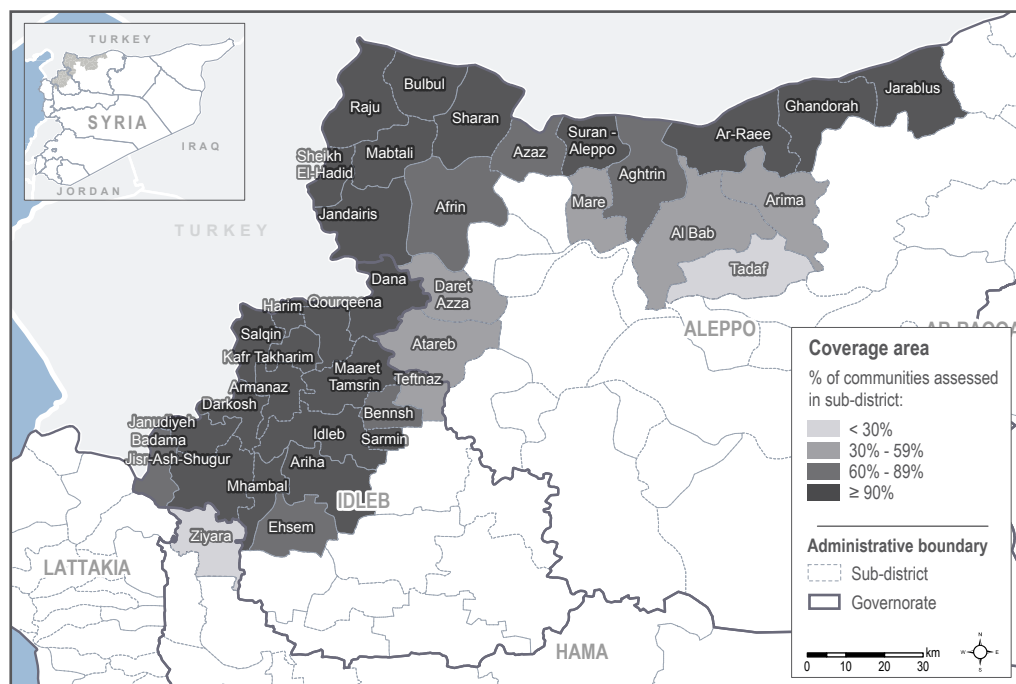


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA SEPTEMBER 2020

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 and non-food items (NFIs), water, sanitation and hygiene (WASH), food security and livelihoods (FSL), health, education, protection, humanitarian assistance and accountability to affected populations (AAP), as well as priority needs.

This factsheet presents information gathered in 891 communities across western Aleppo¹ (25 communities), northern Aleppo (522 communities), Idlib (339 communities), and Hama (5 communities) governorates. Data was collected between 5-17 of September 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (August/September 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

September findings suggest that **poor economic conditions, protection risks specific to children, and the spread of COVID-19 are the primary challenges for communities in northwest Syria (NWS)**. The depreciation of the Syrian Pound (SYP) against the US Dollar, the instability of the Turkish Lira, and the declining purchasing power of Syrian households have negatively impacted livelihoods. High housing prices and unaffordability of shelter repair services and materials were evident, especially in northern Aleppo. KIs in more than 90% of communities cited low wages as a barrier to fulfilling basic needs. Additionally, affordability emerged as the top barrier to food security, as reported by KIs in 78% (for residents) and 81% (for IDPs) of communities where barriers were present.




KIs also reported protection risks specific to children. In communities where risks were reported, roughly 70% of KIs selected child labour, while nearly half selected forced or early marriage. **Child labour was utilized to cope with a lack of sufficient household income**, and this coping strategy was most commonly reported in Daret Azza and northern Idlib.

Finally, the COVID-19 pandemic continued to impact northwest Syria. As of 12 September, 213 cases had been identified in the region, and COVID-19 had begun to spread in camps near Sarmada^b and Bab Alsalameh.^c **The pandemic reportedly disrupted access to basic services in many communities and negatively affected livelihoods**. While home-based and agricultural enterprises were relatively unaffected, manufacturing and trade were significantly disrupted by the spread of the virus.

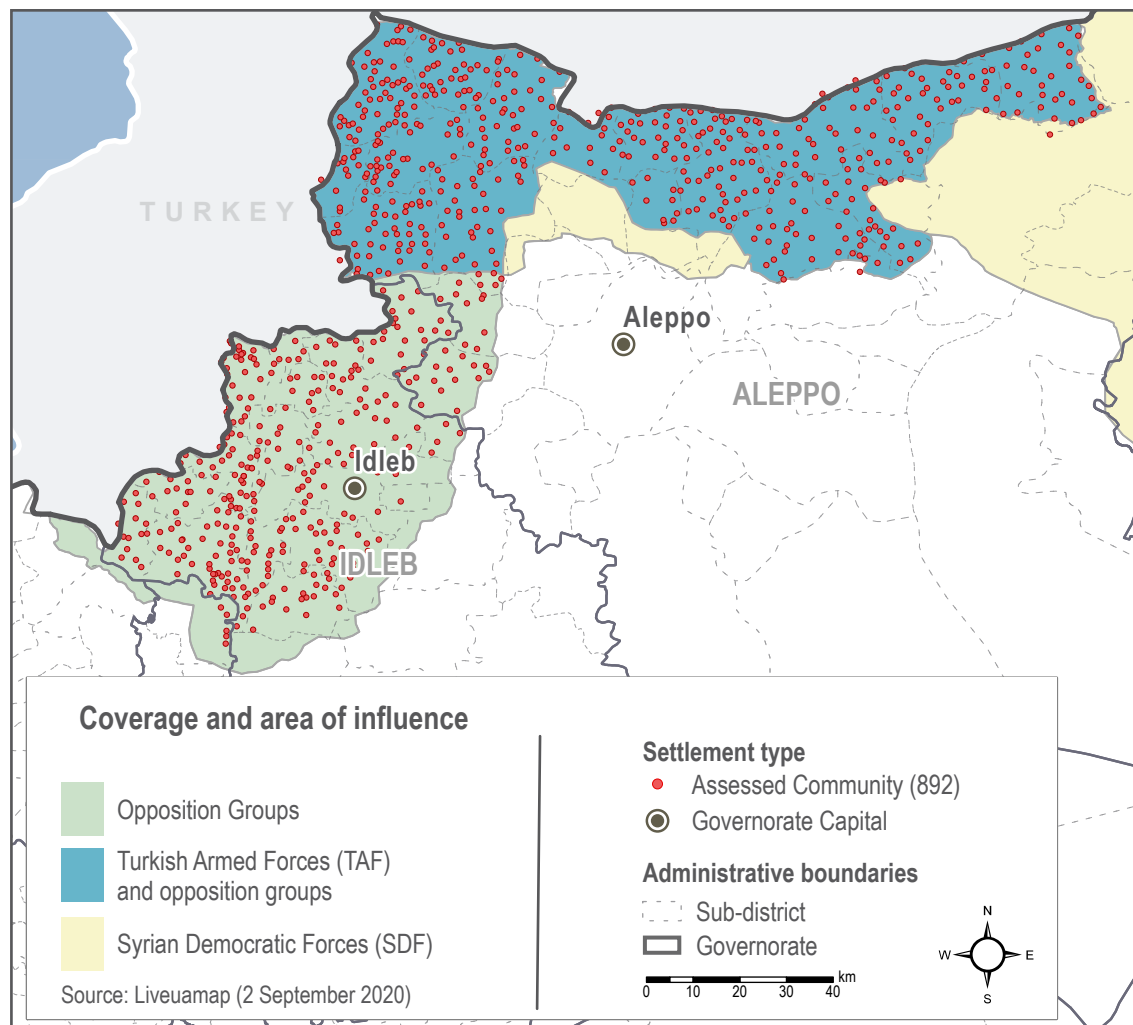
Top 3 reported overall priority needs in assessed communities:²

- 1** Livelihoods
- 2** NFIs
- 3** Food

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

-  **3,127 KIs**
-  **18% female KIs**
-  **13 types of KIs³**

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



During the reporting period, northwest Syria was impacted by the spread of COVID-19, economic deterioration, and continued insecurity in southern Idlib and western Aleppo.

A total of 213 coronavirus cases were recorded in northwest Syria. Of these, 69 were diagnosed in Idlib and 144 in Aleppo between 9 July and 12 September,^a with two each in Sarmada^b and Bab Alsalameh^c IDP camps. In September, the United Nations cited economic deterioration and competition for limited medical supplies as challenges in responding to the pandemic in Syria.^d In Idlib governorate, medicine prices increased by 28% between 8 and 15 August.^e

Economic instability also impacted the context more generally. Food and fuel prices increased markedly in August, and the decline of the Turkish Lira against the US Dollar led to market disruptions in areas where the Lira is circulated.^f According to REACH's monthly [Market Monitoring data](#) for September, the cost of a Survival Minimum Expenditure Basket (SMEB) in northwest Syria was 227,682 SYP.^g

During the reporting period, explosive hazards were linked to civilian casualties in Idlib and Aleppo. In early August, shelling in Bennsh led to the deaths of three civilians.^h On 7 August, the detonation of unexploded ordnance in Jisr Ash-Shughur caused the death of a child and injured five others.ⁱ On 20 August, a possible IED explosion in Al-Allani village led to the deaths of three children and the injury of two others.^j Finally, on 21 August, agricultural workers in rural Idlib were impacted by rocket fire, resulting in two fatalities.^k

RESIDENT PRIORITY NEEDS

Top ranked priority needs for residents

(by % of 884 communities where KIs selected a first, second, and third priority need) for residents:²

	1st	2nd	3rd	Overall	
Livelihoods		21%	15%	42%	78%
Food		28%	18%	9%	54%
NFIs		5%	30%	18%	53%
Health		27%	14%	10%	52%
WASH		13%	15%	13%	41%
Education		1%	4%	4%	9%
Shelter		5%	1%	2%	7%
Protection		1%	3%	2%	5%

Top three most commonly reported Food needs for residents

(by % of 481 communities where Food was reported as a priority need):²

1 Bread	77%
2 Rice	59%
3 Sugar	40%

Top three most commonly reported NFIs needs for residents

(by % of 471 communities where NFIs was reported as a priority need):²

1 Solar panels	78%
2 Cooking fuel	63%
3 Other batteries	52%

Top three most commonly reported Livelihoods needs for residents

(by % of 686 communities where Livelihoods was reported as a priority need):²

1 Tools or equipment for production	79%
2 Access to humanitarian programmes supporting livelihoods	72%
3 Access to credit for entrepreneurial investment	36%

IDP PRIORITY NEEDS

Top ranked priority needs for IDPs

(by % of 851 communities where KIs selected a first, second, and third priority need for IDPs):²

	1st	2nd	3rd	Overall	
Food		37%	20%	9%	66%
NFIs		5%	29%	29%	64%
Livelihoods		13%	16%	31%	61%
Shelter		25%	6%	6%	37%
WASH		5%	15%	13%	33%
Health		14%	9%	7%	30%
Education		0%	2%	2%	4%
Protection		1%	2%	2%	4%

Top three most commonly reported Food needs for IDPs

(by % of 565 communities where Food was reported as a priority need):²

1 Bread	84%
2 Rice	55%
3 Sugar	42%

Top three most commonly reported NFIs needs for IDPs

(by % of 542 communities where NFIs was reported as a priority need):²

1 Solar panels	69%
2 Cooking fuel	66%
3 Other batteries	39%

Top three most commonly reported Livelihoods needs for IDPs

(by % of 517 communities where Livelihoods was reported as a priority need):²

1 Access to humanitarian programmes supporting livelihoods	68%
2 Tools or equipment for production	53%
3 Access to credit for entrepreneurial investment	36%

SECTORAL FINDINGS



KIs in **70%** of communities reported that **households had access to humanitarian assistance** (628 of 891 communities).



KIs in **80%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (672 of 850 communities).



From 5 to 6 hours per day was the most commonly reported range for hours of electricity per day (299 (34%) of 891 assessed communities).



KIs in **61%** of communities reported that **not all households had access to sufficient water** (547 of 891 communities).



KIs in **15%** of communities reported **that households were not able to access markets within their own communities** (135 of 891 communities).



KIs in **58%** of communities reported that **households were not able to access health services in their own communities** (518 of 891 communities).



Child labour was the most commonly reported protection risk for both resident (474 (68%) of 692 communities) and IDP children (526 (75%) of 700 communities).

Humanitarian Assistance & AAP While KIs in 70% of communities reported that households were able to access humanitarian assistance, 92% of these also indicated that the aid provided was insufficient. KIs in some communities also reported that households were unaware of how to register for aid and utilize feedback mechanisms.

Shelter Affordability was a major factor in access to safe and sufficient shelter. The highest average rent prices were reported in northern Aleppo, especially in Azaz sub-district. KIs in more than a quarter of communities mentioned crowded conditions in dwellings, which may be related to affordability of housing. In communities where KIs reported barriers to shelter access, high price of repair materials (92%) and unaffordability of repair services (64%) were frequently cited.

Electricity & NFI KIs highlighted affordability issues around electricity and basic non-food items. Access to electricity varied significantly between sub-districts, and KIs in more than half of communities reported issues with physical infrastructure. While KIs in 50% of communities reported that households used solar panels to supply electricity, 79% also mentioned that solar panels were too expensive.

WASH Infrastructure inadequacies and high prices were notable barriers to accessing sufficient water and sanitation services. No community was able to access piped water seven days per week. KIs reported water trucking as the most common source of water, yet the price for the service was noted as a barrier to sufficient water in 87% of communities.

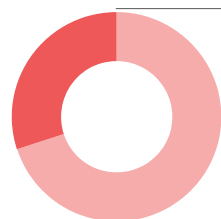
FSL Food security was reported as negatively impacted due to households facing barriers resulting from both access and affordability. Lack of transportation to markets was cited as primary barrier to food markets among resident and IDP populations, along with unaffordability. Access and affordability challenges were also linked to the adoption of negative coping strategies.

Health Households in 98% of assessed communities were reportedly able to access some type of health service in their or nearby communities, despite more than 60% of assessed communities facing healthcare barriers due to the high cost or lack of transportation. However, pharmacies were the most common accessible type of health service, and 24% of assessed locations did not have access to primary care facilities.

Protection Risks specific to children were the primary protection concerns in NWS in September. According to KIs, child labour was the most common protection risk. Forced and early marriage were also stated as common in assessed communities, along with the lack or loss of civil documentation and violent events.

HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 891 assessed communities):



Yes: 70%
No: 30%

While KIs in 70% of communities reported that households were able to access humanitarian assistance, 92% of these also indicated that the aid provided was insufficient. Also, about a third of KIs cited poor targeting of beneficiaries as a barrier to accessing sufficient assistance. KIs in some communities also reported that households were unaware of how to register for aid and utilize feedback mechanisms.

Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 608 communities where access was reported, and by % of 263 communities where no access was reported):⁴

Communities reporting access to humanitarian assistance

Assistance provided was insufficient	92%
Poor targeting of beneficiaries who receive assistance	32%
Types of assistance provided were not relevant to needs	19%

Communities reporting no access to humanitarian assistance

No humanitarian assistance was available	92%
Not aware of what assistance was available or eligibility criteria	6%
Not aware of the procedures to follow to receive assistance	4%

Most commonly reported information gaps for households with regard to humanitarian assistance (by % of 891 communities where missing information was reported):⁵

1 How to find work	64%
2 How to get more money and financial support	56%
3 How to register for aid	53%
4 How to get food	26%
5 How to replace personal documentation	20%

Most commonly reported types of humanitarian assistance households had access to (by % of 628 communities where access to humanitarian assistance was reported):⁴

Food, nutrition	68%
Health	59%
WASH	37%
Cash assistance vouchers or cash in hand	8%
Protection including information services	5%
NFIs	4%
Electricity assistance	2%
Livelihood support	2%
Shelter	2%
Agricultural supplies	1%
Education	1%

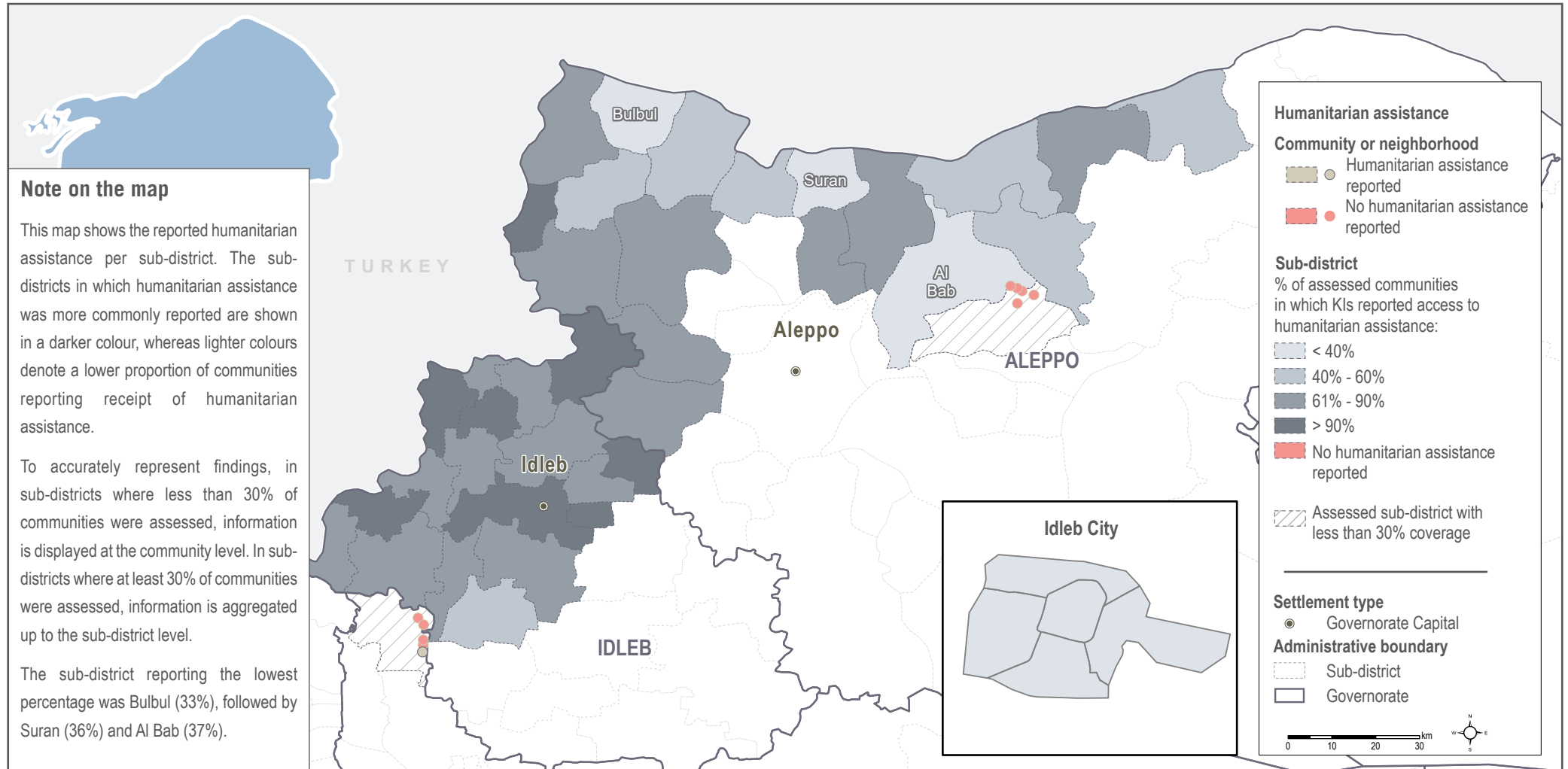
Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation

(by % of 891 communities where preferred ways were reported):²

1 WhatsApp (or other mobile phone-based platforms)	85%
2 In person	68%
3 Social media (Twitter, Facebook, etc.)	36%
4 Phone call	16%
5 Leaflets	12%

41% In 41% of the assessed communities able to access assistance and reporting barriers to assistance (258/628), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**⁹

REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

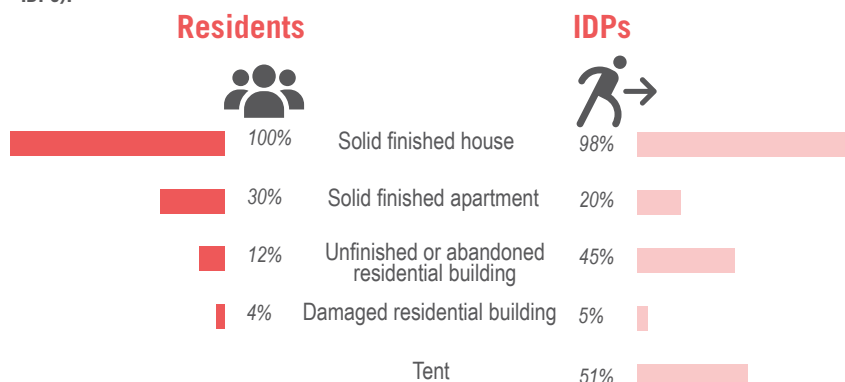


SHELTER

Affordability was a major factor in access to safe and sufficient shelter. The highest average rent prices were reported in northern Aleppo, especially in Azaz sub-district. **KIs in more than a quarter of communities mentioned crowded conditions in dwellings, which may be related to affordability of housing.** In communities where KIs reported barriers to shelter access, high price of repair materials (92%) and unaffordability of repair services (64%) were frequently cited. Finally, KIs in 50% of communities reported that IDPs were using damaged, unfinished, or abandoned residential buildings for shelter.

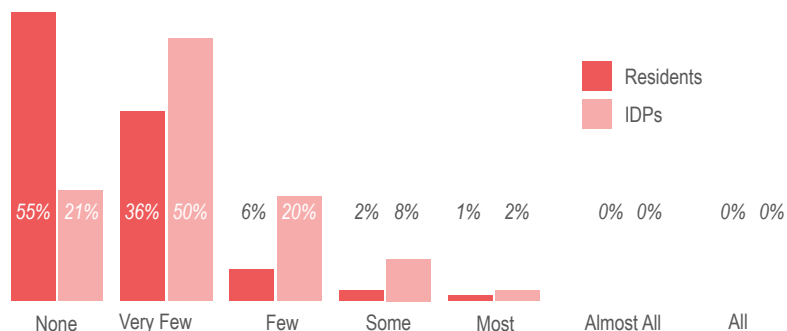
Most commonly reported shelter types used by residents and IDPs

(by % of **884 communities** where reported for residents, and of **851 communities** where reported for IDPs):^{2,7,9}



Proportion of communities where KIs reported residents and IDPs living in overcrowded shelters*

(by % of **884 communities** where reported for residents, and by % of **850 communities** where reported for IDPs):⁹



33,800 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in **610 communities**).

Most commonly reported shelter inadequacy issues (by % of **827 communities** where issues were reported for residents, and of **834 communities** where issues were reported for IDPs):^{4,9}

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	80%	80%
High temperatures inside shelters	75%	78%
Lack of space or overcrowding	23%	45%

Most commonly reported barriers to households wishing to repair their shelters (by % of **788 communities** where barriers were reported):^{4,9}

- Shelter and repair materials are too expensive **92%**
- Repairs require professionals but cannot afford their service **64%**
- Security situation **15%**
- Repairs require professionals but they are not available **8%**
- Shelter and repair materials are unavailable in the market **4%**

93% In 93% of the assessed communities reporting on damage (**818/877**), KIs reported the presence of **occupied shelters with minor damage⁸ in their communities.⁹**

61% In 61% of the assessed communities reporting on damage (**540/877**), KIs reported the presence of **occupied shelters with major damage⁸ in their communities.⁹**

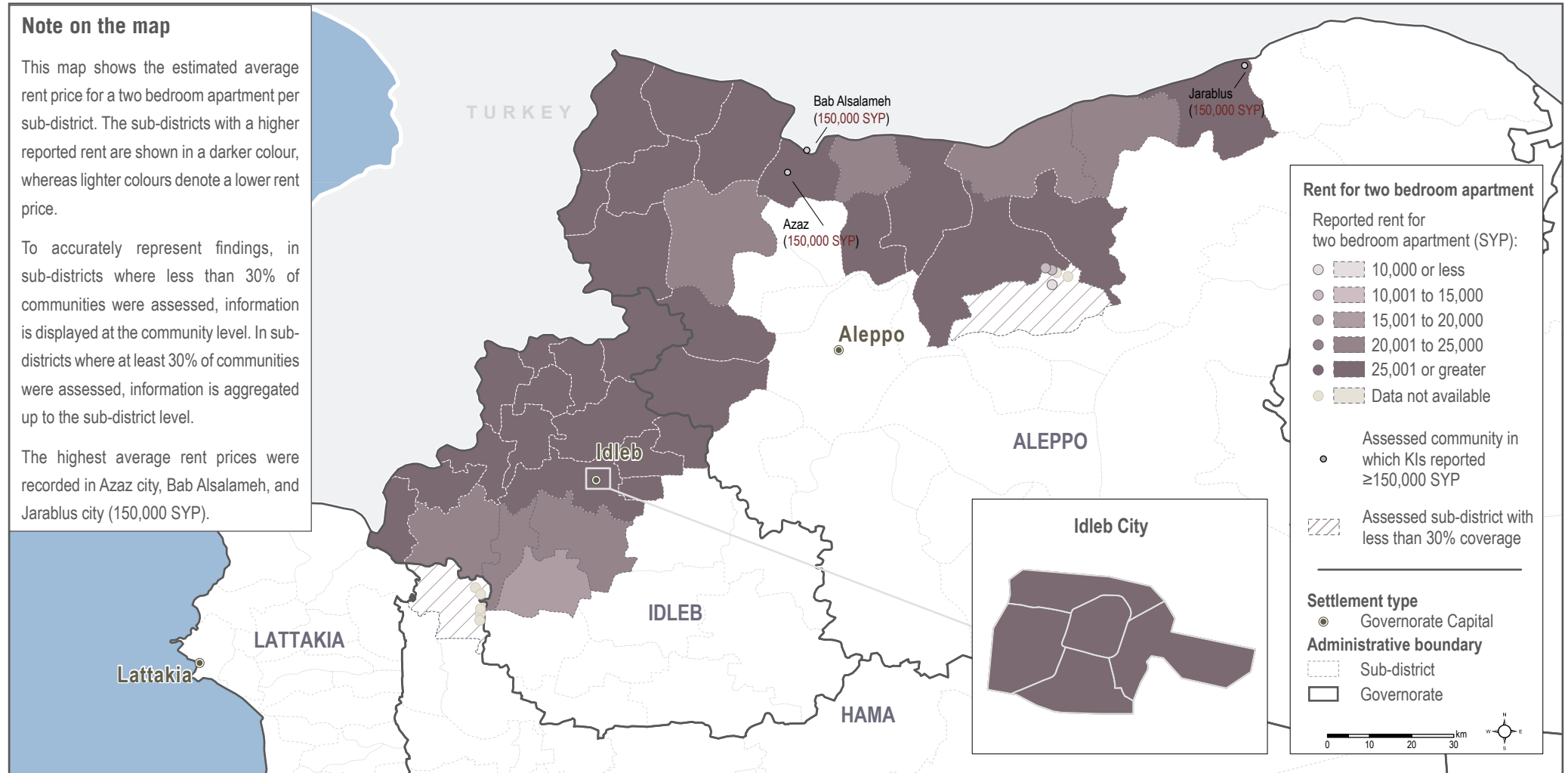
AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT

Note on the map

This map shows the estimated average rent price for a two bedroom apartment per sub-district. The sub-districts with a higher reported rent are shown in a darker colour, whereas lighter colours denote a lower rent price.

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.

The highest average rent prices were recorded in Azaz city, Bab Alsalameh, and Jarablus city (150,000 SYP).



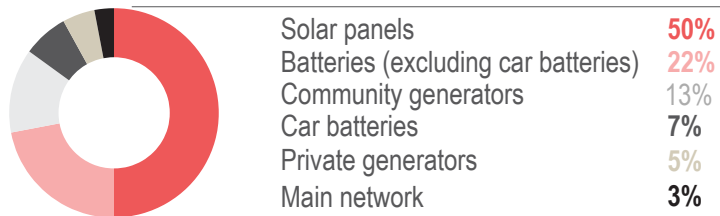
ELECTRICITY & NFIs

KIs highlighted affordability issues around electricity and basic non-food items. **Access to electricity varied significantly between sub-districts, and KIs in more than half of communities reported issues with physical infrastructure.** Bulbul recorded the lowest average range (less than 2 hours), while several sub-districts in north-central Aleppo received an average range of more than 12 hours per day. While KIs in 50% of communities reported that households used solar panels to supply electricity, 79% also mentioned that solar panels were too expensive. Similarly, three in four cited that fuel for generators was unaffordable. Affordability concerns were also expressed by KIs related to basic items, such as cooking fuel, sources of light, and batteries.

From 5 to 6 hrs per day was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 299 (34%) of 891 assessed communities).

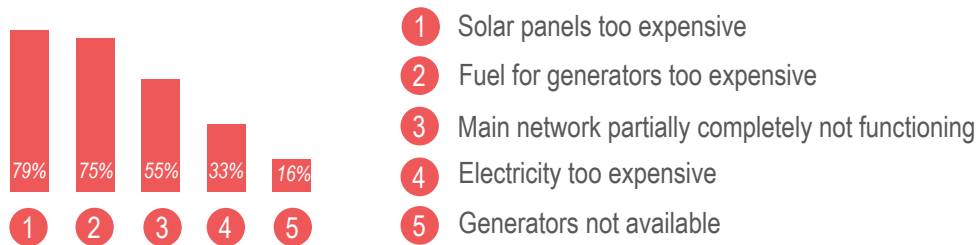
Most commonly reported main source of electricity

(by % of 891 communities where main source reported):



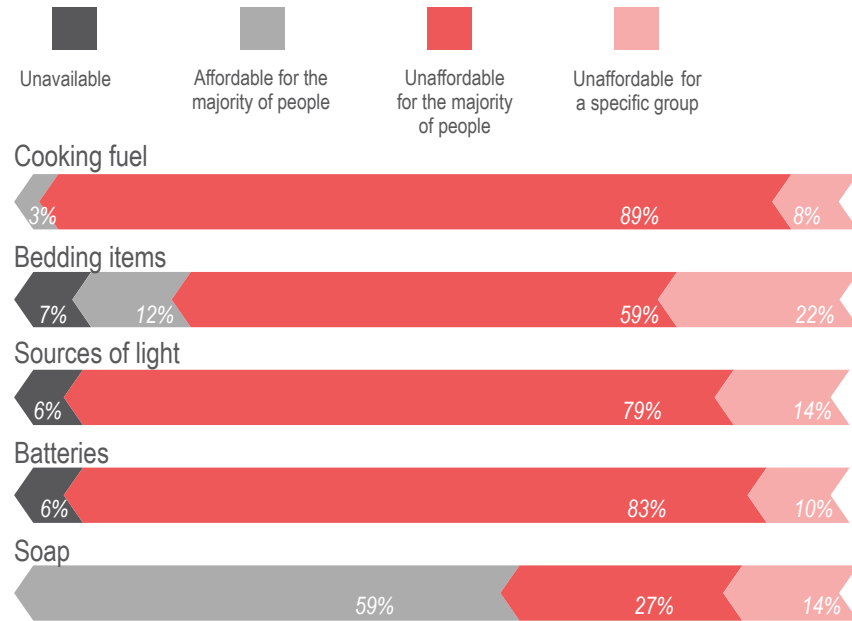
Most commonly reported barriers to accessing electricity

(by % of 889 communities where barriers reported):⁴



Reported household item availability and affordability

(by % of all 891 communities):⁴



Population groups who reportedly could not afford NFIs

(by % of 523 communities where reported that specific groups could not afford items):⁴



NORTHWEST SYRIA SEPTEMBER 2020

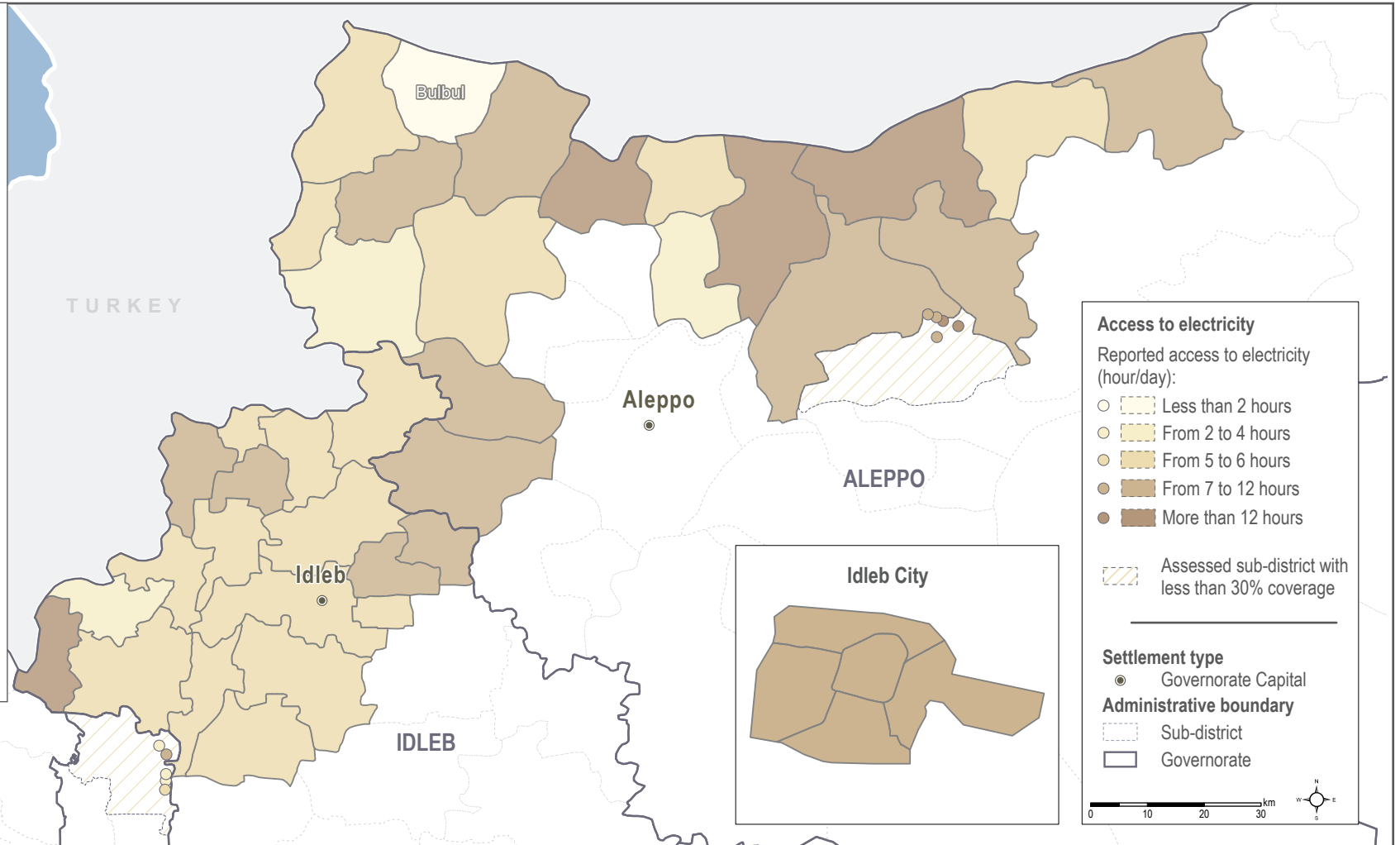
AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY

Note on the map

This map shows the most commonly 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.

KIs in Bulbul reported the lowest hour range for the month of September, at less than 2 hours.



WATER, SANITATION AND HYGIENE (WASH)

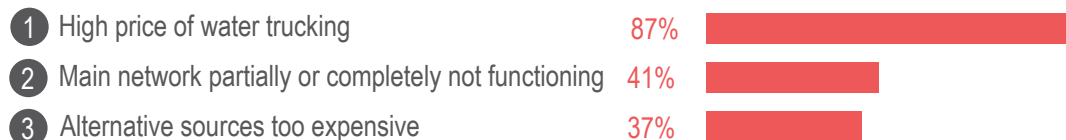
Infrastructure inadequacies and high prices were notable barriers to accessing sufficient water and sanitation services. No community was able to access piped water seven days per week, and in communities where barriers to water access were reported, nearly half of KIs reported that water networks were partially or completely non-functional. KIs in a plurality of communities responded that households utilized water trucking, despite the fact that this service was reported as unaffordable for many. Where coping strategies were reported, nearly half of KIs cited that households were bathing or laundering clothes less frequently.

61% In 61% of the assessed communities (547/891), KIs reported that **not all households had access to sufficient water.**

25% In 25% of the assessed communities (226/891), KIs reported that **communities were not connected to a main water network.**

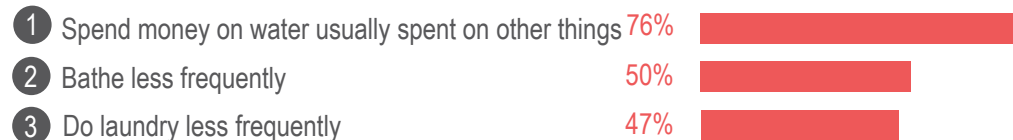
Most commonly reported barriers to accessing sufficient water

(by % of 547 communities where barriers reported):⁴



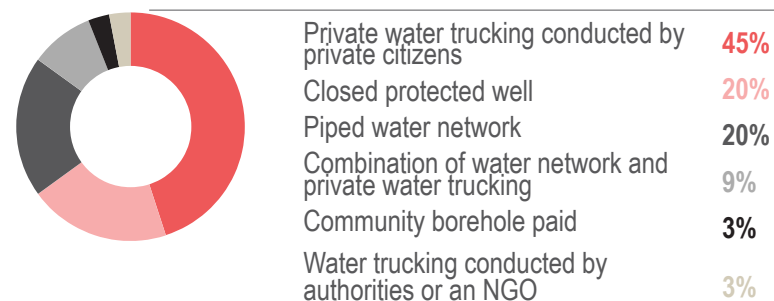
Most commonly reported coping strategies for a lack of water

(by % of 547 communities where coping strategies reported):⁴



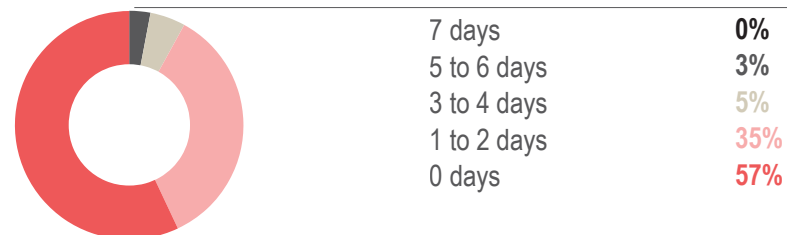
Most commonly reported sources of drinking water

(by % of all 891 assessed communities):



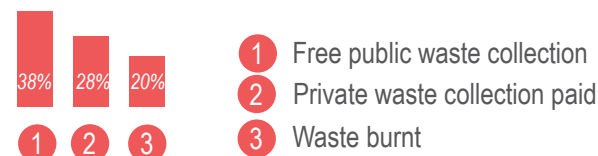
Days per week water from the network was reportedly available

(by % of 664 communities connected to a water network):



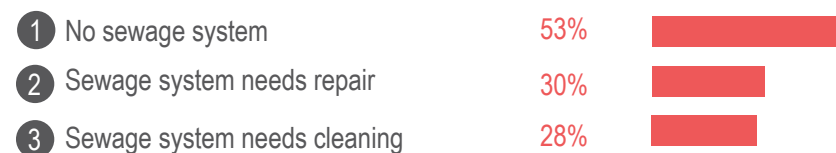
Most commonly reported ways people disposed of solid waste

(by % of 891 communities where top disposal method reported):

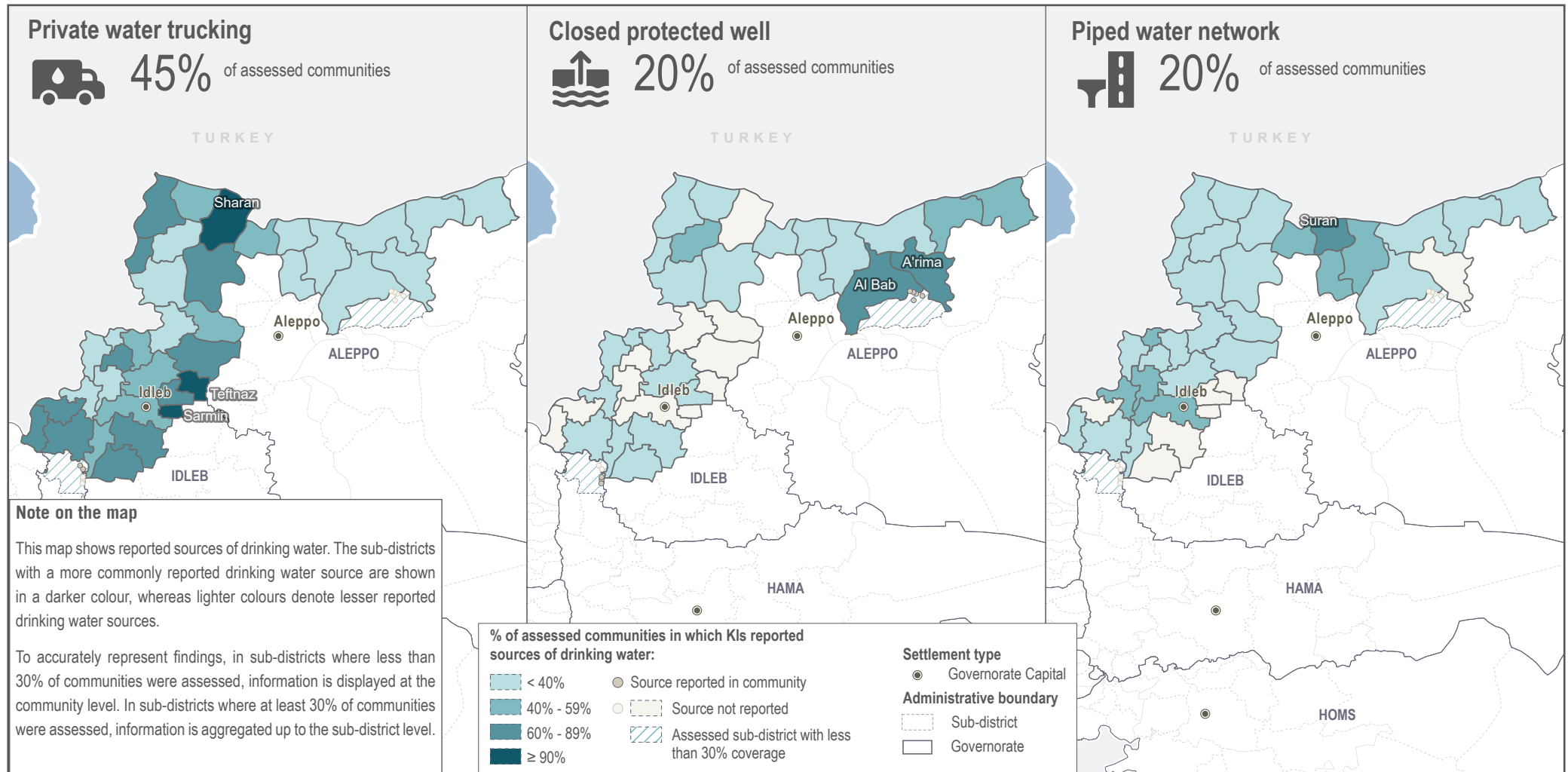


Most commonly reported sanitation issues

(by % of 605 communities where sanitation issues reported):^{4,9}



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

Food security was reported as negatively impacted due to households facing barriers resulting from both access and affordability. Lack of transportation to markets was cited as a primary barrier to food markets among resident and IDP populations (62% and 59%, respectively). KIs also noted that affordability was the primary household concern for accessing essential foods among residents and IDPs in 74% and 81% of communities, respectively. **Access and affordability challenges led to negative coping strategies among households.** KIs reported negative coping strategies among households, including: purchasing food on credit (65%); buying food with money usually used for other things (58%); reducing meal sizes (53%), and/or; skipping meals altogether (52%).

15% In 15% of assessed communities (135/891), KIs reported households were unable to access markets in the assessed location.

Most commonly reported barriers to physically accessing food markets

(by % of 681 communities where barriers reported for residents, and of 671 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Lack of transportation to markets	77% 1		82% Lack of transportation to markets
Distance to markets too far	62% 2		63% Distance to markets too far
Lack of access for persons with restricted mobility	46% 3		49% Lack of access for persons with restricted mobility

Most commonly reported sources of food for households

(by % of 891 communities where food sources reported):²

1	Purchasing from stores or markets in this community	76%	
2	Purchasing from stores or markets in other communities	73%	
3	Own production or farming	62%	
4	Borrowing	31%	
5	Assistance from local councils/NGOs/other groups	22%	

Most commonly reported barriers to accessing sufficient food

(by % of 853 communities where barriers reported for residents, and by % of 821 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Markets exist and food is available but households cannot afford essential food items	78% 1		81% Markets exist and food is available but households cannot afford essential food items
Markets exist but not all essential food items are available	26% 2		25% Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	17% 3		15% Markets exist but have insufficient quantities of food

Most commonly reported barriers to feeding babies and young children

(by % of 821 communities where challenges reported for babies under 6 months, and of 833 communities where challenges reported for children of 6 months - 2 years):^{4,10}

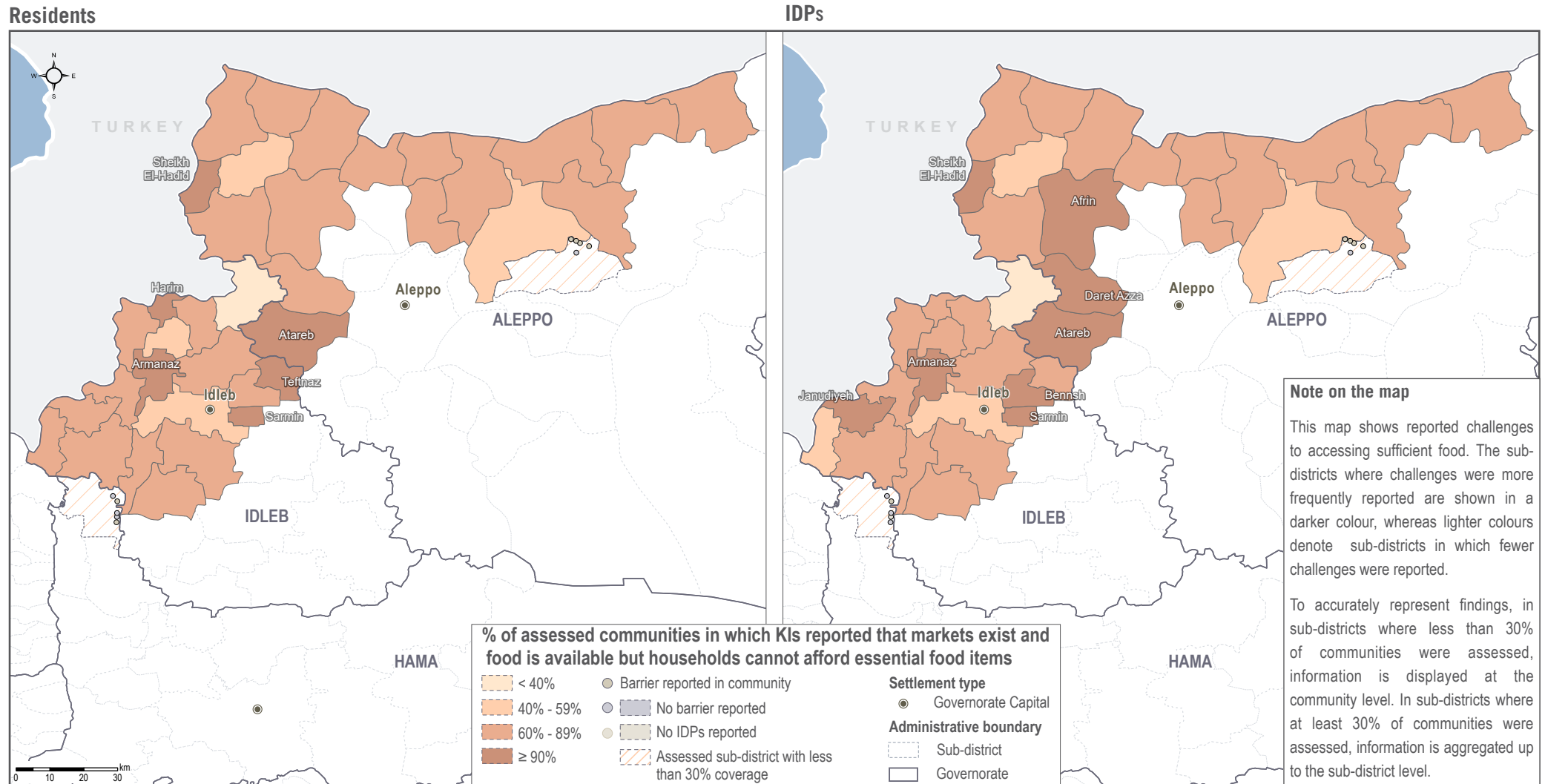
	Under 6 months		6 months - 2 years
No support for non-breastfed babies	86% 1		89% High price of formula
Breastfeeding difficulties	40% 2		58% Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	8% 3		28% Not good enough food (quality)

Most commonly reported coping strategies for a lack of food

(by % of 865 communities where coping strategies reported):⁴

1	Purchasing food on credit or borrowing money	67%	
2	Buying food with money usually used for other things	60%	
3	Reducing meal size	54%	
4	Skipping meals	54%	
5	Selling non-productive assets	23%	

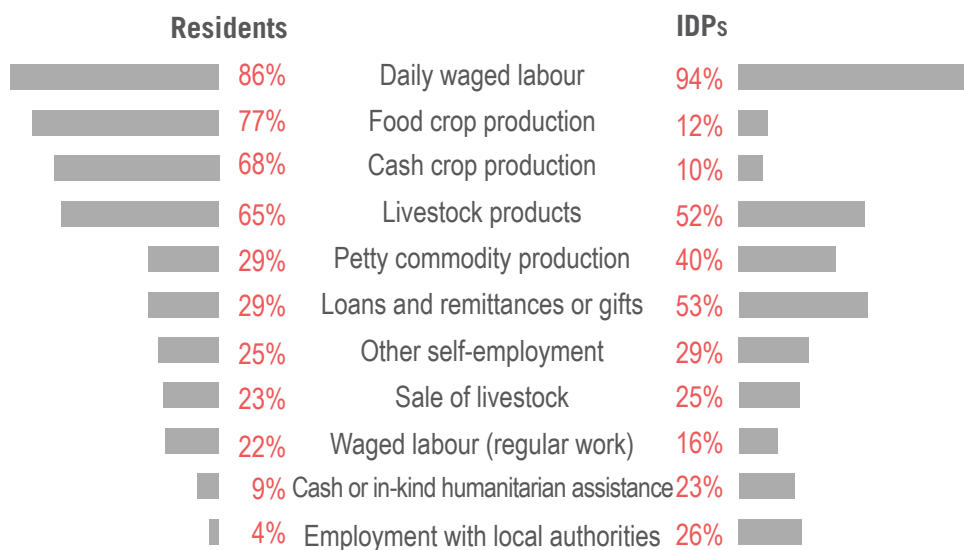
REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



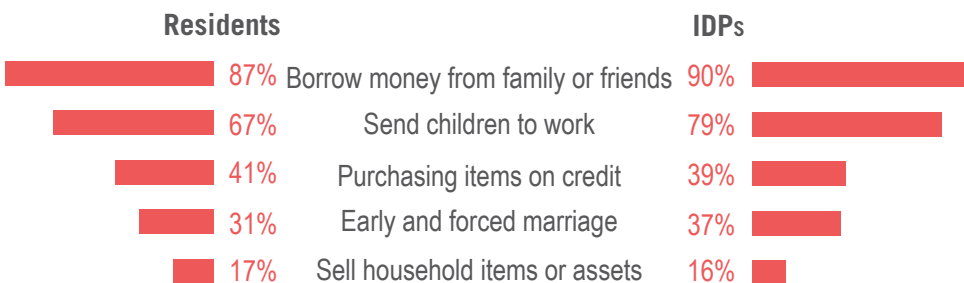
LIVELIHOODS

Livelihood challenges resulted in households engaging in negative coping strategies to access their basic needs. KIs stated that populations in NWS face significant livelihood challenges resulting from both low wages and a lack of job opportunities matching people's skills. As such, borrowing money from family or friends is the most commonly reported coping strategy for households to meet their basic needs. Significantly, KIs also noted households sending children to work as a common livelihood coping strategy among residents and IDPs in 67% and 76% of locations, respectively.

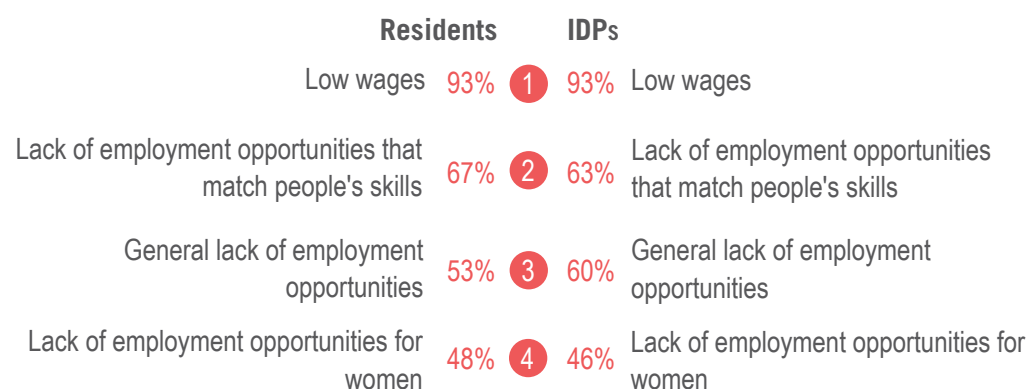
Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 884 communities where reported for residents and of 851 communities where reported for IDPs):⁵



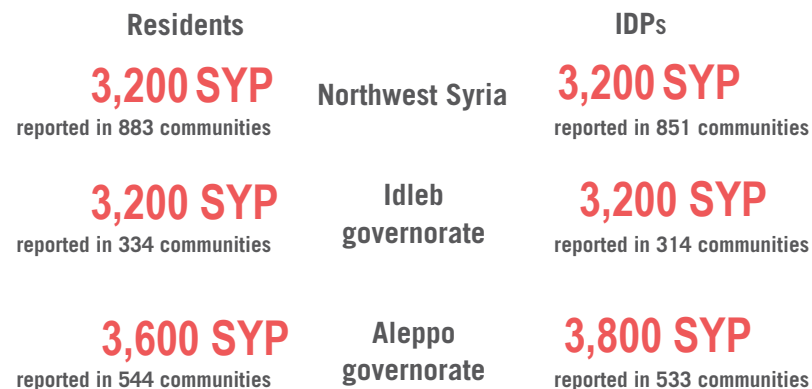
Most commonly reported coping strategies to meet basic needs (by % of 883 communities where coping strategies reported for residents and of 851 communities where reported for IDPs):⁴



Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 884 communities where barriers reported for residents, and of 851 communities where barriers reported for IDPs):⁴

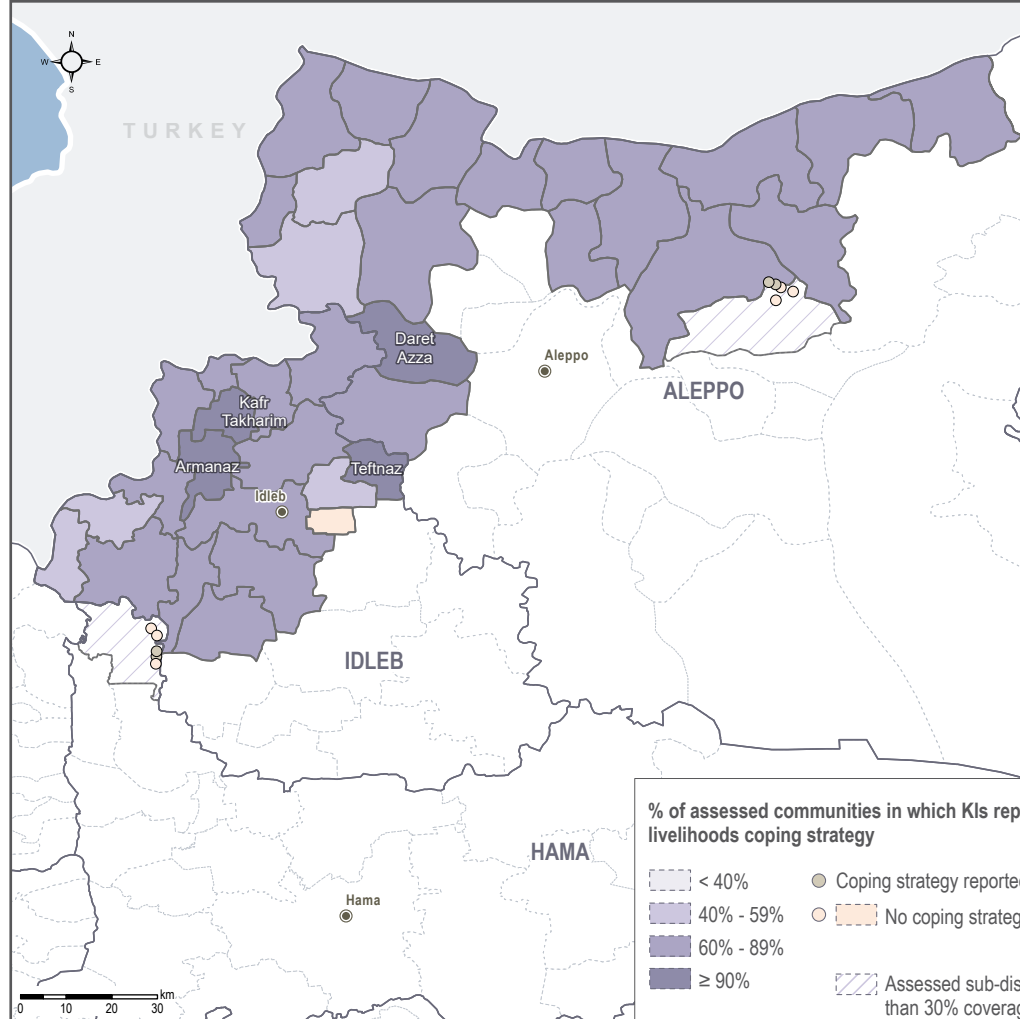


Estimated median daily wage for unskilled labour^{4,6,9}

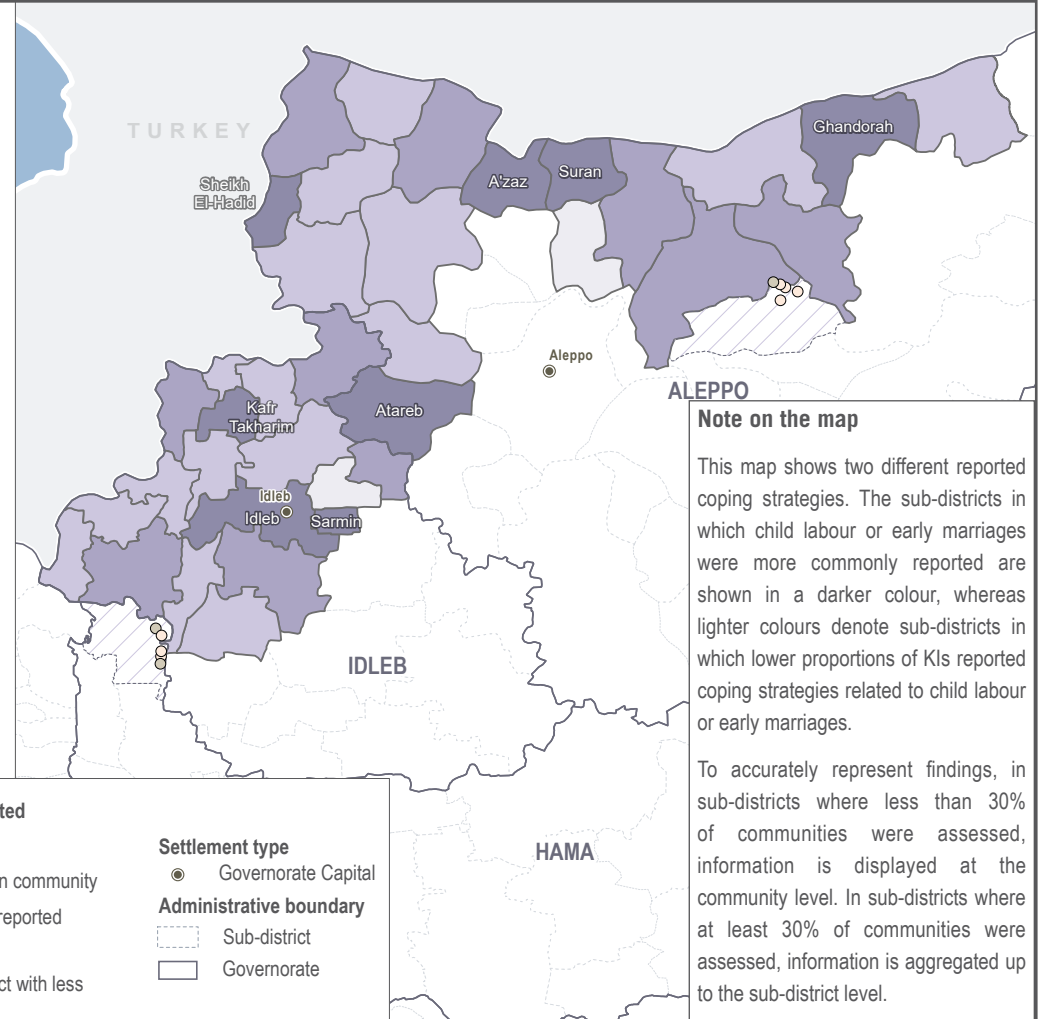


REPORTED LIVELIHOODS COPING STRATEGIES

Children sent to work



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

Households in 98% of assessed communities were reportedly able to access some type of health service in their own or in nearby communities, despite more than 60% of assessed communities facing healthcare barriers due to the high cost or lack of transportation. However, pharmacies were the most common accessible type of service, and 24% of assessed locations did not have access to primary care facilities. Yet, **access to primary care is essential based on the health problems present in the assessed communities**; severe diseases affecting children under-5, maternal health issues and/or pregnancy-related complications were present in 45%, 40% and 35% of assessed communities, respectively.

 **58%** In 58% of assessed communities (518/891), KIs reported that **households were unable to access health services in their own communities.**

 **2%** In 2% of assessed communities (19/891), KIs reported that **households were unable to access health facilities in nearby communities.**

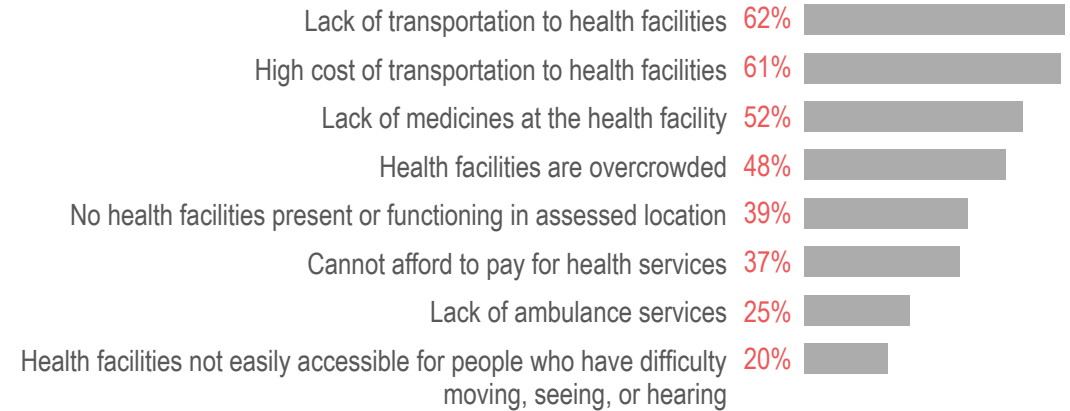
 **65%** In 65% of assessed communities (185/522) in **northern Aleppo**, KIs reported that **households were unable to access health services in other/nearby communities.**

Most commonly reported health facilities available in assessed and other or nearby communities (by % of 373 communities reporting access inside community, and of 867 communities reporting access in other/nearby communities):⁴

In assessed communities		In other/nearby communities
Pharmacies	86% 1	87% Pharmacies
Primary care facilities	34% 2	76% Primary care facilities
Private clinics	21% 3	74% Private clinics
Informal emergency care points	19% 4	73% Public hospitals
Mobile clinics	18% 5	27% Private hospitals

Most commonly perceived barriers to healthcare access

(by % of 886 communities where barriers reported):⁴



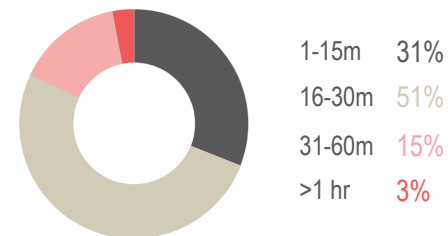
Most commonly reported coping strategies for a lack of healthcare services

(by % of 885 communities where coping strategies reported):⁴



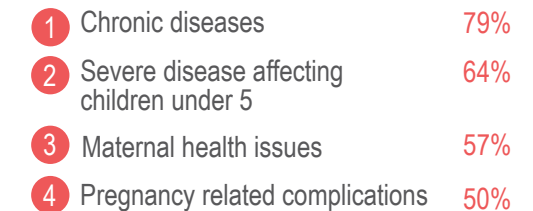
Reported time taken for households to travel to the most commonly used health facility

(by % of 891 communities where travel time reported):

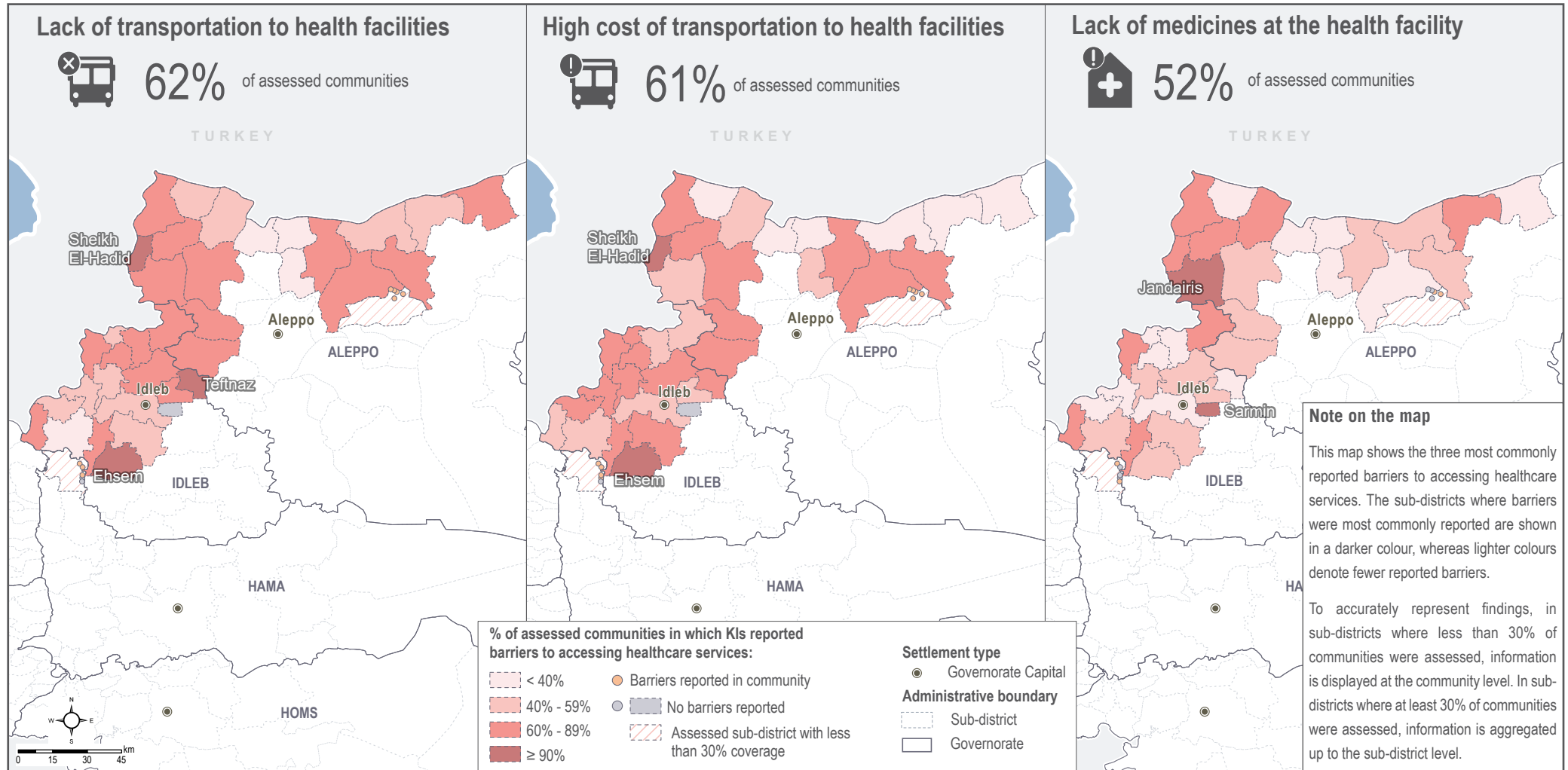


Most commonly reported health problems

(by % of 622 communities where knowledge of health problems reported):^{4,9}



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS

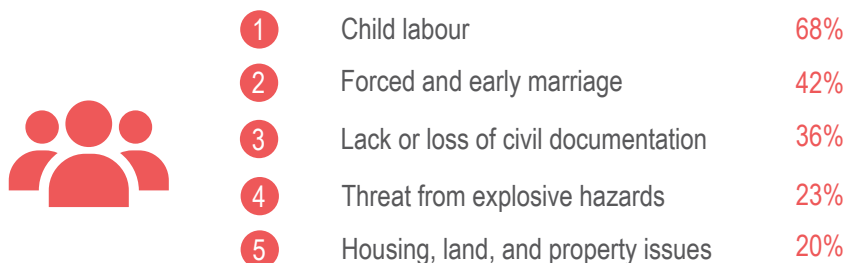


PROTECTION

Risks specific to children were the primary protection concerns in NWS in September. According to KIs, child labour was the most common protection risk, which was reportedly present among resident and IDP populations in 64% and 75% of communities, respectively. Forced and early marriage were also stated as common in assessed locations and present among both resident (42%) and IDP populations (48%). The lack or loss of civil documentation can impact households' access to services, and was reportedly present among IDP populations in 48% of assessed communities. Protection threats resulting from violent events were common among assessed communities in western Aleppo and Hama governorates, including due to airstrikes (12 communities), explosive hazards (11 communities), and sniper gunfire (9 communities).

Most commonly reported protection risks faced by residents

(by % of 692 communities where risks reported):⁴



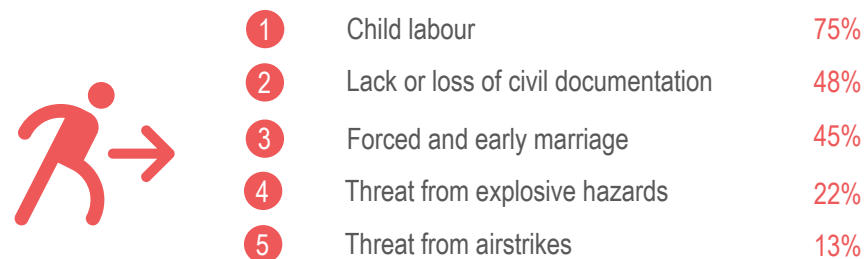
Resident group reportedly most affected by most commonly reported protection risks

(by % of communities where each risk was reported):⁴

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 474 communities where reported):	Boys under 18	99%
2	Forced and early marriage (by % of 289 communities where reported):	Girls under 18	98%
3	Lack or loss of civil documentation (by % of 249 communities where reported):	Boys under 18	56%
4	Threat from explosive hazards (by % of 162 communities where reported):	All groups	100%
5	Housing, land, and property issues (by % of 139 communities where reported):	Men	81%

Most commonly reported protection risks faced by IDPs

(by % of 700 communities where risks reported):⁴



IDP group reportedly most affected by most commonly reported protection risks

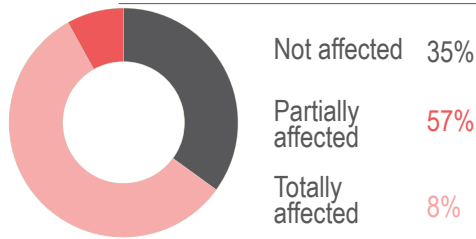
(by % of communities where each risk was reported):⁴

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 526 communities where reported):	Boys under 18	100%
2	Lack or loss of civil documentation (by % of 334 communities where reported):	Boys under 18	47%
3	Forced and early marriage (by % of 316 communities where reported):	Girls under 18	99%
4	Threat from explosive hazards (by % of 156 communities where reported):	All groups	100%
5	Threat from airstrikes (by % of 90 communities where reported):	All groups	100%

COVID-19

The COVID-19 pandemic had a disruptive effect on livelihoods sectors and access to services in northwest Syria in September. Trade and manufacturing were the most heavily affected sectors of the economy, with KIs in 73% and 58% (respectively) of communities reporting at least partial impacts. KIs reported that home-based enterprises were least likely to be impacted by the pandemic. Also, while KIs reported widespread closures of shops and other services, many noted that the establishments had been closed prior to the COVID-19 outbreak. Education was the service most likely to have been discontinued due to the pandemic (selected by KIs in 67% of communities), followed by psychosocial support services (selected by KIs in 2% of communities).

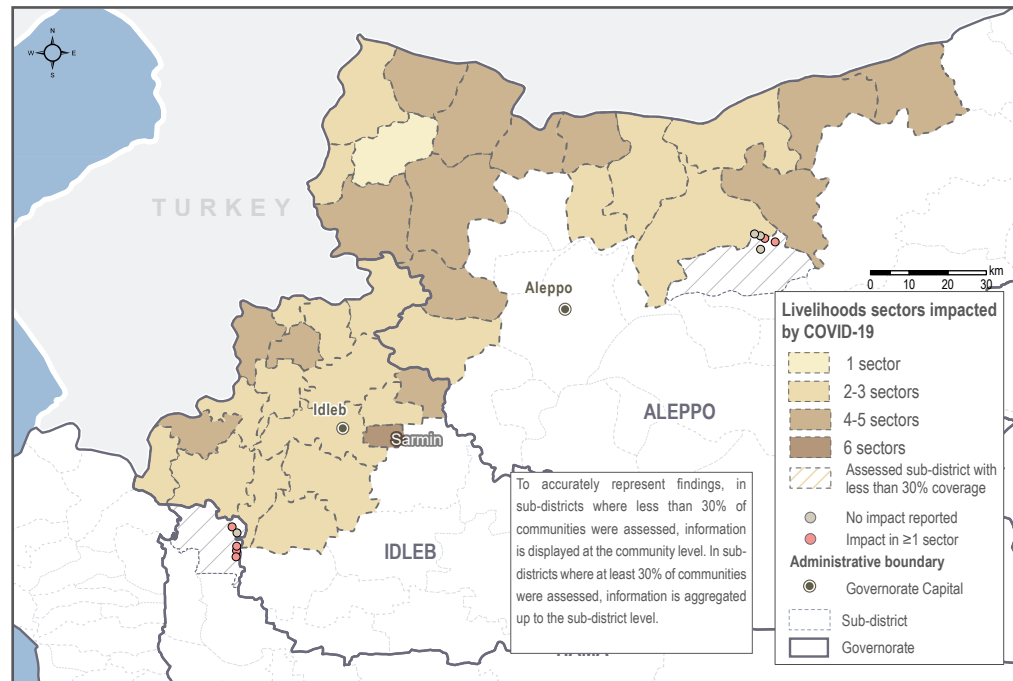
Effects of COVID-19 on livelihoods sectors in the community (by % of all 891 communities):



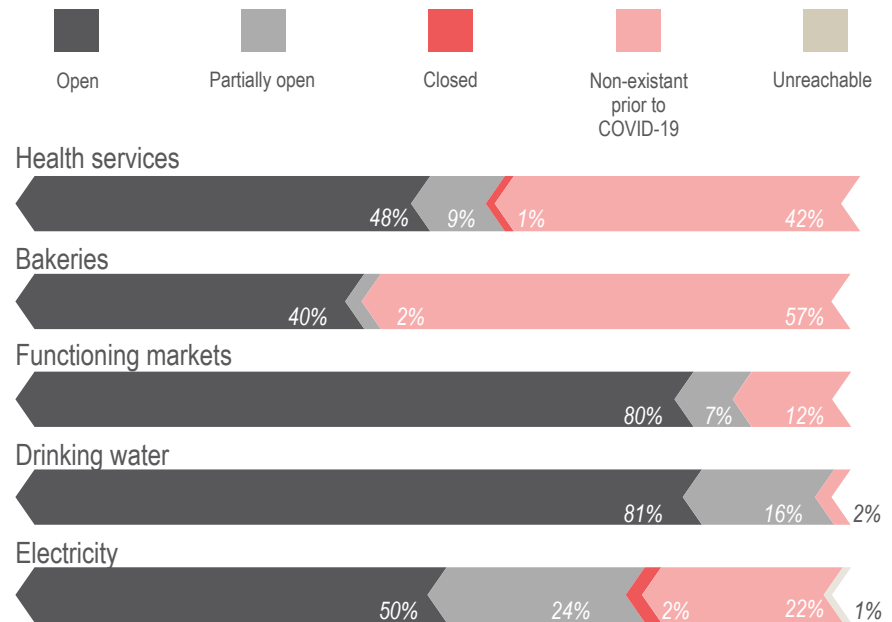
99%

In 99% of assessed communities (881/891), KIs reported that **shops and markets had been partially or totally affected by COVID-19.**

Livelihoods sectors impacted by COVID-19



Functionality of services as a result of COVID-19 (by % of all 891 communities):⁴



ENDNOTES

1. The eastern part of Aleppo where humanitarian response and coordination are conducted from the northeast rather than the northwest.
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, civil employee, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse), shop owner 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 September 2020](#), 1 USD = 2,125 SYP, so 33,800 SYP = 15.90 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. 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, leaking 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).
9. KIs were asked about the situation currently, instead of the last 30 days.
10. KIs were asked about the situation in the last two months, instead of the last 30 days.

ENDNOTES - CONTEXT

- a. UNOCHA. (23 September 2020). COVID-19 Response Update No. 10. Retrieved from <https://www.reliefweb.int>
- b. Syrian Observatory for Human Rights (20 August 2020). Health authorities record second case in Sarmada camps, and total number of infected people in north-western Syria jumps to 59. Retrieved from <https://www.syriahr.com>.
- c. Syrian Observatory for Human Rights (9 August 2020). Two new cases recorded in rural Aleppo camps, and total number of infected people in north-western Syria rises to 45. Retrieved from <https://www.syriahr.com>.
- d. UNOCHA. (23 September 2020). COVID-19 Response Update No. 10. Retrieved from <https://www.reliefweb.int>
- e. Syrian Observatory for Human Rights (15 August 2020). Medicine high prices. Retrieved from <https://www.syriahr.com>.
- f. Syrian Observatory for Human Rights (2 September 2020). Rising prices in Idlib. Retrieved from <https://www.syriahr.com>.
- g. REACH (September 2020). Northwest Syria Market Monitoring Dataset, September 2020. Retrieved from <https://www.reachresourcecentre.info/>.
- h. UN News (4 August 2020). 'Heed the calls' for ceasefire in north-western Syria – UN. Retrieved from <https://news.un.org>.
- i. Syrian Observatory for Human Rights (7 August 2020). Explosion in civilian house in Jisr Al-Shughur. Retrieved from <https://www.syriahr.com>.
- j. Syrian Observatory for Human Rights (20 August 2020). Five children killed or wounded in today's explosion in north-western Idlib. Retrieved from <https://www.syriahr.com>.
- k. Syrian Observatory for Human Rights (21 August 2020). Rocket fire kill[s] two civilians while picking fruit. Retrieved from <https://www.syriahr.com>.

METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Idleb, Hama, northern Aleppo, and western Aleppo governorates. Data for this assessment was collected between 5-17 September, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (August/September 2020). REACH enumerators are based inside Syria and interview key informants (KIs), either directly or remotely (via phone). This month all data collection was conducted remotely. 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.