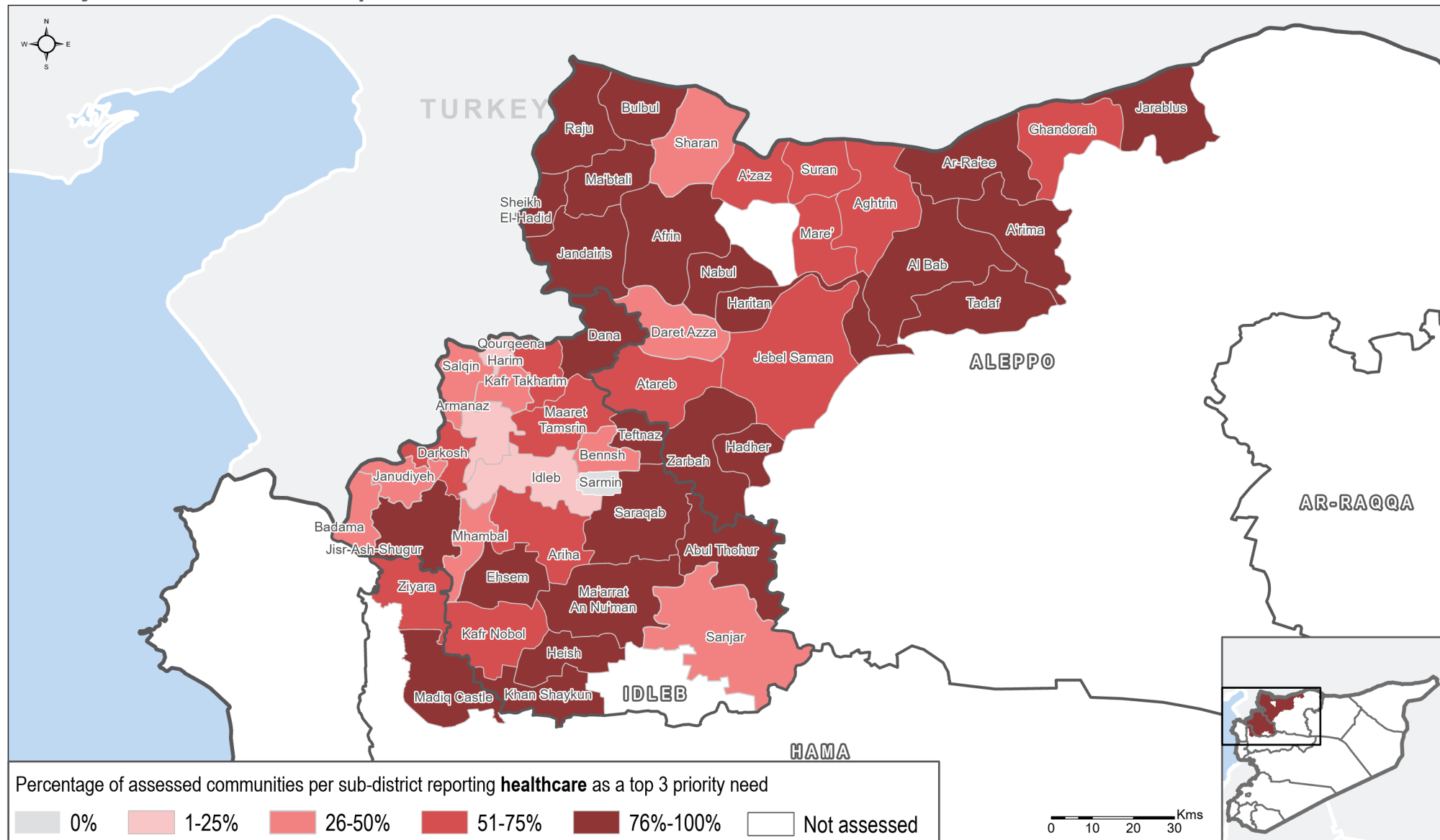


Humanitarian Situation Overview in Syria (HSOS) September 2019

Priority Need: Healthcare - September 2019

Humanitarian Purposes Only
Production date : 07/11/2019



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

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

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

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

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

admin1Name	admin3Name	Healthcare
Aleppo	A'rima	21/22
Aleppo	A'zaz	10/17
Aleppo	Afrin	30/37
Aleppo	Aghtrin	34/47
Aleppo	Al Bab	22/24
Aleppo	Ar-Ra'ee	31/35
Aleppo	Atareb	17/30
Aleppo	Bulbul	32/36
Aleppo	Daret Azza	12/25
Aleppo	Ghandorah	23/36
Aleppo	Hadher	1/1
Aleppo	Haritan	8/8
Aleppo	Jandairis	38/45
Aleppo	Jarablus	29/34
Aleppo	Jebel Saman	5/7
Aleppo	Ma'btali	29/29
Aleppo	Mare'	5/7

admin1Name	admin3Name	Healthcare
Aleppo	Nabul	1/1
Aleppo	Raju	47/53
Aleppo	Sharan	16/34
Aleppo	Sheikh El-Hadid	12/15
Aleppo	Suran	17/25
Aleppo	Tadaf	2/2
Aleppo	Zarbah	23/24
Hama	Madiq Castle	1/1
Hama	Ziyara	3/4
Idleb	Abul Thohur	12/12
Idleb	Ariha	22/35
Idleb	Armanaz	2/14
Idleb	Badama	6/15
Idleb	Bennsh	2/5
Idleb	Dana	18/21
Idleb	Darkosh	18/29
Idleb	Ehsem	15/16

admin1Name	admin3Name	Healthcare
Idleb	Harim	1/5
Idleb	Heish	8/10
Idleb	Idleb	5/21
Idleb	Janudiyeh	6/14
Idleb	Jisr-Ash-Shugur	40/46
Idleb	Kafr Nobol	21/29
Idleb	Kafr Takharim	4/10
Idleb	Khan Shaykun	1/1
Idleb	Ma'arrat An	31/35
Idleb	Maaret Tamsrin	13/21
Idleb	Mhambal	13/27
Idleb	Qourqeena	12/17
Idleb	Salqin	13/30
Idleb	Sanjar	2/4
Idleb	Saraqab	21/27
Idleb	Sarmin	0/1
Idleb	Teftnaz	6/7

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

Humanitarian Situation Overview in Syria (HSOS) September 2019

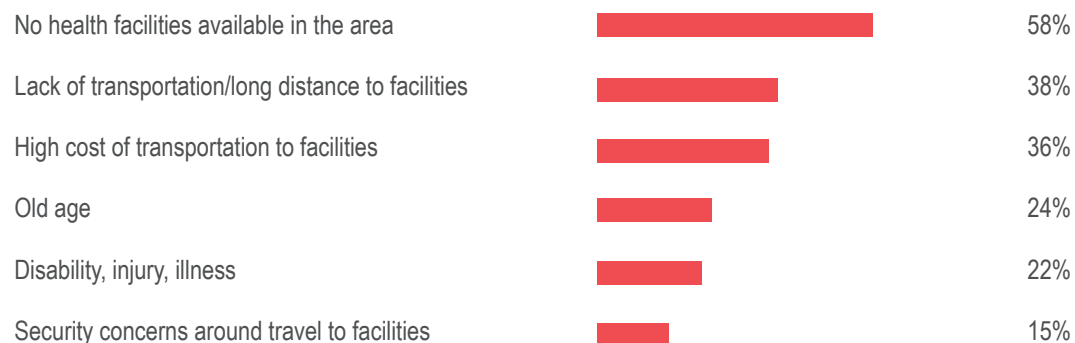
HEALTH IN NORTHWEST SYRIA (NWS)

237/1,051 Communities reported that no assessed medical items were available in their community.¹

97/1,051 Communities reported that the majority of women did not give birth in a formal health facility.

0/1,051 Communities reported that some individuals had been diagnosed with Severe Acute Malnutrition (SAM).²

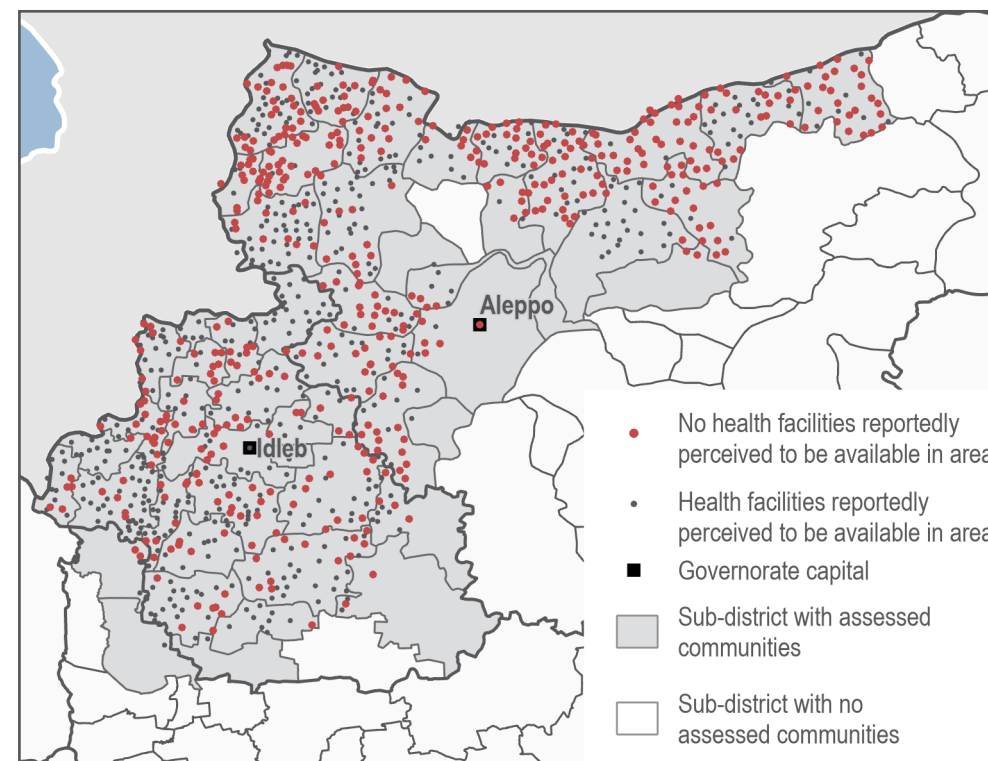
221 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 830 assessed communities were:^{3,4,5}



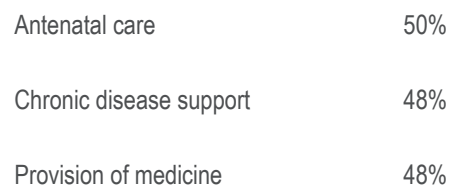
937 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 114 communities were:^{3,4,5}



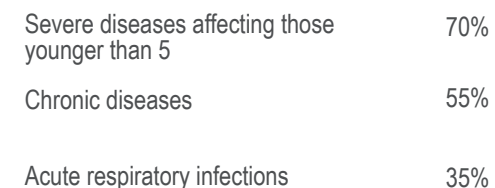
Presence of medical facilities in assessed communities:



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



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



METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idleb, northwestern Aleppo and northern Hama governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints render direct data collection unfeasible, some KI interviews are conducted remotely by REACH field teams. KIs are asked to report at the community level. This factsheet presents information gathered in 1,051 communities. Data was collected during the month of October 2019, and refers to the situation in September 2019.

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

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

ENDNOTES

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

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

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @[REACH info](#).