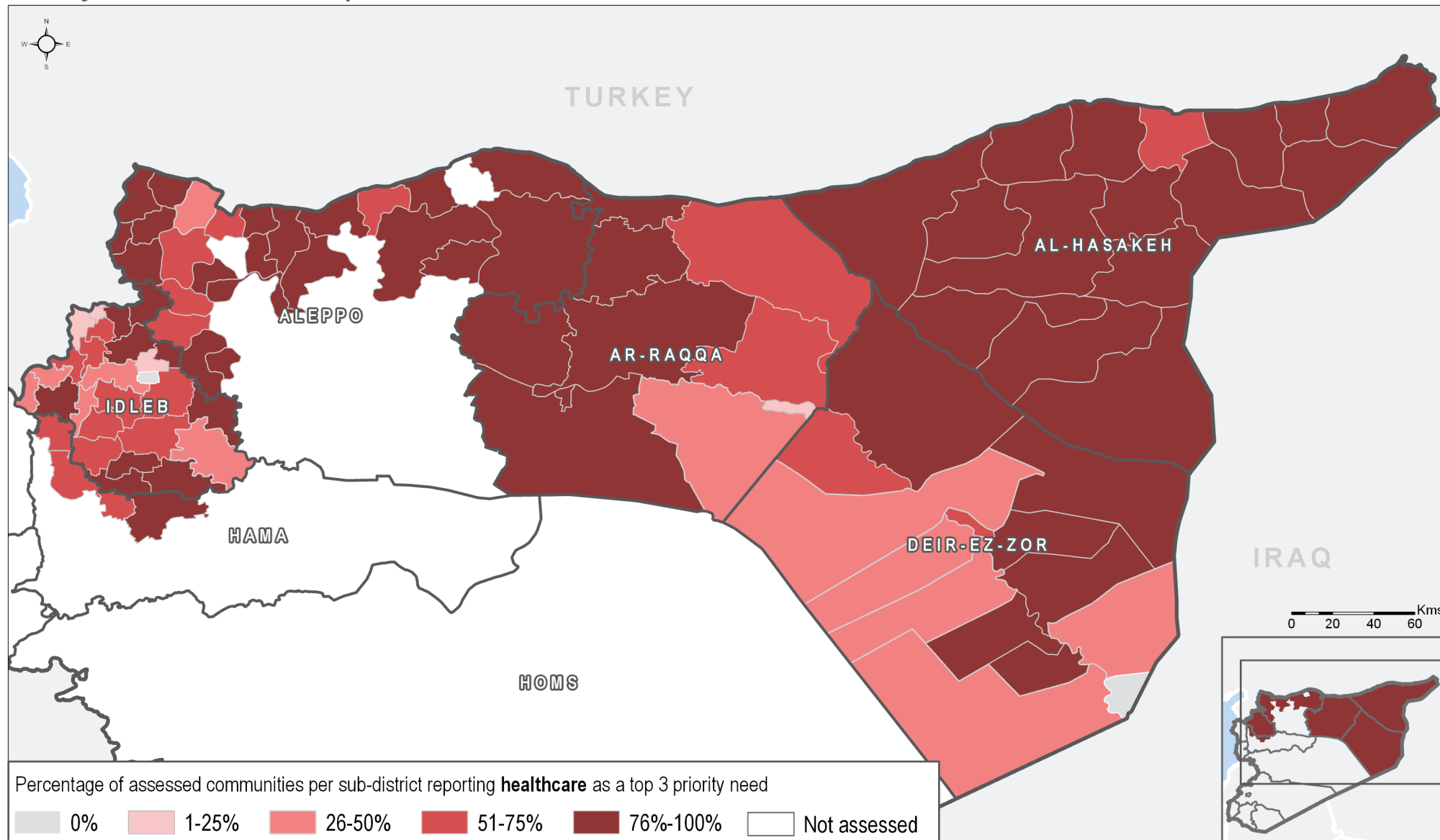


Priority Need: Healthcare - April 2019

Humanitarian Purposes Only
Production date : 02/06/2019



Data source: REACH - Humanitarian Situation Overview of Syria (HSOS)

Priority need questions were 'select up to three' so the percentages across all maps add up to more than 100%.

Priority needs reported are the perceived top 3 priority needs as reported by KIs within assessed communities and are not necessarily representative of actual priorities.

Annexes detailing the priorities reported by each assessed community are available on request.

Number of assessed communities in sub-district reporting healthcare as top 3 priority need

admin1Name	admin3Name	Healthcare	admin1Name	admin3Name	Healthcare	admin1Name	admin3Name	Healthcare	admin1Name	admin3Name	Healthcare
Al-Hasakeh	Al-Hasakeh	5/6	Aleppo	Bulbul	32/34	Ar-Raqqa	Sabka	4/10	Idleb	Badama	5/10
Al-Hasakeh	Al-Malikeyyeh	32/36	Aleppo	Daret Azza	14/25	Ar-Raqqa	Suluk	4/6	Idleb	Bennsh	1/4
Al-Hasakeh	Amuda	14/17	Aleppo	Ghandorah	21/34	Ar-Raqqa	Tell Abiad	25/26	Idleb	Dana	18/20
Al-Hasakeh	Areesheh	11/12	Aleppo	Hadher	1/1	Deir-ez-Zor	Abu Kamal	4/10	Idleb	Darkosh	15/26
Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	9/9	Aleppo	Haritan	8/8	Deir-ez-Zor	Al Mayadin	4/8	Idleb	Ehsem	14/19
Al-Hasakeh	Darbasiyah	15/15	Aleppo	Jandairis	40/44	Deir-ez-Zor	Ashara	6/7	Idleb	Harim	1/5
Al-Hasakeh	Hole	1/1	Aleppo	Jarablus	28/35	Deir-ez-Zor	Basira	12/14	Idleb	Heish	13/17
Al-Hasakeh	Jawadiyah	15/16	Aleppo	Ma'btali	25/25	Deir-ez-Zor	Deir-ez-Zor	7/22	Idleb	Idleb	4/15
Al-Hasakeh	Markada	10/11	Aleppo	Mare'	5/6	Deir-ez-Zor	Hajin	2/5	Idleb	Janudiyeh	7/14
Al-Hasakeh	Qahtaniyyeh	16/18	Aleppo	Menbij	34/35	Deir-ez-Zor	Jalaa	4/5	Idleb	Jisir-Ash-Shugur	25/32
Al-Hasakeh	Quamishli	18/26	Aleppo	Nabul	1/1	Deir-ez-Zor	Khasham	6/9	Idleb	Kafr Nobol	19/28
Al-Hasakeh	Ras Al Ain	4/4	Aleppo	Raju	45/50	Deir-ez-Zor	Kisreh	34/37	Idleb	Kafr Takharim	6/10
Al-Hasakeh	Shadadah	6/6	Aleppo	Sarin	9/10	Deir-ez-Zor	Muhasan	2/6	Idleb	Khan Shaykun	9/11
Al-Hasakeh	Tal Hmis	9/11	Aleppo	Sharan	16/35	Deir-ez-Zor	Sur	15/15	Idleb	Ma'arrat An Nu'man	24/38
Al-Hasakeh	Tal Tamer	4/4	Aleppo	Sheikh El-Hadid	10/13	Deir-ez-Zor	Susat	0/1	Idleb	Maaret Tamsrin	13/16
Al-Hasakeh	Ya'robiyah	3/3	Aleppo	Suran	19/25	Deir-ez-Zor	Tabni	8/13	Idleb	Mhambal	11/23
Aleppo	A'zaz	9/16	Aleppo	Zarbah	14/16	Deir-ez-Zor	Thiban	9/11	Idleb	Qourqeena	12/15
Aleppo	Abu Qalqal	9/9	Ar-Raqqa	Al-Thawrah	1/1	Hama	Kafr Zeita	4/6	Idleb	Salqin	3/24
Aleppo	Afrin	27/41	Ar-Raqqa	Ar-Raqqa	59/72	Hama	Madiq Castle	16/23	Idleb	Sanjar	3/9
Aleppo	Aghtrin	36/40	Ar-Raqqa	Ein Issa	16/19	Hama	Suran	1/1	Idleb	Saraqab	13/25
Aleppo	Ain al Arab	7/7	Ar-Raqqa	Jurneyyeh	37/42	Hama	Ziyara	6/10	Idleb	Sarmin	0/1
Aleppo	Al Bab	21/23	Ar-Raqqa	Karama	13/18	Idleb	Abul Thohur	5/5	Idleb	Tamanaah	5/5
Aleppo	Ar-Ra'ee	29/31	Ar-Raqqa	Maadan	1/5	Idleb	Ariha	21/34	Idleb	Teftnaz	6/7
Aleppo	Atareb	18/30	Ar-Raqqa	Mansura	15/17	Idleb	Armanaz	8/14			

Data source: REACH - Humanitarian Situation Overview of Syria (HSOS)

Humanitarian Situation Overview in Syria (HSOS) April 2019

HEALTH IN NORTHEAST SYRIA (NES)

- 307/635** Communities reported that no assessed medical items were available in their community.¹
- 191/635** Communities reported that the majority of women did not give birth in a formal health facility.
- 6/635** Communities reported that some individuals had been diagnosed with Severe Acute Malnutrition (SAM).²

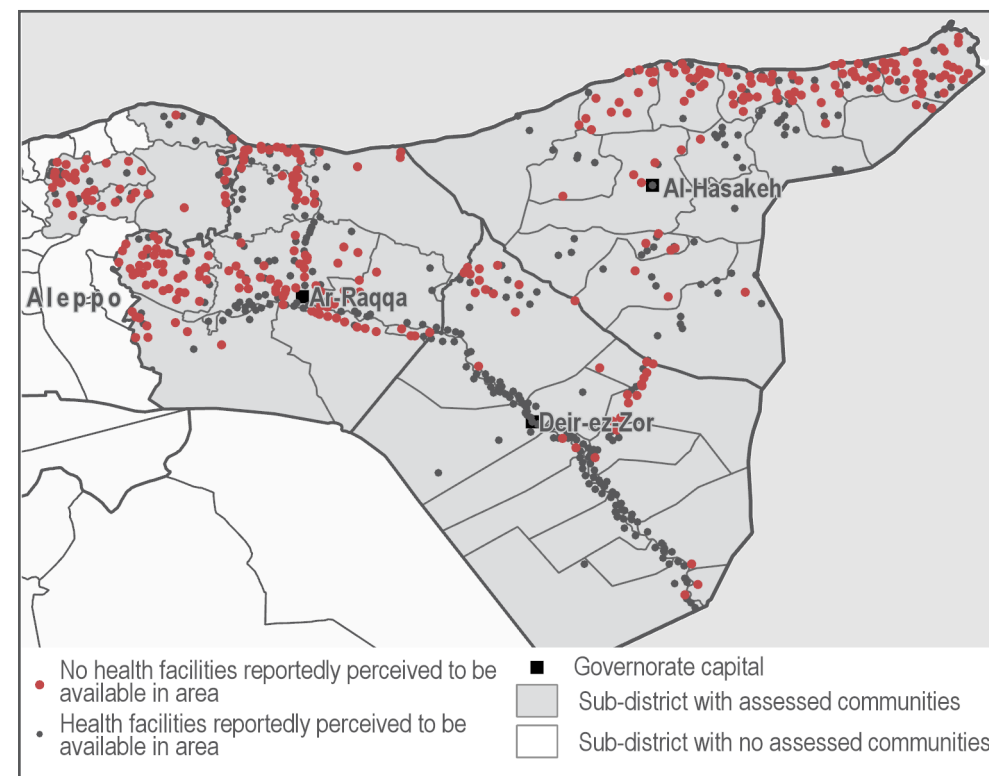
19 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 616 assessed communities were:^{3,4,5}



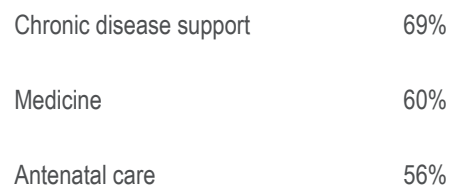
251 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 383 communities were:^{3,4,5}



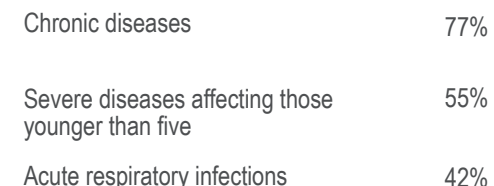
Presence of medical facilities in assessed communities:



Top 3 most needed healthcare services reported:^{3,4}



Top 3 most common health problems reported:^{3,4}



Humanitarian Situation Overview in Syria (HSOS) April 2019

HEALTH IN NORTHWEST SYRIA (NWS)

213/1000 Communities reported that no assessed medical items were available in their community.¹

123/1000 Communities reported that the majority of women did not give birth in a formal health facility.

11/1000 Communities reported that some individuals had been diagnosed with Severe Acute Malnutrition (SAM).²

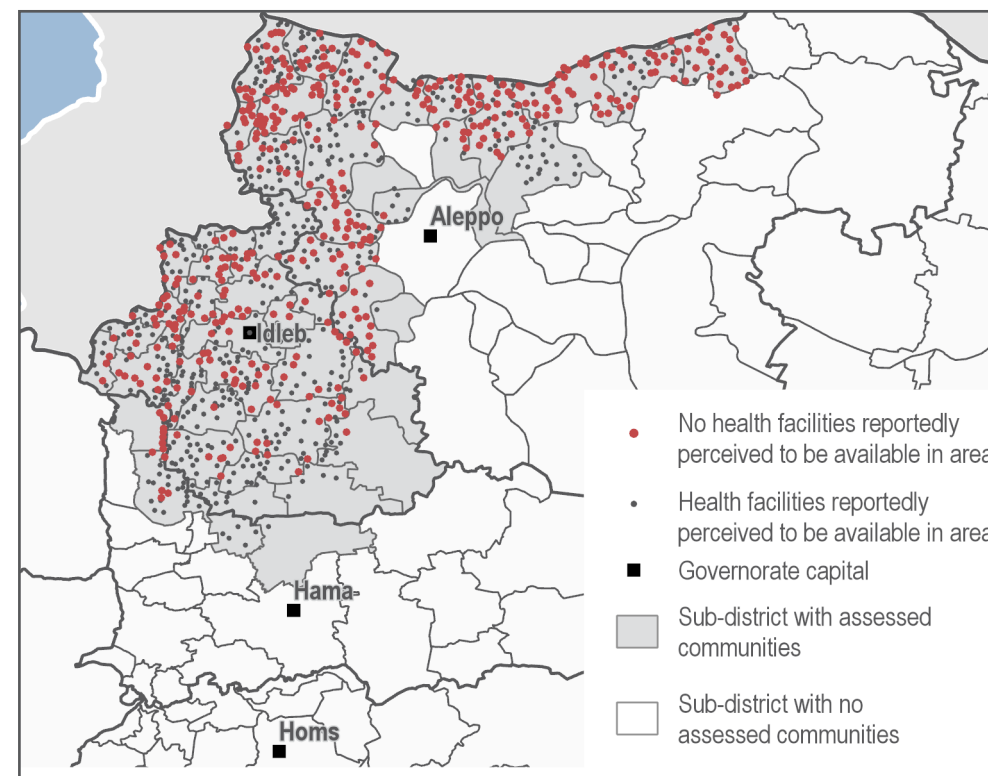
238 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining **762 assessed communities** were:^{3,4,5}



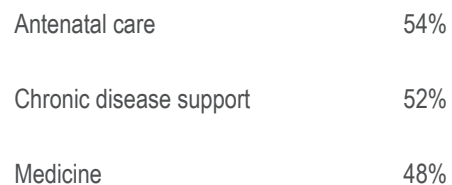
911 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining **89 communities** were:^{3,4,5}



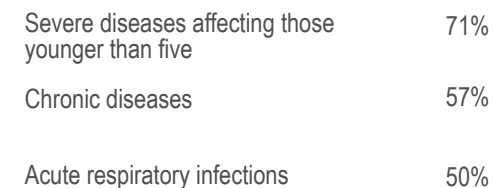
Presence of medical facilities in assessed communities:



Top 3 most needed healthcare services reported:^{3,4}



Top 3 most common health problems reported:^{3,4}



METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idleb, Aleppo, northern Hama, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints render direct data collection unfeasible, some KI interviews are conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact multiple KIs in their community in Syria to collect information about their community. KIs are asked to report at the community level. This factsheet presents information gathered in 1,635 communities. Data was collected during the month of May 2019, and refers to the situation in April 2019.

KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagree on a certain piece of information, enumerators triangulate the data with secondary sources or select the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels are assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the [final dataset](#). The full confidence matrix used to assign confidence levels is available upon request.

Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up is conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the region.

ENDNOTES

¹ Assessed HSOS medical items: anti-anxiety medication, contraception, clean bandages, blood transfusion bags, diabetes medicine, anaesthetics, blood pressure medicine, antibiotics, burn treatment.

² This information was derived from medical professionals (KIs). The total number of communities refers to all communities that had a KI as medical professional available. ³ Assessed using select multiple questions. ⁴ By percentage of communities reporting. ⁵ Not all surveys have answers for every question, in these scenarios the KI or participant will input no answer. When the dataset has no answer for a particular question the reported number of assessed communities will not add up to the total number of communities assessed and percentages will be calculated based on submitted responses.

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](#).