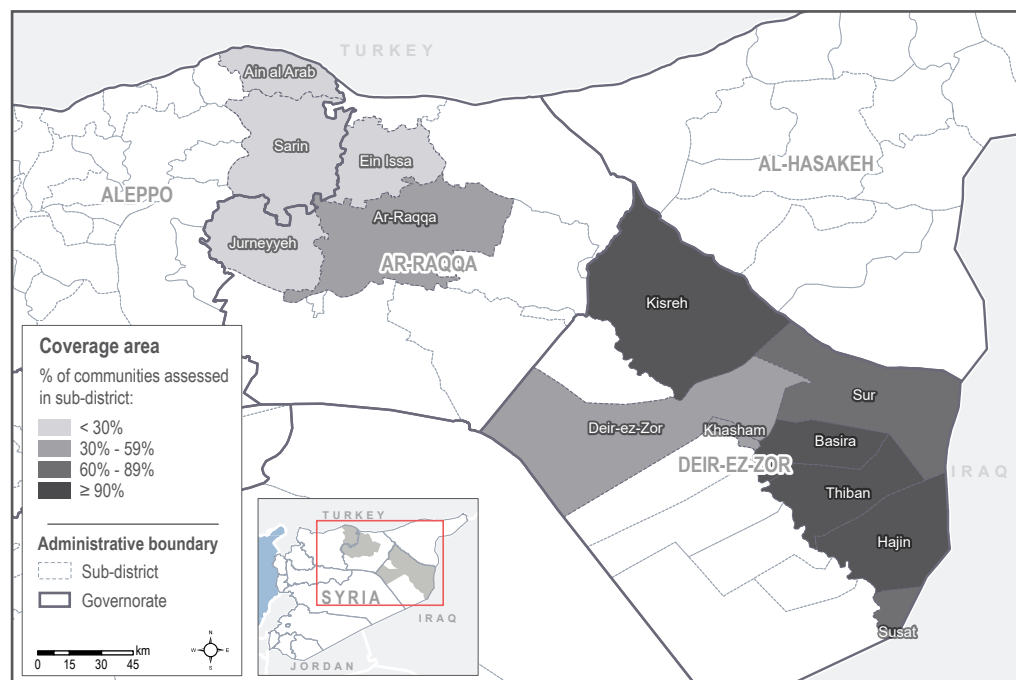


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHEAST SYRIA JANUARY 2020

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 257 communities across Aleppo¹ (42 communities), Ar-Raqqa (106 communities) and Deir-ez-Zor (109 communities) governorates. Data was collected during the first 16 days of February 2020, and refers to the situation in Northeast Syria (NES) in January 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

Cross-sectoral findings in January reflected high levels of humanitarian need in NES. The top priority need identified by KIs across the 257 assessed communities was healthcare which coincides with United Nations (UN) findings in December 2019 that only 4 of 279 health centres across the region were functioning at full capacity^a. KIs highlighted the need for treatment of chronic diseases as well as skilled care during childbirth, emergency care, and surgical services. The cost of services along with the cost for and lack of transportation to healthcare facilities were commonly reported barriers to healthcare access. The lack of transportation is key as KIs in 26% of communities reported that households were unable to access healthcare services in their own communities. The reported need for healthcare services comes at a time when UN-funded health assistance has been restricted following the UN Security Council's decision to close the Al Yarubiyah border crossing between Syria and Iraq on 10 January^b.




January findings also highlighted the lack of Water, Sanitation and Hygiene (WASH) access across assessed communities, which is of further concern given the limited access to health services. According to KIs, just over half of the assessed communities had access to sufficient water, and over 80% of the assessed communities were reportedly not connected to a sewage system.

Access to livelihoods was also reported as a top priority need in NES, which, coupled with the continued depreciation of the Syrian Pound^c, raises concerns over households' ability to meet their basic needs. This was demonstrated in reports of barriers to accessing a range of goods and services across sectors, including food, shelter repair materials, education, and electricity sources.

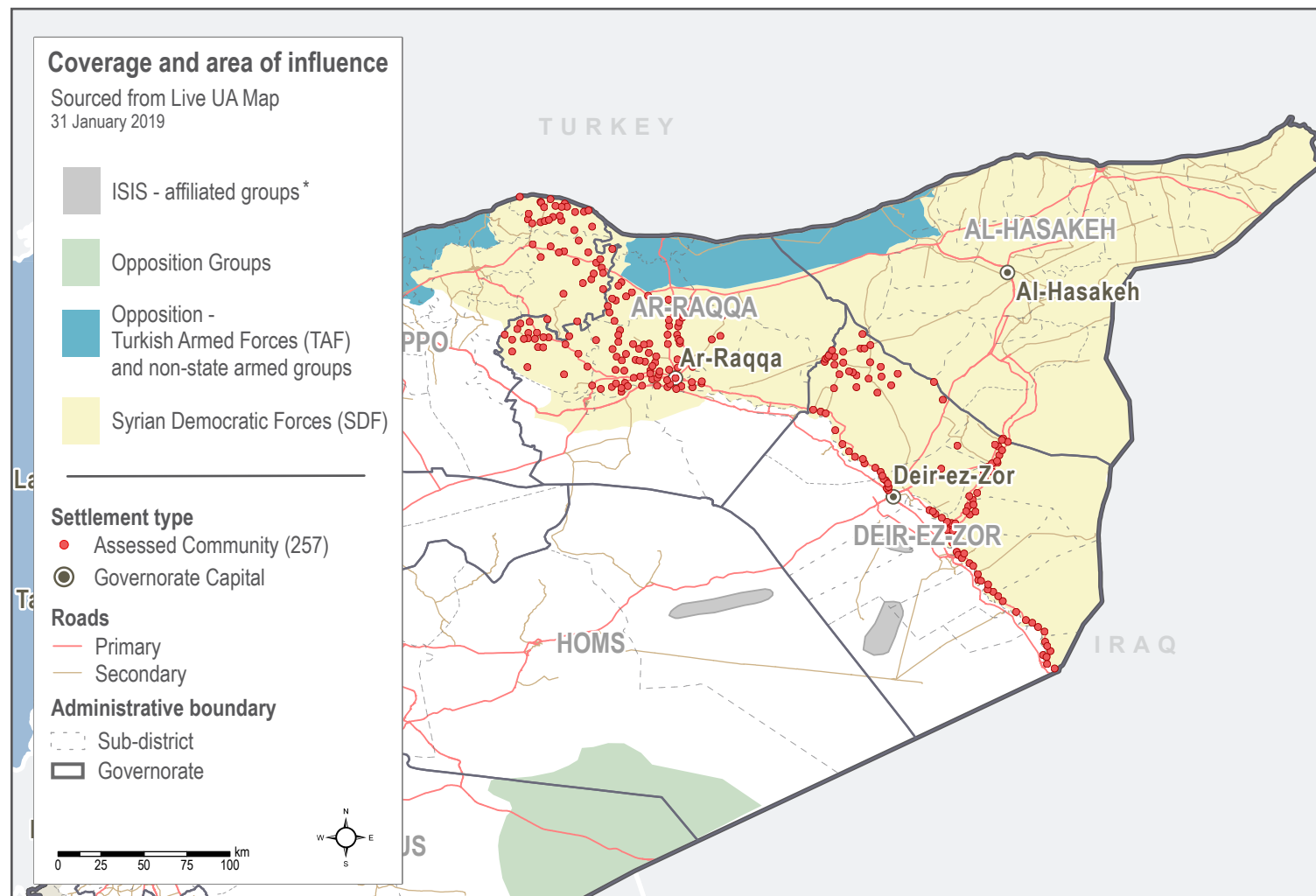
Top 3 reported overall priority needs in assessed communities:²

- 1 Health
- 2 Livelihoods
- 3 Food

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

-  **959 KIs**
-  **29% female KIs**
-  **11 types of KIs³**

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

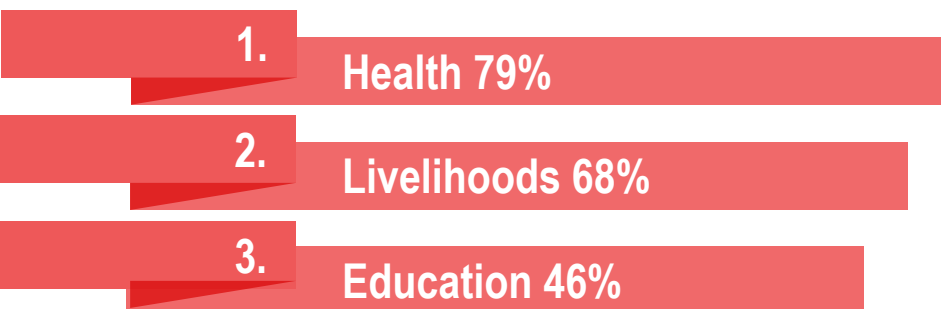


Following an escalation of conflict in October 2019, localised clashes along the Turkish-Syrian border in Northeast Syria (NES) continued throughout January despite ceasefire agreements. As of January, some 650,000^d people were displaced in NES, including 70,590^e since the October escalation. Hasakeh governorate, which received most of the displacement during the fighting, saw a scaling up of humanitarian operations in January. On 10 January, the UN Security Council decided to close the Al Yarubiyah border crossing between Syria and Iraq^b. While most NGOs were able to rely on the informal crossing of Fishkhabour^f, the closure particularly disrupted UN-funded aid supplies. The health sector was especially affected with reportedly 40 percent of the medical aid cut off^g. Continued depreciation of the Syrian Pound (SYP) against the United States Dollar (USD) worsened economic conditions in NES as cost of living and fuel prices continued to increase^c. Harsh winter weather in January particularly affected those living in camps where overall conditions are dire and large number of tents were damaged due to heavy rains and flooding in December^h.

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

RESIDENT PRIORITY NEEDS

Top three most commonly reported priority needs for residents
(by % of 257 communities where resident priority needs were reported):²



Top three most commonly reported **health** needs for residents
(by % of 203 communities where health was reported as a priority need):²

- 1 Treatment for chronic disease 65%
- 2 Skilled care during childbirth 52%
- 3 First aid/emergency care 41%

Top three most commonly reported **livelihoods** needs for residents
(by % of 175 communities where livelihoods was reported as a priority need):²

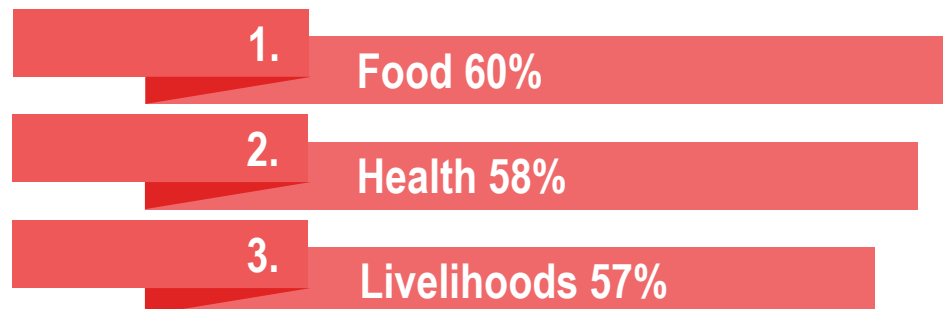
- 1 Access to humanitarian programmes supporting livelihoods 87%
- 2 Tools/equipment for production 43%
- 3 Access to space/land for production 23%

Top three most commonly reported **education** needs for residents
(by % of 118 communities where education was reported as a priority need):²

- 1 Additional space for learning 53%
- 2 Recognition and/or certification of curriculum 47%
- 3 Personal documentation needed to access education 44%

IDP PRIORITY NEEDS

Top three most commonly reported priority needs for Internally Displaced People (IDPs)
(by % of 202 communities where IDP priority needs were reported):²



Top three most commonly reported **food** needs for IDPs
(by % of 121 communities where food was reported as a priority need):²

- 1 Cooking oil 72%
- 2 Sugar 51%
- 3 Rice 41%

Top three most commonly reported **health** needs for IDPs
(by % of 117 communities where health was reported as a priority need):²

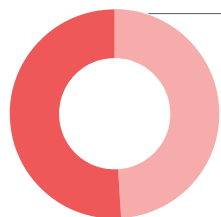
- 1 Treatment for chronic disease 67%
- 2 Skilled care during childbirth 57%
- 3 General and/or specialist surgical services 40%

Top three most commonly reported **livelihoods** needs for IDPs
(by % of 116 communities where livelihoods was reported as a priority need):²

- 1 Access to livelihoods programmes 88%
- 2 Tools/equipment for production 45%
- 3 Access to credit for entrepreneurial investment 18%

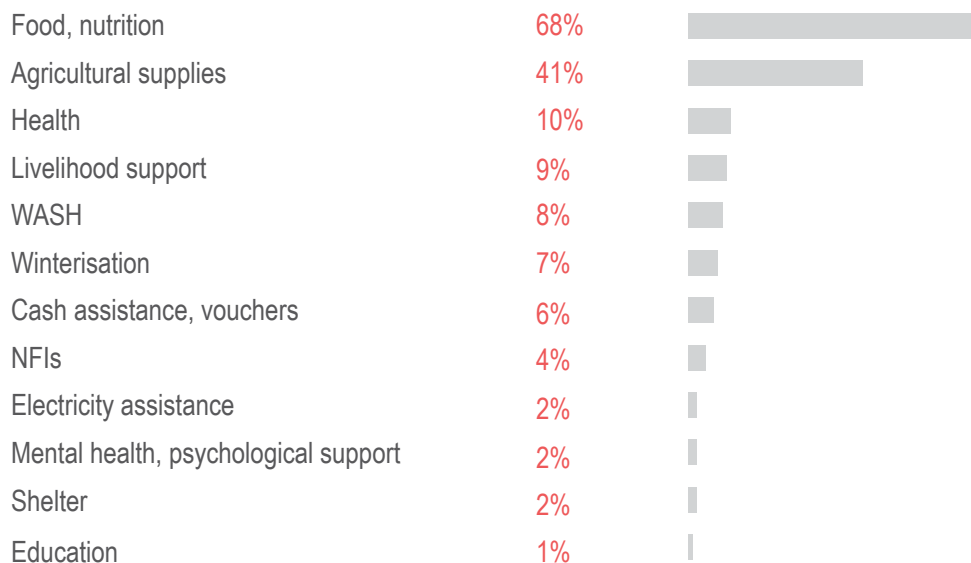
HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 257 assessed communities):



KIs in 49% of assessed communities reported access to humanitarian assistance in January. Even so, among these communities, barriers to accessing support were still reported, including aid being insufficient in 91% of communities and assistance not being perceived as relevant to people's needs in 39% of communities. The most commonly reported types of assistance that communities had access to were food, agricultural supplies, health, and livelihood support.

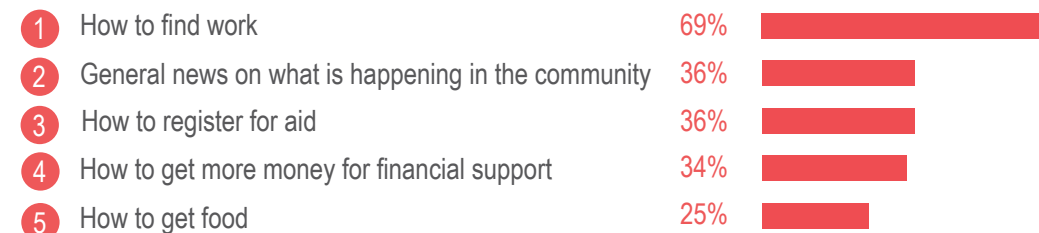
Most commonly reported types of humanitarian assistance households had access to in communities (by % of 123 communities where reported):⁴



Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 107 communities where access and barriers were reported):⁴

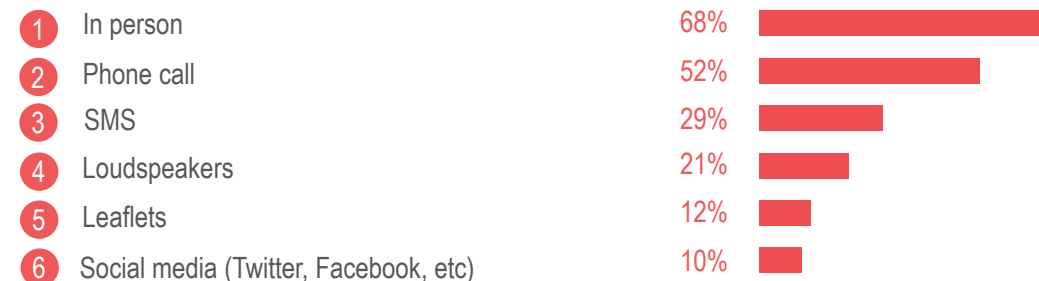
- 1 Assistance provided was insufficient 91%
- 2 Poor targeting of beneficiaries who receive assistance 42%
- 3 Types of assistance provided were not relevant to needs 39%

Most commonly reported types of important information not being provided to households (by % of 255 communities where missing information was reported):⁵



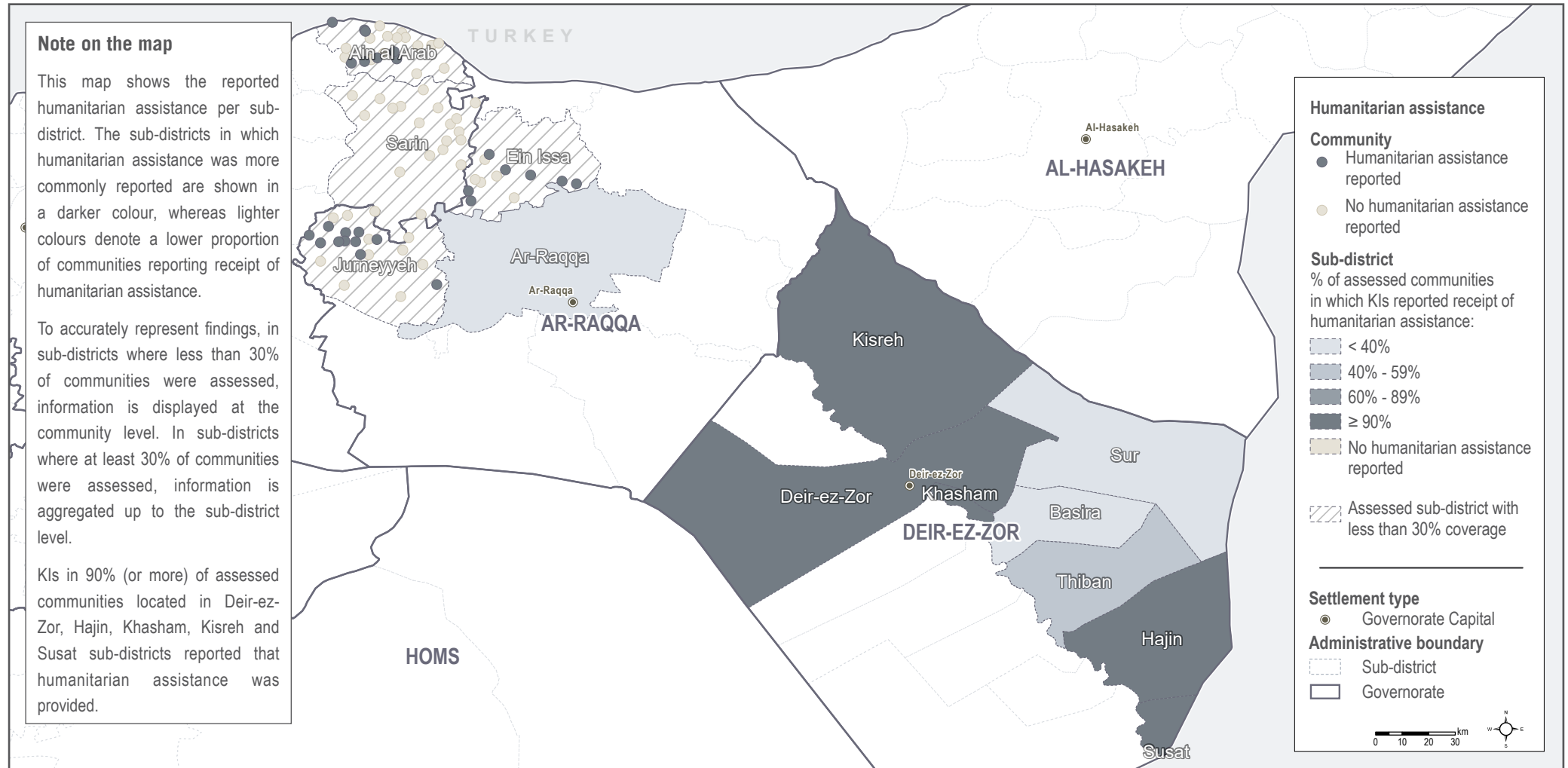
Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation

(by % of 257 communities where preferred ways were reported):²



45% In 45% of the assessed communities receiving assistance (53/117), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**

REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

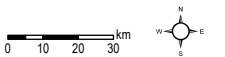


Humanitarian assistance

- Community**
- Humanitarian assistance reported
 - No humanitarian assistance reported

- Sub-district**
% of assessed communities in which KIs reported receipt of humanitarian assistance:
- < 40%
 - 40% - 59%
 - 60% - 89%
 - ≥ 90%
 - Assessed sub-district with less than 30% coverage

- Settlement type**
- Governorate Capital
- Administrative boundary**
- Sub-district
 - Governorate



SECTORAL FINDINGS



KIs in **49%** of communities reported that **households had access to humanitarian assistance** (125 of 257 communities).



KIs in **72%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (125 of 174 communities).



More than 12 hours per day was the most commonly reported range for hours of electricity per day (157 (61%) of 257 assessed communities).



KIs in **47%** of communities reported that **not all households had access to sufficient water** (120 of 257 communities).



KIs in **12%** of communities reported that **households were not able to access markets within their own communities** (32 of 257 communities).



KIs in **26%** of communities reported that **households were not able to access health services in their own communities** (68 of 257 communities).



Education not provided after a certain age was a key barrier preventing access to education for both resident (144 (59%) of 243 communities) and IDP children (96 (49%) of 194 communities).



Child labour was the most commonly reported protection risk for both resident (111 (77%) of 144 communities) and IDP children (98 (78%) of 125 communities).

Humanitarian Assistance & AAP KIs in 49% of assessed communities reported access to humanitarian assistance in January. Even so, among these communities, barriers to accessing support were still reported, including aid being insufficient in 91% of communities and assistance not being perceived as relevant to people's needs in 39% of communities. The most commonly reported types of assistance were food, agricultural supplies, health, and livelihood support.

Shelter Solid finished houses were the most commonly reported shelter type for both IDPs and residents. However, IDPs were also commonly reported to be living in unfinished or abandoned residential buildings and in tents. The most commonly reported shelter inadequacies for both population groups were the lack of lighting around shelters, followed by lack of heating and lack of toilets. KIs in 97% of reporting communities indicated that shelter and repair materials were too expensive.

Electricity & Non Food Items (NFIs) KIs in three quarters of all assessed communities reported the main network as the primary source of electricity. The main network partially or completely not functioning was the most commonly reported barrier to accessing electricity. Low availability and high cost of fuel were other commonly reported barriers, while community and private generators were also reported sources of electricity.

WASH KIs indicated connectivity to a main water network in nearly 80% of the assessed communities. Even so, in nearly half of these communities, water from the main network was reportedly available less than four days per week. The most commonly reported coping strategies for lack of water were related to hygiene practices such as bathing and doing laundry less frequently. Households in over 80% of the assessed communities were reportedly not connected to a sewage system.

Food Security & Livelihoods (FSL) Daily waged labour was the most commonly reported source of meeting basic needs for both residents and IDPs. Other commonly reported sources of meeting basic needs for IDPs included loans and remittances, and humanitarian assistance. Both population groups experienced similar barriers to accessing livelihoods, including lack of employment opportunities and low wages. According to KIs, common strategies used to cope with a lack of food were purchasing food on credit, buying food with money usually used for other things, and reducing meal sizes.

Health While nearly three quarters of KIs reported accessibility of health services within their communities, high cost of transportation and lack of transportation to health facilities were among most commonly reported barriers to accessing healthcare in communities where barriers were reported. KIs reported that it took households more than 1 hour to travel to their most commonly used health facility in 10% of reporting communities.

Education The unavailability of education after a certain age was noted as a commonly reported barrier to accessing education services by KIs for both residents and IDPs. This was reflected in the average reported attendance rates showing lower attendance for older children compared to younger age groups. For example, the reported attendance rate for IDP boys aged 15-18 was 16%, while for the age group 13-15 this was 29%.

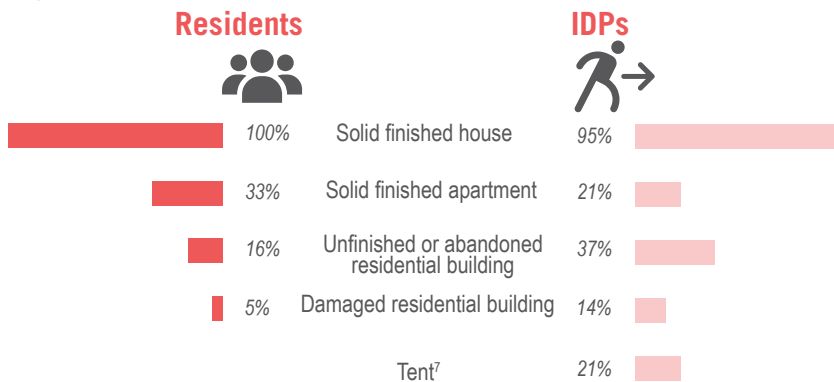
Protection The most commonly reported protection risk faced by both residents and IDPs was child labour followed by early and forced marriage. Boys were most vulnerable to the first risk while girls were most affected by the latter. Children were most vulnerable to domestic violence/abuse in communities where this was reported as a protection risk.

SHELTER

KIs in 72 (28%) of 257 assessed communities reported **shelter** as a priority need. Solid finished houses were the most commonly reported shelter types for both IDPs and residents. However, IDPs were also commonly reported to be living in unfinished or abandoned residential buildings and in tents. Most commonly reported shelter inadequacies for both population groups were the lack of lighting around shelters, followed by lack of heating and lack of toilets. KIs in almost all communities where barriers to households wishing to repair their shelters were reported indicated that shelter and repair materials were too expensive. Not being able to afford repair services was another commonly reported barrier.

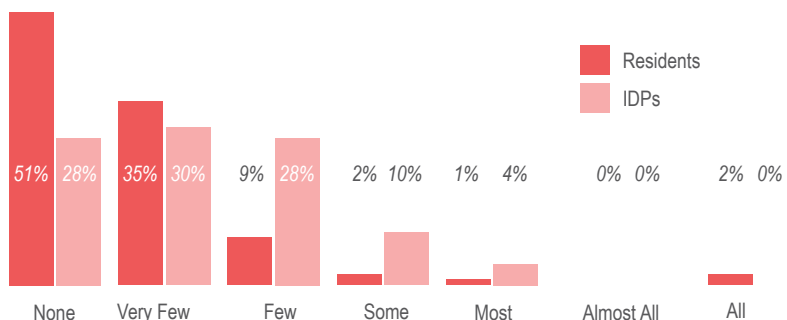
Most commonly reported shelter types for residents and IDPs

(by % of 257 communities where reported for residents, and of 202 communities where reported for IDPs):²



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

(by % of 257 communities where reported for residents, and by % of 174 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%).

17,800 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 149 communities).

Most commonly reported shelter inadequacy issues (by % of 184 communities where issues were reported for residents, and of 172 communities where issues were reported for IDPs):⁴

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	63%	54%
Lack of heating	42%	50%
Lack of toilets	42%	47%

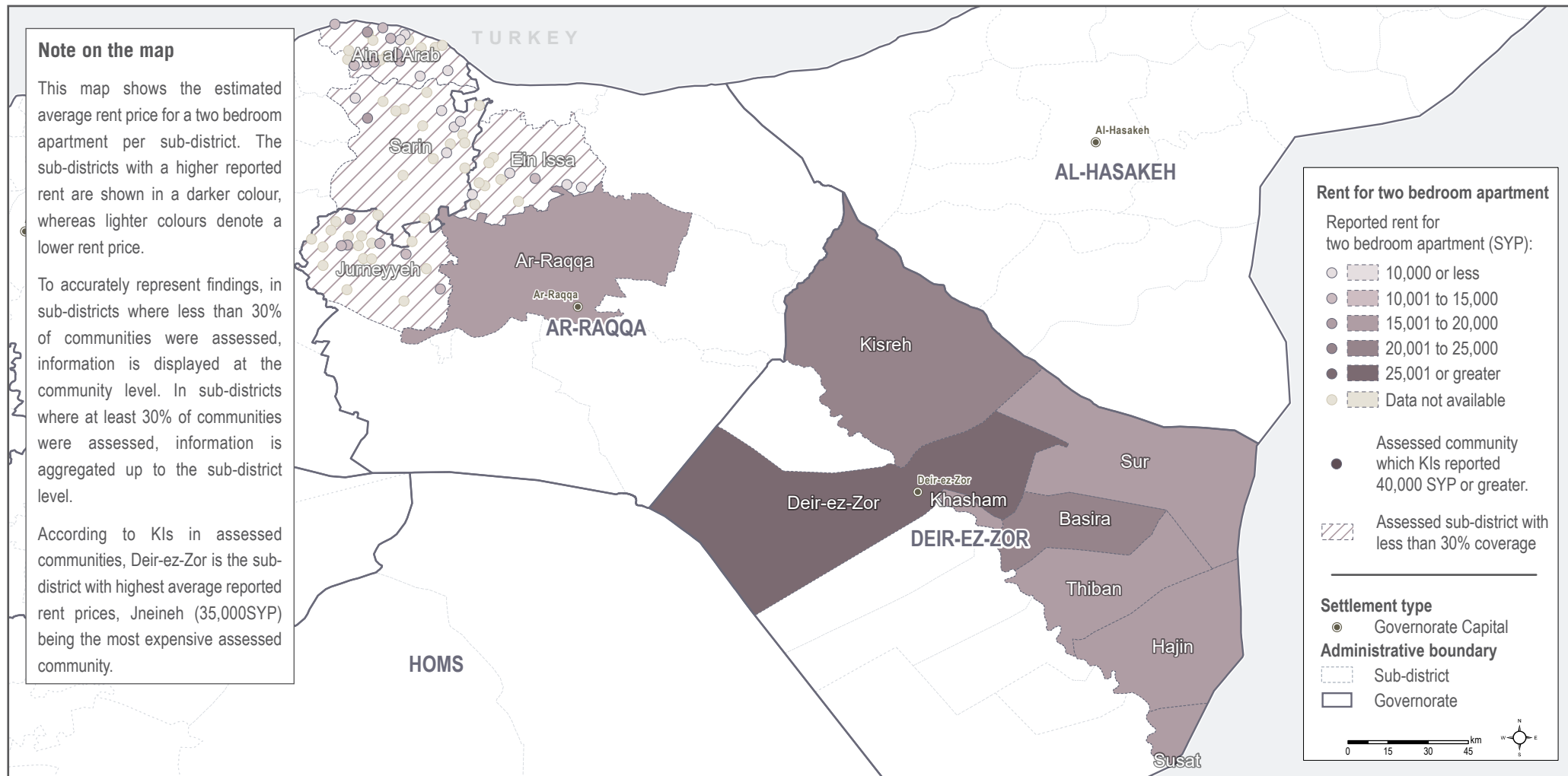
Most commonly reported barriers to households wishing to repair their shelters (by % of 176 communities where barriers were reported):⁴

- Shelter and repair materials are too expensive: 97%
- Repairs require professionals but cannot afford their service: 73%
- Shelter and repair materials are unavailable in the market: 27%
- Repairs require professionals but they are not available: 20%
- Security situation: 5%

90% In 90% of the assessed communities reporting on damage (176/196), KIs reported the presence of **occupied shelters with minor damage⁹ in their communities.**

62% In 62% of the assessed communities reporting on damage (122/196), KIs reported the presence of **occupied shelters with major⁹ in their communities.**

AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



ELECTRICITY & NFIs

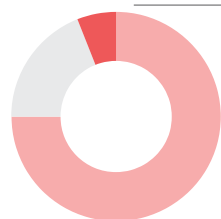
KIs in 51 (20%) of 257 assessed communities reported NFIs as a priority need. KIs in three quarters of all assessed communities reported the main network as the primary source of electricity. In the communities where barriers to accessing electricity were reported, the main network partially or completely not functioning was most commonly reported barrier. Low availability and high cost of fuel were other commonly reported barriers, while community and private generators were the second and third most commonly reported sources of electricity respectively. Plastic sheeting was among the most commonly reported items unavailable for households according to KIs. Of the NFIs reportedly available, winter items, batteries and baby diapers were most commonly reported to have been unaffordable for households in the assessed communities.

12 hrs/day or more

was the most commonly reported range for hours of electricity available (reported by KIs in 157 (61%) of 257 assessed communities).

Most commonly reported main source of electricity

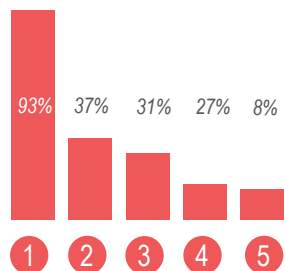
(by % of 257 communities where main source reported):



Main network	75%
Community generators	19%
Private generators	6%

Most commonly reported barriers to accessing electricity

(by % of 101 communities where barriers reported):⁴



- 1 Main network partially/completely not functioning
- 2 Not enough fuel for generators
- 3 Fuel for generators too expensive
- 4 Electricity too expensive
- 5 Generators not available

Most commonly reported unavailable household and personal hygiene items (by % of 255 communities where NFI availability was reported):⁴

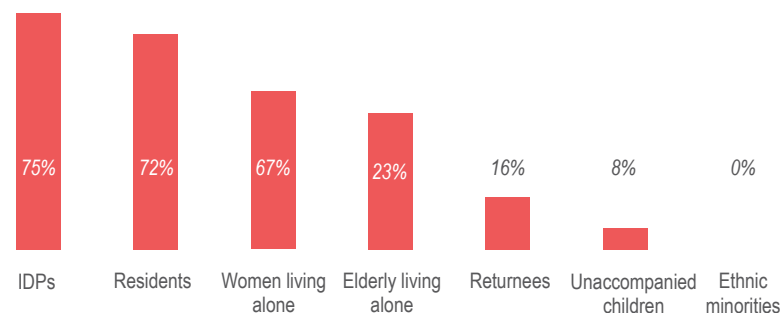
- 1 Mattresses/Sleeping mats 25%
- 1 Bedding items 25%
- 2 Plastic sheeting 24%

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

- 1 Winter items⁸ (by % of 202 communities where reported available): 79%
- 2 Batteries (by % of 204 communities where reported available): 75%
- 3 Baby diapers (by % of 249 communities where reported available): 73%

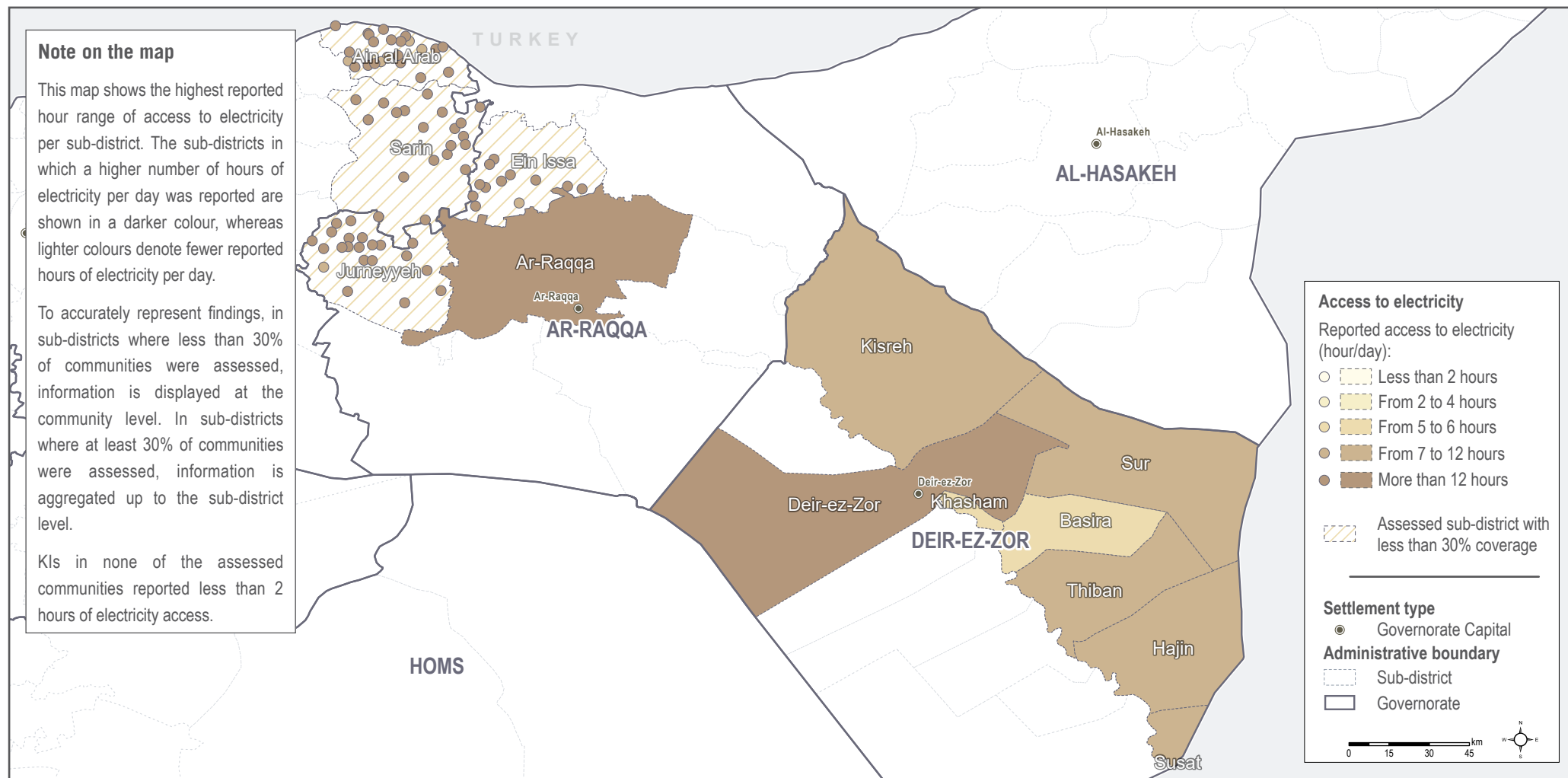
Population groups who reportedly could not afford NFIs

(by % of 110 communities where reported that specific groups could not afford items):⁴



NORTHEAST SYRIA JANUARY 2020

AVERAGE NUMBER OF HOURS OF ELECTRICITY AVAILABLE PER DAY



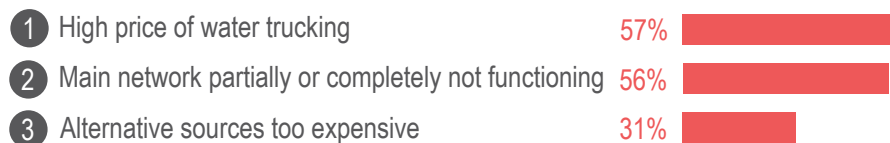
WATER, SANITATION AND HYGIENE (WASH)

KIs in 78 (30%) of 257 assessed communities reported **WASH** as a priority need. KIs in 47% of all assessed communities reported that not all households had access to sufficient water. The high price of water trucking and the main network not working were common barriers in those communities where access to sufficient water was hindered. In nearly 80% of the assessed communities, KIs indicated connectivity to a main water network. Even so, in nearly half of these communities, water from the main network was reportedly available less than four days a week. The most commonly reported coping strategies for lack of water were related to hygiene practices such as bathing and doing laundry less frequently. Households in over 80% of the assessed communities were not connected to a sewage system. The most commonly reported sanitation issues in communities after the lack of a sewage system were the sewage system needing repairs, and flooding in the streets.

47% In 47% of the assessed communities (120/257), KIs reported that **not all households had access to sufficient water**.

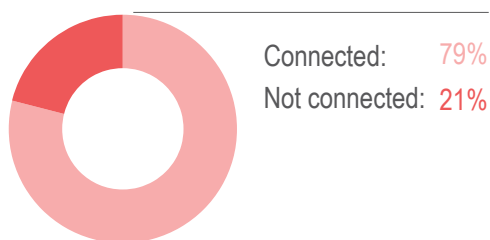
Most commonly reported barriers to accessing sufficient water

(by % of 120 communities where barriers reported):⁴



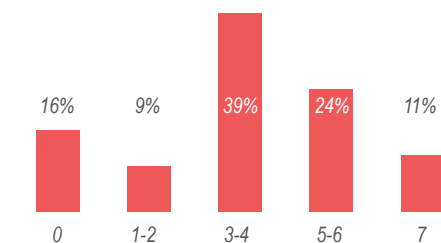
Reported connectivity to a main water network in the assessed community

(by % of all 256 communities where reported):



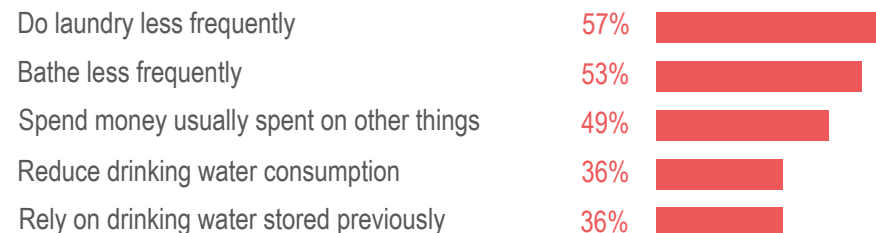
Number of days per week water from the main network was reportedly available

(by % of 202 communities where reported):



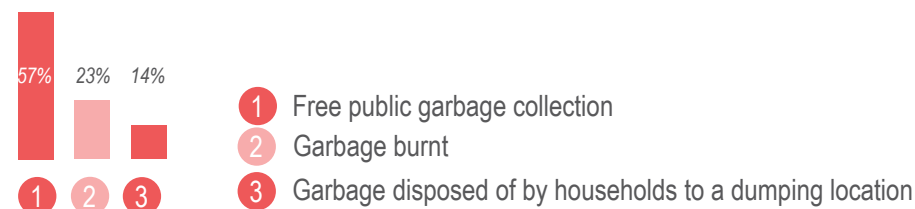
Most commonly reported coping strategies for a lack of water

(by % of 118 communities where coping strategies reported):⁴



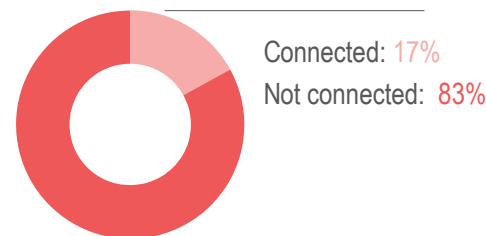
Most commonly reported ways people disposed of solid waste/trash

(by % of 257 communities where top disposal method reported):



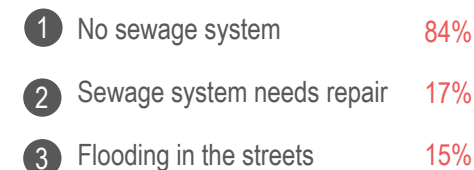
Reported connectivity to a sewage system in the assessed community?

(by % of all 257 assessed communities):

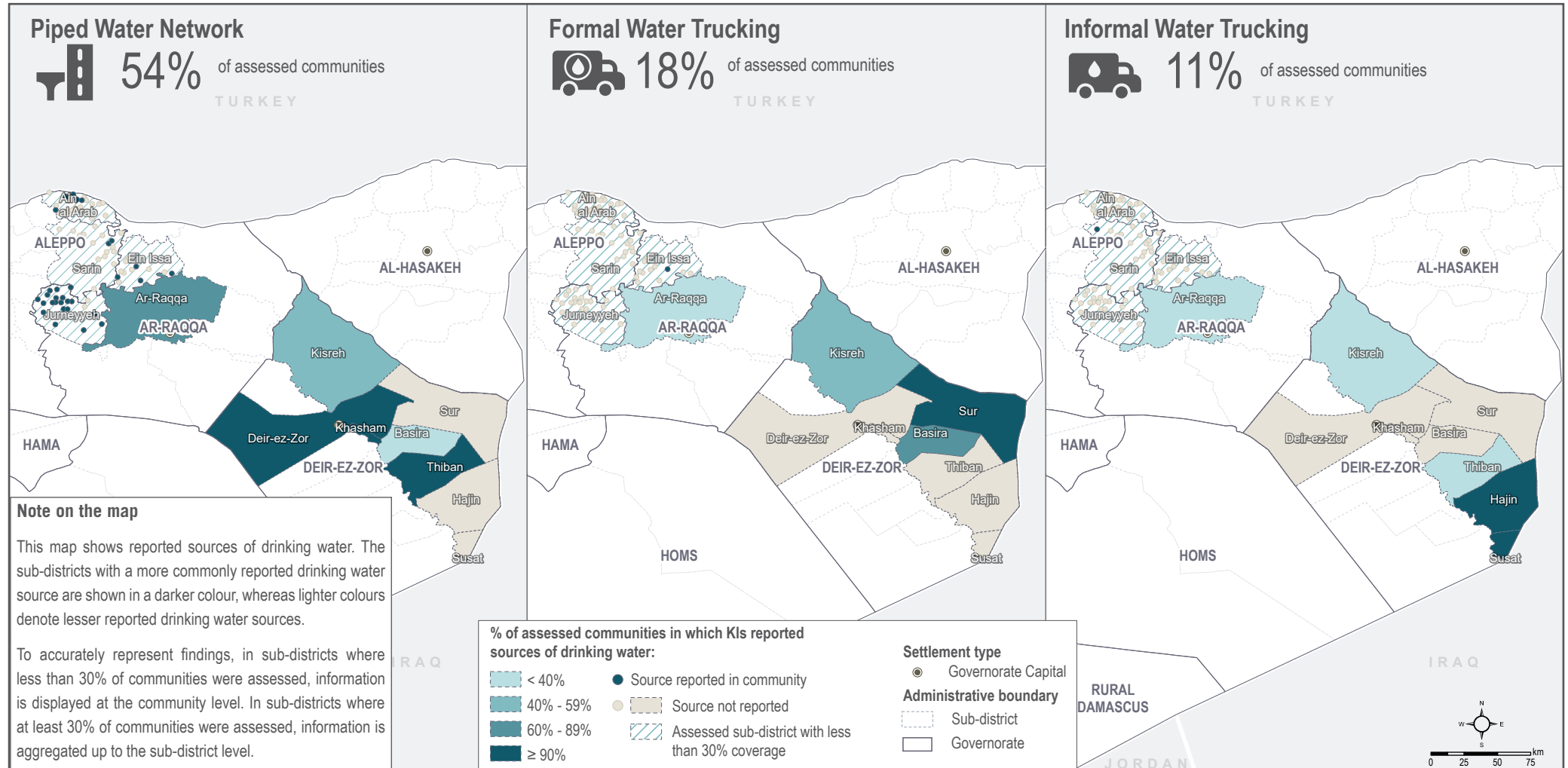


Most commonly reported sanitation issues

(by % of 237 communities where sanitation issues reported):⁴



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY





KIs in 151 (59%) of 257 assessed communities reported **food security** as a priority need, and food security was the top reported priority need for IDPs in January. While the majority of assessed communities were reportedly able to access markets in the assessed community, KIs did report barriers to food security for both IDPs and residents. The most commonly reported barriers were food being too expensive and a lack of transportation. Purchasing food from markets in other communities as well as farming/food production were more commonly reported sources of food than purchasing food from markets in the community. Commonly reported strategies used to cope with a lack of food by KIs were purchasing food on credit, buying food with money usually used for other things, and reducing meal sizes.

12% In 12% of assessed communities (32/257), KIs reported **households were unable to access markets in the assessed location.**

Most commonly reported barriers to physically accessing food markets (by % of 166 communities where barriers reported for residents, and of 126 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Lack of transportation	75% ①		76% Lack of transportation
Markets too far	73% ②		75% Markets too far
Lack of access for persons with restricted mobility	33% ③		27% Lack of access for persons with restricted mobility

Most commonly reported sources of food for households (by % of 257 communities where food sources reported):²

①	Purchasing from stores/markets in other communities	75%	
②	Own production/farming	70%	
③	Purchasing from stores/markets in community	63%	
④	Borrowing	42%	
⑤	Assistance from local councils/NGOs/other groups	20%	

Most commonly reported barriers to accessing sufficient food

(by % of 216 communities where barriers reported for residents, and by % of 182 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Markets exist but households cannot afford essential food items	81% ①		82% Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	25% ②		24% Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	22% ③		22% Markets exist but have insufficient quantities of food

Most commonly reported barriers to feeding babies and young children

(by % of 243 communities where challenges reported for babies under 6 months, and of 240 communities where challenges reported for children of 6 months - 2 years):⁴

	Under 6 months		6 months - 2 years
No support for non-breastfed babies	83% ①		90% High price of suitable foods/formula
Breastfeeding difficulties	52% ②		58% Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	7% ③		30% Not enough food (quantity)

Most commonly reported coping strategies for a lack of food

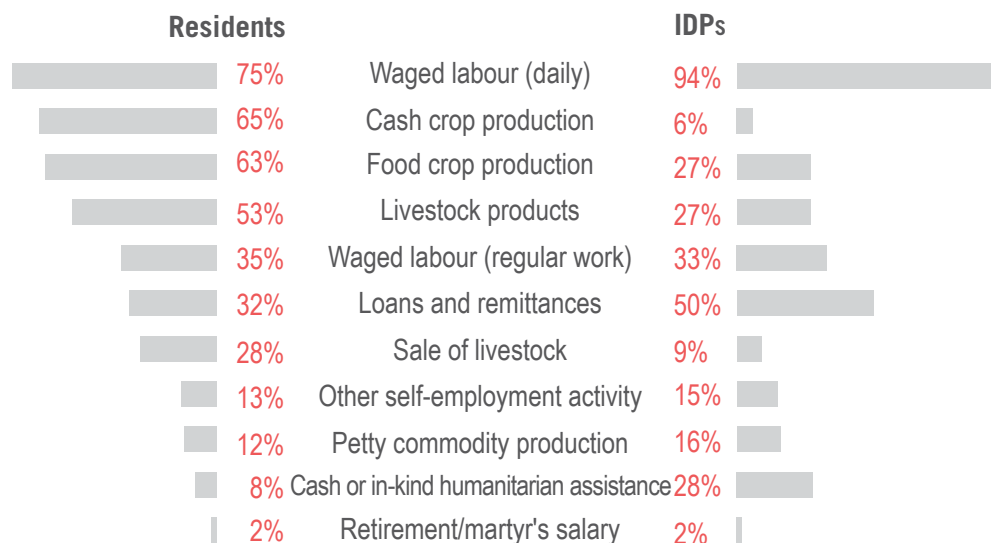
(by % of 218 communities where coping strategies reported):⁴

①	Purchasing food on credit/borrowing money to buy	71%
②	Buying food with money usually used for other things	63%
③	Reducing meal size	33%
④	Selling non-productive assets	31%
⑤	Exchanging goods or other favours in exchange for food	14%

LIVELIHOODS

KIs in 188 (73%) of 257 assessed communities reported **livelihoods** as the top priority need in NES. Daily waged labour was the most commonly reported source of meeting basic needs for both residents and IDPs. Other commonly reported income sources for IDPs included loans and remittances, and humanitarian assistance, indicating a precarious livelihood situation for IDPs. Both populations experienced similar barriers to accessing livelihoods, including lack of employment opportunities and low wages. Sending children to work or beg and early and forced marriage were among the most commonly reported coping strategies used by residents and IDPs. The first coping strategy was reported in 66% and 72% of communities for residents and IDPs respectively.

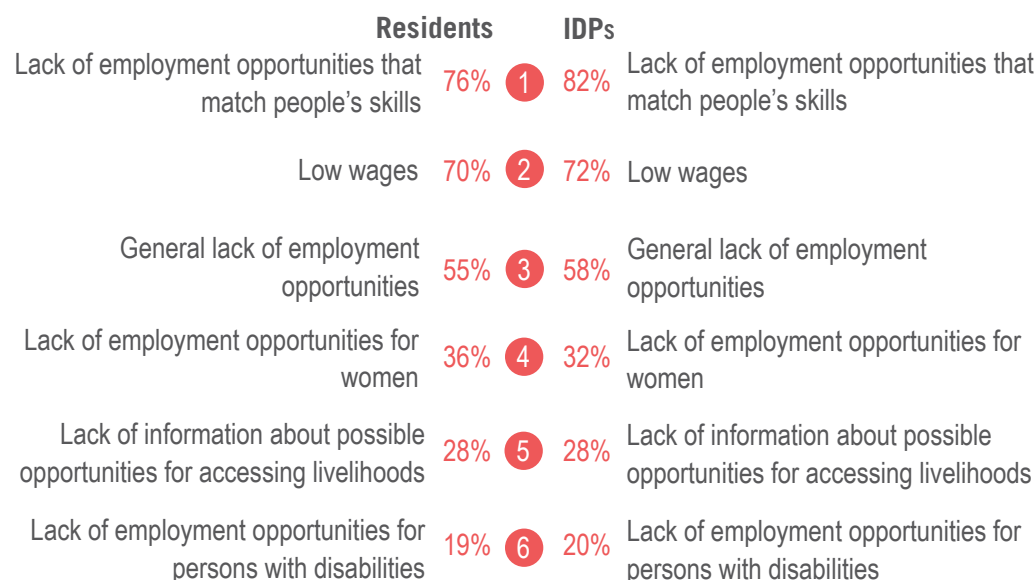
Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 257 communities where reported for residents and of 202 communities where reported for IDPs):⁵



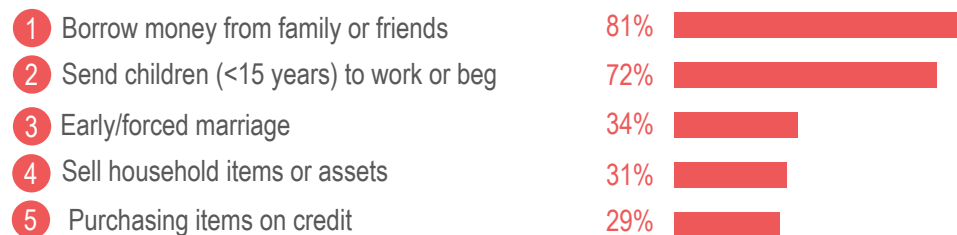
Most commonly reported coping strategies to meet basic needs (residents) (by % of 229 communities where coping strategies reported):⁴



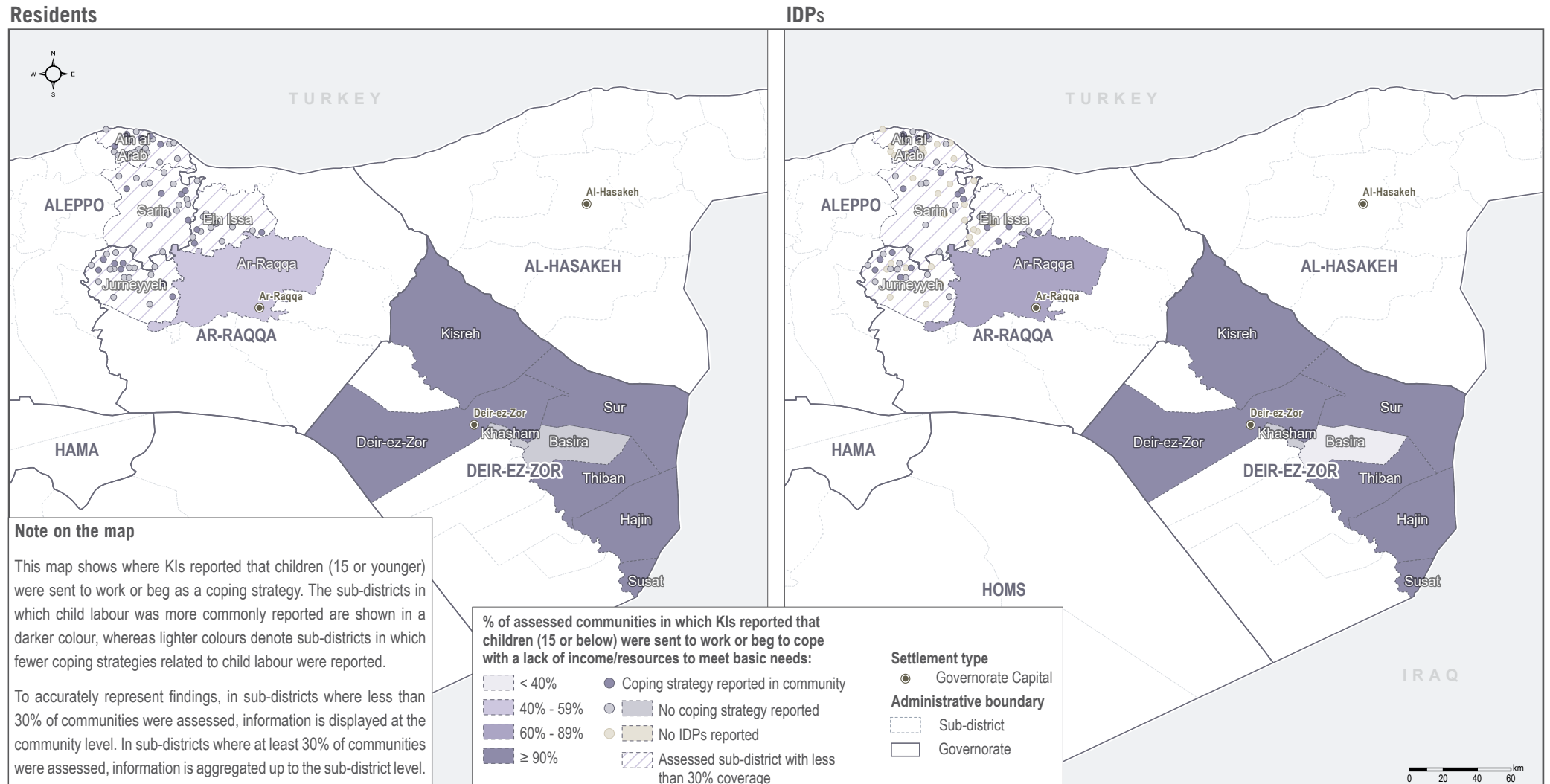
Percentage of communities where KIs reported the following barriers to accessing livelihoods (by % of 257 communities where barriers reported for residents, and of 202 communities where barriers reported for IDPs):⁴



Most commonly reported coping strategies to meet basic needs (IDPs) (by % of 199 communities where coping strategies reported):⁴



CHILDREN SENT TO WORK OR BEG REPORTED AS A LIVELIHOODS COPING STRATEGY



HEALTH

KIs in 211 (81%) of 257 assessed communities reported **health** as a priority need. While nearly three quarters of KIs reported accessibility of health services within assessed communities, the high cost of transportation and lack of transportation to health facilities were among the most commonly reported barriers to accessing healthcare in communities where barriers were reported. In nearly 10% of the communities where KIs reported on travel time, it took households more than 1 hour to travel to the most commonly used health facility. Pharmacies were the most commonly reported health facilities available within assessed and other/nearby communities.

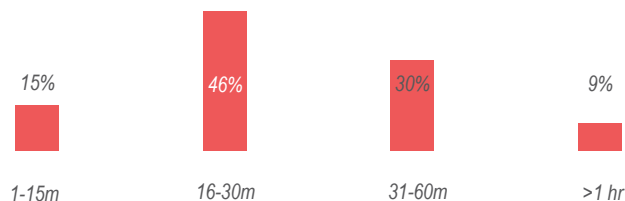
74% In 74% of assessed communities (189/257), KIs reported that **households were able to access health services in their own communities.**

94% In 94% of assessed communities (240/256), KIs reported that **households were able to access health services in other/nearby communities.**

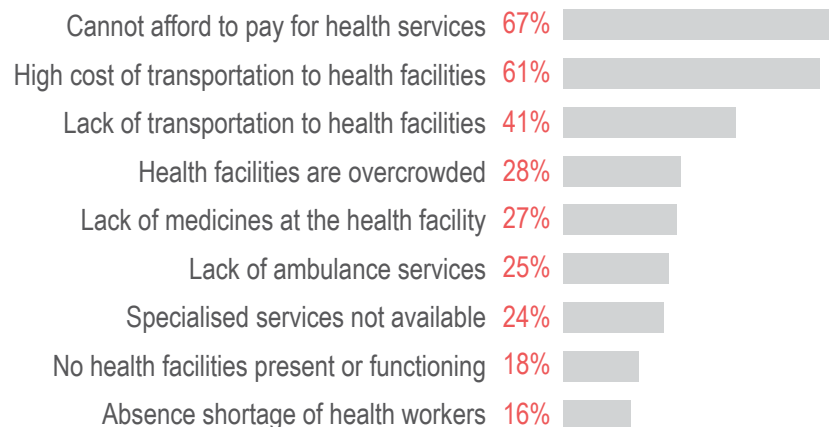
Most commonly reported health facilities available in assessed and other/nearby communities (by % of 186 communities reporting access inside community, and of 218 communities reporting access in other/nearby communities):⁴

In assessed communities	In other/nearby communities
Pharmacies 92% 1	90% Pharmacies
Private clinics 28% 2	70% Private clinics
Primary care facilities 26% 3	65% Public hospitals
Informal emergency care points 18% 4	54% Private hospitals
Private hospitals 12% 5	48% Primary care facilities

Time it reportedly took households to travel to the most commonly used health facility (by % of 256 communities where travel time reported):



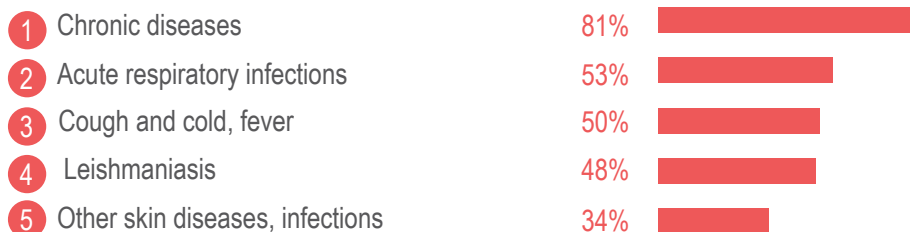
Most commonly perceived barriers to healthcare access (by % of 251 communities where barriers reported):⁴



Most commonly reported coping strategy for a lack of healthcare services (by % of 241 communities where coping strategies reported):⁴

1 Going to the pharmacy instead of a clinic **98%**

Most commonly reported health problems (by % of 104 communities where knowledge of health problems reported):⁴

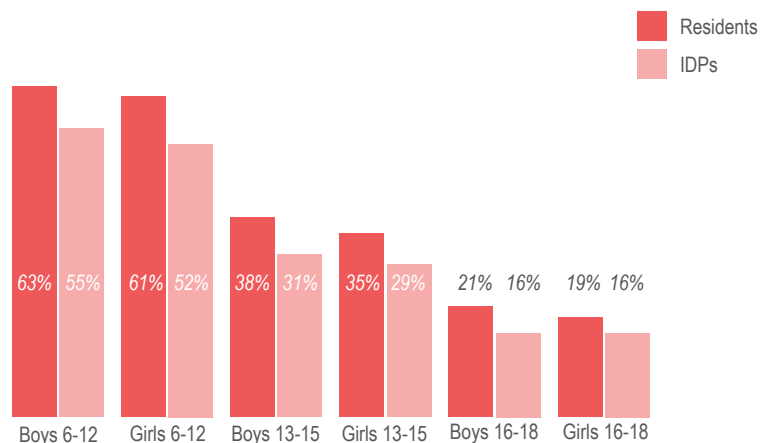


EDUCATION

KIs in 120 (47%) of 257 assessed communities reported **education** as a priority need. Education was the third most commonly reported priority need for residents. While KIs in 96% of the assessed communities reported that children were able to access education facilities within their own communities, the unavailability of education after a certain age was the first most commonly reported barrier to education for residents, and the second most commonly reported barrier for IDPs. This was reflected in the average reported attendance rates showing lower attendance for older children compared to younger age groups. Overall, IDPs and girls had slightly lower reported attendance rates. In addition to lack of education for older children, children needing to work was another key barrier to accessing education services, reported in 51% of the communities that experience barriers for IDPs and in 46% of the communities experiencing barriers for residents.

96% In 96% of assessed communities (244/253), KIs reported that **children were able to access education facilities within their own communities.**

Average reported attendance rates of children (by average % of each gender/age group reportedly attending school in 245 communities for residents and in 186 communities for IDPs):



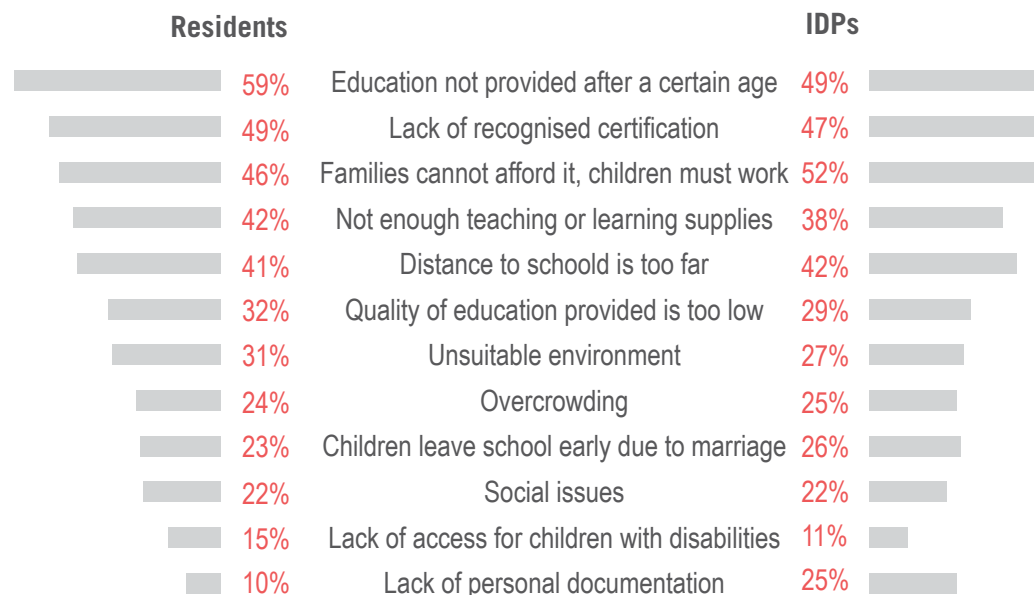
Most commonly reported types of education facilities available to children (3-18) (by % of 248 communities where reported for assessed communities, and of 141 communities for other/nearby communities):⁴

In assessed communities	In other/nearby communities
Formal primary school 94% 1	54% Formal intermediary school
Formal intermediary school 29% 2	52% Formal primary school
Non-formal intermediary school 5% 3	33% Non-formal intermediary school

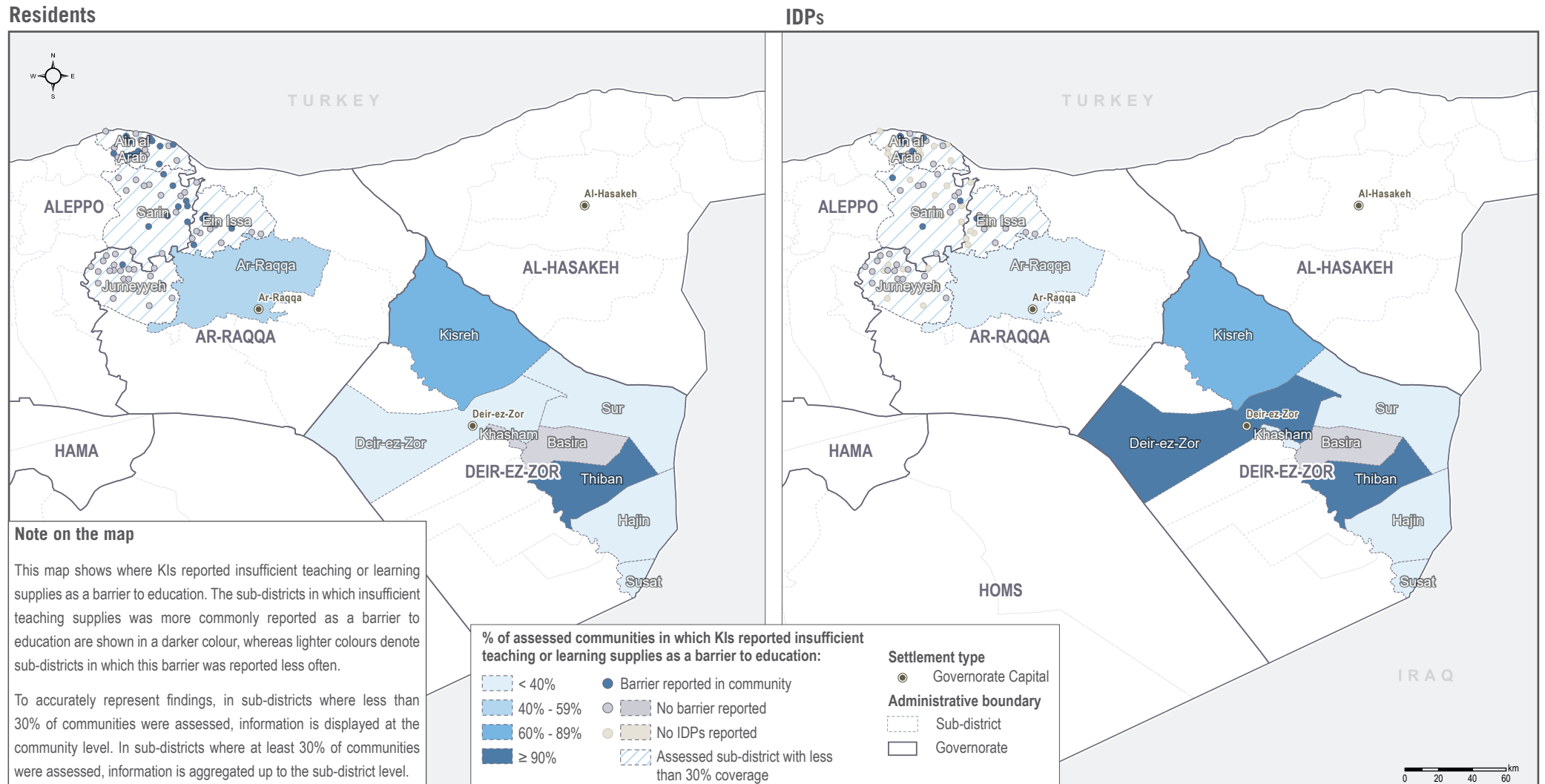
KIs in 9 communities reported that schools were not in session all days of January.

KIs in 2 of those communities cited a **lack of teachers** and KIs in 2 other communities cited a **lack of teaching or learning supplies** as the reasons schools were not in session.

Most commonly reported barriers on access to and quality of education services (by % of 243 communities where barriers reported for residents, and of 194 communities where barriers reported for IDPs):⁴



INSUFFICIENT TEACHING SUPPLIES REPORTED AS A CHALLENGE TO EDUCATION



PROTECTION

KIs in 26 (10%) of 257 assessed communities reported **protection** as a priority need. While protection concerns were cited for all groups in communities where protection risks were reported, children were reported to be particularly affected by protection issues. The most commonly reported protection risk faced by both residents and IDPs was child labour followed by early and forced marriage. Boys were most vulnerable to the first risk while girls were most affected by the latter. Children were also vulnerable to domestic violence and abuse in communities where this was reported as a protection risk. Lack or loss of civil documentation was a risk for IDPs reported by KIs in half of the communities where protections risks were reported, while for residents this was an issue reported in 28% of communities. Among residents, men and women were most commonly reported to face this risk, where for IDP populations children were also affected by the lack or loss of civil documentation.

Most commonly reported protection risks faced by residents

(by % of 144 communities where risks reported):⁴



- 1 Child labour 77%
- 2 Forced and early marriage 48%
- 3 Housing, land, and property issues 34%
- 4 Lack/loss of civil documentation 28%
- 5 Domestic violence and abuse 14%

Most commonly reported protection risks faced by IDPs

(by % of 125 communities where risks reported):⁴



- 1 Child labour 78%
- 2 Forced and early marriage 51%
- 3 Lack/loss of civil documentation 50%
- 4 Movement restrictions by local authorities 16%
- 5 Domestic violence and abuse 14%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 111 communities where reported):	Boys (under 18)	75%
2	Forced and early marriage (by % of 69 communities where reported):	Girls (under 18)	86%
3	Housing, land, and property issues (by % of 49 communities where reported):	Men	16%
4	Lack/loss of civil documentation (by % of 41 communities where reported):	Men and Women	24%
5	Domestic violence and abuse (by % of 20 communities where reported):	children (under 18)	75%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 98 communities where reported):	Boys (under 18)	68%
2	Forced and early marriage (by % of 64 communities where reported):	Girls (under 18)	66%
3	Lack/loss of civil documentation (by % of 62 communities where reported):	All groups	24%
4	Movement restrictions by local authorities (by % of 20 communities where reported):	Men	45%
5	Domestic violence and abuse (by % of 17 communities where reported):	Boys (under 18)	65%

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 January 2020](#), 1 USD = 954 SYP, so 17,800 SYP = 18.65 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. UN Security Council. (21 February) Review of alternative modalities for the border crossing of Ya'rubiyah. Retrieved from <https://www.reliefweb.int>
- b. UN News. (10 January). Avoiding Midnight Deadline, Security Council Extends Authorization of Cross-Border Aid Delivery to Syria, Adopting Resolution 2504 (2020) by Recorded Vote. Retrieved from <https://www.un.org>
- c. REACH. (13 January) Northeast Syria Market Monitoring Exercise. Retrieved from <https://www.reliefweb.int>
- d. Humanitarian Needs Assessment Programme. (31 January) Mobility Needs Monitoring Dataset. Retrieved from <https://www.hnap.info>
- e. UN Population Fund. (18 January). North-East Syria Flash Update #12. Retrieved from <https://www.reliefweb.int>
- f. The New Arab. (23 January). Syrian Kurds predict cooperation with Assad on aid deliveries. Retrieved from <https://www.alaraby.co.uk>
- g. Reuters. (22 February) U.N. suggests Turkey border crossing to deliver aid to Syria's northeast. Retrieved from <https://www.reuters.com>
- h. UN Office for the Coordination of Humanitarian Affairs. (13 January) Al Hol Camp Stapsot Situation Report: As of 13 January. Retrieved from <https://www.humanitarianresponse.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-Zor governorates. Data for this assessment was collected between 1-16 February 2020, and refers to the situation in January 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. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter [@REACH_info](https://twitter.com/REACH_info).