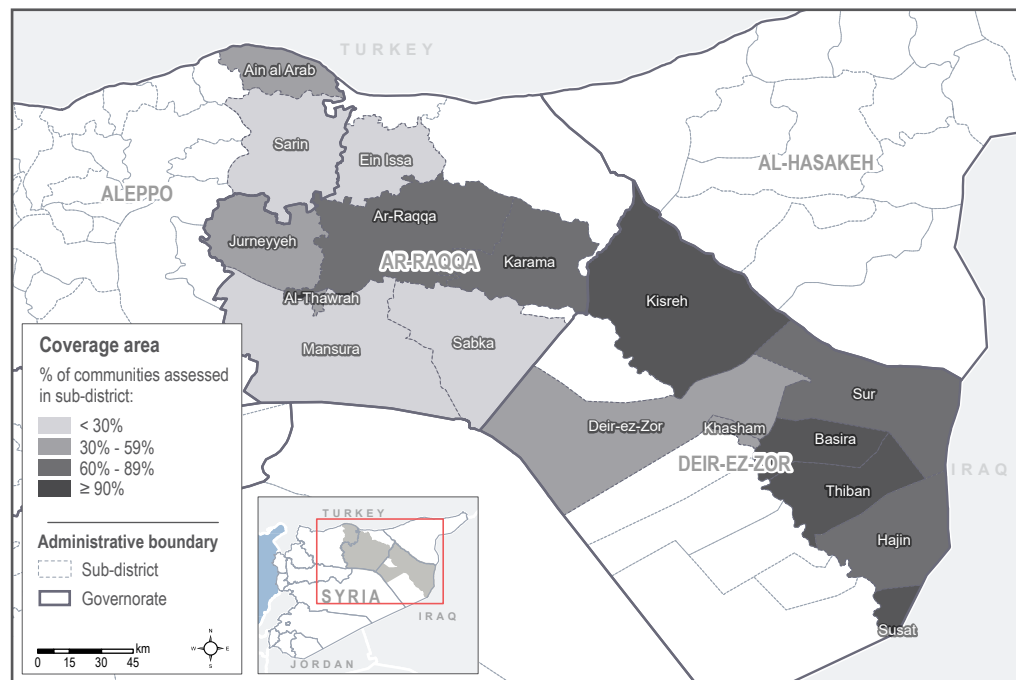


# HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHEAST SYRIA FEBRUARY 2020

## INTRODUCTION

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

This factsheet presents information gathered in 359 communities across Aleppo<sup>1</sup> (68 communities), Ar-Raqqa (182 communities) and Deir-ez-Zor (109 communities) governorates. Data was collected during the first 12 days of March 2020, and refers to the situation in Northeast Syria (NES) in February 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

February findings highlighted a lack of access to basic services in Northeast Syria. The absence, unaffordability and the dysfunction of services and infrastructure were themes reported across sectors, including health, WASH, and electricity, among others.

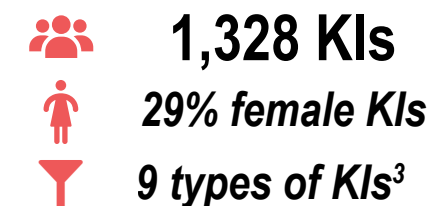
Findings suggested that households struggled to access life-saving healthcare services across assessed communities. KIs in nearly 70% of communities reporting on barriers to healthcare cited that households were unable to afford health services. Other barriers to accessing healthcare included the absence or non-functioning of facilities, and the unavailability of specialised services, as reported by KIs in one fifth of the reporting communities. Households in nearly 40% of reporting communities were reportedly unable to access primary care facilities in either the assessed or nearby communities. To cope with a lack of healthcare services, households reportedly resorted to non-professional care in nearly 40% of reporting communities. While cited as a top priority need for both residents and internally displaced people (IDP), access to healthcare assistance was reported in only 2% of communities.

According to KIs, households in the assessed communities also experienced significant challenges in accessing WASH services and electricity. In nearly half of the communities, not all households reportedly had access to sufficient drinking water due to the high cost of water trucking and the poor functioning of the main water network, among other barriers. Additionally, over 85% of communities were reportedly not connected to a sewage system. Moreover, electricity was reportedly accessible to households less than 13 hours per day on average in nearly half of the communities, with the most common barrier being the malfunctioning of the main network, followed by the cost of fuel. Despite restricted access to services, WASH and electricity assistance was reported in only 2% and 1% of communities, respectively.

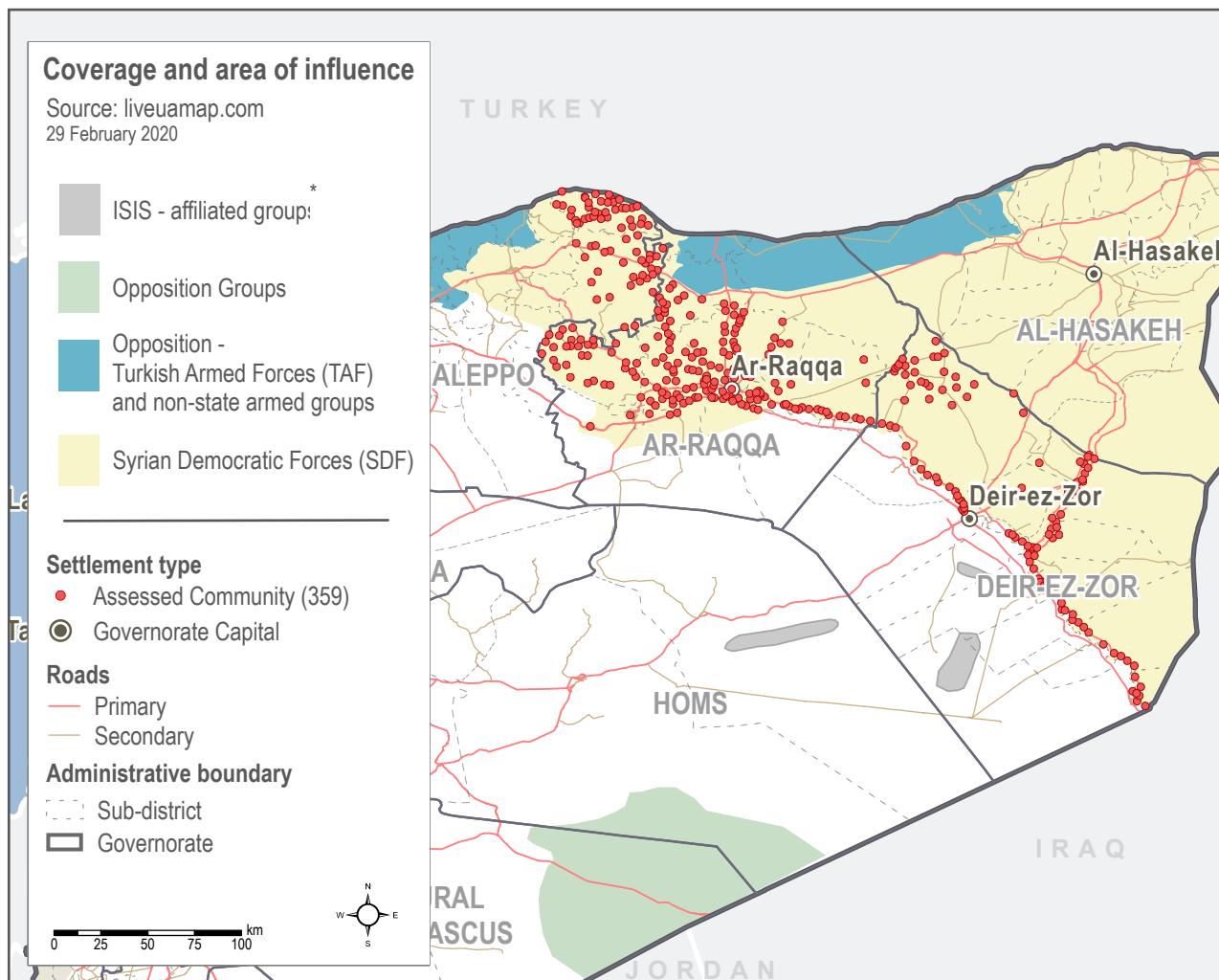
### Top 3 reported overall priority needs in assessed communities:<sup>2</sup>



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



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



The security situation in NES remained volatile throughout February. Clashes continued along the “Peace Spring” frontlines in Ein Issa, Tal Abyad and Tal Tamer sub-districts, while improvised explosive device (IED) attacks affected communities in Ar-Raqqa and Deir-ez Zor governorates.<sup>ab</sup> Conflict impeded the functioning of basic services and infrastructure in the region. On 24 February, parties to the conflict halted water pumping from Alok water station, affecting 460,000 people across Hasakeh governorate including in Hasakeh city, Al Hol, Shedadi, Arisha, and Washokani camps who rely on the station for drinking water.<sup>c</sup> On 28 February, shelling damaged the Tal Tamer power station causing power outages in the area. Services were further hindered by the deteriorating economic situation in NES.<sup>d</sup> A shortage of fuel interrupted the services of a community generator supplying electricity to the residents of Ar-Raqqa city on 15 February. This was followed by the announcement of an increase in subscription fees for generators in Ar-Raqqa city.<sup>e</sup> Additionally, the overall cost of living continued to increase in February, as recorded by [REACH's Market Monitoring Exercise](#).<sup>d</sup>

Lack of basic services, high prices of essential goods and an unstable security environment reflected high levels of humanitarian need in NES. A combination of these factors resulted in the displacement of some 5,700 new IDPs in NES in February. Additionally, 1,075 people were newly displaced to Ar-Raqqa governorate from Idlib governorate following conflict escalations in Northwest Syria.<sup>f</sup>

\* The group known as Islamic State of Iraq and Syria (ISIS)

## RESIDENT PRIORITY NEEDS

### Top ranked priority needs for residents

(by % of 359 communities where KIs selected a first, second, and third priority need):<sup>2</sup>

|               | 1st | 2nd | 3rd | Overall |     |
|---------------|-----|-----|-----|---------|-----|
| Livelihoods   |     | 24% | 22% | 28%     | 75% |
| Health        |     | 31% | 22% | 19%     | 72% |
| WASH          |     | 14% | 9%  | 16%     | 40% |
| Education     |     | 7%  | 21% | 10%     | 37% |
| Food          |     | 14% | 10% | 8%      | 32% |
| NFIs          |     | 1%  | 8%  | 6%      | 15% |
| Winterisation |     | 1%  | 4%  | 9%      | 14% |
| Shelter       |     | 4%  | 2%  | 2%      | 9%  |
| Protection    |     | 5%  | 2%  | 0%      | 7%  |

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

(by % of 258 communities where health was reported as a priority need):<sup>2</sup>

- 1 Treatment for chronic diseases 54%
- 2 Skilled care during childbirth 54%
- 3 General and/or specialised surgical services 37%

### Top three most commonly reported Education needs for residents\*

(by % of 133 communities where education was reported as a priority need):<sup>2</sup>

- 1 Provision of personal documentation 65%
- 2 Additional space for learning 55%
- 3 Recognition and/or certification of curriculum 47%

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

(by % of 266 communities where livelihoods was reported as a priority need):<sup>2</sup>

- 1 Access to humanitarian programmes supporting livelihoods 81%
- 2 Tools/equipment for production 50%
- 3 Access to credit for entrepreneurial investment 27%

## IDP PRIORITY NEEDS

### Top ranked priority needs for IDPs

(by % of 280 communities where KIs selected a first, second, and third priority need):<sup>2</sup>

|               | 1st | 2nd | 3rd | Overall |     |
|---------------|-----|-----|-----|---------|-----|
| Livelihoods   |     | 19% | 18% | 27%     | 64% |
| Food          |     | 34% | 11% | 16%     | 61% |
| Health        |     | 14% | 25% | 19%     | 57% |
| NFIs          |     | 2%  | 19% | 10%     | 31% |
| Shelter       |     | 22% | 3%  | 2%      | 28% |
| WASH          |     | 4%  | 8%  | 11%     | 23% |
| Education     |     | 2%  | 7%  | 7%      | 16% |
| Winterisation |     | 2%  | 8%  | 5%      | 15% |
| Protection    |     | 1%  | 1%  | 2%      | 4%  |

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

(by % of 171 communities where food was reported as a priority need):<sup>2</sup>

- 1 Cooking oil 68%
- 2 Sugar 66%
- 3 Rice 50%

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

(by % of 158 communities where health was reported as a priority need):<sup>2</sup>

- 1 Treatment for chronic diseases 56%
- 2 Skilled care during childbirth 50%
- 3 General and/or specialised surgical services 46%

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

(by % of 179 communities where livelihoods was reported as a priority need):<sup>2</sup>

- 1 Access to humanitarian programmes supporting livelihoods 80%
- 2 Tools/equipment for production 39%
- 3 Access to credit for entrepreneurial investment 29%

<sup>3</sup> The three priority needs displayed are typically the most commonly reported first, second, and third needs. Because there was overlap this month in those sectors, the next highest second priority need (education) was displayed instead.

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

**Were any households in the community able to access humanitarian assistance?** (by % of all 359 assessed communities):



Access to humanitarian assistance was reported in less than half of assessed communities. Of those reporting access, nearly 80% of KIs reported the assistance to be insufficient. Food was by far the most commonly reported type of humanitarian assistance among communities. Other types of assistance were available in less than 8% of reporting communities. KIs reported that households in 52% of communities able to access assistance were not aware of feedback or complaint mechanisms.

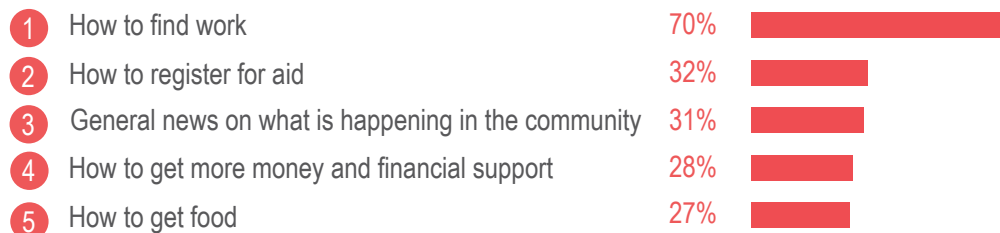
**Most commonly reported barriers that households faced in accessing humanitarian assistance** (by % of 165 communities where access was reported, and by % of 194 communities where no access was reported):<sup>4</sup>

### Communities reporting access to humanitarian assistance

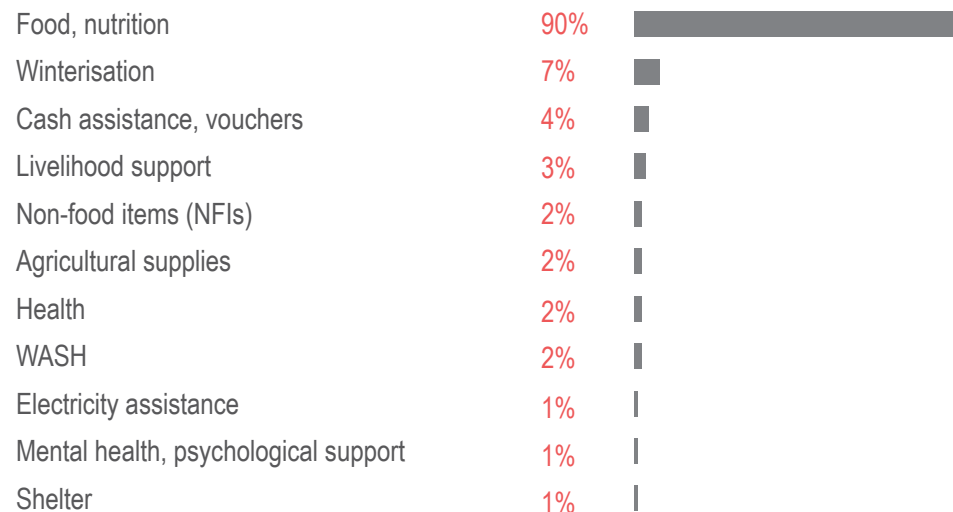
### Communities reporting no access to humanitarian assistance

|  |     |   |     |   |
|--|-----|---|-----|---|
| Assistance provided was insufficient                   | 79% | 1 | 82% | No humanitarian assistance available                        |
| Types of assistance provided was not relevant to needs | 24% | 2 | 11% | Not aware of what assistance was available                  |
| Poor targeting of beneficiaries who receive assistance | 22% | 3 | 6%  | Not aware of the procedures to follow to receive assistance |

**Most commonly reported types of important missing information not being provided to households** (by % of 359 communities where missing information was reported):<sup>5</sup>



**Most commonly reported types of humanitarian assistance households had access to in communities** (by % of 164 communities where reported):<sup>4</sup>



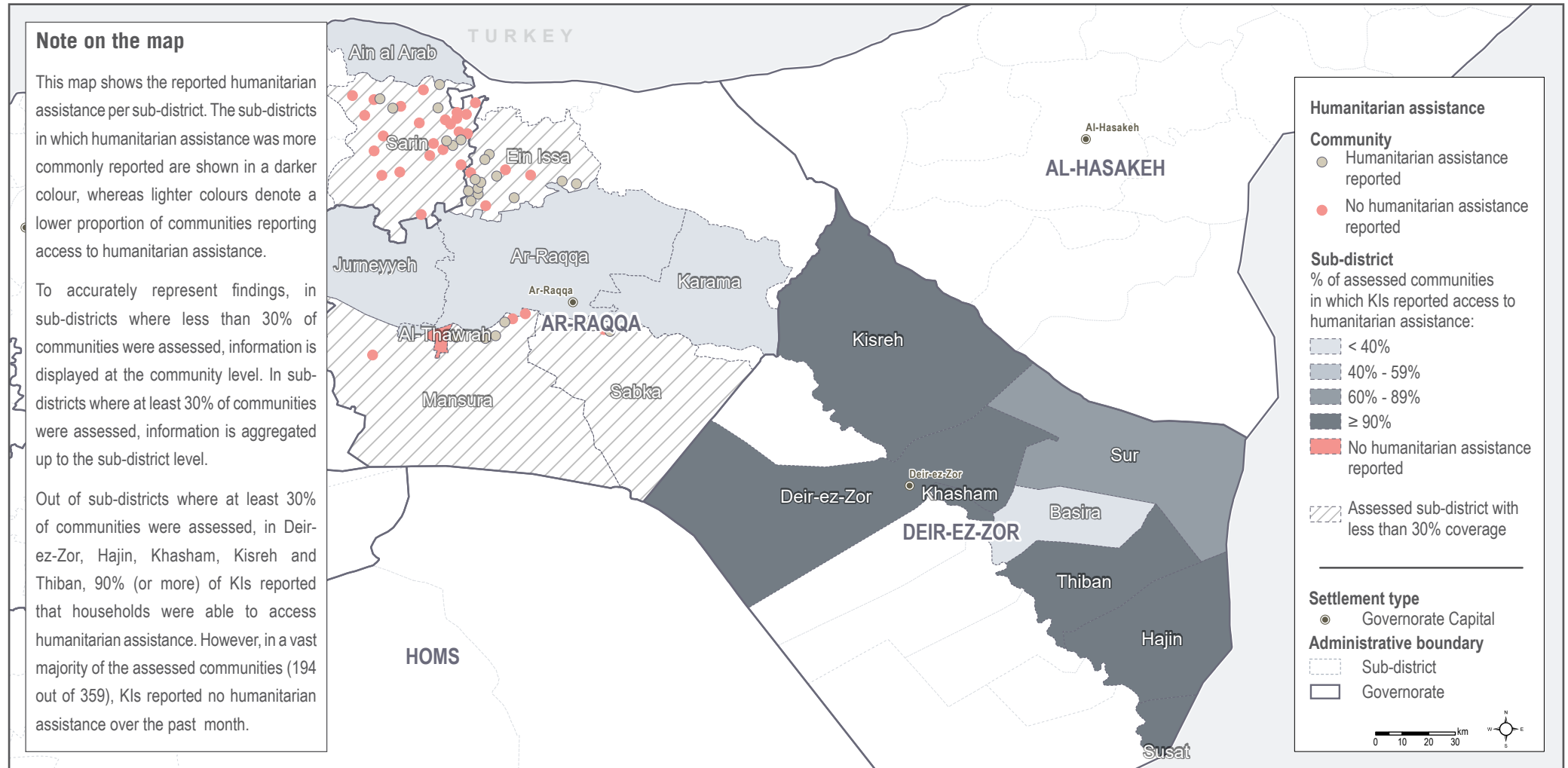
**Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation** (by % of 359 communities where preferred ways were reported):<sup>2</sup>



**52%** In 52% of the assessed communities able to access assistance (84/163), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**

# NORTHEAST SYRIA FEBRUARY 2020

## REPORTED ACCESS TO HUMANITARIAN ASSISTANCE



## SECTORAL FINDINGS



KIs in **46%** of communities reported that **households had access to humanitarian assistance** (165 of 359 communities).



KIs in **75%** of communities reported that a proportion of IDPs in their community were **living in overcrowded shelters** (201 of 268 communities).



**More than 12 hours per day** was the most commonly reported range for hours of electricity per day (189 (53%) of 359 assessed communities).



KIs in **46%** of communities reported that **not all households had access to sufficient water** (166 of 359 communities).



KIs in **11%** of communities reported **that households were not able to access markets within their own communities** (39 of 357 communities).



KIs in **39%** of communities reported that **households were not able to access health services in their own communities** (141 of 359 communities).



**Education not provided after a certain age** was a key barrier preventing access to education for both residents (245 (71%) of 343 communities) and IDPs (166 (63%) of 265 communities).



**Child labour** was the most commonly reported protection risk for both resident (158 (81%) of 194 communities) and IDP children (142 (81%) of 175 communities).

**Humanitarian Assistance & AAP** Access to humanitarian assistance was reported in less than half of assessed communities. Of those reporting access, nearly 80% of KIs reported the assistance to be insufficient. Food was by far the most commonly reported type of humanitarian assistance among communities. Other types of assistance were available in less than 8% of reporting communities.

**Shelter** Damaged shelters were a prevalent issue in reporting communities. In nearly half of the assessed communities reporting on damage, KIs reported the presence of shelters with major damage. IDPs were reportedly living in damaged residential buildings and in unfinished residential buildings in 10% and 24% of communities, respectively. KIs stated the unaffordability of repair materials and services as barriers to households wishing to repair their shelters. Additionally, a proportion of IDPs were reported to be living in overcrowded shelters in 75% of reporting communities.

**Electricity & NFI** Electricity was reportedly accessible up to 12 hours a day in 47% of assessed communities. KIs reported the main network as the main source of electricity in 83% of assessed communities. Even so, barriers to accessing electricity were reported in 38% of assessed communities. The most common barrier was the main network either partially or completely not functioning. The other main sources of electricity reported were community and private generators, while the next most commonly reported barriers were unaffordability and insufficient quantities of fuel for generators.

**WASH** KIs in 46% of communities reported that not all households had access to sufficient water. While over 70% of communities were reportedly connected to a main water network, KIs in nearly a third of these communities reported that water from the network was available less than 3 days per week. Apart from the network partly or completely not functioning, KIs also reported the high price of water trucking as a barrier to accessing sufficient water. Sanitation issues were also reported in assessed communities, the most prevalent of which was the lack of a sewage system.

**Food Security & Livelihoods** Daily waged labour was reportedly the main source of income for both residents and IDPs across assessed communities. Even so, low wages and lack of employment opportunities were among the most commonly reported barriers to accessing livelihoods. Residents and IDPs were reported to experience similar challenges to accessing sufficient food this month. Unaffordability of food was the most commonly reported barrier to accessing sufficient food for both residents and IDPs, as well as unavailability of essential food items.

**Health** Pharmacies were the most commonly reported type of health facility that households were able to access. KIs in nearly 40% of reporting communities indicated that households are unable to access primary care facilities in their own or nearby communities. Barriers to accessing healthcare services included unaffordability of services and lack of medicine as well as the cost and lack of transportation to the facility.

**Education** Attendance rates for older children were reported much lower than for younger children. This was reflected in the reported barriers to accessing education, the most common of which was that education is not provided after a certain age. Families not being able to afford education and sending children to work were reported as barriers to accessing education in 40% of reporting communities.

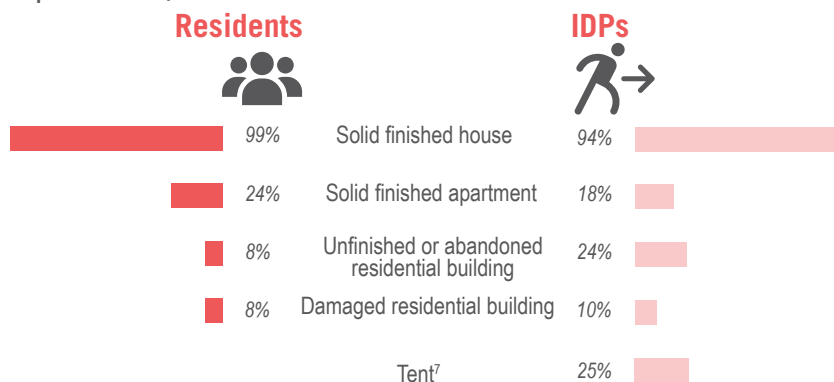
**Protection** Child labour, forced and early marriage, and the lack or loss of civil documentation were the three most common protection risks for both residents and IDPs. Domestic violence was the fourth most commonly reported risk for residents and the fifth most commonly reported risk for IDPs. Boys were the most commonly reported group at risk of child labour while girls under 18 were most commonly reported at risk for forced or early marriage.

## SHELTER

KIs in 84 (23%) of 359 assessed communities reported **shelter** as a priority need. Damaged shelters were a prevalent issue in reporting communities. In nearly half of the assessed communities reporting on damage, KIs reported the presence of shelters with major damage. IDPs were reportedly living in damaged residential buildings and in unfinished residential buildings in 10% and 24% of communities, respectively. KIs stated the unaffordability of repair materials and services as barriers to households wishing to repair their shelters. Additionally, a proportion of IDPs were reported to be living in overcrowded shelters in 75% of assessed communities. Lack of privacy inside the shelter was a reported shelter inadequacy for IDPs in 41% of communities.

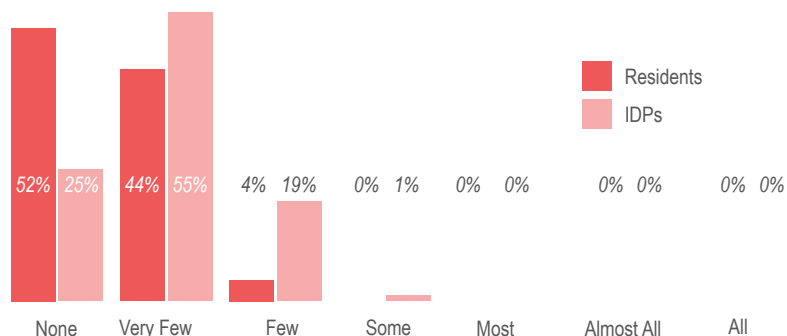
### Most commonly reported shelter types for residents and IDPs

(by % of 359 communities where reported for residents, and of 280 communities where reported for IDPs):<sup>2</sup>



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

(by % of 359 communities where reported for residents, and by % of 268 communities where reported for IDPs):\*



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

# 17,000 SYP<sup>6</sup>

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 193 communities).

### Most commonly reported shelter inadequacy issues (by % of 246 communities where issues were reported for residents, and of 254 communities where issues were reported for IDPs):<sup>4</sup>

| Issue                           | Residents (%) | IDPs (%) |
|---------------------------------|---------------|----------|
| Lack of lighting around shelter | 65%           | 51%      |
| Lack of heating                 | 40%           | 48%      |
| Lack of privacy inside shelter  | 37%           | 41%      |

### Most commonly reported barriers to households wishing to repair their shelters (by % of 247 communities where barriers were reported):<sup>4</sup>

- Shelter and repair materials are too expensive: 96%
- Repairs require professionals but cannot afford their service: 73%
- Repairs require professionals but they are not available: 23%
- Shelter and repair materials are unavailable in the market: 13%
- Security situation: 2%

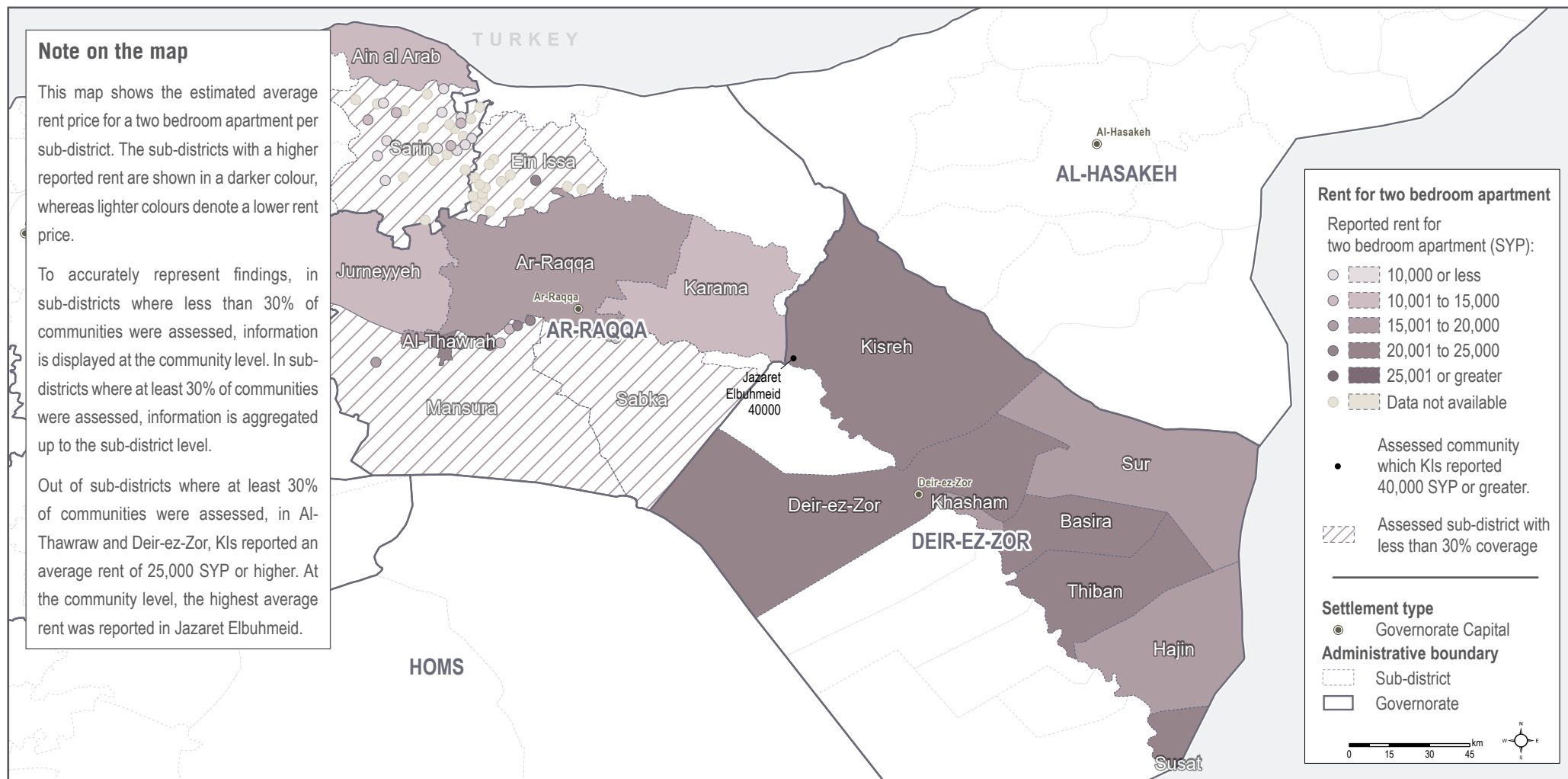
# 82%

In 82% of the assessed communities reporting on damage (246/296), KIs reported the presence of **occupied shelters with minor damage<sup>9</sup> in their communities.**

# 47%

In 47% of the assessed communities reporting on damage (138/296), KIs reported the presence of **occupied shelters with major damage<sup>9</sup> in their communities.**

## AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



## ELECTRICITY & NFIs

KIs in 108 (30%) of 359 assessed communities reported **NFIs** as a priority need. Electricity was reportedly accessible up to 12 hours a day in 47% of assessed communities. KIs reported the main network as the main source of electricity in 83% of assessed communities. Even so, barriers to accessing electricity were reported in 38% of assessed communities. The most common barrier was the main network either partially or completely not functioning. The other main sources of electricity reported were community and private generators, while the next most commonly reported barriers were unaffordability and insufficient quantities of fuel for generators. Winter related non-food items were important needs in February. Winter items as well as batteries were most often reported as unaffordable, while plastic sheeting and bedding items were reported as unavailable in about 20% of assessed communities.

**12 hrs/day or more** was the most commonly reported range for **hours of electricity accessible** to households (reported by KIs in 189 (53%) of 359 assessed communities).

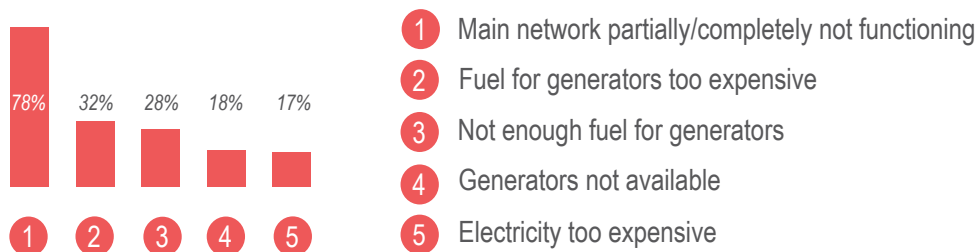
### Most commonly reported main source of electricity

(by % of 359 communities where main source reported):



### Most commonly reported barriers to accessing electricity

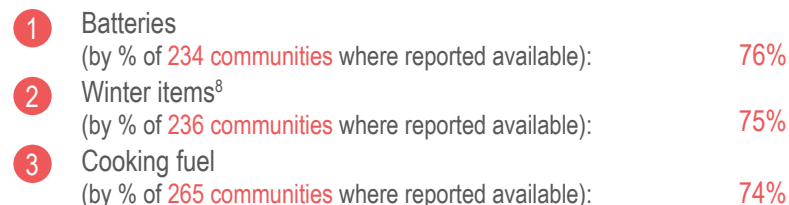
(by % of 137 communities where barriers reported):<sup>4</sup>



### Most commonly reported unavailable household and personal hygiene items (by % of 357 communities where NFI availability was reported):<sup>4</sup>

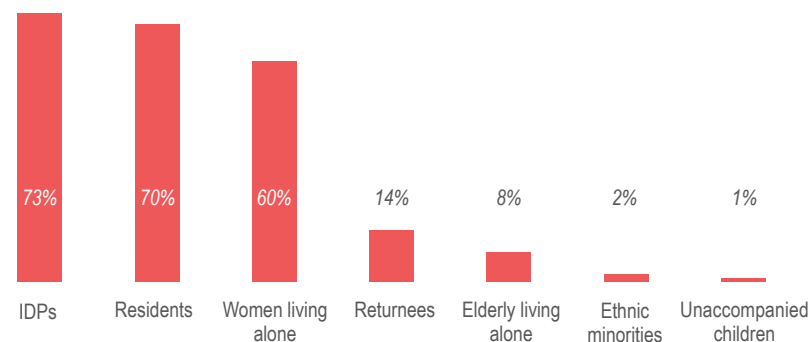


### Most commonly reported available but unaffordable household and personal hygiene items (not affordable for the majority of people):<sup>4</sup>

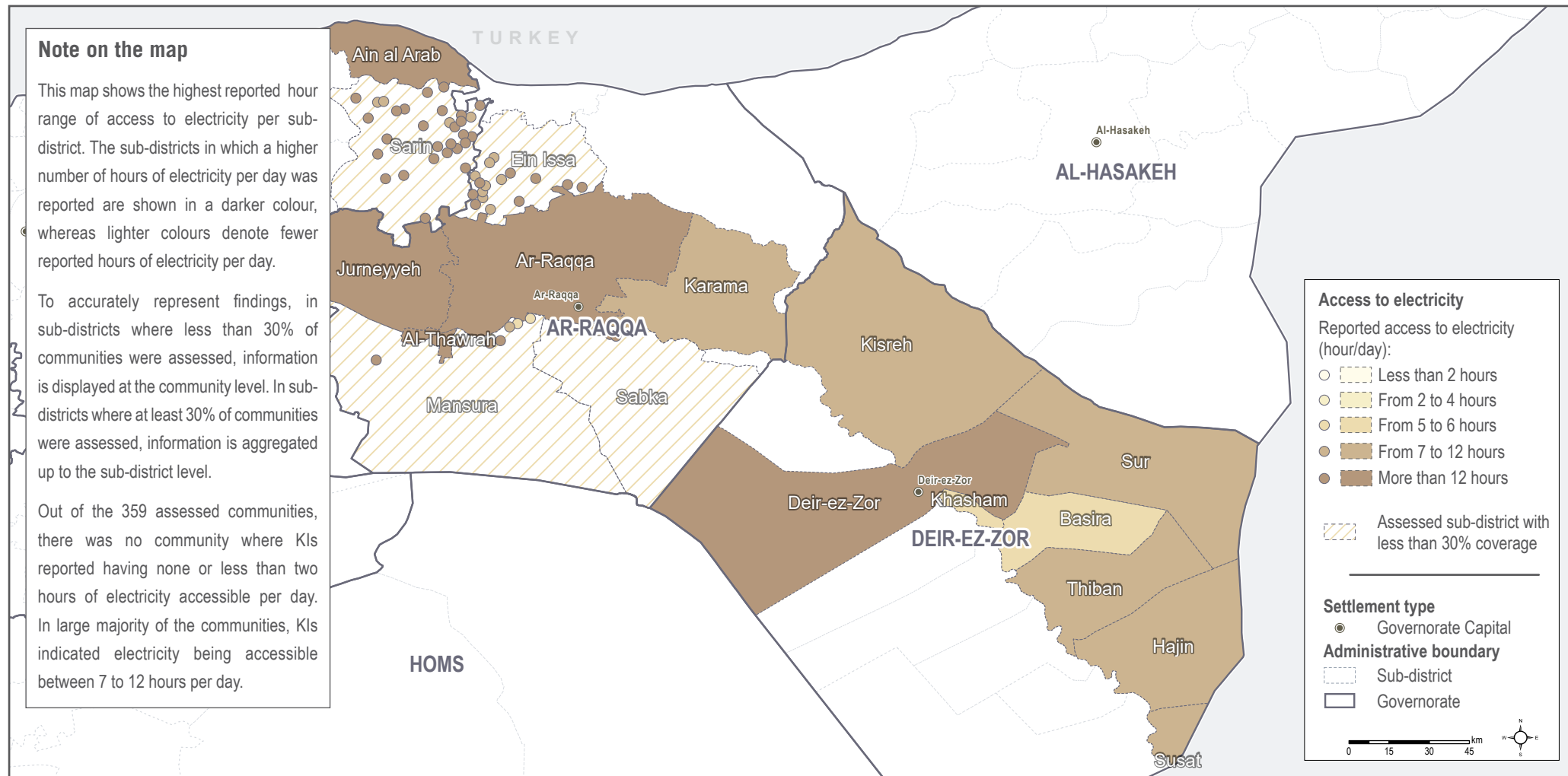


### Population groups who reportedly could not afford NFIs

(by % of 139 communities where reported that specific groups could not afford items):<sup>4,8</sup>



## AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESSIBLE PER DAY



**Access to electricity**  
Reported access to electricity (hour/day):

- Less than 2 hours
- From 2 to 4 hours
- From 5 to 6 hours
- From 7 to 12 hours
- More than 12 hours

▨ Assessed sub-district with less than 30% coverage

**Settlement type**

- Governorate Capital

**Administrative boundary**

- ▭ Sub-district
- ▭ Governorate

0 15 30 45 km

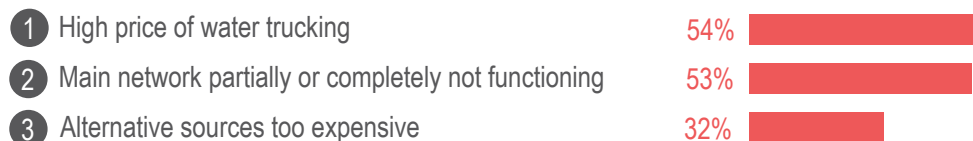
## WATER, SANITATION AND HYGIENE (WASH)

KIs in 154 (43%) of 359 assessed communities reported **WASH** as a priority need. KIs in 46% of communities reported that not all households had access to sufficient water. While over 70% of communities were reportedly connected to a main water network, KIs in nearly a third of these communities reported that water from the network was available less than 3 days per week. Apart from the network partly or completely not functioning, KIs also reported the high price of water trucking as a barrier to accessing sufficient water. Private water trucking or trucking by local actors were reported sources of drinking water in nearly 40% of communities. Sanitation issues were also reported in assessed communities, the most prevalent of which was the lack of a sewage system, as reported by 87% of KIs in communities reporting sanitation issues.

**46%** In 46% of the assessed communities (166/359), KIs reported that **not all households had access to sufficient water.**

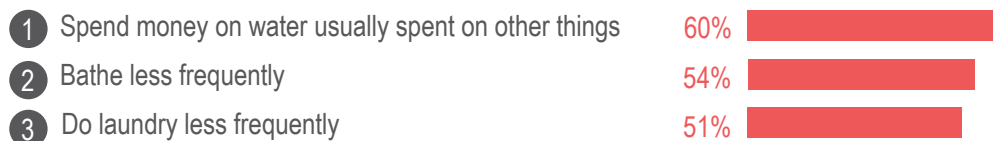
### Most commonly reported barriers to accessing sufficient water

(by % of 166 communities where barriers reported):<sup>4</sup>



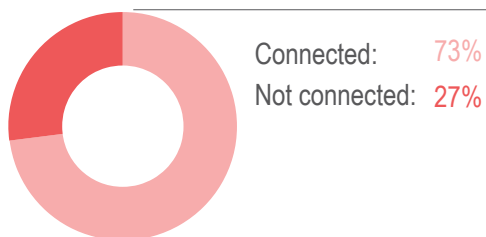
### Most commonly reported coping strategies for a lack of water

(by % of 166 communities where coping strategies reported):<sup>4</sup>



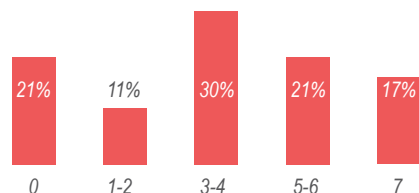
### Reported connectivity to a main water network in the assessed community

(by % of all 359 assessed communities):



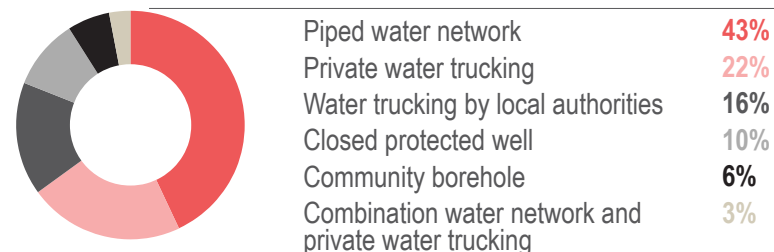
### Days per week water from the main network was reportedly available

(by % of 263 communities where reported):



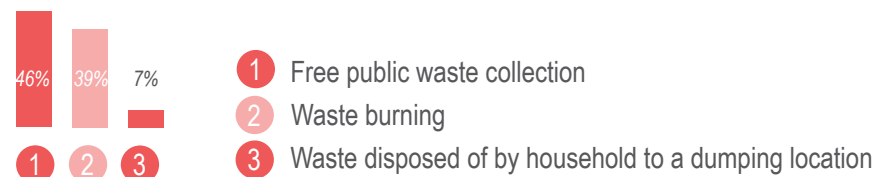
### Most commonly reported sources of drinking water

(by % of all 359 assessed communities):



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

(by % of 359 communities where top disposal method reported):

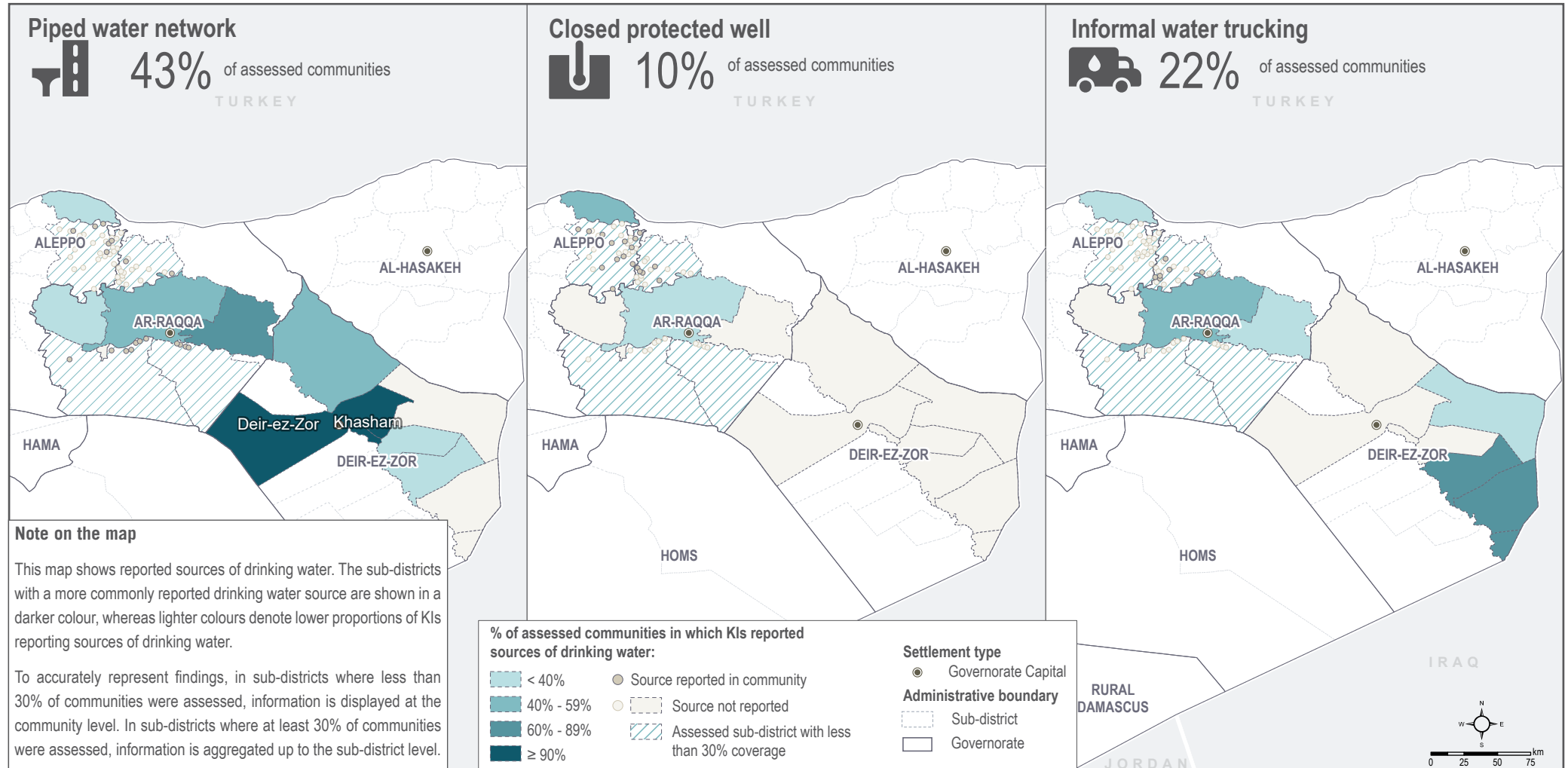


### Most commonly reported sanitation issues

(by % of 343 communities where sanitation issues reported):<sup>4</sup>



## REPORTED SOURCES OF DRINKING WATER



## FOOD SECURITY

KIs in 203 (57%) of 359 assessed communities reported **food security** as a priority need. KIs in 11% assessed communities reported that households were unable to access markets in their own communities. While purchasing food from stores or markets in other communities was the most commonly reported source of food, the distance and lack of transportation to markets were the most commonly reported barriers to accessing markets. Residents and IDPs were reported to experience similar challenges to accessing sufficient food this month. Unaffordability of food was the most commonly reported barrier to accessing sufficient food for both residents and IDPs, as well as unavailability of essential food items and insufficient quantities of food. The high price of suitable foods for children and formula was the most commonly reported barrier to feeding children aged 6 months to 2 years.

# 11%

In 11% of assessed communities (39/357), KIs reported **households were unable to access markets in the assessed location.**

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

(by % of 248 communities where barriers reported for residents, and of 182 communities where barriers reported for IDPs).<sup>4</sup>

|   | Residents |  | IDPs  |
|---|-----------|--|---|
| Markets too far                                     | 76% ①     |  | 77% Markets too far                                     |
| Lack of transportation                              | 73% ②     |  | 77% Lack of transportation                              |
| Lack of access for persons with restricted mobility | 33% ③     |  | 34% Lack of access for persons with restricted mobility |

### Most commonly reported sources of food for households

(by % of 359 communities where food sources reported).<sup>2</sup>

|   |   |     |  |
|---|---|-----|--|
| ① | Purchasing from stores/markets in other communities | 81% |  |
| ② | Purchasing from stores/markets in this community    | 77% |  |
| ③ | Own production/farming                              | 63% |  |
| ④ | Borrowing   | 39% |  |
| ⑤ | Assistance from local councils/NGOs/other groups    | 11% |  |

### Most commonly reported barriers to accessing sufficient food

(by % of 321 communities where barriers reported for residents, and by % of 259 communities where barriers reported for IDPs).<sup>4</sup>

|   | Residents |  | IDPs  |
|---|-----------|--|---|
| Markets exist but households cannot afford essential food items | 79% ①     |  | 80% Markets exist but households cannot afford essential food items |
| Markets exist but not all essential food items are available    | 28% ②     |  | 27% Markets exist but not all essential food items are available    |
| Markets exist but have insufficient quantities of food          | 17% ③     |  | 18% Markets exist but have insufficient quantities of food          |

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

(by % of 340 communities where challenges reported for babies under 6 months, and of 340 communities where challenges reported for children of 6 months - 2 years).<sup>4</sup>

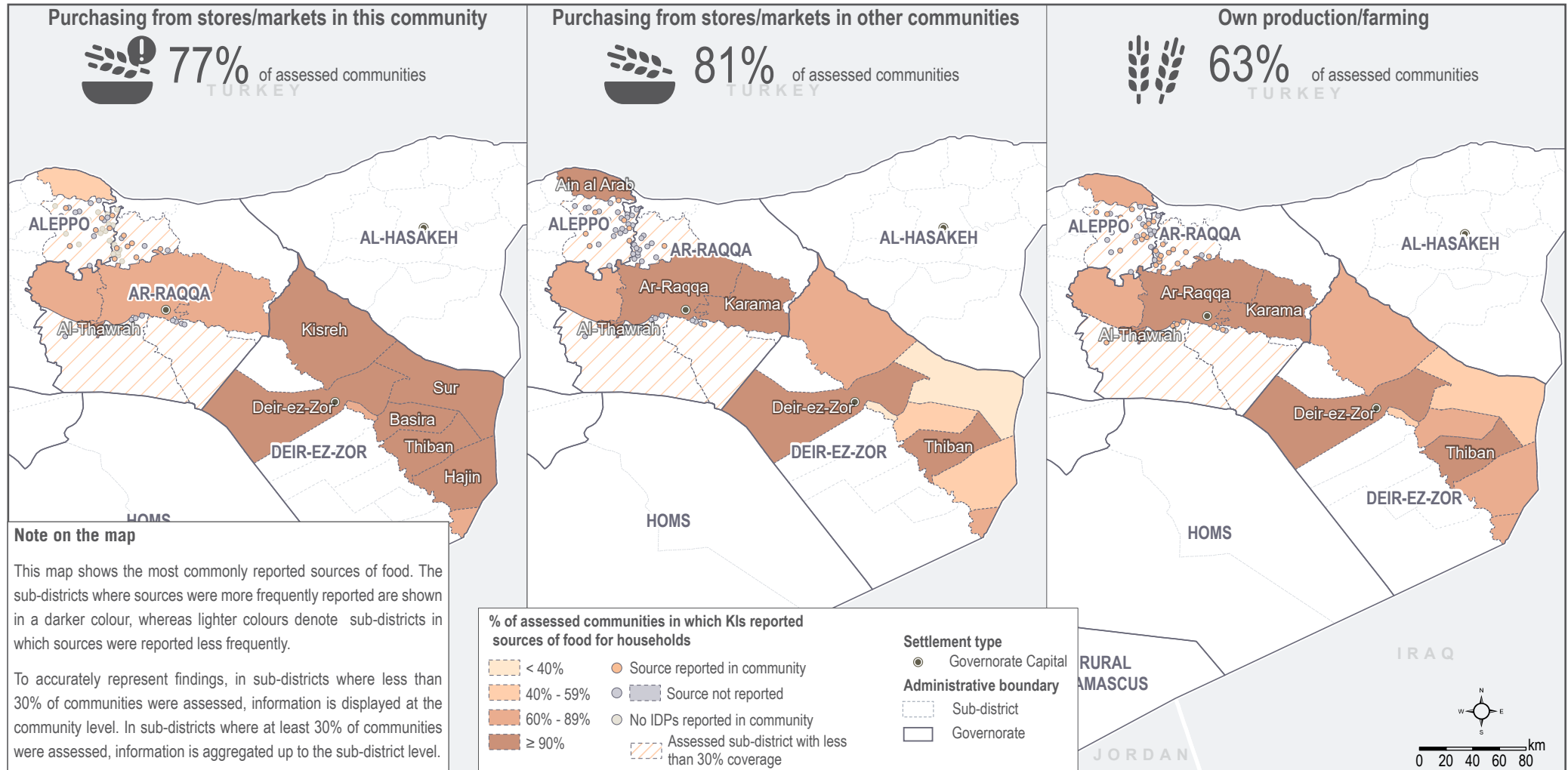
|   | Under 6 months |  | 6 months - 2 years                       |
|---|----------------|--|--|
| No support for non-breastfed babies           | 72% ①          |  | 89% High price of suitable foods/formula |
| Breastfeeding difficulties                    | 58% ②          |  | 56% Not enough variety (diversity)       |
| Poor hygiene for feeding non-breastfed babies | 9% ③           |  | 18% Not good enough food (quality)       |

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

(by % of 317 communities where coping strategies reported).<sup>4</sup>

|   |   |     |
|---|---|-----|
| ① | Purchasing food on credit/borrowing money to buy food | 74% |
| ② | Buying food with money usually used for other things  | 49% |
| ③ | Selling non-productive assets                         | 31% |
| ④ | Reducing meal size                                    | 25% |
| ⑤ | Skipping meals  | 12% |

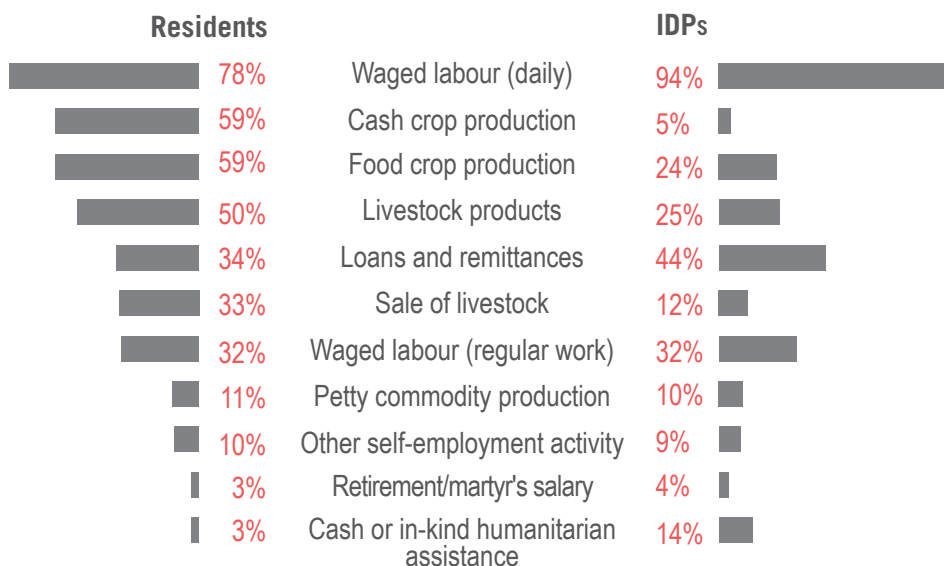
## MOST COMMONLY REPORTED SOURCES OF FOOD



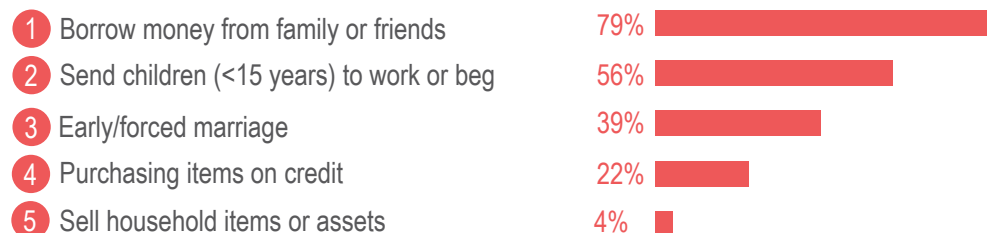
## LIVELIHOODS

KIs in 281 (78%) of 359 assessed communities reported **livelihoods** as the top priority need in NES, showing that households faced challenges in meeting their basic needs. Daily waged labour was reportedly the main source of income for both residents and IDPs across assessed communities. Even so, low wages and lack of employment opportunities were among the most commonly reported barriers to accessing livelihoods. Loans and remittances were the second most commonly reported source of meeting basic needs for IDPs, highlighting their reliance on non-productive means of livelihoods. Sending children to work or beg was reported as a strategy to cope with the challenge of meeting basic needs in 73% and 56% of communities for IDPs and residents, respectively.

**Percentage of communities where KIs reported the following sources of meeting basic needs** (by % of 359 communities where reported for residents and of 280 communities where reported for IDPs):<sup>5</sup>



**Most commonly reported coping strategies to meet basic needs (residents)** (by % of 353 communities where coping strategies reported):<sup>4</sup>



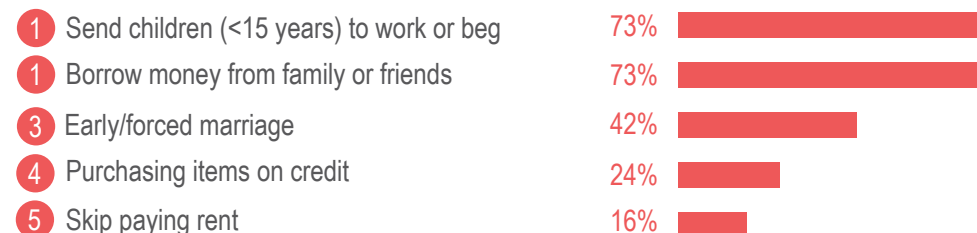
**Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs** (by % of 351 communities where barriers reported for residents, and of 274 communities where barriers reported for IDPs):<sup>4</sup>



**Estimated median daily wage for unskilled labour** (by % of 306 communities where reported for residents and of 247 communities where reported for IDPs):<sup>4,6</sup>

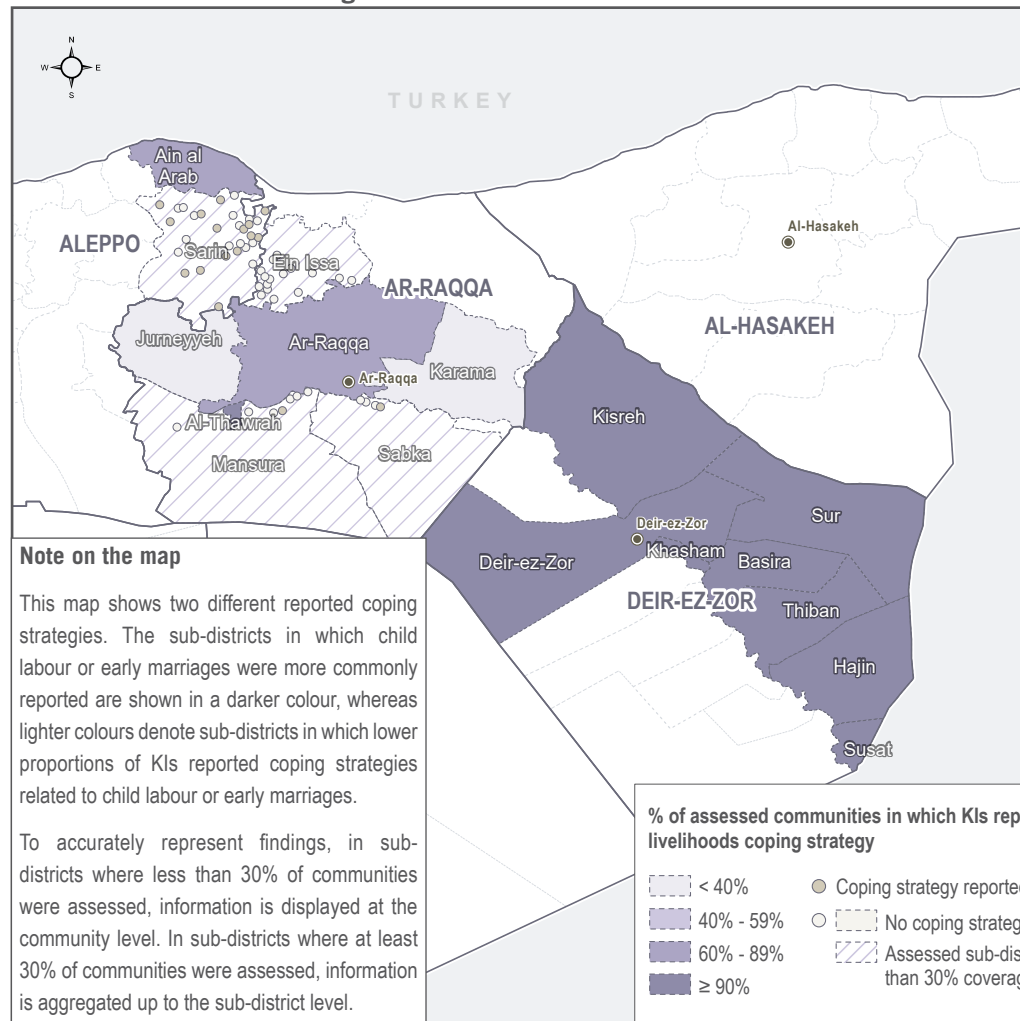
Residents **2,000 SYP** IDPs **2,000 SYP**

**Most commonly reported coping strategies to meet basic needs (IDPs)** (by % of 273 communities where coping strategies reported):<sup>4</sup>

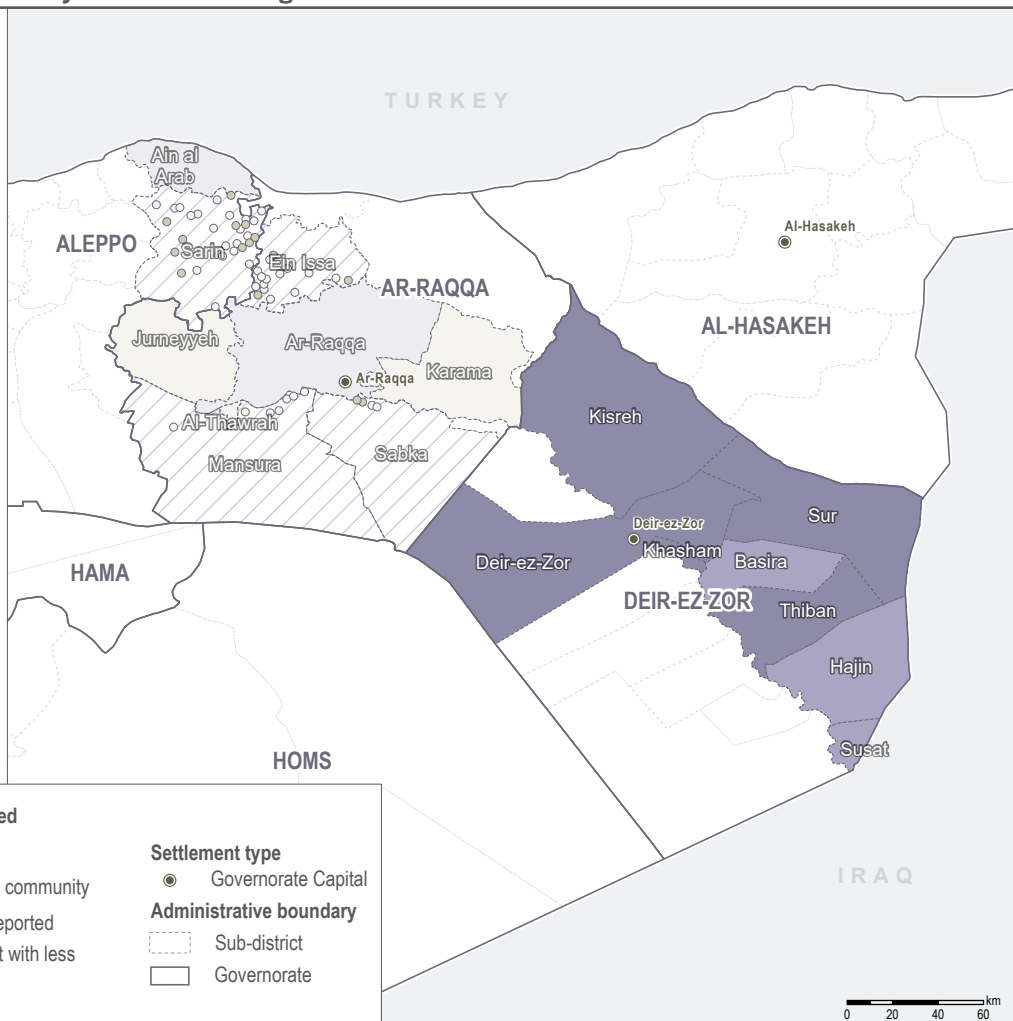


## REPORTED LIVELIHOODS COPING STRATEGIES

### Children sent to work or beg



### Early or forced marriage



## HEALTH

KIs in 275 (77%) of 359 assessed communities reported **health** as a priority need. According to KIs, households in nearly all assessed communities were able to access healthcare facilities in either their own or a nearby community. Even so, pharmacies were the most commonly reported type of health facility that households were able to access. KIs in nearly 40% of reporting communities indicated that households are unable to access primary care facilities in their own or nearby communities. Barriers to accessing healthcare services included unaffordability of services and lack of medicine as well as the cost and lack of transportation to the facility. Seeking non-professional care was reported as a coping strategy for a lack of healthcare in roughly 40% of reporting communities.

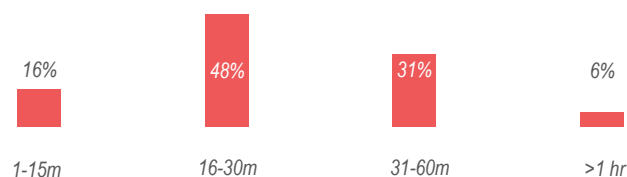
**61%** In 61% of assessed communities (218/359), KIs reported that **households were able to access health services in their own communities.**

**97%** In 97% of assessed communities (348/359), KIs reported that **households were able to access health services in other/nearby communities.**

**Most commonly reported health facilities available in assessed and other/nearby communities** (by % of 218 communities reporting access inside community, and of 320 communities reporting access in other/nearby communities):<sup>4</sup>

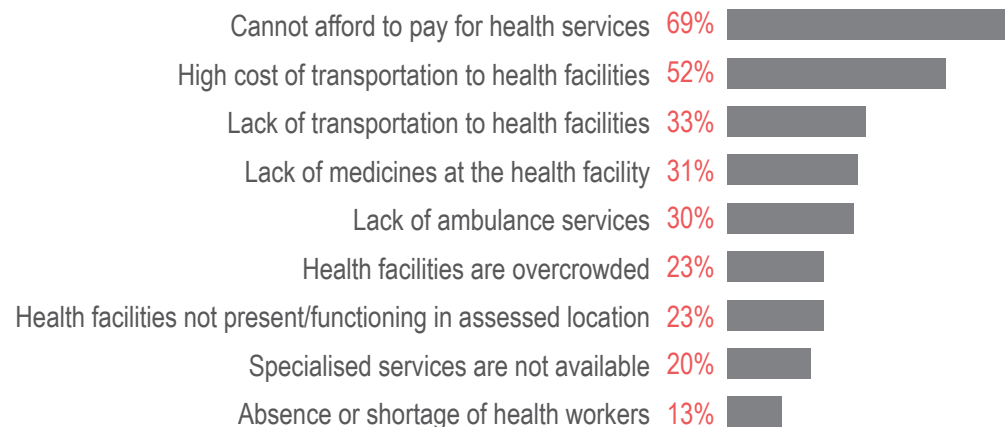
| In assessed communities        |              | In other/nearby communities |
|--------------------------------|--------------|-----------------------------|
| Pharmacies                     | 89% <b>1</b> | 87% Pharmacies              |
| Primary care facilities        | 26% <b>2</b> | 76% Private clinics         |
| Private clinics                | 22% <b>3</b> | 68% Public hospitals        |
| Informal emergency care points | 14% <b>4</b> | 63% Primary care facilities |
| Private hospitals              | 9% <b>5</b>  | 59% Private hospitals       |

**Reported time taken for households to travel to the most commonly used health facility** (by % of 358 communities where travel time reported):



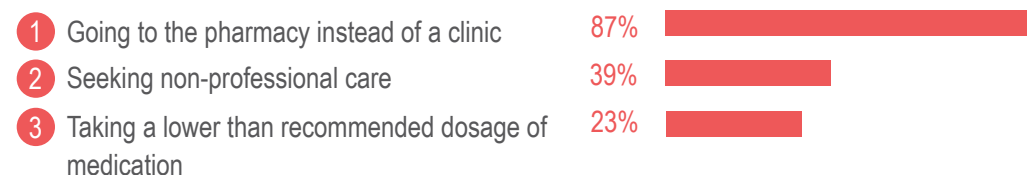
**Most commonly perceived barriers to accessing healthcare**

(by % of 350 communities where barriers reported):<sup>4</sup>



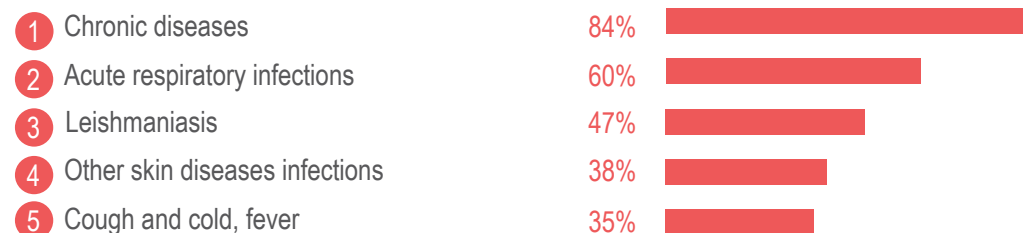
**Most commonly reported coping strategy for a lack of healthcare services**

(by % of 356 communities where coping strategies reported):<sup>4</sup>

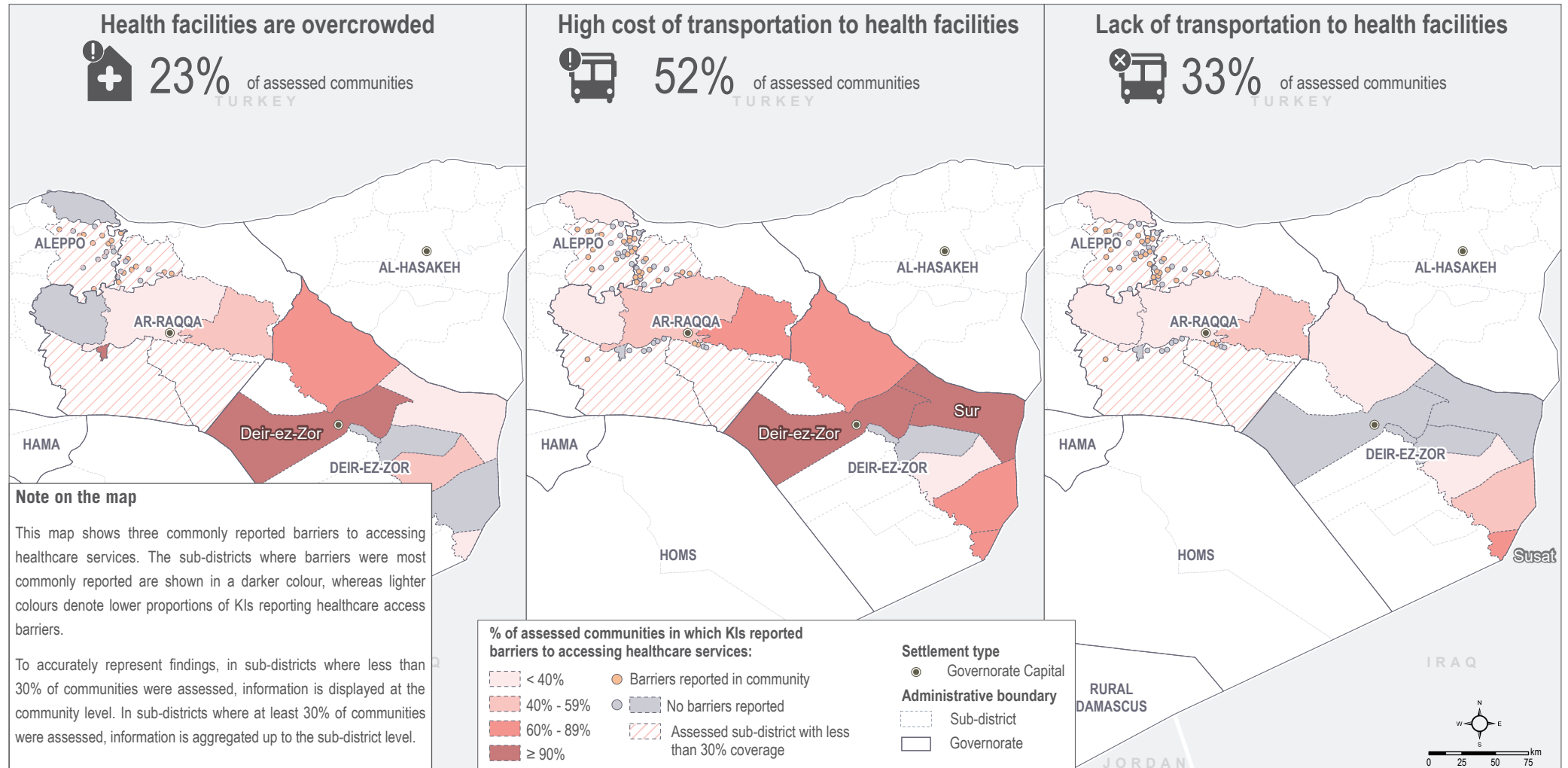


**Most commonly reported health problems**

(by % of 127 communities where knowledge of health problems reported):<sup>4</sup>



## COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



## EDUCATION

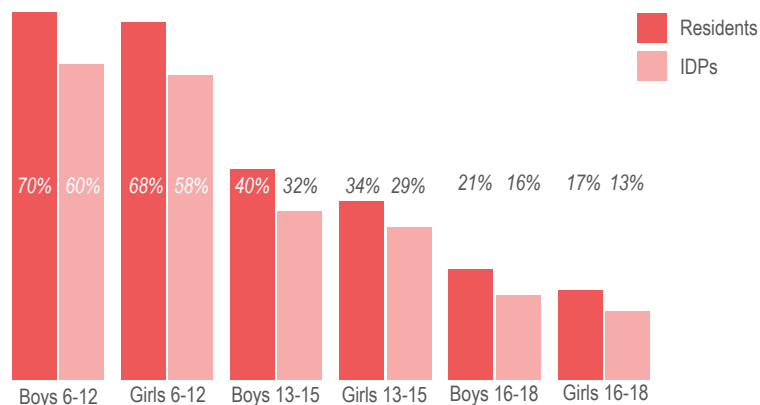
KIs in 142 (40%) of 359 assessed communities reported **education** as a priority need. According to KIs, education was available, but unaffordable for many households this month. Families not being able to afford education and sending children to work was reported as a barrier to accessing education in 40% and 46% of reporting communities for residents and IDPs, respectively. In almost all assessed communities, KIs reported that children were able to access education facilities in their own communities, but attendance rates for older children were reported much lower than for younger children. This was reflected in the reported barriers to accessing education, the most common of which was that education is not provided after a certain age. Other commonly reported barriers were a lack of recognized certification, insufficient teaching or learning supplies and children leaving school due to early marriage.

**97%** In 97% of assessed communities (347/359), KIs reported that **children were able to access education facilities within their own communities.**

**KIs in 10 communities reported that schools were not in session all days of February.**

KIs in 1 of those communities cited an **escalation of violence that made schools or travel to school unsafe** as the reasons schools were not in session.

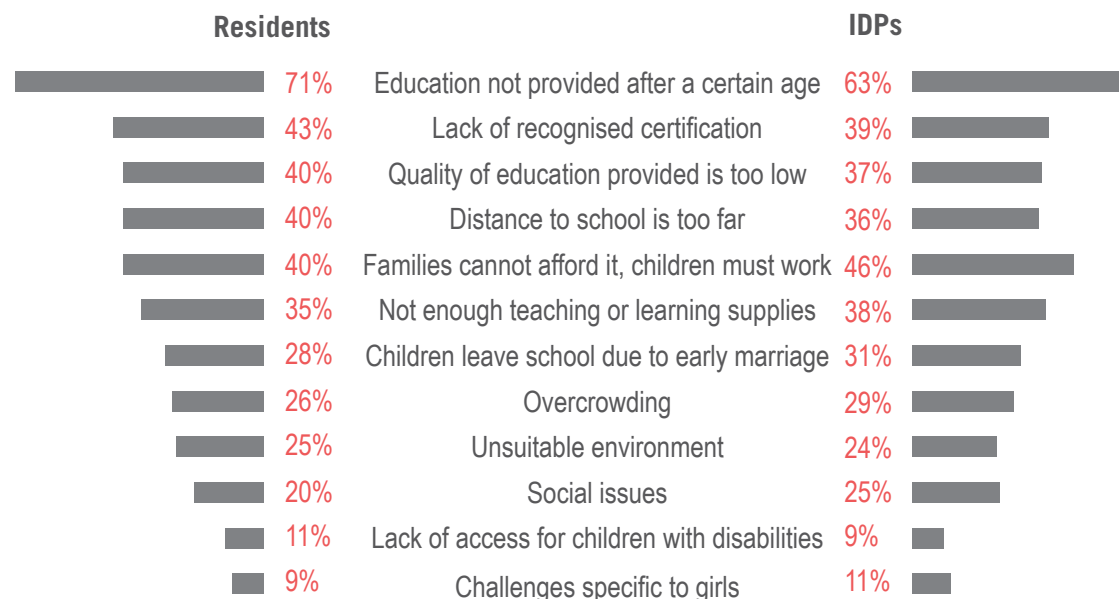
**Average reported attendance rates of children** (by average % of each gender/age group reportedly attending school in 350 communities for residents and in 272 communities for IDPs)



**Most commonly reported types of education facilities available to children (3-18)** (by % of 347 communities where reported for assessed communities, and of 240 communities for other/nearby communities):<sup>4</sup>

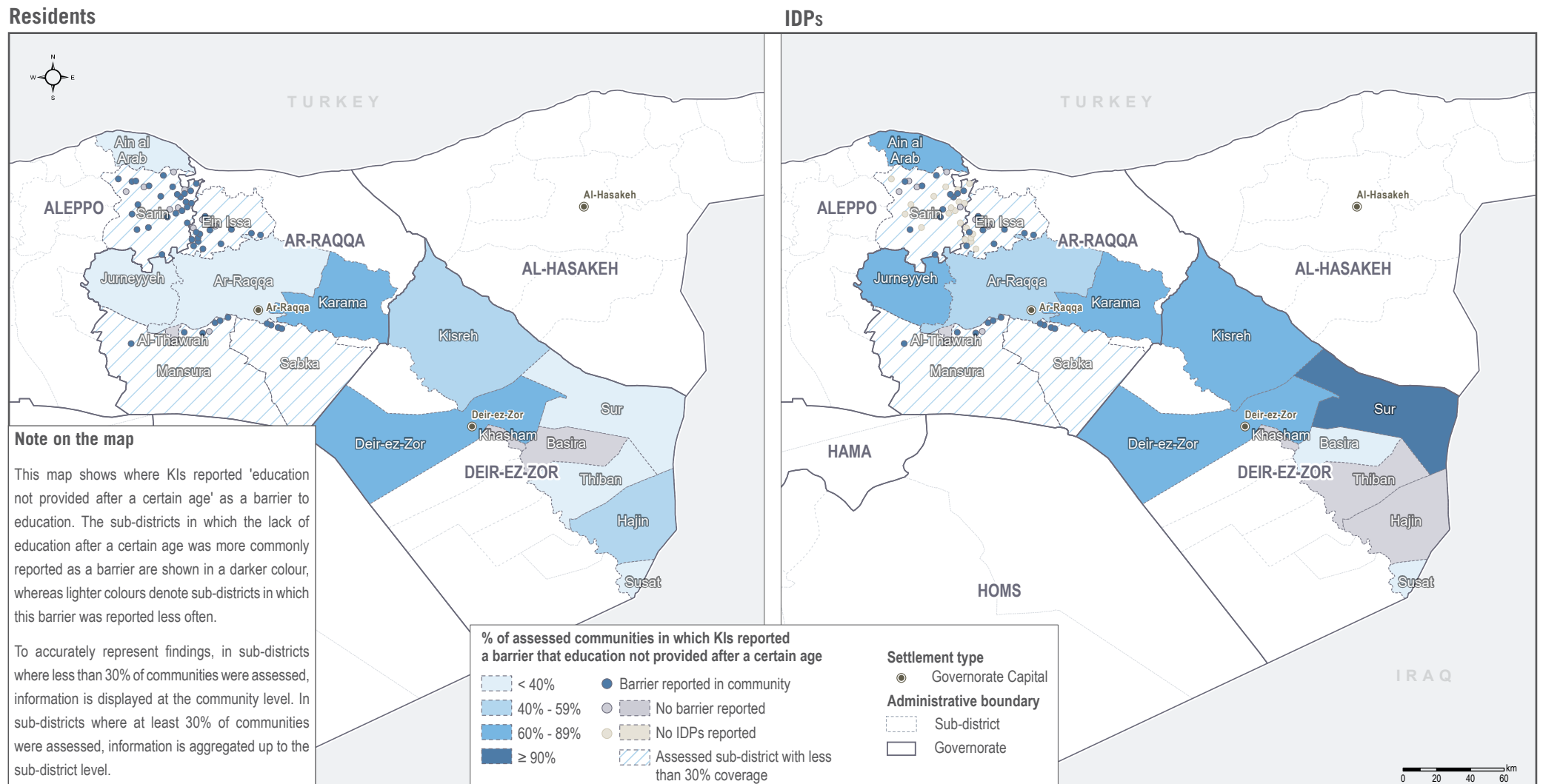
|                             | In assessed communities | In other/nearby communities     |
|-----------------------------|-------------------------|---------------------------------|
| Formal primary school       | 96% ①                   | 56% Formal intermediary school  |
| Formal intermediary school  | 31% ②                   | 51% Non-formal secondary school |
| Non-formal secondary school | 5% ③                    | 48% Formal primary school       |

**Most commonly reported barriers on access to and quality of education services** (by % of 343 communities where barriers reported for residents, and of 265 communities where barriers reported for IDPs):<sup>4</sup>



KIs in 6 of the 343 communities where barriers to education were reported for residents, cited that **schools were being used as a shelter for IDPs.**

## REPORTED CHALLENGE TO EDUCATION: EDUCATION NOT PROVIDED AFTER A CERTAIN AGE



## PROTECTION

KIs in 29 (8%) of 359 assessed communities reported **protection** as a priority need. The most commonly reported protection risks faced by residents and IDPs were similar in February, as child labour, forced and early marriage, and the lack or loss of civil documentation were the three most common for both groups. Domestic violence was the fourth most commonly reported risk for residents and the fifth most commonly reported risk for IDPs. Resident groups were reported to face housing or property disputes more often, while IDPs were reported to face movement restrictions. Boys under 18 were the most commonly reported group at risk of child labour while girls under 18 were most commonly reported at risk of forced or early marriage. Girls under 18 were also the group reported at the highest risk of facing domestic violence or abuse in both resident and IDP groups.

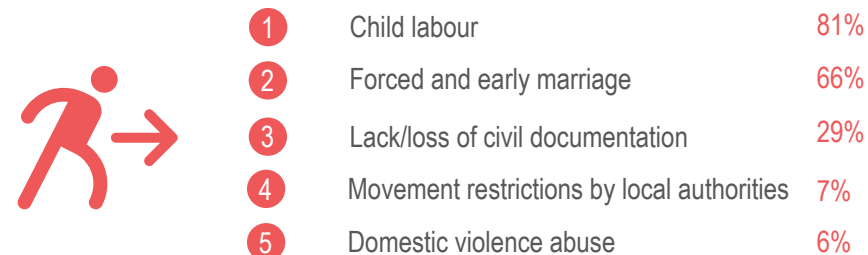
### Most commonly reported protection risks faced by residents

(by % of 194 communities where risks reported):<sup>4</sup>



### Most commonly reported protection risks faced by IDPs

(by % of 175 communities where risks reported):<sup>4</sup>



### 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<br>(by % of 158 communities where reported):                      | Boys under 18                  | 78%                             |
| 2 | Forced and early marriage<br>(by % of 128 communities where reported):         | Girls under 18                 | 74%                             |
| 3 | Lack/loss of civil documentation<br>(by % of 43 communities where reported):   | Men                            | 42%                             |
| 4 | Domestic violence or abuse<br>(by % of 15 communities where reported):         | Girls under 18                 | 87%                             |
| 5 | Housing, land, and property issues<br>(by % of 15 communities where reported): | Men                            | 47%                             |

### 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<br>(by % of 142 communities where reported):                              | Boys under 18                  | 76%                             |
| 2 | Forced and early marriage<br>(by % of 115 communities where reported):                 | Girls under 18                 | 73%                             |
| 3 | Lack/loss of civil documentation<br>(by % of 50 communities where reported):           | Men and Women                  | 36%                             |
| 4 | Movement restrictions by local authorities<br>(by % of 12 communities where reported): | Men                            | 92%                             |
| 5 | Domestic violence or abuse<br>(by % of 11 communities where reported):                 | Girls under 18                 | 82%                             |

## 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, 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 February 2020](#), 1 USD = 1,050 SYP, so 17,000 SYP = 16.19 USD.
7. Due to differences in what are known to be common shelter types, KIs could choose between 4 answer options (in addition to selecting and specifying "other") for the question related to shelter types of residents, whereas there were 13 answer options related to shelter types of IDPs. The answer option 'tent' was only asked in relation to shelter types of IDPs, therefore comparisons cannot be made between residents and IDPs for this option.
8. Winter items include winter heaters, heating fuel, winter clothes, winter shoes, winter blankets.
9. KIs were asked to report on the presence of occupied shelters in their communities falling under the following damage categories: no damage, minor damage (cracks in walls, leading roof, need of new doors and window repairs, etc.), major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls), severe damage (buildings with significant structural damage to column slabs, or loadbearing walls; cracking, steel elements and deformations visible in concrete; the building would require extensive repairs), completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).

## ENDNOTES - CONTEXT

- a. Live UA map (February 2020). Retrieved from <https://syria.liveuamap.com/en>
- b. Reuters (16 February 2020). Turkey says two killed in car bomb attack near Syria border. Retrieved from <https://www.reuters.com>
- c. Al-Monitor (25 February 2020). Turkey-backed forces accused of cutting water to Syrian Kurdish-run region. Retrieved from <https://www.al-monitor.com>
- d. REACH. (20 February) Northeast Syria Market Monitoring Exercise. Retrieved from <https://www.impact-repository.org>
- e. Mercy Corps – Humanitarian Access Team (February 2020). Weekly reports. Retrieved from <https://www.humanitarianaccessteam.org/reports-weekly>
- f. Humanitarian Needs Assessment Programme. (February 2020) Mobility Needs Monitoring Dataset. Retrieved from <https://www.hnap.info>

## METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Ar-Raqqa, Aleppo, and Deir-ez-Zorg governorates. Data for this assessment was collected between 1-12 March 2020, and refers to the situation in February 2020. REACH enumerators are based inside Syria and interview Key Informants (KIs), either directly or remotely (via phone) depending on the security situation. KIs are located in the communities that they are reporting on. KI types generally include local council members, Syrian non-governmental organization (NGO) workers, medical professionals, teachers, shop owners and farmers, among others, and KIs are chosen based on their community-level and sector-specific knowledge. Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-ups are conducted with enumerators. The HSOS project has monitored the situation in Syria since 2013, and its methodology and procedures have evolved significantly since that time. An overview of previous HSOS publications can be found in our [catalogue](#). An overview of HSOS history and methodological changes can be found in the [Terms of Reference](#). Findings are indicative rather than representative, and should not be generalised across the region.

### 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.

## 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).