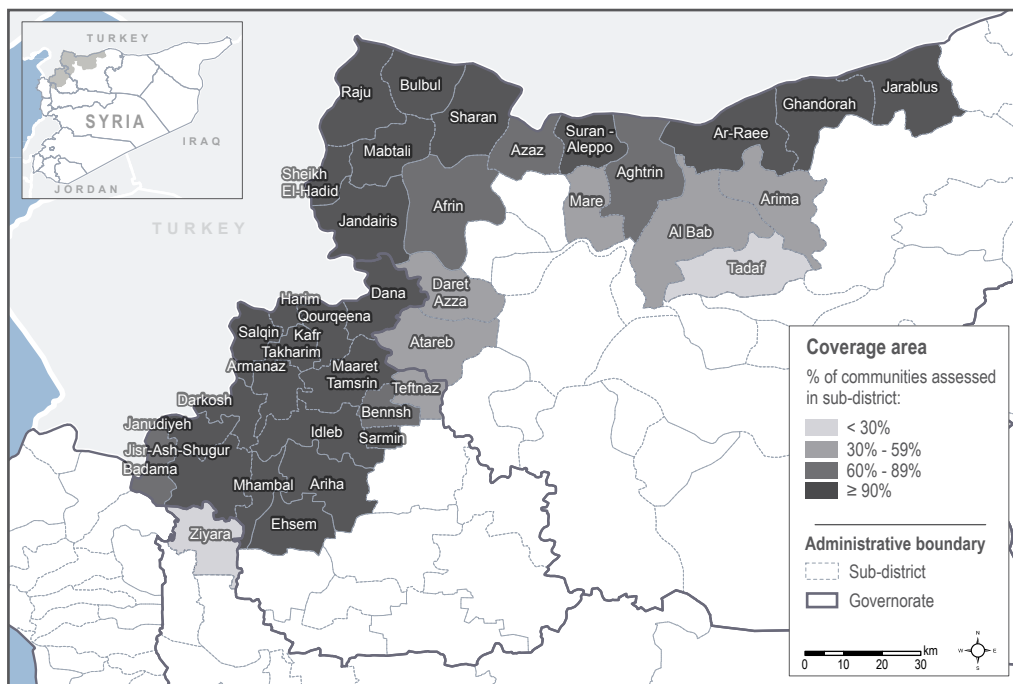


# HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA JULY 2020

## 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 895 communities across western Aleppo<sup>1</sup> (25 communities), northern Aleppo (522 communities), Idlib (343 communities), and Hama (5 communities) governorates. Data was collected between 5-17 of July 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (June/July 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




**In July, communities in northwest Syria were impacted by economic insecurity and a lack of access to key services.** The Syrian Pound (SYP) continued to depreciate against the US Dollar, with 1 USD equalling 2,330 SYP as of early July.<sup>a</sup> Sectoral findings indicate that the inaccessibility and unaffordability of many goods and services impacted nearly every aspect of life in northwest Syria. Prices of basic goods remained high, and shelter items like batteries, bedding, and sources of light were unaffordable for the majority of people. High prices and unreliable or damaged infrastructure represented a barrier to accessing electricity and water networks, and KIs in 60% of assessed communities indicated that not all households had access to sufficient water.

Barriers to healthcare access were reported by KIs in nearly all communities, which is of high concern given the COVID-19 pandemic. KIs in nearly half of communities cited overcrowding in health facilities as a challenge. In mid-July, the first COVID-19 cases were identified in Idlib,<sup>d</sup> and findings suggest that conditions in northwest Syria are detrimental to stopping the spread of infection. Unaffordability and scarcity of transportation to health centres, medicine shortages, and the high price of health services were indicated by KIs as access challenges. Further, the lack of affordable water and sanitation services is linked to households conserving water and modifying typical hygiene practices, such as limiting bathing and laundry.

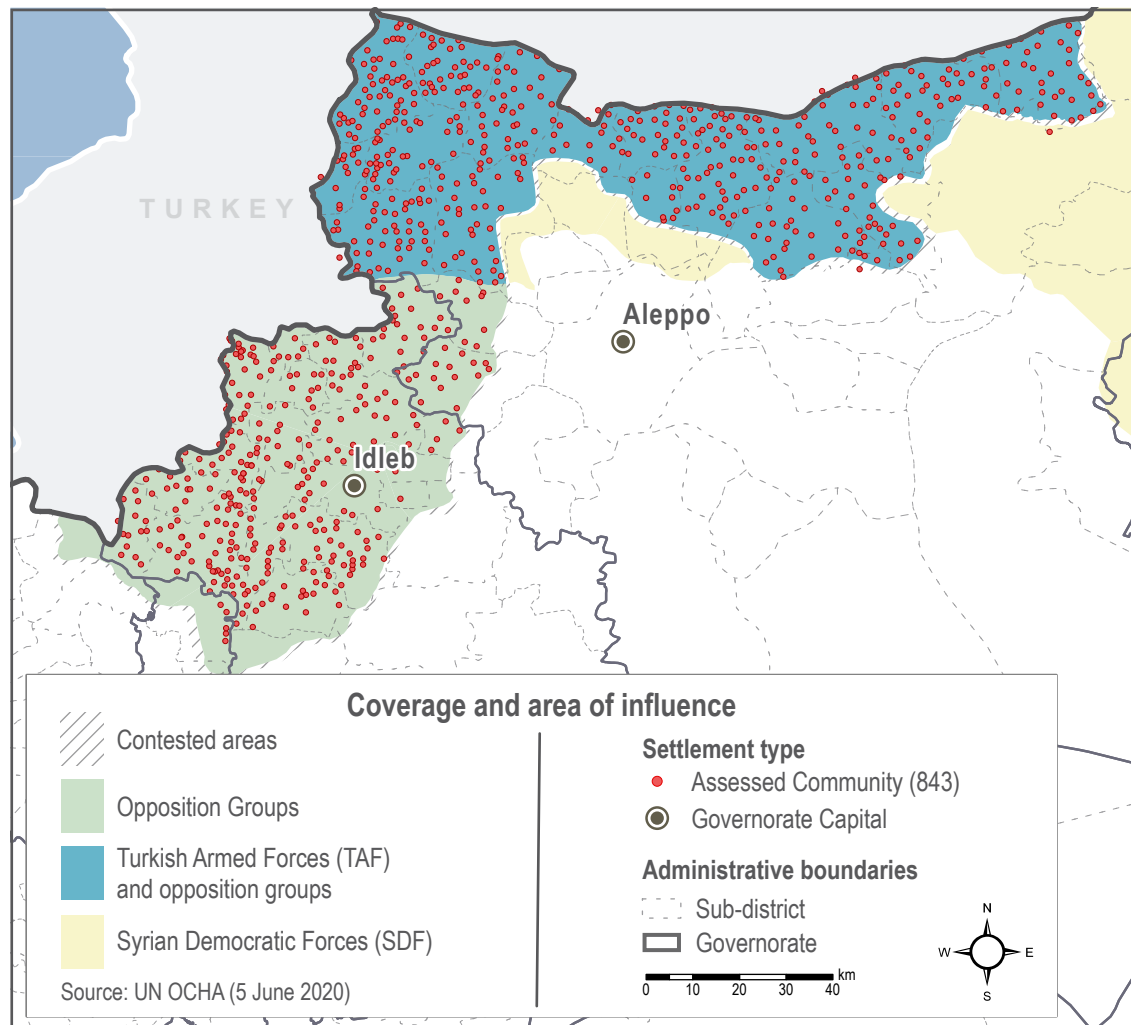
**Top 3 reported overall priority needs in assessed communities:<sup>2</sup>**

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

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

-  **3,231 KIs**
-  **19% female KIs**
-  **12 types of KIs<sup>3</sup>**

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 intensified shelling south of the M4 highway, the continued depreciation of the SYP against the USD, and the spread of COVID-19.

In early July, the exchange rate in northwest Syria was 2,330 SYP: 1 USD, a 227% decline in value since January 2020.<sup>a</sup> This downward trajectory has contributed to greater food insecurity and reliance on negative coping strategies, such as early marriage and child labour.<sup>b</sup> Furthermore, changes to areas of control in Idlib have reportedly disrupted agricultural production, leading to concerns over food shortages.<sup>c</sup>

July also saw the first reported COVID-19 infections in northwest Syria and the non-renewal of Bab al-Salama border crossing. On 9 July, the first cases of COVID-19 was recorded among health workers in Idlib.<sup>d</sup> On 11 July, the UN Security Council approved a new cross-border resolution for Syria and authorized a single border crossing for aid provision.<sup>e</sup> In mid-July, aid groups and doctors warned that the reduction in crossings would hamper the response to the pandemic in Aleppo and Idlib.<sup>f</sup>

Shelling south of the strategic M4 highway, bombing incidents in western Aleppo, and conflict between armed opposition groups (AOGs) in Idlib posed security risks to communities. Sporadic shelling impacted rural southern Idlib as well as Idlib city; airstrikes on 8 June caused two civilian fatalities.<sup>g</sup> Three separate explosions in Afrin resulted in three deaths and seventeen injuries.<sup>h,i,j</sup> Finally, clashes between AOGs in late June injured at least four civilians and prompted displacement near Idlib city.<sup>k</sup>

## RESIDENT PRIORITY NEEDS

### Top ranked priority needs for residents

(by % of 888 communities where KIs selected a first, second, and third priority need) for residents:<sup>2</sup>

	1st	2nd	3rd	Overall	
Livelihoods		18%	15%	44%	77%
Health		32%	13%	10%	55%
Food		25%	18%	10%	53%
NFIs		5%	26%	16%	48%
WASH		13%	16%	10%	39%
Education		2%	7%	5%	15%
Shelter		5%	1%	2%	8%
Protection		0%	3%	2%	5%

### Top three most commonly reported Health needs for residents

(by % of 491 communities where Health was reported as a priority need):<sup>2</sup>

- 1 First aid/emergency care 61%
- 2 Treatment for chronic diseases 48%
- 3 Pediatric consultations 46%

### Top three most commonly reported NFIs needs for residents

(by % of 424 communities where NFIs was reported as a priority need):<sup>2</sup>

- 1 Solar panels 80%
- 2 Batteries 77%
- 3 Cooking fuel 64%

### Top three most commonly reported Livelihoods needs for residents

(by % of 680 communities where Livelihoods was reported as a priority need):<sup>2</sup>

- 1 Access to humanitarian programmes supporting livelihoods 76%
- 2 Tools/equipment for production 74%
- 3 Access to credit for entrepreneurial investment 40%

## IDP PRIORITY NEEDS

### Top ranked priority needs for IDPs

(by % of 837 communities where KIs selected a first, second, and third priority need for IDPs):<sup>2</sup>

	1st	2nd	3rd	Overall	
Food		33%	23%	11%	67%
Livelihoods		11%	18%	32%	60%
NFIs		3%	22%	28%	53%
Shelter		28%	7%	4%	39%
WASH		6%	16%	11%	34%
Health		17%	9%	8%	34%
Education		1%	3%	3%	7%
Protection		0%	1%	3%	5%

### Top three most commonly reported Food needs for IDPs

(by % of 560 communities where Food was reported as a priority need):<sup>2</sup>

- 1 Bread 83%
- 2 Rice 54%
- 3 Sugar 38%

### Top three most commonly reported NFIs needs for IDPs

(by % of 447 communities where NFIs was reported as a priority need):<sup>2</sup>

- 1 Batteries 74%
- 2 Solar panels 74%
- 3 Cooking fuel 68%

### Top three most commonly reported Livelihoods needs for IDPs

(by % of 506 communities where Livelihoods was reported as a priority need):<sup>2</sup>

- 1 Access to humanitarian programmes supporting livelihoods 76%
- 2 Tools/equipment for production 50%
- 3 Access to credit for entrepreneurial investment 38%

## SECTORAL FINDINGS



KIs in **71%** of communities reported that **households had access to humanitarian assistance** (633 of 895 communities).



KIs in **78%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (658 of 837 communities).



**From 5 to 6 hours per day** was the most commonly reported range for hours of electricity per day (290 of 895 (32%) of assessed communities).



KIs in **60%** of communities reported that **not all households had access to sufficient water** (532 of 895 communities).



KIs in **14%** of communities reported **that households were not able to access markets within their own communities** (126 of 895 communities).



KIs in **58%** of communities reported that **households were not able to access health services in their own communities** (519 of 894 communities).



**Closure of schools by local authorities** was a key barrier preventing access to education for both residents (430 (54%) of 789 communities) and IDPs (416 (56%) of 743 communities).



**Child labour** was the most commonly reported protection risk for both resident (431 (63%) of 682 communities) and IDP children (497 (74%) of 674 communities).

**Humanitarian Assistance & AAP** While more than 70% of communities accessed humanitarian assistance, KIs in 93% of these reported that the aid provided was insufficient. KIs from all 895 communities reported information gaps. In 7% of communities not receiving assistance, KIs noted that households were not aware of eligibility and procedures to register, which may help to explain why these communities did not access aid.

**Shelter** July's findings emphasised season-specific shelter adequacy issues; KIs representing more than half of communities cited high temperatures inside shelters (56% for residents and 63% for IDPs). Unaffordability of repair services and materials remained a significant barrier to repairing and maintaining shelters.

**Electricity & NFI** Unaffordability and damage to network infrastructure continue to be the most prominent barriers to accessing electricity. While KIs in roughly a quarter of communities reported that batteries were a main source of electricity, KIs in 82% of communities indicated that batteries were unaffordable for most households. Soap was also named as an unaffordable item in 47% of communities.

**WASH** High prices and lack of infrastructure were common barriers to accessing sufficient water. KIs in 85% of communities where barriers were reported pointed to the high price of water trucking. KIs in 39% of communities indicated that partially or completely non-functional water networks contributed to lack of access to water. In communities where residents could connect to water networks, no KIs reported that water was available all days per week.

**FSL** KIs in more than two-thirds of communities cited food security as a priority need, and affordability was the top barrier to accessing food for both residents and IDPs. Low wages and lack of work opportunities remained obstacles to meeting basic needs. KIs indicated waged labour as a source of income in the majority of assessed locations; however, low wages were reported as a barrier in 90% of communities.

**Health** The lack of local health services and the high cost of transportation were key barriers to healthcare access in July. While KIs in 98% of communities reported that households could access some type of healthcare in or near the community, 27% reported that households could access primary care in the same location. The most common type of facility accessed was a pharmacy, followed by primary care facilities.

**Education** Widespread school closures remained a barrier to accessing education. While COVID-19 was the most common reason for school closures (401 communities), escalation of violence was reported in 8 communities. KIs in more than half of communities reported that closures were mandated by local authorities.

**Protection** Among the most commonly reported protection issues were those affecting children. KIs in 63% (for residents) and 74% (for IDPs) of communities indicated child labour as a protection risk. Residents and IDPs also experienced forced and early marriage (36% and 42% of communities, respectively). Some communities were also impacted by lack or loss of documentation and threat from explosive hazards.

## HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

**Were any households in the community able to access humanitarian assistance?** (by % of all 895 assessed communities):



While more than 70% of communities accessed humanitarian assistance, KIs in 93% of these reported that the aid provided was insufficient. All 895 communities reported information gaps. In 7% of communities not receiving assistance, KIs noted that households were not aware of eligibility and procedures to register, which may help to explain why these communities did not access aid.

**Most commonly reported barriers that households faced in accessing humanitarian assistance** (by % of 598 communities where access was reported, and by % of 262 communities where no access was reported):<sup>4</sup>

### Communities reporting access to humanitarian assistance

### Communities reporting no access to humanitarian assistance

Assistance provided was insufficient	93%	1	93%	No humanitarian assistance was available
Poor targeting of beneficiaries who receive assistance	35%	2	4%	Not aware of what assistance was available
Types of assistance provided were not relevant to needs	14%	3	3%	Not aware of the procedures to follow to receive assistance

**Most commonly reported information gaps for households with regard to humanitarian assistance** (by % of 895 communities where missing information was reported):<sup>5</sup>

1	How to find work	62%
2	How to get more money and financial support	52%
3	How to register for aid	50%
4	How to get food	24%
5	How to get healthcare/ medical attention	19%

**Most commonly reported types of humanitarian assistance households had access to** (by % of 633 communities where access to humanitarian assistance was reported):<sup>4</sup>

Food and nutrition	73%
Health	57%
WASH	29%
Cash assistance vouchers or cash in hand	9%
NFIs	5%
Protection including information services	4%
Agricultural supplies	3%
Shelter	1%
Education	1%
Livelihood support	1%
Electricity assistance	1%

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

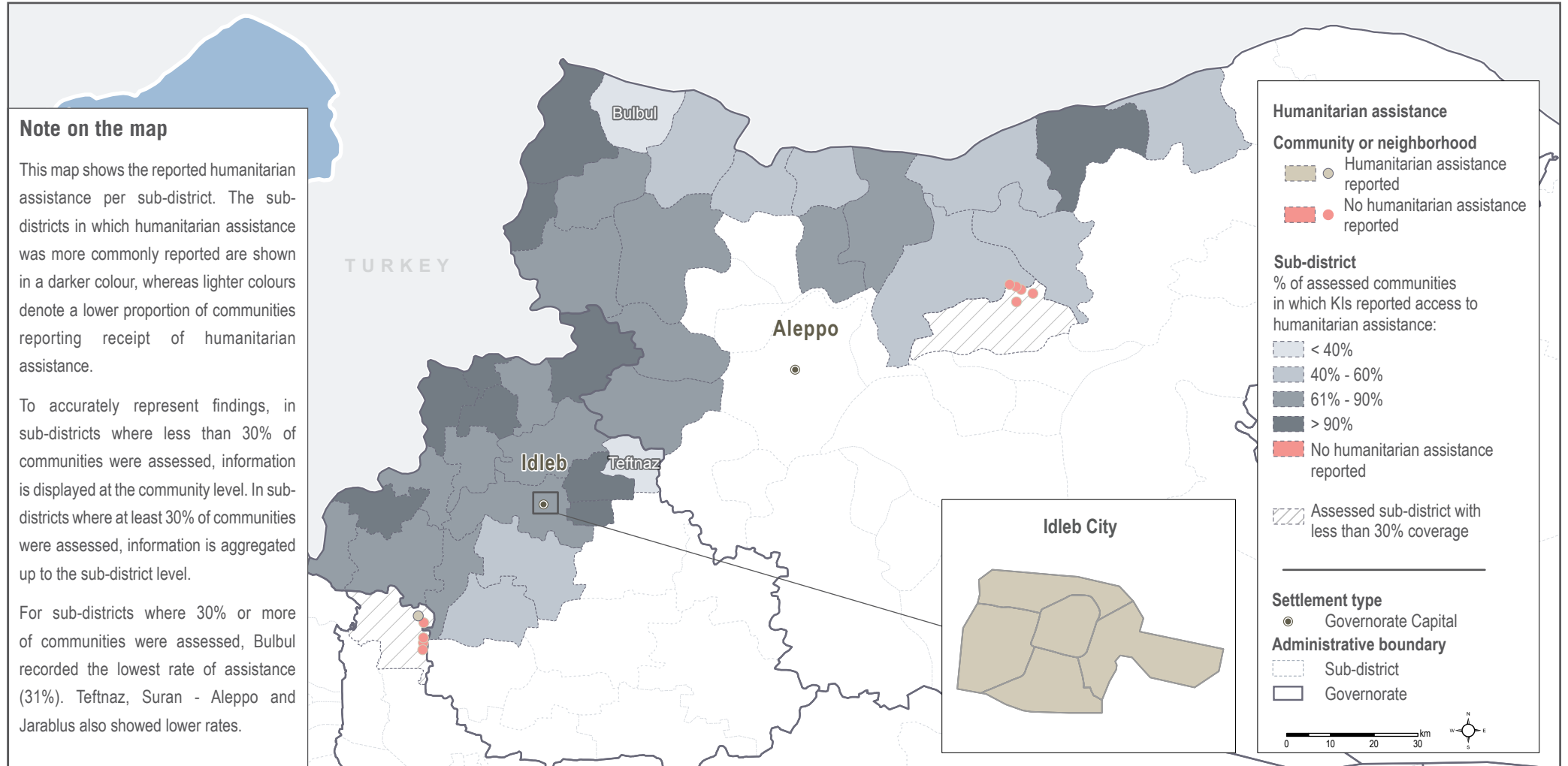
(by % of 895 communities where preferred ways were reported):<sup>2</sup>

1	WhatsApp (or other mobile phone-based platforms)	82%
2	In person	66%
3	Social media (Twitter, Facebook, etc)	36%
4	Leaflets	15%
5	Phone call	14%

**44%** In 44% (281/632) of communities able to access assistance, KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms**.<sup>9</sup>

# NORTHWEST SYRIA JULY 2020

## REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

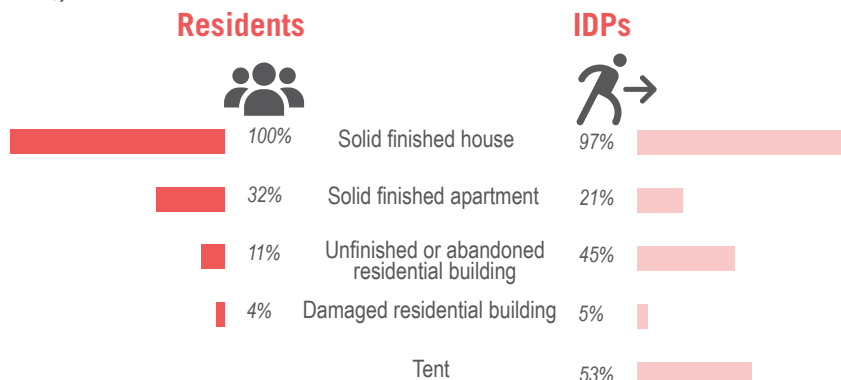


## SHELTER

July's findings emphasised season-specific shelter adequacy issues and the unaffordability of repairing and maintaining dwellings. More than half of KIs who reported shelter inadequacies cited high temperatures inside shelters (56% for residents and 63% for IDPs). Unaffordability of repair services and materials remained significant (reported by KIs in 59% and 91% of communities). Rent prices also continued to increase, with the highest prices recorded in Azaz sub-district (250,000 SYP).

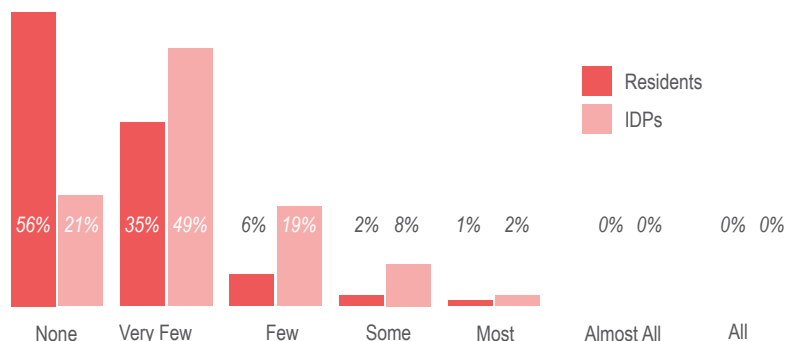
### Most commonly reported shelter types used by residents and IDPs

(by % of **888 communities** where reported for residents, and of **837 communities** where reported for IDPs):<sup>2,9</sup>



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

(by % of **888 communities** where reported for residents, and by % of **837 communities** where reported for IDPs):<sup>9</sup>



\*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%).

# 33,300 SYP<sup>6</sup>

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in **606 communities**).

**Most commonly reported shelter inadequacy issues** (by % of **787 communities** where issues were reported for residents, and of **801 communities** where issues were reported for IDPs):<sup>4,9</sup>

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	82%	78%
High temperatures inside shelters	56%	63%
Lack of space/ overcrowding	24%	50%

**Most commonly reported barriers to households wishing to repair their shelters** (by % of **795 communities** where barriers were reported):<sup>4,9</sup>

- Shelter and repair materials are too expensive **91%**
- Repairs require professionals but cannot afford their service **59%**
- Security situation **15%**
- Repairs require professionals but they are not available **6%**
- Shelter and repair materials are unavailable in the market **5%**

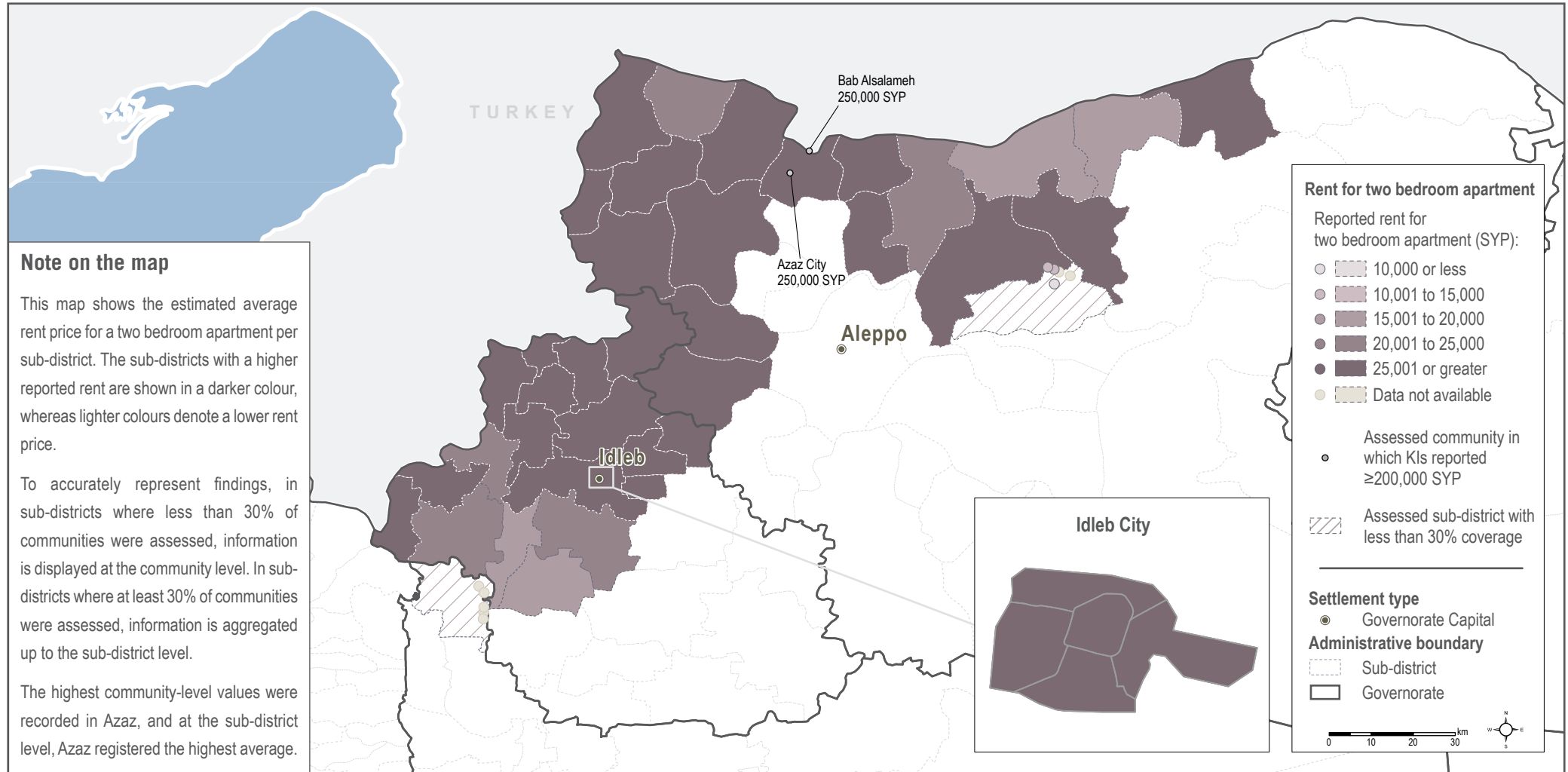
# 35%

In 35% of the assessed communities reporting on damage (**310/880**), KIs reported the presence of **occupied shelters with severe damage<sup>8</sup> in their communities.<sup>9</sup>**

# 61%

In 61% of the assessed communities reporting on damage (**533/880**), KIs reported the presence of **occupied shelters with major damage<sup>8</sup> in their communities.<sup>9</sup>**

## AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



## ELECTRICITY & NFIs

In a context of high prices and declining purchasing power, many communities struggled to afford basic items and services. Affordability continued to be a barrier to accessing electricity, along with damage to network infrastructure. While KIs in roughly a quarter of communities reported that batteries were a main source of electricity, KIs in 82% of communities indicated that batteries were unaffordable for most households. Soap was also named as an unaffordable item in 47% of communities (33% for the majority of people and 14% for specific groups), which may harm the ability of households to maintain important hygiene practices in light of the spread of COVID-19.

## From 5 to 6 hrs/day

was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 290 (32%) of 895 assessed communities).

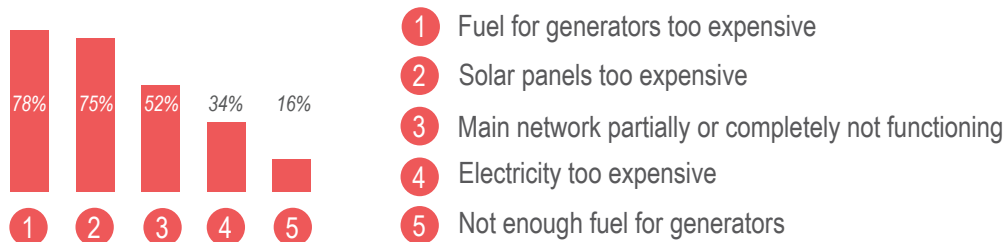
### Most commonly reported main source of electricity

(by % of 895 communities where main source reported):



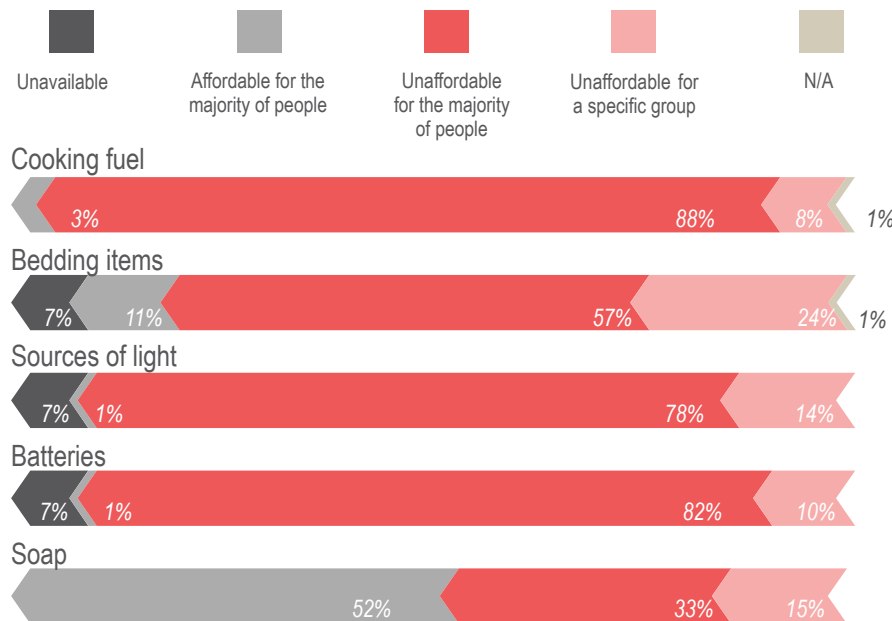
### Most commonly reported barriers to accessing electricity

(by % of 893 communities where barriers reported):<sup>4</sup>



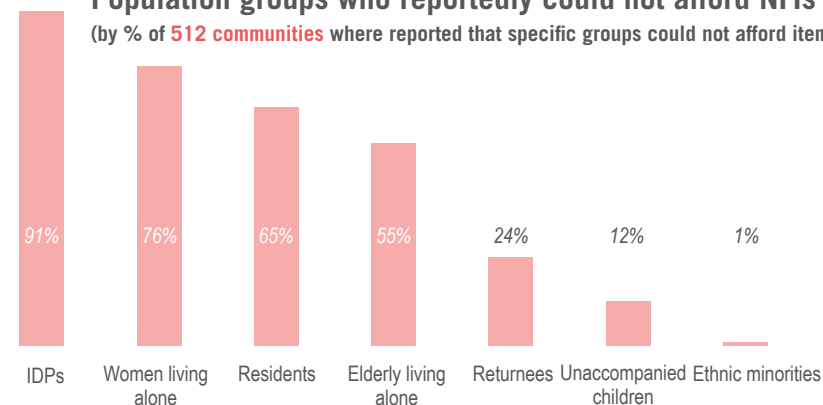
### Reported household item availability and affordability

(by % of all 895 communities):<sup>4</sup>



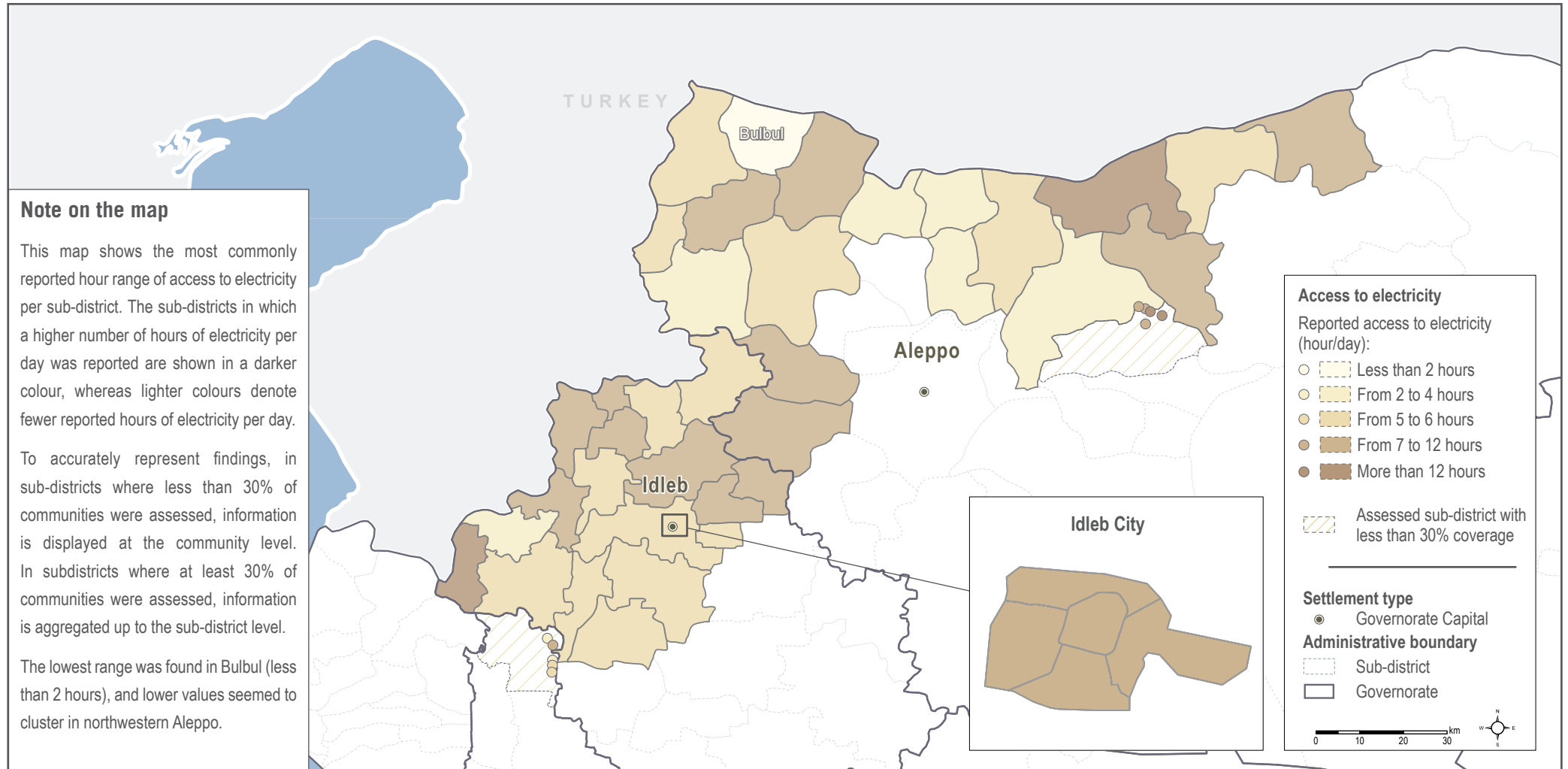
### Population groups who reportedly could not afford NFIs

(by % of 512 communities where reported that specific groups could not afford items):<sup>4</sup>



# NORTHWEST SYRIA JULY 2020

## AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



## WATER, SANITATION AND HYGIENE (WASH)

High prices and non-functional physical infrastructure were common barriers to accessing sufficient water. KIs in 85% of communities where barriers were reported pointed to the high price of water trucking. KIs in 39% of communities indicated that partially or completely non-functional water networks contributed to lack of access to water. In communities where residents could connect to water networks, no KIs reported that water was available all days per week. KIs reported that networks provided water less than one day per week in nearly 60% of communities. Coping strategies were reported in 532 communities, and KIs in nearly half of these communities indicated that households were modifying typical hygiene practices to cope with a lack of water.

**60%** In 60% of the assessed communities (532/895), KIs reported that **not all households had access to sufficient water**.

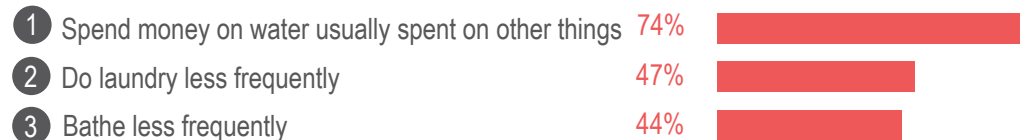
### Most commonly reported barriers to accessing sufficient water

(by % of 532 communities where barriers reported):<sup>4</sup>



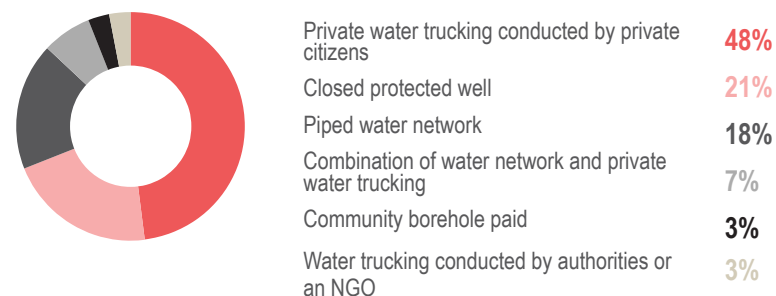
### Most commonly reported coping strategies for a lack of water

(by % of 532 communities where coping strategies reported):<sup>4</sup>



### Most commonly reported sources of drinking water

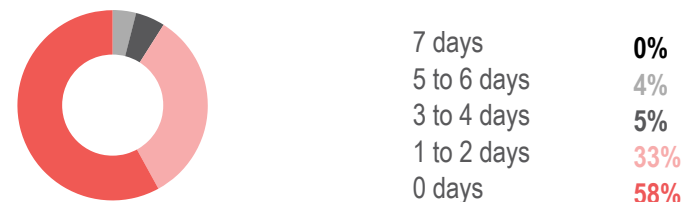
(by % of all 895 assessed communities):



**31%** In 31% of the assessed communities (273/895), KIs reported that **communities were not connected to a main water network**.

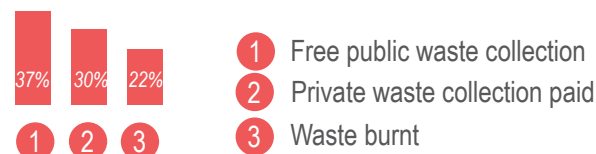
### Days per week water from the network was reportedly available

(by % of 622 communities connected to a water network):



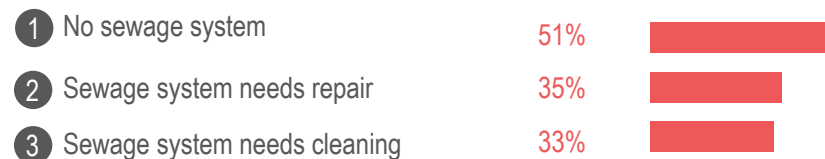
### Most commonly reported ways people disposed of solid waste

(by % of 895 communities where top disposal method reported):



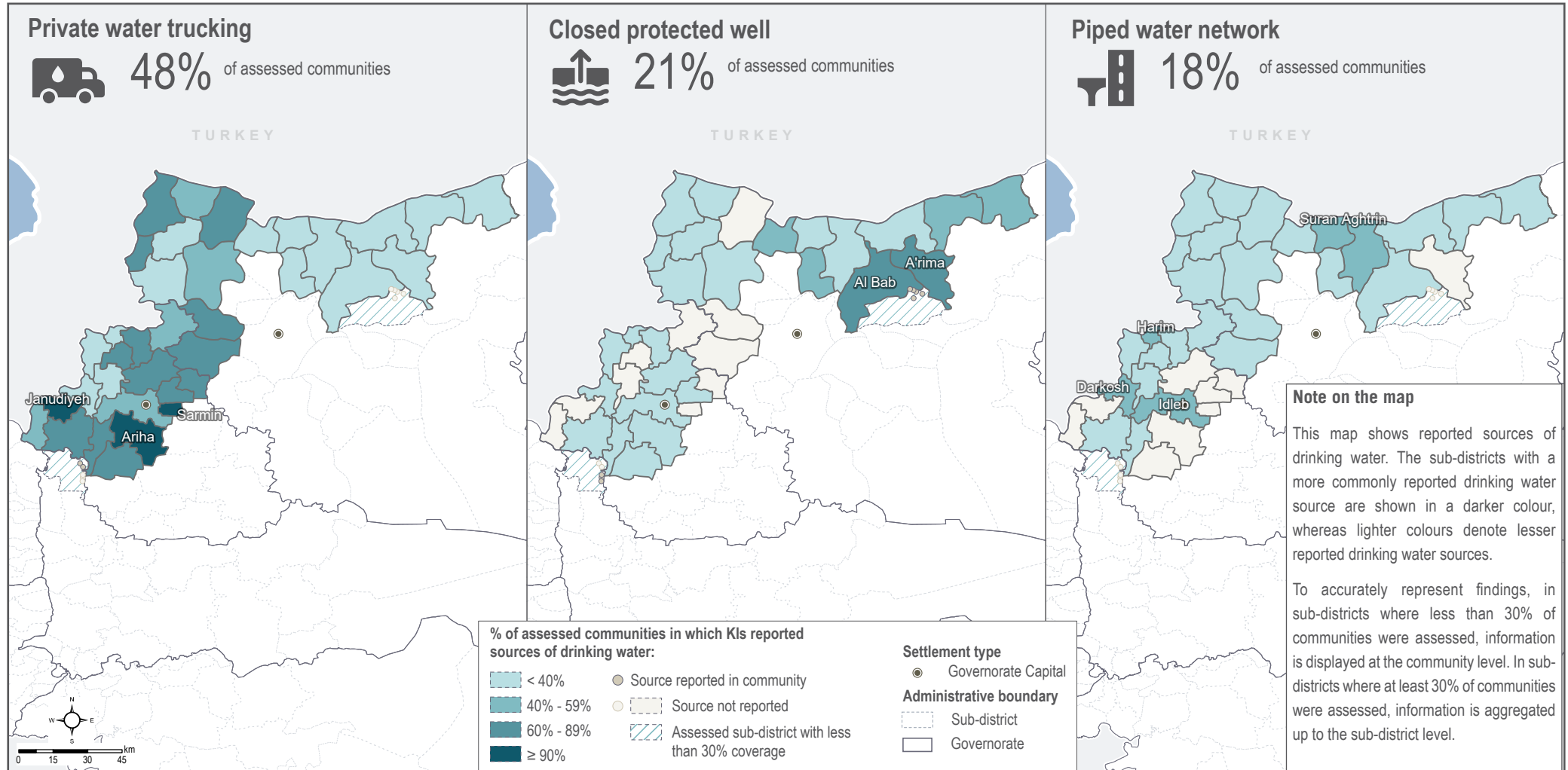
### Most commonly reported sanitation issues

(by % of 616 communities where sanitation issues reported):<sup>4,9</sup>



# NORTHWEST SYRIA JULY 2020

## MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



## FOOD SECURITY

KIs in more than two-thirds of communities cited food security as a priority need, and affordability was the top barrier to access for both residents and IDPs. Where barriers were reported, KIs in 26% (residents) and 24% (IDPs) of communities mentioned that local markets lacked sufficient food or did not sell certain essential items. The impact of food insecurity was not limited to a single population group. KIs in more than 90% of communities (835/895) indicated barriers to feeding young children. Also, persons with restricted mobility faced challenges in physically accessing food markets.

**14%** In 14% of assessed communities (126/895), KIs reported **households were unable to access markets in the assessed location.**

### Most commonly reported barriers to physically accessing food markets

(by % of 699 communities where barriers reported for residents, and of 665 communities where barriers reported for IDPs):<sup>4</sup>

	Residents	IDPs
Lack of transportation to markets private or public	72% ①	77%
Distance to markets too far	64% ②	62%
Lack of access for persons with restricted mobility	42% ③	44%

### Most commonly reported sources of food for households

(by % of 895 communities where food sources reported):<sup>2</sup>

① Purchasing from stores/markets in this community	77%
② Purchasing from stores/markets in other communities	73%
③ Own production/farming	64%
④ Borrowing	30%
⑤ Assistance from local councils/NGOs/other groups	20%

### Most commonly reported barriers to accessing sufficient food

(by % of 863 communities where barriers were reported for residents, and by % of 814 communities where barriers reported for IDPs):<sup>4</sup>

	Residents	IDPs
Markets exist and food is available but households cannot afford essential food items	78% ①	83%
Markets exist but not all essential food items are available	26% ②	24%
Markets exist but have insufficient quantities of food	18% ③	15%

### Most commonly reported barriers to feeding babies and young children

(by % of 815 communities where challenges reported for babies under 6 months, and of 835 communities where challenges reported for children of 6 months - 2 years):<sup>4,10</sup>

	Under 6 months	6 months - 2 years
No support for non-breastfed babies	88% ①	83%
Breastfeeding difficulties	43% ②	56%
Poor hygiene for feeding non-breastfed babies	7% ③	32%

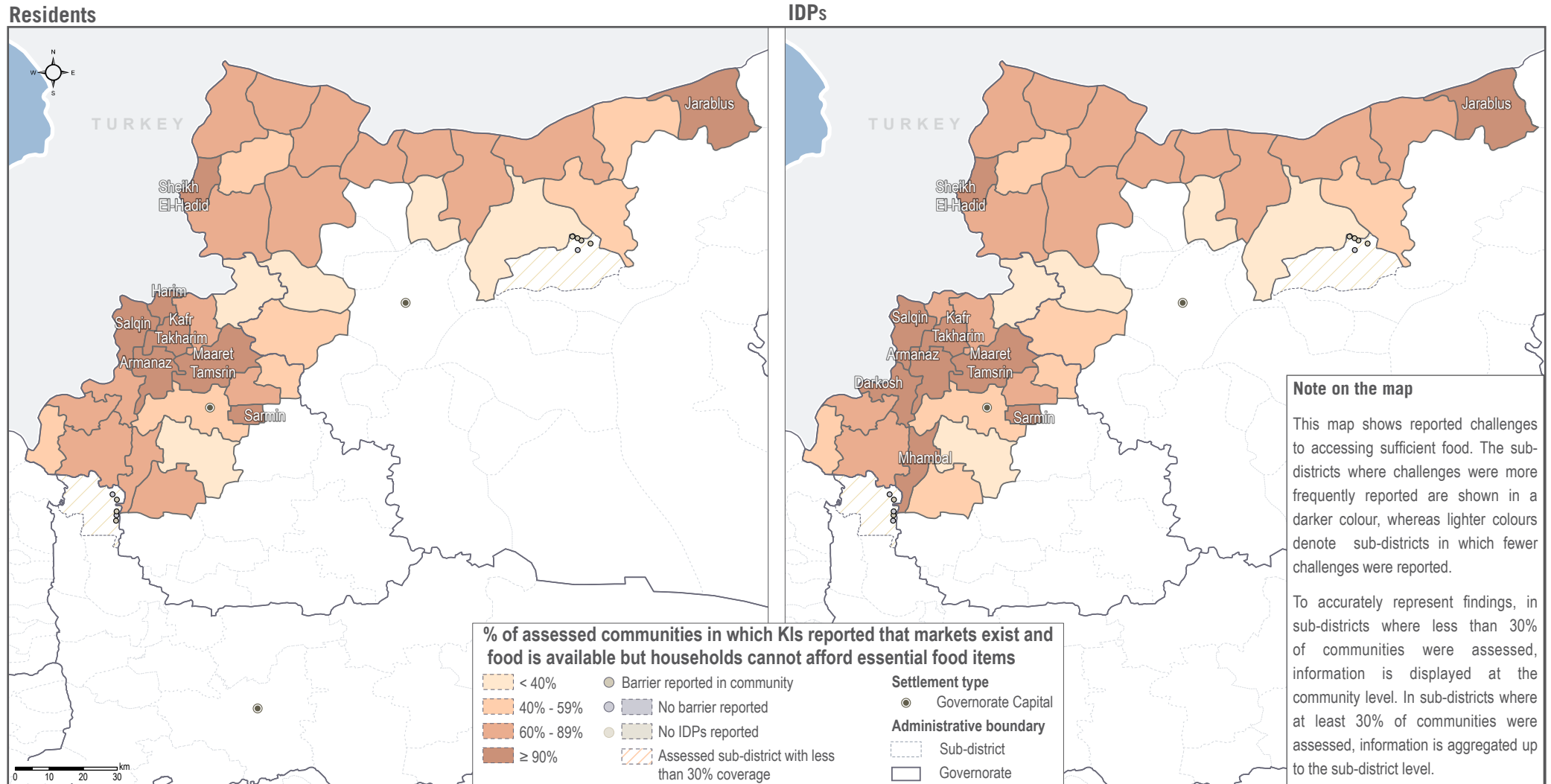
### Most commonly reported coping strategies for a lack of food

(by % of 871 communities where coping strategies reported):<sup>4</sup>

① Purchasing food on credit/borrowing money to buy food	62%
② Reducing meal size	58%
③ Skipping meals	56%
④ Buying food with money usually used for other things	55%
⑤ Selling non-productive assets	20%

# NORTHWEST SYRIA JULY 2020

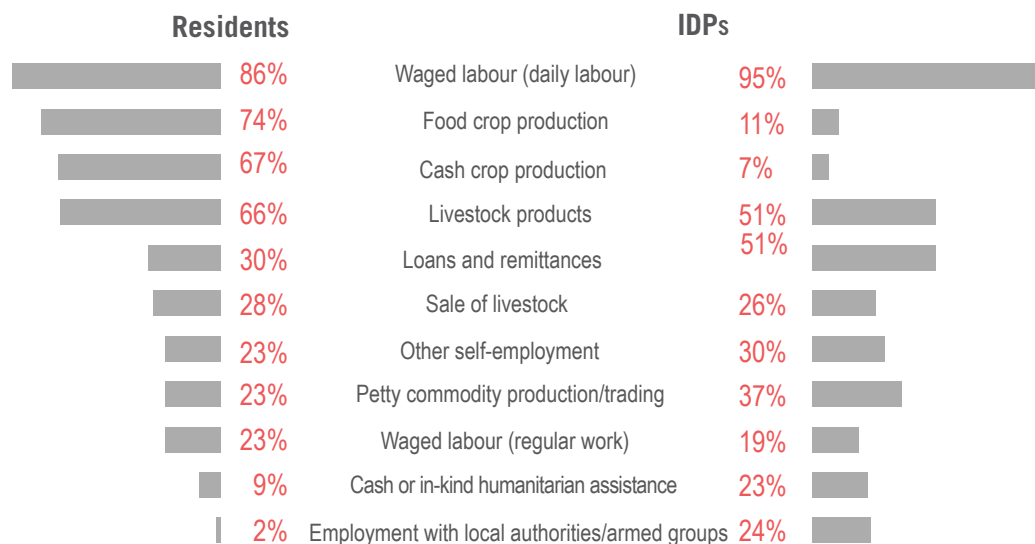
## REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



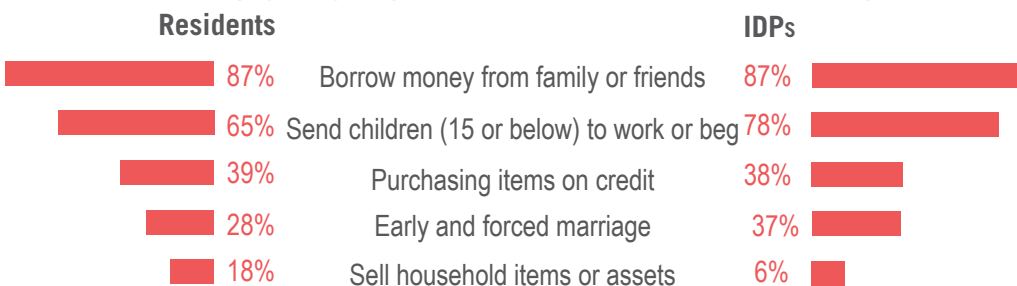
## LIVELIHOODS

Low wages and lack of work opportunities were key obstacles reported by households in meeting basic needs. In the majority of assessed communities (86% for residents and 95% for IDPs), KIs indicated waged labour as a source of income. Low wages, however, were reported as a barrier in roughly 90% of communities. Furthermore, access to employment opportunities was a concern in more than half of communities reporting barriers to livelihoods. In 43% of communities, women were specifically impacted by lack of employment opportunities. In 87% of communities reporting livelihoods coping strategies, both residents and IDPs borrowed money from family or friends.

**Percentage of communities where KIs reported the following sources of meeting basic needs** (by % of 888 communities where reported for residents and of 837 communities where reported for IDPs):<sup>5</sup>



**Most commonly reported coping strategies to meet basic needs** (by % of 888 communities where coping strategies reported for residents and of 837 communities where reported for IDPs):<sup>4</sup>



**Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs** (by % of 888 communities where barriers reported for residents, and of 837 communities where barriers reported for IDPs):<sup>4</sup>

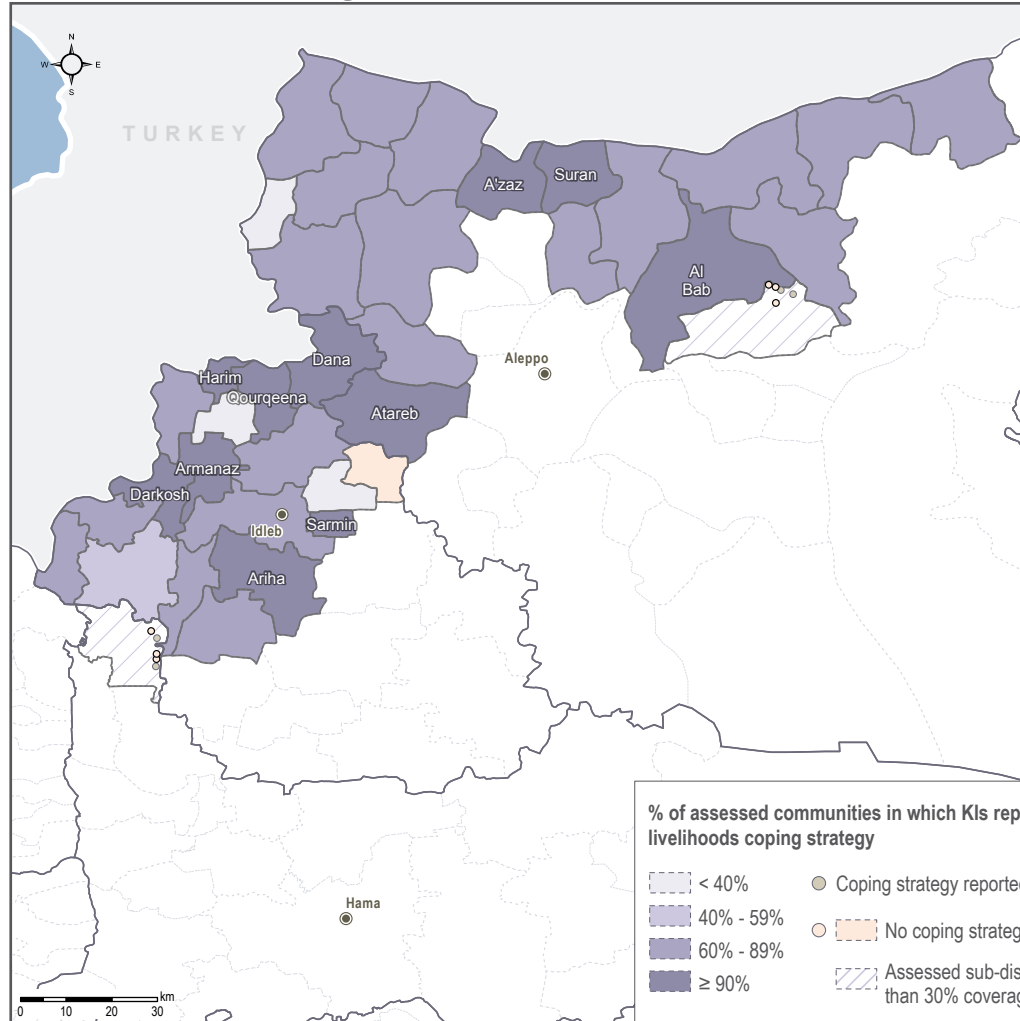


**Estimated median daily wage for unskilled labour** <sup>4,6,9</sup>

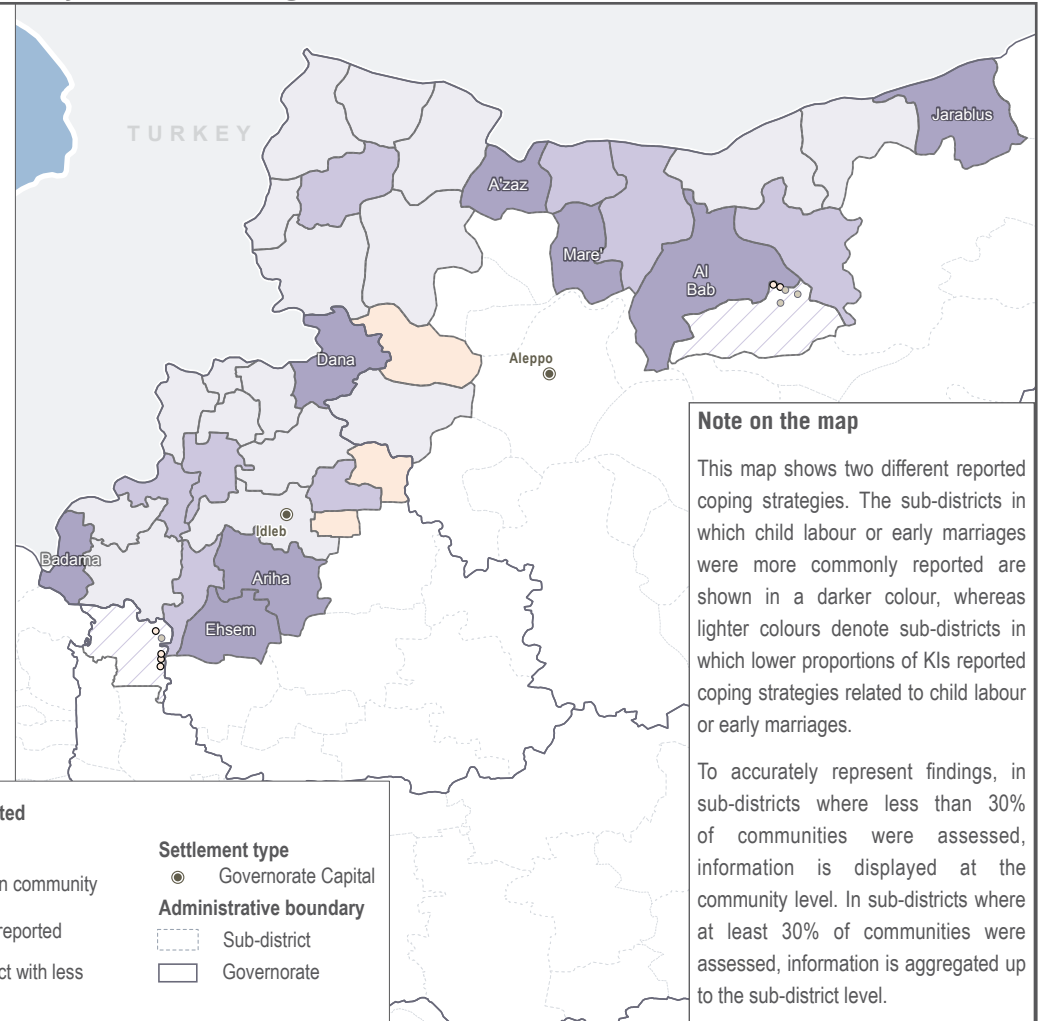


## REPORTED LIVELIHOODS COPING STRATEGIES

### 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

The lack of local health services and the high cost of transportation were reported as key barriers to healthcare access. While KIs in 98% of communities reported that households could access some type of healthcare in or near the community, only 27% reported that households could access primary care locally. The most common type of facility accessed was pharmacies, followed by primary care facilities and vaccination clinics. KIs in 89% of communities where health coping strategies were reported affirmed that households visited pharmacies instead of clinics. For 83% of communities, KIs estimated that travel to the closest health facility would take less than 30 minutes. Despite this, the two most commonly-perceived barriers to access were related to the availability and price of transportation. In 50% of communities, lack of medicines was also named as a barrier to healthcare access.



**63%**

In 63% of assessed communities (238/375), KIs reported that **households were unable to access primary care facilities in their own or nearby communities.**



**58%**

In 58% of assessed communities (519/894), KIs reported that **households were unable to access health services in their own communities.**



**7%**

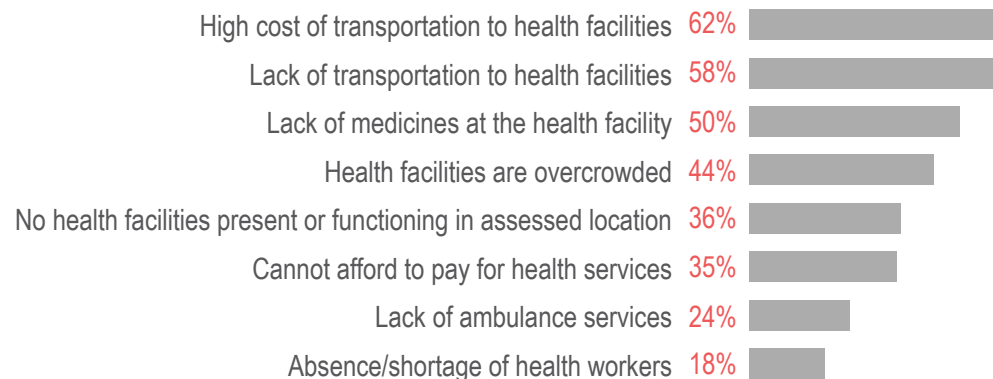
In 7% of assessed communities (60/895), KIs reported that **households were unable to access public hospitals in their own or nearby communities.**

**Most commonly reported health facilities available in assessed and other/nearby communities** (by % of 375 communities reporting access inside community, and of 870 communities reporting access in other/nearby communities):<sup>4</sup>

In assessed communities	In other/nearby communities
Pharmacies 80% <b>1</b>	81% Pharmacies
Primary care facilities 37% <b>2</b>	73% Primary care facilities
Private clinics 20% <b>3</b>	72% Public hospitals
Mobile clinics 19% <b>4</b>	71% Private clinics
Informal emergency care points 19% <b>5</b>	28% Private hospitals

### Most commonly perceived barriers to healthcare access

(by % of 892 communities where barriers reported):<sup>4</sup>

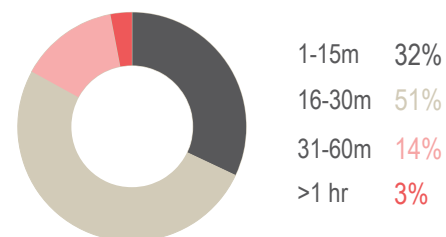


### Most commonly reported coping strategies for a lack of healthcare services

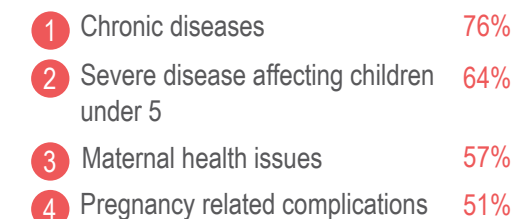
(by % of 892 communities where coping strategies reported):<sup>4</sup>



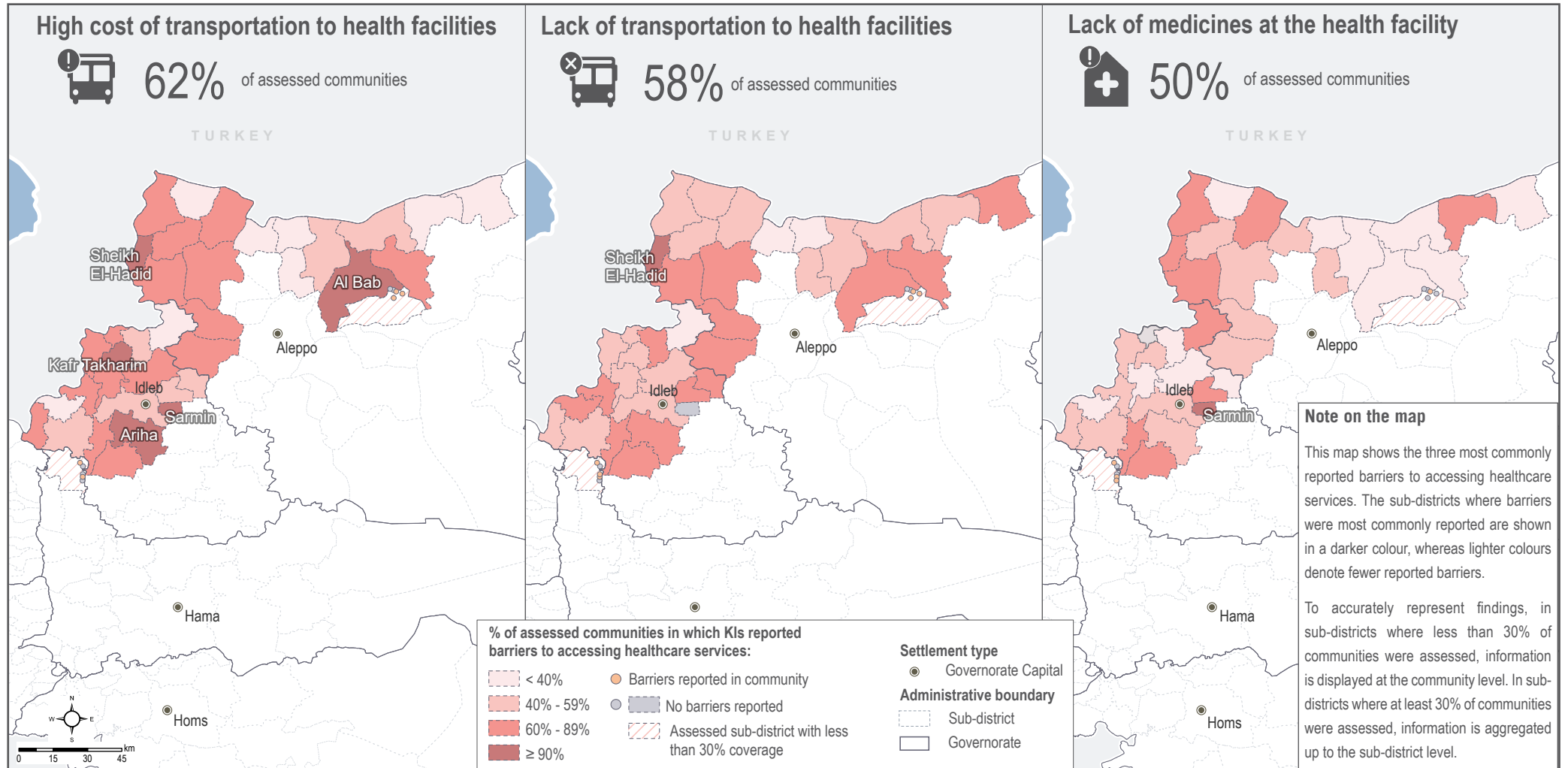
**Reported time taken for households to travel to the most commonly used health facility** (by % of 895 communities where travel time reported):



**Most commonly reported health problems** (by % of 625 communities where knowledge of health problems reported):<sup>4,9</sup>



## MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS




## EDUCATION

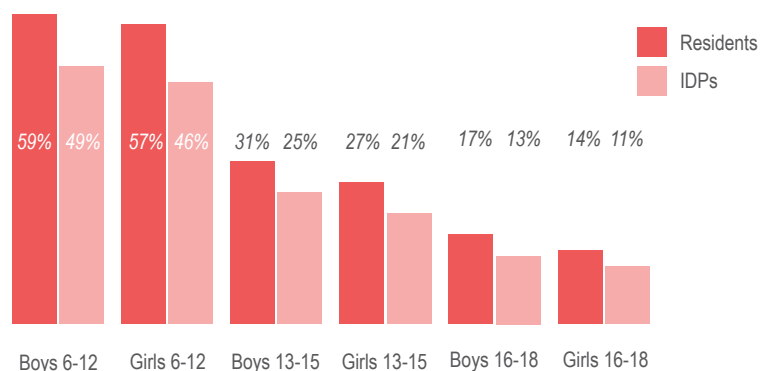
In July, widespread school closures remained a barrier to accessing education. KIs in more than half of communities cited closures mandated by local authorities. While COVID-19 was the most common justification for school closures (401 communities), escalation of violence was reported in 8 communities. All of these communities were located in Ehem (2), Ziyara (3), Ariha (1), Atareb (1), and Daret Azza (1) sub-districts. Where schools were closed, children in 42% of communities had access to online learning.

 **61%** In 61% of assessed communities (488/804), KIs reported that **children were unable to access education facilities within their own communities.**

**KIs in 559 communities reported that schools were not in session during the last 30 days.**

 KIs in **8** of those communities cited an **escalation of violence that made schools or travel to school unsafe** as the reasons schools were not in session.

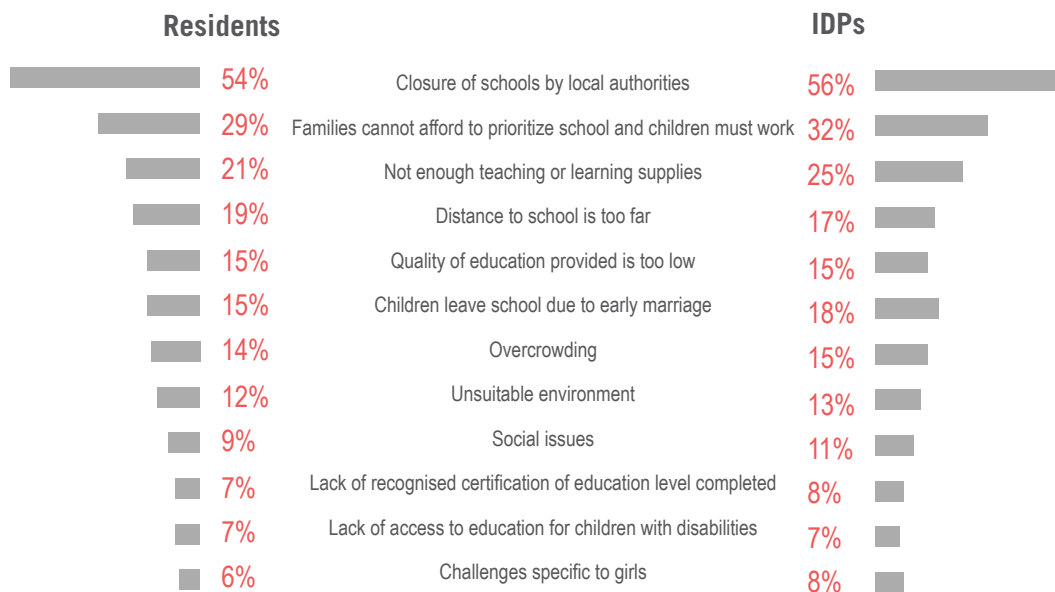
**Average reported attendance rates of children** (by average % of each gender/age group reportedly attending school in **335 communities** for residents and in **312 communities** for IDPs):<sup>9</sup>



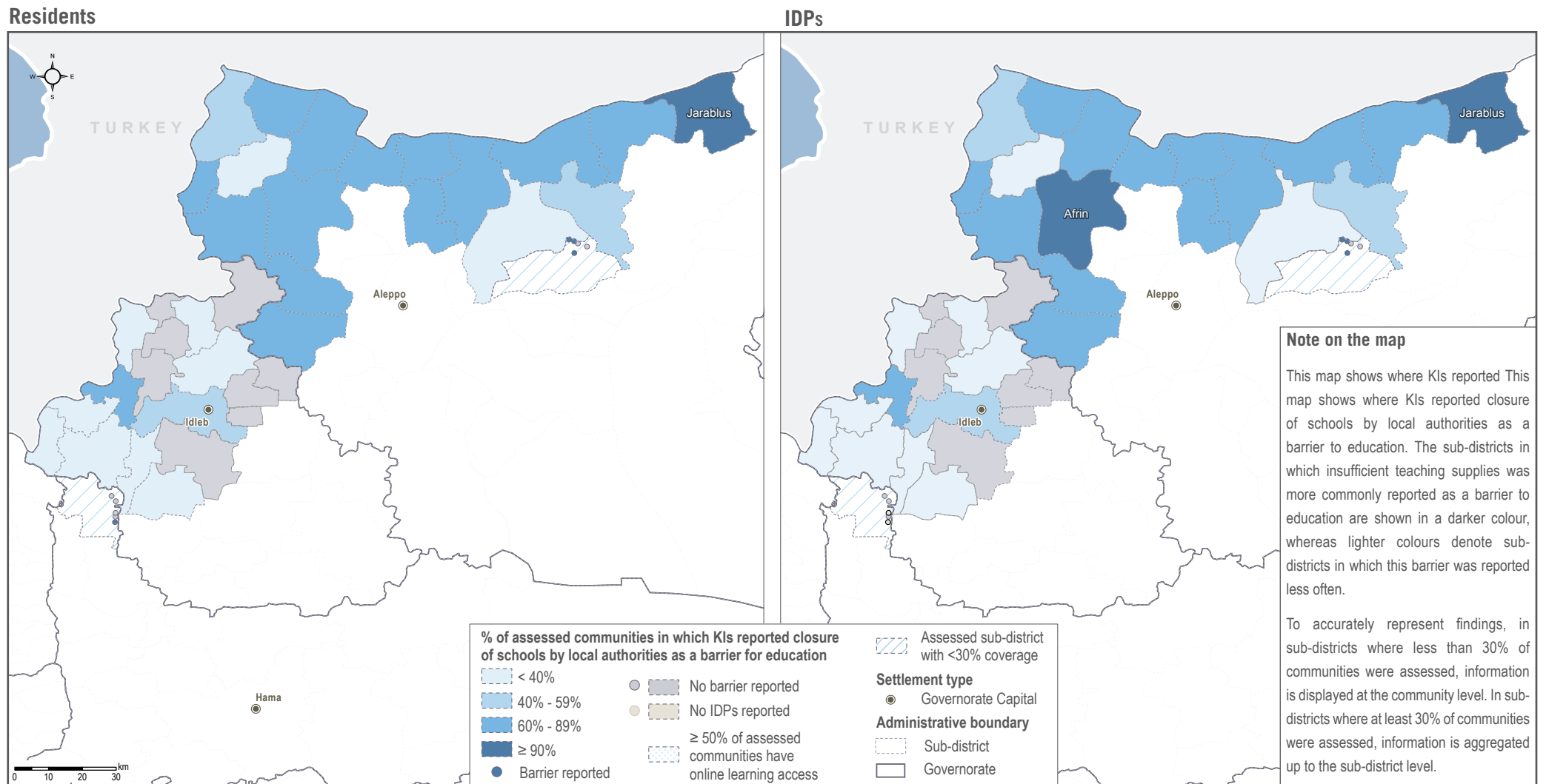
**Most commonly reported types of education facilities available to children (age 3-18)** (by % of **806 communities** where reported for assessed communities, and of **673 communities** for other/nearby communities):<sup>4</sup>

In assessed communities	In other/nearby communities
Formal primary school 32%	<b>1</b> 100% Formal early childhood care
Formal intermediary school 12%	<b>2</b> 97% Non-formal intermediary school
Non-formal primary school 8%	<b>3</b> 97% Non-formal primary school

**Most commonly reported barriers for access to and quality of education services** (by % of **789 communities** where barriers were reported for residents, and of **743 communities** where barriers reported for IDPs):<sup>4</sup>



## REPORTED CHALLENGE TO EDUCATION: SCHOOLS CLOSED BY LOCAL AUTHORITIES



## PROTECTION

Among the most commonly reported protection issues were those affecting children. KIs in 63% (for residents) and 74% (for IDPs) of communities indicated child labour as a protection risk. Residents and IDPs also experienced the risk of forced and early marriage (36% and 42%, respectively). KIs in nearly half of communities also reported lack or loss of civil documentation, and this circumstance was more likely to affect boys under 18 than other population groups. KIs indicated that roughly 1 in 4 communities faced threats from explosive hazards.

### Most commonly reported protection risks faced by residents

(by % of 682 communities where risks reported):<sup>4</sup>



- 1 Child labour 63%
- 2 Lack/loss of civil documentation 40%
- 3 Forced and early marriage 36%
- 4 Threat from explosive hazards 23%
- 5 Housing, land, and property issues 20%

### Most commonly reported protection risks faced by IDPs

(by % of 674 communities where risks reported):<sup>4</sup>



- 1 Child labour 74%
- 2 Lack/loss of civil documentation 49%
- 3 Forced and early marriage 42%
- 4 Threat from explosive hazards, landmines and unexploded abandoned ordnances 22%
- 5 Threat from airstrikes 13%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 431 communities where reported):	Boys under 18	99%
2	Lack/loss of civil documentation (by % of 276 communities where reported):	Boys under 18	52%
3	Forced and early marriage (by % of 244 communities where reported):	Girls under 18	100%
4	Threat from explosive hazards, landmines and unexploded abandoned ordnances (by % of 155 communities where reported):	All groups	100%
5	Housing, land, and property issues (by % of 133 communities where reported):	Men	86%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 497 communities where reported):	Boys under 18	100%
2	Lack/loss of civil documentation (by % of 333 communities where reported):	Boys under 18	49%
3	Forced and early marriage (by % of 284 communities where reported):	Girls under 18	100%
4	Threat from explosive hazards, landmines and unexploded abandoned ordnances (by % of 148 communities where reported):	All groups	100%
5	Threat from airstrikes (by % of 86 communities where reported):	All groups	100%

## 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, civil employee, 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 Exercise July 2020](#), 1 USD = 2,330 SYP, so 33,300 SYP = 14.29 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 - KEY HIGHLIGHTS AND CONTEXT

- a. REACH (July 2020). Northwest Syria Market Monitoring Dataset July 2020. Retrieved from <https://www.reachresourcecentre.info>.
- b. OCHA (26 June 2020). Recent Developments in Northwest Syria - Situation Report No. 16 - As of 26 June 2020. Retrieved from <https://reliefweb.int>.
- c. Enab Baladi (13 July 2020). Idlib faces economic losses. Retrieved from <https://english.enabbaladi.net>.
- d. OCHA (13 July 2020). Recent Developments in Northwest Syria - Situation Report No. 17 - As of 13 July 2020. Retrieved from <https://reliefweb.int>.
- e. Reuters (12 July 2020). On fifth attempt, U.N. Security Council renews Syria aid via Turkey. Retrieved from <https://www.reuters.com>.
- f. NBC News (12 July 2020). Refugees, Aid groups condemn U.N. decision to limit Syrian aid crossings. Retrieved from <https://www.nbcnews.com>.
- g. Al Jazeera (8 June 2020). Two killed as Russian jets hit towns in Syria's Idlib after truce. Retrieved from <https://www.aljazeera.com>.
- h. Syrian Observatory for Human Rights (20 June 2020). Explosion in Afrin leaves many injured. Retrieved from <https://www.syriahr.com>.
- i. Syrian Observatory for Human Rights (24 June 2020). More than ten people killed or injured in a booby-trapped motorcycle explosion in Afrin. Retrieved from <https://www.syriahr.com>.
- j. SMART News Arabic (3 July 2020). One dead and two injured in an explosive device explosion in Afrin, Aleppo. Retrieved from <https://smartnews-agency.com>.
- k. Syrian Observatory for Human Rights (24 June 2020). Four civilians, including woman injured in factional shelling west of Idlib, while roads cut off and families displaced in areas of clashes. 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 Ar-Raqqa, Al Hasakeh, Aleppo, and Deir-ez-Zor governorates. Data for this assessment was collected between 5-17 July, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (March/July 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](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto: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.