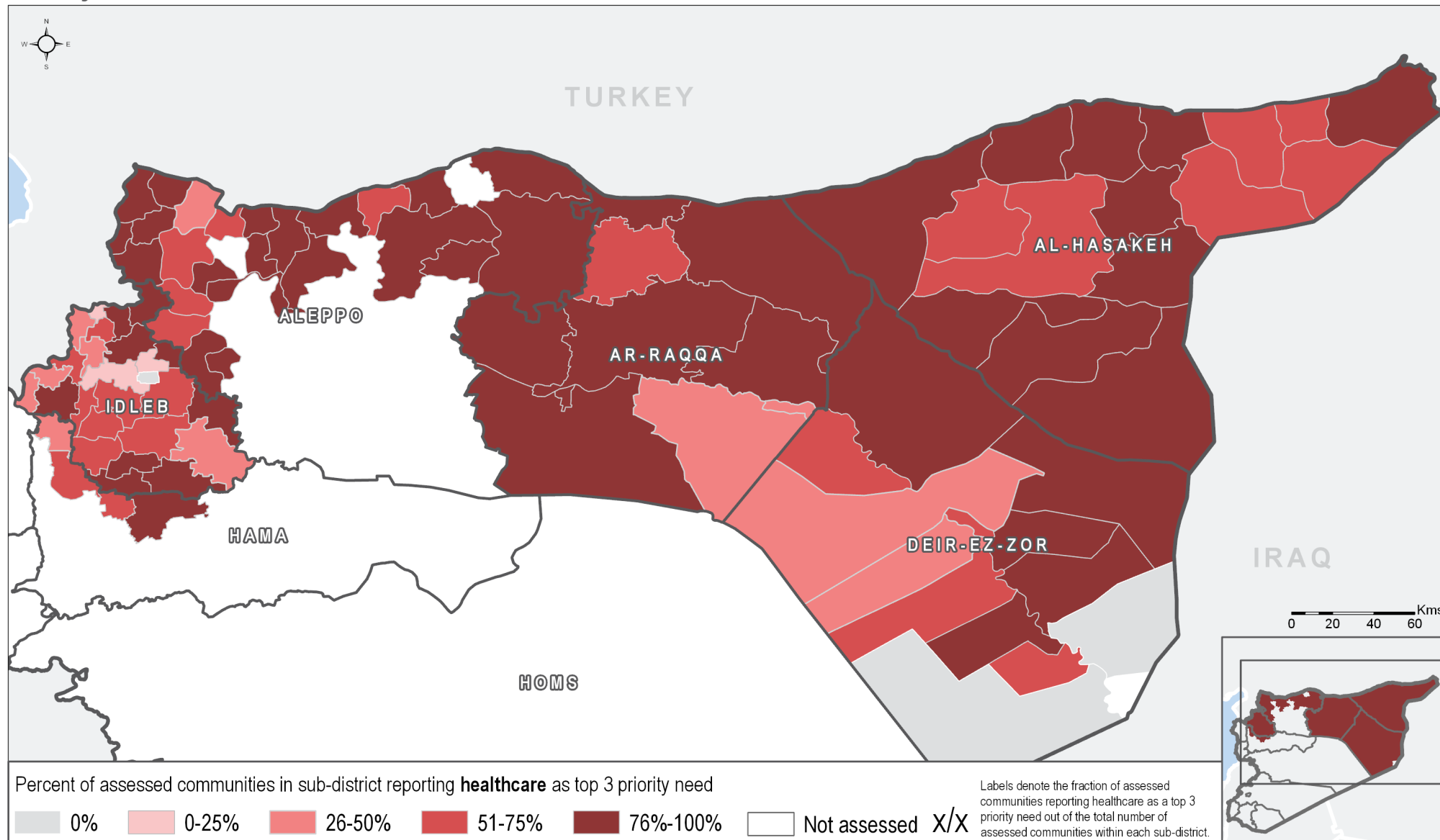


Humanitarian Situation Overview in Syria (HSOS) March 2019

Priority Need: Healthcare - March 2019

Humanitarian Use Only
Production date : 15/05/2019



Data source: REACH - Humanitarian Situation Overview of Syria (HSOS)
Priority need questions were 'select up to three' so the percentages across all maps sum 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 are available on request detailing the priorities reported by each assessed community.

See the [HSOS regional factsheet Northeast Syria March 2019](#)
See the [HSOS regional factsheet Northwest Syria March 2019](#)

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

Governorate	Sub-District	Healthcare	Governorate	Sub-District	Healthcare	Governorate	Sub-District	Healthcare	Governorate	Sub-District	Healthcare
Al-Hasakeh	Al-Hasakeh	5/8	Aleppo	Bulbul	27/34	Ar-Raqqa	Sabka	4/10	Idleb	Bennsh	1/4
Al-Hasakeh	Al-Malikeyyeh	29/34	Aleppo	Daret Azza	16/25	Ar-Raqqa	Suluk	4/5	Idleb	Dana	18/20
Al-Hasakeh	Amuda	14/17	Aleppo	Ghandorah	20/34	Ar-Raqqa	Tell Abiad	23/26	Idleb	Darkosh	17/26
Al-Hasakeh	Areeshah	10/12	Aleppo	Hadher	1/1	Deir-ez-Zor	Abu Kamal	0/10	Idleb	Ehsem	12/19
Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	8/9	Aleppo	Haritan	8/8	Deir-ez-Zor	Al Mayadin	6/8	Idleb	Harim	1/5
Al-Hasakeh	Darbasiyah	13/15	Aleppo	Jandairis	39/44	Deir-ez-Zor	Ashara	6/7	Idleb	Heish	14/17
Al-Hasakeh	Hole	1/1	Aleppo	Jarablus	29/35	Deir-ez-Zor	Basira	11/14	Idleb	Idleb	2/15
Al-Hasakeh	Jawadiyah	12/17	Aleppo	Ma'btali	25/25	Deir-ez-Zor	Deir-ez-Zor	7/19	Idleb	Janudiyeh	6/14
Al-Hasakeh	Markada	10/11	Aleppo	Mare'	5/6	Deir-ez-Zor	Hajin	0/4	Idleb	Jisr-Ash-Shugur	26/32
Al-Hasakeh	Qahtaniyyeh	15/20	Aleppo	Menbij	33/35	Deir-ez-Zor	Jalaa	3/5	Idleb	Kafr Nobol	18/28
Al-Hasakeh	Quamishli	20/25	Aleppo	Nabul	1/1	Deir-ez-Zor	Khasham	5/9	Idleb	Kafr Takharim	7/10
Al-Hasakeh	Ras Al Ain	4/4	Aleppo	Raju	45/50	Deir-ez-Zor	Kisreh	36/37	Idleb	Khan Shaykun	9/11
Al-Hasakeh	Shadadah	6/6	Aleppo	Sarin	9/10	Deir-ez-Zor	Muhasan	2/6	Idleb	Ma'arrat An Nu'man	25/38
Al-Hasakeh	Tal Hmis	7/10	Aleppo	Sharan	15/35	Deir-ez-Zor	Sur	15/15	Idleb	Maaret Tamsrin	13/16
Al-Hasakeh	Tal Tamer	3/4	Aleppo	Sheikh El-Hadid	12/13	Deir-ez-Zor	Tabni	8/13	Idleb	Mhambal	12/22
Al-Hasakeh	Ya'robayah	2/3	Aleppo	Suran	23/25	Deir-ez-Zor	Thiban	10/11	Idleb	Qourqeena	12/15
Aleppo	A'zaz	9/16	Aleppo	Zarbah	15/16	Hama	Kafr Zeita	4/6	Idleb	Salqin	10/24
Aleppo	Abu Qalqal	9/9	Ar-Raqqa	Al-Thawrah	1/1	Hama	Madiq Castle	12/23	Idleb	Sanjar	3/9
Aleppo	Afrin	26/41	Ar-Raqqa	Ar-Raqqa	43/51	Hama	Suran	1/1	Idleb	Saraqab	16/25
Aleppo	Aghtrin	36/40	Ar-Raqqa	Ein Issa	12/17	Hama	Ziyara	3/10	Idleb	Sarmin	0/1
Aleppo	Ain al Arab	6/7	Ar-Raqqa	Jurneyyeh	38/42	Idleb	Abul Thohur	5/5	Idleb	Tamanaah	4/5
Aleppo	Al Bab	22/23	Ar-Raqqa	Karama	13/14	Idleb	Ariha	22/34	Idleb	Teftnaz	6/7
Aleppo	Ar-Ra'ee	28/31	Ar-Raqqa	Maadan	2/5	Idleb	Armanaz	6/14			
Aleppo	Atareb	21/30	Ar-Raqqa	Mansura	15/17	Idleb	Badama	3/10			

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

Humanitarian Situation Overview in Syria (HSOS) March 2019

HEALTH IN NORTHEAST SYRIA (NES)

292/603 Communities reported that no assessed medical items were available in their community.¹

170/603 Communities reported that the majority of women did not give birth in a formal health facility.

2/603 Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).²

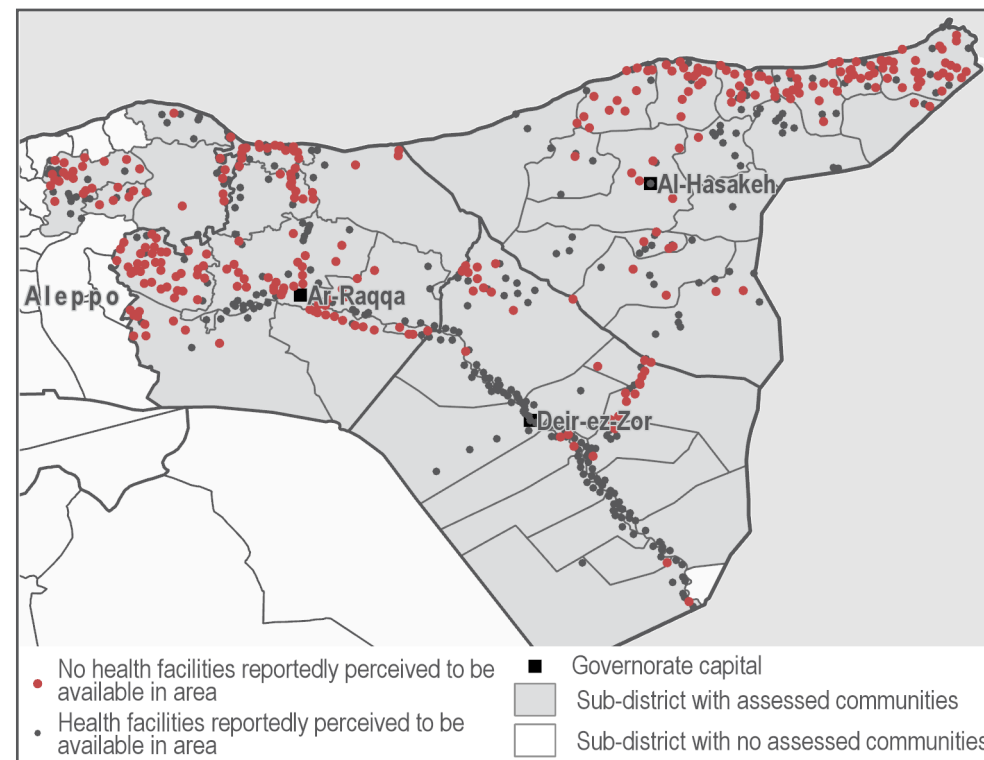
13 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 590 assessed communities were:^{3,4,5}



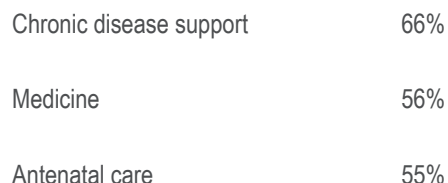
255 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 348 communities were:^{3,4,5}



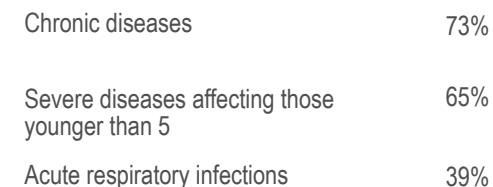
Presence of medical facilities in assessed communities:



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



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



Humanitarian Situation Overview in Syria (HSOS) March 2019

HEALTH IN NORTHWEST SYRIA (NWS)

215/999 Communities reported that no assessed medical items were available in their community.¹

126/999 Communities reported that the majority of women did not give birth in a formal health facility.

4/999 Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).²

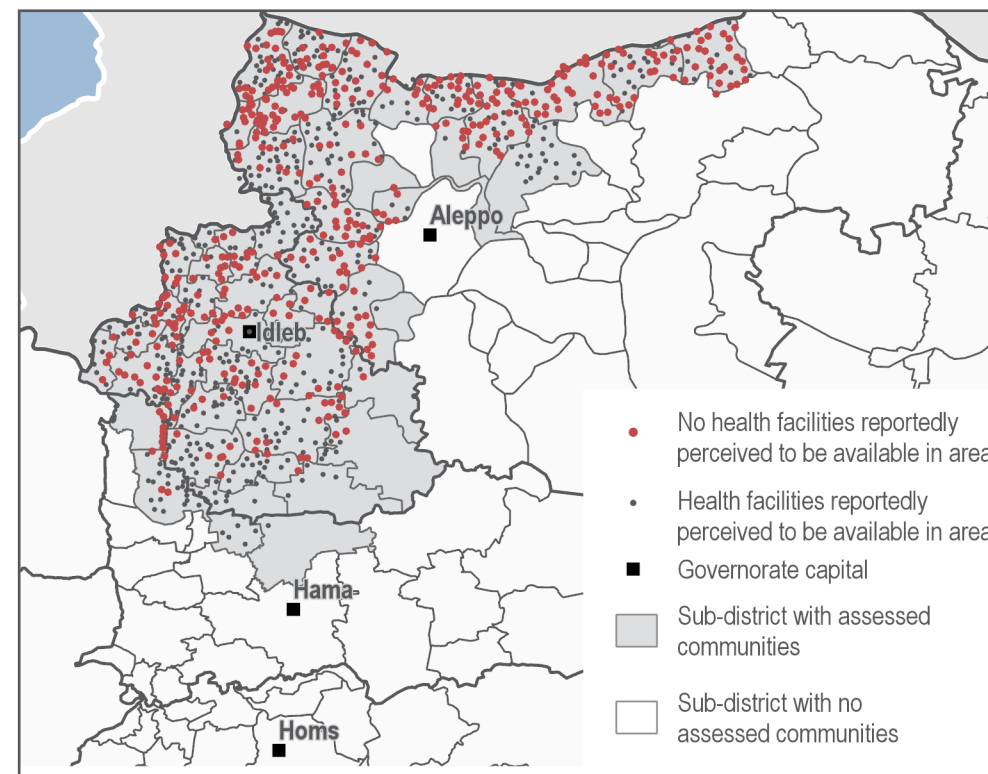
244 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining **755 assessed communities** were:^{3,4,5}



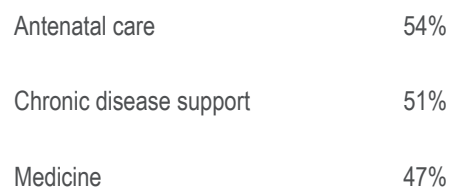
908 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining **91 communities** were:^{3,4,5}



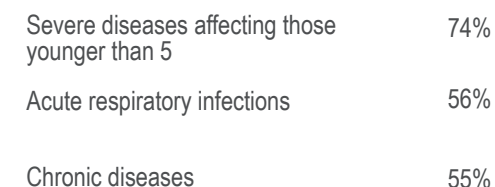
Presence of medical facilities in assessed communities:



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, Aleppo, northern Hama, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh 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 renders direct data collection unfeasible, some KI interviews are conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact multiple KIs in their community in Syria to collect information about their community. KIs are asked to report at the community level.

KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were 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 KIs 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 number of total 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](#).