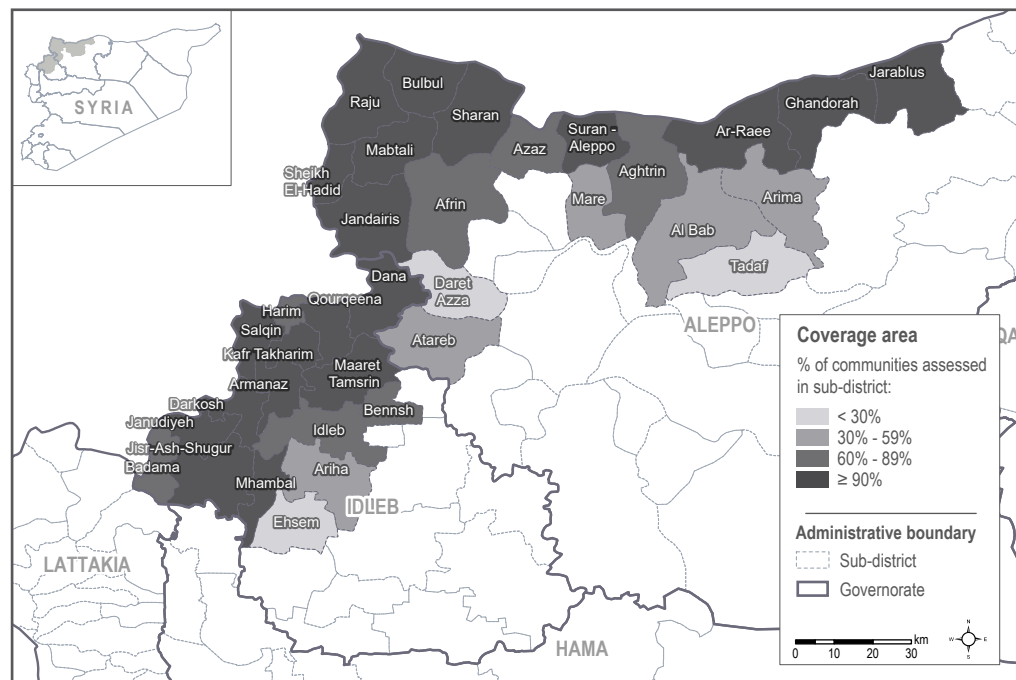


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA FEBRUARY 2020

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 799 communities across northern Aleppo (497 communities), western Aleppo¹ (16 communities) and Idlib (286 communities) governorates. Data was collected during the first 12 days of March 2020, and refers to the situation in Northwest Syria (NWS) in February 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

February findings reflected high levels of humanitarian needs among internally displaced people (IDP) populations, following escalation of conflict in Northwest Syria since December 2019^a. The top three priority needs recorded for IDPs were shelter, food, and winterisation, highlighting the precarious position of IDPs in host communities.




KIs in roughly half of the reporting communities cited that a proportion of the displaced population was living in vulnerable shelter structures, including tents, and unfinished and abandoned apartments. Tents and plastic sheeting used to reinforce vulnerable structures were the most commonly reported shelter needs for IDPs. Cash to pay rent was another one. Relatedly, the average rent price for a 2-bedroom apartment reportedly peaked in sub-districts that received large proportions of IDPs, such as Dana sub-district, which recorded a rent price of 47,250 Syrian Pound (SYP) - more than twice that of the regional average (22,400 SYP).^{*} KIs in only 7% of reporting communities cited that households had access to shelter assistance, despite findings suggesting high levels of shelter needs.

Findings further highlighted that IDPs in particular struggled to meet basic needs relating to food and winterisation. According to REACH's Market Monitoring Exercise⁶ in NWS, the survival minimum expenditure basket (SMEB) cost was 111,964 SYP in February. In comparison, the average daily wage for IDPs, as reported by KIs, was 2,000 SYP. Unaffordability of food was reported as a barrier to accessing sufficient food for IDPs in 76% of reporting communities. KIs highlighted the need for bread, rice, and fresh vegetables. The most commonly reported winterisation need was heating fuel. Winter items, in general, were reported to be unaffordable in 82% of communities. Even so, KIs reported access to winter assistance in only 12% of reporting communities, while access to food assistance was reported in 67% of communities.

Top 3 reported overall priority needs in assessed communities:²

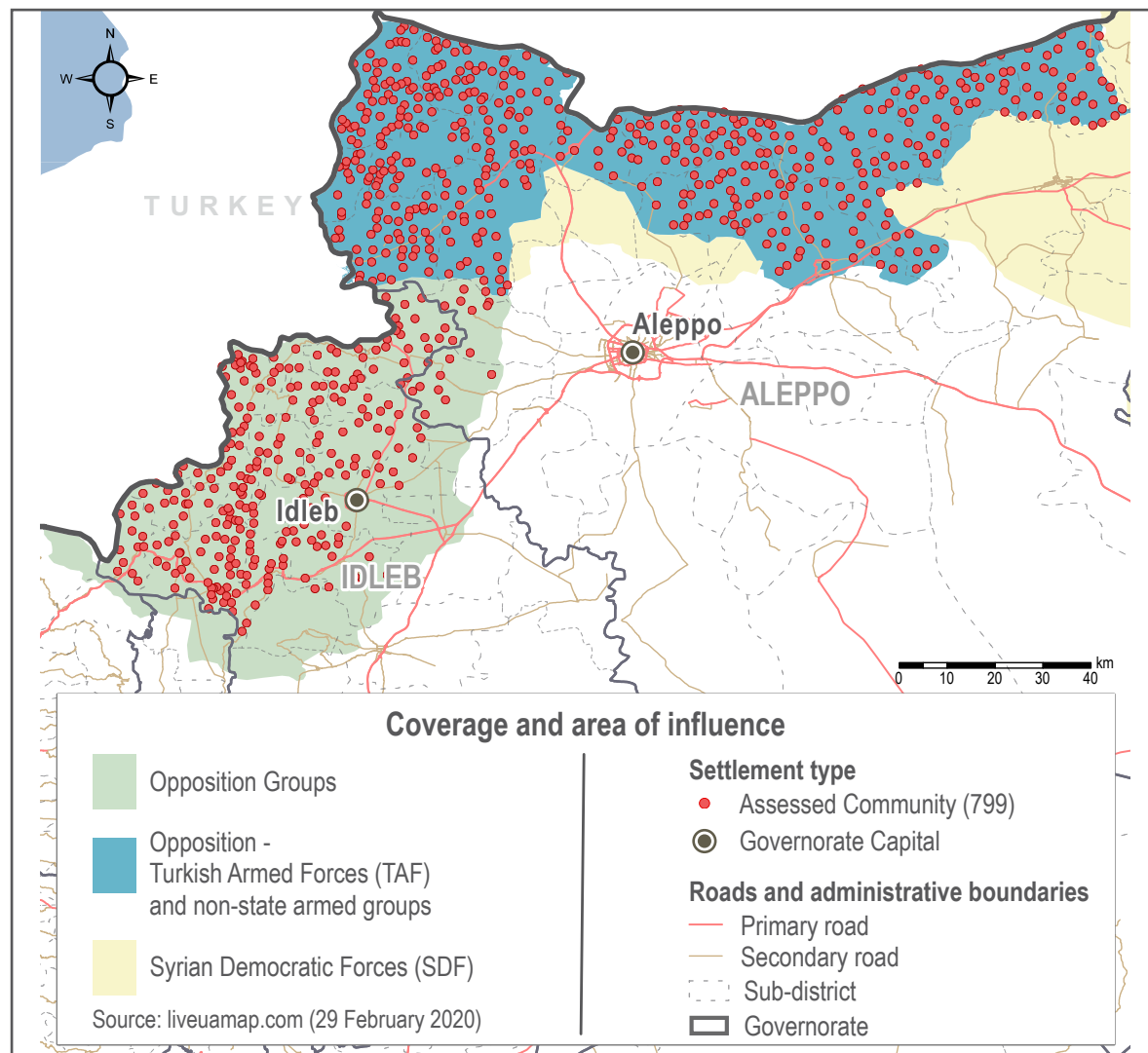
- 1 Livelihoods
- 2 Winterisation
- 3 Health

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

-  **2,933 KIs**
-  **19% female KIs**
-  **12 types of KIs³**

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

¹ * According to the REACH Market Monitoring exchange rate⁶ for February, 22,400 SYP, 47,250 SYP, 111,964 SYP, and 2,000 SYP was approximately equal to 21.64 United States Dollar (USD), 45.65 USD, 108.17 USD, and 1.94 USD respectively.



February saw significant levels of violence in Northwest Syria (NWS) following the escalation of conflict in December in 2019 and further intensification in January 2020. Military operations continued in southern and eastern Idlib as well as in western Aleppo. Waves of intensive aerial and artillery bombardments as well as ground fighting hit residential buildings, health facilities, markets, schools, and IDP camps in communities such as Daret Azza, Dana, Idlib city, Nayrab, Sarmin, and Kafr Nobol, resulting in a high civilian death toll.^a Since the latest escalation in December, at least 465 civilians, including 145 children, were killed as of 24 February.^b Hostilities continued to damage or destroy vital services and infrastructure, including some 77 health facilities that suspended activities as of 18 February.^c Indiscriminate violence displaced some 948,000 people between 1 December and 23 February, mostly towards the Turkish border (mainly to Maaret Tamsrin and Dana sub-districts), as well as to “Olive Branch” and “Euphrates Shield” areas of northern Aleppo (mainly to Afrin, Jandairis, Azaz, Sharan, Aghtrin and Al Bab sub-districts)^b. Many of those who could afford to move experienced multiple displacements due to continuously shifting frontlines.

February recorded unprecedented levels of humanitarian need. Mass displacement overburdened host communities where civilian and humanitarian services were already stretched beyond their capacity. Hundreds of thousands were forced to shelter in vulnerable structures such as makeshift tents and unfinished buildings, or in open spaces. Freezing temperatures, snow and rain aggravated already dire living conditions. Additionally, families experienced high levels of trauma and distress due to ongoing safety risks and family separation.^a The dire humanitarian situation was further compounded by high inflation and a parallel depreciation of the Syrian Pound (SYP) against the US Dollar (USD), causing the purchasing power of households to drop significantly.^d The volatile security situation restricted humanitarian access, while humanitarian staff were displaced themselves and aid supplies had to be left behind.^a

RESIDENT PRIORITY NEEDS

Top ranked priority needs for residents

(by % of 795 communities where KIs selected a first, second, and third priority need):²

	1st	2nd	3rd	Overall
Livelihoods		15%	13%	34%
Health		32%	12%	51%
Winterisation		8%	18%	42%
Education		8%	19%	38%
WASH		11%	10%	32%
NFIs		5%	15%	31%
Food		16%	9%	30%
Shelter		4%	2%	7%
Protection		1%	2%	5%

Top three most commonly reported Health needs for residents

(by % of 408 communities where health was reported as a priority need):²

- 1 First aid/emergency care 52%
- 2 Treatment for chronic diseases 47%
- 3 Skilled care during childbirth 45%

Top three most commonly reported Education needs for residents

(by % of 301 communities where education was reported as a priority need):²

- 1 Additional space for learning 61%
- 2 Better skilled teachers 58%
- 3 Suitable school environment 41%

Top three most commonly reported Livelihoods needs for residents

(by % of 500 communities where livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 80%
- 2 Tools/equipment for production 64%
- 3 Access to credit for entrepreneurial investment 36%

IDP PRIORITY NEEDS

Top ranked priority needs for IDPs

(by % of 749 communities where KIs selected a first, second, and third priority need):²

	1st	2nd	3rd	Overall
Winterisation		9%	18%	26%
Food		20%	20%	49%
Livelihoods		9%	16%	48%
Shelter		33%	5%	41%
NFIs		4%	14%	34%
Health		20%	7%	33%
WASH		4%	10%	23%
Education		2%	8%	16%
Protection		0%	1%	4%

Top three most commonly reported Shelter needs for IDPs

(by % of 309 communities where shelter was reported as a priority need):²

- 1 New or additional tents 79%
- 2 Tarpaulins or plastic sheeting 59%
- 3 Cash for rent 49%

Top three most commonly reported Food needs for IDPs

(by % of 364 communities where food was reported as a priority need):²

- 1 Bread 82%
- 2 Rice 49%
- 3 Fresh vegetables 37%

Top three most commonly reported Winterisation needs for IDPs

(by % of 394 communities where winterisation was reported as a priority need):²

- 1 Heating fuel 93%
- 2 Winter clothes 48%
- 3 Floor mats 46%

HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 799 assessed communities):



Yes: 68%
No: 32%

More than two thirds of KIs reported that communities had access to humanitarian assistance although nearly all of the communities also reportedly faced barriers to accessing humanitarian assistance (543/545). Of those communities able to access assistance, it was reported that the assistance provided was insufficient, and that there was poor targeting of beneficiaries while the most commonly reported type of missing information was how to register for aid.

Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 543 communities where access was reported, and by % of 254 communities where no access was reported):⁴

Communities reporting access to humanitarian assistance

Communities reporting no access to humanitarian assistance

Assistance provided was insufficient	83%	1	79%	No humanitarian assistance available
Poor targeting of beneficiaries who receive assistance	33%	2	10%	Not aware of what assistance was available
Types of assistance provided were not relevant to needs	17%	3	6%	Assistance provided was insufficient

Most commonly reported types of important information not being provided to households (by % of 799 communities where missing information was reported):⁵

1	How to register for aid	53%
2	How to find work	52%
3	How to get more money/financial support	44%
4	How to get food	21%
5	The security situation in the community	16%

Most commonly reported types of humanitarian assistance households had access to in communities (by % of 545 communities where reported):⁴

Food, nutrition	67%
Health	59%
Water, Sanitation and Hygiene (WASH)	26%
Education	12%
Winterisation	12%
Non-Food Items (NFIs)	11%
Cash assistance, vouchers	9%
Shelter	7%
Agricultural supplies	4%
Protection including information services	3%
Electricity assistance	2%
Livelihood support	1%

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

(by % of 799 communities where preferred ways were reported):²

1	In person	70%
2	Whats App (or other mobile phone-based platforms)	69%
3	Social media (Twitter, Facebook, etc)	32%
4	Leaflets	15%
5	Billboards	13%

46% In 46% of the assessed communities able to access assistance (251/543), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**

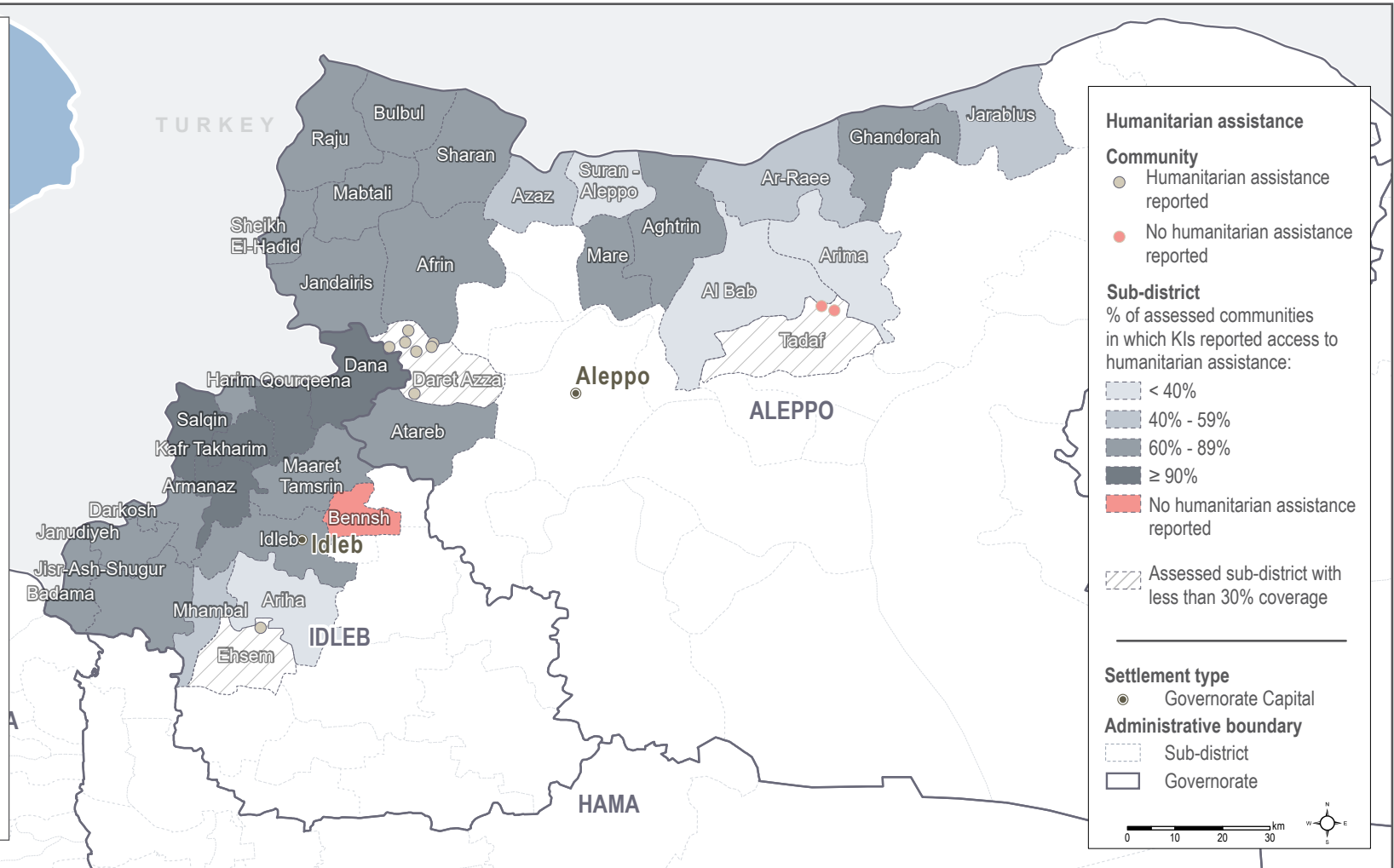
REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

Note on the map

This map shows the reported humanitarian assistance per sub-district. The sub-districts in which humanitarian assistance was more commonly reported are shown in a darker colour, whereas lighter colours denote a lower proportion of communities reporting access to humanitarian assistance.

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.

Out of sub-districts where at least 30% of communities were assessed, in Armanaz, Dana, Kafr Takharim, Qourqeena and Salqin, 90% (or more) of KIs reported that households were able to access humanitarian assistance. At the community level, in a majority of the assessed communities (545 out of 799), KIs reported that humanitarian assistance had been provided in February.



SECTORAL FINDINGS



KIs in **68%** of communities reported that **households had access to humanitarian assistance** (545 of 799 communities).



KIs in **80%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (600 of 749 communities).



5 to 6 hours per day was the most commonly reported range for hours of electricity per day (392 (49%) of 799 assessed communities).



KIs in **54%** of communities reported that **not all households had access to sufficient water** (429 of 799 communities).



KIs in **17%** of communities reported **that households were not able to access markets within their own communities** (134 of 799 communities).



KIs in **54%** of communities reported that **households were not able to access health services in their own communities** (430 of 799 communities).



The distance to schools was a key barrier preventing access to education for both residents (445 (56%) of 788 communities) and IDPs (420 (56%) of 746 communities).



Child labour was the most commonly reported protection risk for both resident (303 (52%) of 584 communities) and IDP children (384 (67%) of 577 communities).

Humanitarian Assistance & AAP More than two thirds of KIs reported community access to humanitarian assistance this month, although nearly all of those communities also reportedly faced barriers to accessing humanitarian assistance (543/545). Of those communities, it was reported that the assistance provided was insufficient, and that there was poor targeting of beneficiaries, while the most commonly reported type of missing information was how to register for aid.

Shelter Commonly reported shelter inadequacies for both IDPs and residents included lack of heating and lack of insulation from the cold. Commonly reported barriers to households wishing to repair their shelters were relating to unaffordability of both materials and services needed, as well as the security situation. KIs reported the prevalence of both major and minor damage in more than half of assessed communities, underlining the need for shelter repairs. Additionally, KIs reported the issue of overcrowding in 80% of communities for IDPs, and 50% of communities for residents.

Electricity & NFI Most households did not rely on the main network for electricity, as solar panels were the most commonly reported source of electricity, followed by batteries, and community generators. The main network was reported as the main source of electricity by KIs in 2% of communities, and 5-6 hrs/day was the most commonly reported range of hours of electricity available. Commonly reported barriers to accessing electricity were the high price of fuel and the high price of solar panels.

WASH Over half of KIs indicated that not all households had access to sufficient water. The reported barriers included the high price of water trucking, lack of a working main water network, and the high price of alternatives. While KIs in two thirds of the assessed communities reported that communities were connected to a main water network, more than half reported the water network functioning 0 days per week.

Food Security & Livelihoods Lack of transportation to markets was the most commonly reported barrier to accessing markets for both IDPs and residents, followed by the overall distance to markets and a lack of accessibility for persons with disabilities. Affordability was the main barrier to accessing sufficient food for both IDPs and residents, while low wages was the most commonly reported barrier to adequate livelihoods that meet basic needs for both groups.

Health While KIs stated that households in nearly all communities were able to access healthcare facilities in either their own or nearby communities, barriers to accessing healthcare services were still reported. Availability and high cost of transportation to health facilities were the two most commonly reported barriers to healthcare. Two of the most commonly reported strategies to cope with a lack of healthcare services across assessed communities were seeking non-professional care and using non-medical items for treatment.

Education Reported barriers to accessing education included impediments related to escalation of conflict. Traveling to or from school was reportedly unsafe for residents and IDPs in 18% and 14% of reporting communities, respectively. According to KIs, schools in 45 communities were not in session because of the escalation of violence, while schools in 64 communities were being used as a shelter for IDPs.

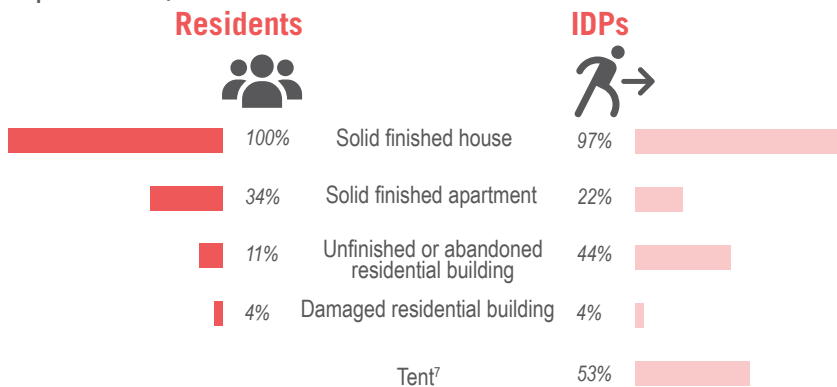
Protection The population groups reported to be most affected by the most commonly reported protection risks were children. Boys were most commonly reported to be affected by child labour and a lack of civil documentation, while girls under 18 were reported by KIs to be most commonly affected by early, forced marriage.

SHELTER

KIs in 343 (43%) of 799 assessed communities reported **shelter** as a priority need. Commonly reported shelter inadequacies for both IDPs and residents included lack of heating and lack of insulation from the cold. Commonly reported barriers to households wishing to repair their shelters were relating to unaffordability of both materials and services needed, as well as the security situation. KIs reported the prevalence of both major and minor damage in more than half of assessed communities, underlining the need for shelter repairs. Additionally, KIs reported the issue of overcrowding in 80% of communities for IDPs, and 50% of communities for residents.

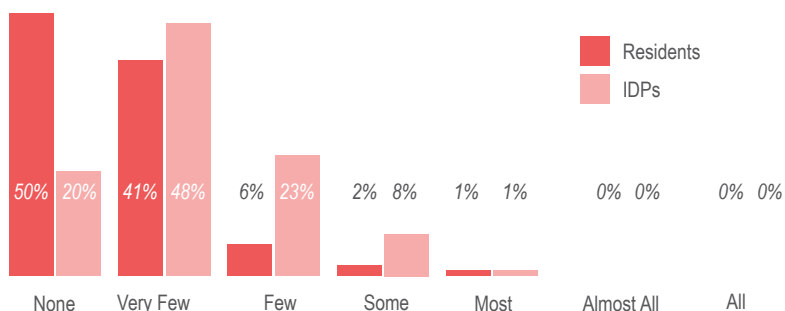
Most commonly reported shelter types for residents and IDPs

(by % of 795 communities where reported for residents, and of 749 communities where reported for IDPs):²



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

(by % of 795 communities where reported for residents, and by % of 749 communities where reported for IDPs):*



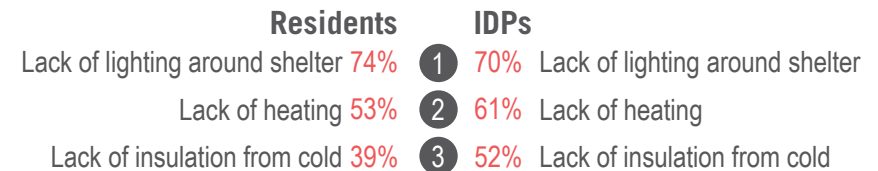
*The above categories correspond to the following proportion ranges of what portion of IDPs or residents were living in overcrowded shelters: none (0%), very few (1-20%), few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

22,400 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 562 communities).

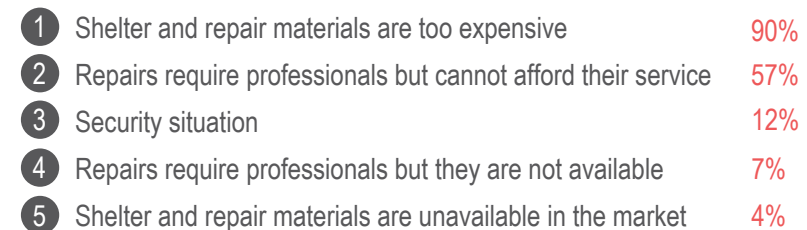
Most commonly reported shelter inadequacy issues

(by % of 709 communities where issues were reported for residents, and of 727 communities where issues were reported for IDPs):⁴



Most commonly reported barriers to households wishing to repair their shelters

(by % of 692 communities where barriers were reported):⁴



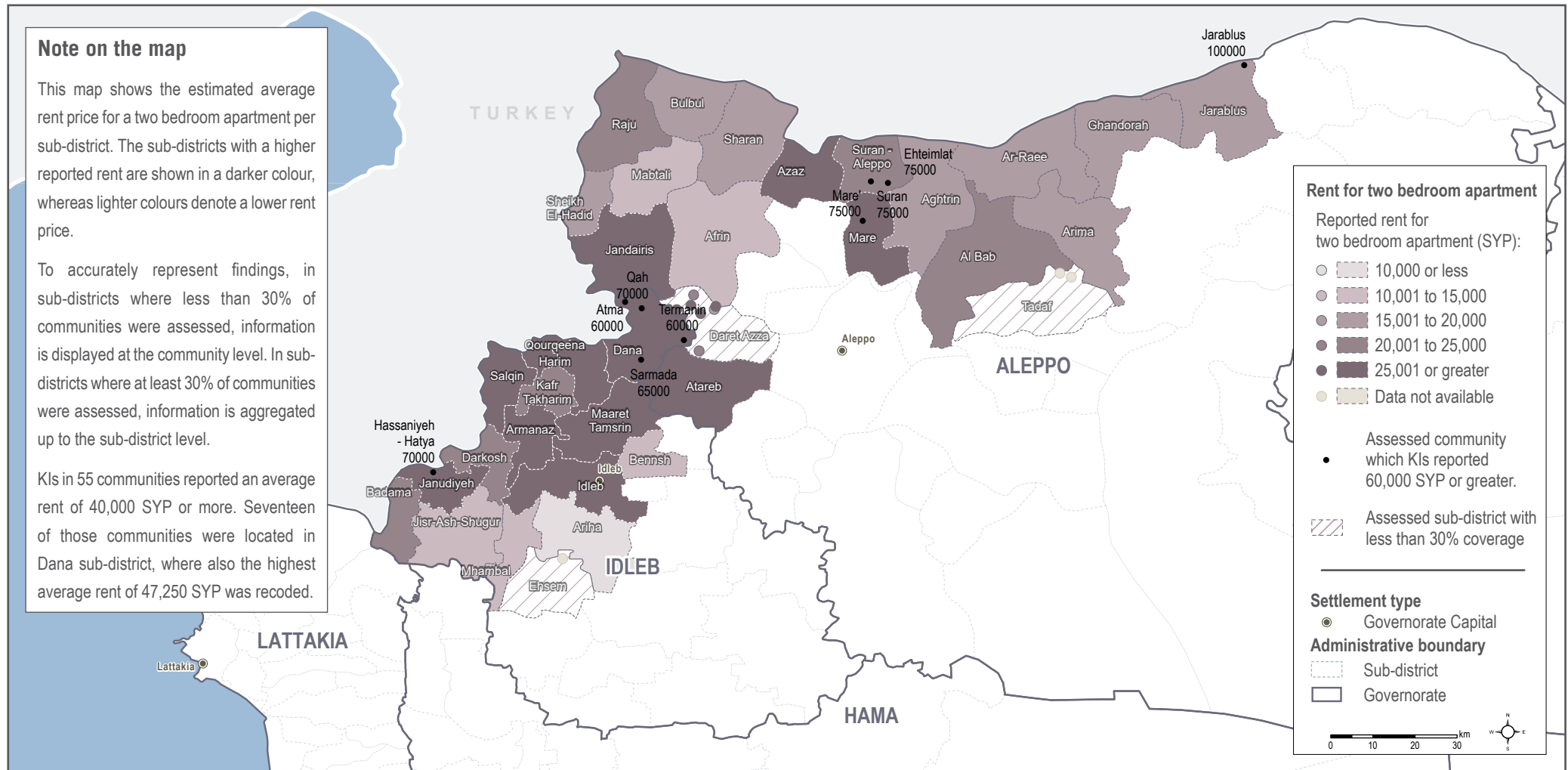
93%

In 93% of the assessed communities reporting on damage (724/784), KIs reported the presence of **occupied shelters with minor damage⁹ in their communities.**

55%

In 55% of the assessed communities reporting on damage (438/784), KIs reported the presence of **occupied shelters with major damage⁹ in their communities.**

AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



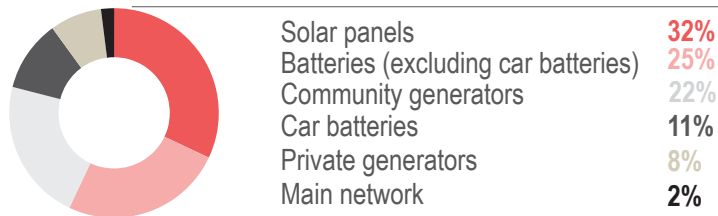
ELECTRICITY & NFIs

KIs in 344 (43%) of 799 assessed communities reported **NFIs** as a priority need. Most households did not rely on the main network for electricity this month, as solar panels were the most commonly reported source of electricity, followed by batteries and community generators. The main network was reported as the main source of electricity by KIs in 2% of communities, and 5-6 hrs/day was the most commonly reported range of hours of electricity available. Commonly reported barriers to accessing electricity were the high price of fuel and the high price of solar panels. Additionally, one of the most commonly reported unavailable household items were sources of light. Batteries being unaffordable for the majority of people was reported by KIs in 80% of communities where batteries were reported available.

5 - 6 hrs/day was the most commonly reported range for **hours of electricity accessible** to households (reported by KIs in 392 (49%) of 799 assessed communities).

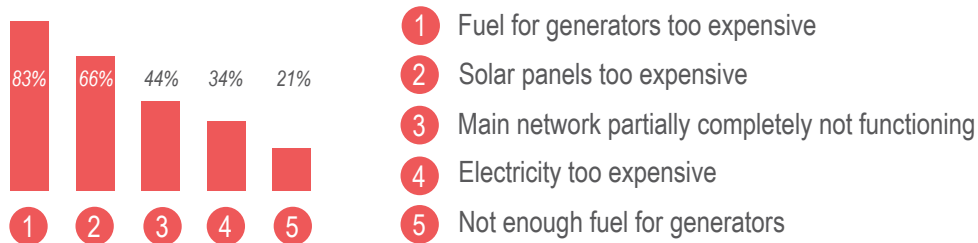
Most commonly reported main source of electricity

(by % of 798 communities where main source reported):

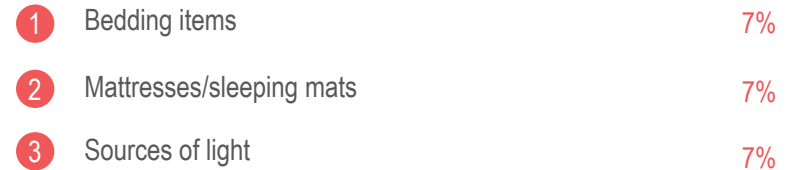


Most commonly reported barriers to accessing electricity

(by % of 792 communities where barriers reported):⁴



Most commonly reported unavailable household and personal hygiene items (by % of 797 communities where NFI availability was reported):⁴

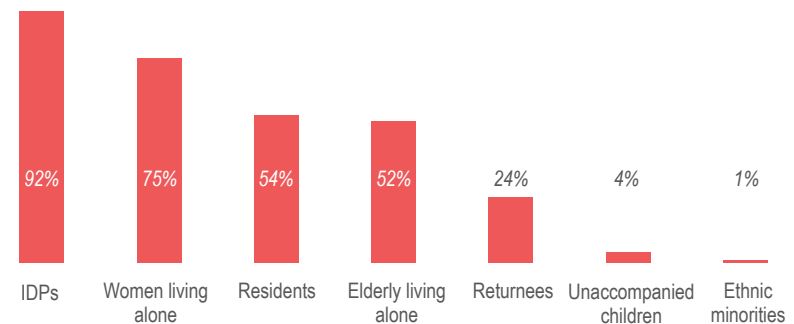


Most commonly reported available but unaffordable household and personal hygiene items (not affordable for the majority of people):⁴

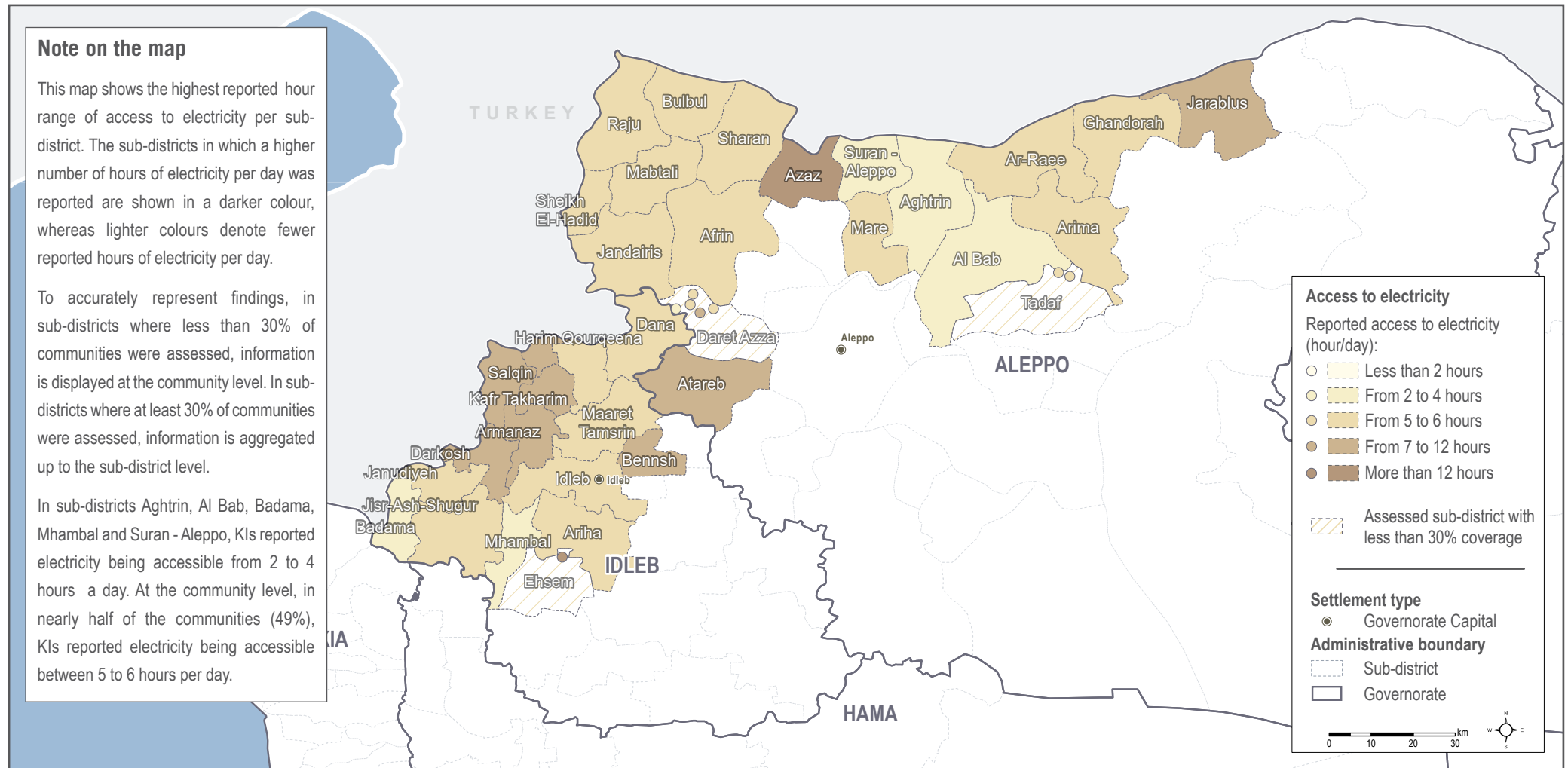


Population groups who reportedly could not afford NFIs

(by % of 491 communities where reported that specific groups could not afford items):^{4,8}



AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESSIBLE PER DAY



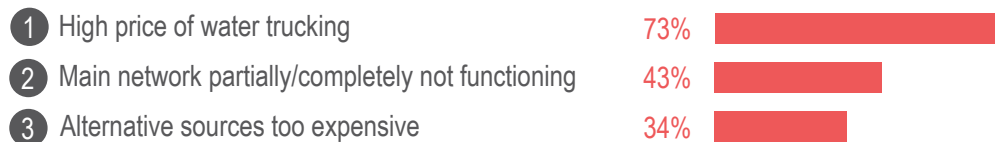
WATER, SANITATION AND HYGIENE (WASH)

KIs in 302 (38%) of 799 assessed communities reported **WASH** as a priority need. Over half of KIs indicated that not all households had access to sufficient water. The reported barriers included the high price of water trucking, lack of a working main water network, and the high price of alternatives. While KIs in two thirds of the assessed communities reported connectivity to a main water network, more than half reported the network functioning 0 days per week. Just over half (51%) of KIs reporting on sanitation issues reported no sewage system, while 30% reported that the sewage system needed either cleaning or repair. Two per cent (2%) of KIs in assessed communities reported rain water as the main source of drinking water.

54% In 54% of the assessed communities (429/799), KIs reported that **not all households had access to sufficient water**.

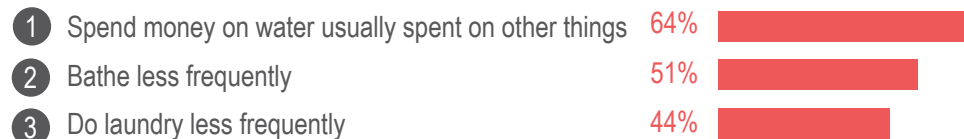
Most commonly reported barriers to accessing sufficient water

(by % of 429 communities where barriers reported):⁴



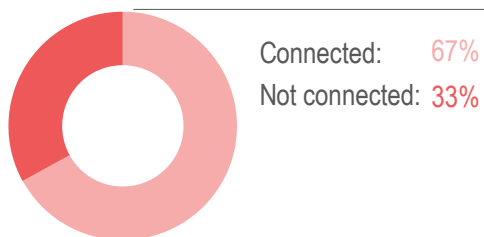
Most commonly reported coping strategies for a lack of water

(by % of 429 communities where coping strategies reported):⁴



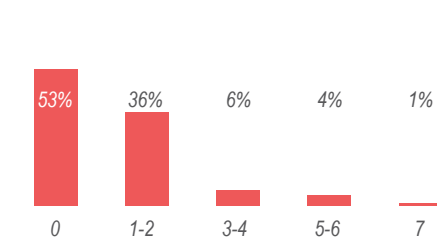
Reported connectivity to a main water network

(by % of all 799 assessed communities):



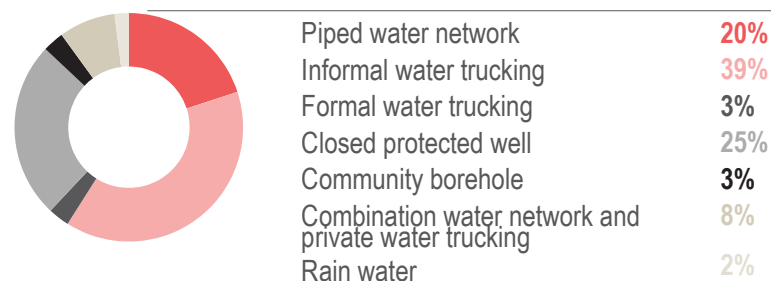
Number of days per week water from the main network was reportedly available

(by % of 539 communities where reported):



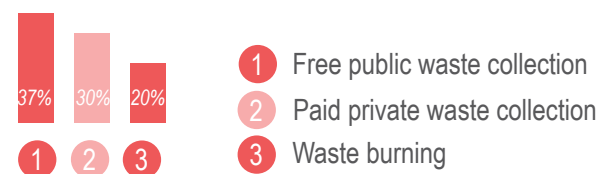
Most commonly reported sources of drinking water

(by % of all 799 assessed communities):



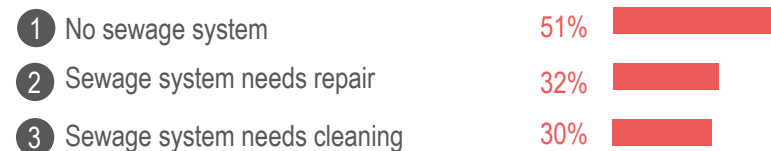
Most commonly reported ways people disposed of solid waste

(by % of 799 communities where top disposal method reported):

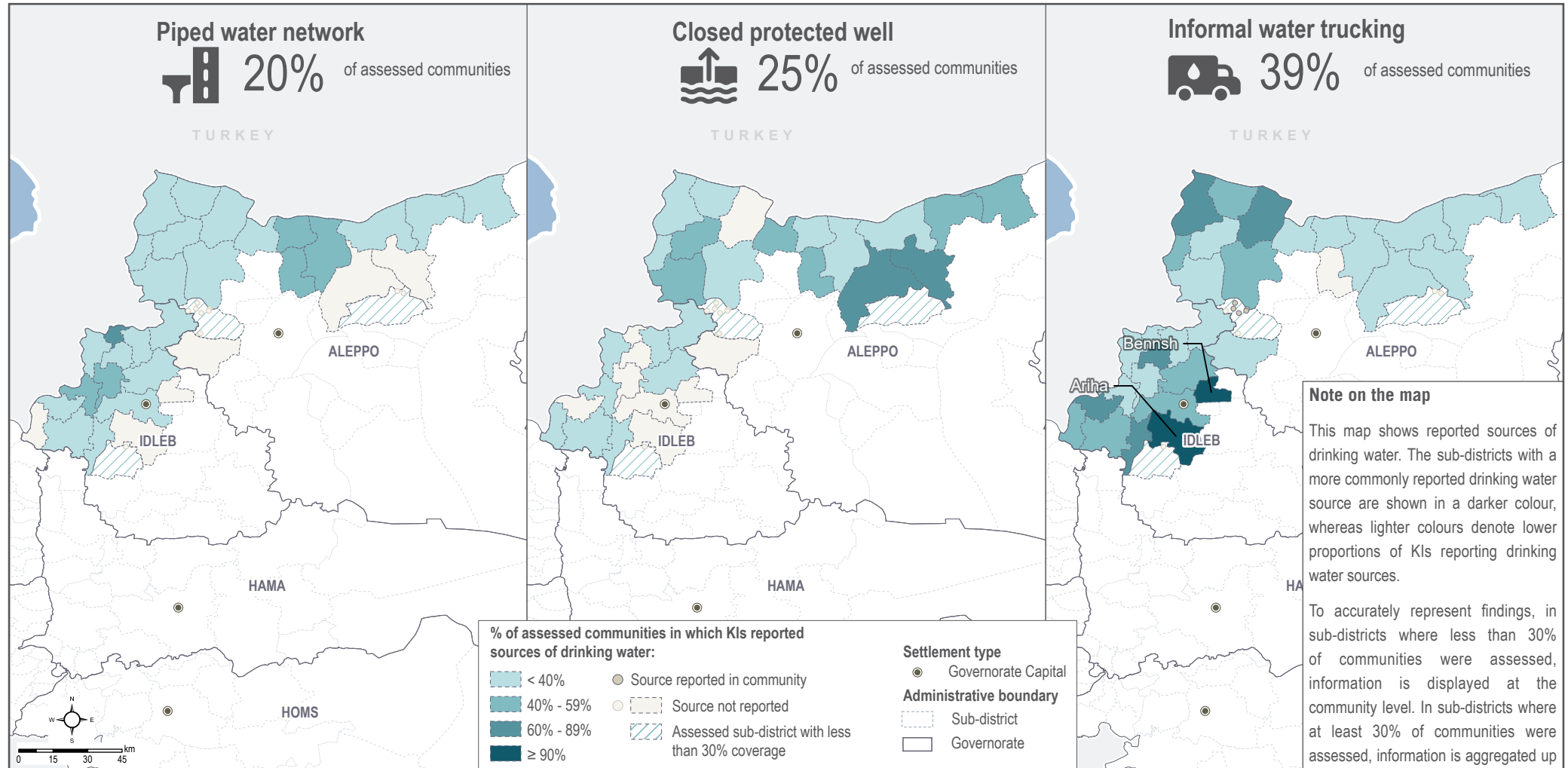


Most commonly reported sanitation issues

(by % of 530 communities where sanitation issues reported):⁴



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

KIs in 402 (50%) of 799 assessed communities reported **food security** as a priority need, which was the overall second most commonly selected priority need for IDPs this month. Lack of transportation was the most commonly reported barrier to accessing markets for both IDPs and residents, followed by the overall distance from the community and a lack of accessibility for persons with disabilities. Affordability was the main barrier to accessing sufficient food for both IDPs and residents. The most commonly reported strategy to cope with affordability was purchasing food on credit or borrowing money for food, reported in 62% of communities reporting coping strategies, followed by reducing meal size, which was a coping strategy in 52% of reporting communities.

17% In 17% of assessed communities (134/799), KIs reported **households were unable to access markets in the assessed location.**






Most commonly reported barriers to physically accessing food markets

(by % of 604 communities where barriers reported for residents, and of 579 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Lack of transportation	70% 1		74% Lack of transportation
Distance to markets	67% 2		65% Distance to markets
Lack of access for persons with restricted mobility	24% 3		27% Lack of access for persons with restricted mobility

Most commonly reported sources of food for households

(by % of 799 communities where food sources reported):²

1	Purchasing from stores/markets in other communities	75%	
2	Purchasing from stores/markets in the community	75%	
3	Own production/farming	49%	
4	Borrowing	33%	
5	Relying entirely on food stored previously	20%	

Most commonly reported barriers to accessing sufficient food

(by % of 714 communities where barriers reported for residents, and by % of 689 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Markets exist but households cannot afford essential food items	69% 1		76% Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	29% 2		26% Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	20% 3		20% Markets exist but have insufficient quantities of food

Most commonly reported barriers to feeding babies and young children

(by % of 660 communities where challenges reported for babies under 6 months, and of 732 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	87% 1		76% High price of suitable foods/formula
Breastfeeding difficulties	36% 2		50% Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	7% 3		25% Not good enough food (quality)

Most commonly reported coping strategies for a lack of food

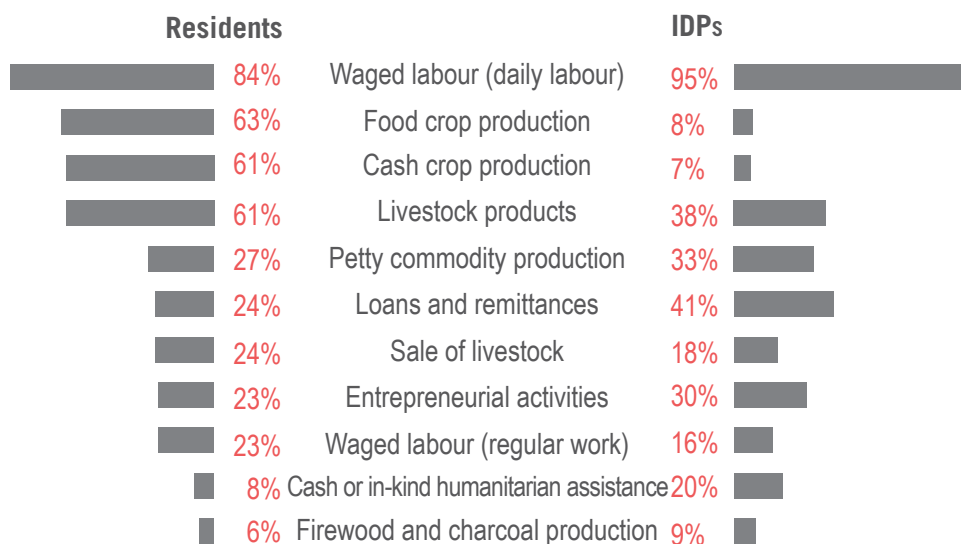
(by % of 738 communities where coping strategies reported):⁴

1	Purchasing food on credit/borrowing money to buy food	62%
2	Reducing meal size	52%
3	Buying food with money usually used for other things	48%
4	Skipping meals	44%
5	Selling non-productive assets	18%

LIVELIHOODS

KIs in 550 (69%) of 799 assessed communities reported **livelihoods** as a priority need in NWS. Across reporting communities, daily waged labour was the most commonly reported source of income for both residents and IDPs. Even so, KIs in nearly all of assessed communities reported barriers to accessing livelihoods to meet basic needs with the most common barrier being low wages and lack of employment opportunities. Reported coping strategies to meet basic needs for both residents and IDPs included borrowing money as well as more extreme strategies such as forced or early marriage and sending children to work or beg. The latter was cited as a coping strategy used by IDPs in 73% of reporting communities. Additionally, KIs reported that IDPs rely more commonly than residents on non-productive means of livelihoods such as loans and humanitarian assistance, underlining their precarious position.

Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 795 communities where reported for residents and of 749 communities where reported for IDPs):⁵



Most commonly reported coping strategies to meet basic needs (residents) (by % of 794 communities where coping strategies reported):⁴



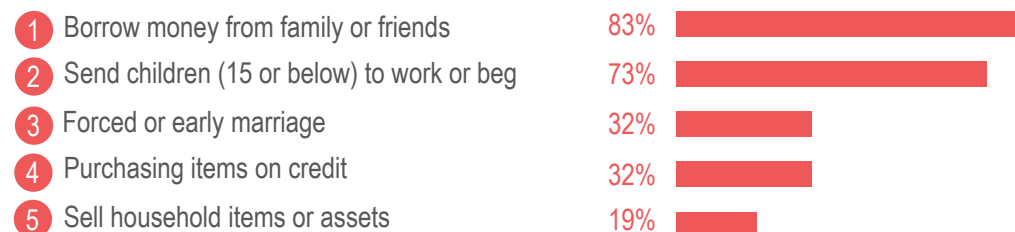
Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 795 communities where barriers reported for residents, and of 749 communities where barriers reported for IDPs):⁴



Estimated median daily wage for unskilled labour (by % of 790 communities where reported for residents and of 749 communities where reported for IDPs):^{4,6}

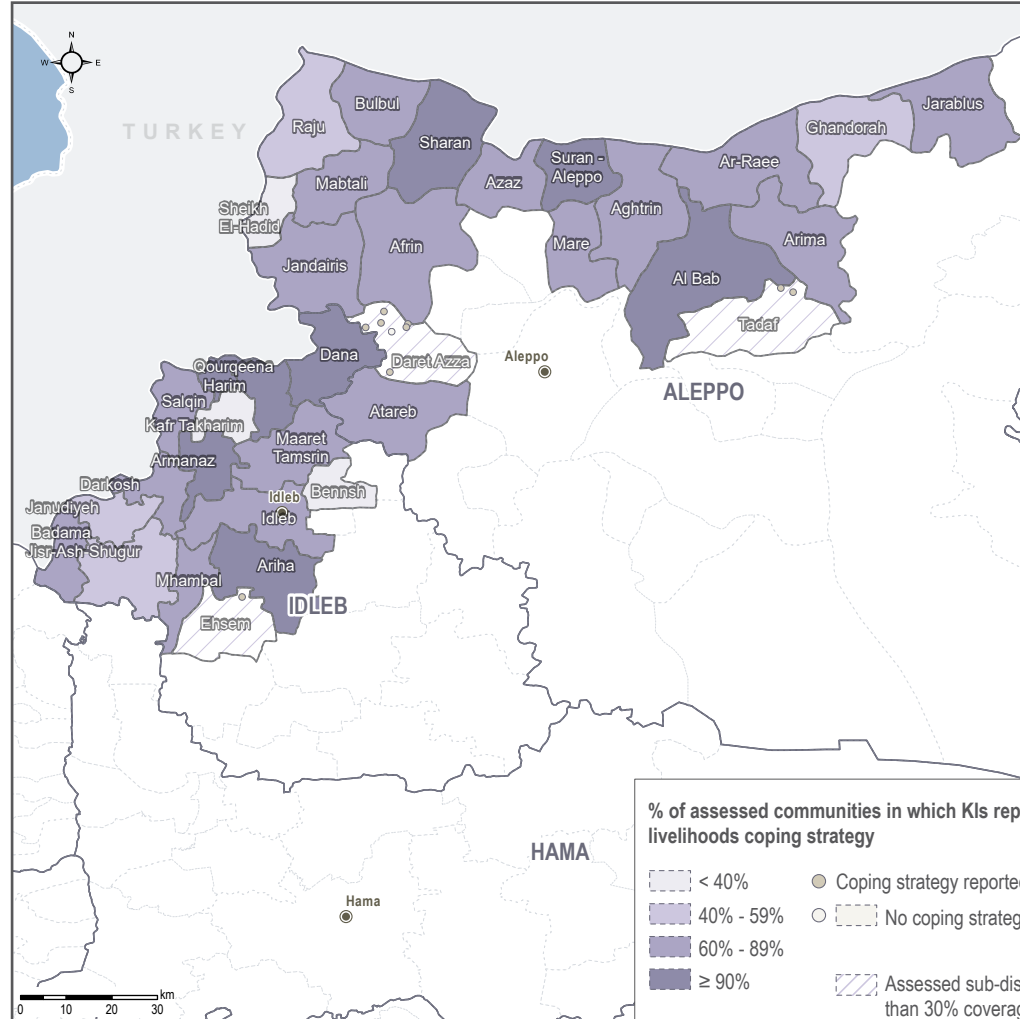
Residents: **2,300 SYP**
IDPs: **2,000 SYP**

Most commonly reported coping strategies to meet basic needs (IDPs) (by % of 749 communities where coping strategies reported):⁴

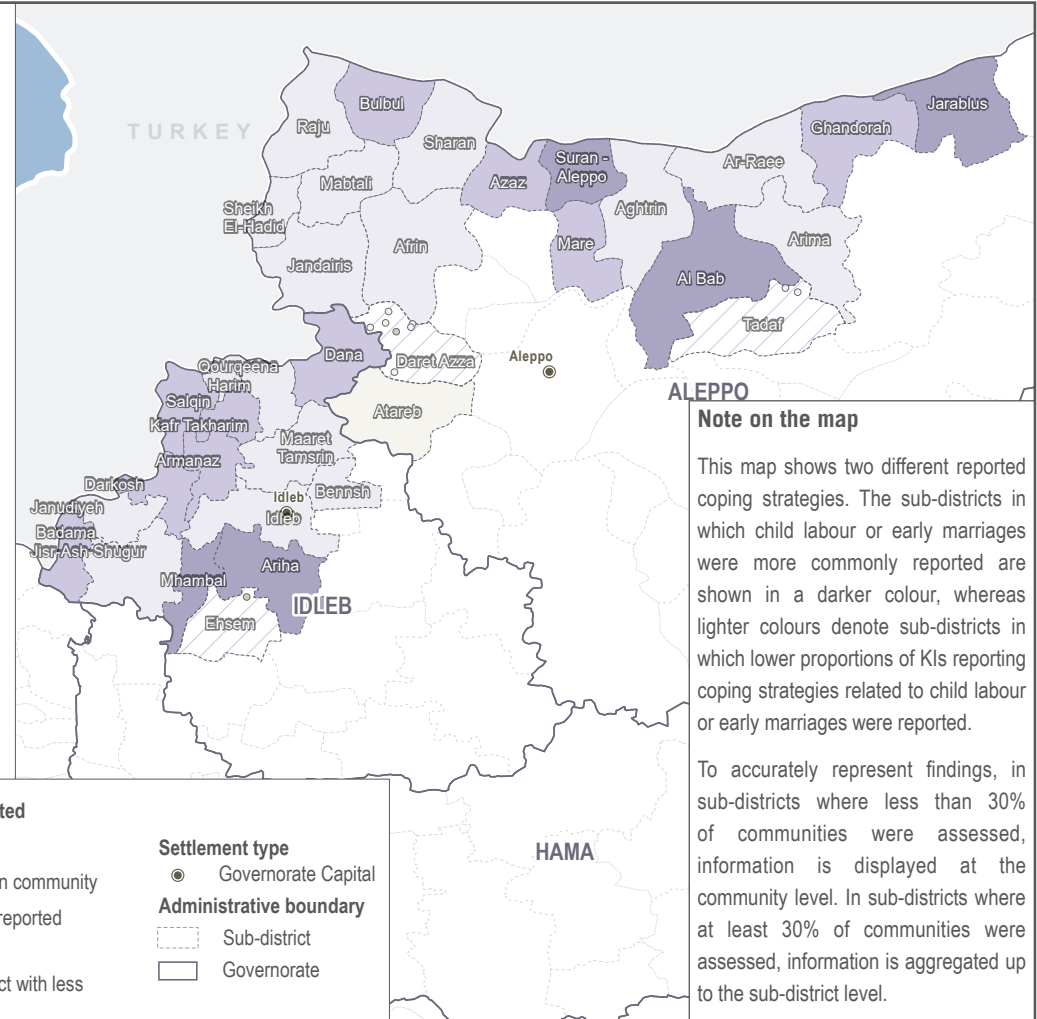


REPORTED LIVELIHOODS COPING STRATEGIES

Children sent to work or beg



Forced or early 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 reporting coping strategies related to child labour or early marriages were reported.

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.

HEALTH

KIs in 441 (55%) of 799 assessed communities reported **health** as a priority need, representing the third highest overall sector stated as a priority need. While KIs stated that households in nearly all communities were able to access healthcare facilities in either their own or nearby communities, barriers to accessing healthcare services were still reported. Availability and high cost of transportation to health facilities were the two most commonly reported barriers to healthcare. KIs in 16% of assessed communities reported that households travelled more than 30 minutes to reach their most commonly used health facility. Two of the most commonly reported strategies to cope with a lack of healthcare services across assessed communities were seeking non-professional care and using non-medical items for treatment.

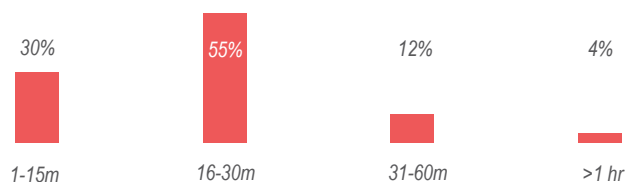
46% In 46% of assessed communities (369/799), KIs reported that **households were able to access health services in their own communities.**

98% In 98% of assessed communities (784/799), 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 369 communities reporting access inside community, and of 766 communities reporting access in other/nearby communities):⁴

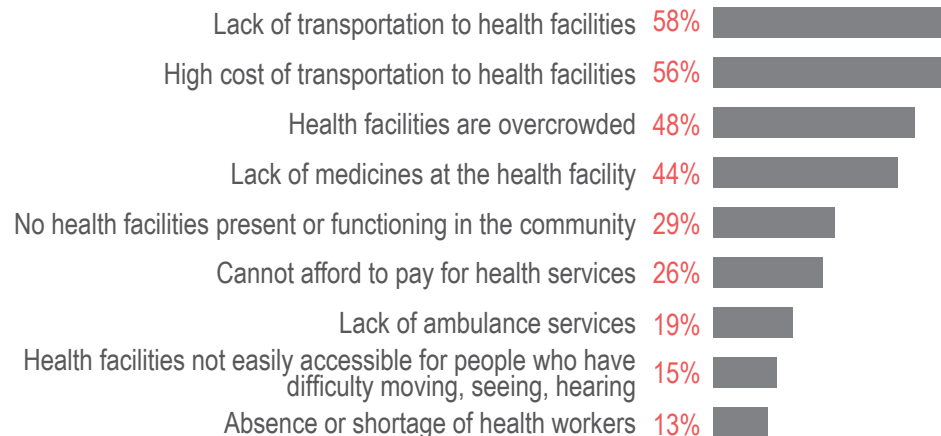
In assessed communities	In other/nearby communities
Pharmacies 76% ①	78% Pharmacies
Primary care facilities 36% ②	75% Primary care facilities
Informal emergency care points 21% ③	69% Public hospitals
Private clinics 20% ④	64% Private clinics
Mobile clinics 17% ⑤	32% Private hospitals

Reported time taken for households to travel to the most commonly used health facility (by % of 798 communities where travel time reported):

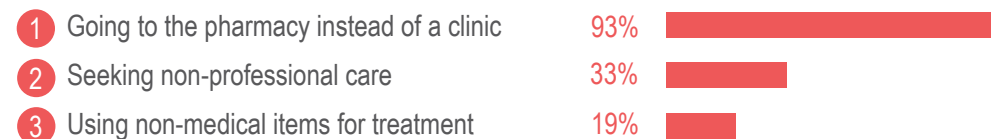


Most commonly perceived barriers to accessing healthcare

(by % of 792 communities where barriers reported):⁴

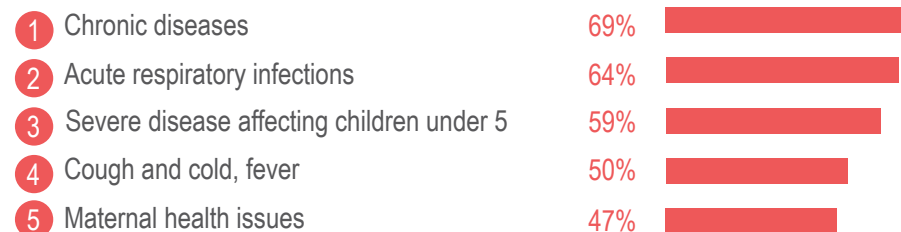


Most commonly reported coping strategies for a lack of healthcare services (by % of 792 communities where coping strategies reported):⁴

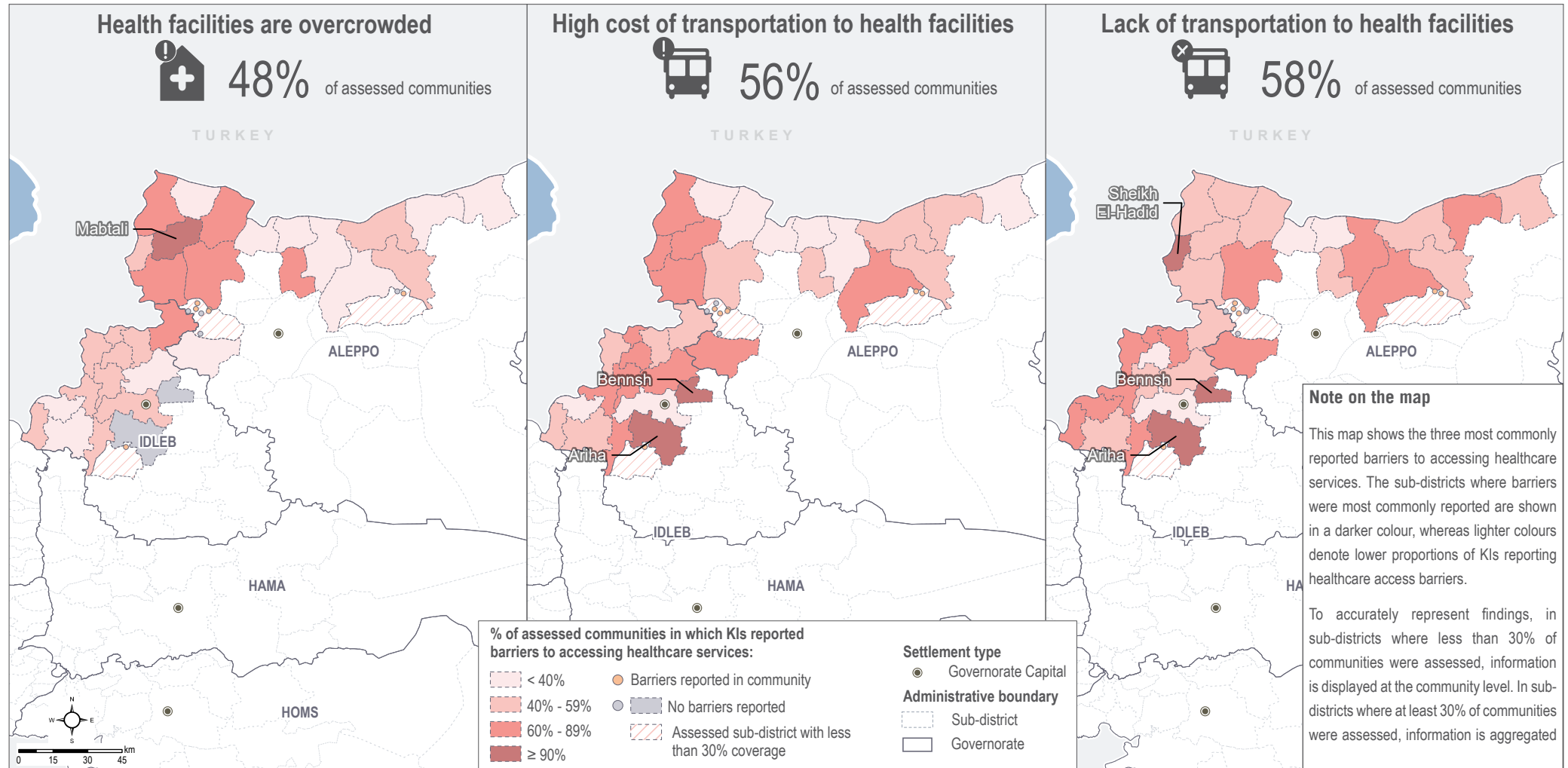


Most commonly reported health problems

(by % of 569 communities where knowledge of health problems reported):⁴



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



EDUCATION

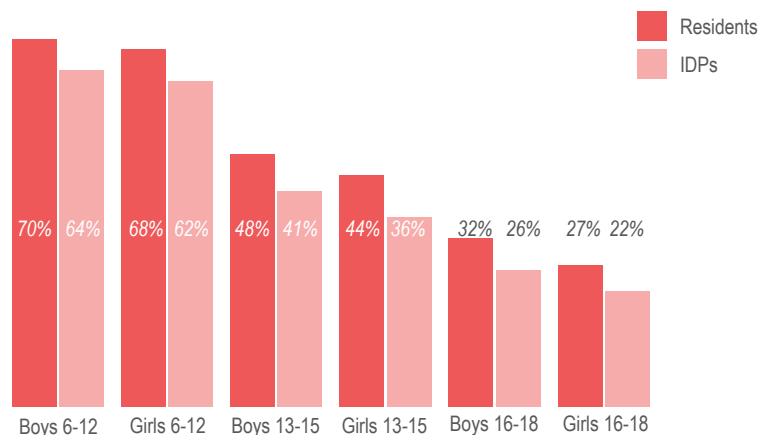
KIs in 324 (41%) of 799 assessed communities reported **education** as a priority need. Reported barriers to accessing education included impediments related to escalation of conflict such as lack of safety. Traveling to or from school was reportedly unsafe for residents and IDPs in 18% and 14% of reporting communities, respectively. According to KIs, schools in 45 communities were not in session because of the escalation of violence, while schools in 64 communities were being used as a shelter for IDPs. Other challenges to accessing education cited by KIs included travel distance to school and the necessity for children to work. The latter was highlighted in the significant difference in the reported attendance rates of younger children to older children. While IDP girls aged 6-12 had a reported attendance rate of 62%, IDP girls aged 16-18 had a reported attendance rate of 22%.

84% In 84% of assessed communities (673/799), KIs reported that **children were able to access education facilities within their own communities.**

KIs in 109 communities reported that schools were not in session all days of February.

KIs in 45 of those communities cited an **escalation of violence that made schools or travel to school unsafe** as the reasons schools were not in session.

Average reported attendance rates of children (by average % of each gender/age group reportedly attending school in 723 communities for residents and in 695 communities for IDPs)



Most commonly reported types of education facilities available to children (3-18) (by % of 673 communities where reported for assessed communities, and of 625 communities for other/nearby communities):⁴

	In assessed communities	In other/nearby communities
Formal primary school	92% ①	86% Formal secondary school
Formal intermediary school	32% ②	80% Formal intermediary school
Formal secondary school	11% ③	42% Formal primary school

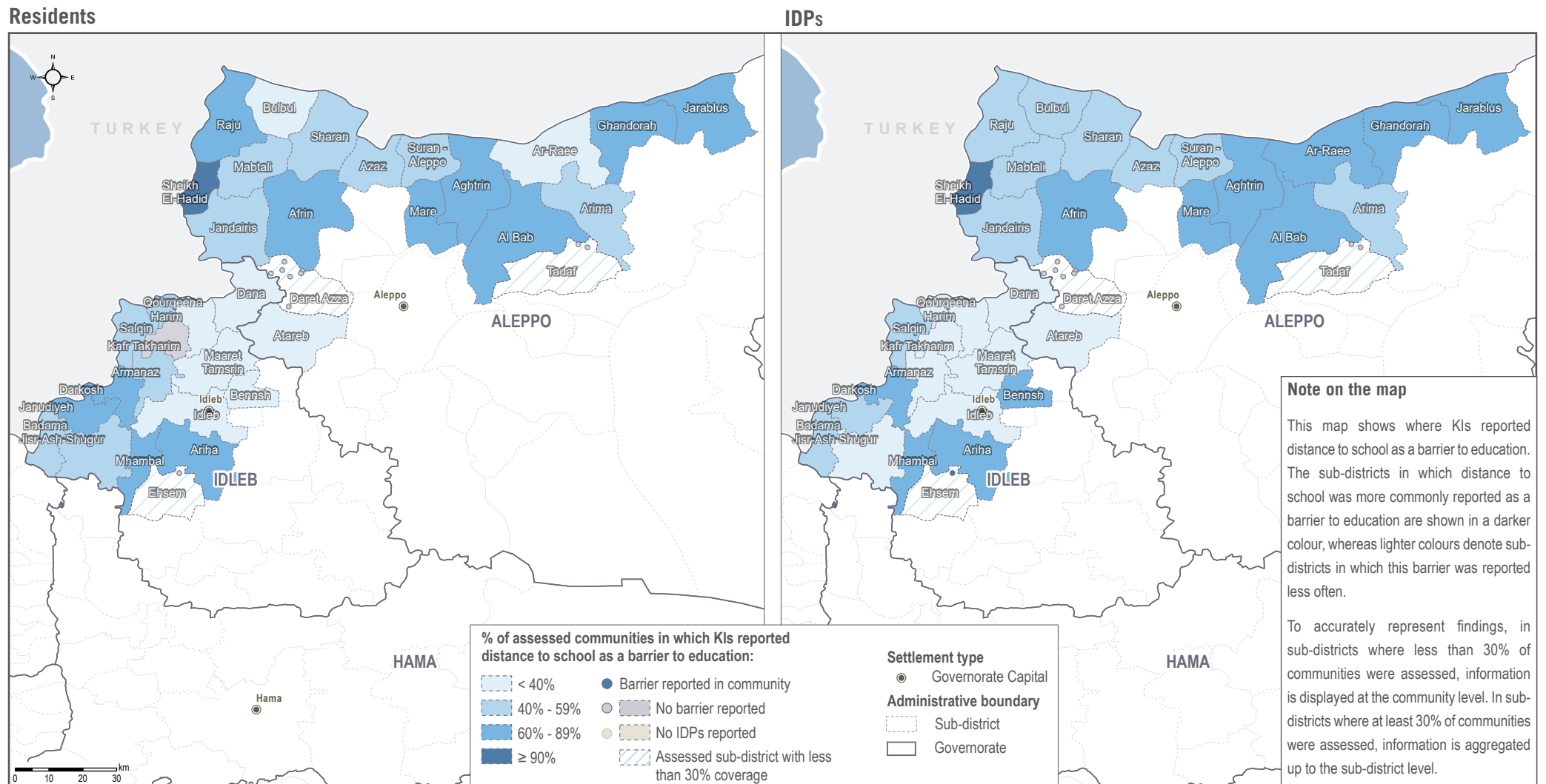
Most commonly reported barriers for access to and quality of education services (by % of 788 communities where barriers reported for residents, and of 746 communities where barriers reported for IDPs):⁴

Residents	IDPs
56%	56%
48%	63%
30%	34%
26%	29%
23%	22%
20%	18%
20%	18%
20%	27%
18%	14%
14%	18%
13%	16%
11%	15%

KIs in 63 of the 788 communities where barriers to education were reported for residents cited that **schools were being used as a shelter for IDPs.**

19 * Challenges specific to girls attending school can include: families don't allow their attendance/continued education, fear of harassment on the way to/inside school, or a lack of privacy in toilets.

REPORTED CHALLENGE TO EDUCATION: DISTANCE TO SCHOOL IS TOO FAR

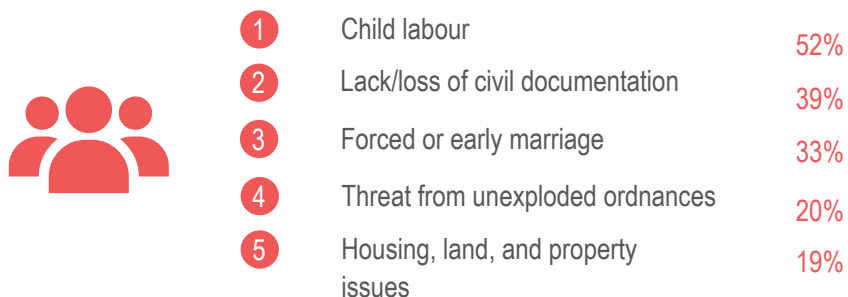


PROTECTION

KIs in 55 (7%) of 799 assessed communities reported **protection** as a priority need. The population groups reported to be most affected by the most commonly reported protection risks were children. The most commonly cited protection risks faced by both residents and IDPs were child labour, lack of civil documentation, and forced or early marriage. Boys under 18 were most commonly reported to be affected by child labour and a lack of civil documentation, while girls under 18 were reported by KIs to be most affected by early or forced marriage. All groups reportedly faced the threat of unexploded ordnances in 20% of communities reporting on risks. KIs reported the threat from airstrikes as a protection risk for IDPs in 15 % of reporting communities, affecting both men and women as well as children.

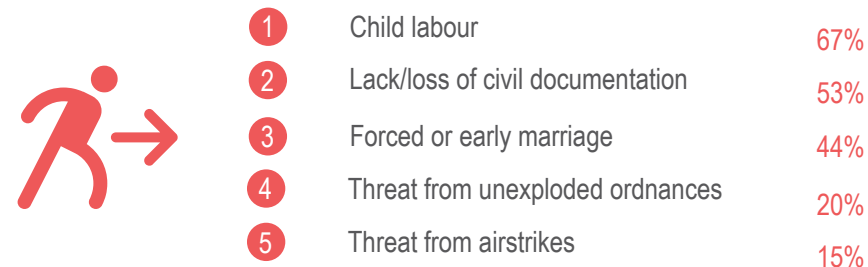
Most commonly reported protection risks faced by residents

(by % of 584 communities where risks reported):⁴



Most commonly reported protection risks faced by IDPs

(by % of 577 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 303 communities where reported):	Boys under 18	99%
2	Lack/loss of civil documentation (by % of 225 communities where reported):	Boys under 18	61%
3	Forced and early marriage (by % of 190 communities where reported):	Girls under 18	99%
4	Threat from unexploded ordnances (by % of 114 communities where reported):	All groups	100%
5	Housing, land, and property issues (by % of 113 communities where reported):	Men	77%

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 384 communities where reported):	Boys under 18	99%
2	Lack/loss of civil documentation (by % of 303 communities where reported):	Boys under 18	46%
3	Forced or early marriage (by % of 251 communities where reported):	Girls under 18	100%
4	Threat from unexploded ordnances (by % of 113 communities where reported):	All groups	100%
5	Threat from airstrikes (by % of 88 communities where reported):	All groups	97%

ENDNOTES

1. The western and northern part of Aleppo where humanitarian response and coordination are conducted from the northwest rather than the northeast.
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 February 2020](#), 1 USD = 1,035 SYP, so 22,400 SYP = 21.64 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 Office for the Coordination of Humanitarian Affairs. (26 February 2020). Recent Developments in Northwest Syria - Situation Report No. 9 – As of 26 February 2020. Retrieved from <https://www.reliefweb.int>
- b. UN High Commissioner for Human Rights (26 February). Retrieved from <https://www.reliefweb.int>
- c. Health Cluster Turkey Hub (19 February 2020). Update on Health Resources and Service Availability Monitoring System (HeRAMS). Retrieved from <https://www.reliefweb.int>
- d. REACH. (20 February) Northeast Syria Market Monitoring Exercise. Retrieved from <https://www.impact-repository.org>

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-Zorg governorates. Data for this assessment was collected between 1-12 March 2020, and refers to the situation in February 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

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).