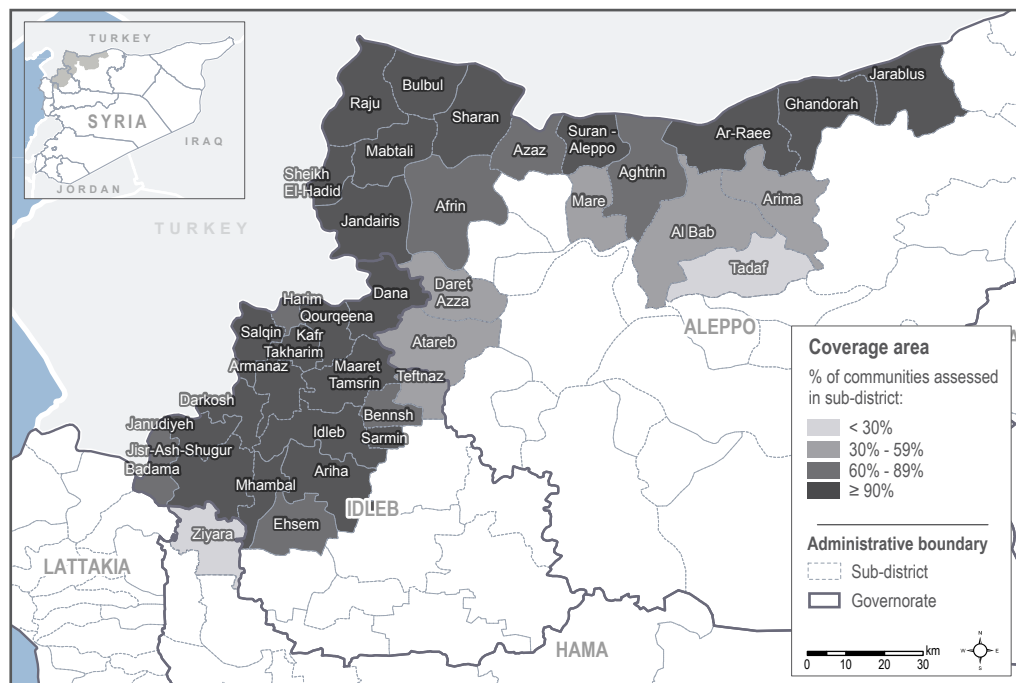


# HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA JUNE 2020

## 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 843 communities across western Aleppo<sup>1</sup> (22 communities), northern Aleppo (496 communities), Idlib (323 communities), and Hama (2 communities) governorates. Data was collected between 1-10 of June 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (May/June 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

This month, the humanitarian context in northwest Syria (NWS) was shaped by rapid currency depreciation and the unaffordability of basic goods. On 9 June, the lowest exchange rate to date was recorded, with 3,175 Syrian Pounds equalling 1 US Dollar.<sup>a</sup> Rising food prices meant that both residents and internally displaced persons (IDPs) struggled to afford essential items (as reported in 78% and 83% of communities, respectively). Findings indicate that low wages also impacted the purchasing power of households, and KIs in >80% of communities indicated waged labour as a primary source of income. Low purchasing power may also have affected the ability of households to repair shelters, purchase sufficient water, and access sanitation services.

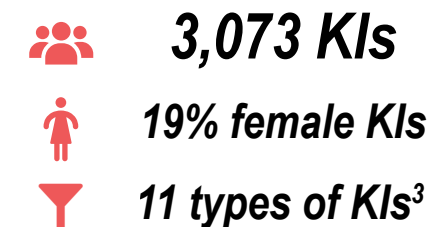
Some communities reportedly relied on negative strategies to cope with a lack of or substantially decreased household income. In over half of communities, KIs responded that children were sent to work or beg in order to meet basic needs (64% for residents and 79% for IDPs). KIs reported that some households responded to a lack of sufficient water by reducing routine hygiene practices, like bathing and doing laundry. KIs cited high costs as a healthcare barrier in one third of communities where barriers were reported. Households coped with inaccessibility by going to pharmacies, seeking non-professional medical care, and taking lower doses of medication.

Finally, findings suggest that sporadic and localised conflict posed protection risks to assessed communities. Where KIs reported protection risks, about 1 in 4 communities were reported to face threats from explosive hazards. This number was approximately equal for residents and IDPs, but the latter group was more likely to report threat from airstrikes.

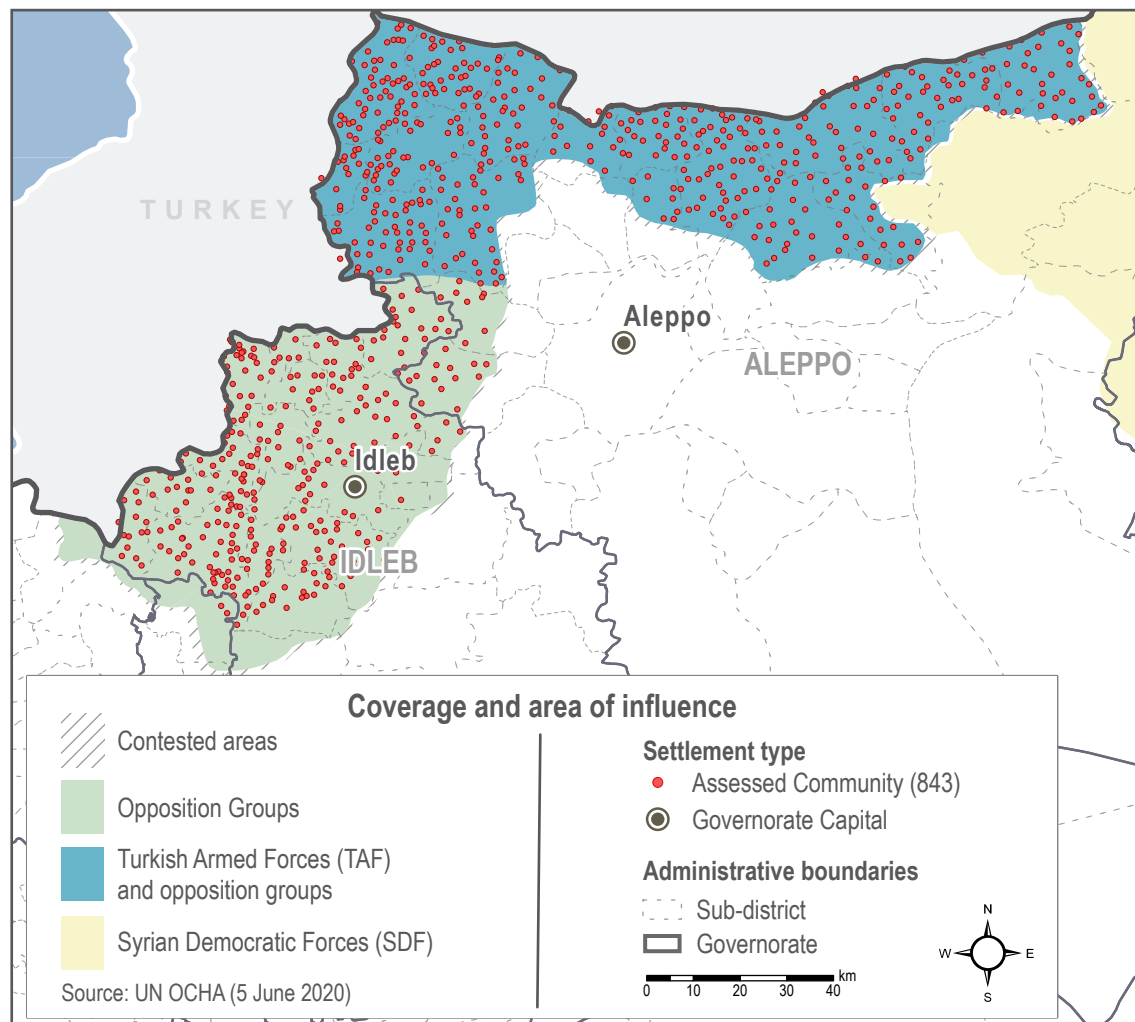
**Top 3 reported overall priority needs in assessed communities:<sup>2</sup>**



**June data was collected using the combined expertise of 1-6 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.



In June, communities in northwest Syria were impacted by economic instability -- exemplified by the rising prices of medical supplies -- and protection risks posed by armed clashes and airstrikes. On 9 June, the Syrian Pound recorded its lowest exchange rate to date, with 3,175 SYP equaling 1 US Dollar.<sup>a</sup>

In northwest Syria, the prices of basic goods continued to rise, and healthcare workers reported a critical shortage of supplies. The prices of medical and sanitation items also rose significantly in response to the pandemic.<sup>b</sup> Despite the spread of COVID-19 in neighbouring regions and countries, no cases of COVID-19 were reported in northwest Syria as of June.

Localized airstrikes and clashes occurred in southern Idlib, despite an overall adherence to the 5 March ceasefire. In the second week of June, several airstrikes impacted the Idlib de-escalation zone, resulting in two civilian fatalities.<sup>c</sup> Local sources reported that families were beginning to move out of the area in response to these incidents.<sup>c</sup> Isolated clashes were also reported in Idlib.<sup>d</sup> Finally, two explosions in Jarablus<sup>e</sup> and Afrin<sup>f</sup> resulted in casualties. Despite these occurrences, IDPs continued to return to communities in Idlib and Aleppo, and the Camp Coordination & Camp Management Cluster recorded roughly 75,000 returnees in May<sup>g</sup> (see REACH's [returnee zoom-in](#) for June 2020).

## RESIDENT PRIORITY NEEDS

### Top ranked priority needs for residents

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

	1st	2nd	3rd	Overall	
Livelihoods		20%	17%	43%	80%
Health		32%	16%	10%	58%
Food		25%	16%	11%	51%
NFIs		5%	27%	16%	48%
WASH		10%	14%	12%	36%
Education		2%	5%	4%	11%
Shelter		5%	3%	2%	9%
Protection		1%	2%	2%	6%

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

(by % of 668 communities where livelihoods was reported as a priority need):<sup>2</sup>

- 1 Access to humanitarian programmes supporting livelihoods 79%
- 2 Tools/equipment for production 75%
- 3 Access to credit for entrepreneurial investment 38%

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

(by % of 488 communities where health was reported as a priority need):<sup>2</sup>

- 1 First aid/emergency care 59%
- 2 Treatment for chronic diseases 45%
- 3 Pediatric consultations 43%

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

(by % of 405 communities where NFIs was reported as a priority need):<sup>2</sup>

- 1 Solar panels 77%
- 2 Batteries 73%
- 3 Cooking fuel 64%

## IDP PRIORITY NEEDS

### Top ranked priority needs for IDPs

(by % of 792 communities where KIs selected a first, second, and third priority need for IDPs):<sup>2</sup>

	1st	2nd	3rd	Overall	
Food		35%	17%	10%	62%
Livelihoods		11%	19%	31%	61%
NFIs		3%	27%	24%	54%
Shelter		29%	7%	7%	44%
Health		17%	10%	10%	36%
WASH		2%	17%	13%	32%
Education		1%	2%	2%	5%
Protection		0%	1%	4%	5%

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

(by % of 483 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 55%
- 3 Access to credit for entrepreneurial investment 37%

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

(by % of 490 communities where food was reported as a priority need):<sup>2</sup>

- 1 Bread 82%
- 2 Rice 54%
- 3 Fresh vegetables 36%

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

(by % of 431 communities where NFIs was reported as a priority need):<sup>2</sup>

- 1 Batteries 71%
- 2 Solar panels 71%
- 3 Cooking fuel 70%

## SECTORAL FINDINGS (READERS CAN FIND HYPERLINKS TO EACH SECTION BY CLICKING ON HUMANITARIAN ICONS)



KIs in **76%** of communities reported that **households had access to humanitarian assistance** (637 of 843 communities).



KIs in **77%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (623 of 792 communities).



**From 5 to 6 hours per day** was the most commonly reported range for hours of electricity per day (342 (41%) of 843 assessed communities).



KIs in **58%** of communities reported that **not all households had access to sufficient water** (490 of 843 communities).



KIs in **14%** of communities reported **that households were not able to access markets within their own communities** (115 of 843 communities).



KIs in **57%** of communities reported that **households were not able to access health services in their own communities** (479 of 843 communities).



**Closure of schools by local authorities** was a key barrier preventing access to education for both residents (819 (98%) of 837 communities) and IDPs (775 (98%) of 792 communities).



**Child labour** was the most commonly reported protection risk for both resident (387 (60%) of 650 communities) and IDP children (466 (72%) of 647 communities).

**Humanitarian Assistance & AAP** KIs reported access to employment and financial assistance as the most urgently needed support for communities, which was likely due to the increased economic volatility across NWS. Although 76% of KIs reported access to humanitarian assistance in their communities, 92% of those reported that the assistance provided was insufficient.

**Shelter** The combination of damage to buildings and unaffordability of repair items presented a challenge for residents and IDPs. KIs in 92% of communities reported that households wishing to make repairs could not afford to purchase materials. KIs in 371 (44%) of 843 assessed communities reported shelter as a priority need. The presence of occupied shelters with major damage was confirmed in 60% of assessed communities.

**Electricity & NFI** For the reporting period, KIs in 45% of communities indicated that soap was not affordable for at least some households. The most commonly reported barriers to accessing electricity were related to affordability. Solar panels were particularly important to households as non- or partially-functioning electrical networks were reported in almost half of the assessed communities.

**WASH** While KIs in 19% of communities reported the use of piped water networks, 50% of communities were reported to utilise water trucking as their most common source of drinking water. KIs in 83% of communities where barriers to water access were reported cited the high price of water trucking. The high cost of water was linked with reported negative coping strategies, such as bathing less and/or washing laundry less frequently (reported by KIs in 47% of communities each).

**FSL** Low wages were widely reported as a barrier to livelihoods for resident and IDP groups (KIs in 88% and 90% of communities, respectively). Despite this finding, waged daily labour remained the most commonly reported source of meeting basic needs for both groups. High food prices was the most commonly reported primary concern related to accessing sufficient amounts of food.

**Health** According to KIs, the most commonly reported barriers to healthcare were the high cost and unavailability of transportation to health facilities. Pharmacies were reported to be available both in assessed and nearby communities. Primary care facilities and hospitals were more commonly reported outside of assessed communities, which emphasized the importance of accessible transport options for those seeking medical services.

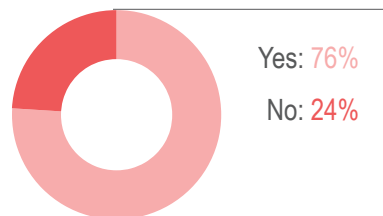
**Education** Findings suggest that access to education was primarily hindered by the closure of schools as a result of preventative measures against the spread of COVID-19 taken by local authorities. However, KIs in 49% of communities with school closures reported that students were able to access education online, using improvised methods such as WhatsApp.

**Protection** The most commonly reported protection risks were related to strategies used by household to cope with the limited economic opportunities in northwest Syria and the falling value of the Syrian Pound. Child labour and forced and early marriage were both commonly reported risks faced by children. The threat from explosive hazards including landmines or unexploded abandoned ordnances was a commonly reported protection risk for both IDPs and residents.

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

In a context of economic instability, information about how to access financial support and other livelihoods assistance was an urgent need for communities. Nonetheless, 3% of responding communities reported access to livelihoods support. While 76% of communities accessed humanitarian assistance, 92% of those reported that the aid was insufficient, pointing to unmet needs within communities.

**Were any households in the community able to access humanitarian assistance?** (by % of all 843 assessed communities):



**Most commonly reported barriers that households faced in accessing humanitarian assistance** (by % of 589 communities where access was reported, and by % of 206 communities where no access was reported):<sup>4</sup>

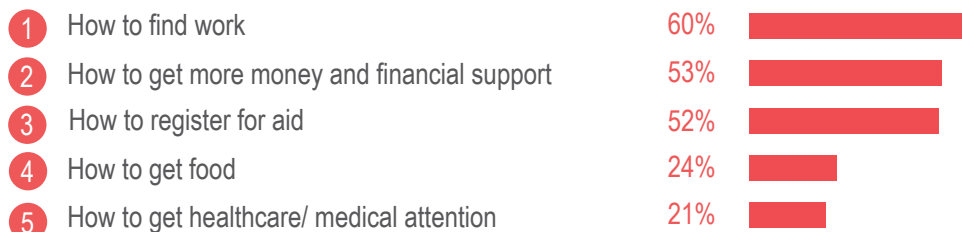
### Communities reporting access to humanitarian assistance

- Assistance provided was insufficient 92%
- Poor targeting of beneficiaries who receive assistance 32%
- Types of assistance provided were not relevant to needs 16%

### Communities reporting no access to humanitarian assistance

- No humanitarian assistance was available 90%
- Not aware of the procedures to follow to receive assistance 6%
- Not aware of what assistance was available eligibility criteria 5%

**Most commonly reported information gaps for households with regard to humanitarian assistance** (by % of 843 communities where missing information was reported):<sup>5</sup>

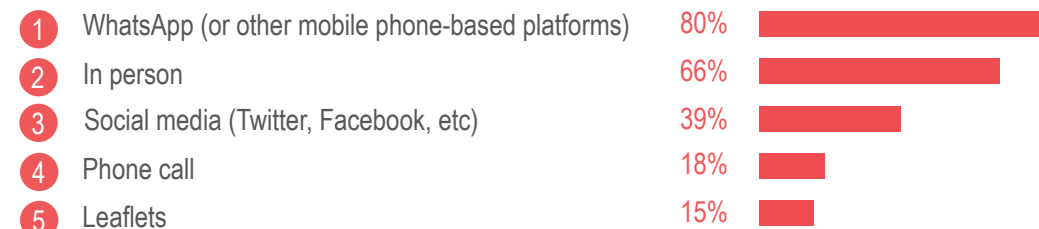


**Most commonly reported types of humanitarian assistance households had access to in communities** (by % of 636 communities where access to assistance was reported):<sup>4</sup>



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

(by % of 843 communities where preferred ways were reported):<sup>2</sup>



**45%** In 45% of the assessed communities able to access assistance (287/636), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**<sup>9</sup>

# NORTHWEST SYRIA JUNE 2020

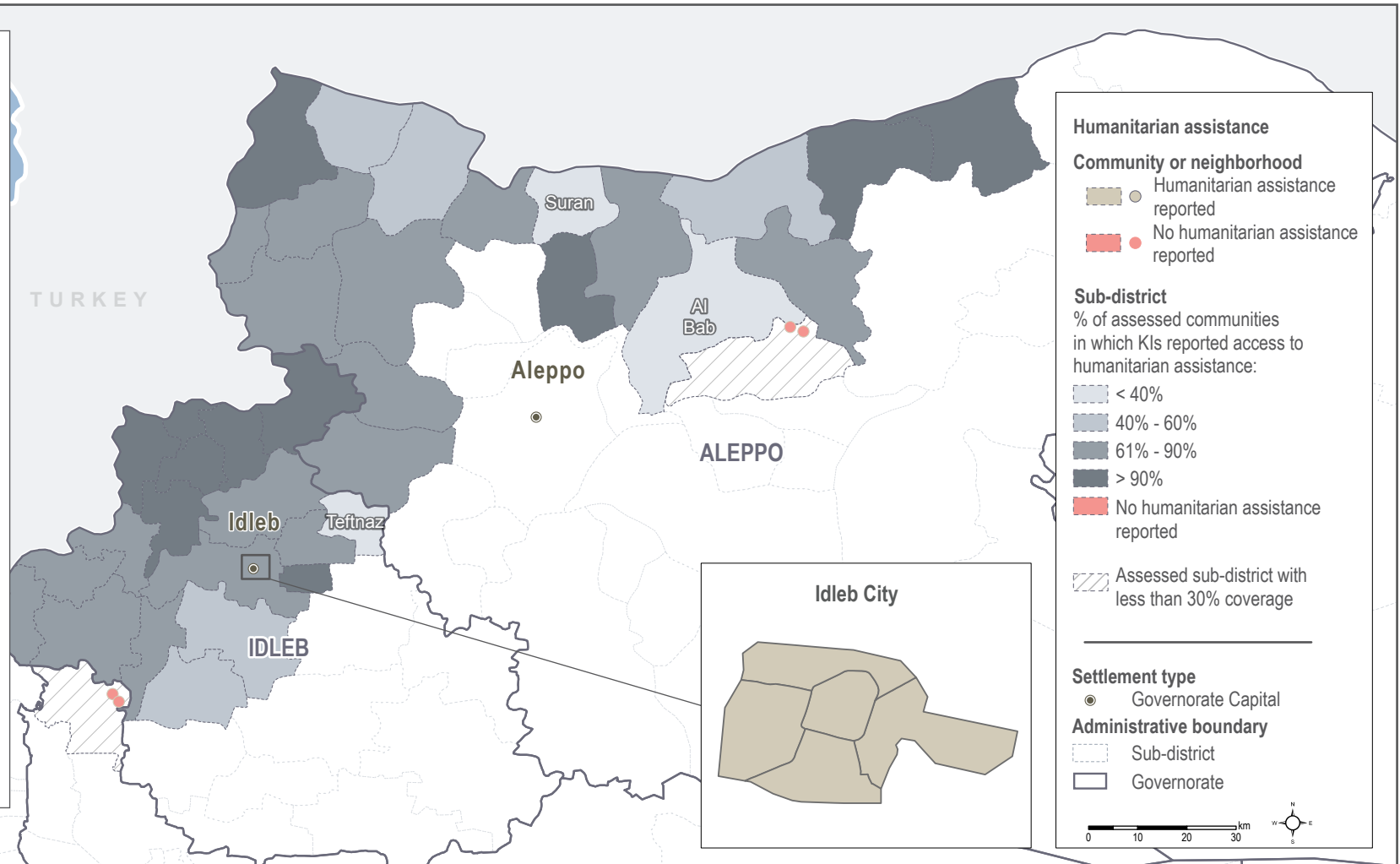
## REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

### Note on the map

This map shows the reported humanitarian assistance per sub-district. The sub-districts in which humanitarian assistance was more commonly reported are shown in a darker colour, whereas lighter colours denote a lower proportion of communities reporting receipt of humanitarian assistance.

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.

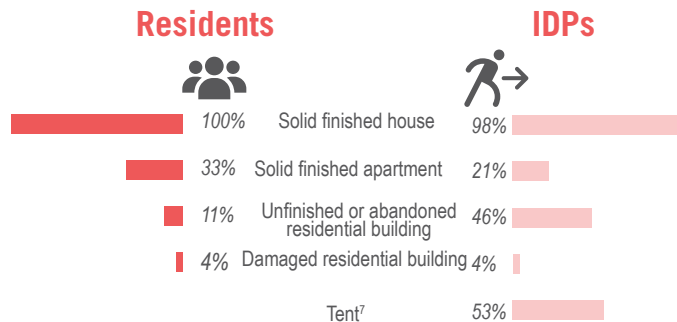
At the sub-district level, KIs in Tefnaz, Suran, and Al Bab reported the lowest rates of humanitarian assistance (25%, 32%, and 37.5% respectively). In the two sub-districts where  $\geq 30\%$  coverage was not achieved, no humanitarian assistance was reported.



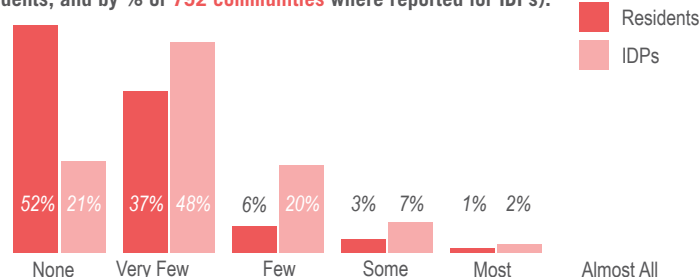
## SHELTER

The combination of damage to buildings and unaffordability of repair items presented a challenge for residents and IDPs. Overall, KIs in a higher proportion of communities reported that IDPs were living in either damaged or abandoned/unfinished buildings compared to residents, indicating a possible gap in living conditions between IDPs and residents. This month, KIs in 92% of communities reported that households wishing to make repairs could not afford to purchase materials. Shelter findings emphasized insufficiencies in the physical quality of housing, and KIs in 371 (44%) of 843 assessed communities reported shelter as a priority need. For both residents and IDPs, lack of lighting was indicated by KIs as the most common inadequacy issue. The presence of occupied shelters with major damage was confirmed in 60% of assessed communities.

**Most commonly reported shelter types used by residents and IDPs** (by % of 837 communities where reported for residents, and of 792 communities where reported for IDPs):<sup>2,9</sup>



**Proportion of communities where KIs reported residents and IDPs living in overcrowded shelters\*** (by % of 837 communities where reported for residents, and by % of 792 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%), few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

# 28,700 SYP<sup>6</sup>

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 572 communities).

**Most commonly reported shelter inadequacy issues** (by % of 722 communities where issues were reported for residents, and of 757 communities where issues were reported for IDPs):<sup>4,9</sup>

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	86%	81%
Lack of space/overcrowding	26%	52%
Lack of privacy inside shelter	20%	39%

**Most commonly reported barriers to households wishing to repair their shelters** (by % of 743 communities where barriers were reported):<sup>4,9</sup>

- Shelter and repair materials are too expensive: 92%
- Repairs require professionals but cannot afford their service: 59%
- Security situation: 16%
- Repairs require professionals but they are not available: 6%
- Shelter and repair materials are unavailable in the market: 4%

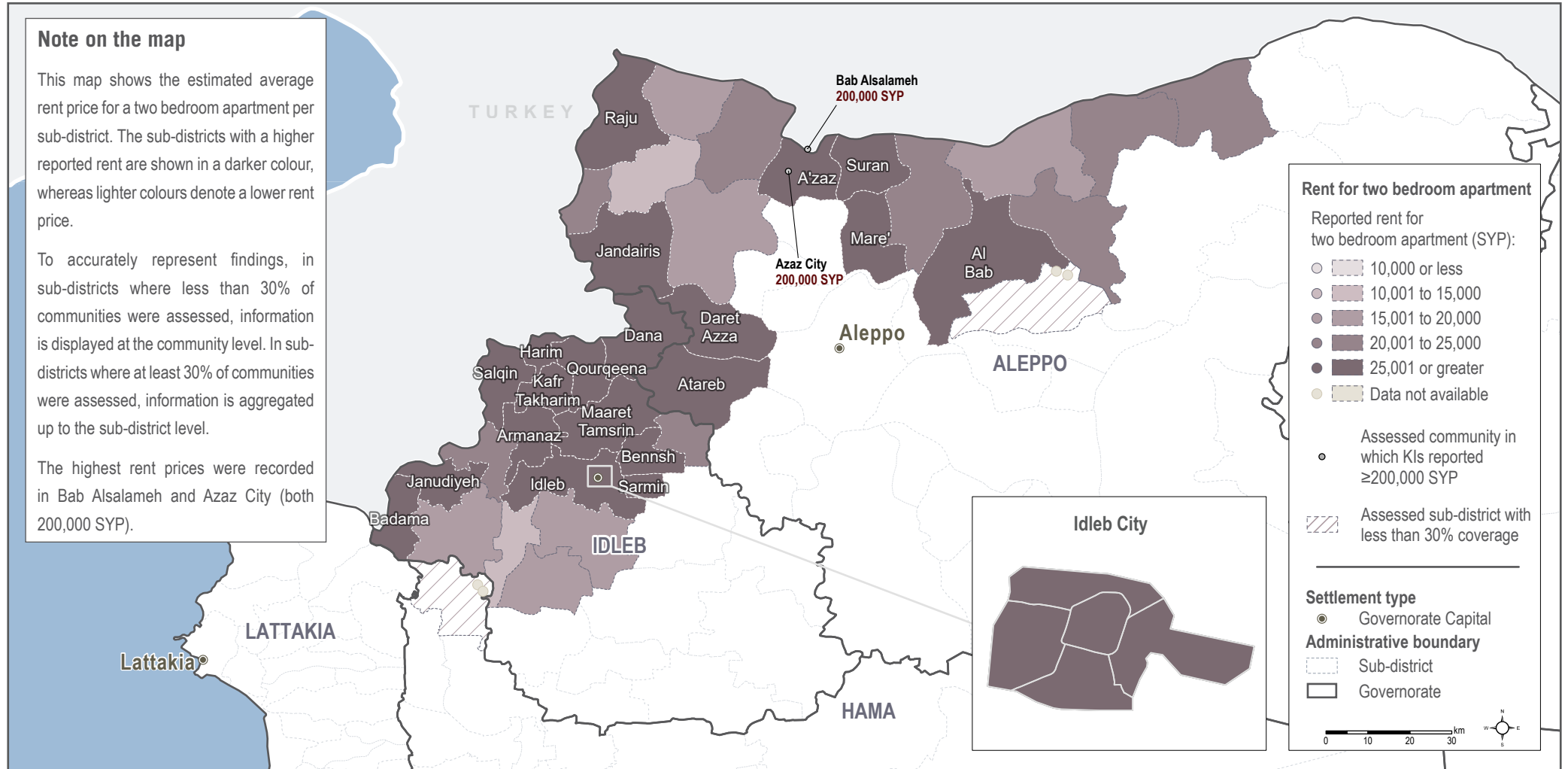
# 60%

In 60% of the assessed communities reporting on damage (496/826), KIs reported the presence of **occupied shelters with major damage<sup>8</sup> in their communities.**<sup>9</sup>

# 92%

In 92% of the assessed communities reporting on damage (765/826), KIs reported the presence of **occupied shelters with minor damage<sup>8</sup> in their communities.**<sup>9</sup>

## AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



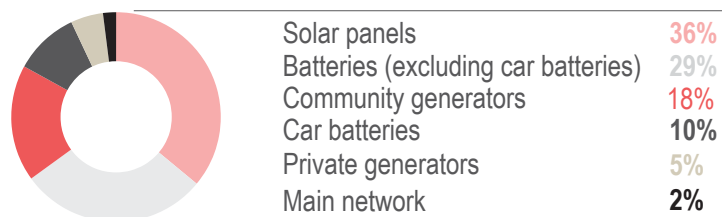
## ELECTRICITY & NFIs

Consistent electricity access and affordability of NFIs were key challenges in a context of economic deterioration and supply route disruptions caused by conflict escalation. The June round of REACH's Market Monitoring exercise estimated a minimum monthly expenditure of 53,471 SYP for non-food needs. The most common barriers to accessing electricity were related to affordability. KIs continued to select solar panels as the most common source of electricity. This is possibly owing to the fact that, in 49% of communities, non- or partially-functional electrical networks were reported as a barrier to accessing electricity by KIs. When asked about the average number of hours of electricity access per day, KIs most commonly indicated 5-6 hours (41% of responding communities).

**5 - 6 hrs/day** was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 342 (41%) of 843 assessed communities).

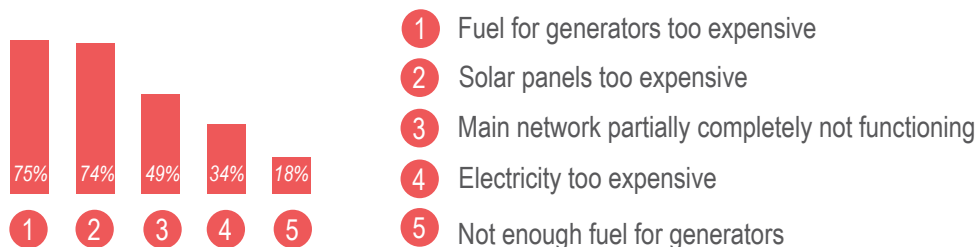
### Most commonly reported main source of electricity

(by % of 843 communities where main source reported):



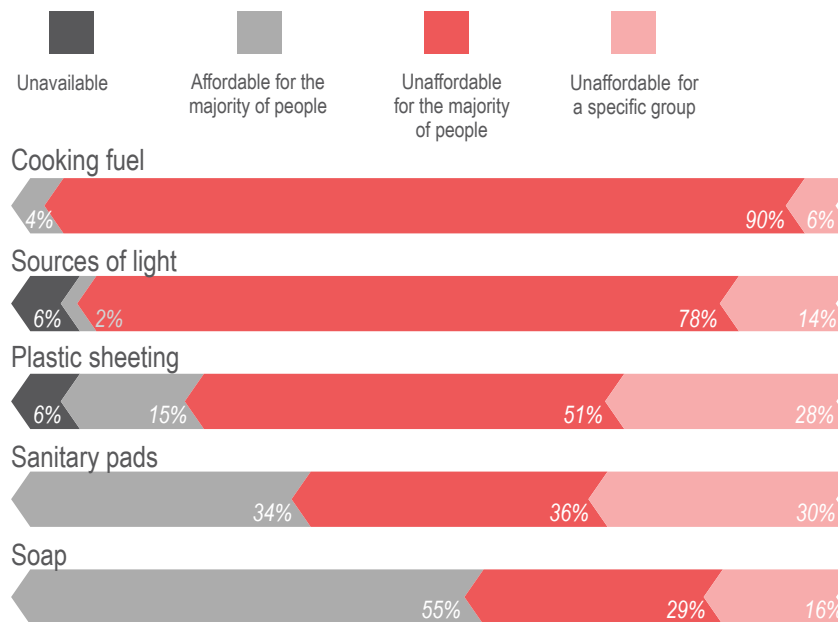
### Most commonly reported barriers to accessing electricity

(by % of 841 communities where barriers reported):<sup>4</sup>



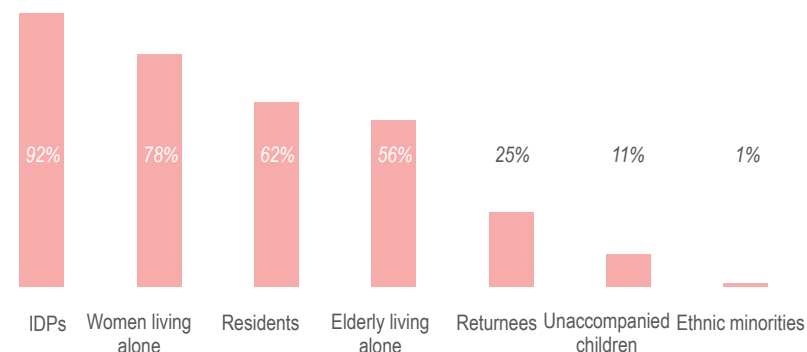
### Reported household item availability and affordability

(by % of all 843 communities):<sup>4</sup>



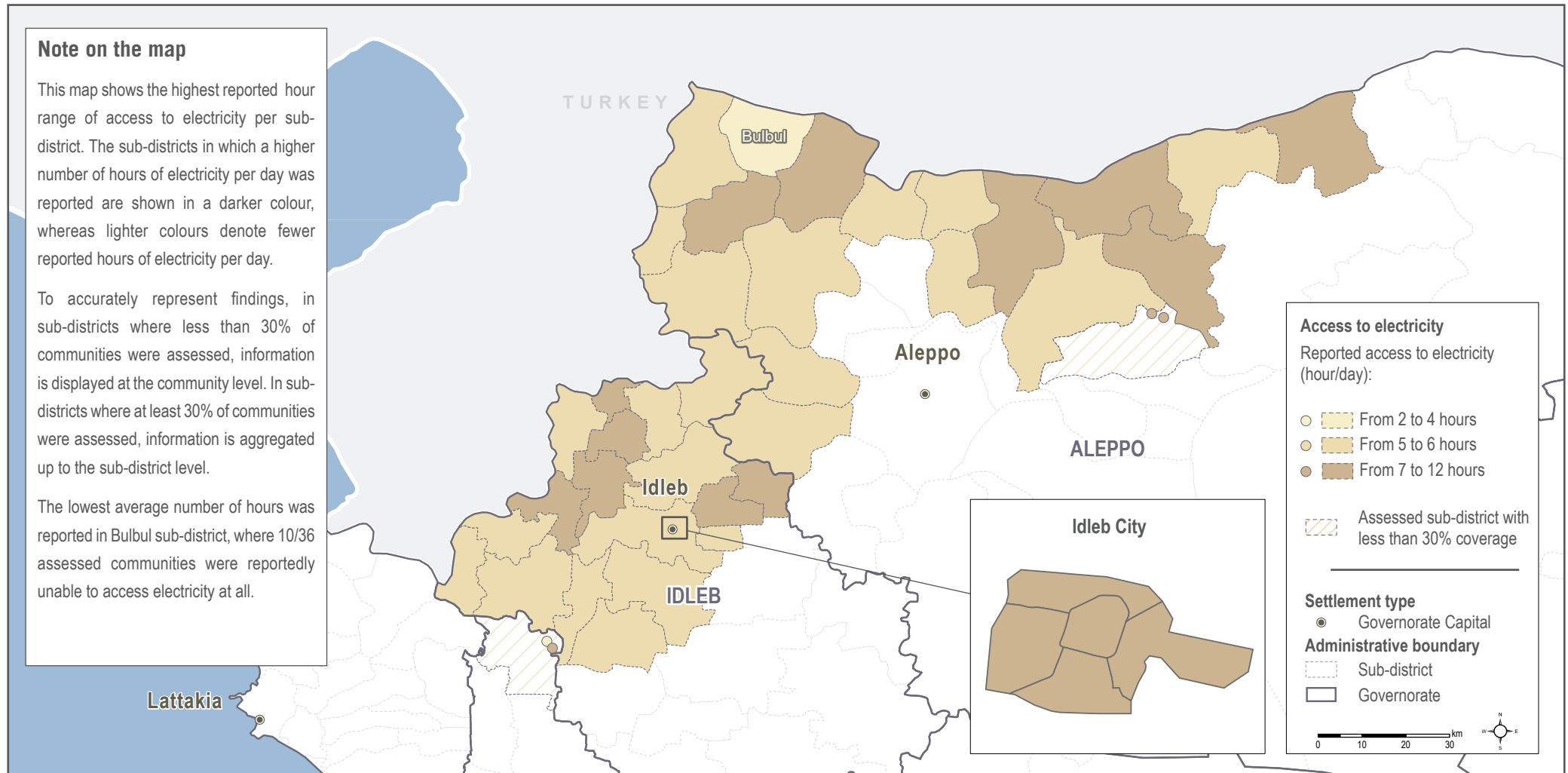
### Population groups who reportedly could not afford NFIs

(by % of 493 communities where reported that specific groups could not afford items):<sup>4</sup>



# NORTHWEST SYRIA JUNE 2020

## AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



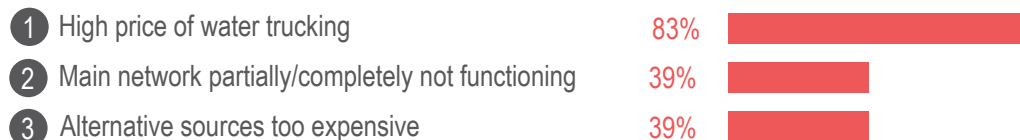
## WATER, SANITATION AND HYGIENE (WASH)

KIs in 58% of assessed communities reported that some households lacked access to sufficient water; this may be linked to the unaffordability of water trucking and lack of piped water infrastructure. While KIs in 19% of communities reported usage of piped water networks, 50% of communities were reported to utilise water trucking as their most common source of drinking water. In communities where barriers to accessing sufficient water were reported, 83% of responses cited the high price of water trucking as problematic. The high cost of water was linked with reported negative coping strategies, such as bathing less and/or washing laundry less frequently (reported by KIs in 47% of communities each). Modifying typical hygiene practices may impact the prevention of COVID-19.

**58%** In 58% of the assessed communities (490/843), KIs reported that **not all households had access to sufficient water**.

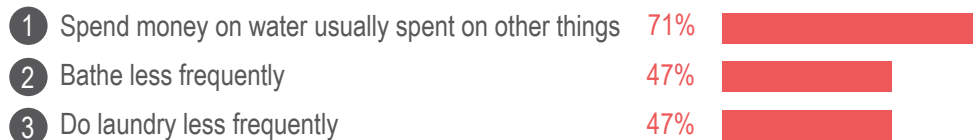
### Most commonly reported barriers to accessing sufficient water

(by % of 490 communities where barriers reported):<sup>4</sup>



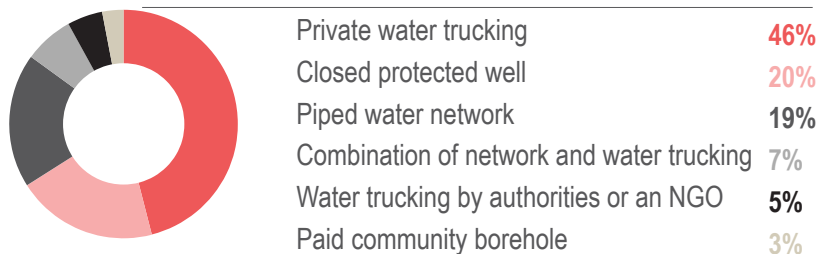
### Most commonly reported coping strategies for a lack of water

(by % of 490 communities where coping strategies reported):<sup>4</sup>



### Most commonly reported sources of drinking water

(by % of all 843 assessed communities):



### Most commonly reported problems with drinking water

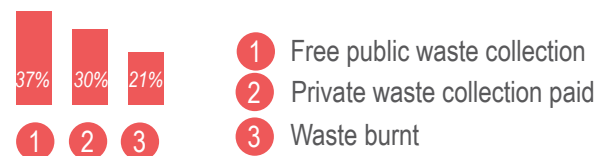
(by % of 194 communities where problems were reported):<sup>4</sup>



**30%** In 30% of the assessed communities (257/843), KIs reported that **communities were not connected to a main water network**.

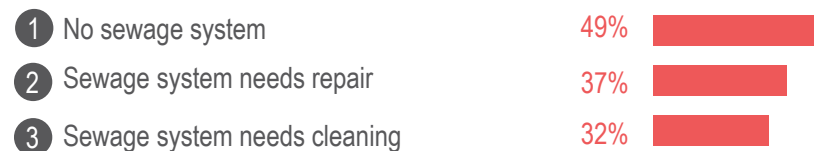
### Most commonly reported ways people disposed of solid waste

(by % of 843 communities where top disposal method reported):

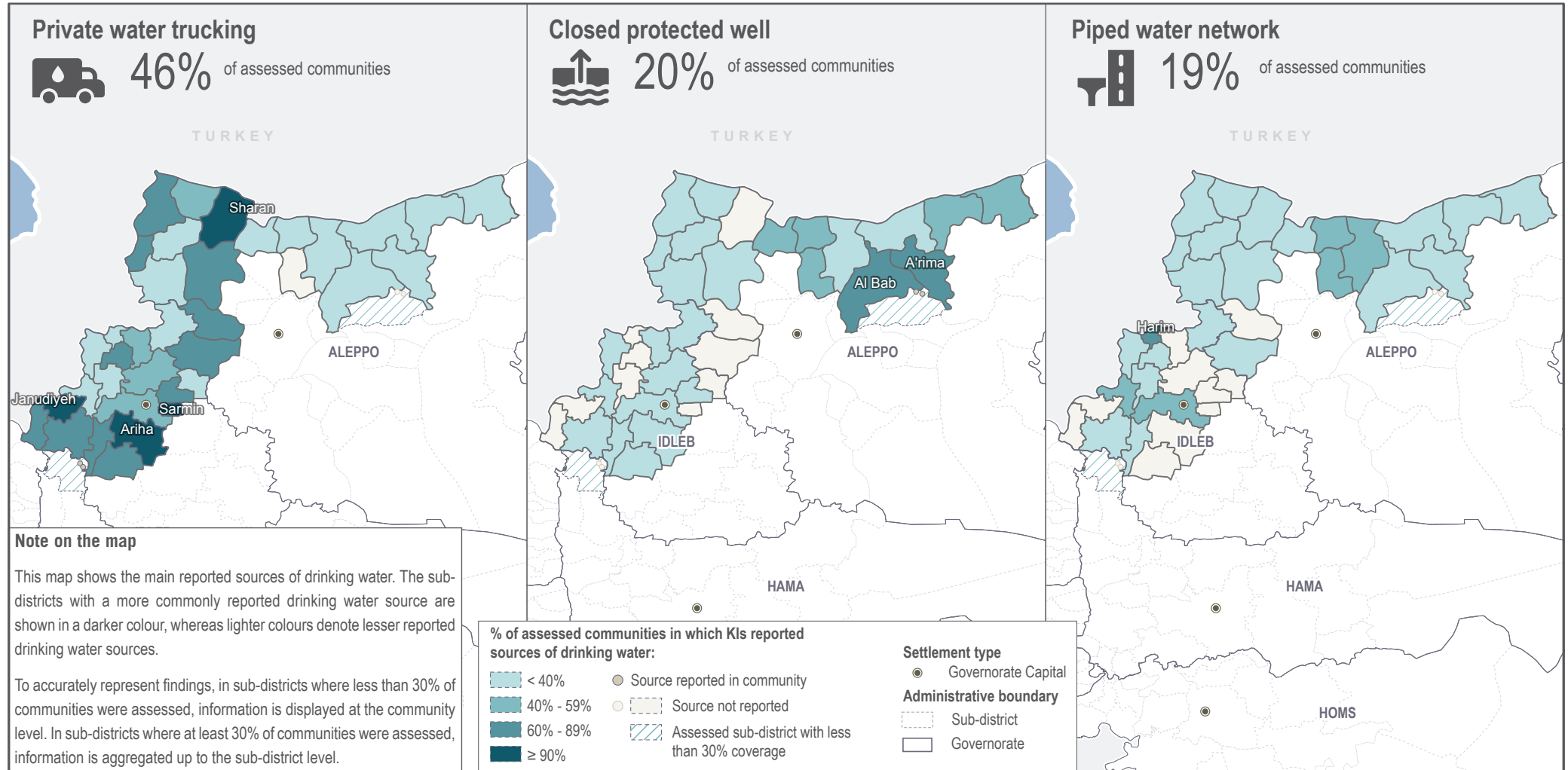


### Most commonly reported sanitation issues

(by % of 577 communities where sanitation issues reported):<sup>4,9</sup>



## MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



## FOOD SECURITY

The rising prices of food items continued to pose the greatest threat to food security. Food was reported as a priority need for IDPs in 62% of assessed communities, which was higher than any other sector. The severity of the situation was demonstrated in that KIs most commonly reported key dietary staples -- such as bread and rice -- as the specific items needed. Unaffordability remained a key barrier to accessing sufficient food, with the price of the Survival Minimum Expenditure Basket (SMEB) for June [calculated at 224,385 SYP](#).<sup>11</sup> Commonly reported coping strategies included borrowing money for food or buying food with money usually used for other things.

**14%** In 14% of assessed communities (115/843), KIs reported **households were unable to access markets within their own community.**

### Most commonly reported barriers to physically accessing food markets (by % of 651 communities where barriers reported for residents, and of 624 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs	
Lack of transportation to private or public markets	70%	1	77%	Lack of transportation to private or public markets
Distance to markets	61%	2	59%	Distance to markets
Lack of access for persons with restricted mobility	40%	3	42%	Lack of access for persons with restricted mobility

### Most commonly reported sources of food for households (by % of 843 communities where food sources reported):<sup>2</sup>

1	Purchasing from stores/markets in this community	79%	
2	Purchasing from stores/markets in other communities	73%	
3	Own production/farming	61%	
4	Borrowing	30%	
5	Assistance from local councils/NGOs/other groups	23%	

### Most commonly reported barriers to accessing sufficient food

(by % of 793 communities where barriers reported for residents, and by % of 754 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs	
Markets exist but households cannot afford essential food items	78%	1	83%	Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	28%	2	25%	Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	18%	3	16%	Markets exist but have insufficient quantities of food

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

(by % of 751 communities where challenges reported for babies under 6 months, and of 782 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	89%	1	82%	High price of suitable foods/formula
Breastfeeding difficulties	41%	2	54%	Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	8%	3	31%	Not good enough food (quality)

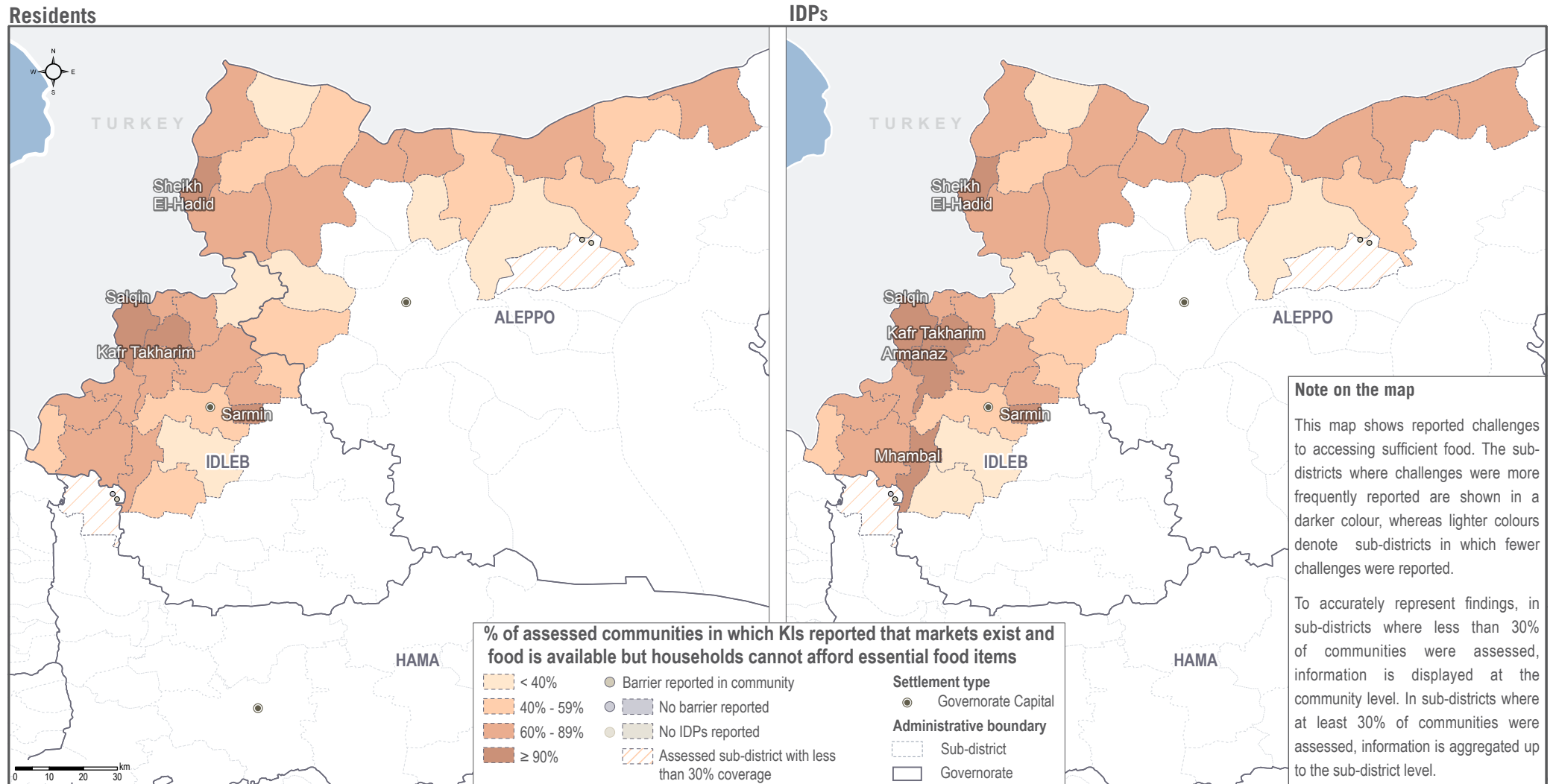
### Most commonly reported coping strategies for a lack of food

(by % of 805 communities where coping strategies reported):<sup>4</sup>

1	Purchasing food on credit/borrowing money to buy food	64%	
2	Buying food with money usually used for other things	56%	
3	Reducing meal size	53%	
4	Skipping meals	53%	
5	Selling non-productive assets	17%	

# NORTHWEST SYRIA JUNE 2020

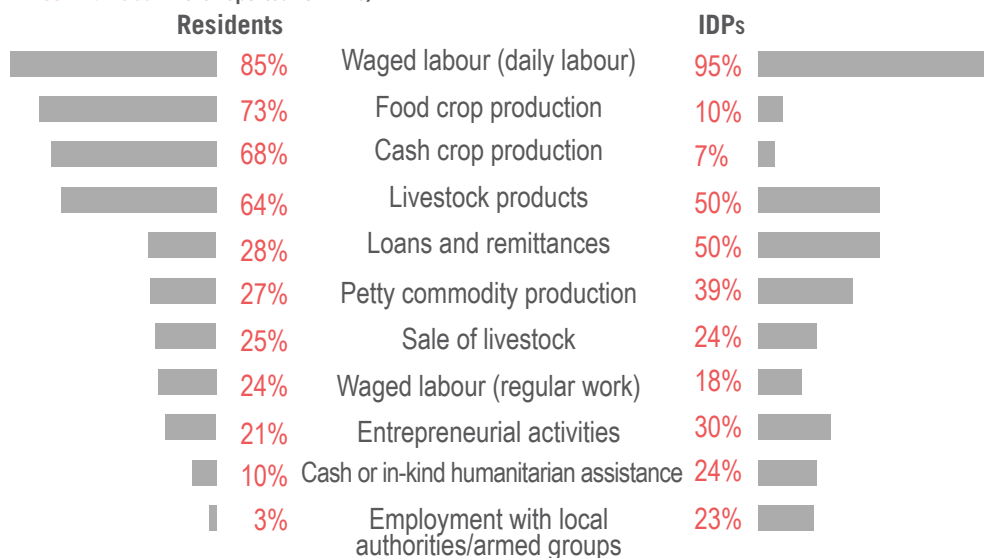
## REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



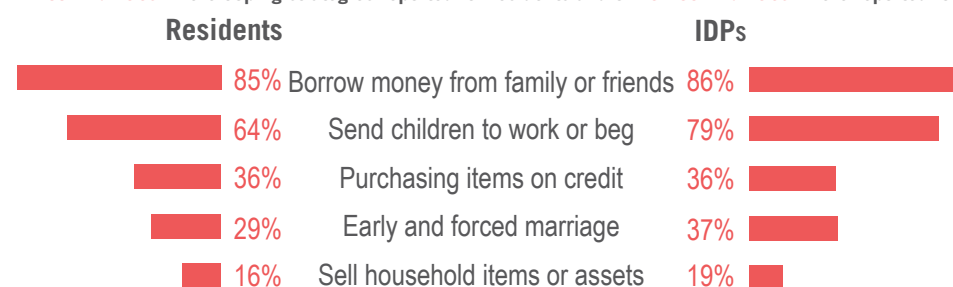
## LIVELIHOODS

**Low wages seemingly continued to restrict the purchasing power of both resident and IDP populations.** Low wages were widely reported as a barrier to meeting basic needs for resident and IDP groups (reported in 88% and 90% of communities, respectively). The regional daily wage median was 2,800 SYP for both IDPs and residents, which, according to the informal exchange rate collected by the [REACH Market Monitoring assessment](#) from 8-16 June<sup>6</sup>, is approximately equal to 1.07 USD. Waged daily labour remained the most commonly reported source of meeting basic needs across assessed communities. Reported strategies to cope with a lack of livelihood opportunities included borrowing money, sending children to work or beg, and purchasing items on credit (among others).

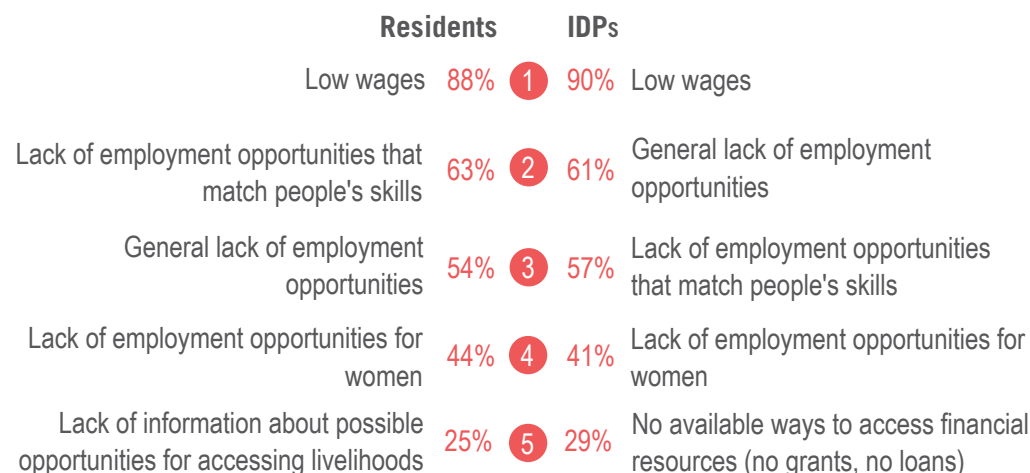
### Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 837 communities where reported for residents and of 792 communities where reported for IDPs):<sup>5</sup>



### Most commonly reported coping strategies to meet basic needs (by % of 836 communities where coping strategies reported for residents and of 792 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 837 communities where barriers reported for residents, and of 792 communities where barriers reported for IDPs):<sup>4</sup>



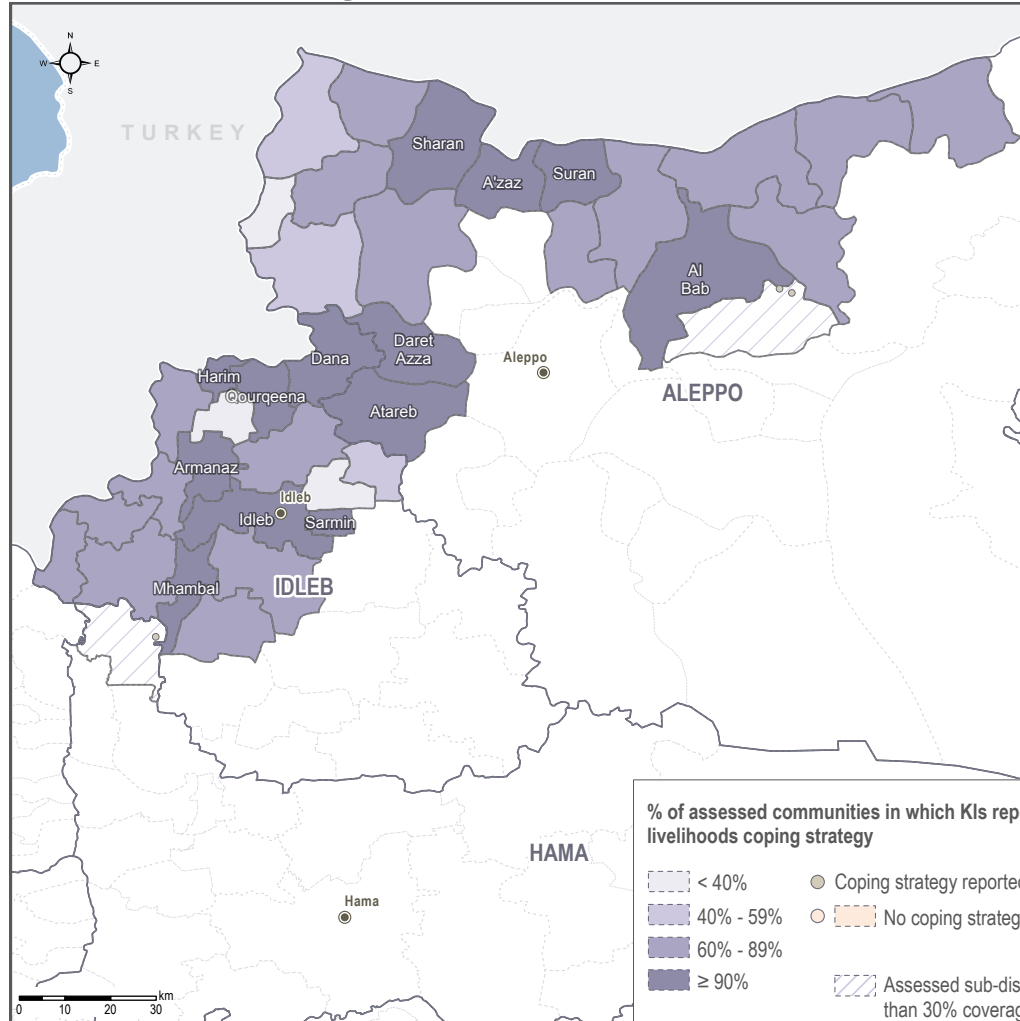
### Estimated median daily wage for unskilled labour\* <sup>4,6,9</sup>



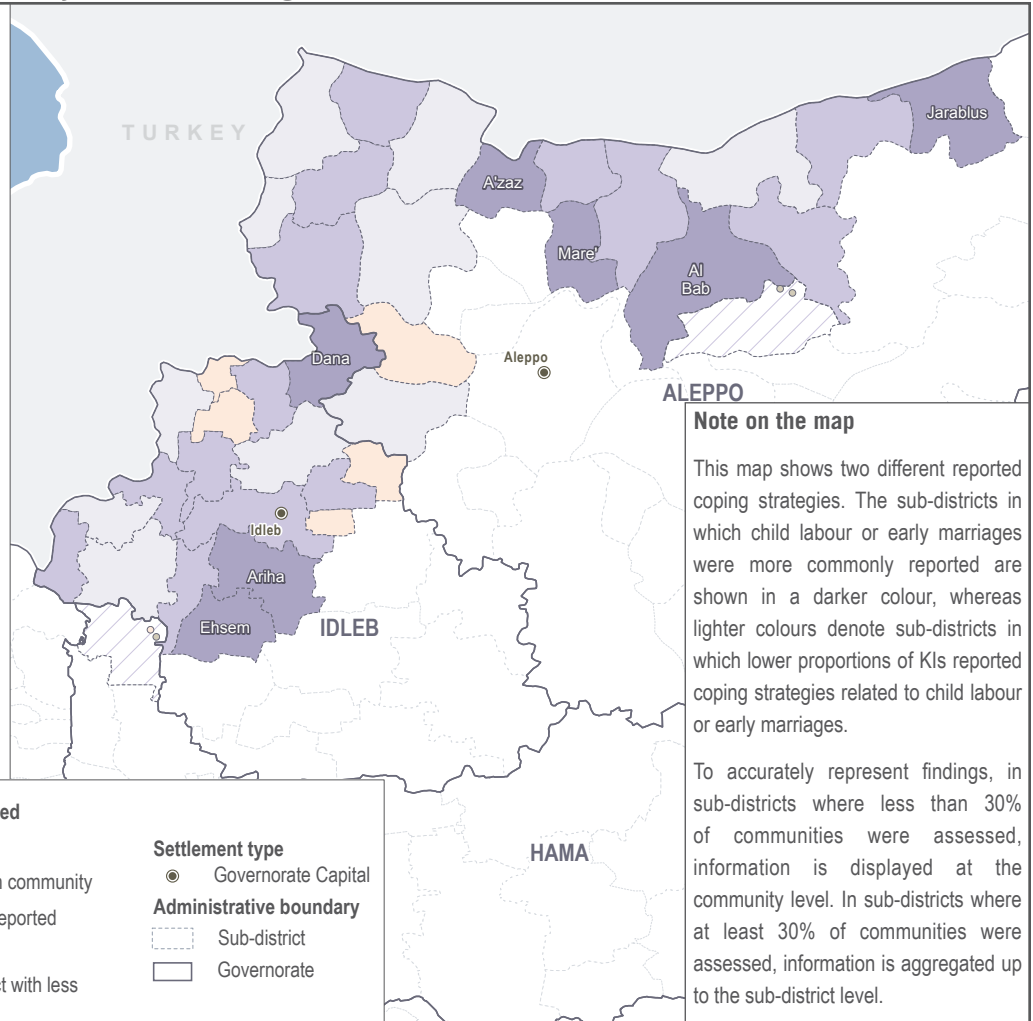
**15** \*There were two assessed communities in Hama governorate, so while the reported wages collected in Hama are included in the calculations for the regional medians, they are not displayed at the governorate level.

## 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

Transportation challenges as well as the high cost and shortages of medication and health supplies were commonly reported as barriers to healthcare by KIs.<sup>b</sup> The inability to pay for transportation needed to reach health facilities was the most commonly reported barrier to healthcare access. Additionally, pharmacies were reported to be available both in assessed and nearby communities, but primary care facilities and hospitals were more commonly reported in other/nearby communities, emphasizing the need for many to travel when seeking specialised medical care.



**15%**

In 15% of assessed communities (51/345), KIs reported that **households were unable to access primary care facilities in their own or nearby communities.**



**43%**

In 43% of assessed communities (364/843), KIs reported that **households were able to access health services in their own communities.**



**98%**

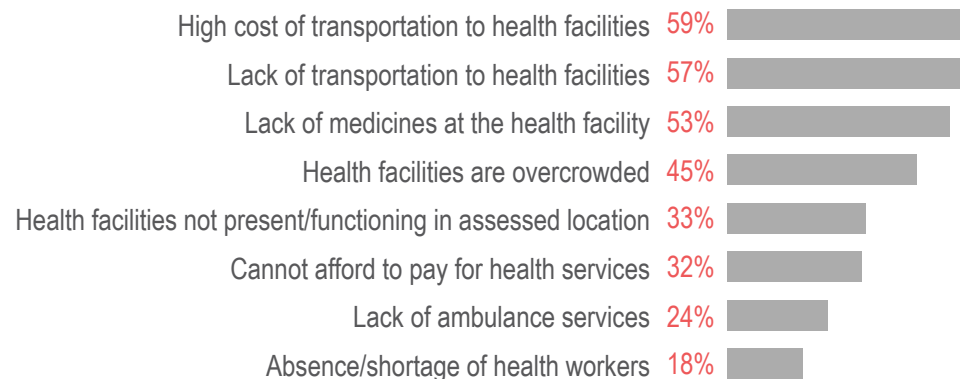
In 98% of assessed communities (827/843), KIs reported that **households were able to access health services in other/nearby communities.**

**Most commonly reported health facilities available in assessed and other/nearby communities** (by % of 364 communities reporting access inside community, and of 823 communities reporting access in other/nearby communities):<sup>4</sup>

In assessed communities		In other/nearby communities
Pharmacies	80% <b>1</b>	80% Pharmacies
Primary care facilities	39% <b>2</b>	74% Primary care facilities
Private clinics	23% <b>3</b>	72% Private clinics
Informal emergency care points	20% <b>4</b>	71% Public hospitals
Mobile clinics	19% <b>5</b>	26% Private hospitals

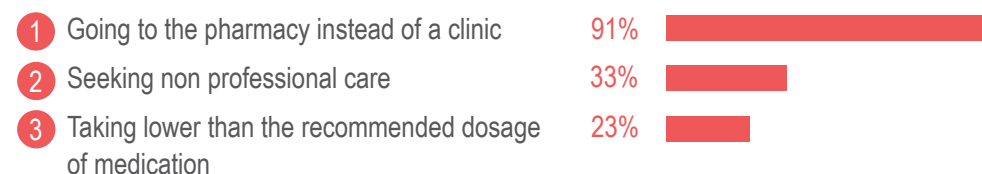
### Most commonly perceived barriers to healthcare access

(by % of 837 communities where barriers reported):<sup>4</sup>



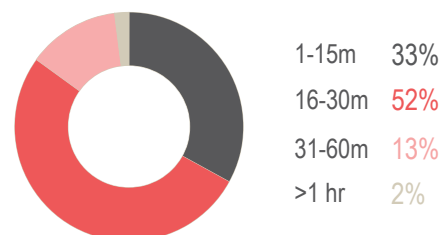
### Most commonly reported coping strategies for a lack of healthcare services

(by % of 837 communities where coping strategies reported):<sup>4</sup>



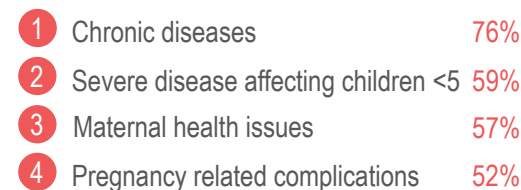
### Reported time taken for households to travel to the most commonly used health facility

(by % of 843 communities where travel time reported):

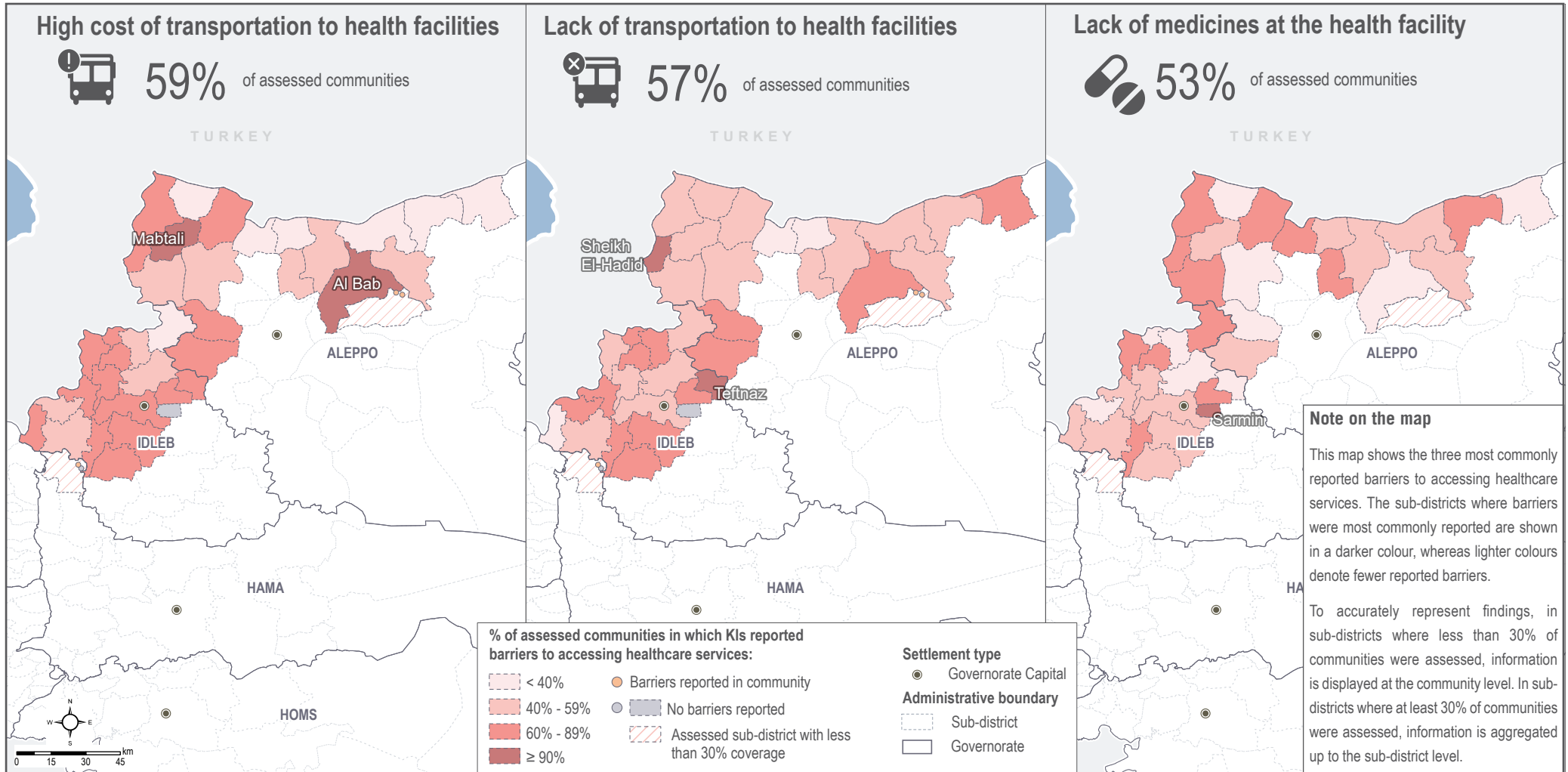


### Most commonly reported health problems

(by % of 599 communities where knowledge of health problems reported):<sup>4,9</sup>



## MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



## EDUCATION

Despite school closures, communities across NWS reportedly sought solutions to the challenges surrounding lack of education access for children. Region-wide, COVID-19 preventative measures led to the nearly-complete closure of schools, resulting in children in 99% of assessed communities reportedly unable to access education. Access to education was primarily hindered by the closure of schools as a result of preventative measures against the spread of COVID-19 taken by local authorities. However, KIs in 49% of communities with school closures reported that students were able to access education online, using improvised methods such as WhatsApp. The second most commonly reported barrier for IDP children (after school closures) was affordability, which suggest that education might remain inaccessible for some communities after COVID-19 related mitigation measures have been scaled down.

### KIs in 819 communities reported that schools were not in session all days of the last month.

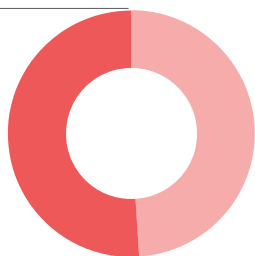
KIs in **808** of those communities cited that **school were closed by local authorities due to COVID-19** as the reasons schools were not in session.

KIs in **49** of those communities cited **schools were being used as a shelter for IDPs** as the reasons schools were not in session.

KIs in **2** of those communities cited an **escalation of violence that made schools or travel to school unsafe** as the reasons schools were not in session.

Yes: 49%

No: 51%



**Reported access to online education where schools were closed by local authorities or inaccessible due to an increase in violence**

(by % of **806 communities** where reported)



# 99%

In 99% of assessed communities (**831/843**), KIs reported that **children were unable to access education facilities within their own or nearby communities.**

### Other commonly reported barriers for access to and quality of education services (by % of **837 communities** where barriers reported for residents, and of **792 communities** where barriers reported for IDPs):<sup>4</sup>

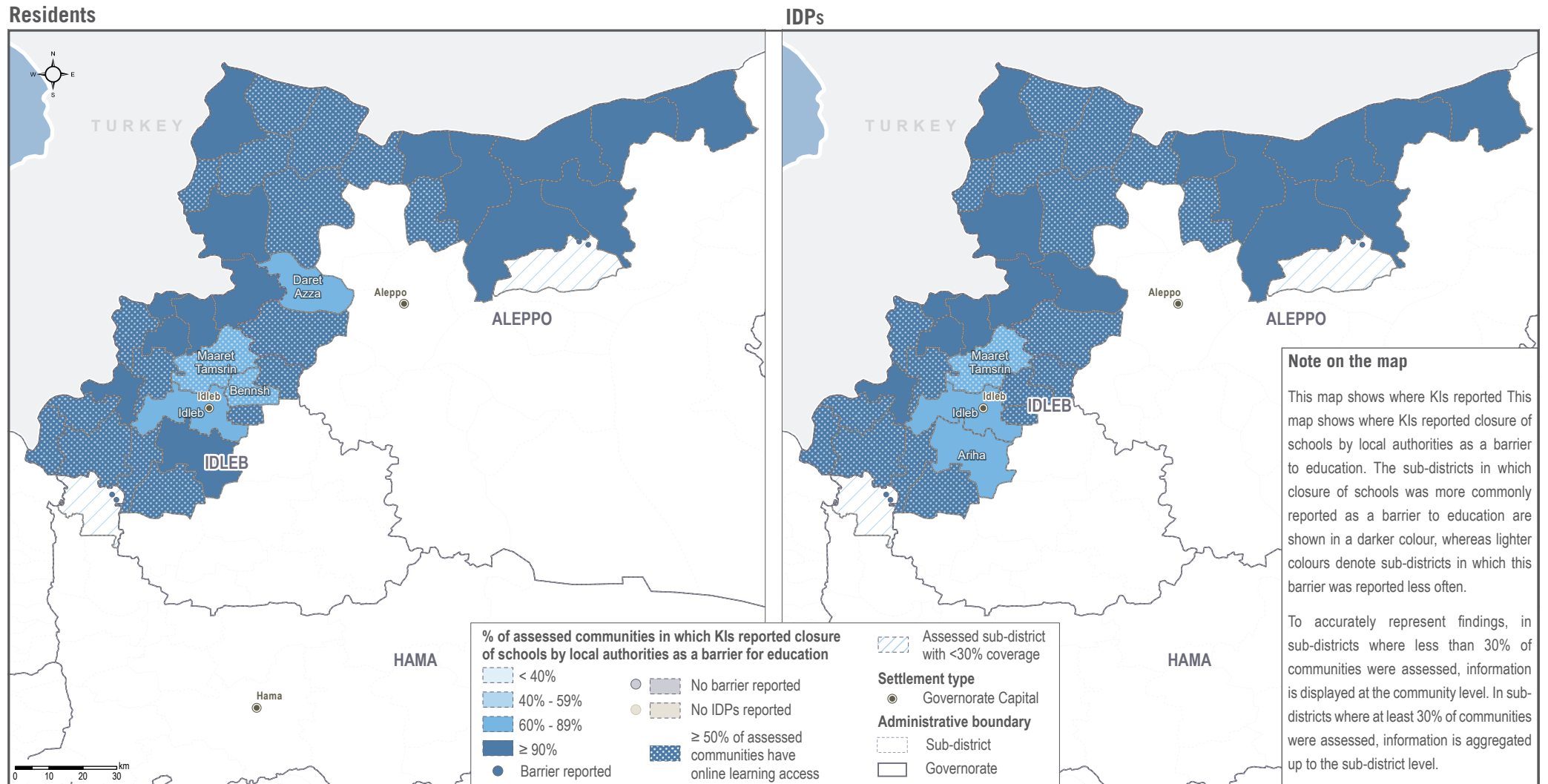
Residents		IDPs	
10%	Quality of education provided is too low	9%	
9%	Families cannot afford it, children must work	11%	
6%	Schools used as shelter for IDPs	6%	
5%	Children leave school due to early marriage	6%	
5%	Not enough teaching or learning supplies	7%	

### Escalation of Violence

The two communities are located in Ariha, and this sub-district experienced insecure conditions during the reporting period. An explosion of unknown origin was reported in Ariha City during a joint patrol by international forces on 12 May.<sup>h</sup> On 23 May, clashes in the same resulted in two fatalities.<sup>i</sup> On 8 June, airstrikes in the Jabal Zawiya region of Ariha and Maaret Numan caused the deaths of two civilians, and shelling on 16 June caused material damage to homes.<sup>j</sup>

Civil unrest was also reported in Ariha. On several occasions, demonstrators in Ariha sub-district threw stones at joint patrols near the M4 highway.<sup>k</sup>

## REPORTED CHALLENGE TO EDUCATION: SCHOOLS CLOSED BY LOCAL AUTHORITIES + REPORTED ACCESS TO ONLINE LEARNING

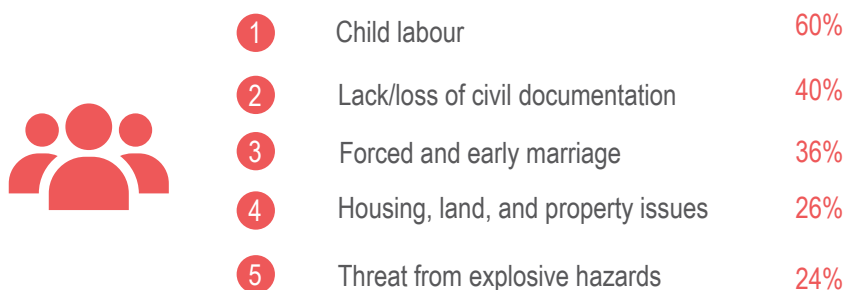


## PROTECTION

Protection risks resulting from the economic crisis continued to be reported across NWS, as well as reported threats from explosions or airstrikes in isolated areas. For about 1 in 4 communities reporting protection risks, the threat from explosive hazards was selected for both IDPs and residents. In Afrin sub-district, KIs for 32 communities cited this risk, which is likely linked to the recently reported explosion in Afrin city on 1 June.<sup>f</sup> Other protection risks reported more widely across the region were related to strategies used by households to cope with the limited economic opportunities in northwest Syria and the falling value of the SYP. Child labour and forced and early marriage were both commonly reported risks faced by children.

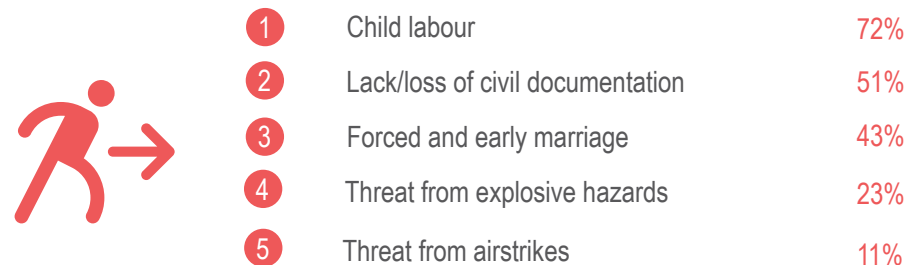
### Most commonly reported protection risks faced by residents

(by % of 650 communities where risks reported):<sup>4</sup>



### Most commonly reported protection risks faced by IDPs

(by % of 647 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 (by % of 387 communities where reported):	Boys under 18	99%
2	Lack/loss of civil documentation (by % of 259 communities where reported):	Boys under 18	46%
3	Forced and early marriage (by % of 235 communities where reported):	Girls under 18	100%
4	Housing, land, and property issues (by % of 169 communities where reported):	Men	79%
5	Threat from explosive hazards (by % of 158 communities where reported):	All groups	99%

### 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 466 communities where reported):	Boys under 18	100%
2	Lack/loss of civil documentation (by % of 329 communities where reported):	Boys under 18	47%
3	Forced and early marriage (by % of 275 communities where reported):	Girls under 18	100%
4	Threat from explosive hazards (by % of 151 communities where reported):	All groups	99%
5	Threat from airstrikes (by % of 68 communities where reported):	All groups	99%

## 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, 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 June 2020](#), 1 USD = 2,625 SYP, so 28,700 SYP = 10.93 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.
11. The Survival Minimum Expenditure Basket (SMEB) estimates the minimum cost of items that an average six-person household in Syria needs to purchase in one month.

## ENDNOTES - CONTEXT

- a. OCHA (12 June 2020). Recent Developments in Northwest Syria - Situation Report No. 15 - As of 12 June 2020. Retrieved from <https://reliefweb.int>.
- b. Syrian Observatory for Human Rights (3 June 2020). Severe medicines shortage | Medicines' prices doubled amid warnings of health crisis in north-western Syria. Retrieved from <https://www.syriahr.com>.
- c. Al Jazeera (8 June 2020). Two killed as Russian jets hit towns in Syria's Idlib after truce. Retrieved from <https://www.aljazeera.com>.
- d. Reuters (5 June 2020). Turkish soldier killed, two wounded in Syria's Idlib, defence ministry says. Retrieved from <https://www.reuters.com>.
- e. OCHA (15 May 2020). Recent Developments in Northwest Syria - Situation Report No. 14 - As of 15 May 2020. Retrieved from <https://reliefweb.int>.
- f. Middle East Monitor (1 June 2020). Syria: Car bomb injures 5 civilians in Afrin. Retrieved from <https://www.middleeastmonitor.com>.
- g. OCHA (12 June 2020). Recent Developments in Northwest Syria: Situation Report No. 15 - As of 12 June 2020. Retrieved from <https://www.humanitarianresponse.info>.
- h. Syrian Observatory for Human Rights (23 May 2020). Idlib | HTS send in military reinforcement to Ariha, and assassination attempt on civilian north of Salqin. Retrieved from <https://www.syriahr.com>.
  - i. Syrian Observatory for Human Rights (23 May 2020). Idlib | HTS send in military reinforcement to Ariha, and assassination attempt on civilian north of Salqin. Retrieved from <https://www.syriahr.com>.
  - j. SMART News Agency (16 June 2020). Military escalation from Syrian government and Russia causes more displacement in southern Idlib. Retrieved from <https://smartnews-agency.com>.
  - k. SMART News Agency (12 May 2020). Protesters pelt eggs and throw stones at Russian-Turkish patrol in Idlib. Retrieved from <https://smartnews-agency.com>; SMART News Agency (28 May 2020). Protesters throw stones at Russian-Turkish patrol in Idlib. Retrieved from <https://smartnews-agency.com>.

## METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Aleppo, Idlib, and Hama governorates. Data for this assessment was collected between 1-10 June, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (May/June 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.