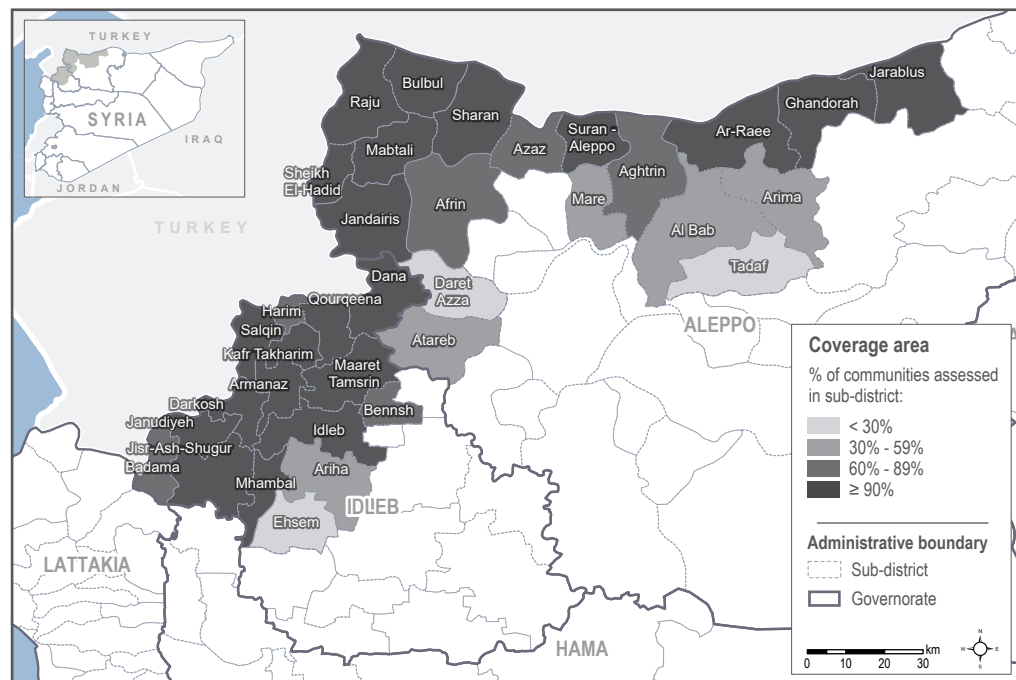


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA APRIL 2020

INTRODUCTION

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. The assessment is conducted using a key informant (KI) methodology at the community level, and collects information on shelter, electricity & non-food items (NFIs), water, sanitation and hygiene (WASH), food security and livelihoods (FSL), health, education, protection, humanitarian assistance & accountability to affected populations (AAP), as well as priority needs.

This factsheet presents information gathered in 800 communities across northern Aleppo¹ (497 communities), western Aleppo (16 communities) and Idlib (287 communities) governorates in Northwest Syria (NWS). Data was collected between 5-17 of April 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (March/April 2020). Findings are indicative rather than representative, and should not be generalized across the region. The dataset is available on the REACH Resource Centre and the Humanitarian Data Exchange.



KEY HIGHLIGHTS

This month's findings highlighted a dire situation for children across Northwest Syria. While active conflict deescalated after 5 March^a, the aftermath of the violence continued to have a devastating impact on boys and girls in the region. Restricted measures taken to mitigate the spread of COVID-19 further complicated the humanitarian situation. Urgent needs for children were reported across sectors, including education and protection.




Children in 90% of assessed communities were reportedly unable to access education facilities. This was mainly due to the closure of schools following COVID-19 preventative measures taken by local authorities, as reported in 87% of communities. However, KIs cited that schools in about 20% of communities were able to continue classes remotely using improvised online learning platforms. Remote classes were mainly reported in locations away from recent frontlines, such as northern Aleppo. Even so, access to classes remained challenging for a large number of families who had restricted access to internet, phones, computers, and electricity. In fact, access to education had already been a key challenge in NWS before the implementation of COVID-19-related measures. Conflict displaced an estimated 400,000 school-age children in NWS since 1 December 2019^b. In previous months of data collection, a number of schools had been closed due to insecurity or because they were used as shelters for Internally Displaced People (IDP). The closure of schools reportedly added hardship to families where women had to leave jobs to take care of children, reducing the family's income.

Sending children to beg or work was a top reported coping strategy used to meet basic needs, cited for residents in 58% of communities, and for IDPs in 75% of communities. Child labour was also the most commonly reported protection risk across assessed communities. Boys were particularly affected, including reports of boys as young as 8 years old. Another commonly reported protection risk was early or forced marriage. This risk was faced by children, mostly girls, in 32% of communities for residents and in 39% of communities for IDPs.

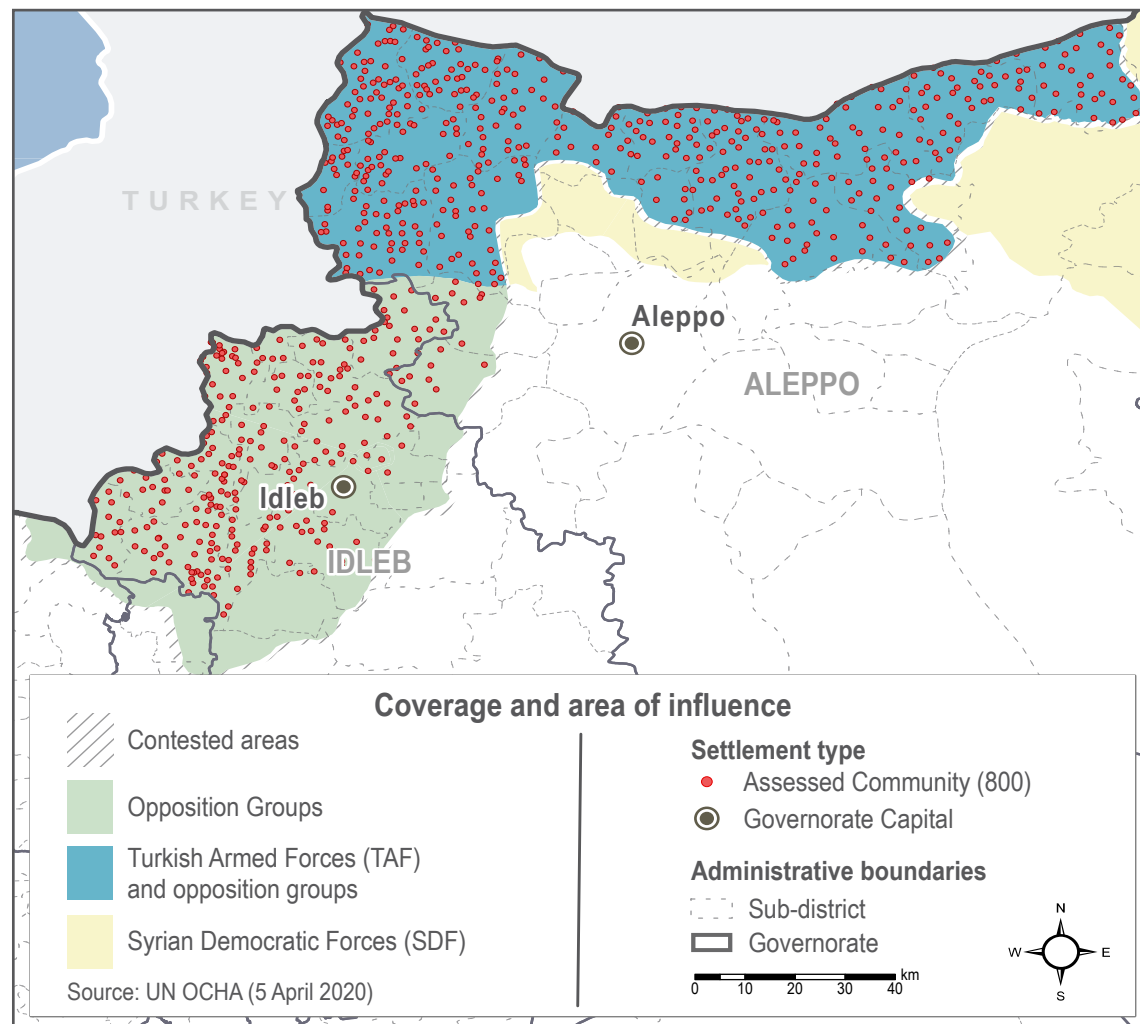
Top 3 reported overall priority needs in assessed communities:²

- 1 Livelihoods
- 2 Health
- 3 NFIs

April data was collected using the combined expertise of 2-6 KIs per community, in total interviewing:

-  **2,938 KIs**
-  **19% female KIs**
-  **11 types of KIs³**

Please note that percentages shown in this factsheet represent the *percentage of communities* where KIs selected the answer option in question.



The security situation in NWS remained highly volatile during the reporting period of the assessment. While a ceasefire, announced on 5 March, halted intensive aerial bombardments, sporadic clashes with heavy artillery continued in several locations along the frontlines in southern Idlib and western Aleppo^{ab}. The decline in hostilities sparked the spontaneous return of roughly 126,000 people who were displaced since 1 December 2019. People moved to their areas of origin or to other locations they were previously displaced, according to UN Office for the Coordination of Humanitarian Affairs (OCHA). Most IDPs returned from Dana sub-district in Idlib governorate and A'zaz and Afrin sub-districts in Aleppo governorate to Atareb sub-districts in western Aleppo governorate as well as to Ariha, Sarmin, Ehsem, Jisr-AshShugur and Mhambal sub-districts in Idlib governorate^b.

Despite the ceasefire, immense humanitarian needs persisted across NWS. As of 17 April, some 854,000 people remained displaced since the escalation of violence in December 2019^b. IDPs, returnees and host populations alike experienced significant challenges in meeting their basic needs. Thousands of IDPs continued to shelter in overcrowded camps and open spaces^a, while heavy rains and winds caused damage to settlements in multiple locations^d. Acute needs were aggravated by longer term issues, such as poor health, malnutrition, loss of arable land, and lack of education, as a result of years of conflict coupled with economic hardship^e. For instance, humanitarian actors reported that an estimated 30% of displaced children under the age of five were stunted^{*b}.

The humanitarian situation was further impacted by measures implemented by local authorities to prevent the possible spread of COVID-19. Measures included the closure of schools, private clinics, mosques, some markets as well as movement restrictions, closure of roads, and a ban on public gatherings^f. There are reports of increased prices, especially of bulk items, due to COVID-19 restrictions^{dg}. As of 17 April, no known cases of COVID-19 had been registered in NWS, while in other regions in Syria 38 cases, including two deaths, had been confirmed^b.

RESIDENT PRIORITY NEEDS

Top ranked priority needs for residents

(by % of 796 communities where KIs selected a first, second, and third priority need) for residents:²

	1st	2nd	3rd	Overall	
Health		35%	17%	10%	62%
Food		20%	14%	8%	42%
Livelihoods		18%	19%	38%	74%
WASH		12%	15%	11%	37%
NFIs		5%	23%	20%	48%
Shelter		4%	2%	2%	9%
Education		3%	6%	6%	15%
Winterisation		2%	2%	3%	7%
Protection		1%	3%	2%	6%

Top three most commonly reported health needs for residents

(by % of 493 communities where health was reported as a priority need):²

- 1 First aid or emergency care 53%
- 2 Treatment for chronic diseases 46%
- 3 Pediatric consultations 43%

Top three most commonly reported NFI needs for residents

(by % of 380 communities where NFIs was reported as a priority need):²

- 1 Solar panels 81%
- 2 Batteries 70%
- 3 Cooking fuel 65%

Top three most commonly reported livelihoods needs for residents

(by % of 593 communities where livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 85%
- 2 Tools or equipment for production 74%
- 3 Access to credit for entrepreneurial investment 39%

IDP PRIORITY NEEDS

Top ranked priority needs for IDPs

(by % of 757 communities where KIs selected a first, second, and third priority need for IDPs):²

	1st	2nd	3rd	Overall	
Shelter		34%	6%	5%	46%
Food		23%	21%	9%	53%
Health		22%	11%	12%	45%
Livelihoods		9%	20%	30%	58%
NFIs		4%	22%	21%	48%
WASH		3%	15%	13%	31%
Winterisation		2%	1%	4%	8%
Education		1%	3%	3%	8%
Protection		0%	1%	3%	4%

Top three most commonly reported shelter needs for IDPs

(by % of 349 communities where shelter was reported as a priority need):²

- 1 New or additional tents 74%
- 2 Cash to pay for rent 54%
- 3 Tarpaulins or plastic sheeting 48%

Top three most commonly reported NFI needs for IDPs

(by % of 362 communities where NFIs was reported as a priority need):²

- 1 Solar panels 72%
- 2 Cooking fuel 68%
- 3 Batteries 60%

Top three most commonly reported livelihoods needs for IDPs

(by % of 440 communities where livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 89%
- 2 Tools or equipment for production 63%
- 3 Access to credit for entrepreneurial investment 37%

SECTORAL FINDINGS (READERS CAN FIND HYPERLINKS TO EACH SECTION BY CLICKING ON HUMANITARIAN ICONS)



KIs in **76%** of communities reported that **households had access to humanitarian assistance** (606 of 800 communities).



KIs in **83%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (628 of 757 communities).



From 5 to 6 hours per day was the most commonly reported range for hours of electricity per day (376 (47%) of 800 assessed communities).



KIs in **58%** of communities reported that **not all households had access to sufficient water** (464 of 800 communities).



KIs in **14%** of communities reported **that households were not able to access markets within their own communities** (112 of 800 communities).



KIs in **55%** of communities reported that **households were not able to access health services in their own communities** (443 of 800 communities).



Closure of schools by local authorities was a key barrier preventing access to education for both residents (695 (87%) of 796 communities) and IDPs (658 (87%) of 757 communities).



Child labour was the most commonly reported protection risk for both resident (332 (55%) of 608 communities) and IDP children (412 (68%) of 610 communities).

Humanitarian Assistance & AAP Households in 24% of assessed communities were reportedly unable to access humanitarian assistance. Where households were able to access aid, humanitarian assistance was reportedly insufficient in 86% of communities. KIs in over half of the assessed communities cited information on how to register for aid was not provided to households, while in 47% of communities reporting access to assistance, households were reportedly unaware of feedback or complaint mechanisms.

Shelter Shelter was the top priority need reported for IDPs in over one third of communities. KIs in 93% of communities reported shelter inadequacies for IDPs, with overcrowding being the second most commonly reported inadequacy. In nearly one fourth of reporting communities, between 21-40% of IDP households experienced overcrowding. A proportion of IDPs were reportedly living in vulnerable shelter structures, including tents and unfinished buildings, in roughly half of communities. Relatedly, lack of insulation against the cold was a shelter issue reported for IDPs in nearly 40% of communities.

Electricity & NFIs Electricity was most commonly accessible to households between 5-6 hours per day. With the main network reported as a source of electricity in only 2% of communities, households reportedly relied primarily on alternative sources such as solar panels, batteries and community generators to access electricity. Even so, barriers to accessing electricity were reported in almost all communities. Access to electricity was particularly hindered by cost, including for generator fuel and solar panels. Batteries were reportedly unaffordable for the majority of people in over 80% of communities.

WASH KIs in nearly 60% of communities indicated that not all households had access to sufficient water. While 67% of communities were reportedly connected to the main water network, over 90% of those communities reportedly had access to water from the network less than 2 days per week. Moreover, KIs in 54% of the communities connected to the network stated that water from the network was not treated. To access drinking water, households most commonly relied on private water trucking, but in over 80% of communities, KIs cited the high cost of water trucking as a barrier to accessing sufficient water.

FSL Daily waged labour was reportedly an important source of income for both residents and IDPs across assessed communities. However, low wages and lack of employment opportunities were the most commonly reported barriers to accessing livelihoods to meet basic needs. Unaffordability of essential food items was reported as a barrier to accessing sufficient food for both residents and IDPs in over 70% of communities. Reducing meal sizes and skipping meals were reported strategies to cope with a lack of food in half of the communities.

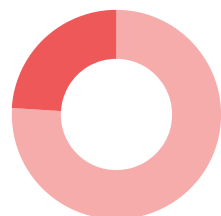
Health While households in nearly all communities were reportedly able to access some type of health service in their own or nearby communities, households in over one fifth of communities were reportedly unable access primary health care facilities. The most commonly reported type of health facility available to households were pharmacies. In fact, going to a pharmacy instead of a clinic was used as a strategy to cope with a lack of health care in 90% of communities, suggesting that households struggled to access primary care services.

Education Children in 90% of assessed communities were reportedly unable to access education in their own or nearby communities. Access to education was primarily hindered by the closure of schools, reported in 87% of communities, as a result of preventative measures against the spread of COVID-19 taken by local authorities.

Protection KIs reported that a proportion of IDPs and residents did not have civil documentation in nearly half of assessed communities. Lack of civil documentation poses multiple risks for households, including arrest at checkpoints, inability to register for aid or education, and issues with property ownership. Among IDPs, both men and women as well as children were exposed to risks related to a lack of civil documentation, while for residents, boys under 18 were most frequently affected.

HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 800 assessed communities):



Yes: 76%

No: 24%

Households in 24% of assessed communities were reportedly unable to access humanitarian assistance. In 84% of those communities, KIs reported that assistance was unavailable. Where households were able to access aid, humanitarian assistance was reportedly insufficient in 86% of communities. KIs in over half of the assessed communities cited that information on how to register for aid was not provided to households, while in 47% of communities reporting access to assistance, households were reportedly unaware of feedback or complaint mechanisms.

Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 606 communities where access was reported, and by % of 194 communities where no access was reported):⁴

Communities reporting access to humanitarian assistance

Communities reporting no access to humanitarian assistance

Assistance provided was insufficient	86%	1	84%	No humanitarian assistance available
Poor targeting of beneficiaries who receive assistance	33%	2	8%	Not aware of the procedures to follow to receive assistance
Types of assistance provided were not relevant to needs	18%	3	7%	Not aware of assistance available/eligibility criteria

Most commonly reported information gaps for households with regards to humanitarian assistance (by % of 800 communities where missing information was reported):⁵

1	How to find work	56%
2	How to register for aid	51%
3	How to get more money and financial support	47%
4	How to get food	21%
5	How to get healthcare or medical attention	17%

Most commonly reported types of humanitarian assistance households had access to in communities (by % of 606 communities where reported):⁴

Food, nutrition	71%
Health	60%
WASH	26%
NFIs	8%
Cash assistance, vouchers	8%
Shelter	4%
Agricultural supplies	2%
Electricity assistance	1%
Protection including information services	1%
Winterisation	1%
Livelihood support	0%
Mental health, psychological support	0%

Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation

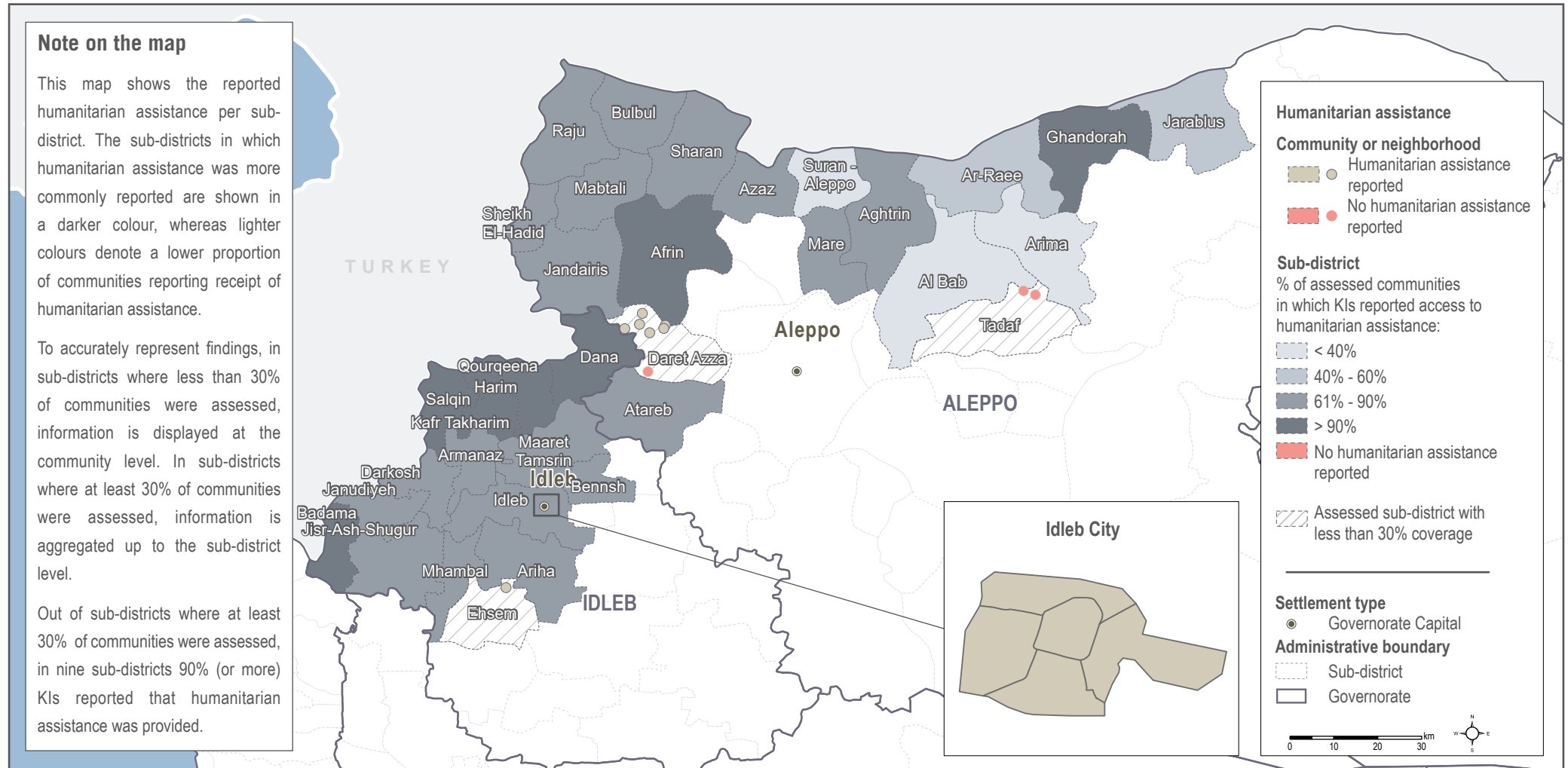
(by % of 800 communities where preferred ways were reported):²

1	WhatsApp or other phone-based platforms	78%
2	In person	65%
3	Social media: Twitter Facebook etc	43%
4	Phone call	16%
5	Leaflets	11%

47% In 47% of the assessed communities able to access assistance (286/606), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**¹⁰

NORTHWEST SYRIA APRIL 2020

REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

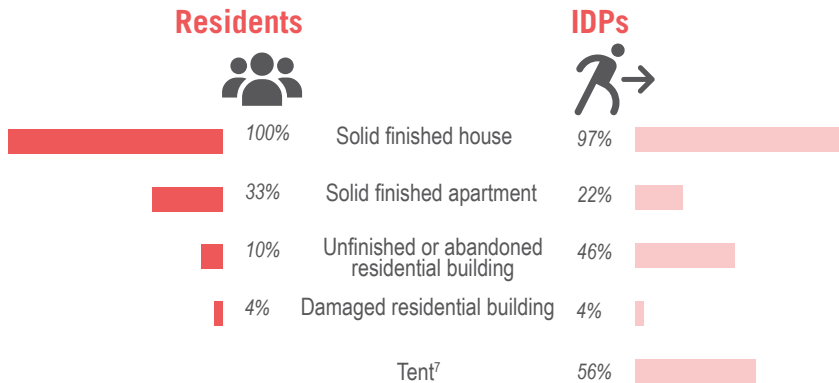


SHELTER

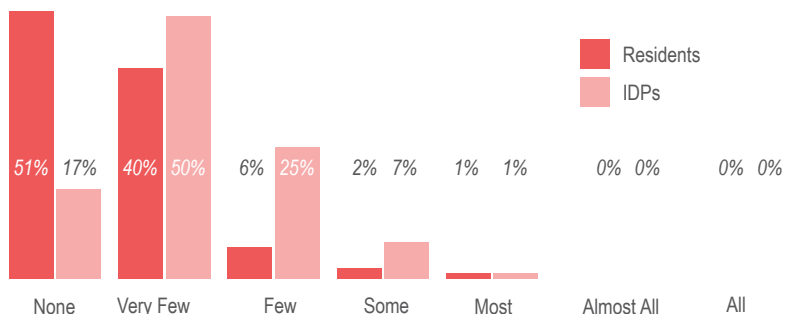
KIs in 377 (47%) of 800 assessed communities reported **shelter** as a priority need. Shelter was the top priority need reported for IDPs in over one third of communities. KIs in 93% of communities (741/800) reported shelter inadequacies for IDPs, with overcrowding being the second most commonly reported inadequacy. In nearly one fourth of reporting communities, between 21-40% of IDP households experienced overcrowding. IDPs were reported as living in vulnerable structures, including tents and unfinished buildings, in roughly half of communities. Relatedly, lack of insulation against the cold was a shelter issue reported for IDPs in nearly 40% of communities.

Most commonly reported shelter types for residents and IDPs

(by % of 796 communities where reported for residents, and of 757 communities where reported for IDPs):^{2,10}



Proportion of communities where KIs reported residents and IDPs living in overcrowded shelters* (by % of 796 communities where reported for residents, and by % of 757 communities where reported for IDPs):¹⁰



*The above categories correspond to the following proportion ranges of what portion of IDPs or residents were living in overcrowded shelters: none (0%), very few (1-20%),

7 few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

23,700 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 553 communities).

Most commonly reported shelter inadequacy issues (by % of 709 communities where issues were reported for residents, and of 741 communities where issues were reported for IDPs):^{4,10}

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	82%	74%
Lack of heating	31%	45%
Lack of insulation from cold	29%	38%

Most commonly reported barriers to households wishing to repair their shelters (by % of 700 communities where barriers were reported):^{4,10}

- Shelter and repair materials are too expensive: 90%
- Repairs require professionals but cannot afford their service: 59%
- Security situation: 11%
- Repairs require professionals but they are not available: 8%
- Shelter and repair materials are unavailable in the market: 5%

93%

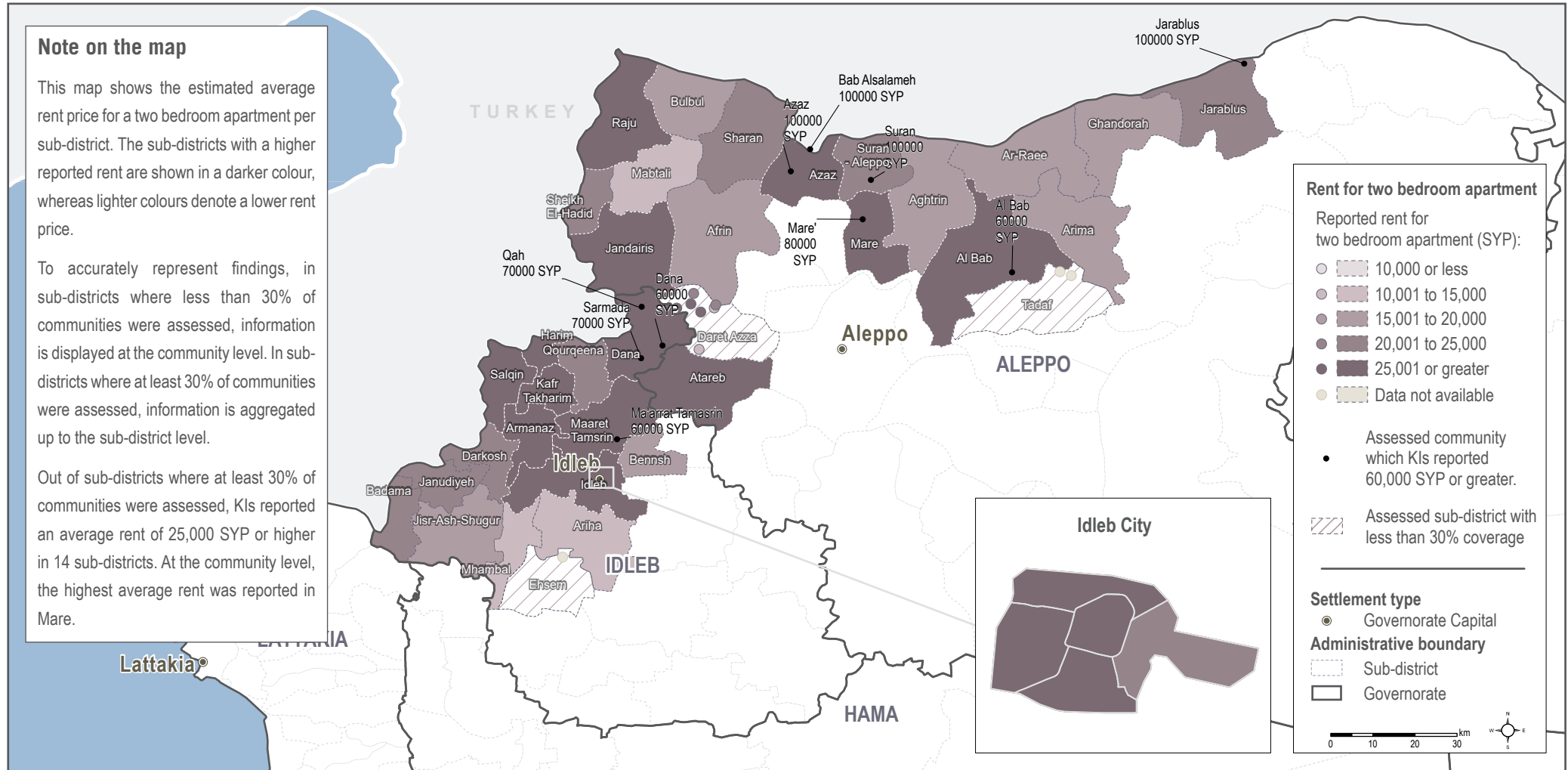
In 93% of the assessed communities reporting on damage (723/785), KIs reported the presence of **occupied shelters with minor damage⁹ in their communities.**¹⁰

57%

In 57% of the assessed communities reporting on damage (452/785), KIs reported the presence of **occupied shelters with major damage⁹ in their communities.**¹⁰

NORTHWEST SYRIA APRIL 2020

AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



ELECTRICITY & NFIs

KIs in 488 (61%) of 800 assessed communities reported **NFIs** as a priority need. Electricity was most commonly reported to be accessible to households between 5-6 hours per day. With the main network reported as a source of electricity in only 2% of communities, households reportedly relied on alternative sources such as solar panels, batteries and community generators to access electricity. Even so, barriers to accessing electricity were reported in almost all communities (792/800). Particularly the cost of generator fuel, solar panels and electricity in general hindered access to electricity. While batteries were the second most commonly reported source of electricity in assessed communities, they were reportedly unaffordable for the majority of people in over 80% of communities. Soap was reported to be unaffordable for the majority of people in one fifth of communities.

5 - 6 hrs/day

was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 376 (47%) of 800 assessed communities).

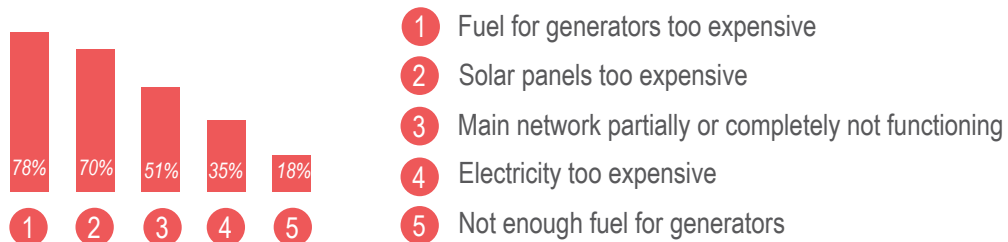
Most commonly reported main source of electricity

(by % of 800 communities where main source reported):



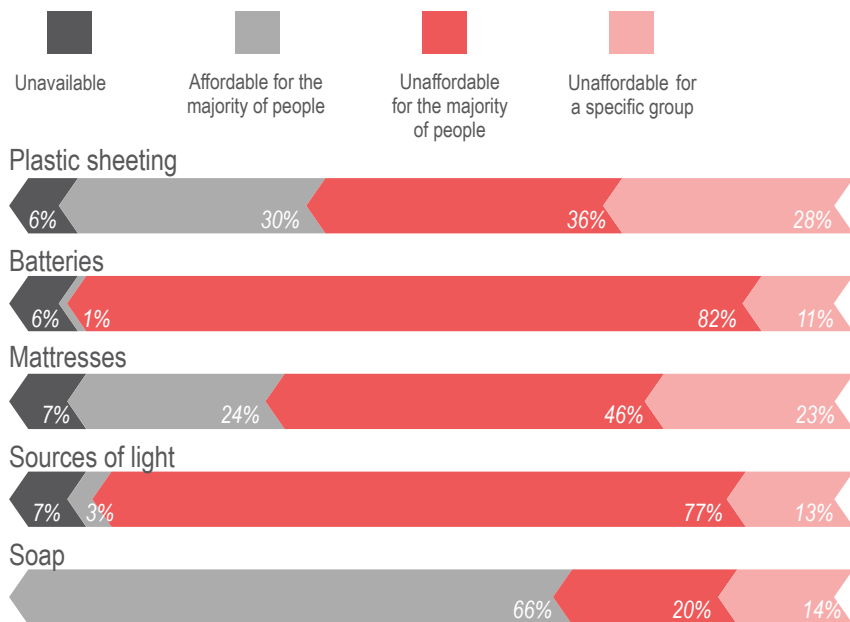
Most commonly reported barriers to accessing electricity

(by % of 792 communities where barriers reported):⁴



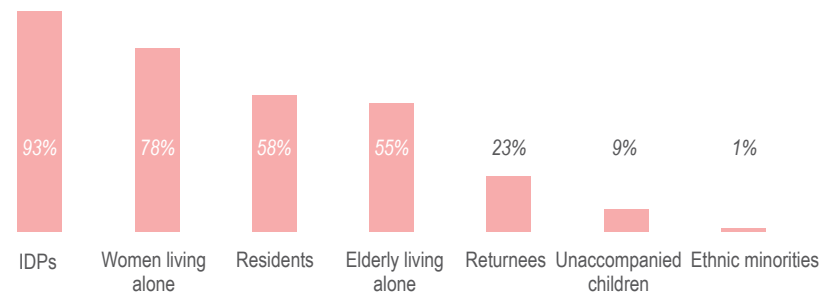
Reported household item availability and affordability

(by % of all 800 communities):⁴



Population groups who reportedly could not afford NFIs

(by % of 474 communities where reported that specific groups could not afford items):^{4,8}



NORTHWEST SYRIA APRIL 2020

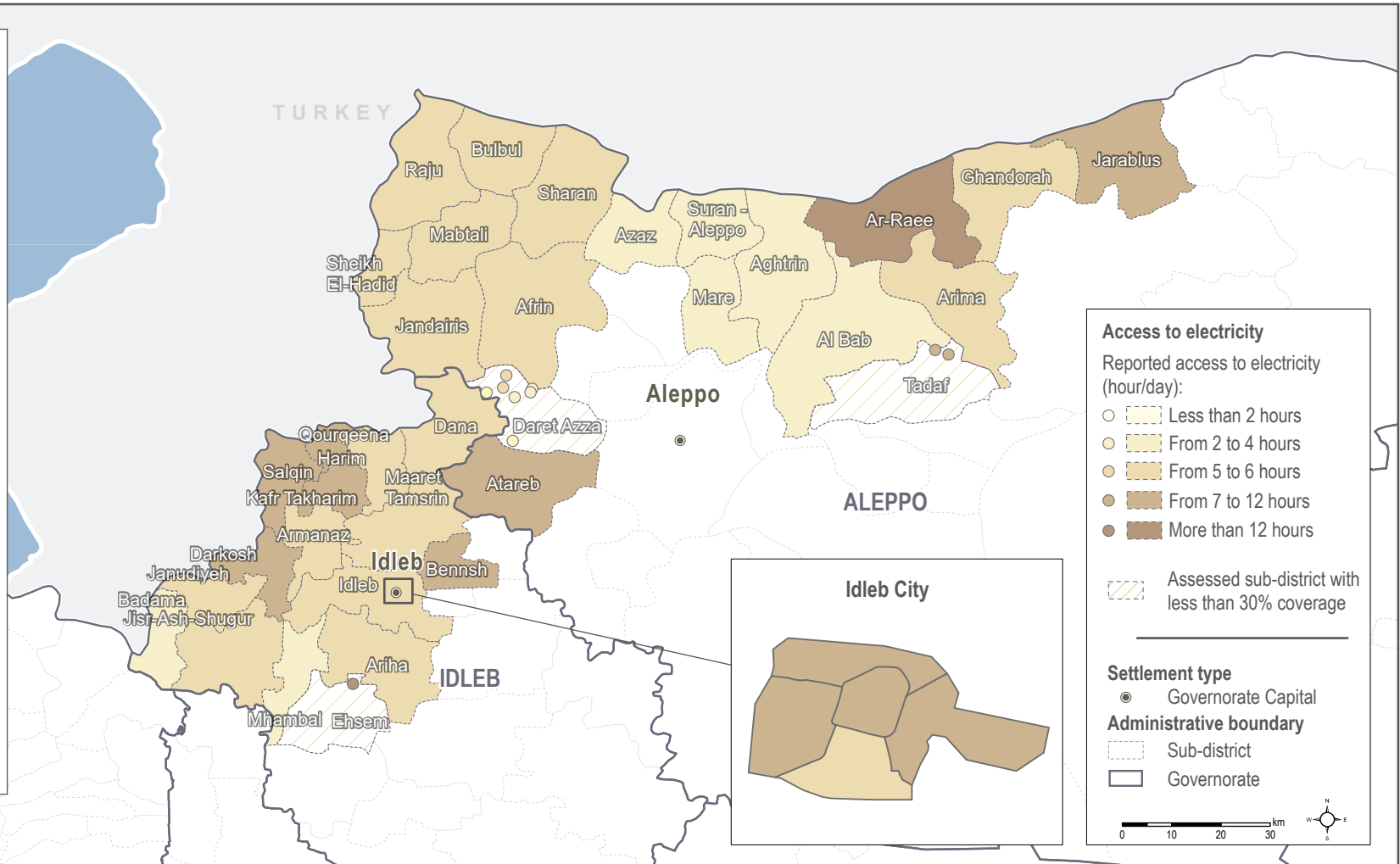
AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY

Note on the map

This map shows the highest reported hour range of access to electricity per sub-district. The sub-districts in which a higher number of hours of electricity per day was reported are shown in a darker colour, whereas lighter colours denote fewer reported hours of electricity per day.

To accurately represent findings, in sub-districts where less than 30% of communities were assessed, information is displayed at the community level. In sub-districts where at least 30% of communities were assessed, information is aggregated up to the sub-district level.

Out of the 800 assessed communities, there were 11 communities where KIs reported not having any electricity available in a day. In almost half of the communities (376), KIs indicated electricity being available from five to six hours a day.



WATER, SANITATION AND HYGIENE (WASH)

KIs in 342 (43%) of 800 assessed communities reported **WASH** as a priority need. KIs in nearly 60% of communities indicated that not all households had access to sufficient water. While 67% of communities (539/800) were reportedly connected to the main water network, over 90% of those communities reportedly had access to water from the network less than 2 days per week. Moreover, KIs in 54% of the communities connected to a network stated that water from the network was not treated. To access drinking water, households most commonly relied on private water trucking. That said, in over 80% of communities, KIs cited the high cost of water trucking as a barrier to accessing sufficient water. To cope with a lack of water, households reportedly resorted to coping strategies limiting hygiene practices. For instance, bathing less frequently was a coping strategy reported in nearly 60% of communities, increasing the risk of health problems. Additionally, half of the assessed communities was reportedly not connected to a sewage system. Households in over 20% of communities reportedly resorted to burning waste as the main method of waste disposal.

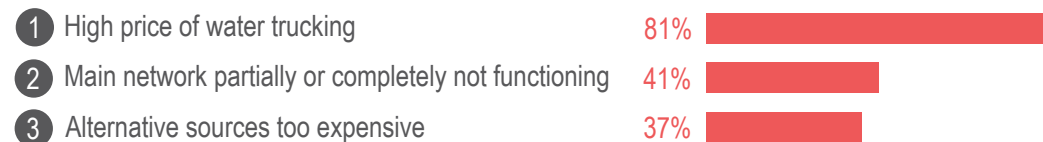
58% In 58% of the assessed communities (464/800), KIs reported that **not all households had access to sufficient water**.

91% In 91% of the communities connected to a water network (488/539), KIs reported that **water from the network was available less than 3 days a week**.

54% In 54% of the communities connected to a water network (290/539), KIs reported that **water from the network was not treated**.

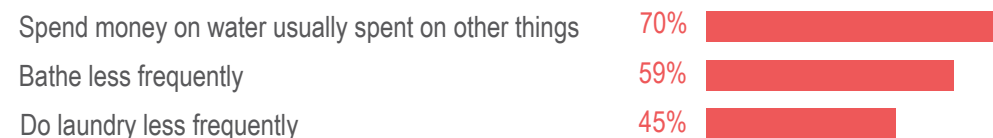
Most commonly reported barriers to accessing sufficient water

(by % of 464 communities where barriers reported):⁴



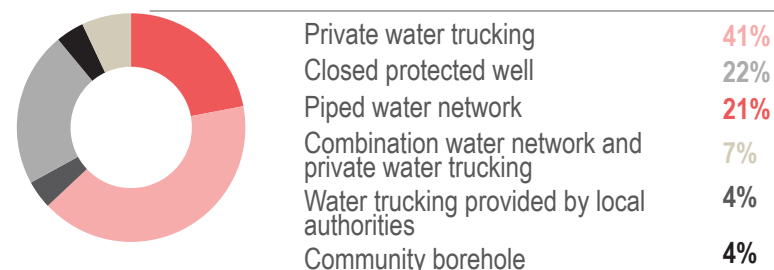
Most commonly reported coping strategies for a lack of water

(by % of 464 communities where coping strategies reported):⁴



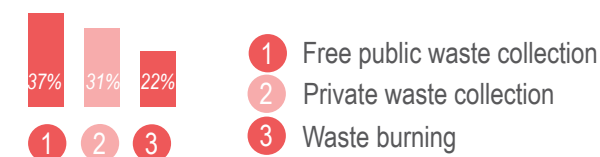
Most commonly reported sources of drinking water

(by % of all 359 assessed communities):



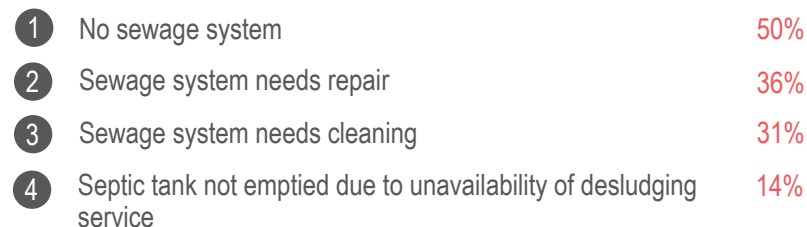
Most commonly reported ways people disposed of solid waste

(by % of 800 communities where top disposal method reported):

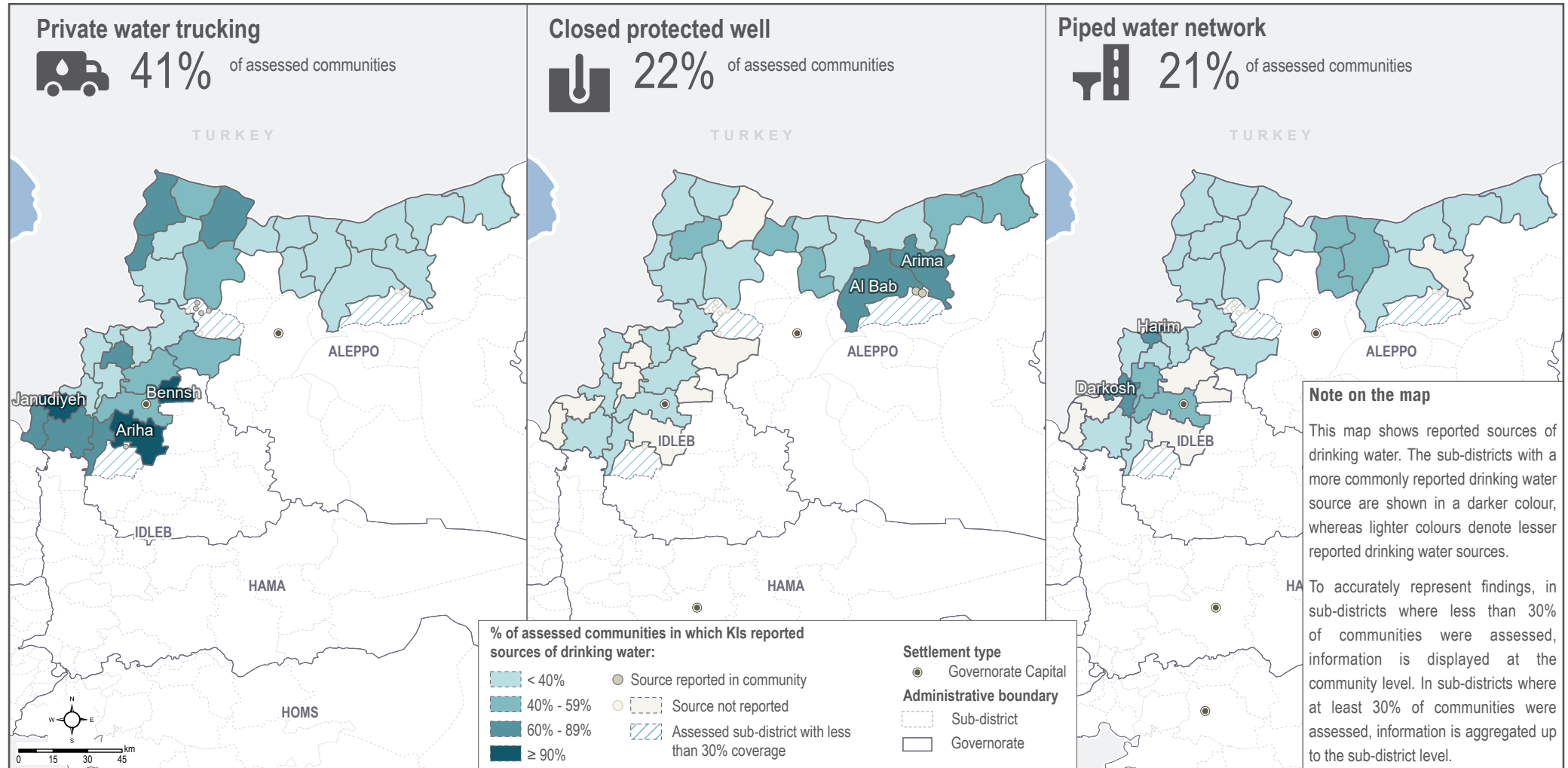


Most commonly reported sanitation issues

(by % of 546 communities where sanitation issues reported):^{4,10}



REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

KIs in 453 (57%) of 800 assessed communities reported **food security** as a priority need. While markets were generally accessible across assessed communities, households reportedly struggled to access sufficient food. Unaffordability of essential food items was reported as a barrier to accessing sufficient food for both residents and IDPs in over 70% of communities. Moreover, not all essential food items were reportedly available for both groups in over one fourth of communities. Reducing meal sizes and skipping meals were reported strategies to cope with a lack of food in half of the communities. Additionally, KIs in 87% of communities (698/800) reported barriers to feeding babies under six months, including the lack of support to non-breastfed babies in 90% of reporting communities.

14% In 14% of assessed communities (112/800), KIs reported **households were unable to access markets in the assessed location.**

Most commonly reported barriers to physically accessing food markets (by % of 614 communities where barriers reported for residents, and of 599 communities where barriers reported for IDPs):⁴

	Residents	Rank	IDPs	
Lack of transportation	73%	1	76%	Lack of transportation
Markets too far	67%	2	65%	Markets too far
Lack of access for persons with restricted mobility	27%	3	30%	Lack of access for persons with restricted mobility

Most commonly reported sources of food for households (by % of 800 communities where food sources reported):²

1	Purchasing from stores/markets in this community	78%
2	Purchasing from stores/markets in other communities	73%
3	Own production/farming	62%
4	Borrowing	28%
5	Relying entirely on food stored previously	20%

Most commonly reported barriers to accessing sufficient food

(by % of 724 communities where barriers reported for residents, and by % of 695 communities where barriers reported for IDPs):⁴

	Residents	Rank	IDPs	
Markets exist but households cannot afford essential food items	71%	1	76%	Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	28%	2	25%	Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	19%	3	16%	Markets exist but have insufficient quantities of food

Most commonly reported barriers to feeding babies and young children

(by % of 698 communities where challenges reported for babies under 6 months, and of 739 communities where challenges reported for children of 6 months - 2 years):^{4,11}

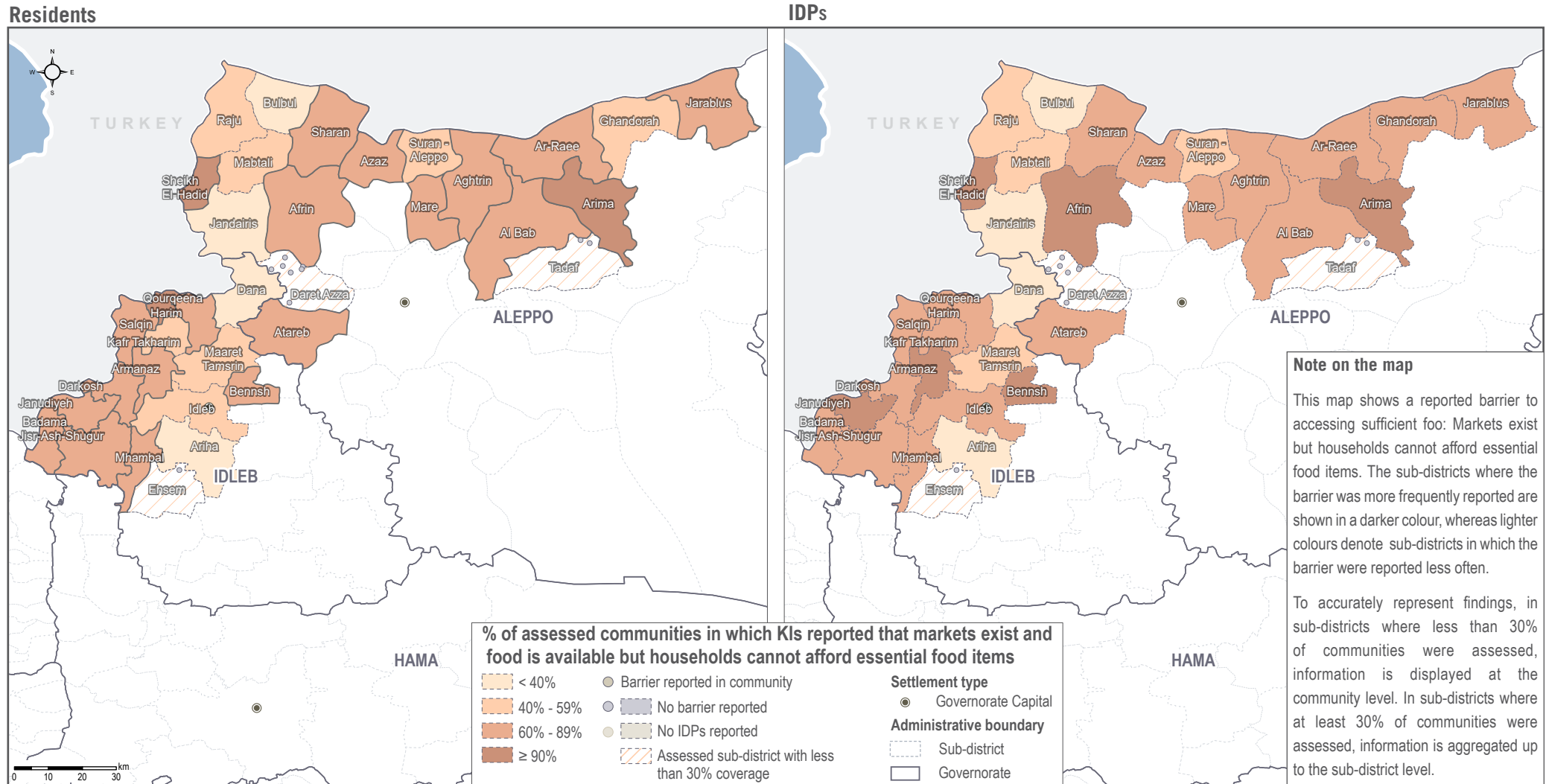
	Under 6 months	Rank	6 months - 2 years	
No support for non-breastfed babies	90%	1	74%	High price of suitable foods
Breastfeeding difficulties	46%	2	54%	Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	9%	3	31%	Not good enough food (quality)

Most commonly reported coping strategies for a lack of food

(by % of 740 communities where coping strategies reported):⁴

1	Purchasing food on credit/borrowing money to buy food	63%
2	Reducing meal size	55%
3	Skipping meals	50%
4	Buying food with money usually used for other things	50%
5	Selling non-productive assets	17%

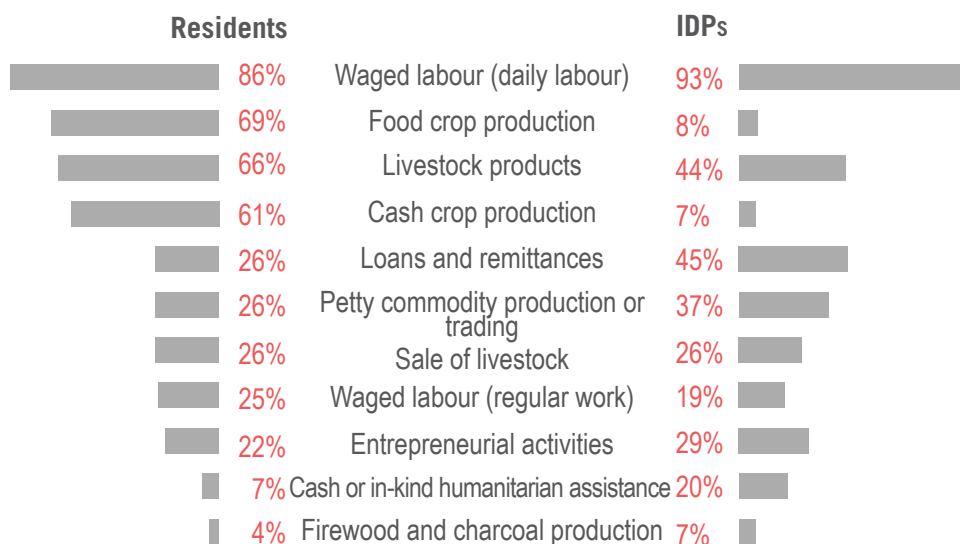
REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



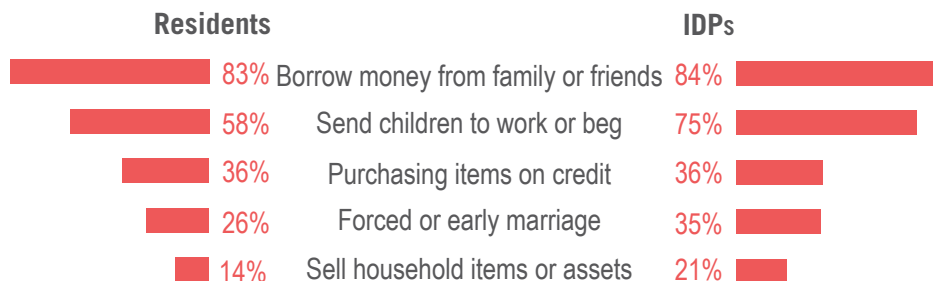
LIVELIHOODS

KIs in 644 (80%) of 800 assessed communities reported **livelihoods** as a priority need in NWS. Daily waged labour was reportedly an important source of income for both residents and IDPs across assessed communities. KIs in nearly all of assessed communities reported barriers to accessing livelihoods to meet basic needs with the most common barriers being low wages and lack of employment opportunities. Loans and remittances were the second most commonly reported source of meeting basic needs for IDPs, highlighting their reliance on non-productive means of livelihoods. Reported coping strategies to meet basic needs for both residents and IDPs included borrowing money as well as more extreme strategies such as forced or early marriage and sending children to work or beg. The latter was cited as a coping strategy used by IDPs in 75% of reporting communities.

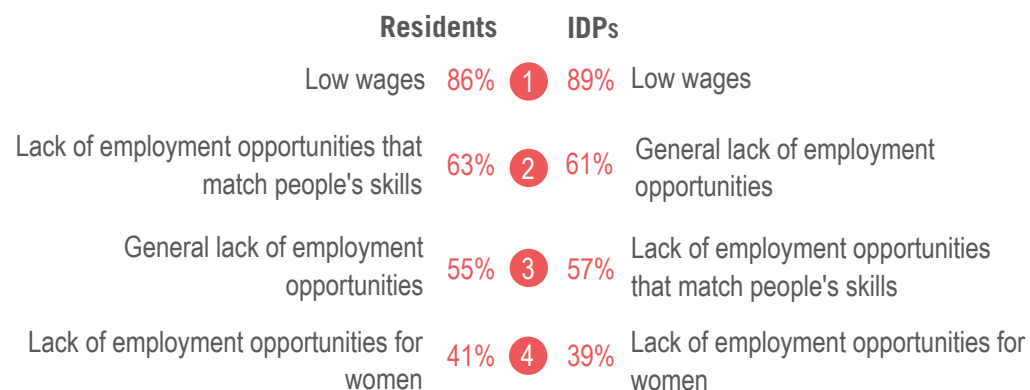
Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 796 communities where reported for residents and of 757 communities where reported for IDPs):⁵



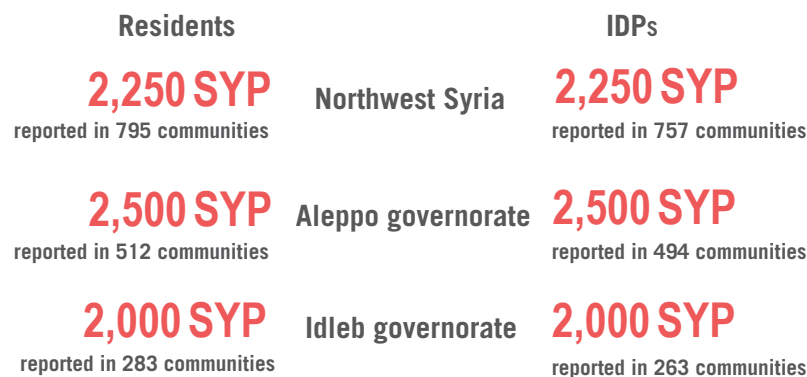
Most commonly reported coping strategies to meet basic needs (by % of 794 communities where coping strategies reported for residents and of 757 communities where reported for IDPs):⁴



Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 796 communities where barriers reported for residents, and of 757 communities where barriers reported for IDPs):⁴

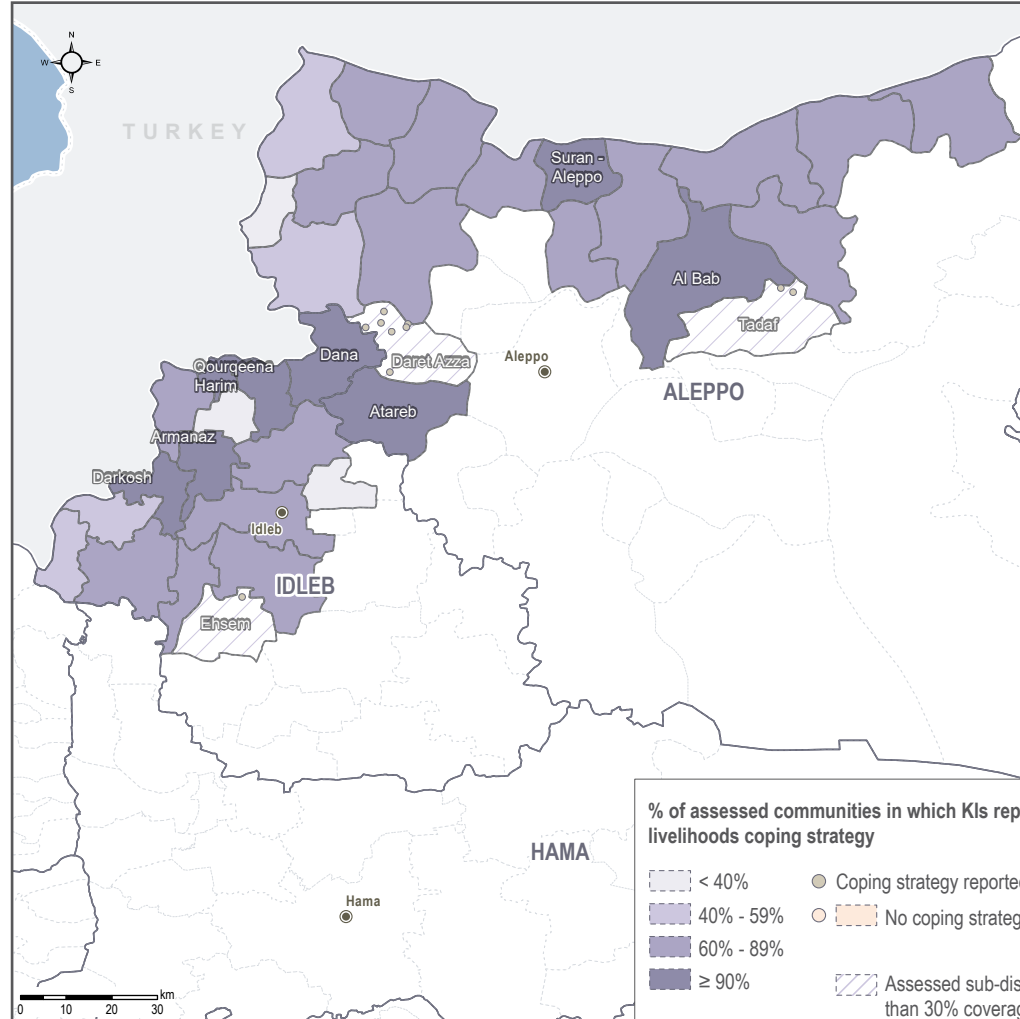


Estimated median daily wage for unskilled labour ^{4,6,10}

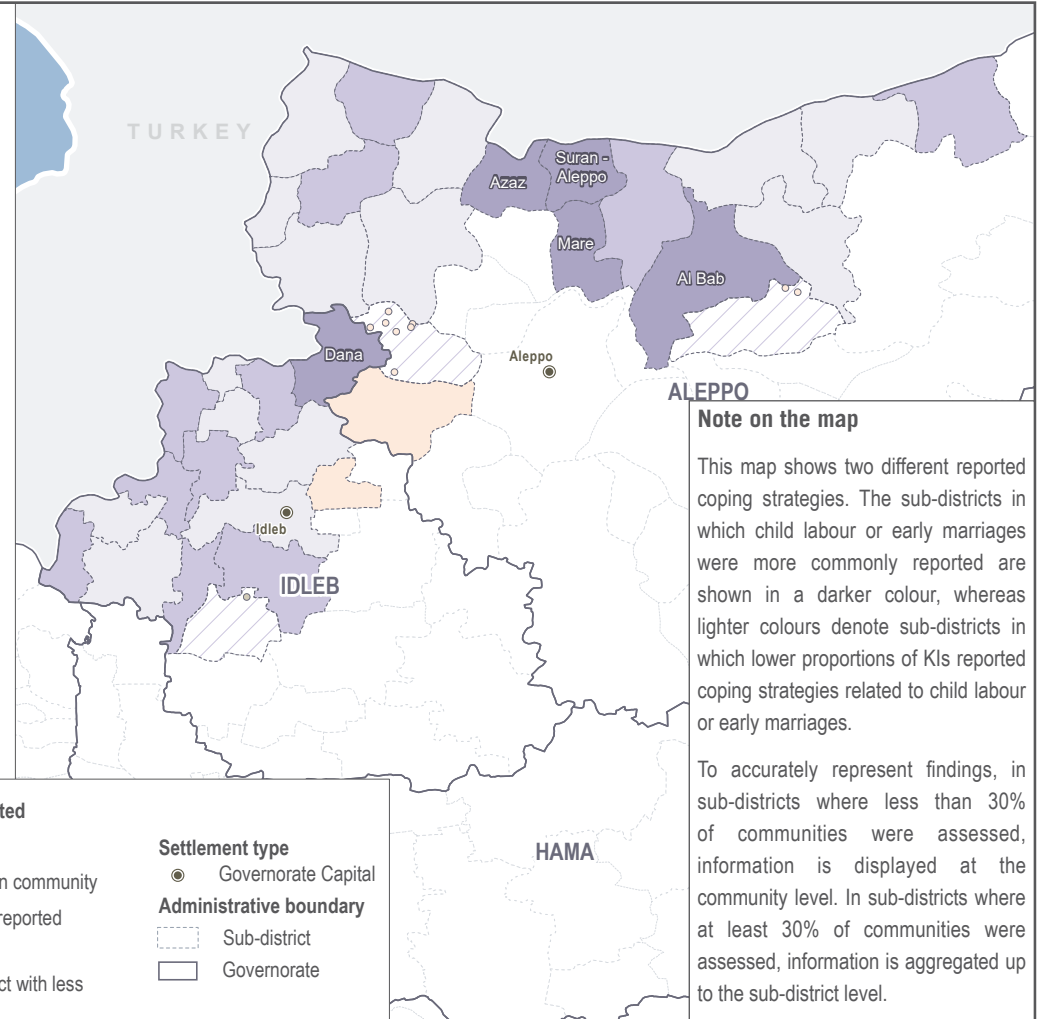


REPORTED LIVELIHOODS COPING STRATEGIES

Children sent to work or beg



Early or forced marriage




Note on the map


This map shows two different reported coping strategies. The sub-districts in which child labour or early marriages were more commonly reported are shown in a darker colour, whereas lighter colours denote sub-districts in which lower proportions of KIs reported coping strategies related to child labour or early marriages.

To accurately represent findings, in sub-districts where less than 30% of communities were assessed, information is displayed at the community level. In sub-districts where at least 30% of communities were assessed, information is aggregated up to the sub-district level.

HEALTH

KIs in 509 (64%) of 800 assessed communities reported **health** as a priority need. Health was reported as the top priority need for residents. While households in nearly all communities were reportedly able to access some type of health service in their own or nearby communities (764/800), households in over one fifth of communities were reportedly unable to access primary health care facilities. The most commonly reported type of health facility available to households were pharmacies. In fact, going to a pharmacy instead of a clinic was used as a strategy to cope with a lack of health care in 90% of communities, suggesting that households struggled to access clinical services. Relatedly, seeking non-professional care was another commonly used coping strategy reported by KIs. The lack of and high cost for transportation to healthcare facilities as well as the lack of medicine, facilities, ambulance services and healthcare workers were commonly perceived barriers to accessing healthcare. Additionally, health facilities were reportedly overcrowded in 44% of communities, potentially hindering COVID-19-related distancing measures. Severe diseases affecting children under 5 was a reported health problem in over half of communities, while pediatric consultations were the third most commonly reported health need for residents.

 **21%** In 21% of assessed communities (165/800), KIs reported that **households were unable to access primary care facilities in their own or nearby communities.**

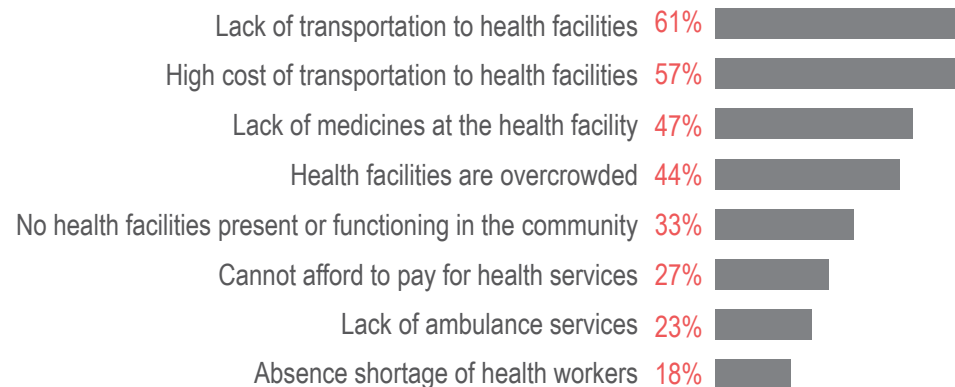
 **55%** In 55% of assessed communities (443/800), KIs reported that **households were unable to access health services in their own communities.**

Most commonly reported health facilities available in assessed and other/nearby communities (by % of 357 communities reporting access inside community, and of 764 communities reporting access in other/nearby communities):⁴

In assessed communities	In other/nearby communities
Pharmacies 78% 1	80% Pharmacies
Primary care facilities 37% 2	73% Primary care facilities
Informal emergency care points 23% 3	70% Public hospitals
Private clinics 20% 4	66% Private clinics
Mobile clinics 19% 5	30% Private hospitals

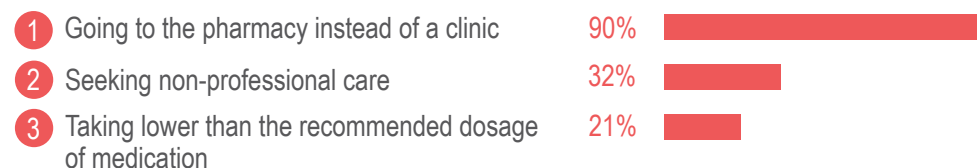
Most commonly perceived barriers to accessing healthcare

(by % of 796 communities where barriers reported):⁴



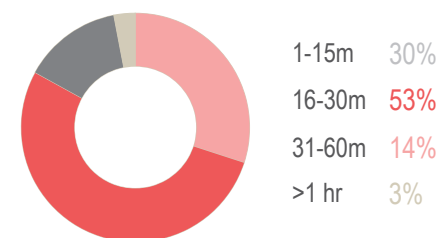
Most commonly reported coping strategies for a lack of healthcare services

(by % of 794 communities where coping strategies reported):⁴



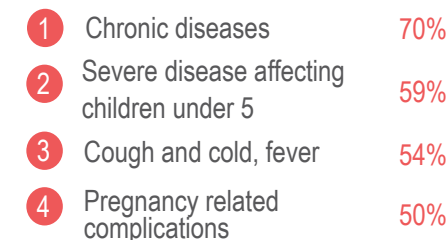
Reported time taken for households to travel to the most commonly used health facility

(by % of 800 communities where travel time reported):

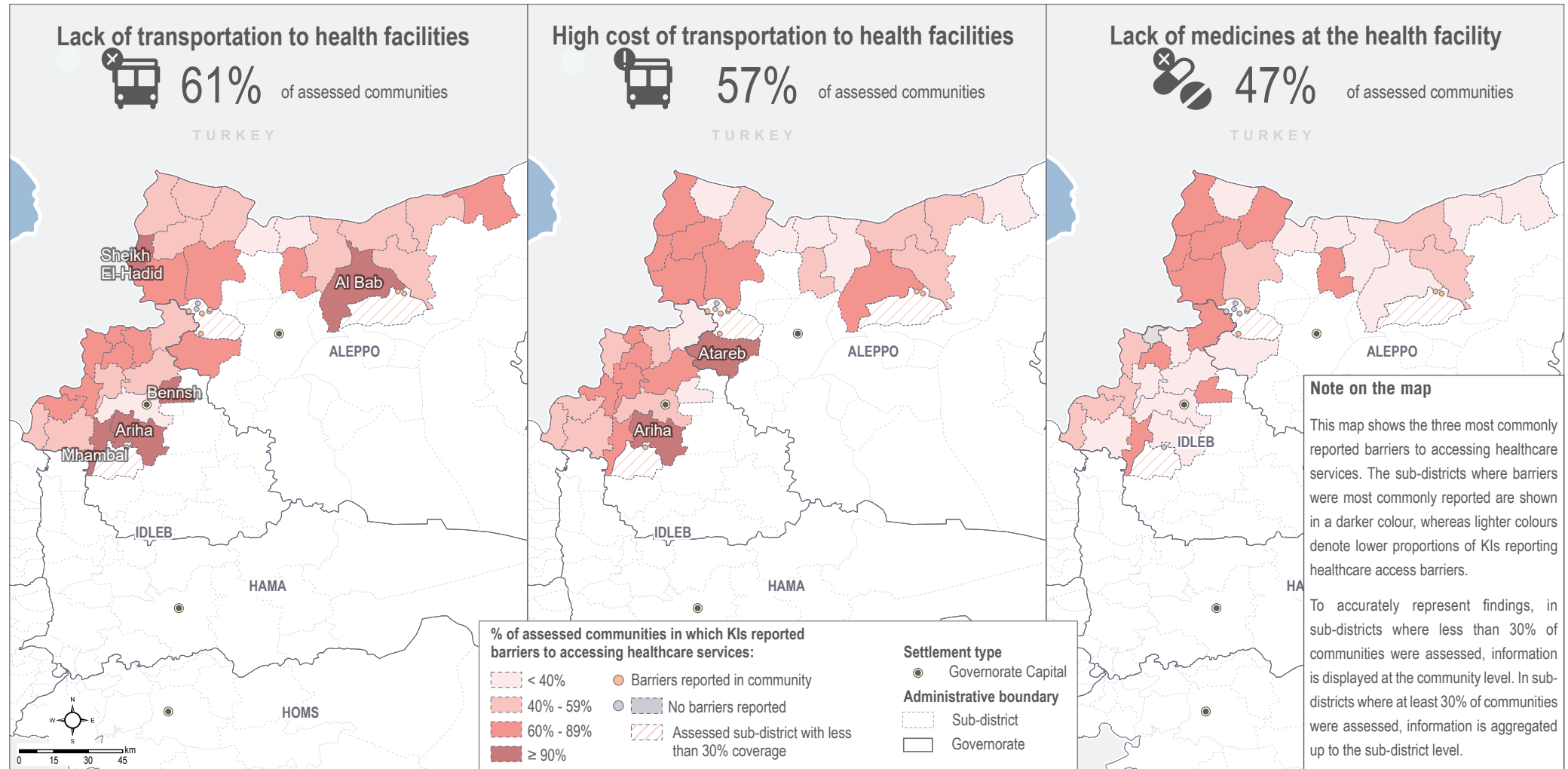


Most commonly reported health problems

(by % of 573 communities where knowledge of health problems reported):⁴



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



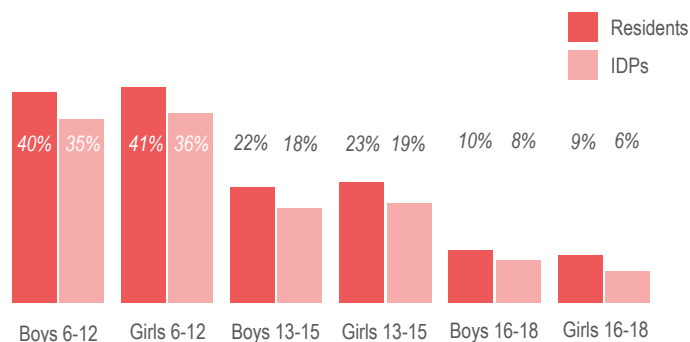
EDUCATION

KIs in 131 (16%) of 800 assessed communities reported **education** as a priority need. Children in 90% of assessed communities were reportedly unable to access education in their own or nearby communities. Access to education was primarily hindered by the closure of schools, reported in 87% of communities, as a result of preventative measures against the spread of COVID-19 taken by local authorities. Yet, some schools were reportedly able to continue classes remotely using improvised digital platforms. Additionally, schools in 44 communities were reportedly used as shelters for IDPs, following the recent mass displacements and returns in NWS. Apart from schools not being in session, children's access to education was hampered by a lack of learning supplies, the distance to education facilities, the need for children to work to support their families and the lack of safety when traveling to schools.

Most commonly reported types of education facilities available to children (3-18) (by % of 103 communities where reported for assessed communities, and of 79 communities for other/nearby communities):⁴

	In assessed communities	In other/nearby communities
Formal primary school	90% 1	94% Formal secondary school
Formal intermediary school	41% 2	82% Formal intermediary school
Non-formal early childhood care	21% 3	33% Formal primary school

Average reported attendance rates of children (by average % of each gender/age group reportedly attending school in 107 communities for residents and in 107 communities for IDPs):¹⁰



90%

In 90% of assessed communities (721/800), KIs reported that **children were unable to access education facilities within their own or in nearby communities.**



87%

In 87% of communities where barriers to education were reported for residents (693/796) and for IDPs (659/757), KIs reported that **schools were closed by local authorities due to COVID-19 preventative measures.**



In 44 of 796 communities where barriers to education were reported for residents, KIs cited that **schools were being used as a shelter for IDPs.**



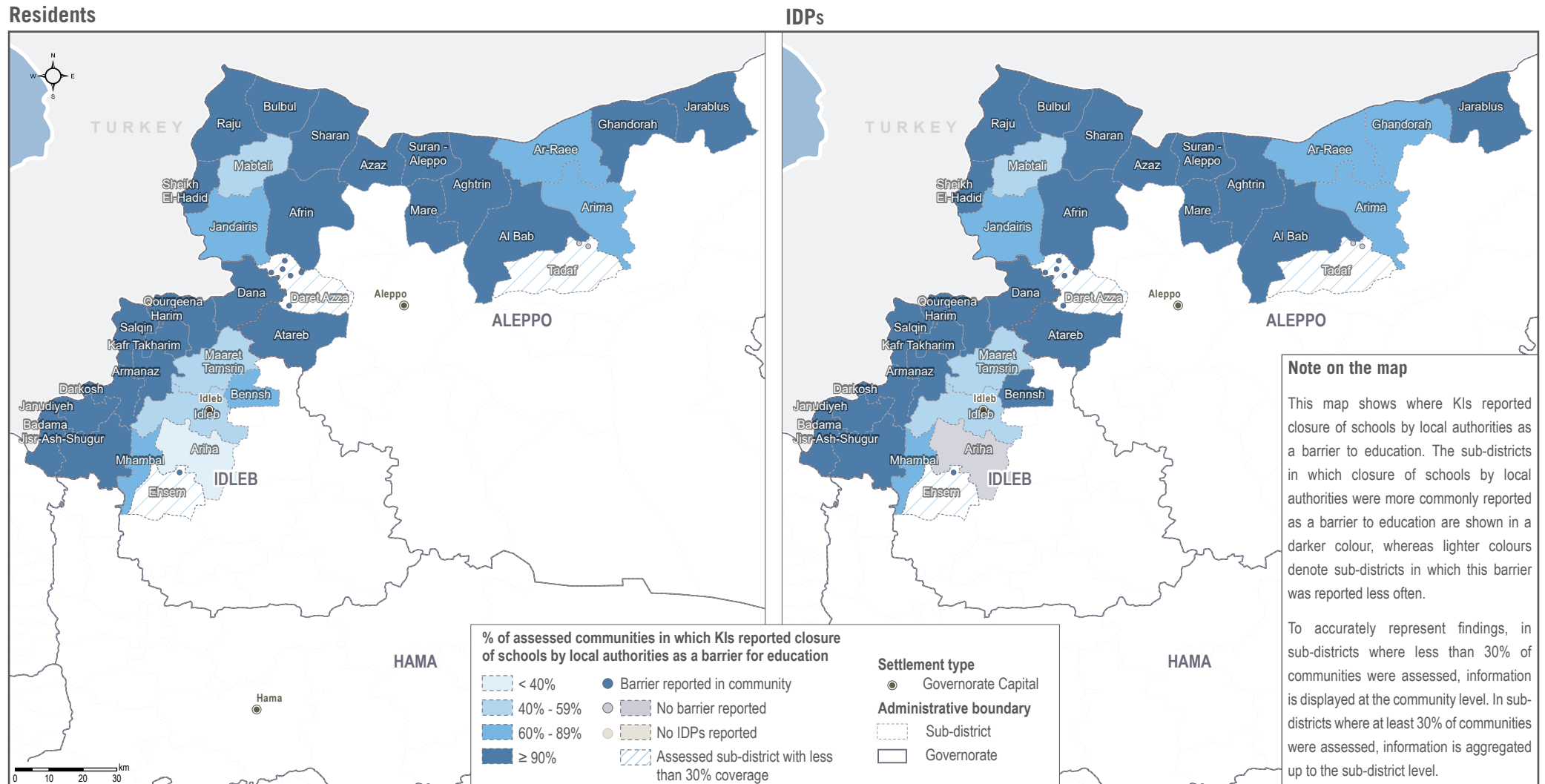
In 25 of 769 communities where barriers to education were reported for residents, KIs cited that **traveling to school was unsafe.**

Other commonly reported barriers for access to and quality of education services (by % of 796 communities where barriers reported for residents, and of 757 communities where barriers reported for IDPs):⁴

Residents	IDPs
9%	10%
8%	7%
7%	9%
7%	7%

- Not enough teaching or learning supplies
- Distance to school is too far
- Families cannot afford to prioritize school and children must work
- Quality of education provided is too low

REPORTED CHALLENGE TO EDUCATION: SCHOOLS CLOSED BY LOCAL AUTHORITIES

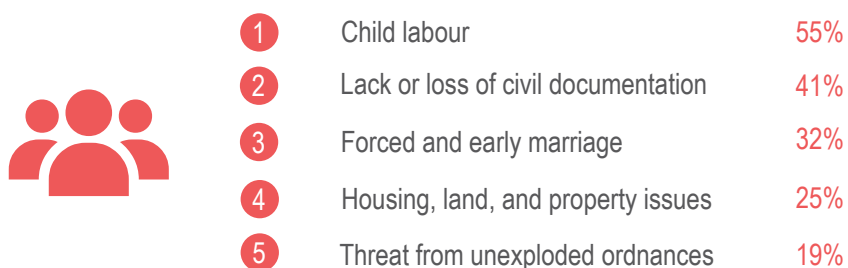


PROTECTION

KIs in 58 (7%) of 800 assessed communities reported **protection** as a priority need. Children continued to be a significant population group affected by various protection risks. Early marriage affected both resident and IDP children in about one third of communities, while child labour was cited by KIs as a protection risk faced by IDPs and residents in 68% and 55% of communities, respectively. KIs reported that a proportion of IDPs and residents did not have civil documentation in nearly half of assessed communities. Lack of civil documentation poses multiple risks for households, including arrest at checkpoints, inability to register for aid and education, and issues with property ownership. Among IDPs, men, women, and children were exposed to risks related to a lack of civil documentation, while for residents, boys under 18 were most frequently affected. Additionally, about one fourth of communities reported the threat of unexploded ordnances as a protection risk to households.

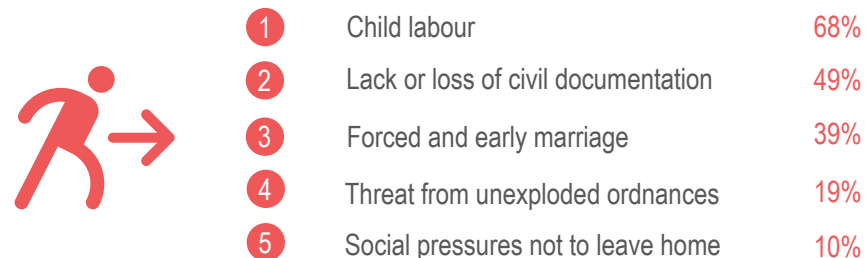
Most commonly reported protection risks faced by residents

(by % of 608 communities where risks reported):⁴



Most commonly reported protection risks faced by IDPs

(by % of 610 communities where risks reported):⁴



Resident group reportedly most affected by most commonly reported protection risks (by % of communities where each risk was reported):⁴

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 332 communities where reported):	Boys under 18	99%
2	Lack or loss of civil documentation (by % of 251 communities where reported):	Boys under 18	45%
3	Forced and early marriage (by % of 195 communities where reported):	Girls under 18	99%
4	Housing, land, and property issues (by % of 151 communities where reported):	Men	88%
5	Threat from unexploded ordnances (by % of 118 communities where reported):	All groups	98%

IDP group reportedly most affected by most commonly reported protection risks (by % of communities where each risk was reported):⁴

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 412 communities where reported):	Boys under 18	99%
2	Lack or loss of civil documentation (by % of 299 communities where reported):	All groups	42%
3	Forced and early marriage (by % of 238 communities where reported):	Girls under 18	99%
4	Threat from unexploded ordnances (by % of 118 communities where reported):	All groups	100%
5	Social pressures not to leave home (by % of 58 communities where reported):	All groups	36%

ENDNOTES

1. The western part of Aleppo where humanitarian response and coordination are conducted from the northwest rather than the northeast.
2. KIs could select three answers, thus findings might exceed 100%.
3. Types of KIs that were interviewed for this round of data collection: civil society group, local charity, local council, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse) and other.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs could select five answers, thus findings might exceed 100%.
6. According to the [REACH Market Monitoring April 2020](#) 1 USD = 1,215 SYP, so 23,700 SYP = 19.51 USD.
7. Due to differences in what are known to be common shelter types, KIs could choose between 4 answer options (in addition to selecting and specifying "other") for the question related to shelter types of residents, whereas there were 13 answer options related to shelter types of IDPs. The answer option 'tent' was only asked in relation to shelter types of IDPs, therefore comparisons cannot be made between residents and IDPs for this option.
8. Winter items include winter heaters, heating fuel, winter clothes, winter shoes, winter blankets.
9. KIs were asked to report on the presence of occupied shelters in their communities falling under the following damage categories: no damage, minor damage (cracks in walls, leading roof, need of new doors and window repairs, etc.), major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls), severe damage (buildings with significant structural damage to column slabs, or loadbearing walls; cracking, steel elements and deformations visible in concrete; the building would require extensive repairs), completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
10. KIs were asked about the situation currently, instead of the last 30 days.
11. KIs were asked about the situation in the last two months, instead of the last 30 days.

ENDNOTES - CONTEXT

- a. Reuters. (6 March 2020). Russia, Turkey agree ceasefire deal for Syria's Idlib. Retrieved from <https://www.reuters.com>
- b. UN Office for the Coordination of Humanitarian Affairs. (17 April 2020). Recent Developments in Northwest Syria - Situation Report No. 12 - As of 17 April 2020. Retrieved from <https://reliefweb.int>
- c. Live UA map Syria (1 March-17 April 2020). Retrieved from <https://syria.liveuamap.com>
- d. Mercy Corps – Humanitarian Access Team. (March - April 2020). Weekly reports. Retrieved from <https://www.humanitarianaccesssteam.org/reports-weekly>
- e. UN Office for the Coordination of Humanitarian Affairs. (12 March 2020). Recent Developments in Northwest Syria - Situation Report No. 10 - As of 12 March 2020. Retrieved from <https://reliefweb.int>
- f. UN Office for the Coordination of Humanitarian Affairs. (17 April 2020). COVID-19 Humanitarian Update No. 06. Retrieved from <https://reliefweb.int/>
- g. REACH. (6-13 April). Northeast Syria Market Monitoring Exercise. Retrieved from <https://reliefweb.int/>

METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Ar-Raqqa, Al Hasakeh, Aleppo, and Deir-ez-Zorg governorates. Data for this assessment was collected between 5-17 April, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (March/April 2020). REACH enumerators are based inside Syria and interview key informants (KIs), either directly or remotely (via phone) depending on the security situation. KIs are located in the communities that they are reporting on. KI types generally include local council members, Syrian non-governmental organization (NGO) workers, medical professionals, teachers, shop owners and farmers, among others, and KIs are chosen based on their community-level and sector-specific knowledge. Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-ups are conducted with enumerators. The HSOS project has monitored the situation in Syria since 2013, and its methodology and procedures have evolved significantly since that time. An overview of previous HSOS publications can be found in our [catalogue](#). An overview of HSOS history and methodological changes can be found in the [Terms of Reference](#). Findings are indicative rather than representative, and should not be generalised across the region.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter [@REACH_info](https://twitter.com/REACH_info).

A NOTE ON GENDER, AGE, AND DIVERSITY SENSITIVITY

A thorough review and revision of the HSOS questionnaire was undertaken in order to ensure that the questionnaire is gender, age, and diversity sensitive. HSOS primarily approaches these important aspects through the inclusion, across all sections of the questionnaire, of answer options that are intended to capture any particular conditions or challenges experienced by people of different genders, ages, and abilities. For example, when asking about challenges to repairing shelters or accessing food markets, KIs can select the options that “women and girls feel uncomfortable to have men doing repairs,” and “women and girls are not allowed to access markets alone,” among others. Answer options related to persons with disabilities are similarly included where appropriate. Additionally, when possible, questions are disaggregated by age and gender (for example in the education and protection sections). Furthermore, the gender breakdown of KIs is monitored internally on a monthly basis to further promote a gender sensitive approach while conducting the assessment.