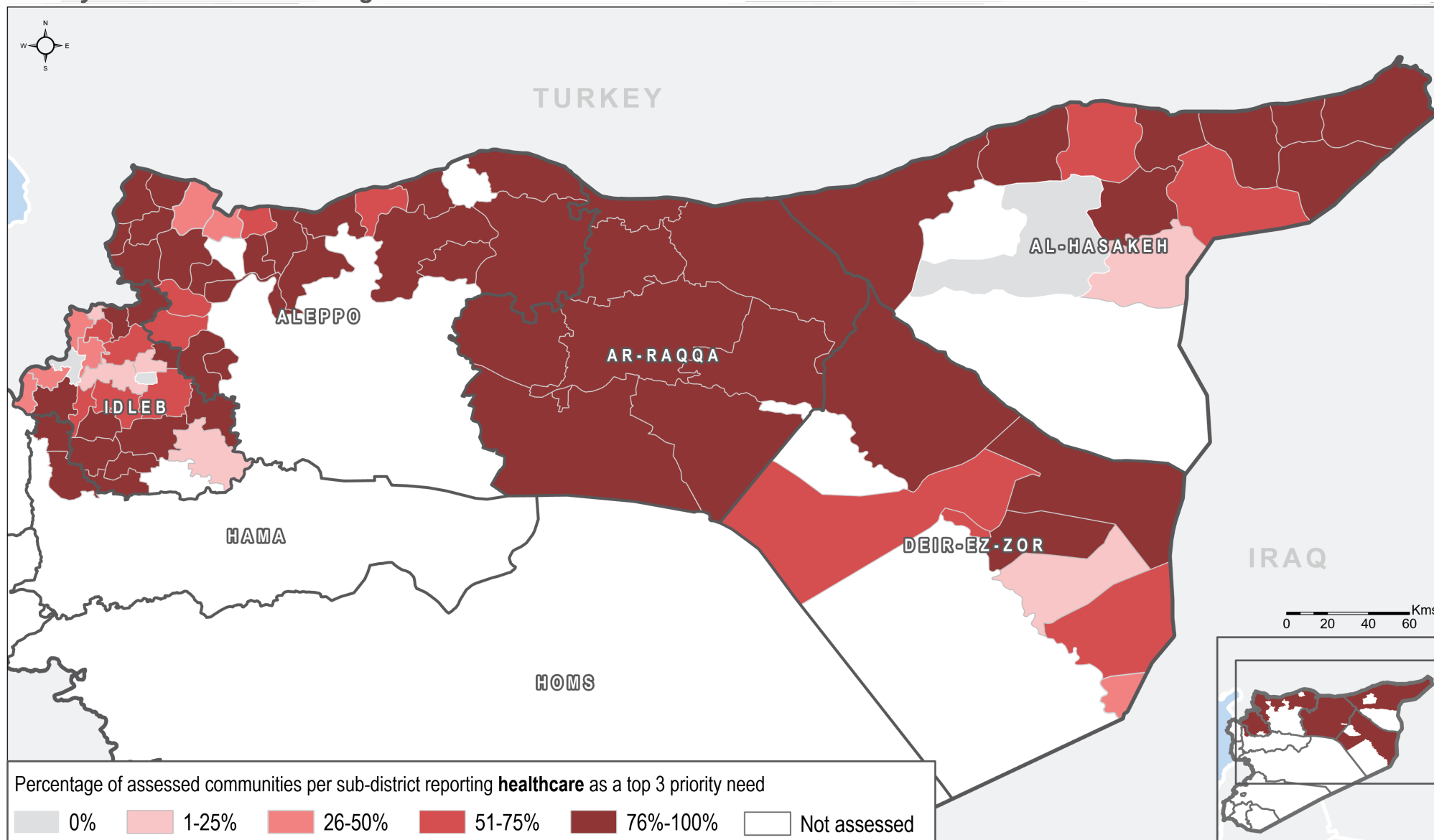


Priority Need: Healthcare - August 2019

Humanitarian Purposes Only
Production date : 07/10/2019



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.

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

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

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	0/1	Aleppo	Daret Azza	14/25	Ar-Raqqa	Mansura	8/9	Idleb	Ehsem	18/19
Al-Hasakeh	Al-Malikeyyeh	43/49	Aleppo	Ghandorah	24/36	Ar-Raqqa	Sabka	2/2	Idleb	Harim	1/5
Al-Hasakeh	Amuda	13/18	Aleppo	Hadher	1/1	Ar-Raqqa	Suluk	32/37	Idleb	Heish	13/13
Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	7/8	Aleppo	Haritan	8/8	Ar-Raqqa	Tell Abiad	23/26	Idleb	Idleb	3/15
Al-Hasakeh	Darbasiyah	16/16	Aleppo	Jandairis	36/44	Deir-ez-Zor	Basira	14/14	Idleb	Janudiyeh	5/12
Al-Hasakeh	Hole	2/11	Aleppo	Jarablus	33/35	Deir-ez-Zor	Deir-ez-Zor	4/6	Idleb	Jisr-Ash-Shugur	33/39
Al-Hasakeh	Jawadiyah	26/28	Aleppo	Ma'btali	25/25	Deir-ez-Zor	Hajin	5/7	Idleb	Kafr Nobol	21/26
Al-Hasakeh	Qahtaniyyeh	26/29	Aleppo	Mare'	5/6	Deir-ez-Zor	Khasham	3/4	Idleb	Kafr Takharim	6/10
Al-Hasakeh	Quamishli	15/16	Aleppo	Menbij	59/60	Deir-ez-Zor	Kisreh	37/39	Idleb	Khan Shaykun	2/2
Al-Hasakeh	Ras Al Ain	16/20	Aleppo	Nabul	1/1	Deir-ez-Zor	Sur	16/17	Idleb	Ma'arrat An Nu'man	29/30
Al-Hasakeh	Tal Hmis	15/23	Aleppo	Raju	45/50	Deir-ez-Zor	Susat	2/5	Idleb	Maaret Tamsrin	15/22
Al-Hasakeh	Ya'robayah	15/17	Aleppo	Sarin	83/90	Deir-ez-Zor	Thiban	1/11	Idleb	Mhambal	12/22
Aleppo	A'zaz	8/16	Aleppo	Sharan	15/31	Hama	Madiq Castle	2/2	Idleb	Qourqeena	13/17
Aleppo	Abu Qalqal	16/19	Aleppo	Sheikh El-Hadid	11/13	Hama	Ziyara	3/3	Idleb	Salqin	10/26
Aleppo	Afrin	31/37	Aleppo	Suran	18/25	Idleb	Abul Thohur	7/7	Idleb	Sanjar	1/6
Aleppo	Aghtrin	31/40	Aleppo	Zarbah	11/13	Idleb	Ariha	20/34	Idleb	Saraqab	18/24
Aleppo	Ain al Arab	25/28	Ar-Raqqa	Al-Thawrah	2/2	Idleb	Armanaz	4/14	Idleb	Sarmin	0/1
Aleppo	Al Bab	21/22	Ar-Raqqa	Ar-Raqqa	61/79	Idleb	Badama	5/12	Idleb	Teftnaz	6/7
Aleppo	Ar-Ra'ee	28/30	Ar-Raqqa	Ein Issa	43/46	Idleb	Bennsh	1/4			
Aleppo	Atareb	17/30	Ar-Raqqa	Jurneyyeh	40/42	Idleb	Dana	18/20			
Aleppo	Bulbul	31/33	Ar-Raqqa	Karama	25/28	Idleb	Darkosh	0/9			

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

Humanitarian Situation Overview in Syria (HSOS) August 2019

HEALTH IN NORTHEAST SYRIA (NES)

532/806 Communities reported that no assessed medical items were available in their community.¹

167/806 Communities reported that the majority of women did not give birth in a formal health facility.

0/806 Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).²

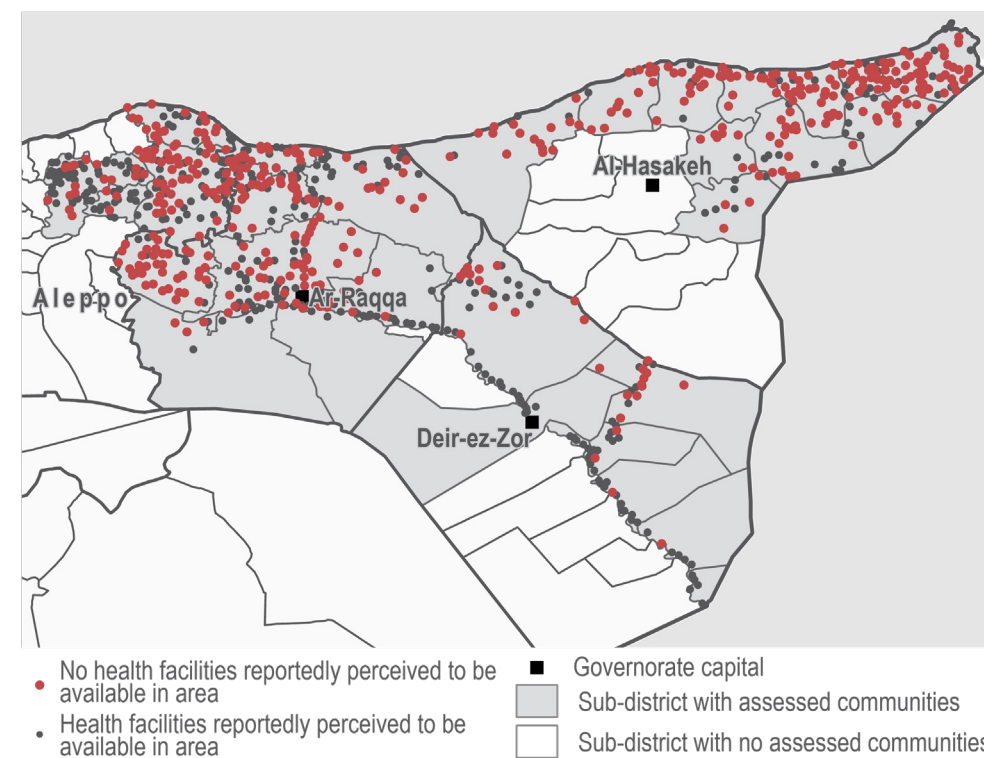
26 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining **780 assessed communities** were:^{3,4,5}



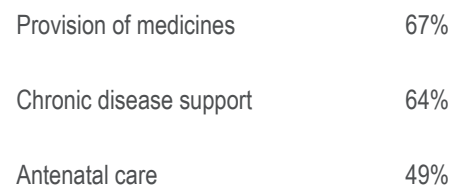
348 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining **458 communities** were:^{3,4,5}



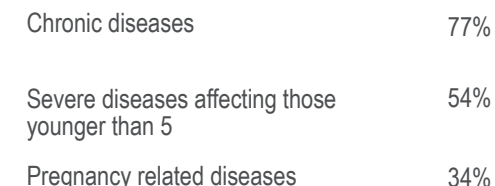
Presence of medical facilities in assessed communities:



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



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



Humanitarian Situation Overview in Syria (HSOS) August 2019

HEALTH IN NORTHWEST SYRIA (NWS)

- 184/922** Communities reported that no assessed medical items were available in their community.¹
- 100/922** Communities reported that the majority of women did not give birth in a formal health facility.
- 0/922** Communities reported that some individuals had been diagnosed with Severe Acute Malnutrition (SAM).²

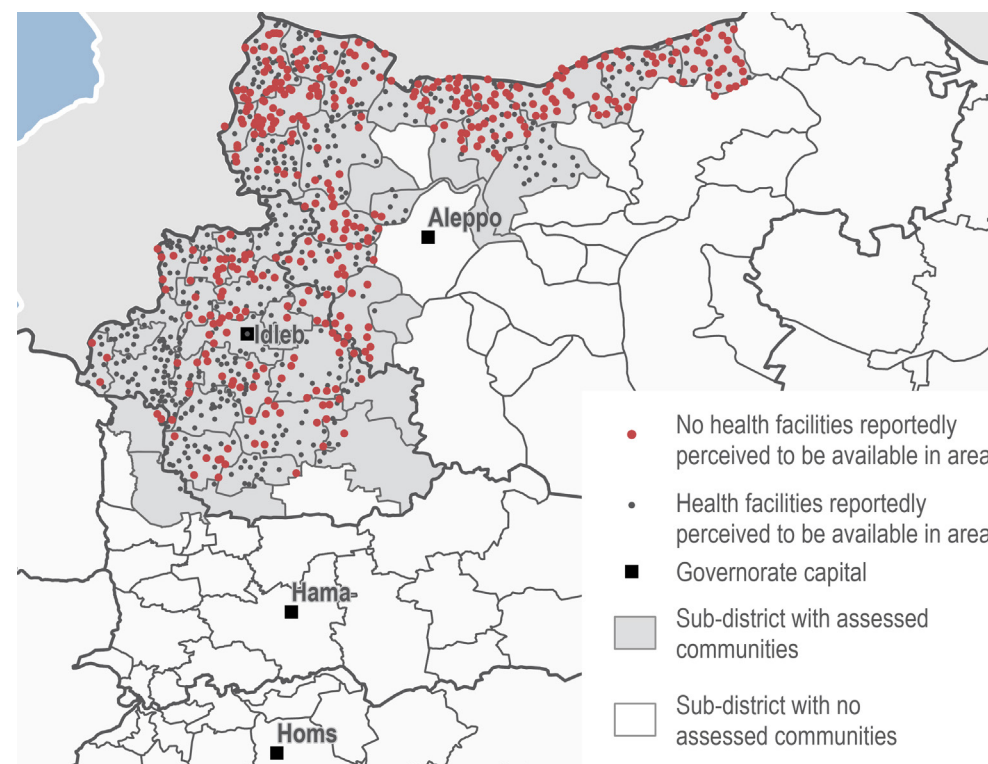
226 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 696 assessed communities were:^{3,4,5}



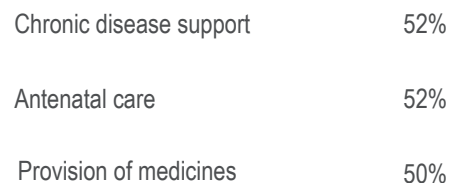
841 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 81 communities were:^{3,4,5}



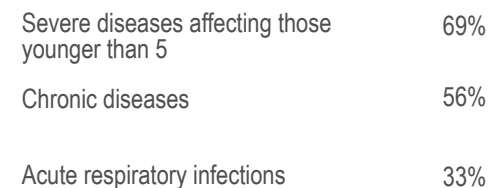
Presence of medical facilities in assessed communities:



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



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



METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idleb, Aleppo, northern Hama, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints 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 1,728 communities. Data was collected during the month of September 2019, and refers to the situation in August 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

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

² This information was derived from medical professionals (KIs). The total number of communities refers to all communities that had a KI as medical professional available. ³ Assessed using select multiple questions. ⁴ By percentage of communities reporting. ⁵ Not all surveys have answers for every question, in these scenarios the KI or participant will input no answer. When the dataset has no answer for a particular question the reported number of assessed communities will not add up to the total number of communities assessed and percentages will be calculated based on submitted responses.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @[REACH info](#).