19, and in an economy heavily affected by the repercussions of conflict, it was estimated that close to 20 percent of mainly young male Syrians may have fallen back on negative coping mechanisms to 'earn a living'.** This includes trafficking and smuggling but also joining one of the sides in the conflict 'for pay'. Although this cannot at this stage be quantified and has not been directly or indirectly surveyed under the COVID-19 impact survey, it cannot be excluded that more—and in particular young male Syrians—may engage in such activities out of necessity and as a last resort (and if these opportunities occur) because of the continuing depressed economic situation which has further deteriorated over the last six months due to the pandemic and the other factors discussed above.

**Refugee return prospects have also become even more challenging as a result of the severe further deterioration of socio-economic conditions.** While the last two years have seen, for the first time, a relatively significant number of IDPs and refugees starting to return 'home', prospects for the continuation of this momentum—at least from a 'pull' perspective—have substantially decreased, as the likelihood of finding a decent living upon return to Syria has diminished rapidly over the last year. Further delays in finding 'durable solutions' to the refugee and IDP situation in Syria risks becoming an important destabilizing element in the region (and beyond).

**The deteriorating socio-economic situation in neighbouring countries,** as a result of both COVID-19 and other factors, has major consequences extending beyond the countries concerned. It may potentially lead to growing pressure in countries hosting Syrian refugees to see refugee numbers being reduced, even though conditions for a 'dignified, voluntary and safe' return to Syria for those refugees are not yet considered to be fully present. This may create unsustainable refugee movements or pressures on refugees in hosting countries, and thus become a major stress point with serious consequences for the overall region, and possibly extending beyond.

**The regional fallout and impact of the Syrian situation will most probably at some point also have a negative impact on the country's recovery prospects.** In June 2020 the World Bank launched a comprehensive report with conclusive evidence on how GDP had decreased and poverty increased in Jordan, Lebanon and Iraq as a result of the Syrian

situation over the last years. The report presents estimates of annual potential GDP growth losses of up to 1.2 percent in Iraq, 1.6 percent in Jordan and 1.7 percent in Lebanon.

Moreover, the resulting impact on poverty has been substantial in these countries, with an increase in poverty over this period due to the Syrian situation estimated at 4–7 percent in the countries concerned. In the case of Lebanon, this is now further compounded by the severe crisis the country is currently undergoing (further deepened following the massive explosion in early August at the port of Beirut), particularly considering the very strong economic interaction which has always existed between the two countries and the importance of Beirut's port for shipments of essential goods to and from Syria.

This is worrisome, as Lebanon not only hosts a high number of Syrian refugees but is also an important source of income for Syrian migrant workers and of remittances for their families.

## **||** C. Key survey conclusions to guide the response framework

While the main impacts are documented above (and in more detail in the synthesis report and the individual agency survey reports), the following 'key issues' arising from this analysis, and on which the framework response is thus focused, can be highlighted:

- 01 **A major negative economic impact** of about 20 percent was recorded in the second quarter of 2020, of which two thirds could possibly be recovered before the end of the year, but this still results in a total loss in GDP for 2020 now estimated at 7 percent. And this partial recovery is only under the assumption that the pandemic disappears soon, that there is no new wave of infections, and that rapid liquidity support can be provided to the most stressed businesses so that further job losses can be avoided.
- 02 **Business has been heavily affected** (15 percent of businesses closing permanently, 40 percent pausing, and 30 percent reducing their activity), resulting in **substantial job losses** during the lockdown, and a quarter of those lockdown-related job losses possibly becoming permanent. The estimate is that unemployment, excluding temporary, short-term lockdown-related unemployment, may have increased by between 200,000 and 300,000 people (in a situation where it was already 42 percent, and over 50 percent among youth). The degree to which further employment losses can be avoided will also depend on the speed and scale at which enterprises 'at risk' of collapsing can be supported.
- 03 **An extreme increase of 240 percent in the Consumer Price Index** (in parallel to the equally extreme and rapid depreciation of the national currency) has been seen over the last 12 months. This has had a major impact on basic living conditions, on poverty, on extreme poverty, on the financial capacity of the authorities to respond, and on the growing need for households to resort to **coping solutions**, including 'negative' ones. Some indication of child labour (e.g. 8 percent of Palestine refugee families stated that

children below 18 years old are currently working to support the household) is particularly worrisome, and could be a precursor to increased recourse to other, equally [negative coping mechanisms, in particular by unemployed youth](#).

- 04 Critical poverty indicators show an [increase of 1.4 million people living in food insecurity](#), possibly an increase of 500,000 people living in poverty (even though poverty was already between 80 percent and 90 percent at the end of 2019), and a [shift of 1–2 million people from living in poverty to living in extreme poverty](#). The survey also shows [that less than 10 percent of the population surveyed can cover basic expenses](#), which is consistent with the 90 percent poverty estimate.
- 05 There has been a huge impact on [access to social services during the lockdown](#) (with surveys showing decreases of up to 50 percent for health care and over 90 percent for education). While most social services could return to pre-COVID-19 levels of functionality (keeping in mind the high proportion of non-functional infrastructure already existing before the pandemic), the survey shows that several factors could lead to a continued reduction of access to—and accessibility of—these social services and infrastructure: where there is a cost involved in this access, that cost has become exorbitant for many; where services are provided by the government but also by externally funded humanitarian partners, inflation leads to the need to reduce the scope of activities within given budgets, thus reaching fewer beneficiaries; where access to social services involves add-on costs (e.g. transport, medicines and textbooks), this becomes too expensive for many; and where there is no possibility to fall back on coping solutions to augment insufficient income, [these factors would result in a continued and substantial reduction in capacity to access these services for many, even after lockdown](#).
- 06 [The situation in agriculture is particularly worrisome](#), even if it is the sector that has shown the least reduction in economic activity during the pandemic, because COVID19 and the resulting lockdown measures occurred during the growing season (as opposed to the cost- and labour-intensive planting and harvesting seasons). While 50 percent of the national grain needs were already covered through imports before COVID-19, such (continuing, if not increasing) import needs are now being jeopardized by the extreme currency devaluation. Local crop and livestock production faces substantial increases in input costs (up to 50 percent for seeds, machinery, fertilizer and animal feed), which are either passed on to consumers (further impacting poverty and food security) or lead to the closure of farm activities when that cost recovery is not possible. Surveys indicate that 70 percent of small-scale poultry farmers have already closed their business due to rapidly decreasing demand.
- 07 [Vulnerabilities](#) were already extremely high before COVID-19, as apparent from the estimate of the number of 'People in Need' in the Humanitarian Needs Overview.

These vulnerabilities have now further escalated: the pandemic has created a considerable increase in unemployment; Palestine refugees are struggling even more to cope with multiple and overlapping challenges, while at the same time the level of emergency assistance provided by UNRWA has been reduced due to funding shortfalls; migrant workers, and daily labourers living day to day from small wages, have lost jobs and incomes; informal business owners face substantially reduced demand if not business closure; and residents in settlements and in collective centres not only face a higher risk of exposure to COVID-19 because of the conditions in which they live, but also a possibly reduced offer of protection and living support services because of resource constraints or cost inflation faced by the programmes targeting them.

- 08 **Price escalations have seriously affected the response capacity of humanitarian actors**, whose budgets are not only underfunded (a 38 percent funding level for the Syria HRP as of mid-August 2020) but moreover in most cases not adjusted for inflation. The need for such programmes has, however, substantially increased, as COVID-19 and other concurrent crises have considerably added to the number of vulnerable people in Syria who need assistance, and moreover in several cases deepened those vulnerabilities that already existed before the onset of the crises.
- 09 **Syria is unable to draw on external financing support to undertake a comprehensive impact mitigation response, beyond the generous life-saving humanitarian support** the international community provides. The latter includes the 'resilience' pillar within that overall humanitarian focus, which may possibly now also have to be looked at as a window to programme—and mobilize funding for—an effective short-term response to the most severe socio-economic impacts of COVID-19.
- 10 **The national financial capacity to fund a multifaceted containment, response and recovery initiative has been exhausted.** COVID-19 and the other concurrent crises have caused an economic recession and a resulting substantial decrease in national tax revenue. Coupled with the cost of the social initiatives and of the fiscal stimulus measures the government has already provided, in particular to support unemployment and business, this has created a situation where additional expenditure, however much required to address other critical impacts, cannot be met under the current budget or through additional national tax revenue. The capacity for additional borrowing (over and above the 17 percent deficit in the 2020 budget) has also reached its limits.
- 11 **The COVID-19 lockdown led to a considerable exacerbation of gender roles, which may well continue**, as it is very much linked to the loss of employment and income as well as to the reduced accessibility of social services, in particular to the extent that the impact response and recovery falters, is delayed or is jeopardized by a repeat

outbreak of the pandemic. Moreover, adding a further discriminatory aspect to the situation, the current price inflation may have a very negative impact on the accessibility of services related to gender-based violence, of reproductive health services and of health care services in general. As unemployment is also affecting women more than men (except in IDP camps, where the reverse is happening, as women are prioritized for work opportunities), gender equality objectives may have been significantly pushed back.

- 12 Previous impacts can obviously not be corrected, but only mitigated. But future impacts can to some or a large extent be prevented. The surveys and the wideranging and deep impacts they document send a very strong message that the best possible investment in the short term is, first, to prioritize the health care sector response, in particular its pandemic containment strategy and actions, and, second, to invest in the resilience of the social and business sectors to enable them to continue to operate in case of a resurgence of COVID-19. Building that resilience capacity requires multiple actions, starting immediately, and is thus one of the key short-term priorities in the proposed response framework.
- 13 Finally, recent reports document the considerably negative impact of the protracted Syrian situation on the economies of neighbouring, refugee-hosting countries, resulting in much lower GDP and much higher poverty in these countries than would have occurred otherwise. This has now been further compounded, in those hosting countries, by the Lebanese crisis and by the impact of COVID-19 on their economies. Another crisis may be looming, with conditions for refugees to return to Syria not yet sufficiently in place and with pressure mounting in hosting countries to reduce the refugee presence and the resulting hosting costs.

## **II** ● D. New and worsening vulnerabilities

Following from the above-mentioned multiple impacts, a picture emerges of a situation of further deterioration of extreme vulnerability: numbers have increased, new categories of vulnerability have emerged, and in many cases the severity of vulnerability has further increased.

**Poverty:** Baseline figures vary, with some estimating (as referred to in the UNDP Macroeconomic Assessment Report) a poverty rate of 86 percent at the end of 2019, and just under 90 percent as of mid-August 2020. This represents another increase of about 500,000 people living in poverty over the last 12 months.

**Extreme poverty:** Based on findings of the many agency surveys, a rough estimate has emerged that there could be an additional 1–2 million people living in extreme poverty,

among whom some are ‘newly poor’ while others have gone from living in poverty to living in extreme poverty.

**Gender inequality:** As indicated under the key findings above, the impact of COVID-19 has been particularly severe in terms of the exacerbation of gender roles—but also, as several surveys have documented, in terms of the greater impact on women with respect to employment, service access, food security and overall impoverishment. Addressing this COVID-19-induced worsening gender inequality will need to be one of the main priorities of the UN Country Team response framework.

**Food insecurity:** WFP estimated a 20 percent increase in food insecurity (affecting 1.4 million people) in April 2020, even before monthly inflation increased by a further 25 percent in May and June. The number of people ‘at risk of food insecurity’ was already estimated at 2.2 million in April, and thus a large proportion of them may have become food insecure by June. This would imply that over half the population has—or may soon—become dependent on food aid.

**Unemployment:** Up-to-date figures are difficult to ascertain in the absence of labour market data, but the figures from the enterprise survey would lead to a possible estimate of 200,000 to 300,000 permanently unemployed people—i.e. beyond temporary, lockdown-related job losses. This figure includes the owners of small, informal businesses themselves, when they were forced to close due to a lack of business. The government did introduce some financial support measures to allow them to bridge the most critical lockdown period, but these measures may have at this stage benefited only a small proportion of those affected. Additional business closures and loss of employment over the coming months, even if the pandemic comes fully under control, should thus not be excluded, particularly if urgent fiscal stimulus or liquidity inputs cannot be provided to struggling businesses.

**Youth:** Extremely high unemployment figures (over 50 percent) already before COVID19 have most probably increased further over the last 6–12 months, in line with the abovementioned job loss estimates. Youth are, moreover, most inclined to take up, as a last resort, negative job opportunities if available and in the absence of other options.

**IDPs and returnees:** As is also the case for those living in food insecurity, IDPs and returnees represent the major target group of humanitarian, emergency support. Budgets for programmes to respond to their needs, in addition to currently being highly underfunded, are also not adjusted for inflation. This means that, in the absence of additional budgets and in view of the capital control measures requiring humanitarian partners to spend at market price but to convert foreign currency at an official rate, they may need to reduce the outreach of their programmes. This is doubly alarming, as the impact of recent crises (including COVID-19) has also considerably increased the numbers of people in need. This can only lead to a further deepening of vulnerabilities among the growing number of extremely aid-dependent IDPs and returnees.

Palestine refugees in Syria: Already prior to COVID-19, Palestine refugees were an extremely vulnerable population in Syria, with at least 40 percent remaining displaced due to the situation in the country. As the UNRWA survey has shown, close to half of Palestine refugees have just enough money to cover daily needs for the household just for one day, thus evolving from severe need to desperation. UNRWA's continued funding challenges create uncertainty with regard to overall support to Palestine refugees in Syria, while the needs of this particularly vulnerable group have increased substantially as a result of COVID19.

Persons with disabilities: Estimates of the number of persons with disabilities range from 2 million to 3 million. While COVID-19 has not added to this number, the reduced national budget and aid partners' resources affect the continuation of existing support programmes, thus leaving these citizens without a source of support.

People in institutional settings: This includes centres for juveniles and orphans, old people's homes, residences for people with mental disorders, safe houses for victims of gender-based violence, temporary accommodation for migrants and displaced people etc. No specific data have been obtained through the surveys (as these institutions were not included as such in any survey sample), but the constrained national budget situation is inevitably affecting the public sector and other funding of these institutions. These institutions will need support, in view of the vulnerability of their residents, and initiatives will need to be developed to help them become somewhat self-sustaining—for instance, by helping them grow their own food.

Children: The COVID-19 lockdown of health care and education services, and the most probably more expensive and thus more restrictive access after lockdown, have had a very severe and sustained impact on children, and their future healthy growth and development. Figures show a drop of up to 50 percent in essential services such as immunization. This makes preparedness for a possible resurgence of COVID-19 particularly important, so that a repeat of lockdown requirements can be avoided, along with continued and priority funding, from the national budget and the aid community, for these children-focused health and education services.

## **II. E. Specific constraints and challenges for the UN Country Team's socio-economic impact response in the Syrian context**

The Secretary-General's Guidance Note on the formulation of national UN Country Team response frameworks advocates for the 'building back better' objectives to be mainstreamed throughout the five pillars, as well as for the Sustainable Development Strategies, whose implementation was affected considerably by the pandemic, to be brought back on track

through a comprehensive strategy incorporated into the COVID-19 response framework. Many countries are following this guidance and strategy by adopting not only a short-term but also a medium- and longer-term and phased approach in their response frameworks.

In the case of Syria, a long-term and more structural response, addressing key challenges and structural causes of vulnerabilities, may possibly be further outlined in a follow-up to the response framework presented here and which focuses only on a first phase of short- and medium-term responses (i.e. from now until the end of 2021).

There is, however, no possible doubt that Syria needs, as soon as possible, such a comprehensive, structural, long-term response to address the current profound deficiencies and vulnerabilities. Indeed, the impact of COVID-19, while significant and substantial, is nevertheless relatively minor compared to the cumulative impact of all the events and crises of the last 10 years that have affected Syria's development path. Half a million additional people living in poverty, compared to the estimated 15–16 million at the end of 2019, is indeed considerable but also at the same time a relatively small increase of 'only' 3 percent.

Four of the crises (the conflict, the Lebanese financial crisis, the trade and import restrictions, and the COVID-19 pandemic) are all occurring today, and moreover concurrently. They mutually reinforce each other: for example, the economic and financial crisis reduces the response capacity to contain the pandemic, while the spread—or fear of spread—of COVID-19 requires the imposition of lockdown measures, in turn significantly affecting business activity and national revenue generation. Similarly, the option for young unemployed people to resort to negative coping strategies (including conflict-related 'employment') may further fuel the deeper crisis, which then in turn depresses economic activity and investor confidence. These multiple crises, because of their multiple layers and dimensions of impact, require an urgent response through a combination of short-, medium- and longer-term activities, ranging from rapid mitigation measures to policy reforms, reconstruction and development, and conflict resolution.

In the current context, though, a short-term response addressing the most direct impact under the response framework is the only feasible option, however imperfect such a response may be, and a longer-term, structural response needs to be deferred until multiple necessary conditions for a broader response are in place.

First, without international support for such longer-term and structural response, the chances of its implementation are as good as nil. Donors have indicated a readiness to substantially support the most pressing humanitarian needs in Syria (and have generously and consistently done so). Donors have even expanded their support by agreeing to the inclusion in this humanitarian focus of an important component on resilience-building, towards which they have moreover gradually increased their funding over the years.

Given the global implications of COVID-19, the challenge will now be to provide a convincing argument to not only respond to the increased humanitarian emergencies resulting from the pandemic but also, with concern for a possible resurgence of COVID-19 in the (near) future, to broaden support to the 'resilience' pillar of the response in Syria, be it within the HRP (as reflected in Strategic Objective 3) or directly within this socio-economic response framework. Such a response will strengthen national COVID-19 preparedness and response capacity so as to contribute in particular to preventing, to the maximum extent possible and based on lessons learned during the first wave, negative impacts from a possible second wave.

Second, the protracted crisis in the country not only imposes operational and access challenges but has also resulted in clear signals from international partners as to what kind of UN response would be acceptable to them, so as to be able to mobilize their financial resources for the response. These particularly include recent donor and/or UN statements or guidance documents which, while confirming the priority of a (principled) humanitarian-cum-resilience response, also indicate that reconstruction ('building back') and development ('building back better') would need to be deferred until the conditions for such programmes are in place.

Third, trade and important restrictions are creating particular challenges. They most probably could have a negative effect on economic activity and thus on livelihoods (this is based on global experience, although no Syria-specific study has so far analysed this in more detail). While such constraining measures are in force, any broader, structural response will be difficult or impossible to consider.

Fourth, as documented in this report, COVID-19 and the other concurrent crises have substantially deepened and broadened extreme vulnerabilities. 'Leaving no one behind, and supporting those most behind first' will need to remain one of the most important areas of focus in addressing their socio-economic impact. However, the Syria HRP lacks major funding: an estimated shortfall as of today of about 60 percent of its funding requirements, including for the COVID-19 Annex included in the May 2020 revision.

The UN Country Team's advocacy to donors must thus convey two priorities: 1) to continue to prioritize as much as possible funding in response to the HRP's live-saving, emergency and protection programmes, which now also face growing needs; and 2) to consider an expanded resilience and early recovery initiative, addressing critical COVID-19-related impacts and resilience-building imperatives, possibly also within the framework of this response framework.

Fifth, while a global review of response frameworks already formulated in several countries shows the very important contribution forthcoming from the International Financial Institutions (through additional concessional funding and debt relief), which in most response frameworks have become by far the largest source of financial support, i

particular for funding Pillars 2 and 3 'Income, Job, Business and Economic Activity', this option is not available to Syria in the current context.

Sixth, all UN Country Team response frameworks formulated so far in other countries show the lead role and funding by national governments, in particular through the reappropriation of national expenditure, additional monetary and fiscal stimulus or additional lending facilities. In the case of Syria, as documented above, the national resource mobilization capacity has been substantially affected by the events of the last 10 years and is currently at a level where options for funding national response measures have become extremely limited or non-existent.

## III. Ongoing national response initiatives

### A. Public health management, containment measures and immediate UN Country Team health sector support for pandemic control and containment

The containment measures applied in Syria, rapidly and efficiently after the onset of COVID-19, included closing borders, schools and restaurants, stopping public transport, restricting the movement of people between rural and urban areas and between governorates, and the introduction of other distancing measures to prevent a nationwide spread of the disease.



Handing out Face Masks as part of COVID-19 Response, Syria

Nevertheless, high-impact measures taken also involved [minimizing the provision of public services and the halting of non-essential businesses](#), which had a huge toll on the livelihoods of large segments of Syrian society that had already been suffering and had become extremely vulnerable as a result of the prolonged crisis in the country.

As the number of COVID-19 cases reported was relatively minimal, and the containment measures were placing an enormous burden on the shattered and vulnerable communities in Syria because of the conflict, [the government started to gradually undo the containment measures](#) between mid-May and early June 2020.

[The lockdown measures were mostly lifted by late May or early June](#), thus potentially ending or reducing their socio-economic impact. The daily curfew has now been fully lifted, as has the travel ban between and within governorates. Markets, restaurants, cafés, public parks, theatres, cinemas and most leisure facilities are now allowed to open, as long as precautionary COVID-19 measures are adopted and, in some cases, limits are applied to restrict full capacity utilization. Restrictions remain in place at most crossing points into Syria.

**Table 4.**  
**Lockdown measures introduced by the Syrian government**

|                 |  |
|-----------------|--|
| <b>14 March</b> | Suspension of lessons and studying in public and private schools   |
| <b>15 March</b> | <p>Reduction of working hours and staff presence at ministries</p> <p>The Cabinet tasked the Industry Ministry with instructing private sector factories that produce cleaning and sanitization products to work at maximum capacity with no less than three shifts to ensure their availability.</p> <p>Ministries were instructed to implement the decision to reduce working hours and to provide the necessary cleaning and sanitization products to workplaces.</p> <p>The Cabinet also decided to cancel the export of all medical requirements and equipment for diagnosis and quarantine centres.</p>  |
| <b>19 March</b> | <p>Restaurants, cafés, shopping centres, bazaars, public parks, private medical clinics, wedding halls and mourning tents were instructed to close, while hospitals, public and private health centres, international organizations, the Red Cross and Crescent, pharmacies, sterilization committees, cleaners, bakeries, food stores, food and baby milk trucks and fuel tankers were excluded from the ban.</p> <p>In northern and eastern Syria, a curfew was imposed, starting from 23 March at 06:00, which prohibited movement among the subregions of northeastern Syria, as well as among the major cities within each region starting from 21 March at 06:00</p> |

|                            |   |
|----------------------------|---|
| <b>20 March</b>            | Campaign of disinfection in Damascus  |
| <b>21 March</b>            | Suspension of non-essential work at ministries  |
| <b>22 March</b>            | Further reduction of the number of workers in essential institutions to the minimum<br>Suspension of all forms of mass public and private transportation within provinces as of 20:00 on Monday 23 March and between provinces as of 20:00 on Tuesday 24 March, with the stipulation that ministries, unions and private production establishments provide transportation for their workers.<br><br>Adoption of the Ministry of Health response plan by the Cabinet |
| <b>24 March</b>            | Start of the curfew from 18:00 to 06:00, effective 25 March   |
| <b>27 March</b>            | Travel between provincial centres and all other urban and rural areas forbidden at all times, excluding those with clearance, starting on Sunday 29 March at 14:00 local time.  |
| <b>Early and mid-April</b> | Complete lockdowns in areas of Rural Damascus   |
| <b>25 May</b>              | The government decided to lift the curfew and restrictions of movement among provinces as of Tuesday 26 May 2020 but indicated that there would still be a possibility of a full curfew in the future depending on developments related to the pandemic.  |

Some of the earlier measures have recently been reintroduced (such as the closure of wedding halls and banquet venues), reflecting the concern that infections were far from being under control and that the risk of escalation remained. In north-eastern Syria, a partial curfew was re-imposed. However, at the same time the Minister of Health underlined that broad-based restrictions would not be reintroduced due to their potential economic and social impact.

There is growing concern that official COVID-19 figures are not only increasing as of mid-August but are also well below actual numbers. As a result, in Damascus and Rural Damascus, the authorities suspended communal prayers for 15 days. Similarly, the Jordanian Minister of Interior reportedly announced the closure of the border with Syria as of 13 August 2020, over fears of an increase in COVID-19 cases. Also, starting from 6 August, a 14-day full curfew was again introduced in north-eastern Syria. However, a number of exclusions from the curfew were authorized, including grocery shops, bakeries, pharmacies, hospitals, fuel stations, and humanitarian and aid organizations.

With respect to health sector management, the UN Country Team (under WHO co-leadership) in Syria is focusing on strengthening comprehensive, multisectoral containment, mitigation and preparedness measures for a possible second wave of COVID19.

In line with the eight pillars of the global WHO Strategic Preparedness and Response Plan, efforts also focus on helping the Syrian Ministry of Health and health care partners to [enhance technical capacity](#) and awareness, including on the rational use of personal protective equipment (PPE); case management, infection prevention and control; environmental disinfection; risk communication; procuring and enhancing integral medical supplies, including in laboratory testing and PPE; and strengthening health care facilities.

[Despite the low number of confirmed cases to date \(although they seem to have increased rapidly since mid-August\), partners have been encouraged to continue to scale up preparedness, as the future of COVID-19 is a big unknown.](#) Planning is underpinned by two broad scenarios: 1) a possible rapid increase in the number of confirmed COVID-19 cases due to a relaxation of the curfew and possibly of border closures; and 2) a second wave (or continuing first wave) of cases towards the end of 2020 and into the winter. Under both scenarios the core assumption is that an increase in the number of cases is inevitable, and that the clock is ticking with respect to the priority need to quickly build capacities to effectively trace and contain the second wave at that time. The need to maintain and strengthen readiness, at both national and local levels, remains critical under both scenarios and a priority in the UN Country Team pandemic containment support.

[The Strategic Preparedness and Response Plan is updated regularly](#) to reflect nuanced scenarios and planning assumptions, so as to enhance the prioritization of interventions. Particularly important are the refined plans related to strengthening surveillance and laboratory testing, and to expanding capacity particularly for testing by local authorities.

[Particular emphasis has also been placed on information, education and communication \(IEC\).](#) Some 12 million people have been reached—and continue to be reached—by television and radio awareness campaigns and printed IEC materials since the outbreak of the pandemic. Over 6 million people have also been reached through social media, which partners continue to actively use to raise awareness. There is a high level of awareness of COVID-19 and of the changes required in personal hygiene and interpersonal contact. However, extreme poverty, the weak status of health care infrastructure, the particularly crowded and unsanitary conditions in which many people live and the challenges in procuring and affording PPE are major issues affecting the capacity to fully respond to these recommended behaviour changes.

## **B. National Social Protection Action Plan**

Early on in the COVID-19 crisis, the Prime Minister established an inter-ministerial committee to formulate a Social Response Action Plan. The key pillars of the plan were needs and potential beneficiary registration; emergency aid, working through pre-positioned commodity warehouses; small-business and enterprise support;

commodity warehouses; small-business and enterprise support; and assistance to laid-off workers (all of course subject to availability of the necessary funding, for which the plan recognized the mobilization challenge).

In particular to offset the impact of lockdown-related losses of employment and income, the government introduced two very important social protection initiatives.

First, a one-time payment of SYP100,000 was foreseen for the most vulnerable people affected by the COVID-19 crisis, using a smartphone-accessible application developed to allow the systematic registration of those considered most vulnerable. The network of 11,000 civil protection volunteers was also mobilized to help in the identification and registration of those most affected, including informal sector workers, daily wage workers, people over 70 years old and families with small children. Around 600,000 registrations have already been made and are being cross-checked with other databases and information to assess the degree of vulnerability and eligibility for support. However, only 40,000 payments have been made so far, and the remainder are scheduled over the next six months, in line with budget availability.

Second, with respect to the formal private sector, the Ministry of Labour has informed employers that it will suspend the processing and approval of contract termination proposals by employers, as required by law, thus requiring employers to continue to pay their staff, even in case of a shutdown of business activity.

As the lockdown is now over, the need for these measures no longer exists, to the extent that employment (except in cases of permanent business closure) has returned to pre-COVID-19 levels. However, the two government initiatives mentioned above are far below the social protection and livelihood support required for the most vulnerable, as the impact analysis and surveys indicate numbers far higher than the initial numbers of beneficiaries registered.

### **C. National fiscal stimulus and other regulatory measures**

Several measures were also introduced to provide desperately needed liquidity to the economic sector, as revenues were significantly affected by the lockdown, while expenditures (rents, salaries etc.) continued to be incurred. They included the following.

- 01 All legal deadlines stipulated in the effective tax and duty legislations were extended, starting from 22 March 2020.
- 02 The Credit and Money Council at the Central Bank of Syria issued a decree on 26 March allowing banks operating in Syria to postpone loan instalments due on clients for a period of three months.

- 03 The Economic Committee in the Prime Ministry allocated a budget of an initial SYP100 billion to finance all containment measures related to COVID-19 and the relevant mitigation actions to ensure continued production by the food and medical industries (sterilizers and disinfectants) in the public and private sectors.
- 04 Private bakeries and mills and wheat importers were granted special facilities to import the wheat and flour needed to operate at their maximum production capacity, regardless of country of origin.
- 05 The Telecommunications and Post Regulatory Authority issued a decision not to cut off communications to subscribers in the event of late payment of bills due to the COVID-19 containment measures.
- 06 The Syrian Electronic Payments Company launched an electronic payment service for fixed-line phones and electricity bills in Damascus and Rural Damascus, and all fees for Transport Directorate services in governorates.
- 07 Exports of some medicinal substances necessary to contain COVID-19 were suspended.
- 08 Legislative Decree No. 6 of 2020 was issued, granting a general amnesty for crimes committed before 22 March 2020 to “reduce prison overcrowding and prevent infection among prisoners”.

### **III. D. Some socio-economic impact responses already included in the within Syria COVID-19 Operational Response Plan and COVID-19 Annex to the Syria HRP (early May 2020)**

In the Syrian context, the HRP mechanism remains the most effective donor-endorsed instrument for the rapid mobilization of support to undertake immediate, emergency lifesaving or protection support. Its value as an instrument to mobilize rapid support to address the most immediate impacts of COVID-19 is obvious. This is also well in line with the overall intention when the structure of the UN response was designed, reference the SecretaryGeneral’s Guidance Note, and focusing on three parallel and complementary health, humanitarian needs and socio-economic impact response components of a ‘One UN’ COVID19 response strategy.

In the case of Syria, the [HRP is structured around the three priorities of emergency, life-saving support, protection and resilience](#). The agreed and donor-supported inclusion of this third pillar (and in particular the programme response contribution of the early recovery sector, whose programme initiatives are mainly related to this resilience pillar) provides a unique window for rapid programming, resource mobilization and implementation of those resilience activities geared towards building better preparedness to respond to—and mitigate—the continuing or resurging spread of the pandemic, and in particular by ensuring.

that a lockdown or a reduction in the activities of social services and livelihoods can be limited as much as possible. (The need for strengthened containment capacity is covered under the WHO-led health pillar of the response.)

### The three components are complementary



\* UN Cooperation Frameworks (prepared by the UNCTs), Agency and Inter-Agency appeals (led by RCs), and National Plans

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In May 2020, a [COVID-19 needs and requirements were updated as an Annex to the HRP response](#). This outlined priority, emergency activities and associated costs and covering all areas of Syria. The activities were informed by the following common planning assumptions and approaches:

- a planning period of six to eight months, based on an expectation that both the direct and indirect impacts of the pandemic would likely be felt for a minimum of six months, more likely until the end of 2020 (even without considering the risk of a resurgence of cases in the winter months of 2020-2021);

- multisectoral and inter-agency engagement, including the close participation and engagement of non-governmental organization partners; and

- an understanding of the resulting financial requirements by pillar and sector, to enable operational implementation planning, monitoring and financial tracking.

It was underlined that [activities and requirements included in the COVID-19 Annex would be regularly revised and updated](#), as and when containment and mitigation measures evolved and the impact of COVID-19 became clearer in the short to medium term. It was also stated that humanitarian partners would thus adjust needs estimates and reflect them in the HRP updates, so as to be able to continuously ensure adjustments to planned humanitarian, emergency responses.

The formulation of this socio-economic impact response framework is thus the appropriate time also for a further update of the HRP COVID-19 Annex, thereby aiming to integrate into the HRP a funding request for those programmes addressing the most immediate impact mitigation and resilience-building interventions that have been flagged as priorities in the socio-economic impact assessment. As such, the HRP COVID-19 Annex and its 1 update would be one instrument for the inclusion of some of the proposed priority responses in this socio-economic response framework. The May HRP COVID-19 Annex already included some limited social protection provisions (cash transfers to vulnerable populations), as well as limited requests for funding to repair the social infrastructure and for business grants. The programme targets included for these activities were considered the absolute minimum, pending a more in-depth quantification of total needs based on the multi-agency survey still in progress at the time the COVID-19 Annex to the HRP was issued.

Additionally, the HRP COVID-19 Annex also specifically addresses the concern that COVID-19 prevention measures have directly impacted the delivery of protection services, including child protection, and civil documentation, arguably at a time when they are critically required to reduce the risk of the adoption of negative coping mechanisms.

Particularly because of its rapid response and funds mobilization capacity, the humanitarian dimension of the 'One UN' strategy for responding to COVID-19 is thus an important instrument to rapidly integrate dimensions of both the health response and some of the socio-economic response of the UN Country Team's overall COVID-19 response in Syria. It is thus important to continue to advocate for the inclusion—and possibly even expansion, through a broadening of the definition of 'early recovery' and 'resilience'—of those rapid and very short-term socio-economic impact responses in the HRP and its later update(s).

## IV. Options for a countrywide, comprehensive and coherent response

In the currently complex Syrian context, there are major operational and other constraints to ensuring a fully comprehensive and coherent national response or reaching all vulnerable Syrians, irrespective of where they reside.

In terms of containment of the pandemic, this has been partially overcome through a combination of expanded cross-line support managed from Damascus and of continued cross-border activities, where possible, when they lend themselves better to reaching out to their respective targets

However, an effective arrangement will be required to ensure effective delivery of the post-COVID-19 socio-economic response included in this framework, and this across the country.

Efforts will, therefore, be made to identify options for and to facilitate regular dialogues among and with technical specialists from across the country in all 11 priority thematic areas included in this framework, to ensure a continuously updated mapping of needs and relative priorities, the formulation of coordinated approaches and the facilitation of the delivery of the response.



International Peace Day, Syria

### A. A two-phased approach

As the impact analysis has shown, a long-term response addressing structural deficiencies is needed. But the protracted crisis, and the international community's position that any response ambitioning more than emergency, humanitarian support (although with an important resilience component accepted as part of that humanitarian support) precludes any such more comprehensive response (or the mobilization of funding for such a response), in the short or medium term or at least for as long as the prerequisites for such a comprehensive response, as spelled out in these guiding statements and documents, have not been fully realized or all specified conditions met.

This response framework thus focuses exclusively on a first phase of this response, thereby aiming specifically to address: 1) the most immediate and severe socio-economic impacts of the COVID-19 crisis as well as the most acute current vulnerabilities in Syria (as a result of COVID-19 but also compounded by the multiple additional crises); and 2) the key requirements for strengthening resilience to respond to the most extreme socio-economic impacts resulting from not only the current pandemic but also a possible resurgence in the future through a second or subsequent waves.

This first phase of the socio-economic response thus does not include the additional impacts of COVID-19 in terms of emergency, life-saving support, as this remains the purview of the HRP. (Minor overlaps may still be present between the HRP and the Socio-Economic Impact Response Plan, but these will be addressed when in-depth programme formulation of the initiatives presented in the SEIRP starts, immediately following the finalization of this response framework.)

As most of the programme initiatives included in the response framework are new initiatives, specifically designed to address the most severe direct impacts of COVID-19, they are mostly unfunded, except in those cases where implementation could start even prior to the mobilization of additional funding, mainly as a result of reprogramming of ongoing funded projects included in the respective agencies' country programmes.

The scope of the response has been limited to the most immediate and severe impacts, and thus remains well below the overall assessed socio-economic impacts of the pandemic. Indeed, both the prospects for funding mobilization and the limits in outreach capacity of current operational (mainly civil society) partners are two additional and key determining factors in the design of this response framework.

As indicated above, a more comprehensive, structural and longer-duration second phase of the response could possibly follow the first phase described here. In that regard, one of the initiatives included here is thus the convening of a multi-stakeholder dialogue, sometime in 2021, to discuss—and possibly arrive at consensus on—a more comprehensive resilience-building response, in particular with respect to its scope, its prerequisites, its operational requirements and its agreed benchmarks, triggers and exit points.



Boys Participating in a Marathon, Raqqa, Syria

#### B. Five pillars and eleven thematic response areas

This response framework is structured in line with the five priority areas in the Secretary-General's April 2020 Guidance Note.

A number of key conclusions and findings were drawn from the in-depth impact surveys undertaken, to guide the formulation of a response that is both very focused and in line with the short- and medium-term priority objectives mentioned above

Taking ongoing initiatives into account, so as to avoid duplication or overlap in the response, as well as the specific programming constraints and challenges in the Syrian context, these key conclusions and findings have been translated into 11 priority thematic areas of response, as outlined below—each of them intrinsically linked to one of the five pillars of the recommended response.

The identification of these 11 priority areas represents an important step towards joint programming, as it reflects consensus on priority common outcomes that need to be pursued through the proposed programme interventions. Defining these common, collective outcomes is indeed particularly important to guide and thus facilitate subsequent effective and goal-oriented joint programming, as a next step to move the implementation of the response forward following the completion of this response framework.

Once the thematic areas were defined, UN Country Team agencies formulated specific programme and project suggestions in support of these priority areas. They are summarized in the matrixes below for each of the thematic areas, and include specific programme/project objectives, outputs, target beneficiaries, geographical area, implementing agencies, budgets and funding gaps.

Upon finalization of this response framework, and to the extent that funding becomes available for the implementation of programmes proposed in it, agencies will further concretize, as part of the detailed programme formulation, where opportunities for synergies and collaboration within each thematic area can be operationalized. Many of the proposed programme initiatives in this response framework (and further outlined below) already have two or more UN agencies associated with them.

Building on the strong joint programming commitment and practice among the members of the Syria UN Country Team, as demonstrated in the definition of collective outcomes in this response framework as well as the established practice in the sector/cluster approach under the humanitarian response planning and under the ongoing implementation of joint programme initiatives in Syria, the initiatives proposed in this COVID-19 socioeconomic response framework will equally aim to achieve the most optimal integration at the level of geographical locations and beneficiary households to increase efficiency, remove duplication and build on the existing footprints and comparative advantage to ensure coherent and results-oriented targeting. This will thus, as indicated above, be further detailed as and when the proposed programme initiatives enter the phase of detailed programming in consultation with the associated agencies.



## HEALTH FIRST: Protecting health services and systems during the crisis

### Thematic Area 1A: Continued provision of—and (safe) access to—basic health services, during the COVID-19 crisis or a possible resurgence

The socio-economic impact survey has forcefully underlined how the existing health infrastructure, of key importance for an effective COVID-19 response, was already at most only 50 percent functional even before the onset of the pandemic. That applies as much to the 100-plus hospitals as to the 1,800 basic health clinics in the country. Only about half of them are fully functional.

It is thus important that efforts over many previous years are continued, to improve the degree of functionality of the current infrastructure, so as to establish a minimum capacity not only to contain COVID-19 and provide a health care response in case of further escalation of the current pandemic and a potential new wave of infection in the future, but also to ensure continued provision of—and access to—basic health services not related to COVID-19. Failing to do so would result in a further dramatic increase in multidimensional poverty and a deterioration in the already extremely low human development indicators in Syria.

Indeed it is worrisome that, in a country where basic health services were already so weak prior to the onset of COVID-19, the pandemic's burden on the existing functional infrastructure has led to an unavoidable near-monopolization of existing and overstretched health care capacities and resources, at the expense of those other basic health services. This short-term thematic focus on basic health services, related to Pillar 1 of the response framework, is thus programmed as a broad-based effort to strengthen basic health service capacity (COVID-19-related response capacity) throughout the country.

As the emphasis is on correcting the low level of coverage and functionality of the existing health infrastructure, an important rehabilitation component is included, with a double purpose in a COVID-19 context: 1) making non-functioning or partially functioning health facilities operational again as much as possible and capable of providing the broadest range of basic health services, including with respect to COVID-19; and 2) rendering that infrastructure capable of providing basic health services to the maximum number of people, and to do so even in a COVID-19 context which imperatively requires additional basic infrastructural, equipment and material support to enable these facilities to continue—or start—to operate in a COVID-19 pandemic

## PILLAR 1. HEALTH FIRST

| Thematic Area 1A: Continued provision of—and (safe) access to—basic health services, during the COVID-19 crisis or a possible resurgence  |   |                      |  |   |                       |                            |
|---|---|----------------------|--|---|-----------------------|----------------------------|
| Title   | Outputs   | Target beneficiaries | Geographical areas   | Agency                                    | Budget (US\$ million) | Funding gap (US\$ million) |
| <p><b>Urgent infrastructural support to currently non-functional basic/primary health centres (or only partially functional centres, also as a result of physical damage) and provision of essential equipment, supplies and materials to ensure their capacity to continue to provide COVID-19-related and primary health care services to the communities, in a pandemic context and in a scenario of a possible future resurgence</b></p>            | <p>200–250 primary health centres with facility or material support (or both)</p>   | 3,500,000            | <p>All governorates</p> <p>15–20% of all basic health centres, prioritized by need and with a WHO severity score higher than 3</p> | <p>WHO<br/>UNDP<br/>UNICEF<br/>UNFPA</p>  | 33.5                  | 28.7                       |
| <p>Broad-based and <b>urgent equipment, material and basic infrastructural support to secondary health facilities (hospitals, 50% of which are currently non- or only partially functioning), to be able to operate in a COVID-19 context</b>, not only for COVID-19 crisis response but also to ensure continued effective referral from primary to secondary care and delivery of essential secondary care, as these services are currently under</p> | <p>15 secondary health care hospitals provided with urgent facility, equipment and supplies support</p> <p>Support to basic/primary health centres' referral capacity and effectiveness</p> | 8,500,000            | <p>All governorates</p> <p>15 hospitals (prioritized based on need)</p>  | <p>WHO (working with UNDP and UNICEF)</p> | 18.0                  | 18.0                       |

|  |   |   |  |                        |      |      |
|--|---|---|--|------------------------|------|------|
| enormous stress as a result of the need for them to prioritize the COVID-19 response   |   |   |  |                        |      |      |
| <b>Urgent supply of materials, supplies and equipment to health personnel (as well as other social and public service personnel—see Thematic Area 2A) to allow them to continue to operate in conformity with required COVID-19-related distancing, protection and sanitation requirements, and thus to limit as much as possible lockdown requirements in a (current or future) COVID-19 context</b>  | Facility support and supply of required critical supplies to all front-line workers in all sectors of utmost importance to service access, in particular for the most vulnerable members of society | 150,000 front-line social, administrative and health service delivery personnel and units | All governorates                                       | WHO<br>UNICEF          | 19.5 | 11.5 |
| <b>Avoid as much as possible the need to reintroduce or strengthen lockdown measures, resulting in further negative socio-economic impacts, in particular on the most vulnerable populations, by reinforcing and expanding testing and laboratory capacity (also in particular at local level), as well as capacity for surveillance, rapid response and case investigation, and supported by an effective health information and COVID-19 monitoring system</b> | Laboratory and testing capacities present in all governorates   | Total population  | All governorates (prioritized locations based on need) | WHO<br>UNICEF<br>UNFPA | 21.0 | 16.0 |
| <b>A rapid and comprehensive information, communication and education (IEC) platform developed and implemented, in</b>   | An attitude-influencing and knowledge- and awareness-enhancing IEC  | Total population  | All governorates                                       | WHO<br>UNICEF<br>UNFPA | 3.0  | 2.0  |

|  |  |           |   |                        |     |     |
|--|--|-----------|---|------------------------|-----|-----|
| partnership with key actors, to strengthen compliance with most essential protection and prevention measures and thus limit COVID-19 expansion and the need to reintroduce or expand lockdown measures   | programme  |           |   |                        |     |     |
| <b>Provision of nutrition and health care for food-insecure populations most affected by COVID-19, and capacity-building support to health care workers to deliver health and nutrition packages, to respond to the increased caseload created by COVID-19</b> | 15 prefabs installed<br><br>47 mobile medical teams operational<br><br>2,000 health care workers trained | 1,500,000 | North-eastern, north-western and southern Syria | UNICEF<br>WHO<br>UNFPA | 3.0 | 1.5 |

### Thematic Area 1B: Health care and protection services for children, women, people with disabilities and elderly people are enhanced to be responsive to the COVID-19 context

The socio-economic impact survey has highlighted the severe impact of the COVID-19 crisis on the specific health needs of children (e.g. immunization, malnutrition monitoring and response), women (reproductive health, gender-specific and -responsive counselling) and elderly people (who are also particularly vulnerable to COVID-19 infection).

A reduction in access and services to these particularly vulnerable categories of up to 50 percent has been noted during the crisis and the lockdown period, at the same time as the need for health services for these categories has substantially increased—for instance, as a result of increased malnutrition caused by the inflation of food prices and thus the need for parents to fall back on coping mechanisms, including reducing food intake or the number of daily meals, or the increased need for reproductive health and gender-based violence support.

Most alarming is that, while these services were so much more difficult to maintain and access during the lockdown, that reduced access is now seen as persisting following the lifting of lockdown measures. Access has remained very much constrained, no longer because of the lockdown but because of either reduced funding for services (as a result of the cost inflation affecting existing response budgets, be they governmental or externally funded) or because of the substantial increase in out-of-pocket expenses for service users as

a result of the rapid escalation of inflation, and in particular in relation to transport costs, medicine and medical supply costs.

On the positive side, the increased use of tele-services during the lockdown has been able to partially compensate for these access challenges, and options to further expand the outreach and relevance of such support tools need to be rapidly explored and concretized, as also programmed in several of the thematic areas under this response framework.

Thematic Area 2 of Pillar 1 will thus aim to provide critical support to ensure that essential services for the most vulnerable population categories can continue to be provided to—and accessed by—those most in need of them.

### PILLAR 1. HEALTH FIRST

| Thematic Area 1B: Health care and protection services for children, women, people with disabilities and elderly people are enhanced to be responsive to the COVID-19 context  |  |  |  |            |                       |                            |
|---|--|--|--|------------|-----------------------|----------------------------|
| Title   | Outputs  | Target beneficiaries   | Geographical areas                                     | Agency     | Budget (US\$ million) | Funding gap (US\$ million) |
| <b>Correct the reduction in immunization coverage created by COVID-19, and ensure, in the period ahead, despite the major delivery challenges resulting from the pandemic, full coverage of all children</b> across the country so as to prevent a long-lasting impact on children as a result of reduced immunization coverage | Procurement of vaccines and cold chain equipment, and provision of capacity-building for Expanded Programme on Immunization workers<br><br>Supplementary immunization activities for polio and measles, and catch-up campaigns as required | 570,000 (children under 1 year)  | All governorates (prioritized locations based on need) | UNICEF WHO | 14.0                  | 3.0                        |
| <b>Ensure continued health support to people with disabilities, in the current constrained health services context</b> as a result of the critical national budget environment, and <b>urgent support to the continuation of service delivery capacity for</b>  | Continued provision of most critical rehabilitation services to amputees<br><br>20 of the most critically affected and—as a result of COVID-19—underfunded   | 300 people with disabilities<br><br>5,000 people with visual or hearing impairment | 20 health centres                                      | UNDP       | 1.9                   | 1.8                        |

|  |  |                                      |   |                        |      |     |
|--|--|--------------------------------------|---|------------------------|------|-----|
| people with hearing or visual impairment   | health facilities made accessible to visually or hearing impaired  |                                      |   |                        |      |     |
| <b>Addressing the COVID-19-related reduced access and service availability for prenatal, maternal, reproductive health and child malnutrition health care</b>                              | Continued access to regular children's and women's maternal and pediatric check-ups, to effective treatment and to reproductive health services<br><br>Continuation and expansion of comprehensive health education to communities, mothers and caregivers | 1,500,000                            | All governorates (prioritized locations based on need)                          | UNICEF<br>WHO<br>UNFPA | 18.0 | 6.0 |
| <b>Expansion of the Reproductive Health Cash Voucher programme, to accommodate the increased COVID-19 impact on women's poverty and ensure continued service access for poor(er) women</b> | Access to life-saving reproductive health services for the most vulnerable women   | Vulnerable women of reproductive age | Rural Damascus<br>Deraa<br>Al-Hasakeh<br>Deir-ez-Zor<br>Hama<br>Homs<br>Latakia | UNFPA<br>WFP           | 3.0  | 3.0 |
| <b>Strengthened COVID-19-related maternal morbidity and mortality monitoring, for rapid and effective response formulation and implementation</b>  | Improved statistical system health surveillance  | Health Statistics Units              | All governorates (prioritized locations based on need)                          | UNFPA<br>UNICEF        | 1.0  | 1.0 |
| <b>Increased focus on health support for IDPs, in view of particular COVID-19-related challenges and the risk of reduced service availability for this very vulnerable category</b>        | Continued free health care support, including COVID-19-related care, to IDPs   | 150,000                              | North-eastern Syria<br><br>Other locations with IDPs                            | WHO                    | 2.5  | 1.3 |

|   |   |  |   |                                 |            |            |
|---|---|--|---|---------------------------------|------------|------------|
| <p><b>Ensure continued coverage of home-based newborn health care needs</b>, including the strengthening of capacity <b>to respond to increased demand</b> for such home-based care created by COVID-19</p> <p>Continued, effective and uninterrupted implementation of the <b>Every Newborn Action Plan, within the challenges of the COVID-19 context</b></p> | <p>Effective home-based health care provision</p>   | <p>7,000 pregnant women, receiving 5 home visits each</p> <p>5 hospitals strengthened for Every Newborn Action Plan implementation</p>           | <p>Rural Damascus<br/>Damascus Homs<br/>Hama<br/>Aleppo<br/>Tartous Lattakia<br/>Deir-ez-Zor<br/>Raqqqa<br/>Dara<br/>As-Sweida<br/>Quneitra</p> | <p>UNICEF<br/>WHO<br/>UNFPA</p> | <p>1.1</p> | <p>0.8</p> |
| <p><b>Management of severe acute malnutrition</b>, through increased provision of <b>micronutrient supplements</b>, and <b>intensification of health and nutrition promotion activities</b>, to respond to increased malnutrition and food intake deficiencies <b>as a result of COVID-19</b></p>   | <p>Screening of children and pregnant and lactating women</p> <p>Treatment of children with severe malnutrition with ready-to-use therapeutic foods</p>                 | <p>20,000 children</p> <p>10,000 women</p> <p>2,000 children (under 5)</p> <p>100,000 women reached under health and nutrition sensitization</p> | <p>All governorates (prioritized locations based on need)</p>   | <p>UNICEF<br/>WHO<br/>WFP</p>   | <p>6.5</p> | <p>3.0</p> |
| <p><b>Scale-up of infant and young child feeding (IYCF) counselling</b> to respond to increased caseload resulting from COVID-19 and other impacts</p>  | <p>Promotion of IYCF counselling for pregnant and lactating women</p>   | <p>10,000 pregnant and lactating women counselled for breast feeding</p>   | <p>All governorates</p>   | <p>UNICEF<br/>WHO<br/>WFP</p>   | <p>5.5</p> | <p>1.2</p> |
| <p>Monitoring and evaluation, through <b>regular surveying, of the evolution of food insecurity and the effectiveness of responses</b></p>  | <p>SMART survey repeated at regular intervals to assess the impact of current interventions and COVID-19 on nutritional status, in particular of women and children</p> | <p>All (sample surveys)</p>  | <p>All governorates</p>   | <p>UNICEF<br/>WHO<br/>WFP</p>   | <p>1.0</p> | <p>0.8</p> |



## PROTECTING PEOPLE: Social protection and basic services

### Thematic Area 2A: Continued efforts to achieve education, water and sanitation for all in a COVID-19 context

Up to 90 percent of children were deprived of education during the lockdown in Syria. The lockdown has thus added to the education deficit already created by the limited functioning of the education infrastructure, particularly as a result of the security situation. Up to 50 percent of schools are estimated to be no longer accessible or functioning as a result of conflict-related damage or destruction.

The return of children to school is now also affected by the increased costs associated with education (the cost of going to school, of school supplies and of meals during school hours, in particular in cases where school canteens or food initiatives are no longer able to meet their previous objectives and outputs due to budget shortages or reduced outreach capacity of increasingly underfunded programmes).

Particularly dramatic is the evidence obtained during the impact survey that up to 8 percent of parents are already—or considering—putting their children into paid employment rather than sending them back to school, as one of the ways of coping with the growing difficulty of meeting their family's basic needs, because of their loss of paid employment and the escalation of the cost of basic consumer goods.

As is the case for the health thematic area, the objective of this thematic area is thus to continue a broad range of support activities to help the basic education infrastructure become or remain able to meet the education needs of all children, including the investments needed to continue to operate within the current and future context of COVID19. It also aims to provide the support needed to allow schools to continue to provide associated key services or support, in particular for children from very poor and vulnerable families, such as with respect to the supply of educational materials, textbooks, and healthy meals.

Particularly important in this respect is the further elaboration and accessibility of distance learning methodologies, and the relevant teacher training, support materials, tools and textbooks, and building further on some initial, successful experiments already piloted during the COVID-19 lockdown.

Providing schools with basic water and sanitation facilities (and, where needed, electricity to be able to operate distance learning devices) is one of the priorities to be addressed under this thematic area, in view of the critical contribution of efficient water and sanitation for both a healthy school environment and for preventing the further spread of COVID-19.

To the extent possible, support will also be included to provide the neediest categories of children and communities with access to communication devices to ensure that they are not excluded from benefiting from these new educational tools and systems.

In addition to education services, community water and sanitation facilities need to be improved, as they play a key role in the prevention of infections, and their availability is thus a major determinant in avoiding or minimizing the socio-economic impacts of COVID-19. Explosive ordnance is a key deterrent in this context, hindering safe access to basic social services and restricting livelihoods for recovery.

## PILLAR 2. PROTECTING PEOPLE

| Thematic Area 2A: Continued efforts to achieve education, water and sanitation for all in a COVID-19 context   |   |                      |   |                                       |                       |                            |
|--|---|----------------------|---|---------------------------------------|-----------------------|----------------------------|
| Title  | Outputs   | Target beneficiaries | Geographical areas  | Agency                                | Budget (US\$ million) | Funding gap (US\$ million) |
| Urgent <b>rehabilitation, materials and basic equipment support to currently non- or only partially functioning education, water and sanitation facilities in areas severely impacted by COVID-19</b> , and to make this key social service infrastructure <b>capable of continuing to provide services if there is a resurgence of infections</b> | 200 non-functional or only partially functioning facilities for education, water and sanitation made operational<br><br>500 facilities in the education, water and sanitation sectors provided with urgent materials and equipment support to be able to operate in the COVID-19 context (distancing, quality, maintenance, sanitation) | 14,000,000           | All governorates (facilities prioritized based on severity of need) | UNDP<br>UNICEF<br>UNFPA<br>UN-Habitat | 48.9                  | 36.2                       |

|   |  |   |                  |        |      |      |
|---|--|---|------------------|--------|------|------|
|   | Community-led rehabilitation of pathways, lighting and public spaces leading to schools in most areas affected by COVID-19 |   |                  |        |      |      |
| Build online <b>educational platforms with remote learning activities for formal and non-formal education; supply edutainment material;</b> and develop and broadcast <b>TV-based distance education</b> materials and programmes, to help replace or supplement classroom teaching impacted by COVID-19 (currently or in case of a resurgence) | Web platforms for distance education   | 4,000,000 school-age children in Syria<br><br>625,000 children receiving edutainment supplies | All governorates | UNICEF | 4.9  | 4.2  |
| <b>Distribution of diversified IT devices to enable access to digital content of self-learning programmes and distance education</b> (tablets, audio devices, memory chips) and to ensure equal access to distance education for children from poorer families  | Supply of devices to access distance learning  | 150,000   | All governorates | UNICEF | 7.5  | 6.0  |
| Urgent support to <b>national exams organized in a COVID-19-compatible manner</b> , to ensure uninterrupted progress of children during the education cycle despite the challenges related to the pandemic  | Support to national examination process in COVID-19 context  | 1,300,000   | All governorates | UNICEF | 1,8  | 1.8  |
| <b>Sanitization campaigns at regular intervals at public schools and</b>  | School sanitization materials and  | 11,000 schools  | All governorates | UNICEF | 11.8 | 10.6 |

|  |   |  |                         |                                 |             |             |
|--|---|--|-------------------------|---------------------------------|-------------|-------------|
| <p><b>learning facilities; Safe School protocols and related training of school personnel; School sensitization awareness campaign(s)</b> to ensure awareness and self-protection, and thereby continued functioning of schools; <b>post-COVID-19 lockdown 'Back to Learning' campaigns</b> (in-school or distance learning)</p> | <p>campaigns</p>  |  |                         |                                 |             |             |
| <p><b>Support, including vouchers for hygiene items, to adolescent girls from families impoverished as a result of COVID-19, and at risk of dropping out of school</b></p>   | <p>Youth, especially adolescent girls, supported to complete their education and gain vocational skills</p> <p>E-vouchers for hygiene items</p>                               | <p>Adolescent girls, including survivors of gender-based violence, and children with disabilities</p>                      | <p>All governorates</p> | <p>UNFPA<br/>WFP<br/>UNICEF</p> | <p>2.2</p>  | <p>2.2</p>  |
| <p><b>Children and families in emergency contexts (such as IDP camps) and most at risk of COVID-19 infection are ensured continued and equitable access to basic water, sanitation and hygiene services and supplies,</b> to limit the spread of the epidemic and further major negative socio-economic impacts</p>              | <p>Direct provision of emergency and life-saving WASH facilities and services for the most affected people (camps, health centres, IDP centres, collective shelters etc.)</p> | <p>500,000</p>   | <p>IDP locations</p>    | <p>UNICEF</p>                   | <p>10.0</p> | <p>8.0</p>  |
| <p><b>To respond to increased poverty as a result of COVID-19, provision of cash transfers to poorest families to ensure children are or remain enrolled in education (or alternative learning options)</b></p>  | <p>Targeted school-age children receive cash transfers that meet food needs while ensuring continued learning and promoting stability</p>                                     | <p>Pre- and primary school children enrolled in formal and/or informal education or alternative learning opportunities</p> | <p>All governorates</p> | <p>WFP<br/>UNICEF<br/>UNFPA</p> | <p>12.0</p> | <p>12.0</p> |

|  |   |  |   |                   |             |             |
|--|---|--|---|-------------------|-------------|-------------|
| <p><b>Ensure safe access to health and other key social services, as well as livelihoods (in particular, farming),</b> in cases where such access is impeded through the <b>actual or suspected presence of explosive ordnance</b></p>     | <p>Ordnance survey and removal. S</p> <p>Safe delivery of - and access to - basic services and livelihoods activities in areas with explosive ordnance</p>  | <p>Communities, and UN and partner organizations gaining safe access to key social services and livelihoods</p>  | <p>Damascus Rural<br/>Damascus<br/>Aleppo<br/>Homs<br/>Hama</p> | <p>UNMAS</p>      | <p>12.0</p> | <p>12.0</p> |
| <p><b>Ensure continued delivery, also through distance learning, of COVID-19-impacted non-formal education,</b> including for children with disabilities, remedial classes, exam support and community-based early childhood education</p> | <p>Education</p>  | <p>500,000 children</p>  | <p>All governorates</p>   | <p>UNICEF</p>     | <p>14.0</p> | <p>8.0</p>  |
| <p><b>Clean and healthy neighbourhoods, resilient to the effects of COVID-19</b></p>   | <p>Removal of a temporary landfill (Deir-ez-Zor)</p> <p>Support management of household and medical waste</p> <p>Provision of garbage containers and waste compactors</p> <p>Provision of sanitizing equipment and materials for municipal workers in charge of city sanitation</p> | <p>Local community, children, Deir-ez-Zor city residents</p> <p>Vulnerable population in neighbourhoods most at risk of COVID-19 infection and socio-economic impact</p> | <p>Rural Damascus<br/>Damascus<br/>Deir-ez-Zor</p>              | <p>UN-Habitat</p> | <p>0.5</p>  | <p>0.5</p>  |

### Thematic Area 2B: A targeted response to new and/or worsening vulnerabilities as a result of COVID-19

The multi-agency socio-economic impact assessment has clearly indicated not only that there has been an additional substantial increase in poverty (estimated at about 500,000 people) and in extreme poverty (with an even larger number of people dropping from the

'poor' to the 'extreme poor' category) but that the impacts of COVID-19 have particularly affected specific categories of vulnerability which existed before the pandemic (people with disabilities; refugees in Syria, including from Palestine; daily labourers; IDPs and returnees;) and have created new vulnerabilities (e.g. migrant labourers have lost their jobs; informal sector workers have seen their business irrevocably collapse).

The protracted refugee situation, degradation of services and continued deterioration of living conditions exacerbated by the negative socio-economic impacts of COVID-19 and the depreciation of the Syrian currency have also increasingly affected refugees in Syria. Their needs have become vast, and host communities' resources are overstretched, while their resilience capacity has been severely eroded, further undermining the ability of refugee communities to recover from complex interlinked protection issues, potentially triggering additional negative coping mechanisms.

Social protection responses to mitigate the impact on these vulnerable population groups need to be prioritized, in addition to the specific categories of vulnerable people already specifically targeted under other thematic areas in this response framework (children, elderly people and women; people in institutional settings; unemployed people living in extreme poverty as a result of COVID-19, addressed, respectively, in Thematic Areas 1B and 2C, and in Pillar 3).

These vulnerabilities are the consequence of multiple factors, such as the loss of jobs and income and the substantial increase in the cost of essential commodities, but also the decrease in support being provided to them, as a result of either reduced public funding or the reduced coverage that can be provided under existing budgets of both public sector and non-governmental and international aid partners.

This thematic area is thus an umbrella for all planned short- and medium-term support targeting these categories of vulnerability—over and above the first series of mitigation interventions, but of more of an emergency and live-saving nature, already included in the COVID-19 Annex to the HRP in support of these same categories.

A comprehensive mapping of all vulnerabilities is unfortunately still not in place. As this is a condition for objective prioritization and effective targeting of the response, the development of such a decision support tool as soon as possible is an important element of the response framework under this thematic area. It may also form the basis and evidence base for the subsequent design of a more comprehensive action plan related to social protection that could be considered and further concretized during a possible second phase of the response framework. (Some initial preparatory work related to this is, however, already included among the programme proposals for the first phase under this thematic area.)

The Ministry of Social Affairs launched an app-based tool at the start of the COVID-19 crisis to support the registration of those rendered most needy and vulnerable as a result of the pandemic. As of July 2020, about 600,000 entries had been registered. Although an important step forward, this is still far below overall vulnerability estimates, both before and after COVID-19.

The tool, therefore, requires further development, including defining vulnerability criteria, data needs and criteria for targeting and prioritization of future responses, as well as strategies for the institutionalization of the tool to ensure transparency and regular updating.

Ensuring the comprehensiveness of the tool, so that no vulnerabilities are omitted (and 'no one left behind'), requires a truly multi-agency effort, drawing on the specific expertise and knowledge of each agency with respect to particular vulnerability categories.

As this tool would be drawing on the latest communication tools and software capacities, there is no need for on-the-ground and face-to-face surveying to populate the database. Specific geographical location is also no impediment to registration and coverage. Phone-based systems, coupled with GPS functionalities, have become important facilitators for such registration and mapping efforts.

A particular challenge relates also to the institutionalization of such a mapping and registration mechanism, to ensure regular updating and quality and data control, and the effective use of the data and information in effective response plans. Co-ownership and comanagement by local communities is thus a particularly important aspect of institutionalization.

While most of these vulnerable populations will continue to be dependent for quite some time on the support provided under the humanitarian and protection pillars of the HRP and this COVID-19 socio-economic response framework, there is an urgent need to define future and sustainable options for augmenting and financing an expanded safety programme and system, in particular taking into account the national funding constraints.

Some initial steps in defining and implementing such a social protection strategy, with a focus on safety nets and addressing the most immediate priorities, can be identified within the current resources and in the short and medium term. Options for expansion can also start to be explored as of the current first phase, even if their implementation would only be possible in a subsequent longer-term second phase of the response, when appropriate conditions for such a second phase are in place and on which the mobilization of international co-funding or start-up funding for these initiatives would be dependent. As strongly emphasized by the Secretary-General, the integration of such a focus on social protection in the formulation of national financing frameworks, also for the purpose of ensuring and accelerating the achievement of the 2030 Agenda, is of utmost priority.

## PILLAR 2. PROTECTING PEOPLE

### Thematic Area 2B: A targeted response to new and/or worsening vulnerabilities as a result of COVID-19

| Title   | Outputs  | Target beneficiaries                             | Geographical areas   | Agency  | Budget (US\$ million) | Funding gap (US\$ million) |
|---|--|--|--|---|-----------------------|----------------------------|
| Design, and Phase 1 of the roll-out, across all governorates, of an <b>app-based, community co-managed and rights-sensitive vulnerability and deprivation registration tool</b> (with respect to all forms and categories of vulnerability), to facilitate targeted and objectively prioritized responses   | Vulnerability, deprivation and extreme poverty registration mechanism, including data to facilitate targeting and vulnerability-specific responses | 3,000,000 vulnerable people registered (Phase 1) | All governorates   | UNDP (in consultation with OCHA, WFP, UNFPA and UNICEF) | 4.0                   | 3.7                        |
| Urgently needed expansion, in view of <b>COVID-19-related increased needs, of the ongoing cash transfer programme to meet the basic needs</b> of young children from the poorest families and those most impacted by COVID-19, to facilitate continued school attendance (including for the additional support required for children with disabilities, for hygiene kits and for winter | Number of families with young school-going children provided with cash transfers for basic needs support   | 65,000 households<br>150,000 children            | Al-Hassakeh<br>Hama<br>Homs<br>Tartous<br>Lattakia<br>Rural Damascus<br>Aleppo | UNICEF  | 28.0                  | 25.8                       |

|  |  |  |   |   |      |      |
|--|--|--|---|---|------|------|
| clothing support)  |  |  |   |   |      |      |
| <b>Urgent support to Palestine refugees, in view of the severe impact of COVID-19 (combined with the impact of the overall UNRWA budget shortfall), to meet minimum protection requirements and essential service delivery</b> | Health (including mental health), education, social services, livelihoods, protection and other priority support needs to extremely vulnerable and poor Palestine refugees   | 420,000  | All Palestine refugees  | UNRWA   | 35.4 | 35.4 |
| <b>Exceptional short-term cash support to the poorest families whose head of household lost job and income as a result of COVID-19</b>   | Short-term (3–6 months) cash support   | 50,000 (with average payment of approx. US\$180)                         | All governorates (selected based on severity of need and vulnerability considerations)      | UNDP (in consultation with other agencies applying cash modality) | 10.0 | 8.4  |
| <b>Support to refugees (excluding Palestine refugees) whose vulnerability increased due to COVID-19 and its impact on living conditions and the cost of living</b>   | Impoverished refugee families provided with monthly cash assistance to meet their basic needs: secondary and tertiary medical care, education grants and seasonal unconditional cash assistance (winterization) to help families meet increased expenditures during the winter | 14,000 families<br>5,000 primary and secondary and 100 tertiary students | All governorates (primary locations: Damascus, Rural Damascus and Al-Hassakeh governorates) | UNHCR   | 29.0 | 9.6  |
| <b>Expanded case management, referral and rehabilitation services for at risk children</b>   | Number of children with disabilities provided with quality case management services  | 14,000 children with disabilities and their families                     | Homs<br>Hama<br>Rural Damascus<br>Deir Azzor<br>Dar'a<br>Aleppo<br>Hassakeh                 | UNICEF  | 1.5  | 1.5  |

|   |   |  |  |                                 |      |      |
|---|---|--|--|---------------------------------|------|------|
| Responding to the specific <b>needs of elderly people affected by COVID-19</b>  | Strengthen local partnerships and coordination to mitigate the impacts of COVID-19 in addressing the needs of older persons | Non-governmental organizations and local entities supporting older persons | All governorates (prioritized locations based on need)                     | UNFPA                           | 0.5  | 0.5  |
| <b>Addressing exacerbated inequalities and discriminatory social practices against women and girls in the COVID-19 context</b>                  | Men and boys become positive agents of change   | Young men and boys; local communities                                      | All governorates (prioritized locations based on need)                     | UNFPA                           | 1.0  | 1.0  |
| <b>Cash voucher assistance in support of increased needs for dignity and protection of women and girls, in view of major escalation in cost</b> | Women's and girls' access to cash for their protection and dignity is increased   | Women and girls  | All governorates   | UNFPA (in partnership with WFP) | 12.0 | 12.0 |
| Capacity development for <b>the remote safe provision of GBV response services</b>  | Remote gender-based violence capacity development tools developed and implemented   | Gender-based violence and reproductive health service providers            | All governorates   | UNFPA                           | 0.5  | 0.5  |
| <b>Urgent adaptation to COVID-19 crisis requirements at food distribution points</b>  | Availability of hygiene items, and set-up of social distancing at food distribution points                                  | Vulnerable households  | All governorates (prioritized locations based on need)                     | WFP<br>UNICEF                   | 6.0  | 4.0  |
| <b>Education and sensitization on the risk of explosives, to avoid further negative impact on continued safe access to critical health</b>      | Comprehensive risk education  | Target communities in high explosive/mine risk areas                       | Damascus<br>Rural Damascus<br>Aleppo<br>Homs<br>Hama<br>Dar'a<br>As-Sweida | UNMAS<br>UNICEF                 | 2.0  | 2.0  |

|   |  |   |   |   |     |     |
|---|--|---|---|---|-----|-----|
| <b>and other services</b>   |  |   |   |   |     |     |
| Continued support, despite the pressure on health infrastructure, to prioritize <b>health services to victims of explosive ordnance</b>   | Survivors and victims of explosive ordnance incidents obtain assistance for recovery and reintegration                               | Victims and survivors of explosive ordnance, including their families   | Rural Damascus, Aleppo and other priority areas contaminated with explosive ordnance to be identified | UNMAS   | 1.0 | 1.0 |
| Provide training and skills-building support <b>for adolescents and youth</b> , in response to increased needs created by COVID-19  | Life skills, citizenship education, advanced functional literacy and numeracy education, technical vocational education and training | 214,000   | All governorates  | UNICEF<br>UNFPA                                     | 3.8 | 1.9 |
| Continued provision of remote <b>mental health and psychosocial support, and expansion of digital, online services</b>  | Provision of online psychosocial support and strengthened protection referral pathways to vulnerable groups                          | Young girls, boys, women, elderly people and people with disabilities most affected by reduced service access due to COVID-19 | All governorates  | UNDP<br>UNFPA                                       | 3.4 | 2.4 |
| Initial steps in the <b>identification of options for multiple and sustainable vulnerability and social protection response tracks</b> , which can gradually constitute a <b>national, funded social protection, insurance and safety net plan</b> (to be possibly further elaborated under | In-depth analysis of needs and options for vulnerability and protection, insurance and safety net responses                          | All Syrians   | All governorates  | UNDP (in consultation with UN Country Team members) | 0.9 | 0.7 |
| a second phase of the response framework)   |  |   |   |   |     |     |

## Thematic Area 2C: Maintaining a minimum level of support to people residing in institutional settings

People residing in institutional settings (orphanages, centres for people with disabilities, old people's homes, juvenile centres, settlements and camps etc.) are particularly dependent on support from national and external partner programmes.

They face much higher risks from COVID-19 and overall vulnerability for two reasons: 1) a much greater risk of exposure to COVID-19 infection as a result of the crowded and poor conditions in which they live; and 2) the decrease in support available as a result of the cost inflation affecting the budgets allocated for their support.

Multiple actions are thus required to support these categories of extremely vulnerable people: improvement of the physical condition of their accommodation to improve protection against COVID-19; supply of essential materials and protective equipment for residents; upward adjustment of (public or external partner) budgets to cover the cost of inflation and thus maintain them at the level foreseen; and support to these institutions to create capacity to partly contribute to their own food and other requirements.

## PILLAR 2. PROTECTING PEOPLE

### Thematic Area 2C: Maintaining a minimum level of support to people residing in institutional settings

| Title   | Outputs   | Target beneficiaries                       | Geographical areas                                      | Agency                         | Budget (US\$ million) | Funding gap (US\$ million) |
|---|---|--|---|--------------------------------|-----------------------|----------------------------|
| Support to existing and for the establishment of new <b>safe houses for victims of gender-based violence as a result of the observed increased demand in support due to COVID-19</b>  | Support to 5 existing and new safe houses for victims of gender-based violence  | 200 victims of gender-based violence       | Aleppo<br>Homs<br>Damascus<br>Rural Damascus<br>Latakia | UNDP<br>UNFPA<br>UNICEF        | 1.0                   | 0.7                        |
| Infrastructural and food self-sufficiency <b>support to institutional settings</b> (orphanages, old people's homes, camps, juvenile centres etc.) most affected by COVID-19, in particular because of the impact of the reduced outreach capacity of existing budgets and overall increase in running and programme costs | Infrastructural support for COVID-19 protection<br><br>Food production capacity support (vegetable gardens, poultry etc.)                           | 15 collective centres, prioritized by need | All governorates (selected locations)                   | UNDP<br>UNFPA<br>FAO<br>UNICEF | 4.5                   | 4.3                        |
| <b>Enhance the capacities of institutions taking care of people with disabilities, in response to the impact of COVID-19 and a constrained budget context</b>   | 20 institutions supported with equipment and materials necessary to respond to COVID-19-related protection, distancing and preparedness imperatives | 4,000 people with disabilities             | All governorates (prioritized locations based on need)  | UNDP                           | 1.4                   | 1.3                        |
| <b>Institutional feeding for people in COVID-19 quarantine locations</b>  | Food security in quarantine centres   | People residing in quarantine centres      | All governorates (prioritized locations based on need)  | WFP                            | 1.2                   | 0.8                        |

## Thematic Area 2D: Solutions to correct or mitigate the increase in food security coping induced by COVID-19 among the most food-insecure households

The survey found an average 240 percent year-on-year increase in the price of the monthly five-person family food basket, but with above average increases for Damascus and Rural Damascus and up to 340 percent in Idlib.

There has been a substantial increase in the number of families adopting coping mechanisms to meet their food needs, such as an almost 50 percent decrease in dietary intake, skipping meals and forgoing more nutritious but costly ingredients. Some 86 percent of the households interviewed reported a need to fall back on these extreme solutions.

Traders interviewed in the surveys also confirmed that they are reducing their stock levels, as they expect demand to remain depressed. They also reported a 30 percent increase in demand for consumer credit. Around 70 percent of poultry farmers have closed. Animal feed has become too expensive for most people, and demand has disappeared.

Under this thematic area, multiple actions are planned to address this decrease in consumption capacity (separate from the support to smallholder farmers to stimulate food production, and to jobs and employment to support incomes, under Pillar 3 below). They include: direct support to the most affected, to protect their food consumption capacity (such as through cash transfer arrangements) under this Pillar 2; actions which may possibly counterbalance or correct the price inflation of certain food products, such as those related to the 'fixed price' or 'essential goods basket' measures; and other initiatives in collaboration with producers and traders that may help keep the cost of essential items down (and which could possibly be considered in a second phase of the response framework, under Pillar 4, as no programme actions are included in relation to this Pillar 4 under the first phase).

Of key importance, and included under this thematic area, are programme initiatives to: ensure a regular update of the impact of COVID-19 on food security; keep track of new and deepening vulnerabilities; monitor continuously the effectiveness of programme response; and strengthen the coordination among multiple actors and stakeholders operating in or associated with this thematic area.

## PILLAR 2. PROTECTING PEOPLE

### Thematic Area 2D: Solutions to correct or mitigate the increase in food security coping induced by COVID-19 among the most food-insecure households

| Title   | Outputs  | Target beneficiaries   | Geographical areas   | Agency                          | Budget (US\$ million) | Funding gap (US\$ million) |
|---|--|--|--|---------------------------------|-----------------------|----------------------------|
| In-depth, comprehensive, countrywide <b>food security assessment at regular intervals to continuously monitor the impact of COVID-19 on food insecurity</b> , coping solutions adopted, and the impact of response programmes                 | Enhanced monitoring of food production and food gaps<br><br>Food security and livelihood assessment, adjusted to assess specific impact of the COVID-19 crisis<br><br>Improved food insecurity analysis, for effective decision-making | 21,000,000 (whole population of Syria)   | All governorates   | FAO<br>WFP                      | 1.2                   | 1.2                        |
| <b>Support access to fresh food for people most affected by COVID-19</b> (in particular the estimated 1.4 million additional people living in food insecurity)  | Support producers of vegetables, poultry, eggs and dairy products to increase their production<br><br>Improved food security and market access for vulnerable households   | 100,000 vulnerable households<br><br>2,000 producers of vegetables, poultry, eggs and dairy products | Al-Hasakeh<br>Tartous<br>Latakia<br>Hama<br>Homs<br>Rural<br>Damascus<br>Aleppo<br>Deir-Ez-Zor | WFP<br>FAO                      | 50.0                  | 50.0                       |
| <b>Support the food production capacity of particularly affected and food-insecure communities</b> (in view of escalating food prices and to prevent negative or detrimental coping solutions), also focusing in particular on leadership and | Support communities severely affected by COVID-19 to undertake sustainable and cooperative food/vegetable production to support their  | 150 communal food gardens in/with the most affected communities                                      | All governorates (prioritized locations based on need)   | UNDP (in consultation with FAO) | 5.0                   | 4.6                        |

|  |   |     |                  |                     |     |     |
|--|---|-----|------------------|---------------------|-----|-----|
| participation of poorer women  | community food needs  |     |                  |                     |     |     |
| Effective response to food insecurity caused by COVID-19, through <b>enhanced stakeholder and partner coordination</b> | Enhanced coordination of the food security and related activities across the socio-economic response framework, HRP and strategic framework programme windows | N/A | All governorates | WFP<br>FAO<br>UNFPA | 1.0 | 1.0 |

3



## ECONOMIC RESPONSE & RECOVERY: Protecting jobs, small and medium-sized enterprises, and the informal sector workers

### Thematic Area 3A: Supporting the agricultural smallholders most affected by COVID-19, for their livelihoods and for national food production

While Syria already produced only 50 percent of its national grain requirements prior to the COVID-19 crisis (even though it had been a grain exporter before 2010) and although its agricultural sector, which has seen a gradual decline over the last 10 years, is considered a key sector of economic activity, of potential growth and of employment, the multiple concurrent crises over recent months and years have had a major negative impact on agricultural production and its sustainability.

Supply chains have been upended; costs of almost all agricultural inputs (labour; machinery; seeds and agrochemicals; animal feed) have increased as a result of the overall national currency depreciation and price inflation; the damage to key infrastructure such as irrigation significantly affects agricultural production; and consumer demand has seen a major contraction. An already fragile situation has been worsened by COVID-19 and the restrictive measures designed to reduce the risk of spread of the disease. The UN estimates that 9.3 million people were food insecure as of April 2020, and that another 2.2 million were then at risk of food insecurity and may since have indeed become food insecure.

Smallholder farmers are between a rock and a hard place: increasing the prices of their produce may see demand for their products fall further, while keeping the prices low risks the profitability—and thus the sustainability and survival—of their farming activity, potentially then leading to a further reduction in national food security and the increased need for additional imports, notwithstanding the escalating cost of these imports in a devalued national currency.

Both scenarios are jeopardizing national food self-sufficiency, as they jeopardize the continuation of small-scale farming. Among vulnerable farmers, returnees require specific support to resume their production and to reduce the risk of repeat migration and abandonment of agriculture activities.

The key objective under this thematic area is to addressing these issues to the extent possible, through a combination of direct support, rehabilitation of productive assets (e.g. small, efficient irrigation systems, revitalization of local markets, agroprocessing) and other interventions (e.g. those contributing to reducing production costs, which can also be passed on to consumers), specifically targeting the most affected small-scale farmers.

### PILLAR 3. ECONOMIC RESPONSE AND RECOVERY

| Thematic Area 3A: Supporting the agricultural smallholders most affected by COVID-19, for their livelihoods and for national food production                   |  |  |  |                                 |                       |                            |
|--|--|--|--|---------------------------------|-----------------------|----------------------------|
| Title  | Outputs  | Target beneficiaries   | Geographical areas   | Agency                          | Budget (US\$ million) | Funding gap (US\$ million) |
| To prevent further reduction in national food production as a result of COVID-19, support small-scale farmers for wheat production combined with grain legumes | Provision of improved inputs such as wheat and legume seeds<br><br>Multifaceted support for land preparation           | 12,000 vulnerable small-scale farmers, including returnees             | Al Hasakeh<br>Deir-Ez-Zor<br>Ar-Raqqua<br>Aleppo<br>Hama<br>Homs<br>Dar'a                | FAO (in collaboration with WFP) | 15.0                  | 12.0                       |
| Urgent material, equipment and basic farming asset rehabilitation support to poor farming communities and unemployed farm workers affected by COVID-19         | Repair of traditional and small-scale irrigation systems<br><br>Supply of farming inputs and community-managed farming | 30 farming communities<br><br>20,000 daily workers who lost their jobs | All governorates (prioritized locations based on need) (at different selected locations: | UNDP<br>FAO<br>IFAD             | 12.2                  | 11.0                       |

|   |   |   |  |  |             |             |
|---|---|---|--|--|-------------|-------------|
|   | <p>equipment</p> <p>Provision of vegetable packages, as well as some tools/fertilizers</p>  |   | <p>Aleppo<br/>Deir-Ez-Zor<br/>Al-Hasekh<br/>Tartous<br/>Lattakia<br/>Homs<br/>Hama<br/>Rural<br/>Damascus)</p>   |  |             |             |
| <p><b>Urgent support to livestock smallholders affected by COVID-19</b> as a result of difficult or more expensive access to feed and animal health care</p>    | <p>Provision of feed, vitamins and minerals to maintain animals for 3 months (until the sector stabilizes)</p> <p>Veterinary treatment of animals</p> <p>Technical training on quality and productivity enhancement</p> | <p>30,000 small-scale breeders (owning up to 15–20 sheep, 2–3 cattle or backyard poultry)</p> | <p>Al-Hasakeh<br/>Deir-Ez-Zor<br/>Ar-Raqqah<br/>Aleppo<br/>Hama<br/>Rural<br/>Damascus<br/>Dar’a<br/>As-Sweida<br/>Tartous<br/>Lattakia<br/>Dar’a<br/>Homs</p> | <p>FAO</p>   | <p>15.0</p> | <p>10.0</p> |
| <p>Support farmers with access to <b>irrigation, prioritizing highly food-insecure areas following the COVID-19 crisis</b></p>                                  | <p>Rehabilitation of (semi-large) irrigation networks</p> <p>Provision of equipment and cash for work</p> <p>Reinforcement of water users’ associations</p>   | <p>About 25,000 small-scale farmers will be targeted within an area of 10,000 ha.</p>         | <p>Aleppo<br/>Al-Hasakeh<br/>Deir-ez-Zor<br/>Rural<br/>Damascus<br/>Al<br/>Quneitera<br/>As-Sweida<br/>Hama<br/>Dar’a</p>                                      | <p>FAO<br/>WFP<br/>UNDP<br/>(in consultation with UNHCR)</p> | <p>18.0</p> | <p>16.0</p> |
| <p>Livelihood support through <b>level food-for-asset activities to households having become food insecure as a result of income losses due to COVID-19</b></p> | <p>Household livelihood assets are maintained and enhanced, and access to food is protected</p>   | <p>250,000 food-insecure and vulnerable households</p>  | <p>All governorates (prioritized locations based on need)</p>  | <p>WFP (with<br/>FAO and<br/>UNDP)</p>                       | <p>60.0</p> | <p>60.0</p> |

**Thematic Area 3B: Helping the most affected informal, small and medium-sized enterprises back on their feet**

Ten years of crisis have had a huge impact on the larger, formal business sector. As a result, Syria has a comparatively very large micro and small enterprise sector. Some figures would indicate that this small and informal sector accounts for almost 95 percent of the estimated 600,000 enterprises or economic production units in the country.

While the government took rapid measures at the onset of the COVID-19 crisis to ensure that the formal sector continued to protect workers’ salaries during the lockdown, it also introduced a scheme specifically for workers in the informal sector, providing a one-off direct payment of SYP100,000. However, only a small number (possibly 20,000–40,000) of workers affected by the lockdown have been reached so far.

The multi-agency survey identified, however, that 53 percent of enterprises had permanently or temporarily closed or suspended their activities as a result of the lockdown. Moreover, more than 50 percent of the businesses reported a reduction in sales and turnover of at least 50 percent, potentially leading to an even more alarming liquidity crisis in the sector.

In view of the importance of this small-scale and informal business sector, from which many of the poorer Syrians draw their incomes (including many women-owned and -run small businesses), it is of key importance to identify fast-acting interventions to help those most affected small businesses back on their feet.

This support would be provided in diverse forms: credit facilitation, group-based procurement of key inputs, improving intra-sector value chains, support to new COVID-19-related production opportunities, one-off business reactivation grants etc.

### PILLAR 3. ECONOMIC RESPONSE AND RECOVERY

| Thematic Area 3B: Helping the most affected informal, small and medium-sized enterprises back on their feet  |                       |  |  |  |                       |                            |
|--|-----------------------|--|--|--|-----------------------|----------------------------|
| Title  | Outputs               | Target beneficiaries   | Geographical areas                                     | Agency                                     | Budget (US\$ million) | Funding gap (US\$ million) |
| Support rapid <b>reactivation of micro enterprises that have so far remained closed as a result of the COVID-19</b> lockdown or decreased demand, with small grants to allow them to restock supplies and access production inputs, as well as support for on-line | Small business grants | 10,000 small businesses and micro businesses (at US\$500–3,000 each)<br><br>At least 30% women-led micro and small enterprises | All governorates (prioritized locations based on need) | UNDP<br>UNIDO (in consultation with UNHCR) | 24.0                  | 22.0                       |

|  |   |   |   |            |      |      |
|--|---|---|---|------------|------|------|
| market access  |   |   |   |            |      |      |
| <b>Small Loan Guarantee Fund, targeting those small enterprises at risk of collapsing</b> as a result of liquidity problems created by the lockdown        | Small Loan Guarantee Fund, to encourage market lending (by independently audited and supervised partners) at an estimated 10 times the size of the Guarantee Fund | 25,000 small enterprises (each borrowing on average US\$5,000–15,000)   | All governorates                        | UNDP       | 30.0 | 30.0 |
| <b>Private sector partnership to support employment</b> of women and youth affected by COVID-19  | Support employment for women and youth  | Chambers of Commerce  | Homs<br>Rural Damascus<br>Deir-ez-Zor   | UNFPA      | 0.5  | 0.5  |
| Provision of <b>infrastructure and functioning support to crafts areas and popular markets</b> in poorer neighbourhoods most severely affected by COVID-19 | Enhance COVID-19-sensitive health conditions and standards, to support activating local markets in the most vulnerable neighbourhoods                             | Small-scale traders and entrepreneurs in crafts areas and local markets | Rural Damascus<br>Deir-ez-Zor<br>Aleppo | UN-Habitat | 0.4  | 0.4  |

### Thematic Area 3C: Improving access to jobs and income opportunities for vulnerable populations most impacted by COVID-19

The COVID-19 socio-economic impact assessment estimates that up to 300,000 jobs may be at risk of being permanently lost after the lockdown. This does not include migrant workers who, after losing their jobs in, for example, Lebanon or Saudi-Arabia, might decide to return to Syria.

Of particular concern, in addition to lost livelihoods, is the risk of a growing number of these unemployed people adopting negative coping solutions, as has been the case during the protracted recession over recent years, in parallel to the systematic loss of economic activity and jobs. This negative coping has become increasingly attractive for young unemployed men over the years. (According to the 2016 Syria Centre for Policy Research report, close to 20 percent of young men were estimated to have accessed such negative livelihoods, including making themselves available ‘for pay’ to parties to the conflict.)

A comprehensive approach to job and business creation goes well beyond what is feasible under the first phase of this short- and medium-term response, however.

Nevertheless, building further on substantial expertise gained in this area over the years, multiple direct and rapid-support activities will be undertaken under this thematic area, with the objective of supporting economic activity and thus job creation through: business start-up facilitation; job creation, including through recruitment incentives to employers and co-sponsored apprenticeship schemes; support to new product niches resulting from COVID-19 containment and response needs, such as production of personal protective equipment or contracting services to upgrade social sector infrastructure in line with COVID-19 requirements; and support to developing a service sector for the increasing digitalization of social and administrative services and economic activity.

### PILLAR 3. ECONOMIC RESPONSE AND RECOVERY

| Thematic Area 3C: Improving access to jobs and income opportunities for vulnerable populations most impacted by COVID-19  |  |   |                    |               |                       |                            |
|---|--|---|--------------------|---------------|-----------------------|----------------------------|
| Title   | Outputs  | Target beneficiaries  | Geographical areas | Agency        | Budget (US\$ million) | Funding gap (US\$ million) |
| Start-up support to small and micro entrepreneurs for <b>production of COVID-19-related equipment (PPE) and for innovative solutions</b> in meeting demand in a COVID-19 business operation context   | Start-up or innovation grants to small and micro entrepreneurs | 1,200 (at US\$5,000)  | All governorates   | UNDP          | 8.0                   | 6.8                        |
| Equipment and material support to informal sector 'building contractors' and MSMEs to support <b>digitalization of business operations and the required retrofitting of key social infrastructure, to allow business to operate in a challenging COVID-19 context</b> , and thereby generate new employment | Cash and material support to small works contractors and MSMEs | 1,500 (at US\$2,500) and in function of the number of jobs created<br><br>Particular emphasis on women-led small businesses | All governorates   | UNDP<br>UNIDO | 4.8                   | 4.0                        |

|   |  |                                      |  |  |     |     |
|---|--|--------------------------------------|--|--|-----|-----|
| <b>Women are economically empowered and resilient to the risks and consequences of COVID-19</b>   | Vulnerable groups equipped with knowledge, skills and seed funding and/or business start-up kits | Vulnerable groups of women and girls | Deir-ez-Zor<br>Aleppo<br>Dar'a<br>Hama<br>Quneitra<br>Latakia<br>Tartous<br>Al Hasakeh | UNFPA (working with other UN agencies)       | 3.0 | 2.5 |
| Improving <b>youth livelihood opportunities</b> in response to increasing unemployment as a result of COVID-19, including through distance, on-line skills development and training | Business start-up projects led by youth  | Young people                         | All governorates   | UNFPA (selected locations)<br>UNIDO          | 1.0 | 0.8 |
| <b>Seed funding for social and business entrepreneurship initiatives</b> for unemployed youth, in view of a depressed labour market as a result of COVID-19                         | Start-up grants  | 255                                  | All governorates (prioritized locations based on need)                                 | UNICEF (selected locations)                  | 0.5 | 0.5 |
| Expansion of <b>employability skills training, to address additional COVID-19-related unemployment</b> and the need for skills development and conversion                           | Multiple areas of skills, in particular for youth (boys and girls)                               | 90,000                               | All governorates (prioritized locations based on need)                                 | UNICEF (selected locations)<br>UNDP<br>UNIDO | 1,7 | 1.0 |



## MACROECONOMIC RESPONSE AND MULTILATERAL COLLABORATION

In the context of the current crisis, there is extremely limited scope for externally supported action with respect to the management of the main macroeconomic factors and determinants (in particular GDP and inflation) under this Pillar 4, be it with respect to the exchange rate, through monetary policy and interventions; to national resource mobilization, through fiscal policy and interventions and expenditure, revenue and debt management; to growth strategy and planning, through public policy instruments; to financial sector operation through central bank regulation and credit facilitation; or to trade policy and management, through tariff or other instruments.

Moreover, there are no options for any externally financed support for substantial 'direct support'-type fiscal incentive measures today. Yet global experience on the response to the socio-economic impact of COVID-19 shows that such fiscal incentives—through rapid cash transfers to both unemployed people and struggling businesses—represent the highest share of funding for successful socio-economic impact responses so far, moreover in an area shown to have the highest impact on facilitating recovery, as it prevents the collapse of demand by protecting jobs and incomes. Current estimates are that such fiscal incentives have reached almost US\$10 trillion so far in richer countries, and up to US\$3 trillion of credit facilities (in the form of additional credit or credit forgiveness and rescheduling) to lower-income countries. Syria cannot currently access such credit from the International Financial Institutions though.

These initiatives need to be nationally 'owned', moreover; they require the design of financing strategies in support of these plans, and thus also the identification of options for the redirection of public expenditure towards objectively prioritized expenditure categories addressing the severest impact and the greatest vulnerabilities.

The specific programming constraints in the Syrian context, explained earlier in this document, preclude any immediate programme action in this area. However, as they are so essential for a structural response and a sustained impact on the deeper issues affecting livelihoods and vulnerabilities, they could possibly be considered under a second phase of this response framework.



## SOCIAL COHESION AND COMMUNITY RESILIENCE

### Thematic Area 5A: Community resilience and COVID-19 preparedness

In the complex and challenging Syrian environment, in which the public service delivery system has been severely constrained because of the enormous impact of 10 years of protracted crisis, strengthening the self-help and self-reliance capacities of communities is an utmost priority. Also, because communities (and local service providers) are a first 'line of response' with respect to containing COVID-19, as well as impact mitigation and recovery. Most of the previous thematic areas can also be approached from this community resilience perspective and, therefore, include a particular emphasis on such resiliencebuilding,

in particular at the local and community level. Resilience programming is indeed a response that is multisectoral or multi-thematic, as it focuses on supporting and strengthening communities' capacity for effectively organizing access to social services, for stimulating local economic activity and for addressing social protection equitably, drawing on their understanding of local vulnerabilities and thus their unique capacity and commitment to prioritize the response.

Resilience programming also aims for stronger and inclusive participation in local decision-making, and thus makes an important contribution—implicitly or even explicitly targeted—to local cohesion and consensus-building.

The concept of 'resilience', in particular at community level, is a programmatic ambition also included as one of the three pillars in the HRP and, moreover, fully endorsed and supported by donor partners. The need to step up efforts in this area, in support of communities' self-reliance and recovery has also been acknowledged and underlined in the latest Brussels Conference on Support to Syria and the Region (29–30 June 2020).

But, notwithstanding the acknowledgement of its importance, the scope of this resilience programming remains subject to very diverse definitions, understanding and agreements.

To make it possible for a second phase of the COVID-19 impact response framework to possibly consider a broader—and, moreover, broadly endorsed and agreed—approach to resilience-strengthening at local and community levels, it is of huge importance for a partner

and stakeholder dialogue to be organized as soon as possible. This dialogue initiative is,

therefore, included as a key programme activity in the first phase of this response framework, as the conclusions of such dialogue will be instrumental in guiding the formulation of the possibly more ambitious and far-reaching second phase of the response framework, if and when the necessary conditions—and funding—for such an expansion are present, in particular with respect to the ‘Community Resilience and Cohesion’ Pillar.

Such dialogue will need to define not only the scope but also the conditions for effectiveness; the operational parameters; the mechanisms for independent reporting; the benchmarks and progress triggers; and, if needed, exit strategies if conditions on the ground and the overall programme environment, in the course of implementation of the Phase 1 response, are not or no longer considered conducive to the achievement of defined ambitions and objectives.

## PILLAR 5. SOCIAL COHESION AND COMMUNITY RESILIENCE

| Thematic Area 5A: Community resilience and COVID-19 preparedness   |   |   |  |                    |                       |                            |
|--|---|---|--|--------------------|-----------------------|----------------------------|
| Title  | Outputs   | Target beneficiaries                          | Geographical areas   | Agency             | Budget (US\$ million) | Funding gap (US\$ million) |
| Multi-faceted, community-driven and community-responsive, <b>rapid-impact mitigation and resilience-strengthening initiative</b> in 25 highly vulnerable, COVID-19-affected or at-risk communities   | Demand-driven and inclusive support to COVID-19-impacted local living conditions, social service access, livelihoods, and community self-reliance   | 100,000 people in 25 communities across Syria | 25 prioritized communities across Syria, based on vulnerability and COVID-19 impact data | UNDP               | 18.0                  | 16.2                       |
| Strengthen <b>virtual, online access to basic administrative services and documentation</b> , in a context of reduced physical access, through support to community co-managed Citizen Service Centres, and <b>keeping cadastral services functional</b> in a COVID-19 context | Establishing and equipping Citizen Service Centres for people's access to essential services and documentation, including with respect to cadastral and housing/land property documentation | 40 communities supported on a pilot basis     | All governorates (selected locations)  | UNDP<br>UN-Habitat | 3.8                   | 3.3                        |

|  |   |                                       |                  |                                    |     |     |
|--|---|---------------------------------------|------------------|------------------------------------|-----|-----|
| <b>Guidance note to municipalities for effective community support in the response to COVID-19</b>   | Manual for municipalities on dealing with effects of COVID-19 | 1,444 municipalities                  | All governorates | UN-Habitat                         | 0.1 | 0.1 |
| Organization of a <b>multi-stakeholder dialogue on the scope and modalities for an expanded and coordinated resilience and community support inside Syria initiative</b> , and to guide <b>the formulation of the second phase of the COVID-19 response and preparedness</b> (i.e. from 2022 onwards) with respect to community resilience and self-reliance support | All communities inside Syria                                  | All Syrians, inside and outside Syria | All governorates | UNDP (working with other agencies) | 0.3 | 0.2 |

### Thematic Area 5B: Social cohesion and empowerment of local communities, their local partners and neighbourhood committees

Finally, and as the last thematic area, is the need to create space for local communities and local civil society to become stronger actors in the COVID-19 crisis response and recovery, co-leading at the local level, in partnership with those in charge of public services. This is not only an immediate requirement for programme effectiveness, but also an important investment for an even stronger local and community response capacity in case of a future repeat or resurgence of the pandemic.

Three months since the first case of COVID-19 was detected in Syria, the main observation is that there was unfortunately limited response preparedness at the local level. Decisions were taken hastily at the central government level (COVID-19 interministerial teams) and disseminated to the local level for execution. A result of this decision-making modality was that measures, such as lockdowns and curfews, were applied uniformly, albeit without consideration of the specific conditions of individual regions. Much of this can be understood, given challenges in monitoring and tracking the spread of the pandemic, as well as a lack of capacities, due to a deficit of tools, testing measures and communication.

It has become clear that municipalities and local communities, working in close partnership, should play a primary role with respect to COVID-19 preparedness and response

in relation to basic services, including solid waste management and environmental sanitation. However, while such local partnerships should be emphasized, arrangements have not yet been well elaborated. Furthermore, there is potential overlap of responsibilities between different levels with respect to public health measures or local economic recovery.

Recognizing their position “at the front line of the epidemic in urban areas”, the UNHabitat ‘COVID-19 Policy and Programme Framework’ is built on a group of principles revolving around supporting local response capacities to COVID-19, with a strong focus on early recovery planning and the comprehensive strengthening of resilience against all hazards (including health epidemics). There is a strong emphasis on training and capacity-building to support cities, municipalities and communities to better deal with the COVID-19 crisis, in terms of preparedness, response and recovery.

Empowering local actors, combined with better and inclusive participation, not only builds ownership of the efforts but also makes an important contribution to stronger cohesion and solidarity.

This umbrella will thus bring together actions that strengthen the capacity to participate in decision-making and in the implementation of the local response by beneficiary communities, women and youth, and their local (including civil society) partners.

It will, therefore, also aim to mainstream COVID-19 preparedness and management in the actions, plans, budgets and strategies of municipalities, and in the strengthening of their support capacity to the communities they are serving.

With the recent emphasis in national policy documents also being placed on the role and actions of neighbourhood committees (a sub-level of the community), specific initiatives are also identified under this umbrella to strengthen the contribution of this participatory and community representative forum to the management of and response to COVID-19.

## PILLAR 5. SOCIAL COHESION AND COMMUNITY RESILIENCE

### Thematic Area 5B: Social cohesion and empowerment of local communities, their local partners and neighborhood committees

| Title   | Outputs   | Target beneficiaries  | Geographical areas  | Agency                      | Budget (US\$ million) | Funding gap (US\$ million) |
|---|---|---|---|-----------------------------|-----------------------|----------------------------|
| <p>Mobilization of <b>neighbourhood committees and youth for effective community-owned containment of - and response to -COVID-19</b>, including with respect to gender-based violence; strengthening of meaningful social and digital engagement of adolescents for their role as agents of social change; and fostering volunteerism in COVID-19 affected communities</p> | <p>Enhancing community engagement in local response and recovery action</p> <p>Community empowerment and engagement in crisis management and response preparedness</p> <p>Capacity-strengthening to address issues of exclusion, stigma and discrimination, and to ensure an inclusive, community-wide response</p> | <p>Neighbourhood committees, youth groups, women’s associations etc.</p> <p>400,000 adolescents and youth - in the community and digital space - designing and leading advocacy, awareness raising and volunteering in their communities.</p> | All governorates (selected communities)   | UNDP<br>UNFPA<br>UNICEF     | 2.4                   | 1.7                        |
| <p>Enabling participatory <b>local planning in COVID-19 preparedness and emergency plans</b> in urban areas with the active participation of neighbourhood committees and the community</p> <p>Support the <b>strengthening of local coordination in the response to COVID-19</b>, and strengthen bridges to and between communities in decision-making and planning</p>    | <p>Integrated Municipal Information System and ‘urban risk matrix’</p> <p>Local Operations Room for COVID-19 risk mapping and response</p> <p>Development of spatial databases, mobile spatial data collection applications and coordination and follow-up applications</p> <p>Emergency and preparedness plans</p> | 5,400,000 people in municipalities and governorates covered   | <p>Aleppo<br/>Rural<br/>Damascus<br/>Dar’a<br/>Deir-ez-Zor<br/>Homs<br/>Latakia</p> <p>22 municipalities (central, medium-sized and small cities) in the above governorates</p> | UN-Habitat<br>UNFPA<br>UNDP | 3.8                   | 3.2                        |

|   |  |   |   |   |     |     |
|---|--|---|---|---|-----|-----|
| Expansion of livelihoods, <b>resilience and coping and risk reduction capacities for women and girls most affected by or at risk from COVID-19</b> , and support stronger <b>women’s and girls’ participation in COVID-19 response and recovery actions</b> | Most affected and at-risk women supported to take an active part in local decision-making, with respect to COVID-19 responses but also with respect to the development—and their participation in—new livelihood activities and impact mitigation activities, the latter focusing strongly on their priority needs | Most affected women in the targeted communities | As-Sweida<br>Aleppo<br>Latakia<br>Deir-ez-Zor<br>Quneitra<br>Damascus<br>Hama | UNFPA<br>UNDP<br>UNICEF<br>(in consultation with FAO) | 5.6 | 4.5 |
|---|--|---|---|---|-----|-----|

### C. The importance of data collection and management

As the multi-agency impact assessment has clearly shown, there is a general lack of countrywide, up-to-date, transparent and sufficiently disaggregated data. The impact assessment represented a major effort to collect an evidence base to fully understand the impact of COVID-19, but statistical levels of confidence and sample design complexities required the results of the assessment, and in particular the assessment of macroeconomic and economic impacts, to be supplemented by additional analytical methods and tools, including econometric simulation, counterfactual analysis and correlation of data, also taking into account historical patterns. But comprehensive data are essential for the full appreciation of cause and effect, and thus a key requirement for effective decision-making and efficiently prioritized response initiatives.

Assessments of crisis impacts require moreover rapid and tailored analysis, based on pre-identified vulnerability factors. Efficient data collection and analysis methods also need to be designed and put in place to strengthen future crisis preparedness and response capacities.

A lack of short-term data in particular hampers the formulation of a rapid response. For example, labour market impact assessments need to include the timely capture of stress points which could lead to a severe impact on employment, so that timely correction and intervention is possible. Therefore, the planned vulnerability data and mapping under Thematic Area 4A above, to develop a good understanding of vulnerabilities and of who is vulnerable, is an essential condition for well-targeted social protection responses.

Finally, the effectiveness and impact of the response must be monitored, to advise on any adjustments required. Therefore, several of the programmes in the above list of

proposed interventions will address this data challenge directly. Recommendations on how this can be further strengthened will be forthcoming in the course of implementation of the first phase of the response framework.

#### D. Funding options for the response framework

The response framework presented in this document focuses thus on the highest priority interventions in a first phase of just under 18 months. It thus coincides with the 2020 (and forthcoming 2021) HRP. Several of the proposed interventions' 11 thematic areas can indeed also be presented and understood as directly relevant to the HRP Pillar 3 related to resilience.

While the socio-economic response framework will be an important donor information, resource mobilization and coordination mechanism—separate from the HRP—those elements in the response with a strong resilience dimension could also, where appropriate and useful, be reflected in the regular updates of the COVID-19 Annexes to the HRP.

As such, the proposed activities in this response framework could aim for donor partnerships and funding through the following three mechanisms: 1) through the HRP, and in particular its resilience pillar; 2) under the forthcoming Multi-Partner Trust Fund for the COVID-19 response, for which the Secretary-General has actively advocated within the donor community, also as it is a mechanism that provides a strong incentive for 'One UN' programming approaches; and 3) as a new, third Syria UN Country Team donor partnership instrument 'The COVID-19 Socio-Economic Impact Response Framework, Phase 1', an instrument in addition to—but also intrinsically different from—both the HRP and the strategic framework.

## Annex 1. Overview of the response framework by pillar and by thematic area

| Secretary-General's Report 'Pillar'         | UN Country Team Syria 'Thematic Area'          | Budget (US\$ million) |              |              |
|---|--|-----------------------|--------------|--------------|
|   |  | Funded                | Non-funded   | Total budget |
| 1. Health First                             | Basic Health Services                          | 20.3                  | 77.7         | 98.0         |
|   | Health for Children, Women and the Elderly     | 32.6                  | 21.9         | 54.5         |
|   |  | <b>52.9</b>           | <b>99.6</b>  | <b>152.5</b> |
| 2. Protecting People                        | Education, Water and Sanitation                | 24.1                  | 101.5        | 125.6        |
|   | Targeted Response to Most Vulnerable           | 28.6                  | 110.4        | 139.0        |
|   | People in Institutional Settings               | 1.0                   | 7.1          | 8.1          |
|   | Solutions for the Most Food Insecure           | 0.4                   | 56.8         | 57.2         |
|   |  | <b>54.1</b>           | <b>275.8</b> | <b>329.9</b> |
| 3. Economic Response and Recovery           | Affected Agricultural Small-Holders            | 11.2                  | 109.0        | 120.2        |
|   | Getting Small Businesses Back on their Feet    | 2.0                   | 52.9         | 54.9         |
|   | Jobs and Incomes for the Most Affected         | 3.4                   | 15.6         | 19.0         |
|   |  | <b>16.6</b>           | <b>177.5</b> | <b>194.1</b> |
| 4. Macroeconomic Response                   |  |                       |              |              |
|   |  | <b>0</b>              | <b>0</b>     | <b>0</b>     |
| 5. Social Cohesion and Community Resilience | Community Resilience and COVID-19 Preparedness | 2.4                   | 19.8         | 22.2         |
|   | Social Cohesion and Empowerment                | 2.4                   | 9.4          | 11.8         |
|   |  | <b>4.8</b>            | <b>29.2</b>  | <b>34.0</b>  |
| <b>Total</b>                                |  | <b>128.4</b>          | <b>582.1</b> | <b>710.5</b> |