GROUND TRUTH SOLUTIONS

Humanitarian
Needs Assessment
Programme
United Nations

August 2020 | Round 3

COVID-19: Compliance drops as cases rise
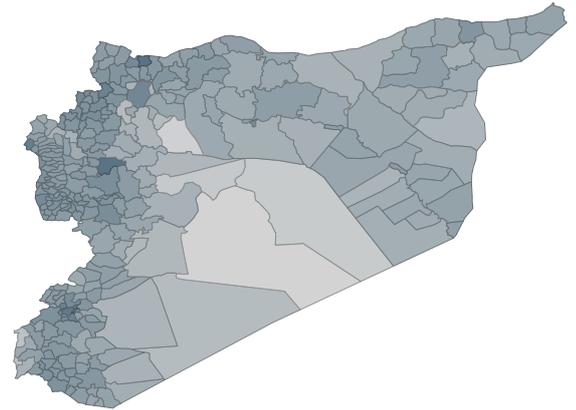
Six months since the first identified case of COVID-19 in Syria, communities seem less willing or able to comply with public health measures, while new cases for the first time in two months have led to tougher restrictions in the north-east.

Ground Truth Solutions (GTS) and the Humanitarian Needs Assessment Programme (HNAP) used perceptual data gathered in July to build on our first two rounds of findings from community consultations. We sought to learn whether and how information about the virus has reached the population and influenced trust, behaviour, and livelihoods. We asked 7,731 focal points across all 14 governorates to tell us how the pandemic is affecting their communities.

This report describes the results of an analysis by areas of control (AoC) – the Government of Syria (GoS), Non-State Armed Group/Turkish-Backed Armed Forces (NSAG/TBAF), and the Syrian Democratic Forces (SDF) – and highlights key findings by population density.[1] The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) highlighted densely populated locations as areas of concern.[2] We set out to examine behaviour and barriers at a more granular level, with the aim of helping humanitarian and health actors tailor their activities to the population. Our hypothesis was that people living in low and medium-density sub-districts have poorer access to aid and services due to logistical constraints hampering in-person assistance, worsened by the pandemic.[3] We found that, all else equal, the AoC where people live is the factor that most influences their main source of information.

Focal points said:

- Communities in low and medium-density sub-districts feel forgotten. Focal points in Basira (Deir-ez-Zor governorate), Ein Issa, Jandairis, Suluk, and Tell Abiad (Ar-Raqqa governorate) repeatedly express worries that there are "no organisations concerned with the displaced" and others in need in their sub-districts.

- In NSAG/TBAF areas, social media remains the main source of information; 29% of focal points said this in May, versus 48% in July.

- Many people have stopped complying with stay-home advice. In May, 52% of focal points believed their communities would stay home unless it was necessary to leave, but only 19% said the same in June and July.

- People in lower-density sub-districts have more trouble understanding precautionary measures. Forty-four percent of focal points from such areas believe their communities do not understand the measures, compared with 9% living in high-density sub-districts.

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1 High-density sub-districts are those with more than 1,000 people per square kilometre (18% of sampled sub-districts). Medium-density sub-districts have 51–999 people per square kilometre (51% of sampled sub-districts) and low-density sub-districts have fewer than 50 people per square kilometre (32% of sampled sub-districts).

2 "Syrian Arab Republic: COVID-19 Humanitarian Update No. 15," OCHA and WHO, July 24, 2020.

3 "Syrian Arab Republic: Overview of hard-to-reach and besieged locations," OCHA, June 20, 2018, https://reliefweb.int/sites/reliefweb.int/files/resources/acc-11_syr_overview_of_hard_to_reach_areas_and_besieged_locations_20180620.pdf.

- Across all AoCs, focal points believe communities cannot meet their needs due to higher prices (98%), fear of losing employment (54%), and lack of product availability (29%).

- Communities in high-density sub-districts are less likely to self-isolate (17%) than those in low-density sub-districts (43%). Job loss is the main reason preventing communities in high-density sub-districts from implementing precautionary measures (60%). In low-density sub-districts, the main reason is because they "don't want to".

Recommendations

- Collaborating with local news outlets is recommended for dissemination of COVID-19 information in GoS areas. For NSAG/TBAF areas, posting materials on relevant social media platforms and groups might help increase uptake, while collaborating with local government and news media could be more effective in SDF areas. The impact of social media information campaigns will be heavily dependent on trusted sources in AoCs.

- Information shared in low and medium-density sub-districts (which tend to be underserved by aid actors) should be tailored to socio-cultural norms, which may differ from those in urban centres.

- Information efforts should be inclusive and actively seek to involve host communities; as communities hosting large numbers of internally displaced people (IDPs) are significantly less likely to feel they have enough information to protect themselves from coronavirus.

- Agencies should prepare for the fact that community-level adherence to public health measures will continue to decline, despite renewed restrictions imposed by authorities in some areas. In GoS and SDF, approaches should recognise that many people simply do not want to adhere to the measures.
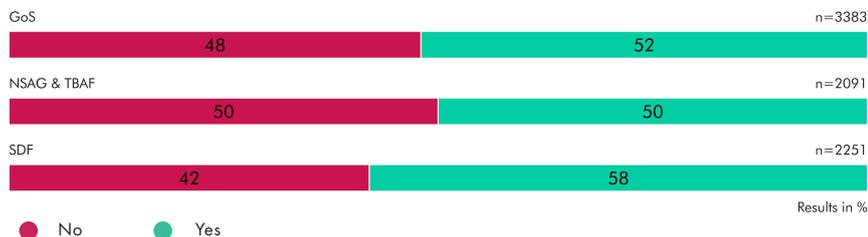
Information

Overall, half of focal points believe their communities have enough information about the virus to keep themselves safe, which is consistent with the June consultations.

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

n=7725

No	Yes
47	53

Results in %

● No   ● Yes

Whether people feel informed depends on where they live. In GoS areas,[4] the likelihood that communities feel they have enough information to keep themselves safe is slightly higher than in NSAG/TBAF and SDF areas.[5] The probability that communities in sub-districts that host a high proportion of IDPs feel informed is 14 percentage points lower than in sub-districts hosting smaller proportions or no IDPs at all.[6] IDPs and the communities that host them are already vulnerable, and may be further disadvantaged by the pandemic if they do not receive sufficient information.

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

GoS   n=3383

No	Yes
48	52

NSAG & TBAF   n=2091

No	Yes
50	50

SDF   n=2251

No	Yes
42	58

Results in %

● No   ● Yes

Across all AoCs, the main sources of information on COVID-19 remained the same from May through July. Focal points report that their communities often receive their information from news media (27%), social media (24%), and local governments (19%). Health providers (51%) are consistently listed as the most trusted source of information.

Who is your community's main source of information on how to protect themselves from the virus?*

Source	Percent
News media	27
Social media	24
Local government	19
National government	14
Health providers	8
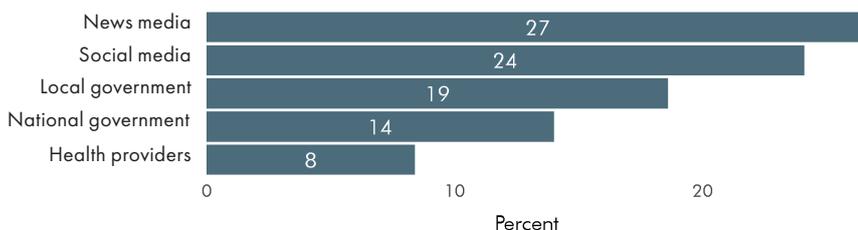
A wide variety of actors use social media platforms to share information on COVID-19. While such platforms allow healthcare professionals, authorities, and humanitarians to reach large swathes of the Syrian population with useful guidance, they also transmit misinformation and rumours. Social media is a major source of information, but only 10% of focal points think that their communities trust it. It is important that organisations using social media to disseminate COVID-19 information note that their information comes from experts (e.g. healthcare professionals).

Social media reliance is unsurprisingly greater in high-density sub-districts (frequently corresponding to urban areas), where network coverage is better, than in low-density (mostly rural) ones. It is also more prevalent in non-GoS areas. In NSAG/TBAF areas, social media remains the main source of information for many communities, increasing each month (29% in May, 32% in June and 48% in July), compared to just 15% and 16% in GoS and SDF areas, respectively.

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[4] This logistic regression controlled for high percentage of IDPs, population density, number of people in need and AoC.

[5] These differences are statistically significant (p<0.05).

[6] This difference is statistically significant (p<0.05).

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

The difference in social media usage is driven by AoC.[7] Due to state ownership, it is difficult for actors to use telecommunication networks to share clear, independent and verified information. People in north-west Syria (NWS) have alternative systems for internet access, for example through Turkish mobile or internet service providers. In NWS, health and humanitarian actors share detailed information on COVID-19 cases regularly. Humanitarians using social media for messaging must tailor their approaches in accordance with the controlling authority.

Communities who use social media as their main information source
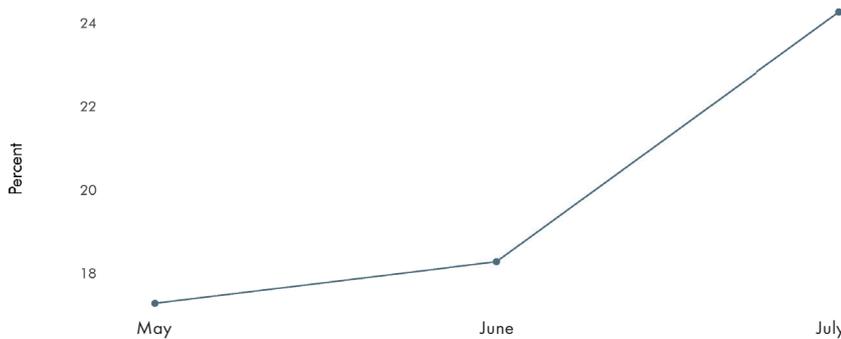
The two main sources of information in GoS areas are national government (32%) and news media (29%). Trust in the national government (25%) for COVID-19 information is second only to health providers (40%). Communities in SDF areas are more likely to turn to news media (38%) and local government (33%), with focal points reporting news media (19%) as the second most-trusted source after health providers.

Who is your community's main source of information on how to protect themselves from the virus? *

n = 7731
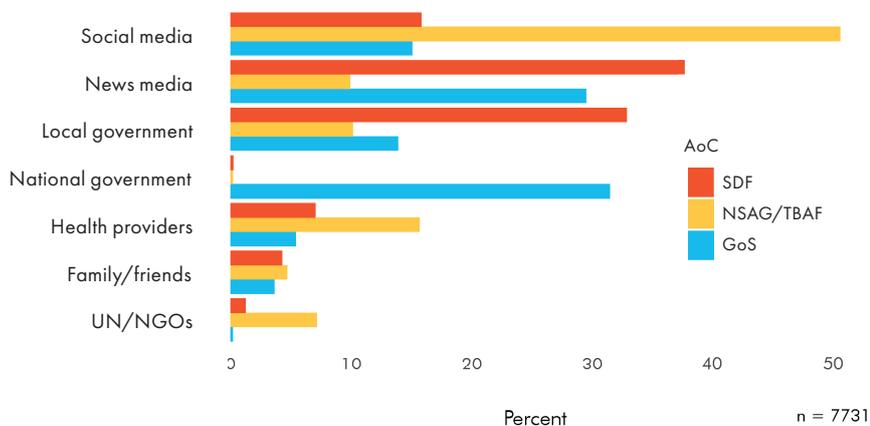
Over the past three months, communities consistently report wanting more information on treatment (58%), testing (48%), and what to do if sick (46%). Though trends in information gaps are the same by AoC, communities in GoS are more likely to request information on symptoms (48%) than those in NSAG/TBAF and SDF areas. Findings by population density mirror these trends, yet those living in high-density sub-districts want information on cases (49%), while those in low-density sub-districts report needing clarity on how to identify coronavirus symptoms (46%).[8]

A quarter of focal points in low-density sub-districts say media and local governments are the main sources of information for their communities.[9] However, only 9% believe their communities actually trust local authorities, and 14% trust news media.

"The community here is not aware of safety measures regarding the transmission of the virus and is indifferent. The transmission of the disease is considered propaganda and not a fact."
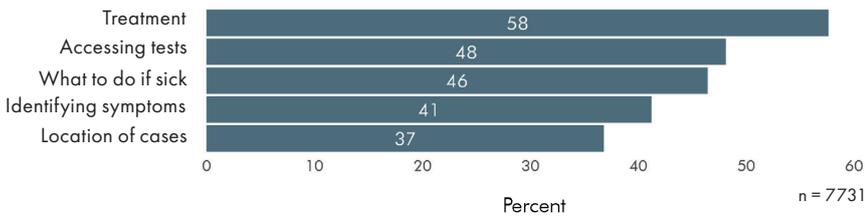
— community focal point, Azaz, 8 July

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[7] Logistic regression analysis indicates that, compared to GoS areas and controlling for population density, proportion of IDPs and number of people in need, the probability that communities use social media as their main source of information is 33 percentage points higher in NSAG/TBAF areas. This difference is significant at $p < 0.05$, whereas the effect of population density is not significant. See Methodology for more details.

[8] See "Confounding factors" on page 10.

[9] As above.

* Percentages do not total 100 because respondents could choose multiple options.
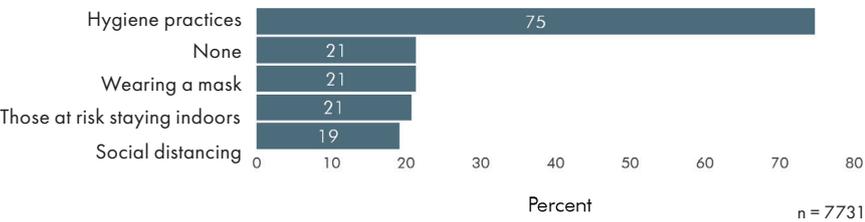
On what subjects does your community need more information?*

Subject	Percent
Treatment	58
Accessing tests	48
What to do if sick	46
Identifying symptoms	41
Location of cases	37

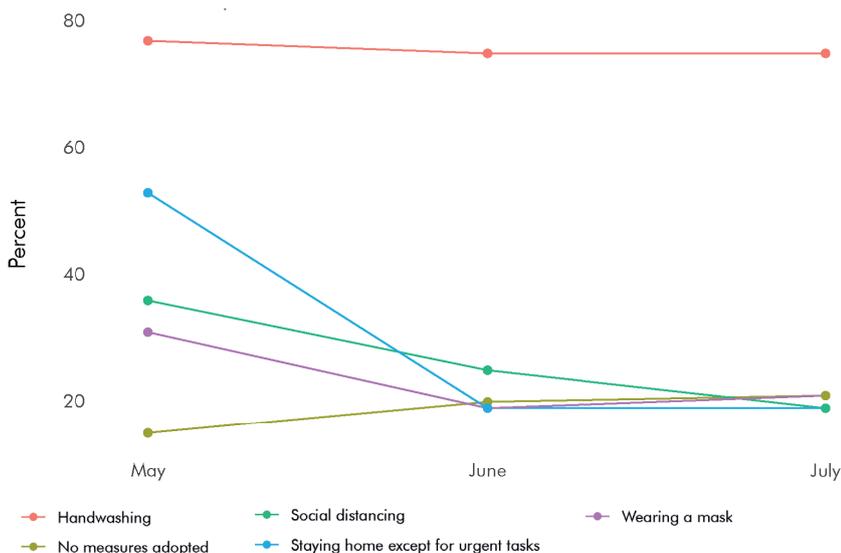Percent

n = 7731

Behaviour

Overall, adherence to precautionary measures in July is similar to that in June. Practising good hygiene, such as handwashing, is the most widely adopted measure (75%). 21% report wearing masks, down from 31% in May. In REACH's NWS Rapid Market Assessment, 14% of vendors in Idleb reported that facemasks were less available due to higher prices as a result of the depreciation of the Syrian pound.[10]

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

Measure	Percent
Hygiene practices	75
None	21
Wearing a mask	21
Those at risk staying indoors	21
Social distancing	19

Percent

n = 7731

Twenty-one percent of focal points report non-adherence to precautionary measures in July – similar to the proportions in June (20%) and May (15%). However, they suggest a dramatic decrease in people staying home except for essential purposes. In May, 52% of focal points believed their communities would stay home unless necessary to leave, but only 19% in June and July. In addition, focal points believe people are now less likely to practise social distancing (19%) than they were in May (36%). General fatigue or frustration with (and frequent inability to implement) the precautionary measures is unsurprising, compounded by the worsening economic situation.

Precautionary measures adopted over time

Legend:
- Handwashing
- Social distancing
- Wearing a mask
- No measures adopted
- Staying home except for urgent tasks

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[10] "Rapid Market Assessment for Northwest Syria," REACH, July 27-28, 2020, https://www.impact-repository.org/document/reach/af856fad/REACH_SYR_Dataset_Rapid_Market_Assessment_Northwest_27-28July-1.xlsx.

> "Organised awareness campaigns should be launched by healthcare providers and emphasise the critical importance of preventive measures."
> — community focal point, Aghtrin, 10 July

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

Only 22% of focal points in SDF areas report their communities practise social distancing, compared with 56% in May. An increased proportion report that people in SDF areas are not practising any precautionary behaviour at all (25%, compared to 10% in May).

In GoS areas, adherence has remained consistent across all three months, especially with hygiene protocols (84%). However, the proportion of focal points reporting people staying home except for essential purposes decreased from 56% in May to 33% in July, and the proportion of those reporting facemask usage dropped from 37% to 31%.

Findings by AoC show some positive changes in behaviour: adherence to hygiene recommendations has increased in NSAG/TBAF areas (60%, compared to 48% in May). Twenty-five percent of focal points report that communities in NSAG/TBAF areas are wearing facemasks, compared to 21% in May.[11] As such, the number of respondents reporting that their communities are not adopting any precautionary measures at all in NSAG/TBAF areas has decreased from 49% in May to 37% in July, despite the nationwide upward trend.

What measures have communities adopted to protect themselves from coronavirus?*
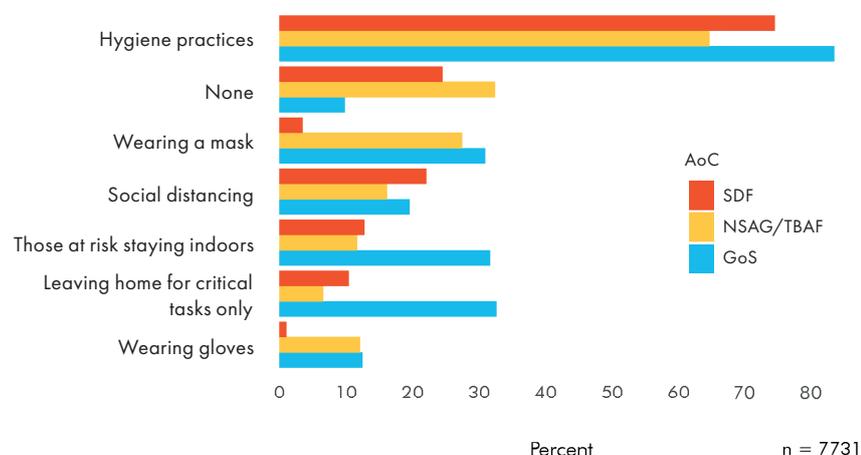
In high-density sub-districts, focal points report that wearing facemasks (45%) and gloves (19%) is more prevalent than in low-density areas (10% and 4% respectively). This is unsurprising given the lower availability of personal protective equipment in rural areas. Half of focal points in low-density sub-districts say wearing a facemask is the most difficult measure to follow.

Consistent with past consultations, focal points report that the most important protective measures are hygiene practices (72%), wearing a facemask (42%), and social distancing (42%). The most difficult measures to follow are staying indoors (63%), social distancing (48%), and wearing a facemask (39%), results that are consistent across all AoCs.

Most focal points in GoS (64%) and SDF (59%) areas still say that the reason measures are difficult is because people do not want to adhere to them. In NSAG/TBAF areas, the main issue is that they limit people's ability to work. Fear of missing out on aid services is higher in NSAG/TBAF areas (46% of focal points) than in GoS (31%) and SDF areas (13%). Meanwhile, over half of respondents in SDF areas believe their communities simply do not understand the guidance. This is less of a barrier in GoS (24%) and NSAG/TBAF areas (10%).

> "The region is in desperate need of health sector support because the health services provided in this region are weak. The location is remote and people have to travel far to get healthcare. The prices of goods increases and unemployment increases."
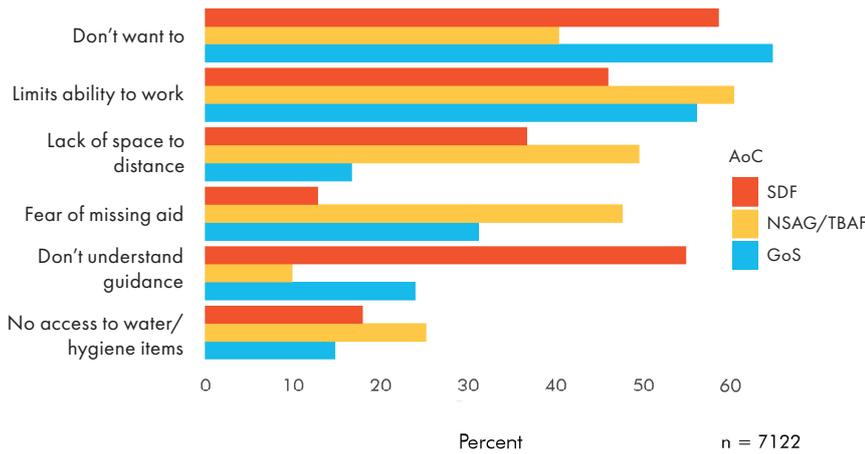> — community focal point, Deir-Ez-Zor, 7-26 July

> "Living in the camp makes [taking precautionary measures] impossible."
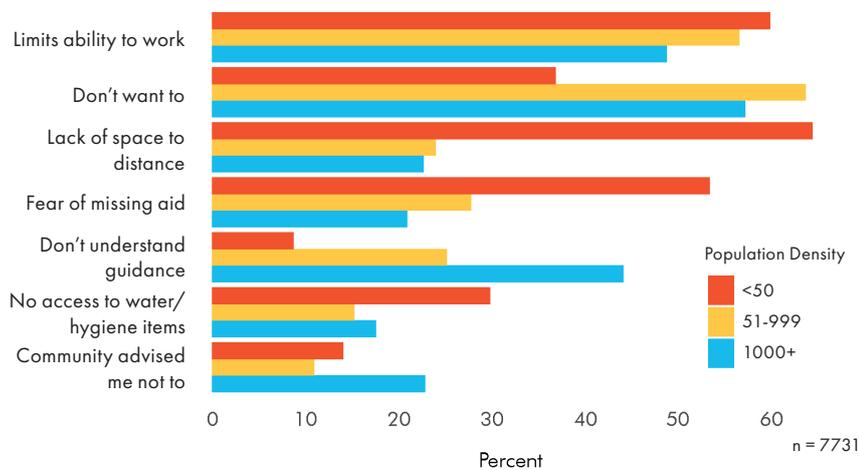> — community focal point Aleppo, Al Bab district, Arima Sub-district, 17 July

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[11] Though the proportion of focal points reporting people in NSAG/TBAF wearing facemasks increased slightly over three months, it decreased to 12% in June, likely due to depreciation of the Syrian pound making them too expensive.

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

Why are these measures difficult for your community?*

Percent   n = 7122

> "Why are organisations not working in this region despite the dire need?"
> — community focal point, Tel Abiad 5 July

Staying indoors (76%) and social distancing (66%) are more difficult for communities in high-density sub-districts.[12] In addition to needing to attend or seek work (60%), people are afraid of missing out on aid services (53%) if they stay home. This fear of losing aid is less prevalent in low-density areas (21%), perhaps because these "hard to reach" locations face higher barriers to the implementation of humanitarian activities to begin with. In these areas, poor understanding of precautionary measures, and family pressure not to adhere to them, are more common.[13] People in high-density sub-districts are almost three times more likely than people in lower-density ones to cite a lack of space to socially distance as a reason why measures are difficult.

Why are these measures difficult for your community?*

Percent   n = 7731

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

55% Go to health provider

34% Self isolate

9% Call health provider

3% Nothing

Focal points note that if their communities experience COVID-19 symptoms they would most likely to go to a health provider (55%) or self-isolate (34%). Communities in high-density sub-districts are less likely to self-isolate (17%) than those in low-density sub-districts (43%).[14] Only 3% of those living in low-density sub-districts would call a health provider.

> "No one realises the seriousness of the disease."
> — community focal point, Suluk, 6 July

Economic impact

Most focal points (82%) continue to report that living conditions have worsened for their communities since the beginning of the pandemic, moreso in low-density areas (96%).[15] All focal points in SDF and 94% in GoS areas say this, but in NSAG/TBAF areas, just over half report little change in people's ability to meet their needs, and only 42% note a deterioration. These figures are consistent with those from the June and May consultations.

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[12] See "Confounding Factors" on page 10.

[13] As above.

[14] As above.

[15] As above.

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

Nationwide, focal points believe communities cannot meet their needs due to an increase in prices (98%), fear of losing employment (54%), and lack of product availability (29%). These are also the top three issues for communities in all AoCs.

What made it harder to meet basic needs for your community?*

Percent   n = 6320
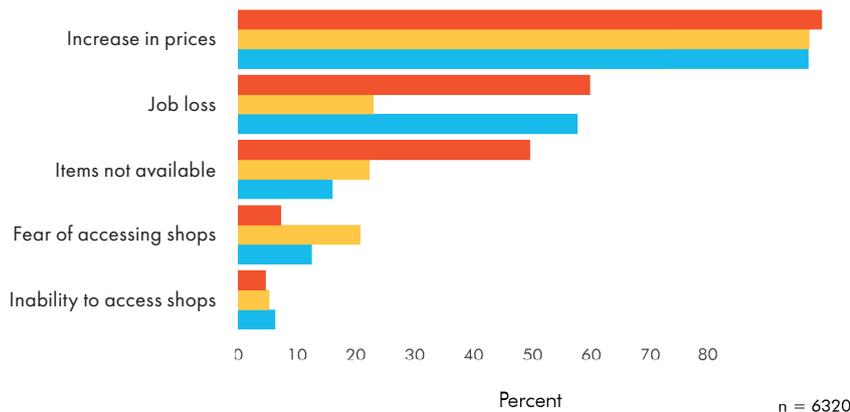
Fear of going to shops (27%) is affecting communities in high-density sub-districts, unsurprising due to the inability to practise social distancing.[16] This does not mean they will simply stay home since they are also concerned about losing their income (31%). Products are less available in low-density areas (46%),[17] making price hikes a primary concern (45%). Lack of understanding of the virus in low-density sub-districts may cause people to choose between the certainty of hunger and the perceived uncertainty of the virus.

Trust

The deterioration of community-level implementation of precautionary measures indicates a trust gap, with fewer focal points believing that measures will be successful (53%) than in May (63%). More people in NSAG/TBAF areas view things in a positive light now (41%) than in May (36%), but focal points in this AoC are still the least certain that precautionary measures will have an impact.

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

n=7624

47	53

Results in %

● No   ● Yes

Next steps

Ground Truth Solutions and the Humanitarian Needs Assessment Programme will use these findings as a basis for dialogue with humanitarian actors and health providers, providing insight to support the ongoing response. To be part of these discussions and work with GTS and HNAP to unpack these three rounds of findings, please register here.

"High prices, inflation and lack of basic materials on the market have negatively affected people."
– community focal point, Deir-ez-Zor, 9 July

"People fear an outbreak of the disease because they fear for their livelihood."
– community focal point, Arima, 11 July

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[16] See "Confounding Factors" on page 10.

[17] "Syrian Arab Republic: Overview of hard-to-reach and besieged locations," OCHA, June 20, 2018, https://reliefweb.int/sites/reliefweb.int/files/resources/acc-11_syr_overview_of_hard_to_reach_areas_and_besieged_locations_20180620.pdf.

Methodology

Sampling

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

In this round of data collection, 54% of the community focal points consulted were women and 46% percent were men, with 12% aged 18–30, 64% aged 31–45, 22% aged 46–60, and 1% over 60. Respondent profiles included community leaders, local administrators, teachers, health workers, humanitarian aid workers, journalists, and religious leaders. These community focal points contribute to HNAP as part of a joint UN assessment initiative which tracks displacement and return movements, conducts sector and multi-sectoral assessments, and monitors humanitarian needs within Syria. Assessments are implemented via local Syrian non-governmental organisations, with technical support from UN agencies.

Survey questions

Ground Truth Solutions designed the survey questions in consultation with the WHO global risk matrix and the Global Humanitarian COVID-19 response plan. We identified four key metrics which guided our questions: information, trust, behaviour, and economic impact. We reviewed other actors' COVID-19-focused tools and surveys in order to avoid duplicating their efforts and to ensure that our data is useful and actionable. We also shared the survey questions and response options with HNAP in advance, to ensure the survey is appropriate to country-specific realities. The answer options were not read aloud during interviews in order to avoid influencing the focal points' responses.

Data collection

The Humanitarian Needs Assessment Programme conducted interviews with the community focal points from 1 to 31 July 2020. HNAP team leaders received a training-of-trainers session on GTS methodology and the specific survey tool, which they then cascaded to their enumerators. Interviews with the community focal points were conducted in Arabic.

Additional metrics

In order to control for potentially confounding factors in regression analyses this round, additional metrics were added to the survey data.

<u>Population density</u>

Figures on population density are calculated based on population figures per sub-district (as per HNAP's "July Mobility and Needs Tracking") and area (admin 3 level) in square kilometres (HNAP's Baseline Overview for July). High-density sub-districts are those with more than 1,000 people per square kilometre. Using this metric, 18% of sub-districts are considered high density. Medium-density sub-districts have 51–999 people per square kilometre (51% of sampled sub-districts) and low-density sub-districts have fewer than 50 people per square kilometre (32% of sampled sub-districts).

This report highlights key findings from the joint GTS and HNAP surveys, conducted in July 2020 with 7,731 community focal points across all 14 of Syria's governorates; Al-Hasakeh, Aleppo, Ar-Raqqa, As-Sweida, Damascus, Dar'a, Deir-ez-Zor, Hama, Homs, Idleb, Lattakia, Quneitra, Rural Damascus, and Tartous governorates.

Perception data

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

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

People in need

Figures on people in need are taken from the UN OCHA 2019 Humanitarian Needs Overview for Syria. Figures are cross-sectoral and do not take into account the severity of need.

Proportion of IDPs per sub-district

Figures on the proportion of IDPs (per admin level 3) are taken from HNAP's Baseline Population Overview for July. A high proportion of IDPs is defined as more than 18%. This figure was chosen because it represents the start of the 3rd quartile of the data, thus factoring in only the top 25% of sub-districts.

Confounding factors

In this analysis, the influence of AoC, population density and the proportion of IDPs living in the region are explored. Differences in community responses may be driven by any combination of these factors, or other omitted variables.

Of the 1,268 high-density sub-districts, 65% are under the control of NSAG/TBAF, 35% under GoS, and <1% under SDF. Even in the same AoC, sub-districts and governorates are not homogenous in terms of general socio-economic status or levels of displacement. Eighty-two perfecnt of high-density sub-districts host a high proportion of IDPs, compared to 34% in medium-density sub-districts and 13% in low-density sub-districts. Regression analyses were conducted in order to explore the average marginal effects of these factors and thus determine what drives differences in perceptions.

Logistic regression analyses

Two logistic regression models were run in this round. The dependent variables of interest are (1) whether communities feel they have enough information to protect themselves from the coronavirus, and (2) whether communities use social media as their main source of information.

In both models, the explanatory variables are: AoC, whether a sub-district hosts a large number of IDPs, population density and number of people in need. Explanatory variables were evaluated based on their average marginal effects. The significance level (α) was set at 0.05.

Regression tables and a clean dataset are available upon request.

Challenges and limitations

Though the data covers all 14 governorates in Syria, these findings cannot be considered statistically representative of the perceptions of the populations within these governorates. Since this data was collected via community focal points, it can only be considered indicative.