

Conflict continued in areas across northeast Syria in April, and warming weather caused new dangers, while the concerns over COVID-19 grew in the region. Clashes and isolated incidents continued to be carried out by the group known as ISIS*,^b while ongoing shelling in the region affected utility operations, including damage to an electricity station, and the Alouk water pumping station in Al-Hasakeh.^c

On April 5, damage to the Alouk water station was repaired, and water pumping to the 460,000 residents the water station serves was resumed.^d As the weather warmed, heavy rain affected Ar-Raqqa governorate in late March, causing floods, triggering mudslides, and resulting in fatalities and damage.^e Meanwhile, the COVID-19 pandemic became a major concern in the region. Local authorities in NES continued to implement curfew restrictions, as well as closure of all non-essential public and private facilities, offices and shops, and on the 17th of April, the first case of COVID-19 was confirmed in NES. Concerns over a lack of preparedness in northeast Syria remained severe, as a lack of testing, health facilities, and sufficient water alarmed many humanitarian actors, as well as the overcrowding in the camps and informal settlements across the region.^f

Further limiting the humanitarian supplies and medical equipment to the region, the Yarubiyah border crossing remained closed and the Fishkabour/Semalka informal border crossing is opened for NGO access once a week.^f

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

RESIDENT PRIORITY NEEDS

Top ranked priority needs for residents

(by % of 537 communities where KIs selected a first, second, and third priority need) for residents:²

	1st	2nd	3rd	Overall	
Health		33%	29%	19%	82%
Livelihoods		23%	17%	31%	71%
Food		17%	19%	11%	47%
WASH		14%	1%	16%	45%
Education		5%	14%	12%	31%
NFIs		2%	3%	6%	10%
Shelter		6%	0%	2%	9%
Winterisation		1%	15%	2%	2%
Protection		0%	1%	1%	1%

Top three most commonly reported health needs for residents

(by % of 438 communities where health was reported as a priority need):²

- 1 Treatment for chronic diseases 52%
- 2 Skilled care during childbirth 44%
- 3 First aid or emergency care 42%

Top three most commonly reported food needs for residents

(by % of 252 communities where food was reported as a priority need):²

- 1 Cooking oil 69%
- 2 Sugar 48%
- 3 Rice 43%

Top three most commonly reported livelihoods needs for residents

(by % of 379 communities where livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 83%
- 2 Tools or equipment for production 46%
- 3 Access to credit for entrepreneurial investment 33%

IDP PRIORITY NEEDS

Top ranked priority needs for IDPs

(by % of 386 communities where KIs selected a first, second, and third priority need for IDPs):²

	1st	2nd	3rd	Overall
Health	18%	28%	25%	70%
Food	29%	20%	17%	67%
Livelihoods	17%	23%	23%	63%
Shelter	24%	4%	4%	32%
WASH	5%	10%	9%	25%
NFIs	3%	10%	11%	24%
Education	4%	4%	7%	15%
Winterisation	0%	1%	2%	3%
Protection	0%	1%	0%	1%

Top three most commonly reported food needs for IDPs

(by % of 256 communities where food was reported as a priority need):²

- 1 Cooking oil 69%
- 2 Sugar 51%
- 3 Rice 46%

Top three most commonly reported health needs for IDPs

(by % of 268 communities where health was reported as a priority need):²

- 1 Treatment for chronic diseases 51%
- 2 Skilled care during childbirth 40%
- 3 First aid or emergency care 37%

Top three most commonly reported livelihoods needs for IDPs

(by % of 241 communities where livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 85%
- 2 Tools or equipment for production 40%
- 3 Access to credit for entrepreneurial investment 36%

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



KIs in **30%** of communities reported that **households had access to humanitarian assistance** (159 of 537 communities).



KIs in **75%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (279 of 373 communities).



More than 12 hours per day was the most commonly reported range for hours of electricity per day (259 (48%) of 537 assessed communities).



KIs in **49%** of communities reported that **not all households had access to sufficient water** (265 of 537 communities).



KIs in **25%** of communities reported **that households were not able to access markets within their own communities** (135 of 537 communities).



KIs in **48%** of communities reported that **households were not able to access health services in their own communities** (259 of 537 communities).



Closure of schools by local authorities was a key barrier preventing access to education for both residents (264 (51%) of 515 communities) and IDPs (176 (48%) of 369 communities).



Child labour was the most commonly reported protection risk for both resident (233 (84%) of 279 communities) and IDP children (176 (80%) of 219 communities).

Humanitarian Assistance & AAP According to KIs, insufficient assistance was reported in 71% of communities with access to humanitarian assistance. Food was the most commonly reported type of assistance available, while food remained the top ranked priority need this month for IDPs. How to receive food assistance was also reported as important information missing for households in 28% of reporting communities.

Shelter Tents and unfinished or abandoned residential buildings were reported as common shelter types for IDPs in 24% and 26% of communities, respectively. Additionally, a proportion of IDPs were reported to be living in overcrowded shelters in 75% of assessed communities. Residents and IDPs both were reported to experience similar shelter inadequacies, including lack of lighting around shelters, lack of privacy inside shelters, and a lack of toilets.

Electricity & NFI KIs reported most often that 12 hours of electricity or more was available in assessed communities, and that the main network was the main source of electricity used, but barriers to accessing electricity remained prevalent. The main network partially or completely not functioning was reported by half of communities reporting barriers, and a main network unable to fully support the population of the community was reported in 35% of communities reporting barriers.

WASH KIs in 49% of assessed communities reported barriers to accessing sufficient water in NES. Households reportedly relied mainly on piped water as the main source of water. Additionally, private water trucking, wells, and boreholes were the other commonly reported sources. No sewage system in the community was the most commonly reported sanitation issue, reported in more than 70% of all assessed communities.

FSL Physical access to food markets proved a significant barrier this month, with one quarter of KIs reporting that households were unable to access food markets in their assessed location, and 93% of KIs reported barriers to physically accessing food markets for IDPs. Daily waged labour was the most commonly reported source of meeting basic needs, with low wages as the most commonly reported barrier to accessing livelihoods.

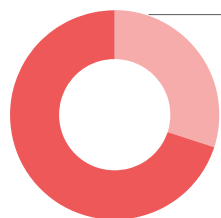
Health In 96% of assessed communities, KIs reported access to health services in other/nearby communities. Pharmacies were the most commonly reported health facility in assessed and other/nearby communities, and the inability to pay for health services was reported by 65% of KIs reporting healthcare barriers. Many KIs therefore reported communities using coping strategies, including going to a pharmacy instead of a clinic or seeking non-professional care.

Education It was reported in 199 of 537 assessed communities that schools were not open all days of the last month due to closures enforced by local authorities as a COVID-19 preventative measure. School closures was also the most commonly reported barrier to accessing education, followed by lack of education for older students and unaffordability of school for families.

Protection Child labour and forced and early marriage were the most commonly reported protection risks by KIs for both IDPs and residents. They are also reported by KIs as strategies resident and IDP groups use to cope with difficulty in meeting basic needs and barriers to children accessing education. Movement restrictions by local authorities is reported as a risk affecting 27% of residents and 28% of IDPs.

HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 537 assessed communities):



Humanitarian assistance was accessed by 30% of assessed communities, according to KIs, and insufficient assistance was reported in 71% of those communities with access. Food was the most commonly reported type of assistance available, while food remained the top ranked priority need this month for IDPs. How to receive food assistance was also reported as important information missing for households in 28% of reporting communities.

Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 159 communities where access was reported, and by % of 194 communities where no access was reported):⁴

Communities reporting access to humanitarian assistance

Assistance provided was insufficient	71%
Not aware of the procedures to follow to receive assistance	21%
Poor targeting of beneficiaries who receive assistance	18%

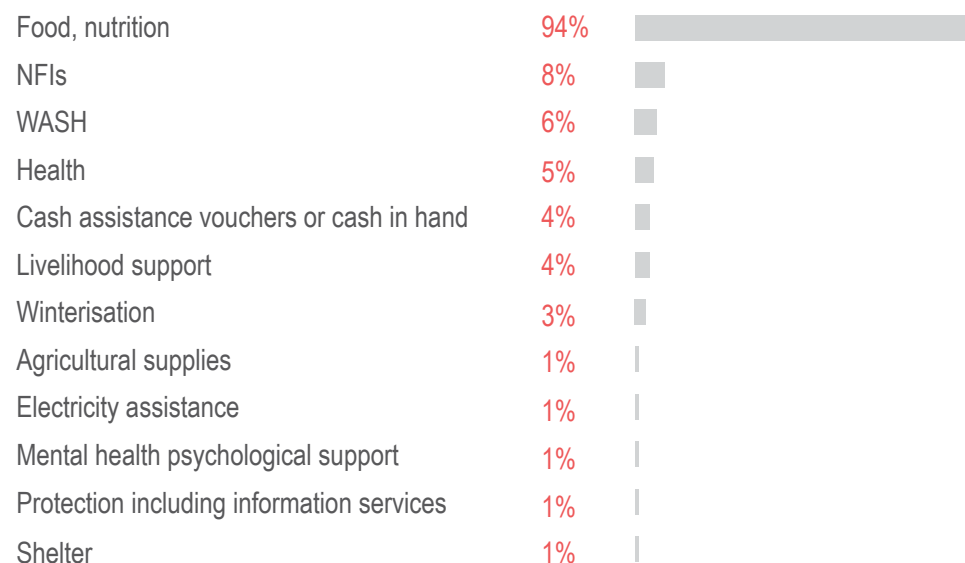
Communities reporting no access to humanitarian assistance

No humanitarian assistance available	78%
Not aware of what assistance was available	8%
Poor targeting of beneficiaries who receive assistance	7%

Most commonly reported information gaps for households with regards to humanitarian assistance (by % of 536 communities where missing information was reported):⁵

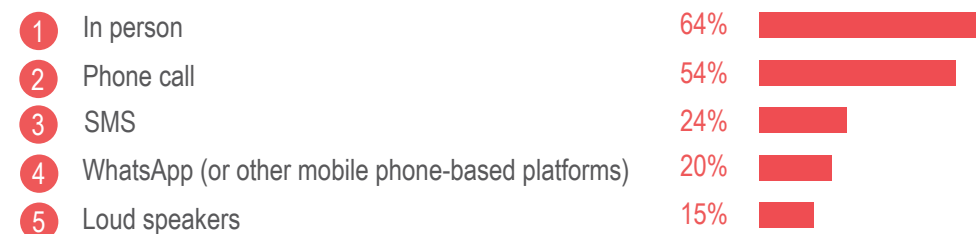
1	How to find work	63%
2	How to register for aid	41%
3	How to get more money and financial support	29%
4	How to get food	28%
5	General news on what is happening in the community	28%

Most commonly reported types of humanitarian assistance households had access to in communities (by % of 158 communities where reported):⁴



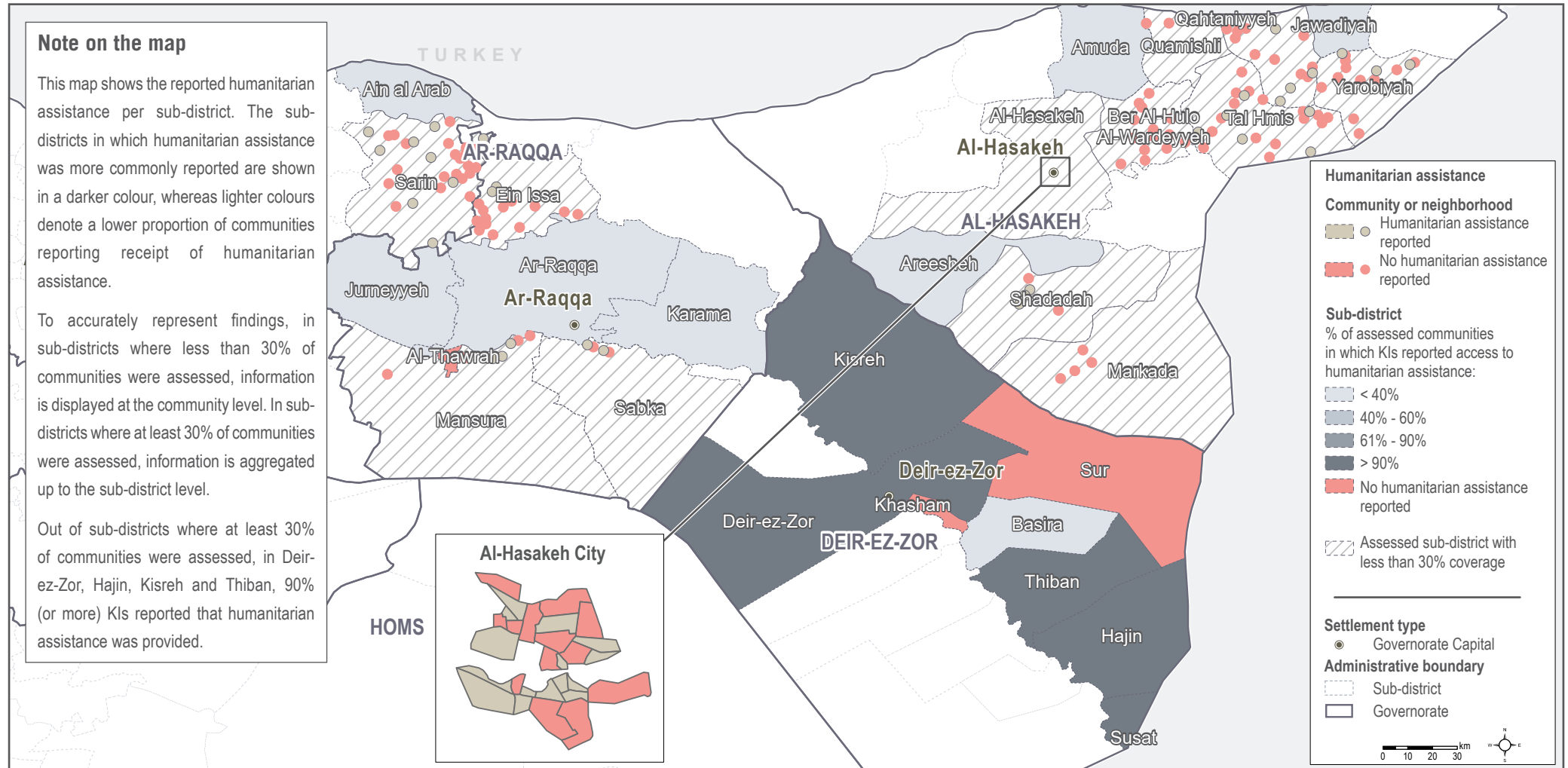
Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation

(by % of 537 communities where preferred ways were reported):²



44% In 44% of the assessed communities able to access assistance (69/157), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**¹⁰

REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

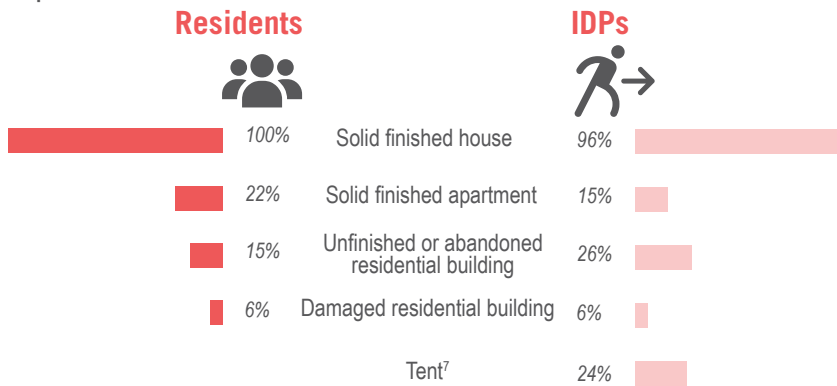


SHELTER

KIs in 93 (24%) of 386 assessed communities reported shelter to be the top priority need for IDPs, second only to food. Tents and unfinished or abandoned residential buildings were reported as common shelter types for IDPs in 24% and 26% of communities, respectively. Additionally, a proportion of IDPs were reported to be living in overcrowded shelters in 75% of communities. Residents and IDPs both were reported to experience similar shelter inadequacies, including lack of lighting around shelters, lack of privacy inside shelters, and a lack of toilets.

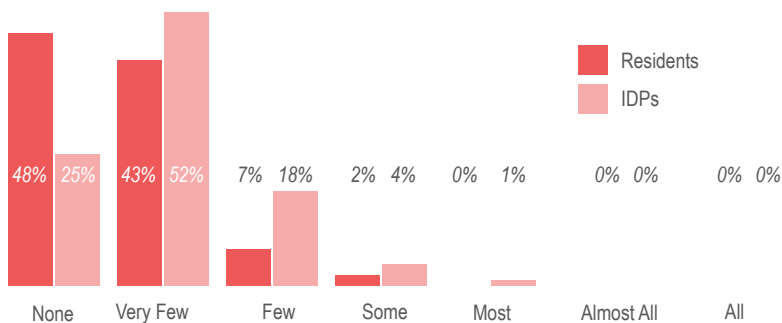
Most commonly reported shelter types for residents and IDPs

(by % of **537 communities** where reported for residents, and of **386 communities** where reported for IDPs):^{2,10}



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

(by % of **536 communities** where reported for residents, and by % of **373 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%).

20,500 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in **212 communities**).

Most commonly reported shelter inadequacy issues (by % of **375 communities** where issues were reported for residents, and of **329 communities** where issues were reported for IDPs):^{4,10}

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	61%	59%
Lack of privacy inside shelter	39%	48%
Lack of toilets	35%	43%

Most commonly reported barriers to households wishing to repair their shelters (by % of **411 communities** where barriers were reported):^{4,10}

- Shelter and repair materials are too expensive **96%**
- Repairs require professionals but cannot afford their service **67%**
- Repairs require professionals but they are not available **16%**
- Shelter and repair materials are unavailable in the market **13%**
- Security situation **6%**

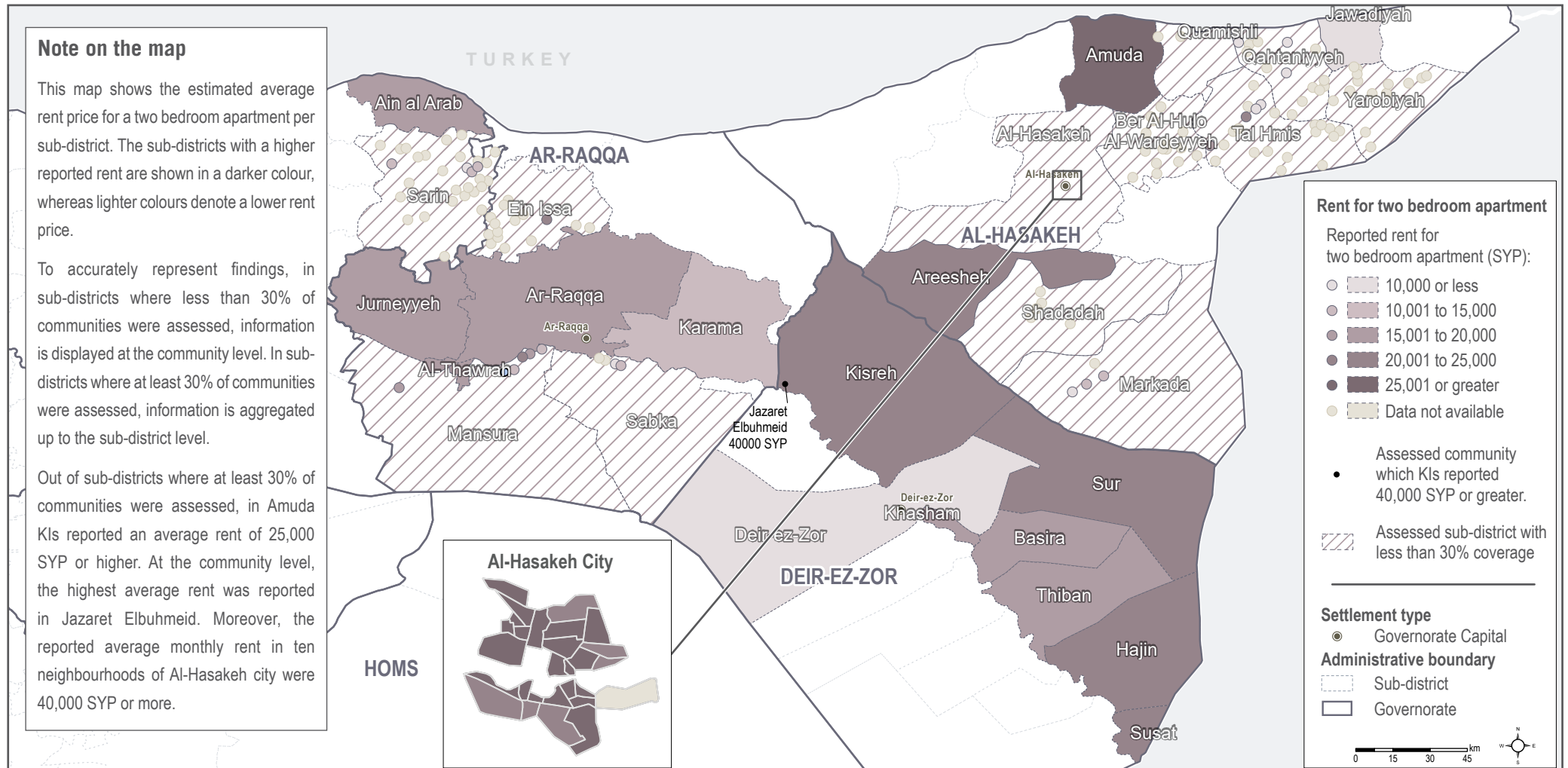
46%

In 46% of the assessed communities reporting on damage (**221/471**), KIs reported the presence of **occupied shelters with major damage⁹ in their communities.**¹⁰

26%

In 26% of the assessed communities reporting on damage (**122/471**), KIs cited the presence of **occupied shelters reported to be completely destroyed⁹ in their communities.**¹⁰

AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



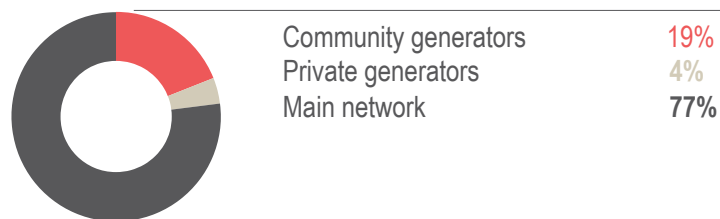
ELECTRICITY & NFIs

KIs in 118 (22%) of 537 assessed communities reported **NFIs** as a priority need. KIs reported most often that more than 12 hours of electricity was available in assessed communities, and that the main network was the main source of electricity used, but barriers to accessing electricity were still reported. The main network partially or completely not functioning was reported by half of communities reporting barriers, and inefficiencies due to population density was reported in 35% of those reporting barriers, and inefficiencies due to population density was reported in 35% of those reporting barriers. On NFIs, plastic sheeting was unavailable in 17% of assessed communities according to KIs, the most of any non-food item reported on. Batteries and winter items were unavailable in 11% of assessed communities, while winter items were also reported unaffordable in 73% of assessed communities. Soap was highly available in communities assessed across NES, and affordable for the majority of people in 45% of assessed communities, according to KIs.

12 hrs/day or more was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 259 (48%) of 537 assessed communities).

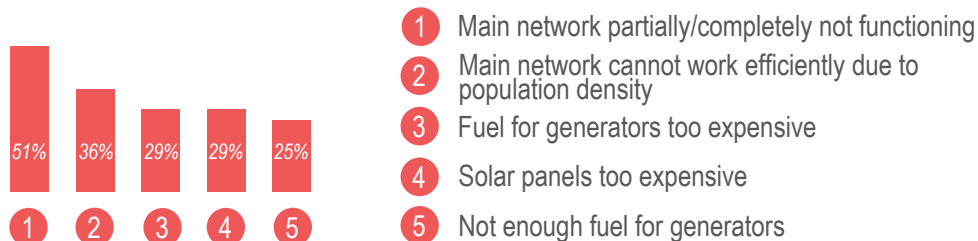
Most commonly reported main source of electricity

(by % of 537 communities where main source reported):



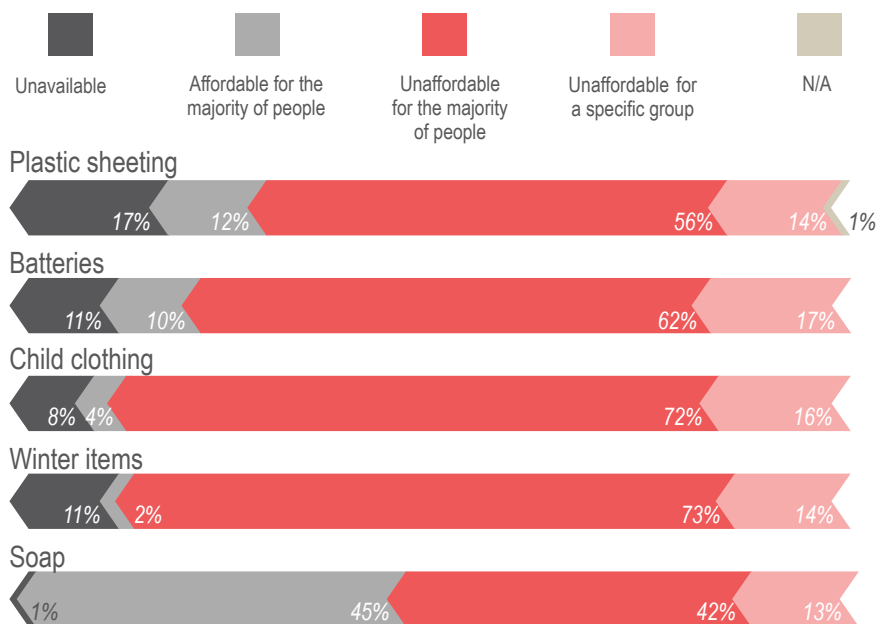
Most commonly reported barriers to accessing electricity

(by % of 295 communities where barriers reported):⁴



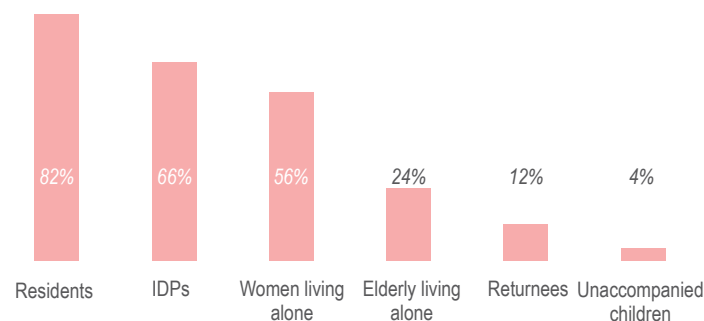
Reported household item availability and affordability

(Out of all 537 communities):⁴

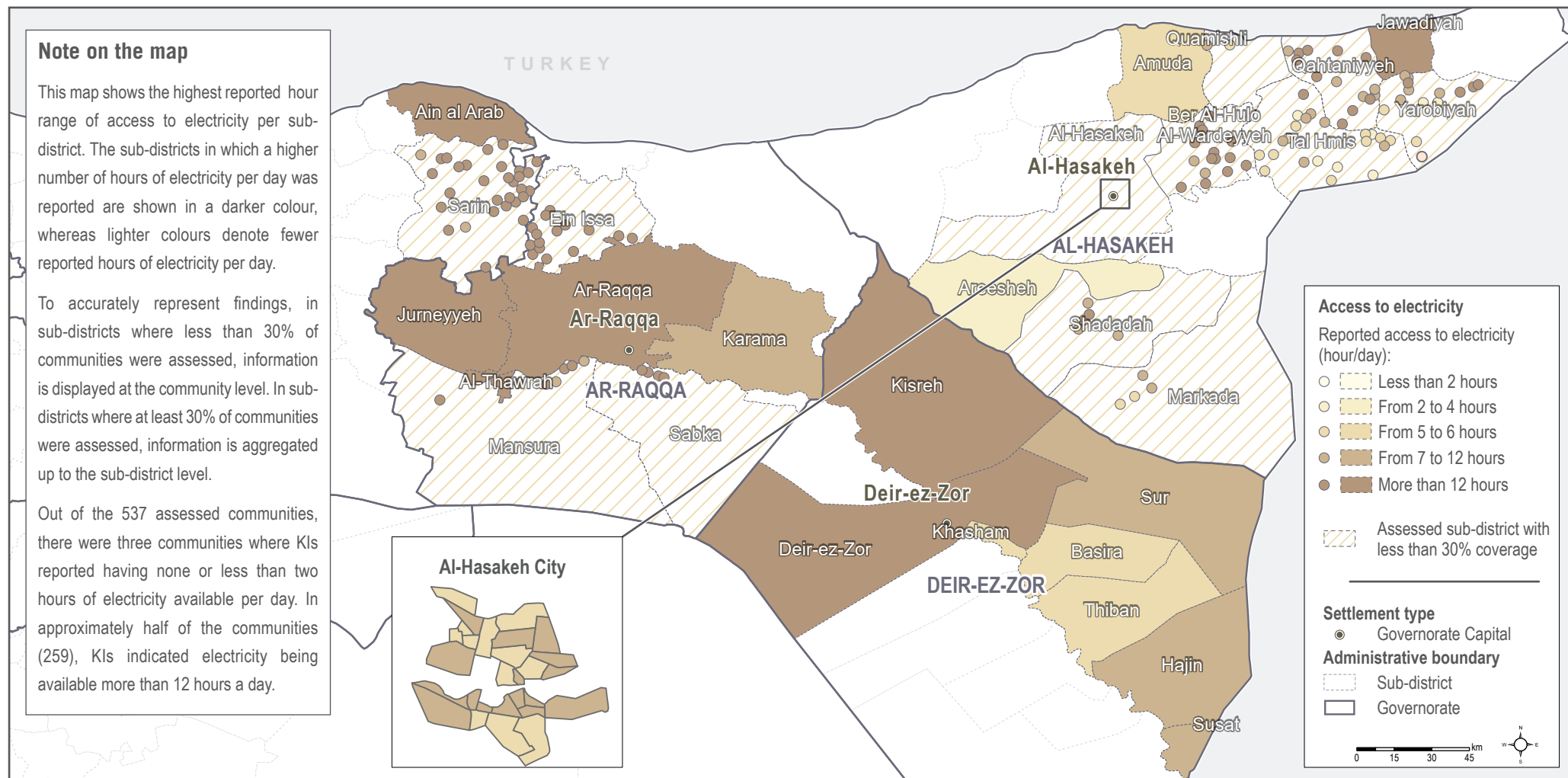


Population groups who reportedly could not afford NFIs

(by % of 210 communities where reported that specific groups could not afford items):^{4,8}



AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



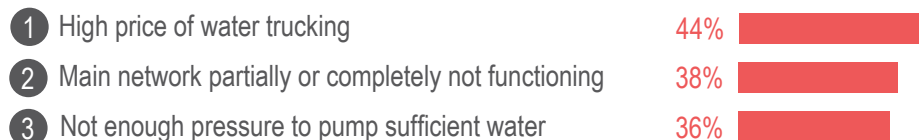
WATER, SANITATION AND HYGIENE (WASH)

KIs in 249 (46%) of 537 assessed communities reported **WASH** as a priority need. KIs in 49% of assessed communities reported barriers to accessing sufficient water in NES. Without sufficient water, maintaining necessary hygienic practices such as bathing and handwashing becomes very difficult. Households reportedly relied mainly on piped water as the main source of water. Additionally, private water trucking, wells, and boreholes were the most commonly reported other sources. Drinking water sources varied, with 44% of communities reported to be relying on the piped water network, 25% on private water trucking, and 10% were reported to be relying on closed protected wells. No sewage system in the community was the most commonly reported sanitation issue, as reported in more than 70% of all assessed communities.

49% In 49% of the assessed communities (265/537), KIs reported that **not all households had access to sufficient water**.

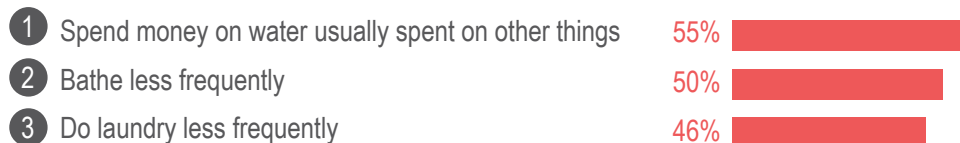
Most commonly reported barriers to accessing sufficient water

(by % of 265 communities where barriers reported):⁴



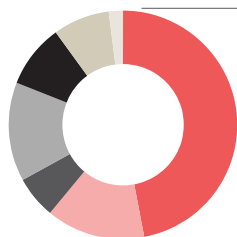
Most commonly reported coping strategies for a lack of water

(by % of 265 communities where coping strategies reported):⁴



Most commonly reported sources of water for all purposes

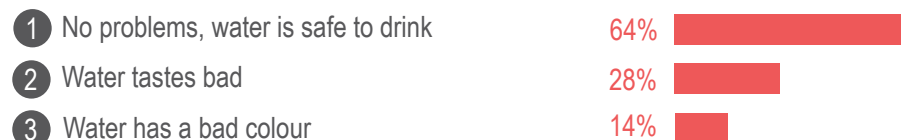
(by % of all 359 assessed communities):



Piped water network	47%
Private water trucking	14%
Water trucking by local authorities	6%
Closed protected well	14%
Community borehole	9%
Combination water network and private water trucking	8%

Most commonly reported problems with drinking water

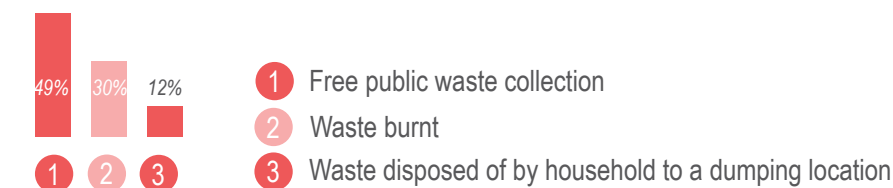
(by % of all 537 communities):⁴



30% In 30% of the assessed communities (163/537), KIs reported that **communities were not connected to a main water network**.

Most commonly reported ways people disposed of solid waste

(by % of 537 communities where top disposal method reported):

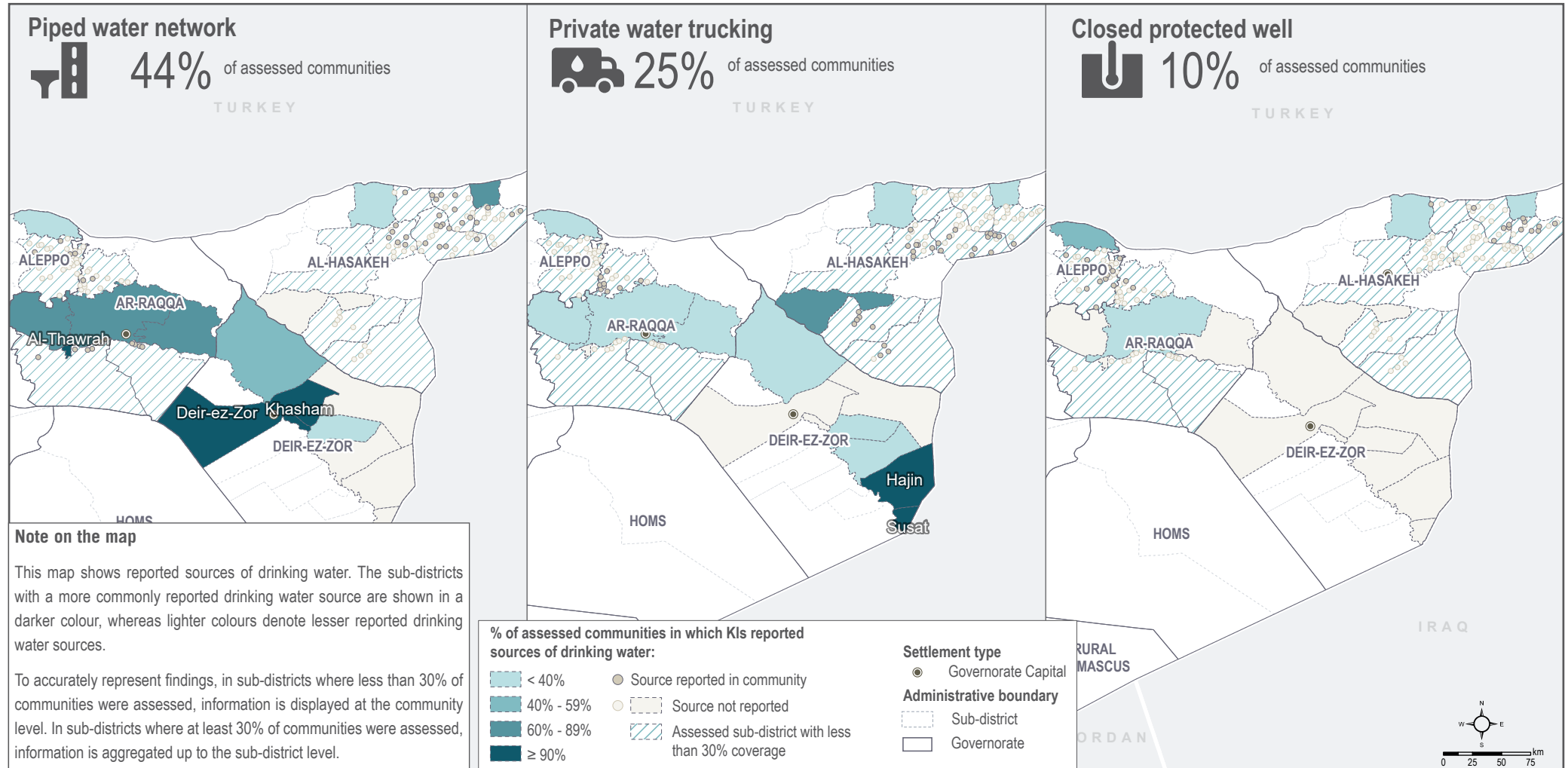


Most commonly reported sanitation issues

(by % of 498 communities where sanitation issues reported):^{4,10}



COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

KIs in 336 (63%) of 537 assessed communities reported **food security** as a priority need. It was the third priority need overall, and was reported most often as the 1st priority need for IDPs. Physical access to food markets proved a significant barrier this month, with one quarter of KIs reporting that households were unable to access food markets in the assessed location. Moreover, 93% of KIs reported barriers to physically accessing food markets for IDPs and 76% for residents. Affordability of essential food items remained the most commonly reported barrier to accessing sufficient food by far in April, as reported by over 70% of KIs for both IDPs and residents. High price of foods was also the most commonly reported barrier to feeding young children, reported by 91% of KIs reporting challenges.

25% In 25% of assessed communities (135/537), KIs reported **households were unable to access markets in the assessed location.**

Most commonly reported barriers to physically accessing food markets (by % of 384 communities where barriers reported for residents, and of 266 communities where barriers reported for IDPs):⁴

	Residents	Rank	IDPs
Markets too far	63%	1	65%
Lack of transportation			
Lack of transportation	62%	2	59%
Markets too far			
General safety or security	28%	3	39%
General safety or security			

Most commonly reported sources of food for households (by % of 537 communities where food sources reported):²

1	Purchasing from stores/markets in other communities	70%	<div style="width: 70%;"></div>
2	Purchasing from stores/markets in this community	68%	<div style="width: 68%;"></div>
3	Own production/farming	58%	<div style="width: 58%;"></div>
4	Borrowing	42%	<div style="width: 42%;"></div>
5	Assistance from local councils/NGOs/other groups	8%	<div style="width: 8%;"></div>

Most commonly reported barriers to accessing sufficient food

(by % of 488 communities where barriers reported for residents, and by % of 358 communities where barriers reported for IDPs):⁴

	Residents	Rank	IDPs
Markets exist but households cannot afford essential food items	73%	1	79%
Markets exist but not all essential food items are available	33%	2	30%
Markets exist but have insufficient quantities of food	21%	3	22%

Most commonly reported barriers to feeding babies and young children

(by % of 490 communities where challenges reported for babies under 6 months, and of 499 communities where challenges reported for children of 6 months - 2 years):^{4,11}

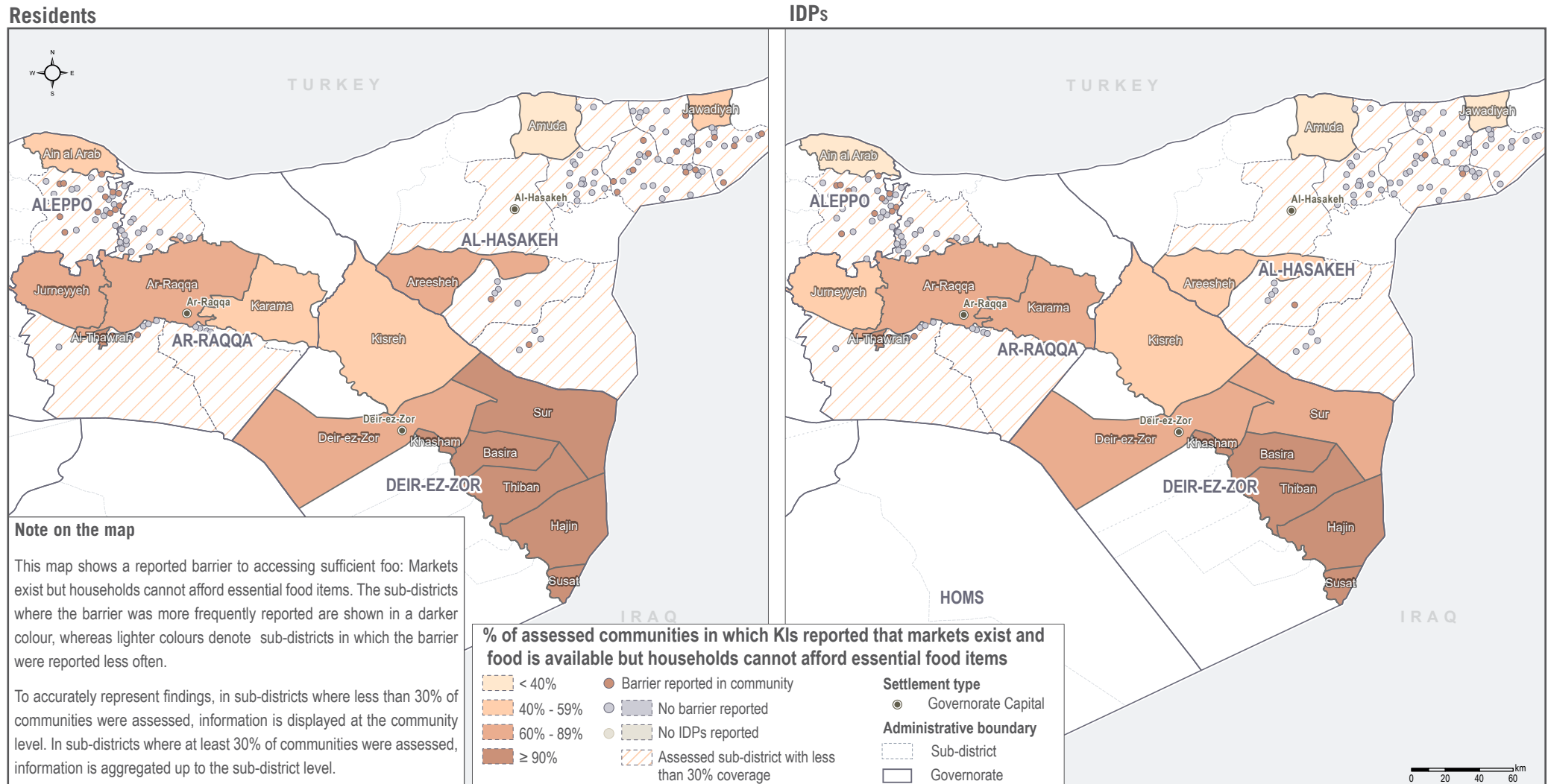
	Under 6 months	Rank	6 months - 2 years
No support for non-breastfed babies	78%	1	91%
High price of suitable foods			
Breastfeeding difficulties	52%	2	60%
Not enough variety (diversity)			
Poor hygiene for feeding non-breastfed babies	11%	3	21%
Not good enough food (quality)			

Most commonly reported coping strategies for a lack of food

(by % of 487 communities where coping strategies reported):⁴

1	Purchasing food on credit/borrowing money to buy food	72%
2	Buying food with money usually used for other things	57%
3	Reducing meal size	34%
4	Selling non-productive assets	22%
5	Skipping meals	15%

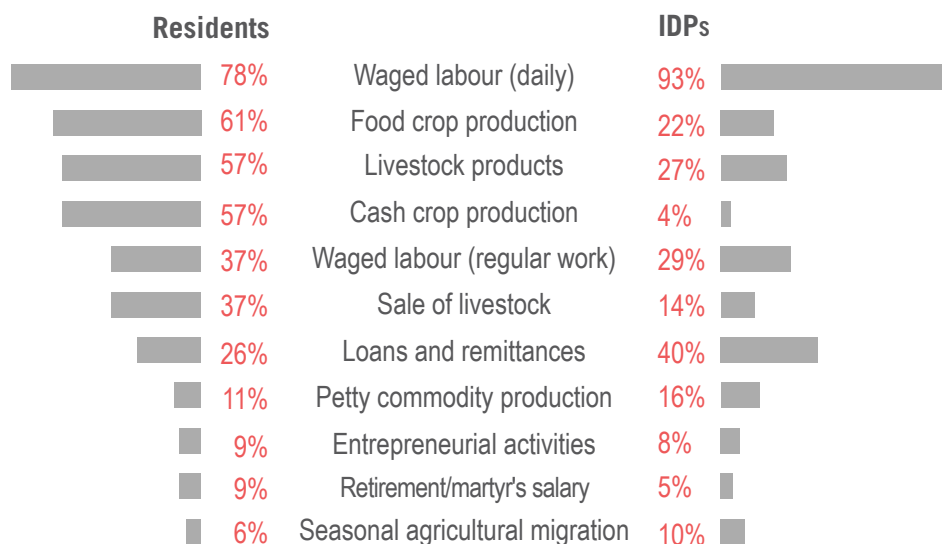
REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



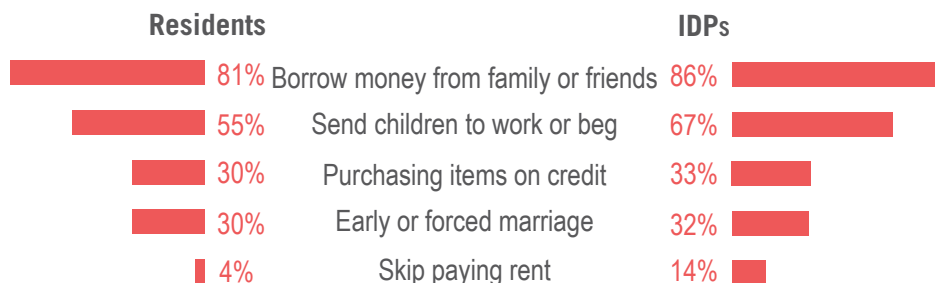
LIVELIHOODS

KIs in 396 (74%) of 537 assessed communities reporting **livelihoods** as the top priority need in NES. Daily waged labour was the most commonly reported source of meeting basic needs this month. However, low wages were the most commonly reported barrier to accessing livelihoods, which is also forcing households to use coping strategies to meet their basic needs, such as borrowing money or sending children to work or beg. The estimated median daily wage reported was equal in almost all governorates, with the exception of Aleppo. And the overall median reported wage across the region was 2,500 SYP. In addition to low wages, opportunities that match people's skills, and a general lack of employment opportunities were also widely reported barriers to meeting basic needs.

Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 537 communities where reported for residents and of 386 communities where reported for IDPs):⁵



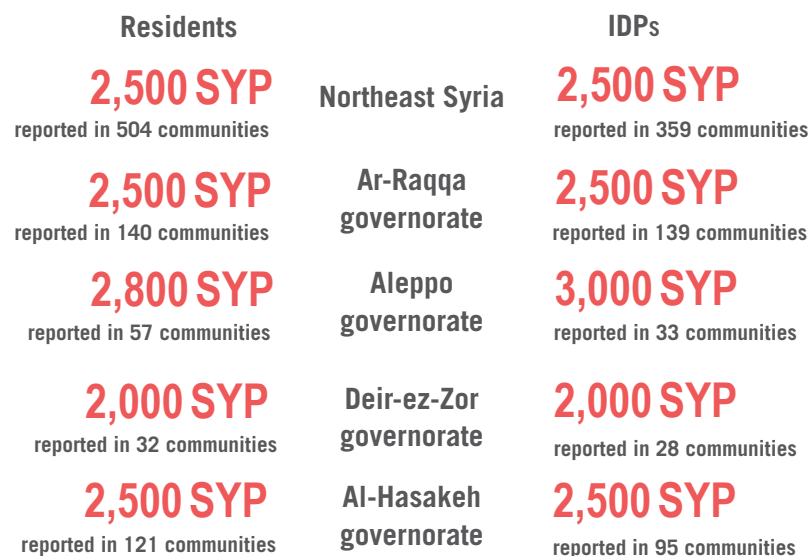
Most commonly reported coping strategies to meet basic needs (by % of 527 communities where coping strategies reported for residents and of 381 communities where reported for IDPs):⁴



Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 523 communities where barriers reported for residents, and of 385 communities where barriers reported for IDPs):⁴

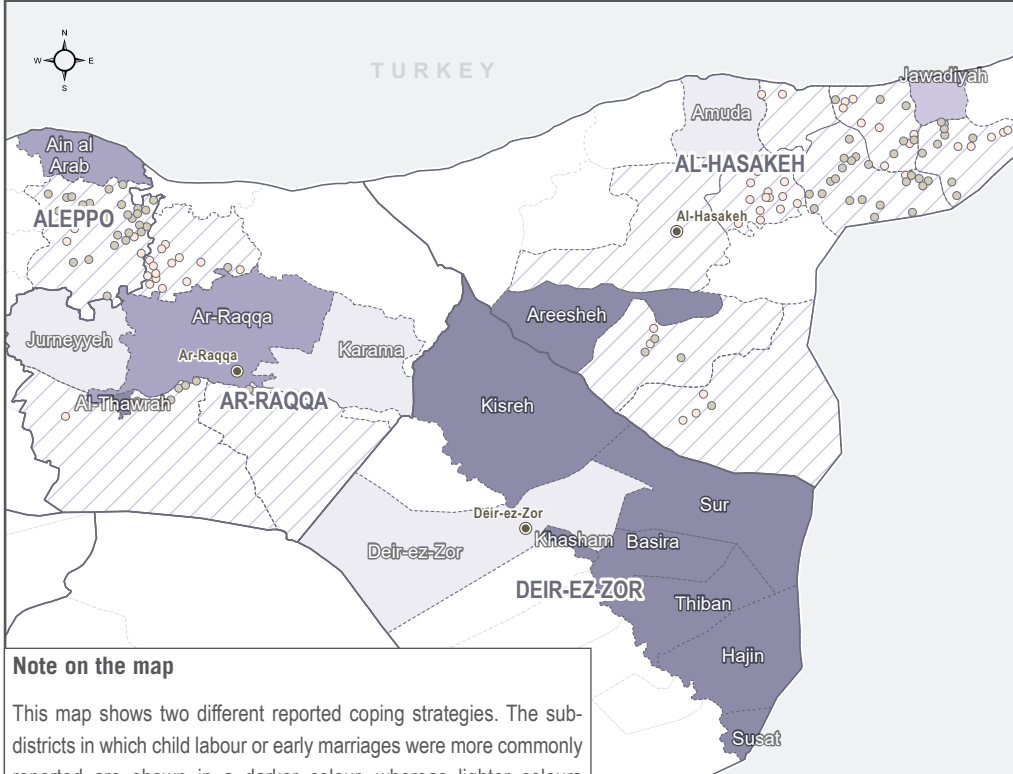


Estimated median daily wage for unskilled labour^{4,6,10}

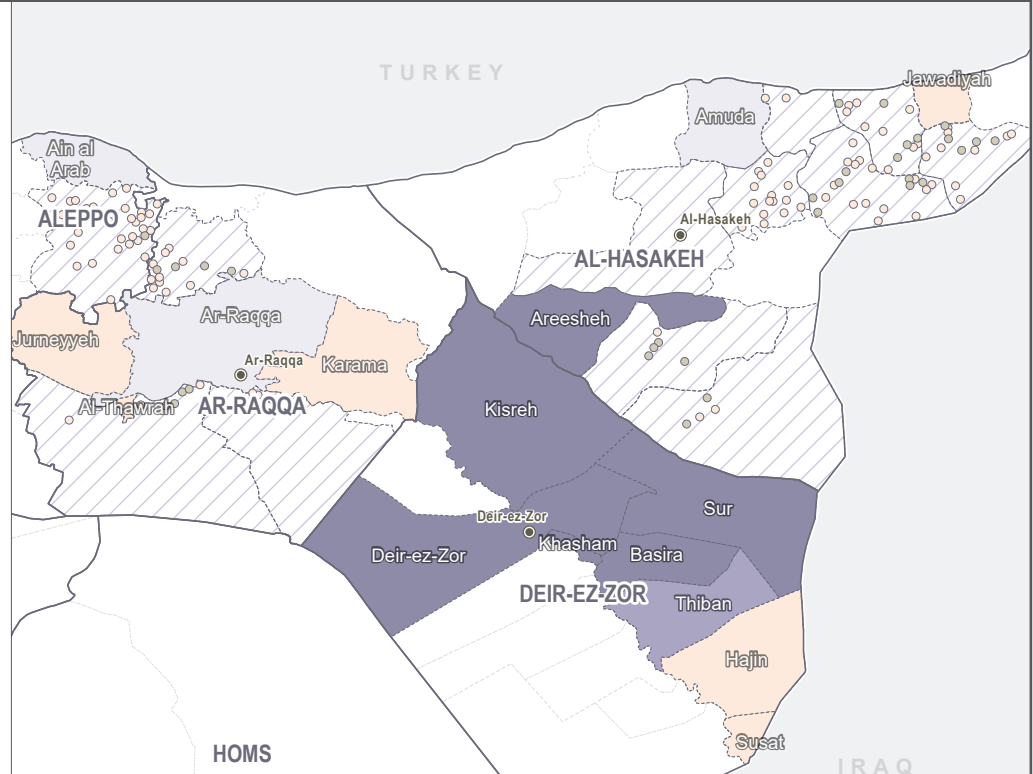


REPORTED LIVELIHOODS COPING STRATEGIES

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.

% of assessed communities in which KIs reported livelihoods coping strategy

- < 40%
- 40% - 59%
- 60% - 89%
- ≥ 90%
- Coping strategy reported in community
- No coping strategy reported
- Assessed sub-district with less than 30% coverage

Settlement type

- Governorate Capital

Administrative boundary

- Sub-district
- Governorate



HEALTH

KIs in 454 (85%) of 537 assessed communities reported **health** as a priority need. Some access to healthcare services was reported available by the majority of KIs in NES this month. In 96% of assessed communities, KIs reported access to health services in other/nearby communities. That said, pharmacies were the most commonly reported health facility in assessed and other/nearby communities, and a lack of medicines at health facilities was reported by nearly a third of KIs (32%) reporting on healthcare barriers. Additionally the inability to pay for health services was reported in 65% of reporting communities. Many KIs therefore reported communities using coping strategies, including going to a pharmacy instead of a clinic or seeking non-professional care, as reported in 87% and 37% of communities reporting coping strategies, respectively.



16%

In 16% of assessed communities (84/537), KIs reported that **households were able to access primary care facilities in their own or nearby communities.**



52%

In 52% of assessed communities (278/537), KIs reported that **households were able to access health services in their own communities.**



96%

In 96% of assessed communities (516/535), 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 278 communities reporting access inside community, and of 467 communities reporting access in other/nearby communities):⁴

In assessed communities	In other/nearby communities
Pharmacies 94% 1	87% Pharmacies
Primary care facilities 32% 2	76% Private clinics
Private clinics 32% 3	62% Primary care facilities
Private hospitals 12% 4	61% Public hospitals
Public hospitals 10% 5	58% Private hospitals

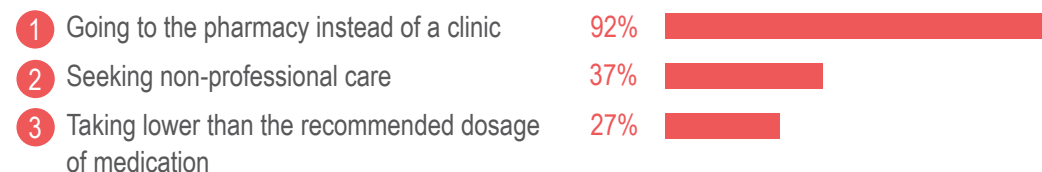
Most commonly perceived barriers to healthcare access

(by % of 530 communities where barriers reported):⁴



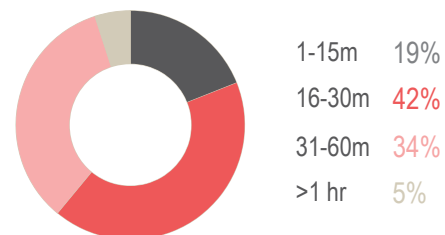
Most commonly reported coping strategies for a lack of healthcare services

(by % of 519 communities where coping strategies reported):⁴



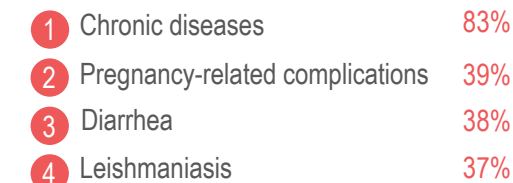
Reported time taken for households to travel to the most commonly used health facility

(by % of 537 communities where travel time reported):

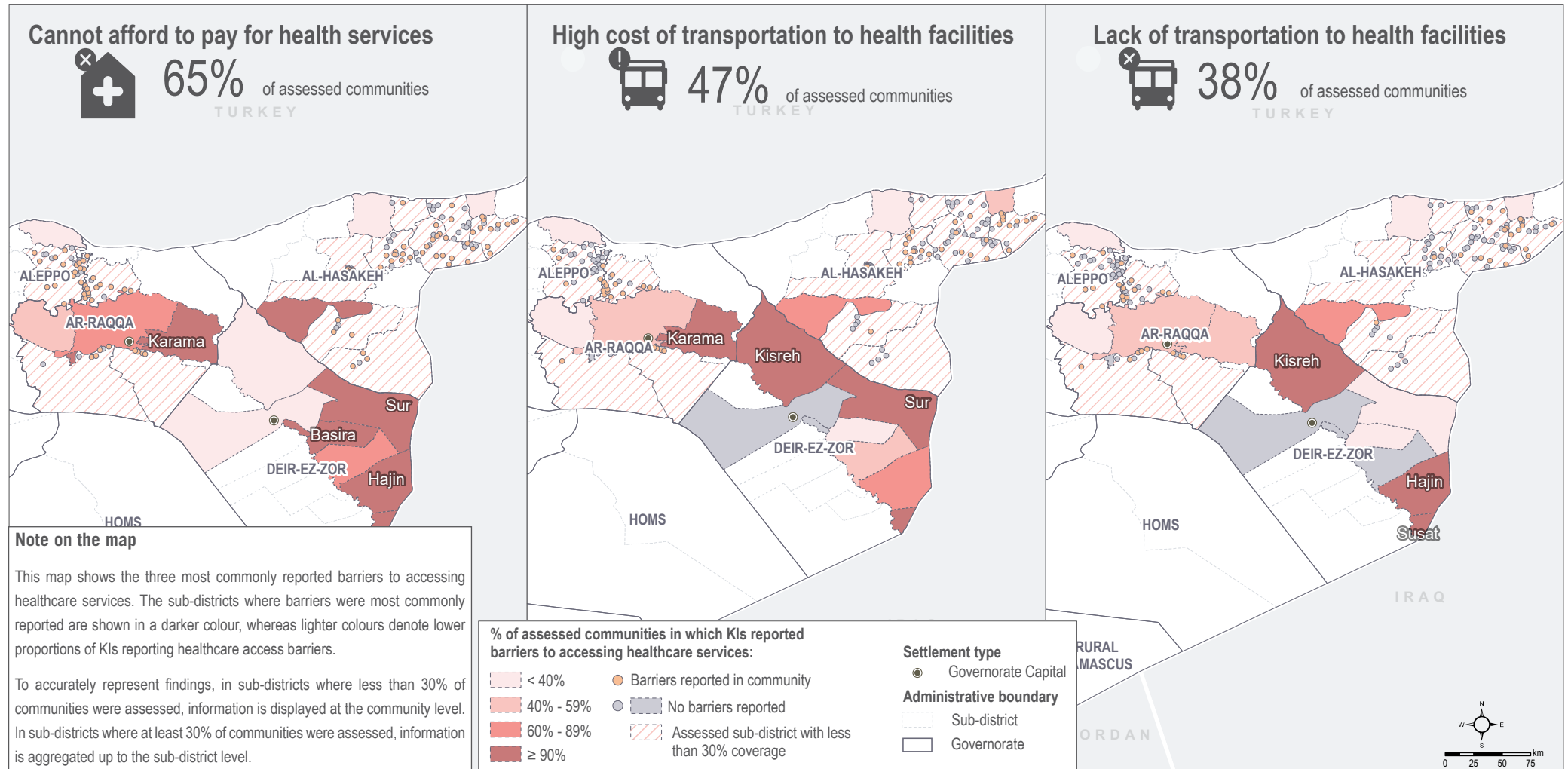


Most commonly reported health problems

(by % of 191 communities where knowledge of health problems reported):^{4,10}



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



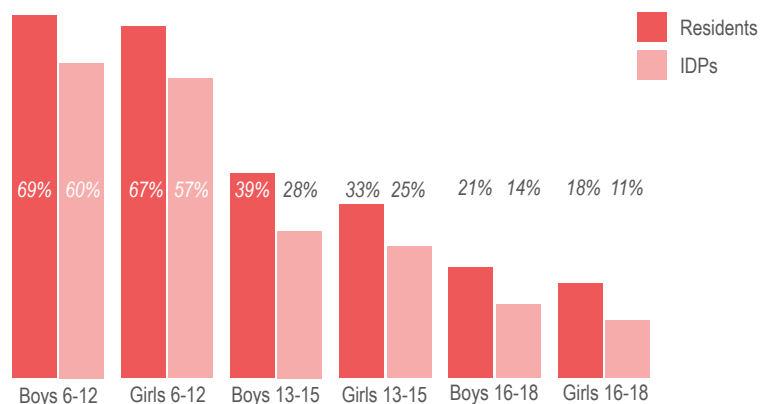
EDUCATION

KIs in 176 (33%) of 537 assessed communities reported **education** as a priority need. At the time of data collection, 71% of KIs reported that children still had access to education facilities within their own communities. Formal primary schools were reported in 91% of communities, while formal intermediary schools were more frequently reported in other/nearby communities. It was reported in 199 of assessed communities that schools were not open all days of the last month due to closures enforced by local authorities as a COVID-19 preventative measure. Other than school closures, lack of education for older students and unaffordability remained commonly reported as barriers to accessing education.

Most commonly reported types of education facilities available to children (3-18) (by % of 379 communities where reported for assessed communities, and of 265 communities for other/nearby communities):⁴

	In assessed communities	In other/nearby communities
Formal primary school	91% ①	51% Formal intermediary school
Formal intermediary school	31% ②	45% Non-formal secondary school
Non-formal primary school	9% ③	43% Formal primary school

Average reported attendance rates of children (by average % of each gender/age group reportedly attending school in 394 communities for residents and in 287 communities for IDPs):¹⁰



71% In 71% of assessed communities (379/537), KIs reported that **children were able to access education facilities within their own communities.**

In 234 of 537 assessed communities, KIs reported that schools were not in session all days in the previous month.

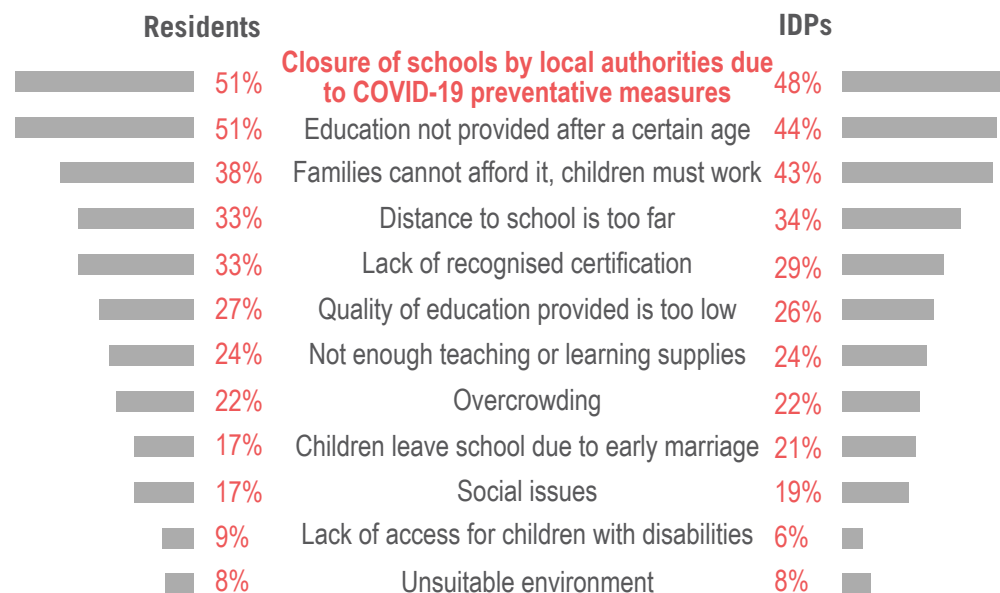


KIs in 199 of those 234 communities cited **closures by local authorities as a COVID-19 preventative measure** as the reason schools were not in session.

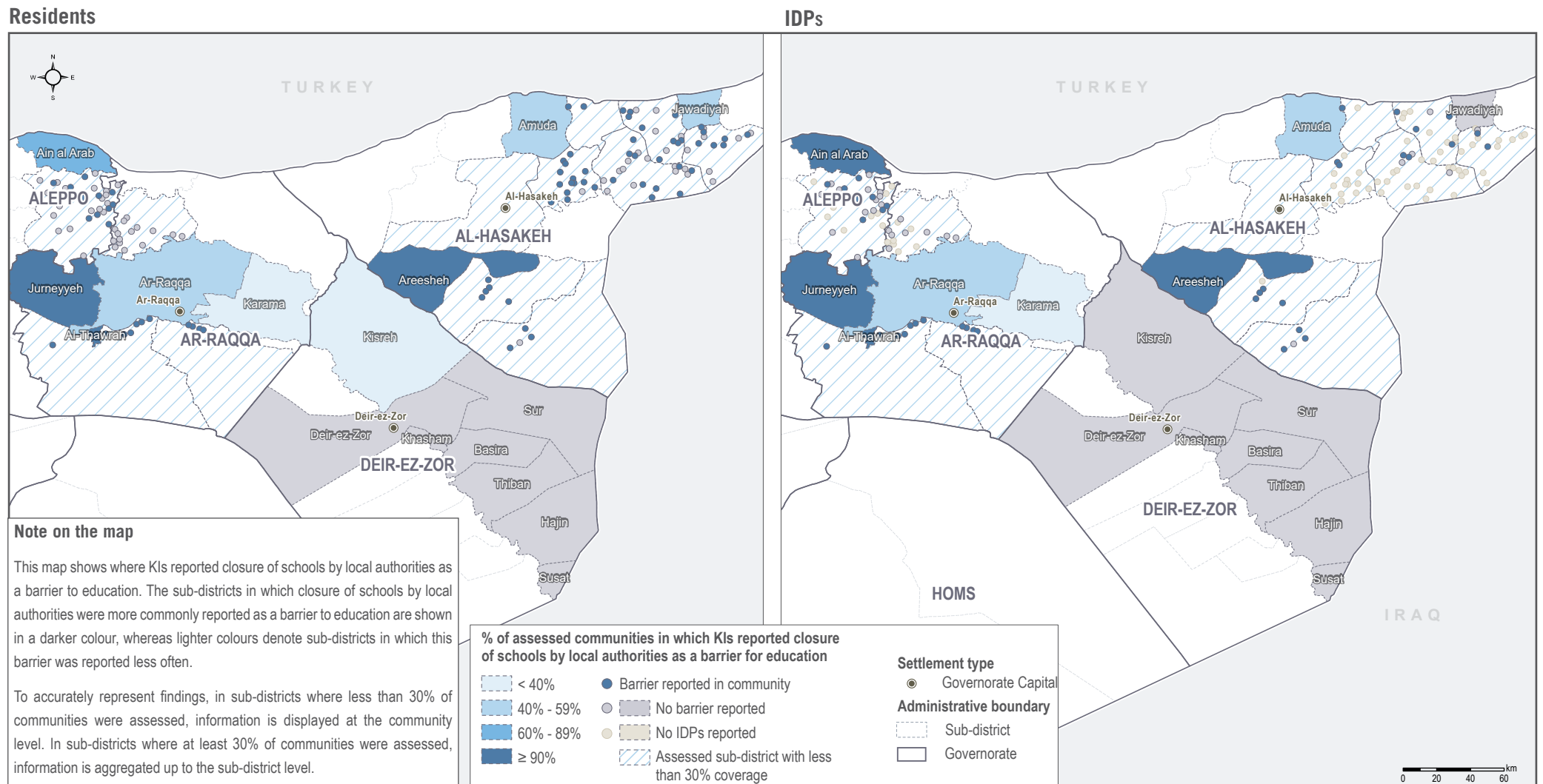


KIs in 27 of those 234 communities cited **a planned recess or holiday** as the reason schools were not in session.

Most commonly reported barriers for access to and quality of education services (by % of 515 communities where barriers reported for residents, and of 369 communities where barriers reported for IDPs):⁴



BARRIERS PREVENTING ACCESS TO EDUCATION: CLOSURE OF SCHOOLS BY LOCAL AUTHORITIES

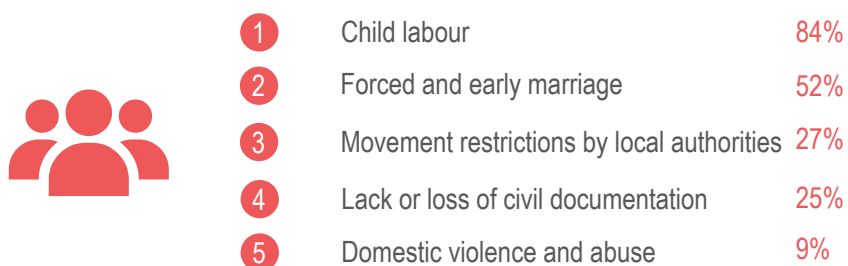


PROTECTION

KIs in 9 (2%) of 537 assessed communities reported **protection** as a priority need. While protection was not reported as a top priority need, the risks reported by KIs can also be seen highlighted across a number of other sectors. Child labour and forced and early marriage were the most commonly reported protection risks by KIs for both IDPs and residents. They are also reported by KIs as strategies resident and IDP groups use to cope with difficulty in meeting basic needs and barriers to children accessing education. Movement restrictions by local authorities is reported as a risk affecting 27% of residents and 28% of IDPs. While the restrictions put in place since late March are a protection measure against the spread of COVID-19, there is a perception that the restrictions are exacerbating the livelihoods challenges of many households who cannot afford to put off work for extended periods of time.⁹

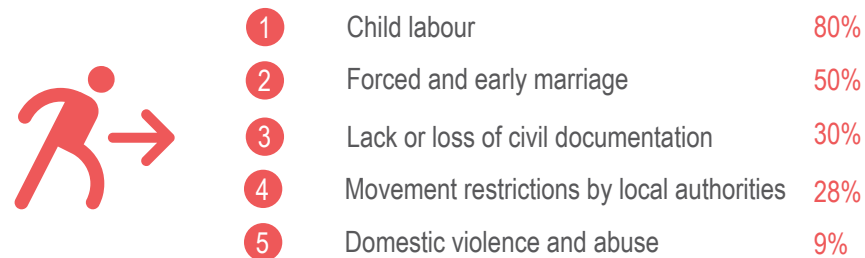
Most commonly reported protection risks faced by residents

(by % of 279 communities where risks reported):⁴



Most commonly reported protection risks faced by IDPs

(by % of 219 communities where risks reported):⁴



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 233 communities where reported):	Boys under 18	80%
2	Forced and early marriage (by % of 144 communities where reported):	Girls under 18	77%
3	Movement restrictions by local authorities (by % of 76 communities where reported):	All groups	47%
4	Lack/loss of civil documentation (by % of 69 communities where reported):	Men	64%
5	Domestic violence and abuse (by % of 25 communities where reported):	All groups	80%

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 176 communities where reported):	Boys under 18	77%
2	Forced and early marriage (by % of 110 communities where reported):	Girls under 18	71%
3	Lack/loss of civil documentation (by % of 66 communities where reported):	Men	65%
4	Movement restrictions by local authorities (by % of 62 communities where reported):	All groups	40%
5	Domestic violence and abuse (by % of 19 communities where reported):	All groups	79%

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 April 2020](#), 1 USD = 1,240 SYP, so 20,500 SYP = 16.53 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).
10. KIs were asked about the situation currently, instead of the last 30 days.
11. KIs were asked about the situation in the last two months, instead of the last 30 days.

ENDNOTES - CONTEXT

- a. Asharq Al-Awsat. (27 April 2020). Food prices across Syria double in a year, says WFP. Retrieved from <https://www.english.aawsat.com>
- b. Middle East Monitor. (30 April 2020). Daesh, Assad regime elements clash in Syria. Retrieved from <https://www.middleeastmonitor.com>
- c. MENAFN. (05 April 2020). Electricity station in Syria damaged in Turkish shelling. Retrieved from <https://www.mena.fn>
- d. Kurdistan24. (06 April 2020). Local administration restores damaged water pipeline in northeast Syria. Retrieved from <https://www.kurdistan24.net>
- e. The Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). (31 March 2020). ECHO Daily Flash of 31 March 2020 ECHO Daily Flash of 31 March 2020. Retrieved from <https://www.reliefweb.int>
- f. UN Office for the Coordination of Humanitarian Affairs . (06 April 2020). Syrian Arab Republic: COVID-19 Update No. 06 - 17 April 2020. Retrieved from <https://www.reliefweb.int>
- g. SMART News. (20 April 2020). Complaints about the impact of the curfew decision on Ar-Raqqa farmers. Retrieved from <https://www.smartnews-agency.com>

METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Ar-Raqqa, Al Hasakeh, Aleppo, and Deir-ez-Zor governorates. Data for this assessment was collected between 5-17 April, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (March/April 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. You can contact us directly at: 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.