

## ABOUT THE ASSESSMENT

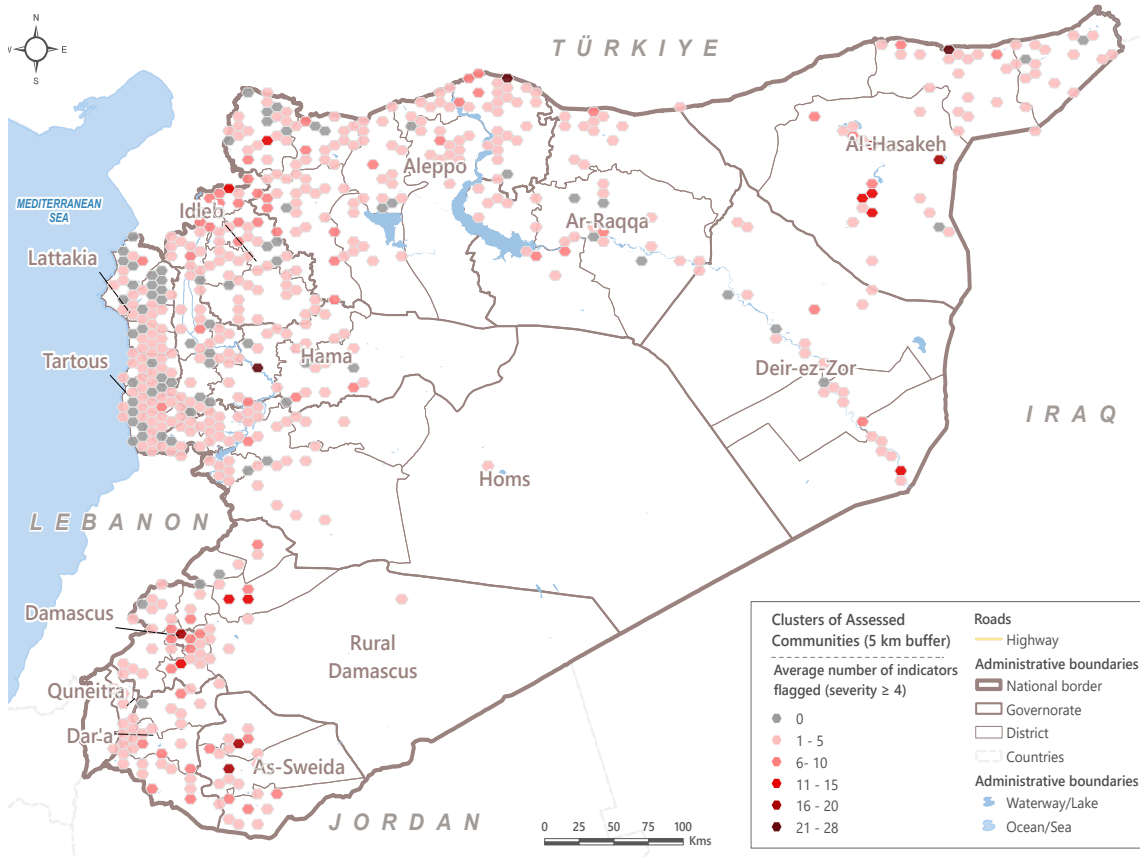
HSM is a key informant (KI) assessment that monitors humanitarian conditions and needs across communities in Syria on a quarterly basis. Results are indicative and are presented as the percentage of assessed communities where KIs reported a given condition.

### KEY MESSAGES

- **Economic access constraints remained the main barrier to meeting basic needs.** While reported economic barriers to food access decreased from 89% in November to 78% in March, 73% of assessed communities still reported problems accessing food, and 61% reported a large increase in prices.
- **Livelihood indicators point to continued pressure on household recovery.** Reported problems earning enough income increased from 89% to 91%, while low wage offers increased from 84% to 88%, indicating persistent income constraints despite partial availability of goods and services.
- **Health access showed mixed monitoring signals.** Reported problems accessing healthcare decreased from 77% to 72%, and lack of medicine from 57% to 52%; however, the share of communities reporting unavailable health campaign services increased from 26% to 31%, suggesting uneven outreach coverage.
- **Severe flags were concentrated in a limited number of governorates.** Sweida and Rural Damascus had the highest proportion of assessed communities with more than five severe flags, followed by Idleb, Dar'a, and Al-Hasakeh, highlighting localized hotspots for continued monitoring.

## SEVERITY MAP

The map shows the number of indicators flagged as severe in each assessed community. Each point represents a community, while the colour indicates how many indicators reached severity level 4 or above, either across sectors or within the same sector. This section highlights governorates where severe flags were most frequently concentrated.



**Governorates with the highest proportion of assessed communities reporting more than five severe flags:**

- 35% Sweida
- 35% Rural Damascus
- 30% Idleb
- 30% Dar'a
- 25% Al-Hasakeh

In Sweida, protection concerns were the most frequently reported priority among assessed communities with multiple severe flags. This aligns with recent localised conflict dynamics and insecurity, including reported tensions involving Druze communities and government forces, which may have contributed to heightened protection risks.<sup>1</sup>

In Rural Damascus, health and livelihoods were the main concerns among communities with multiple severe flags.

Population movements from Lebanon in March, including arrivals to areas such as Jdaidet Yabous, may have increased pressure on already constrained health services, assistance provision, and livelihood opportunities.<sup>2</sup>

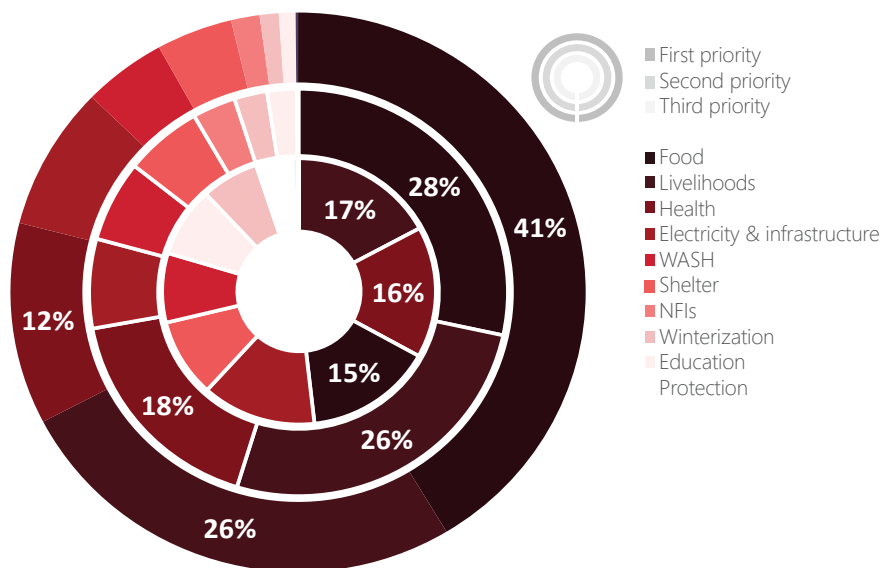
In Idleb, health and livelihoods were the main concerns. Heavy rains and flooding in March affected parts of northwest and northeast Syria, including Idleb, where approximately 19,056 people were reportedly affected and 3,429 shelters damaged. These shocks may have further affected agricultural livelihoods and access to services.<sup>3</sup> In Dar'a, health concerns remained linked to long-term degradation of health infrastructure, with facilities reportedly only partially functional in some areas. Recent insecurity and displacement inflows may have further increased pressure on already fragile health services.<sup>4</sup>

In Al-Hasakeh, KIs reported significant livelihood, protection, and health concerns. Around 1,436 families were reportedly displaced, while adverse weather conditions in March further worsened conditions, particularly along the Al-Khabur basin.<sup>5</sup>

## PRIORITY NEEDS & KEY FINDINGS

Food security remained the most frequently reported first priority need, while livelihoods and health were most often reported as second and third-order priorities.

At national level, the combined ranking of first, second, and third priority needs placed food security first (within top 3 priority needs in 84% of communities), followed by livelihoods (69%) and health (46%). This suggests that immediate consumption needs remain central, while income generation and access to services continue to shape recovery prospects.



### Food Security

**Nov 73%** **Mar 73%**  
had problems accessing food

Hasakeh	98%	Quneitra	100%
Raqqa	91%	Damascus	100%
Deir-ez-Zor	85%	Deir-ez-Zor	97%

**Nov 89%** **Mar 78%**  
faced economic barriers to access food

Raqqa	100%	Damascus	100%
Hasakeh	98%	Hasakeh	93%
Rural Damascus	96%	Raqqa	91%

**Mar 61%**  
reported big increase in prices\*

Damascus	100%
Deir-ez-Zor	94%
Aleppo	89%

### Livelihoods

**Nov 89%** **Mar 91%**  
had problems earning enough income to meet basic needs

Hasakeh	100%	Hasakeh	100%
Idleb	97%	As-Sweida	100%
Raqqa	95%	Damascus	100%

**Nov 84%** **Mar 88%**  
had low wage offers

Damascus	100%	Damascus	100%
Hasakeh	98%	Deir-ez-Zor	97%
Deir-ez-Zor	94%	Hasakeh	95%

**Nov 55%** **Mar 61%**  
relied on farming for food

Homs	76%	Damascus	100%
Deir-ez-Zor	72%	As-Sweida	92%
Idleb	62%	Tartous	67%

### Health

**Nov 77%** **Mar 72%**  
had problems accessing healthcare

Hasakeh	98%	Damascus	100%
Raqqa	90%	Hasakeh	97%
Deir-ez-	90%	Deir-ez-Zor	94%

**Nov 57%** **Mar 52%**  
had a lack of medicine

Deir-ez-Zor	84%	Damascus	100%
Lattakia	70%	Dar'a	89%
Idleb	66%	As-Sweida	71%

**Nov 26%** **Mar 31%**  
reported health campaign services were not available

Hasakeh	66%	Hasakeh	68%
Raqqa	48%	Quneitra	53%
Deir-ez-Zor	44%	Raqqa	50%

**Food security** : Food security concerns were primarily linked to economic access. In 73% of assessed communities, KIs reported problems accessing food, unchanged from November. Economic barriers to food access were reported in 78% of assessed communities, down from 89% in November, while 61% reported a large increase in prices. In 49% of communities, KIs reported that a minority of households, less than 25%, engaged in severe food-related coping strategies. Food availability at markets was reported as sufficient in 85% of assessed communities.

**Livelihoods** : Livelihood concerns remained widespread. In 91% of assessed communities, KIs reported problems earning enough income to meet basic needs, compared with 89% in November. Livestock-related challenges were reported in 87% of assessed communities, mainly due to lack of feed, animal disease, and high prices. Agricultural constraints were primarily linked to lack of inputs, economic barriers, and environmental factors, limiting both current production and future planting capacity.

**Health** : Health indicators showed mixed trends. Reported problems accessing healthcare decreased from 77% in November to 72% in March, while reported lack of medicine decreased from 57% to 52%. However, communities reporting that health campaign services were unavailable increased from 26% to 31%. Nutrition screening was reported in 45% of communities, while 39% reported no screening, indicating uneven preventive service coverage. However, 32% reported no recent mobile team visits, indicating inconsistent outreach coverage.

\* The price increase indicator was added in this round and is therefore not comparable with November. It will be monitored in future rounds as a potential driver of economic access constraints.

## SECTORAL FINDINGS

The following results are presented as percentage of assessed communities at national level.

### Displacement trends

Arrivals and broader displacement patterns were still mainly conflict-driven, with armed conflict cited in 75% of cases as a reason for displacement, followed by lack of work (23%) and temporary movement (23%). Recent outflows were reported but relatively limited, with 12% of communities indicating people left.

### WASH

The main barriers to water access were primarily economic and service-related, led by economic limitations (38%), insufficient access (34%), and lack of fuel/electricity for pumps (33%). Hygiene constraints were even more clearly affordability-driven, with 81% of communities reporting that people cannot afford hygiene-related expenses.

### Protection & Social Cohesion

Tensions between residents existed were most often linked to political factors (54%) and some reflected divides such as host vs. IDPs (31%). Protection concerns were more closely associated with broader insecurity and stress with 43% of communities reporting that people feel distressed. In terms of main perceived risks, it was reported fear of imminent conflict (55%) and theft (38%); child labor was noted as a structural vulnerability in 19% of communities.

### Electricity and infrastructure

In 74% of assessed communities, KIs reported reliance on the main electricity network. However, supply remained limited and uneven: 38% of communities reported an average of 7 to 12 hours of electricity per day, 33% reported 2 to 6 hours per day, and only 9% reported more than 18 hours per day.

### Shelter & NFIs

Moderate shelter problems were reported in 33% of assessed communities. The main reported barrier was inability to afford shelter-related costs, cited in 75% of communities. Shelter damage was most often moderate (48%), while severe damage was reported in 10%. Where recent damage was reported, conflict was cited as the primary cause (75%), followed by flooding (25%).

### Accountability to affected population

Access to assistance remained constrained primarily by lack of provision: 62% reported no aid distributed followed by 33% reported that aid was insufficient. In terms of preferences, food assistance was the most preferred modality (85% of communities) followed by cash assistance (67%) and health services (50%). Information needs were strongly focused on access pathways, with 71% KIs reported that, requesting information on how to register for aid was the most frequently cited information need.

## SEVERITY INDEX METHODOLOGY

The [Area of Knowledge Severity Index \(AoK SI\)](#)<sup>1</sup> is a composite index methodology that aims to provide a standardized and efficient approach to summarising and interpreting AoK data into meaningful and actionable analysis of acute multisectoral humanitarian needs at community and area level. The AoK SI has indicators across nine sectors or themes: Food Security; Livelihoods; Shelter; Water, Sanitation, and Hygiene (WASH); Health; Protection; Education; Market Functionality; and Shocks. In terms of the threshold, the cutting point is 4 as *the standard because it effectively identifies critical needs while aligning with established frameworks*.

For the case of Syria, **53 indicators were analysed to calculate the Flag Index**. This approach enables the prioritisation of response actions within a crisis based on an absolute comparison of the severity of needs using a predefined scale. It is important to note that these thresholds are applied per individual indicator, and should not be interpreted as part of a cumulative or scoring system. The severity scale ranges as follows:

- 1 - **None/minimal:** Essential basic sectoral needs are met
- 2 - **Stress:** Borderline inability to meet basic sectoral needs
- 3 - **Crisis/Severe:** Moderate inability to meet basic sectoral needs (and moderate risk of preventable loss of life)
- 4 - **Emergency/Extreme:** Extreme inability to meet basic sectoral needs (and high risk of preventable loss of life)
- 4+ - **Extreme Emergency/Catastrophic/Sectoral Collapse:** Collapse of basic services and/or total inability to meet basic sectoral needs (and very high risk of preventable loss of life)

## External links

- 1 Syrian Network for Human Rights. "Documentation of the killing of five civilians by gunfire from a member of the international security forces in the village of Al-Matouna in the countryside of Sweida Governorate". February 2026. Source: [link](#)
- 2 UNHCR. "Regional Flash Update No. 70. March 2026. Source: [link](#)
- 3 Flash Update No. 1 - Flooding in North and East Syria: [link](#)
- 4 Médecins Sans Frontières. "Addressing people's medical needs in Dara'a after years of conflict". December 2025. Source: [link](#)

## KEY INFORMATION

Governorates: **14**  
 Communities assessed: **747**  
 Key informants: **1,099**  
 Data collection dates: **02-10 March**  
 Recall period of indicators: **30 days**

## ABOUT REACH

REACH Initiative 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).