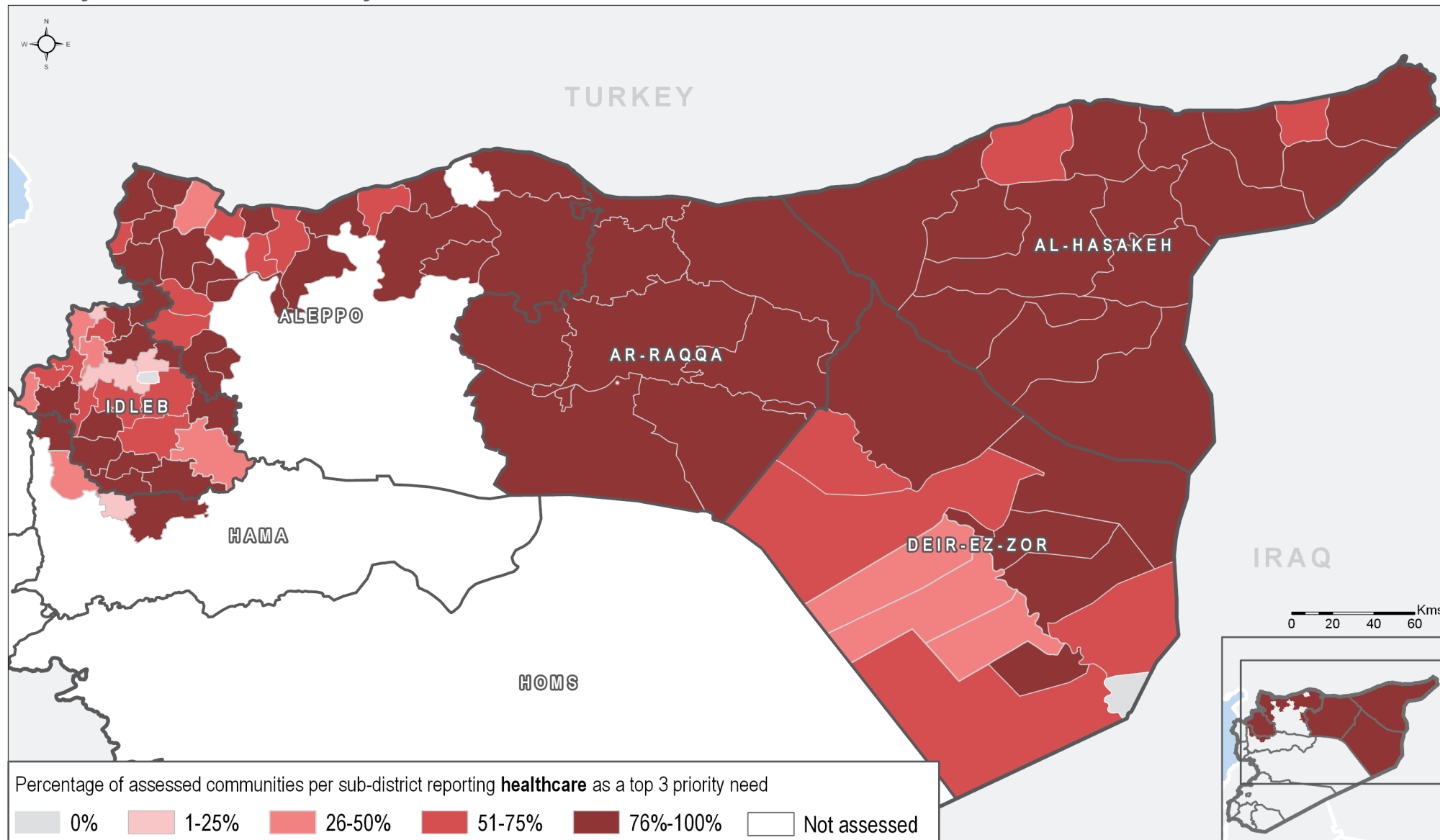


# Humanitarian Situation Overview in Syria (HSOS) May 2019

## Priority Need: Healthcare - May 2019

Humanitarian Purposes Only  
Production date : 30/06/2019



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

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

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

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

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

admin1Name	admin3Name	Healthcare	admin1Name	admin3Name	Healthcare	admin1Name	admin3Name	Healthcare	admin1Name	admin3Name	Healthcare
Al-Hasakeh	Al-Hasakeh	40/44	Aleppo	Bulbul	33/34	Ar-Raqqa	Mansura	15/17	Idleb	Armanaz	5/14
Al-Hasakeh	Al-Malikeyyeh	41/45	Aleppo	Daret Azza	14/25	Ar-Raqqa	Sabka	15/16	Idleb	Badama	4/13
Al-Hasakeh	Amuda	15/19	Aleppo	Ghandorah	19/34	Ar-Raqqa	Suluk	35/36	Idleb	Bennsh	1/4
Al-Hasakeh	Areesheh	45/53	Aleppo	Hadher	1/1	Ar-Raqqa	Tell Abiad	24/26	Idleb	Dana	18/20
Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	8/9	Aleppo	Haritan	8/8	Deir-ez-Zor	Abu Kamal	8/14	Idleb	Darkosh	17/26
Al-Hasakeh	Darbasiyah	11/15	Aleppo	Jandairis	39/44	Deir-ez-Zor	Al Mayadin	3/8	Idleb	Ehsem	16/19
Al-Hasakeh	Hole	7/8	Aleppo	Jarablus	30/35	Deir-ez-Zor	Ashara	4/9	Idleb	Harim	1/5
Al-Hasakeh	Jawadiyah	15/22	Aleppo	Ma'btali	24/25	Deir-ez-Zor	Basira	13/14	Idleb	Heish	14/17
Al-Hasakeh	Markada	38/43	Aleppo	Mare'	4/6	Deir-ez-Zor	Deir-ez-Zor	13/22	Idleb	Idleb	2/15
Al-Hasakeh	Qahtaniyyeh	21/26				Deir-ez-Zor	Hajin	4/7	Idleb	Janudiyeh	8/14
Al-Hasakeh	Quamishli	21/26	Aleppo	Menbij	58/61	Deir-ez-Zor	Jalaa	4/5	Idleb	Jisr-Ash-Shugur	30/36
Al-Hasakeh	Ras Al Ain	19/20	Aleppo	Nabul	1/1	Deir-ez-Zor	Khasham	7/9	Idleb	Kafr Nobol	22/28
Al-Hasakeh	Shadadah	58/73	Aleppo	Raju	45/50	Deir-ez-Zor	Kisreh	38/40	Idleb	Kafr Takharim	7/10
Al-Hasakeh	Tal Hmis	22/25	Aleppo	Sarin	88/91	Deir-ez-Zor	Muhasan	3/6	Idleb	Khan Shaykun	9/11
Al-Hasakeh	Tal Tamer	3/3	Aleppo	Sharan	16/35	Deir-ez-Zor	Sur	15/15	Idleb	Ma'arrat An Nu'man	25/38
Al-Hasakeh	Ya'robriyah	14/18	Aleppo	Sheikh El-Hadid	8/13	Deir-ez-Zor	Susat	0/3	Idleb	Maaret Tamsrin	13/16
Aleppo	A'zaz	9/16	Aleppo	Suran	19/25	Deir-ez-Zor	Tabni	8/13	Idleb	Mhambal	15/25
Aleppo	Abu Qalqal	16/19	Aleppo	Zarbah	15/16	Deir-ez-Zor	Thiban	9/11	Idleb	Qourqeena	13/16
Aleppo	Afrin	31/41	Ar-Raqqa	Al-Thawrah	2/2	Hama	Kafr Zeita	1/6	Idleb	Salqin	9/26
Aleppo	Aghtrin	30/40	Ar-Raqqa	Ar-Raqqa	65/79	Hama	Madiq Castle	4/11	Idleb	Sanjar	3/9
Aleppo	Ain al Arab	25/28	Ar-Raqqa	Ein Issa	46/48	Hama	Suran	1/1	Idleb	Saraqab	15/25
Aleppo	Al Bab	22/23	Ar-Raqqa	Jurneyyeh	42/46	Hama	Ziyara	10/10	Idleb	Sarmin	0/1
Aleppo	Ar-Ra'ee	29/31	Ar-Raqqa	Karama	25/28	Idleb	Abul Thohur	5/5	Idleb	Tamanaah	5/5
Aleppo	Atareb	19/30	Ar-Raqqa	Maadan	8/10	Idleb	Ariha	22/34	Idleb	Teftnaz	6/7

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

# Humanitarian Situation Overview in Syria (HSOS) May 2019

## HEALTH IN NORTHEAST SYRIA (NES)

**641/1,132** Communities reported that no assessed medical items were available in their community.<sup>14</sup>

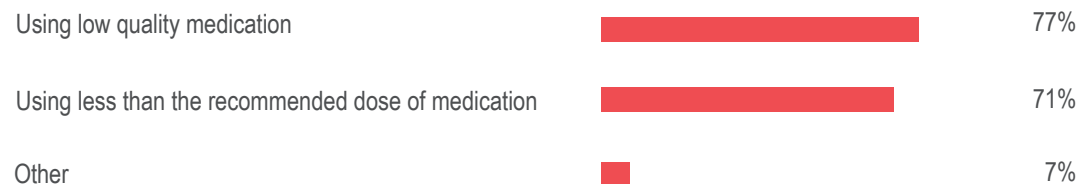
**338/1,132** Communities reported that the majority of women did not give birth in a formal health facility.

**0/1,132** Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).<sup>15</sup>

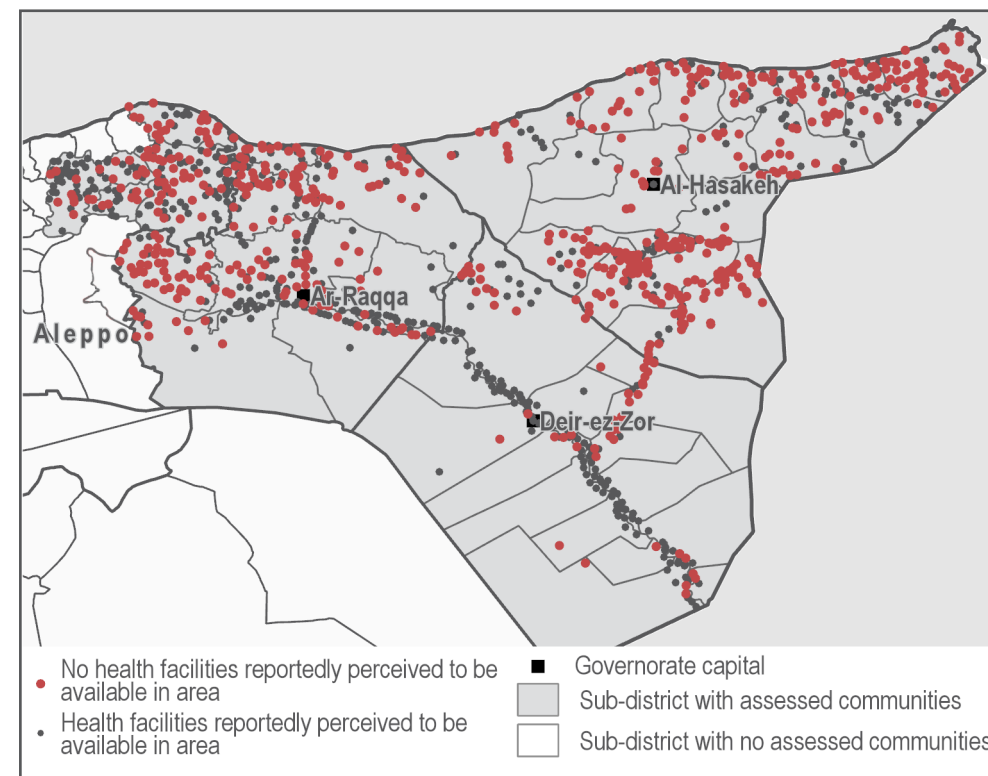
**23 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 1,109 assessed communities were:**<sup>6,7,9</sup>



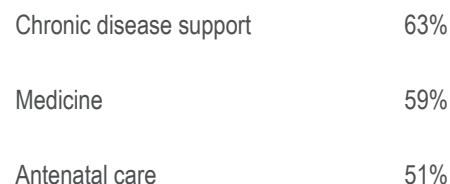
**393 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 739 communities were:**<sup>6,7,9</sup>



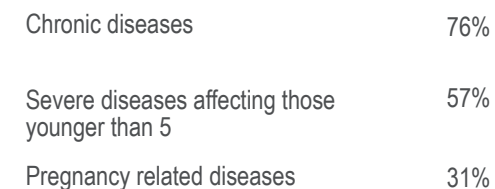
Presence of medical facilities in assessed communities:



Top 3 most needed healthcare services reported:<sup>6,7</sup>



Top 3 most common health problems reported:<sup>6,7</sup>



# Humanitarian Situation Overview in Syria (HSOS) May 2019

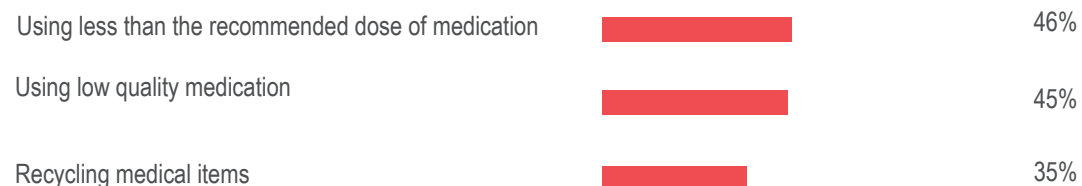
## HEALTH IN NORTHWEST SYRIA (NWS)

- 216/990** Communities reported that no assessed medical items were available in their community.<sup>1</sup>
- 119/990** Communities reported that the majority of women did not give birth in a formal health facility.
- 0/990** Communities reported that some individuals had been diagnosed with Severe Acute Malnutrition (SAM).<sup>2</sup>

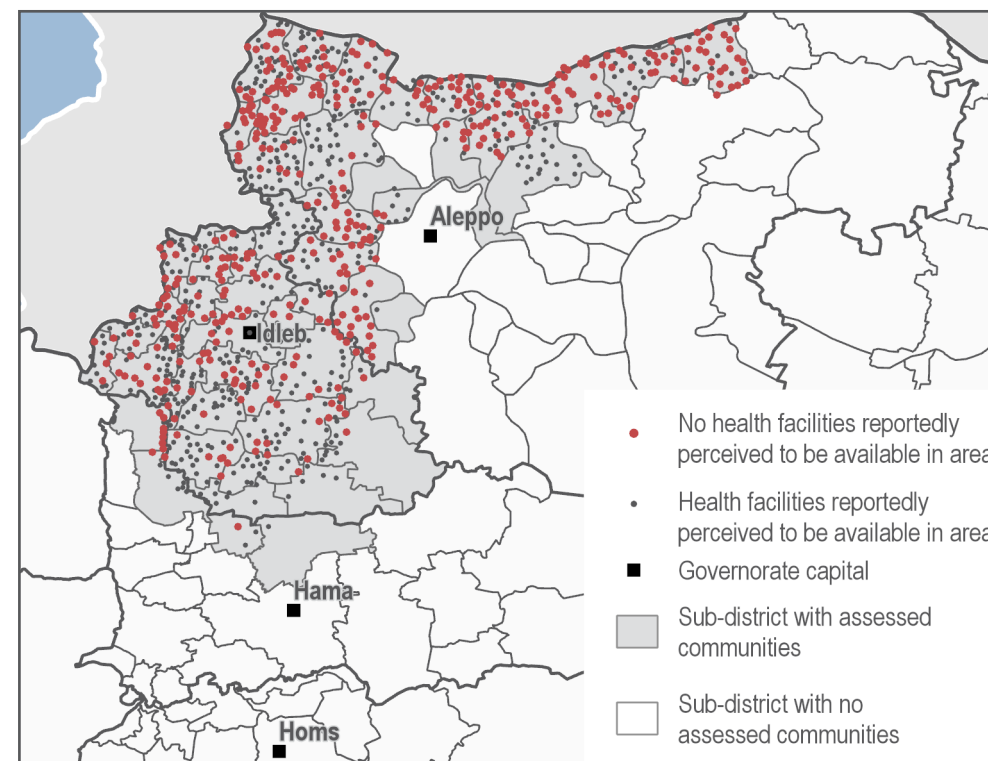
**234 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 756 assessed communities were:**<sup>3,4,5</sup>



**899 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:**<sup>3,4,5</sup>



### Presence of medical facilities in assessed communities:



### Top 3 most needed healthcare services reported:<sup>3,4</sup>

Antenatal care	53%
Chronic disease support	51%
Medicine	51%

### Top 3 most common health problems reported:<sup>3,4</sup>

Severe diseases affecting those younger than five	72%
Chronic diseases	55%
Acute respiratory infections	37%

## 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 render 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. This factsheet presents information gathered in 2,122 communities. Data was collected during the month of June 2019, and refers to the situation in May 2019.

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

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

<sup>2</sup> This information was derived from medical professionals (KIs). The total number of communities refers to all communities that had a KI as medical professional available. <sup>3</sup> Assessed using select multiple questions. <sup>4</sup> By percentage of communities reporting. <sup>5</sup> 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](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter @[REACH info](#).