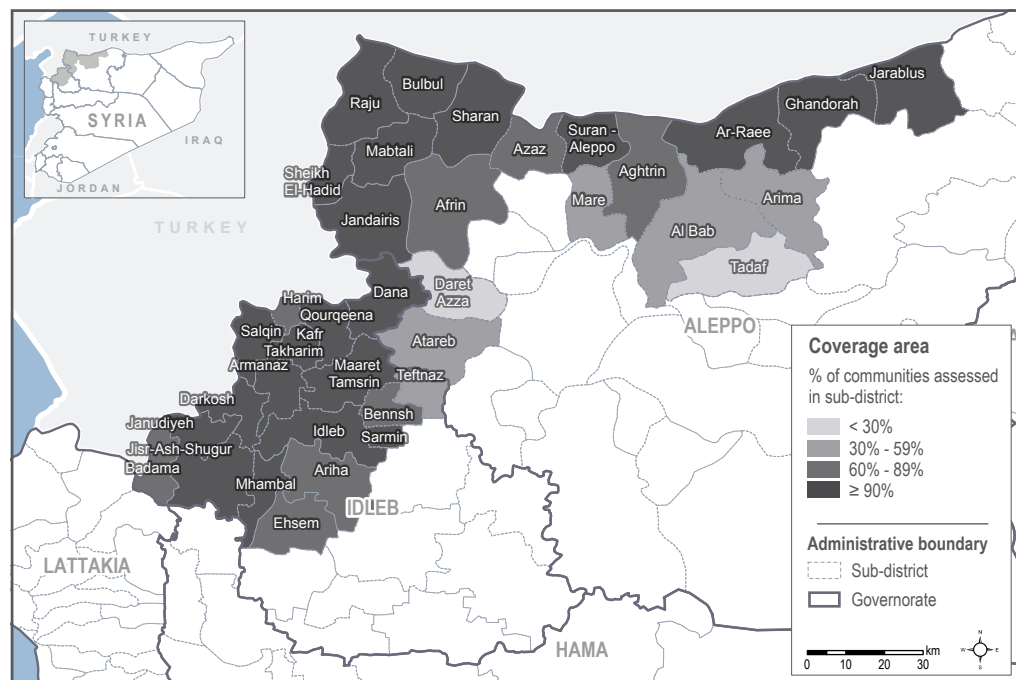


# HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA MAY 2020

## 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 835 communities across northern Aleppo (497 communities), western Aleppo<sup>1</sup> (21 communities), and Idlib (317 communities) governorates. Data was collected between 3-17 of May 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (April/May 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

May findings reflected Northwest Syria's increasingly desperate economic situation. As prices continued to skyrocket following the further depreciation of the Syrian Pound (SYP)<sup>a</sup>, KIs pointed out the unaffordability of essential goods and services as a key barrier for households to meet basic needs across sectors. For example, according to REACH's Market Monitoring Exercise, the survival minimum expenditure basket (SMEB) cost was 135,380 SYP in May<sup>a</sup>, while the average daily wage was estimated to be 2,600 SYP. In comparison, the SMEB cost in November 2019 was set at 74,104 SYP<sup>b</sup>. According to REACH field teams, workers receiving wages in SYP experienced additional difficulties as certain gas stations and bakeries started to list their prices in the Turkish Lira. The high cost of food, water, rent, NFIs, electricity, and health care, coupled with low wages and limited employment opportunities, reported in 90% and in over half of communities, respectively, reportedly put significant strain on households across NWS.




Internally displaced persons (IDPs) were particularly affected by the economic deterioration and were reportedly unable to afford essential food items in over 80% of communities. In fact, food was reported as the top priority need for IDPs. IDPs reportedly also struggled to afford NFIs in 91% of reporting communities. Relatedly, IDPs reportedly relied on humanitarian assistance to meet basic needs in nearly one fourth of communities, while assistance was reported as insufficient in over 90% of communities where aid was available. To cope with economic hardship, IDPs resorted to extreme strategies such as sending children to work and selling assets, reported in 76% and 20% of communities, respectively.

The deteriorating economic situation coincides with a perceived increase in crime across the region. Local sources reported on numerous kidnappings, mostly of IDPs, and robberies in Idlib governorate<sup>c</sup>. Perceived insecurity was also highlighted in the shelter inadequacy findings. The lack of lighting around the shelter and the inability of households to lock their home securely were reported for residents in 85% and 20% of communities, respectively.

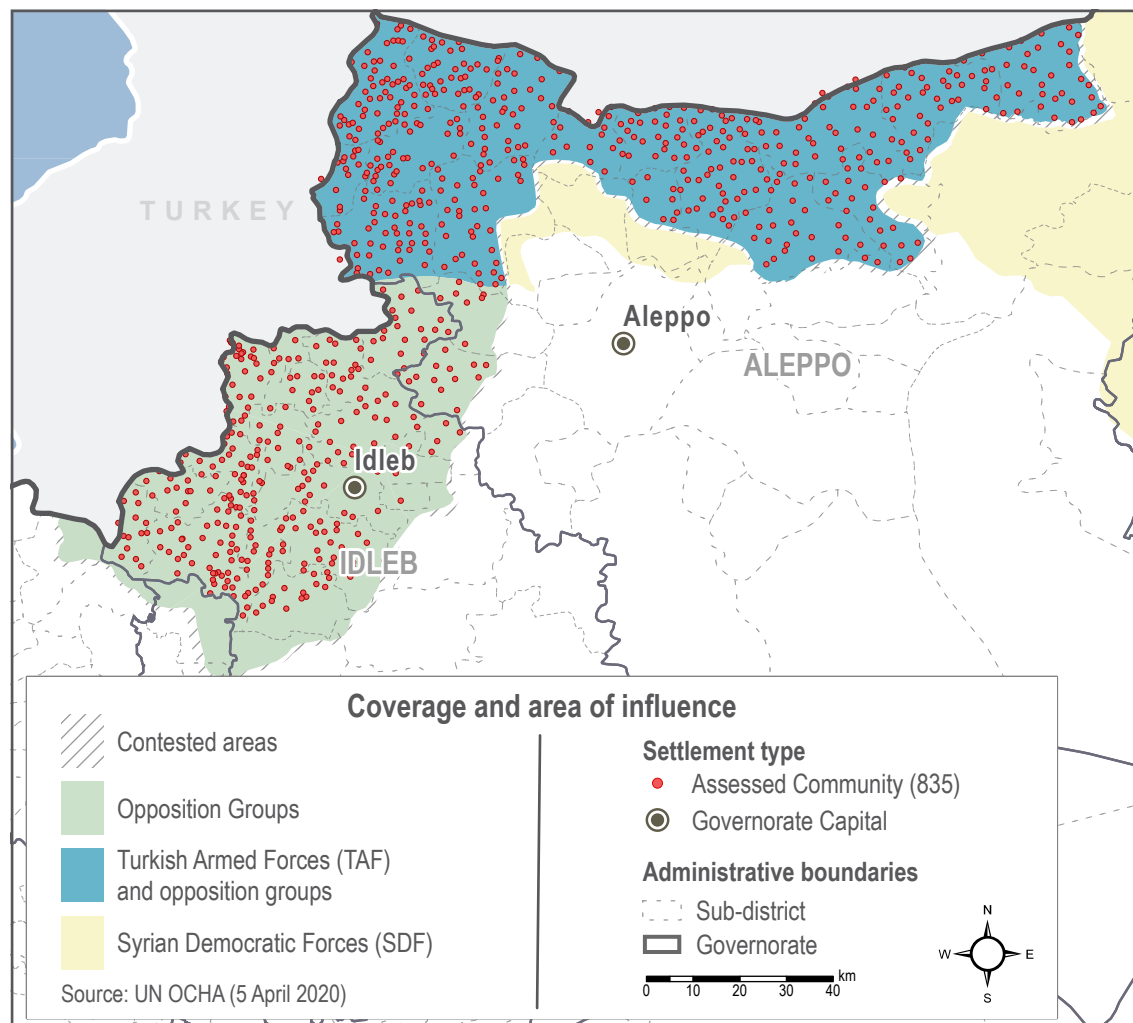
**Top 3 reported overall priority needs in assessed communities:<sup>2</sup>**

- 1 Livelihoods
- 2 NFIs
- 3 Food

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

-  **3,049 KIs**
-  **20% female KIs**
-  **11 types of KIs<sup>3</sup>**

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



The security situation in NWS deteriorated during the reporting period of the assessment. Local actors reported on a series of violent events in Idlib governorate and northern Aleppo, including clashes between armed opposition groups (AOG), between AOG and civilians, and between AOG and Government of Syria (GoS) forces, alongside growing protests and a rise in improvised explosive device (IED) incidents<sup>cd</sup>. One of the most serious IED explosions occurred at a market in Afrin city on 28 April, killing 42 civilians, including 11 children, and injuring 54 others<sup>e</sup>. Sources also reported on numerous suspected kidnappings for ransom in Idlib governorate<sup>f</sup>.

A spike in violent crimes, including robberies, lootings and kidnappings, was linked to the sharp increase in prices of goods and services<sup>b</sup>, following the continued depreciation of the Syrian Pound (SYP) against the United States Dollar (USD). According to the [REACH Market Monitoring data for May](#), the informal exchange rate stood at 1,575 SYP for 1 USD, as measured between 11-21 May; a devaluation of 30% compared to the REACH Market Monitoring data of the previous month<sup>a</sup>. Essential goods such as food, water and hygiene items were reportedly unaffordable for an increasing amount of people across NWS, further eroding the population's resilience.

Humanitarian conditions in NWS continued to reach dire levels. As of 15 May, about 840,000 people remained displaced since the escalation of violence in December 2019. Several fires affected IDP camps in Idlib, killing two people during the reporting period. The de-escalation of conflict since 5 March sparked the return of some 140,000 people who were displaced since 1 December, mainly to Ariha, Atareb, Ehsem, Sarmin and Jisr-Ash-Shugur sub-districts. Protection concerns were high for those returning to communities around recent and current frontlines<sup>e</sup>.

As of 17 May, no cases of COVID-19 were reported in NWS. Preventative measures taken by local authorities continued to be in place. However, the economic deterioration pushed people to continue livelihood activities and to disregard social distancing instructions. Additionally, increased smuggling of goods and people into northern Aleppo was reported, including from areas with confirmed COVID-19 cases, raising the risk of an outbreak<sup>c</sup>.

## RESIDENT PRIORITY NEEDS

### Top ranked priority needs for residents

(by % of 830 communities where KIs selected a first, second, and third priority need) for residents:<sup>2</sup>

	1st	2nd	3rd	Overall	
Livelihoods		18%	18%	42%	78%
Health		33%	15%	9%	57%
NFIs		5%	27%	22%	54%
Food		23%	16%	8%	47%
WASH		13%	15%	11%	38%
Education		2%	4%	4%	10%
Shelter		5%	2%	2%	9%
Protection		1%	2%	2%	6%
Winterisation		0%	1%	1%	2%

### Top three most commonly reported health needs for residents

(by % of 469 communities where health was reported as a priority need):<sup>2</sup>

1	First aid/emergency care	51%
2	Treatment for chronic diseases	49%
3	Pediatric consultations	43%

### Top three most commonly reported NFI needs for residents

(by % of 445 communities where NFIs was reported as a priority need):<sup>2</sup>

1	Solar panels	81%
2	Batteries	74%
3	Cooking fuel	64%

### Top three most commonly reported livelihoods needs for residents

(by % of 649 communities where livelihoods was reported as a priority need):<sup>2</sup>

1	Access to humanitarian programmes supporting livelihoods	82%
2	Tools or equipment for production	76%
3	Access to credit for entrepreneurial investment	38%

## IDP PRIORITY NEEDS

### Top ranked priority needs for IDPs

(by % of 784 communities where KIs selected a first, second, and third priority need for IDPs):<sup>2</sup>

	1st	2nd	3rd	Overall	
Livelihoods		10%	19%	34%	62%
Food		32%	18%	7%	57%
NFIs		4%	27%	24%	54%
Shelter		30%	8%	7%	45%
Health		19%	11%	10%	40%
WASH		4%	14%	12%	30%
Education		1%	2%	2%	5%
Protection		0%	1%	4%	5%
Winterisation		0%	1%	1%	2%

### Top three most commonly reported food needs for IDPs

(by % of 447 communities where food was reported as a priority need):<sup>2</sup>

1	Bread	80%
2	Rice	55%
3	Fresh vegetables	36%

### Top three most commonly reported NFI needs for IDPs

(by % of 425 communities where NFIs was reported as a priority need):<sup>2</sup>

1	Solar panels	75%
2	Batteries	68%
3	Cooking fuel	63%

### Top three most commonly reported livelihoods needs for IDPs

(by % of 490 communities where livelihoods was reported as a priority need):<sup>2</sup>

1	Access to humanitarian programmes supporting livelihoods	83%
2	Tools or equipment for production	55%
3	Access to credit for entrepreneurial investment	38%

## SECTORAL FINDINGS



KIs in **75%** of communities reported that **households had access to humanitarian assistance** (630 of 835 communities).



KIs in **80%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (625 of 784 communities).



**From 5 to 6 hours per day** was the most commonly reported range for hours of electricity per day (356 (43%) of 835 assessed communities).



KIs in **56%** of communities reported that **not all households had access to sufficient water** (471 of 835 communities).



KIs in **14%** of communities reported that **households were not able to access markets within their own communities** (116 of 835 communities).



KIs in **57%** of communities reported that **households were not able to access health services in their own communities** (473 of 835 communities).



**Closure of schools by local authorities** was a key barrier preventing access to education for both residents (710 (86%) of 830 communities) and IDPs (675 (86%) of 784 communities).



**Child labour** was the most commonly reported protection risk for both resident (373 (59%) of 637 communities) and IDP children (460 (72%) of 637 communities).

**Humanitarian Assistance & AAP** KIs in 25% of communities reported that households were unable to access humanitarian assistance, mainly because assistance was unavailable. Where aid was available, assistance was reportedly insufficient in 91% of communities. Additionally, KIs in nearly half of communities indicated that households were unaware of humanitarian assistance feedback or complaint mechanisms.

**Shelter** Damaged shelters were prevalent across assessed communities. KIs in 60% of communities reported the presence of occupied shelters with major damage, while in 26% of communities a proportion of occupied shelters were reportedly completely destroyed by the conflict. Yet, households wishing to repair their shelters were hindered in 90% of communities (755/835), mainly due to the cost of materials and services. Security was a common theme across reports on shelter inadequacies. Lack of lighting around the shelters and the inability to lock the home securely were commonly reported shelter inadequacies.

**Electricity & NFI** NFIs were the third most commonly reported priority need for both residents and IDPs. Baby diapers and children's clothing were reportedly unaffordable for the majority of households in over half of communities. Hygiene items such as sanitary pads and soap were available but not affordable for everyone in 49% and 36% of communities, respectively. Batteries were most commonly reported to be unaffordable for the majority of people, while they were reported as a source of electricity in nearly 30% of communities. Nearly all communities experienced challenges in accessing electricity, mainly related to the high cost of the source of electricity or the functionality of the infrastructure.

**WASH** Access to water was hampered by the high cost of water trucking and alternative sources as well as the malfunctioning of the main network. Relatedly, nearly one third of communities were not connected to a water network forcing households to rely on alternative sources such as private water trucking and closed wells. Where connected to a network, households reportedly had access to water from the network maximum 2 days per week in 91% of communities.

**FSL** While markets were generally accessible across assessed communities, households reportedly struggled to access sufficient food. Barriers to food access mainly related to the cost, availability and, to a lesser extent, quantities of food items. Essential food items were reportedly unaffordable for IDPs in over 80% of communities. While residents were reportedly more reliant on productive means of livelihoods, such as food and cash from crop production, IDPs were more dependent on loans and remittances, humanitarian assistance, and employment with armed groups, highlighting their precarious position.

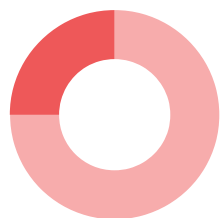
**Health** While households in nearly all communities were reportedly able to access some type of health service in their own or nearby communities, households in 15% of communities were reportedly unable to access primary health care facilities. The most commonly reported type of health facility available to households were pharmacies. In fact, going to a pharmacy instead of a clinic was used as a strategy to cope with a lack of health care in about 90% of communities.

**Education** Children in 90% of assessed communities were reportedly unable to access education in their own or nearby communities. Access to education was primarily hindered by the closure of schools, reported in 87% of communities, as a result of preventative measures against the spread of COVID-19 taken by local authorities

**Protection** Protection risks were reported in over 75% of communities (637/835). More commonly reported protection risks included risks faced by children such as child labour and early marriage as well as risks related to the lack and loss of civil documentation. Lack of civil documentation poses multiple risks including arrest at check points, inability to register for aid, and issues with property ownership. Despite the reduction in hostilities, KIs still report on threats from explosive hazards and airstrikes, faced by all population groups.

## HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

**Were any households in the community able to access humanitarian assistance?** (by % of all **835 assessed communities**):



Despite continued unmet needs, households in **25% of communities** were reportedly unable to access humanitarian assistance, and where available, the assistance provided was reported as insufficient in **91% of communities**. Additionally, KIs in nearly half of communities indicated that households were unaware of humanitarian assistance feedback or complaint mechanisms.

**Most commonly reported barriers that households faced in accessing humanitarian assistance** (by % of **574 communities** where access was reported, and by % of **205 communities** where no access was reported):<sup>4</sup>

### Communities reporting access to humanitarian assistance

Assistance provided was insufficient	91%
Poor targeting of beneficiaries who receive assistance	36%
Types of assistance provided were not relevant to needs	17%

### Communities reporting no access to humanitarian assistance

No humanitarian assistance was available	85%
Not aware of the procedures to follow to receive assistance	6%
Not aware of what assistance was available eligibility criteria	6%

**Most commonly reported information gaps for households with regards to humanitarian assistance** (by % of **835 communities** where missing information was reported):<sup>5</sup>

1 How to find work	58%
2 How to register for aid	52%
3 How to get more money or financial support	50%
4 How to get food	22%
5 How to get healthcare or medical attention	19%

**Most commonly reported types of humanitarian assistance households had access to in communities** (by % of **630 communities** where reported):<sup>4</sup>

Food/Nutrition	70%
Health	56%
WASH	27%
Cash assistance vouchers or cash in hand	7%
NFIs	6%
Shelter	2%
Livelihood support	2%
Protection including information services	1%
Agricultural supplies	1%
Electricity assistance	1%

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

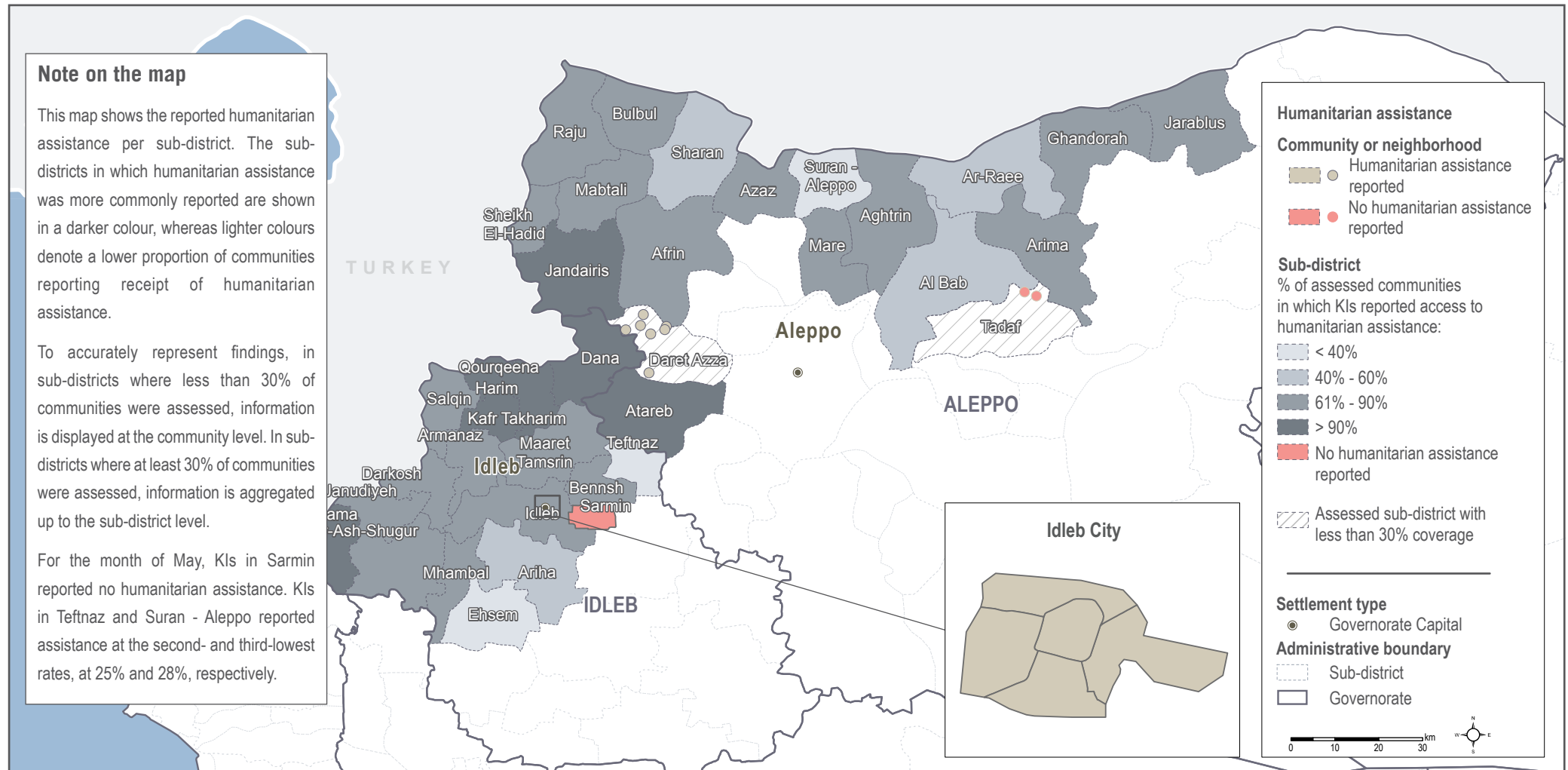
(by % of **835 communities** where preferred ways were reported):<sup>2</sup>

1 WhatsApp (or other mobile phone-based platforms)	77%
2 In person	65%
3 Social media (Twitter, Facebook, etc)	39%
4 Phone call	17%
5 Leaflets	15%

**46%** In 46% of the assessed communities able to access assistance (**287/629**), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms**.<sup>10</sup>

# NORTHWEST SYRIA MAY 2020

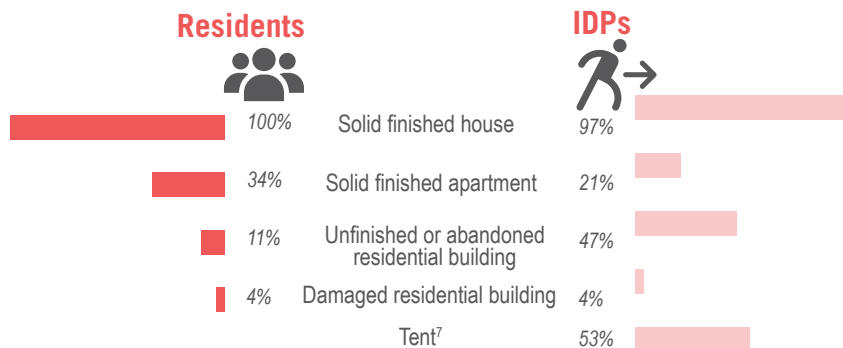
## REPORTED ACCESS TO HUMANITARIAN ASSISTANCE



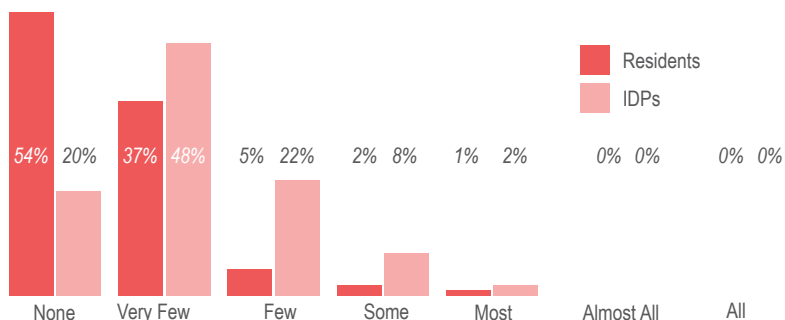
## SHELTER

Shelter findings highlighted the presence of damaged shelters across communities as well as the perception of insecurity reflected in the reported shelter inadequacy issues. Damaged shelters were prevalent across assessed communities. KIs in 60% of communities reported the presence of occupied shelters with major damage, while in 26% of communities a proportion of occupied shelters were reportedly completely destroyed by the conflict. Yet, households wishing to repair their shelters were hindered in 90% of communities (755/835), mainly due to the cost of materials and services. The unstable security environment was another commonly reported barrier to repairing shelters. In fact, security was a common theme across reports on shelter inadequacies. In relation to the deteriorating economic conditions, KIs reported on a perceived increase in crime. Lack of lighting around the shelters and the inability to lock the home securely were commonly reported shelter inadequacies.

**Most commonly reported shelter types for residents and IDPs** (by % of 830 communities where reported for residents, and of 784 communities where reported for IDPs):<sup>2,10</sup>



**Proportion of communities where KIs reported residents and IDPs living in overcrowded shelters\*** (by % of 830 communities where reported for residents, and by % of 784 communities where reported for IDPs):<sup>10</sup>



\*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%).

# 24,700 SYP<sup>6</sup>

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 572 communities).

**Most commonly reported shelter inadequacy issues** (by % of 705 communities where issues were reported for residents, and of 755 communities where issues were reported for IDPs):<sup>4,10</sup>

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	85%	78%
Lack of space overcrowding	22%	47%
Unable to lock home securely	19%	34%

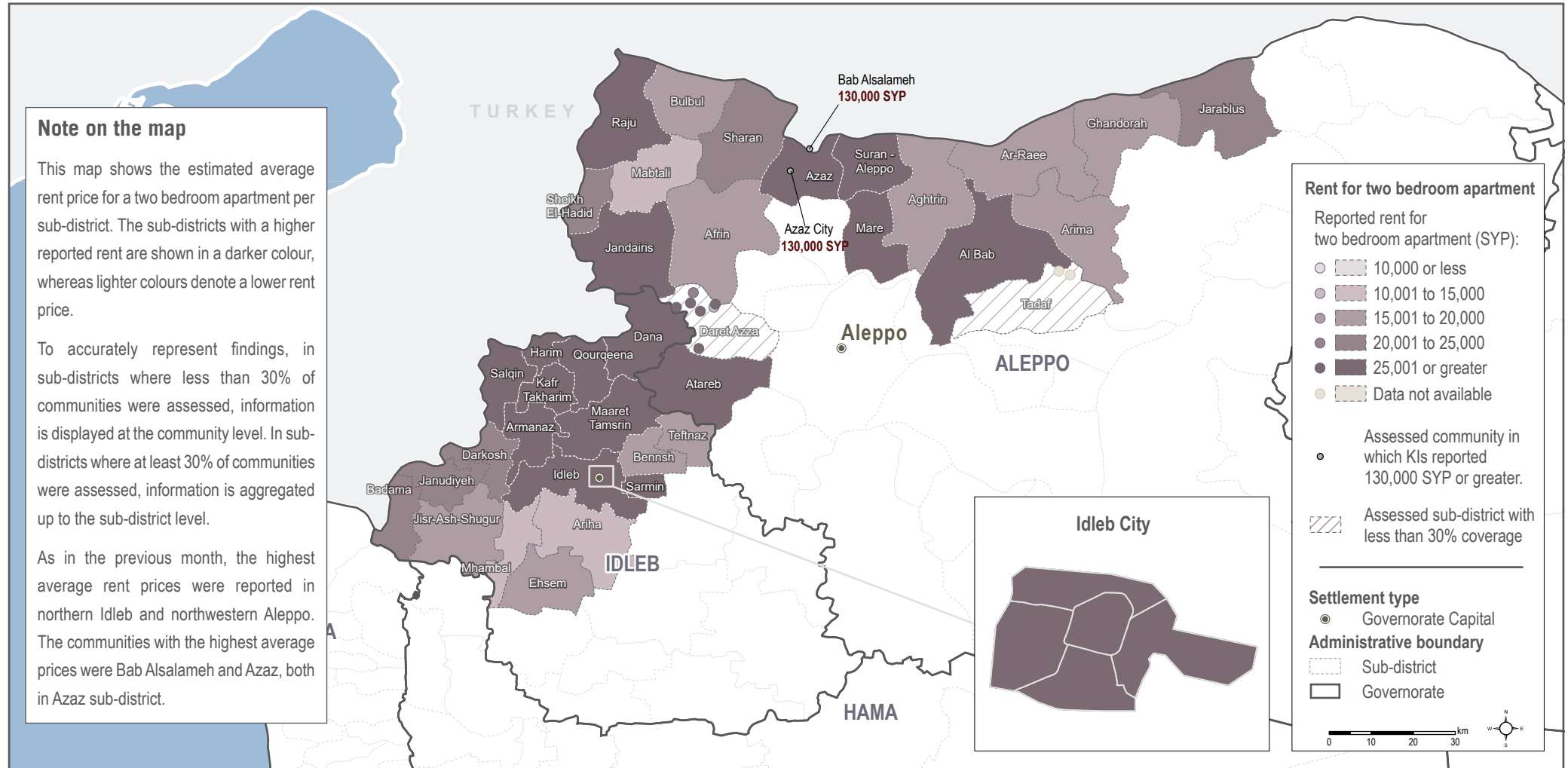
**Most commonly reported barriers to households wishing to repair their shelters** (by % of 736 communities where barriers were reported):<sup>4,10</sup>

- Shelter and repair materials are too expensive 91%
- Repairs require professionals but cannot afford their service 61%
- Security situation 13%
- Repairs require professionals but they are not available 6%
- Shelter and repair materials are unavailable in the market 5%

**26%** In 26% of the assessed communities reporting on damage (214/818), KIs reported the presence of **occupied shelters that were completely destroyed<sup>9</sup> in their communities.**<sup>10</sup>

**60%** In 60% of the assessed communities reporting on damage (491/818), KIs reported the presence of **occupied shelters with major damage<sup>9</sup> in their communities.**<sup>10</sup>

## AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



## ELECTRICITY & NFIs

Unaffordability was reported as a key barrier to accessing NFIs and electricity across assessed communities. NFIs were the third most commonly reported priority need for both residents and IDPs, pointing to the deteriorating economic situation. Baby diapers and children's clothing were reportedly unaffordable for the majority of the population in over half of communities. Hygiene items such as sanitary pads and soap were available but not affordable for everyone in 49% and 36% of communities, respectively. IDPs and women living alone in particular experienced challenges in purchasing NFIs. Batteries were most commonly reported to be unaffordable for the majority of people, while they were reported as a source of electricity in nearly 30% of communities. The most commonly reported source of electricity were solar panels. Nearly all communities experienced challenges in accessing electricity, mainly related to the high cost of the source of electricity or the functionality of the infrastructure. Households in only 2% of communities were able to rely on the main network to access electricity. Relatedly, electricity was most commonly reported to be accessible to households between 5-6 hours per day.

**5 - 6 hrs/day** was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 356 (43%) of 835 assessed communities).

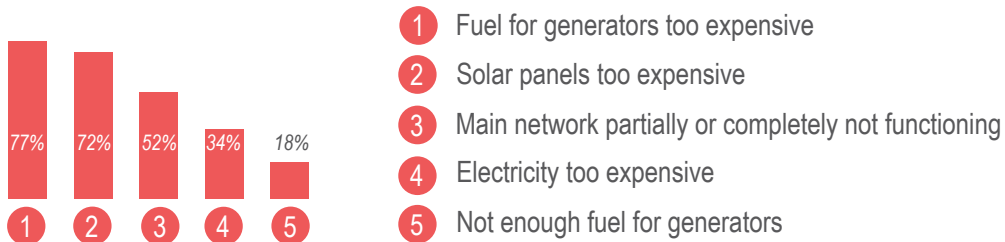
### Most commonly reported main source of electricity

(by % of 835 communities where main source reported):



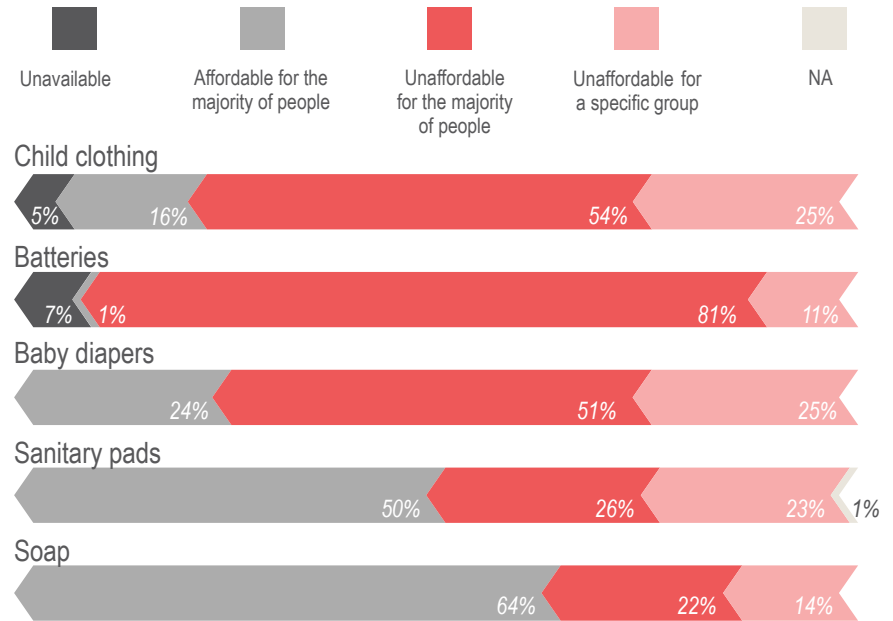
### Most commonly reported barriers to accessing electricity

(by % of 832 communities where barriers reported):<sup>4</sup>



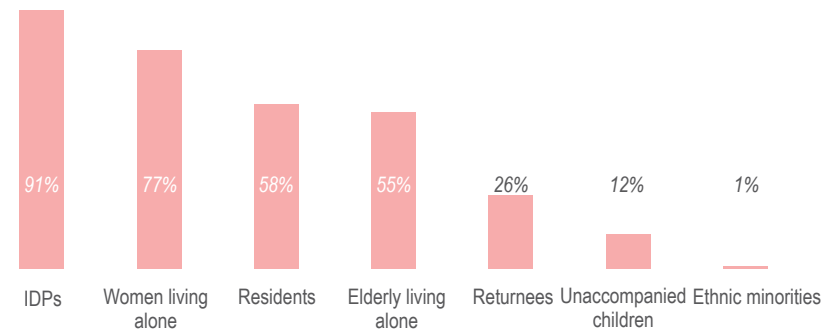
### Reported household item availability and affordability

(by % of all 835 communities):<sup>4</sup>



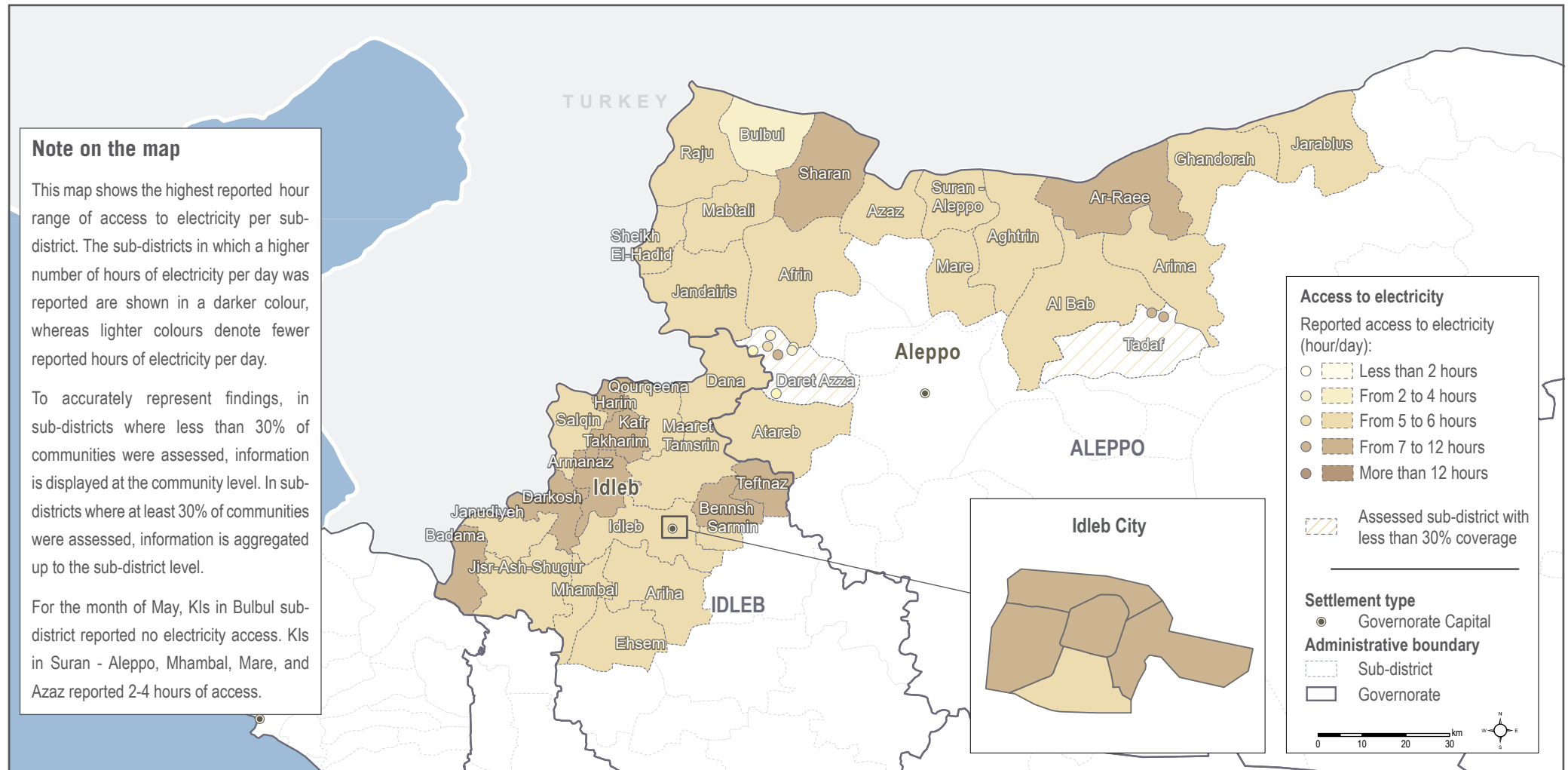
### Population groups who reportedly could not afford NFIs

(by % of 477 communities where reported that specific groups could not afford items):<sup>4,8</sup>



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## AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



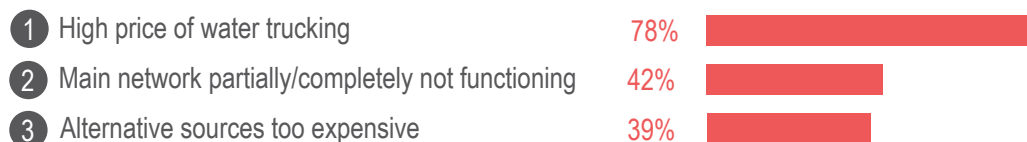
## WATER, SANITATION AND HYGIENE (WASH)

Access to water was hampered by the high cost of water trucking and alternative sources, as well as the malfunctioning of the main network. Nearly one third of communities (265/835) were not connected to a water network, forcing households to rely on alternative sources such as private water trucking and closed wells. Where connected to a network, households reportedly had access to water from the network maximum 2 days per week in 91% of communities. Households reportedly experienced problems with drinking water in over 20% of communities (194/835). Problems related to water quality included water tasting bad and water having a bad colour, indicating that water may not have been safe to drink. Additionally, KIs in over 80% of communities stated that either the sewage system needed repair or that there was no sewage system present in the community.

**56%** In 56% of the assessed communities (471/835), KIs reported that **not all households had access to sufficient water**.

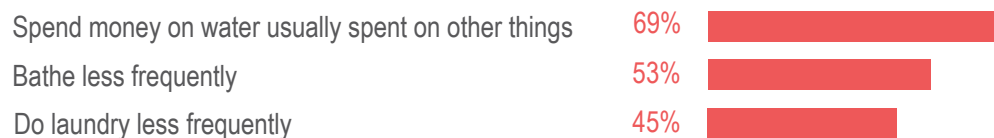
### Most commonly reported barriers to accessing sufficient water

(by % of 471 communities where barriers reported):<sup>4</sup>



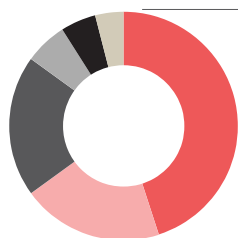
### Most commonly reported coping strategies for a lack of water

(by % of 471 communities where coping strategies reported):<sup>4</sup>



### Most commonly reported sources of drinking water

(by % of all 835 assessed communities):



Private water trucking	45%
Closed protected well	20%
Piped water network	20%
Combination of water network and private water trucking	6%
Water trucking by local authorities	5%
Community borehole paid	4%

**91%** In 91% of the assessed communities connected to a water network (522/570), KIs reported that **water from the network was available less than 3 days a week**.

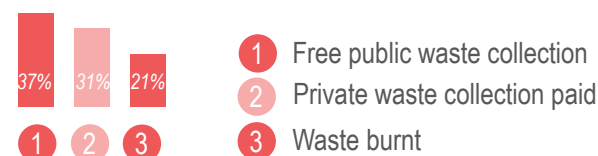
### Most commonly reported problems with drinking water

(by % of 194 communities where problems were reported):<sup>4</sup>



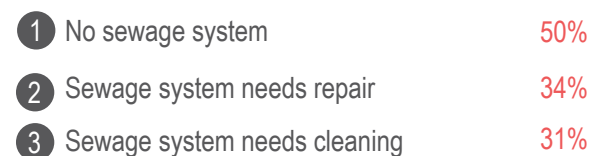
### Most commonly reported ways people disposed of solid waste

(by % of 835 communities where top disposal method reported):

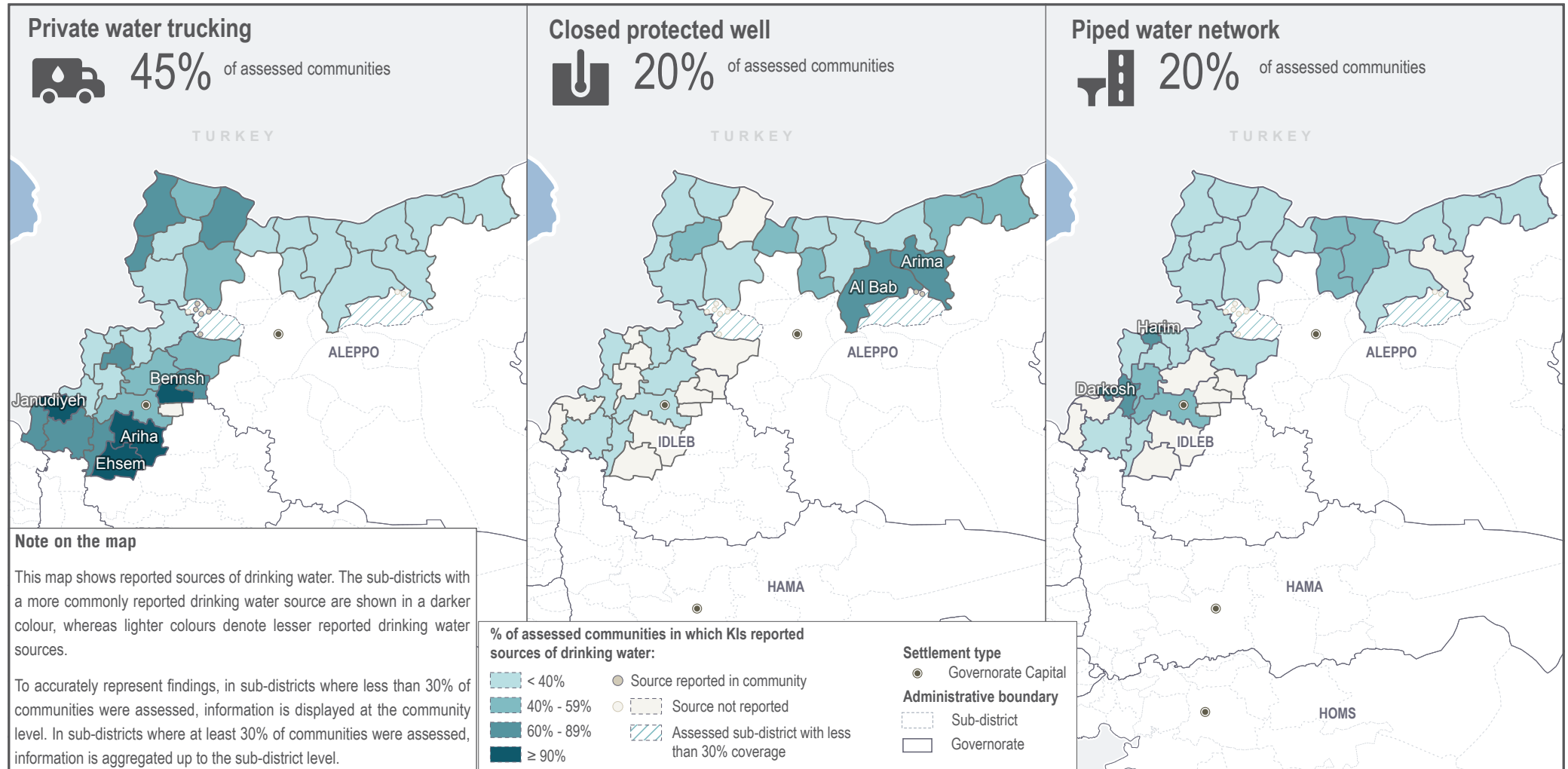


### Most commonly reported sanitation issues

(by % of 564 communities where sanitation issues reported):<sup>4,10</sup>



## MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



## FOOD SECURITY

Food was reported as a priority need in 60% of communities as food items became increasingly unaffordable for households. While markets were generally accessible across assessed communities, households reportedly struggled to access sufficient food. Barriers to food access mainly related to the cost, availability and, to a lesser extent, quantities of food items. Essential food items were reportedly unaffordable for IDPs in over 80% of communities. In fact, food was the top priority need reported for IDPs. High cost, diversity and quality of food were also reported as barriers to feeding young children. Feeding babies was reportedly challenging due to the lack of support for non-breastfed babies as well as breast feeding difficulties. Strategies to cope with a lack of food included reducing meal size as well as skipping meals, as reported in roughly half of communities.

**14%** In 14% of assessed communities (116/835), KIIs reported households were unable to access markets in the assessed location.

### Most commonly reported barriers to physically accessing food markets (by % of 646 communities where barriers reported for residents, and of 618 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs
Lack of transportation	71% 1		75% Lack of transportation
Distance to markets	63% 2		63% Distance to markets
Lack of access for persons with restricted mobility	34% 3		35% Lack of access for persons with restricted mobility

### Most commonly reported sources of food for households (by % of 835 communities where food sources reported):<sup>2</sup>

1	Purchasing from stores/markets in this community	78%	
2	Purchasing from stores/markets in other communities	75%	
3	Own production/farming	61%	
4	Borrowing	30%	
5	Relying entirely on food stored previously	20%	

### Most commonly reported barriers to accessing sufficient food

(by % of 770 communities where barriers reported for residents, and by % of 727 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs
Markets exist but households cannot afford essential food items	75% 1		81% Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	28% 2		24% Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	20% 3		17% Markets exist but have insufficient quantities of food

### Most commonly reported barriers to feeding babies and young children

(by % of 725 communities where challenges reported for babies under 6 months, and of 764 communities where challenges reported for children of 6 months - 2 years):<sup>4,11</sup>

	Under 6 months		6 months - 2 years
No support for non-breastfed babies	89% 1		81% High price of suitable foods
Breastfeeding difficulties	41% 2		57% Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	9% 3		30% Not good enough food (quality)

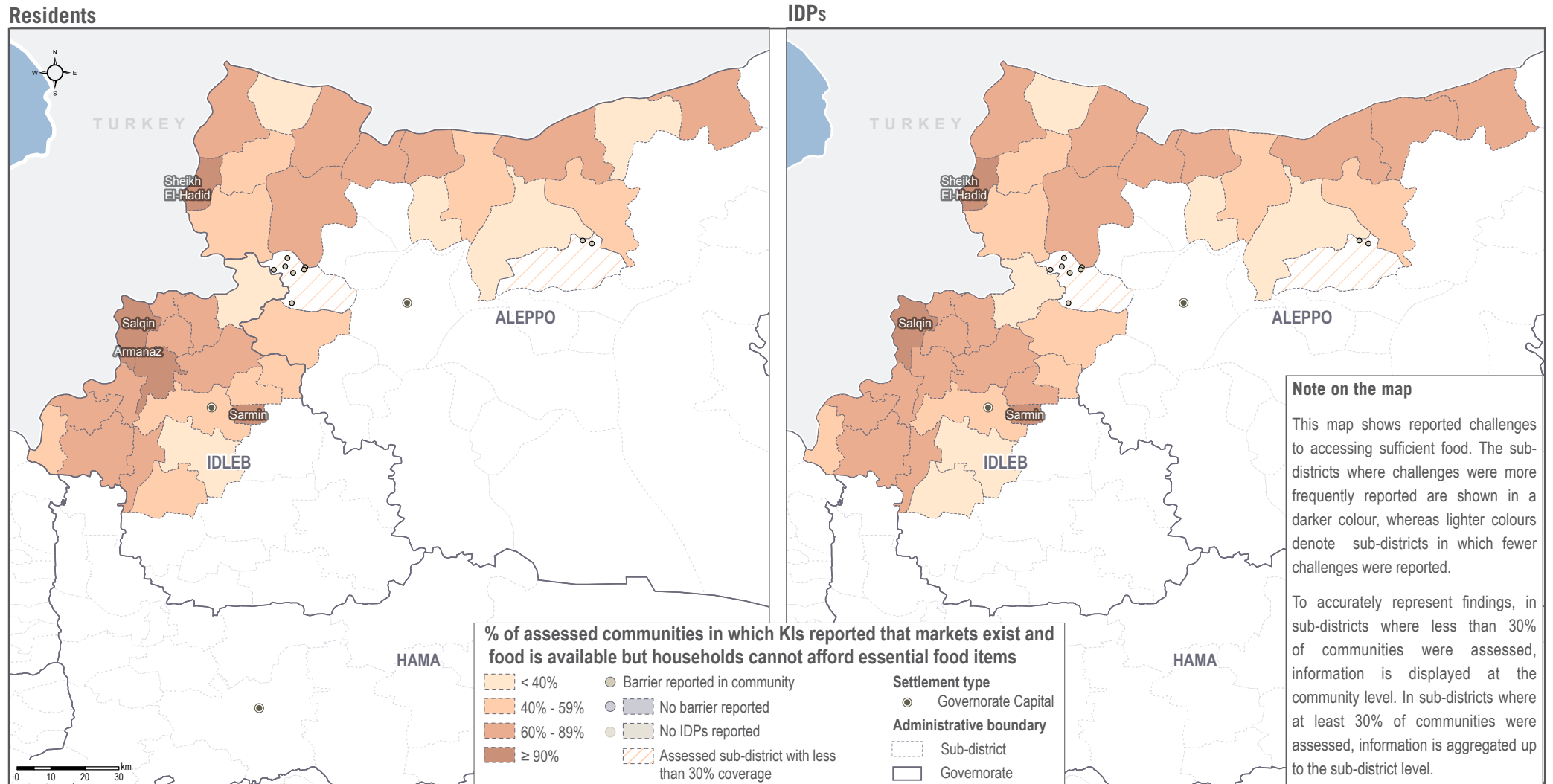
### Most commonly reported coping strategies for a lack of food

(by % of 780 communities where coping strategies reported):<sup>4</sup>

1	Purchasing food on credit/borrowing money to buy food	63%
2	Reducing meal size	55%
3	Buying food with money usually used for other things	52%
4	Skipping meals	49%
5	Selling non-productive assets	16%

# NORTHWEST SYRIA MAY 2020

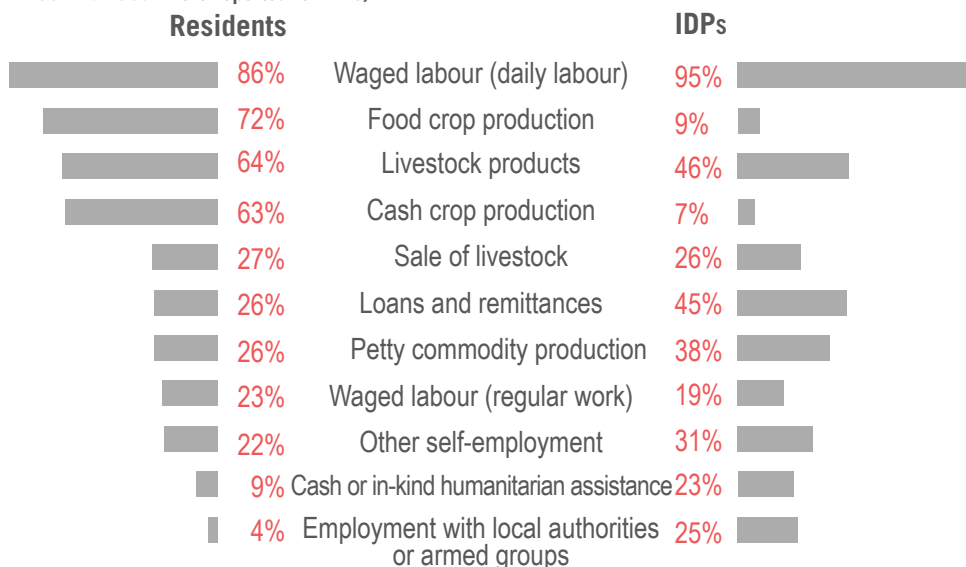
## REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



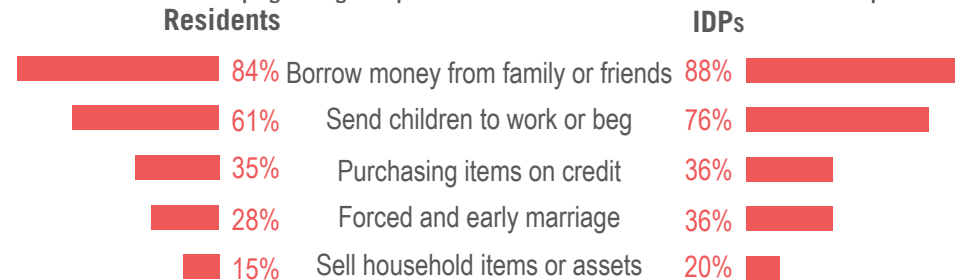
## LIVELIHOODS

Livelihoods was the most commonly reported first priority need, while low wages and lack of employment opportunities were the most commonly reported barriers to accessing livelihoods to meet basic needs. Daily waged labour was an important source of livelihoods for both IDPs and residents with similar wage estimates reported for both population groups. That said, apart from waged labour, IDPs and resident reportedly relied on different types of income sources. While residents were reportedly more reliant on productive means of livelihoods, such as food and cash from crop production, IDPs were more dependent on loans and remittances, humanitarian assistance, and employment with armed groups, highlighting their precarious position. IDPs were also more commonly reported to use extreme coping strategies to meet basic needs, such as sending children to work or beg. Yet, both population groups experienced similar barriers to accessing livelihoods to meet basic needs, including low wages and lack of employment opportunities.

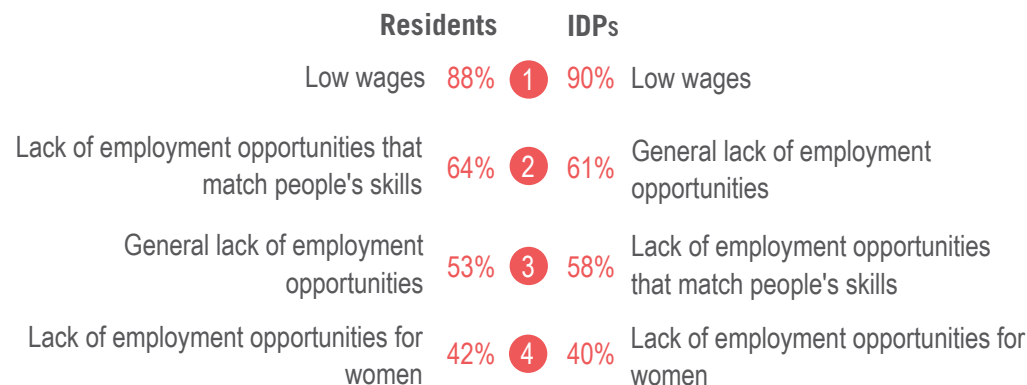
### Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 830 communities where reported for residents and of 784 communities where reported for IDPs):<sup>5</sup>



### Most commonly reported coping strategies to meet basic needs (by % of 829 communities where coping strategies reported for residents and of 784 communities where reported for IDPs):<sup>4</sup>



### Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 830 communities where barriers reported for residents, and of 784 communities where barriers reported for IDPs):<sup>4</sup>

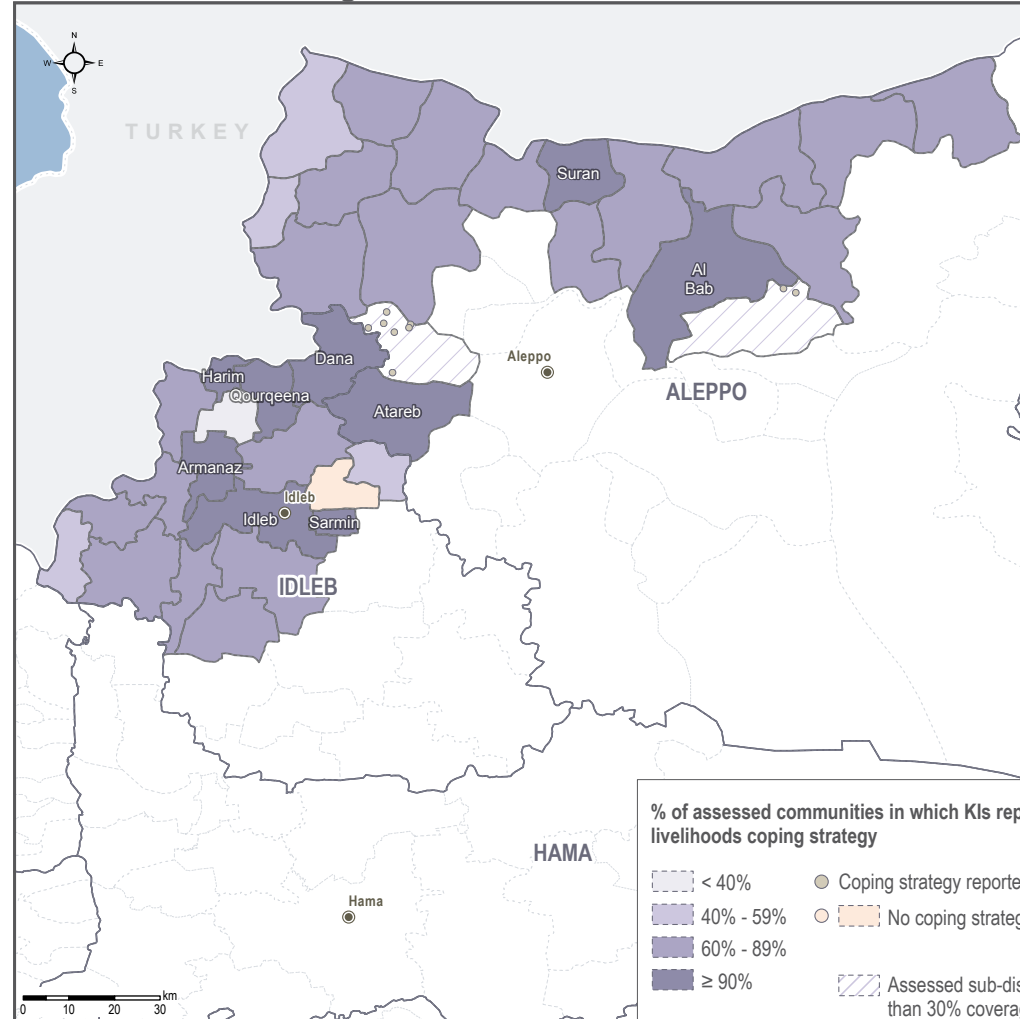


### Estimated median daily wage for unskilled labour <sup>4,6,10</sup>

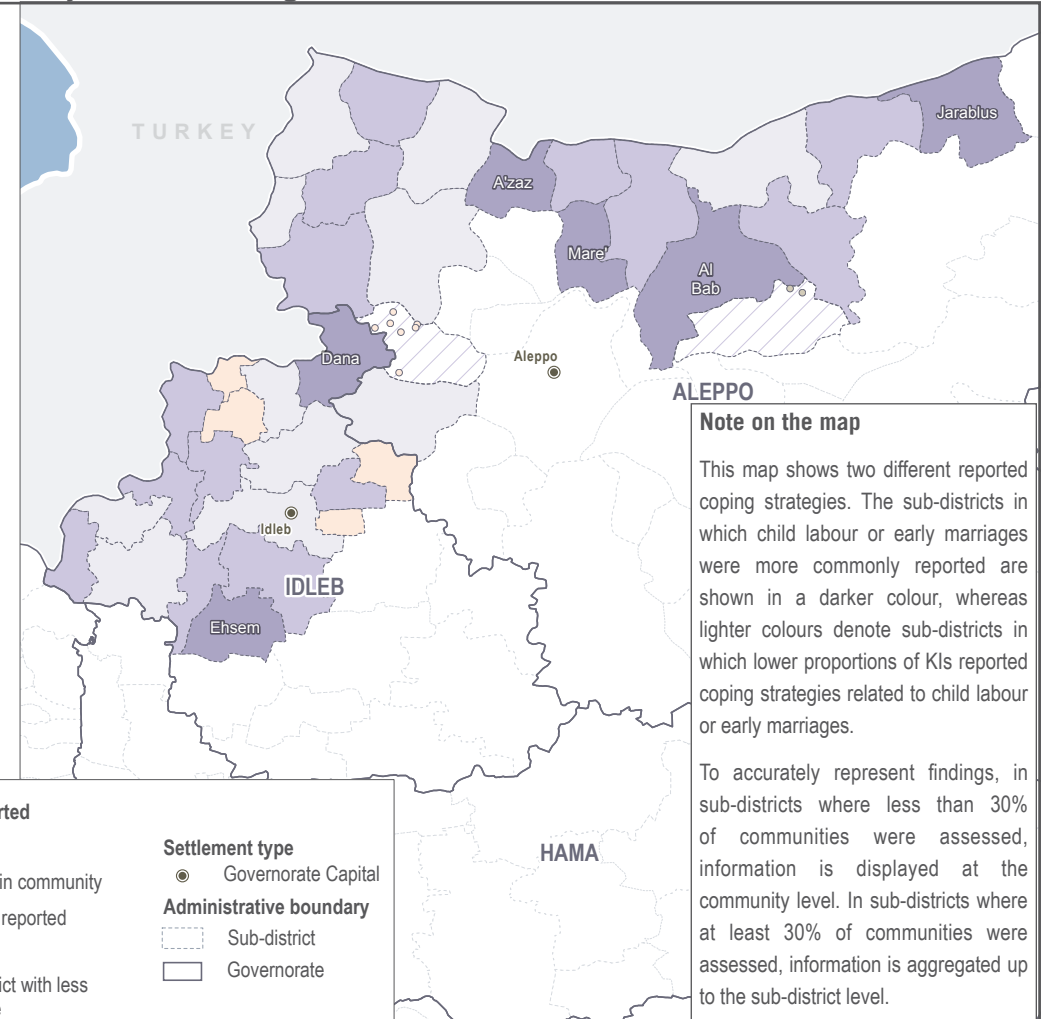


## REPORTED LIVELIHOODS COPING STRATEGIES

### 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.

## HEALTH

Access to clinical health services remained challenging for households across assessed communities with households reportedly relying on non professional care. Health care was the most commonly reported first priority need for residents. While households in nearly all communities were reportedly able to access some type of health service in their own or nearby communities (804/835), households in 15% of communities were reportedly unable to access primary health care facilities. The most commonly reported type of health facility available to households was pharmacies. In fact, going to a pharmacy instead of a clinic was used as a strategy to cope with a lack of health care in about 90% of communities, suggesting that households struggled to access clinical services. Relatedly, seeking non-professional care was another commonly used coping strategy reported by KIs. The lack of and high cost for transportation to healthcare facilities as well as the lack of medicine, facilities, ambulance services and healthcare workers were commonly perceived barriers to accessing healthcare. Additionally, health facilities were reportedly overcrowded in 43% of communities, potentially hindering COVID-19-related distancing measures. In an effort to avoid congestion, hospitals have reportedly started to turn away less serious health cases. Maternal health issues were a reported health problem in over half of communities.



**15%**

In 25% of assessed communities (52/342), KIs reported that **households were unable to access primary care facilities in their own or nearby communities.**



**57%**

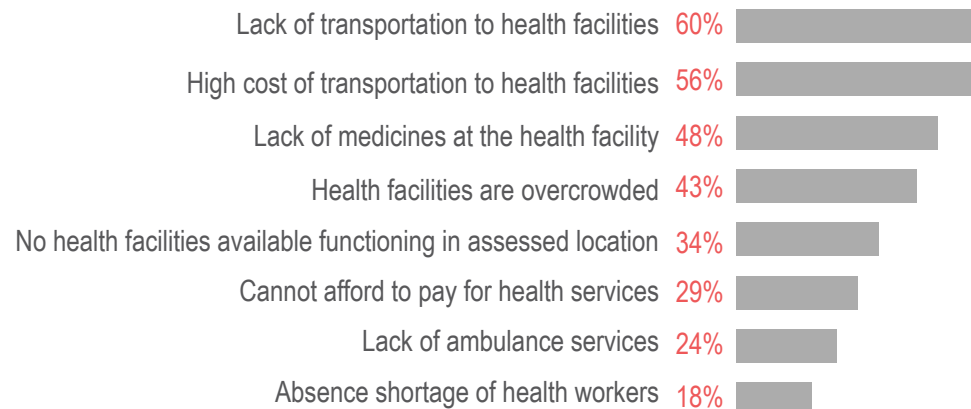
In 43% of assessed communities (362/835), KIs reported that **households were unable to access health services in their own communities.**

**Most commonly reported health facilities available in assessed and other/nearby communities** (by % of 362 communities reporting access inside community, and of 804 communities reporting access in other/nearby communities):<sup>4</sup>

In assessed communities	In other or nearby communities
Pharmacies 80% <b>1</b>	79% Pharmacies
Primary care facilities free 36% <b>2</b>	75% Primary care facilities
Private clinics 25% <b>3</b>	71% Public hospitals
Informal emergency care points 20% <b>4</b>	68% Private clinics
Mobile clinics 20% <b>5</b>	27% Private hospitals

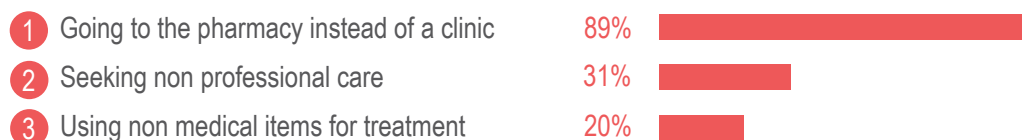
### Most commonly perceived barriers to healthcare access

(by % of 824 communities where barriers reported):<sup>4</sup>



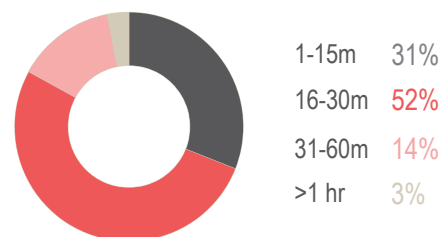
### Most commonly reported coping strategies for a lack of healthcare services

(by % of 824 communities where coping strategies reported):<sup>4</sup>



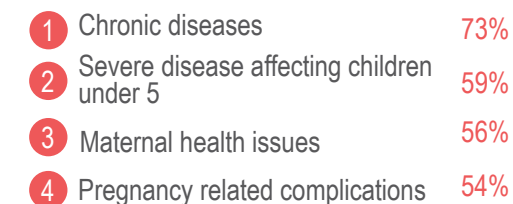
### Reported time taken for households to travel to the most commonly used health facility

(by % of 835 communities where travel time reported):

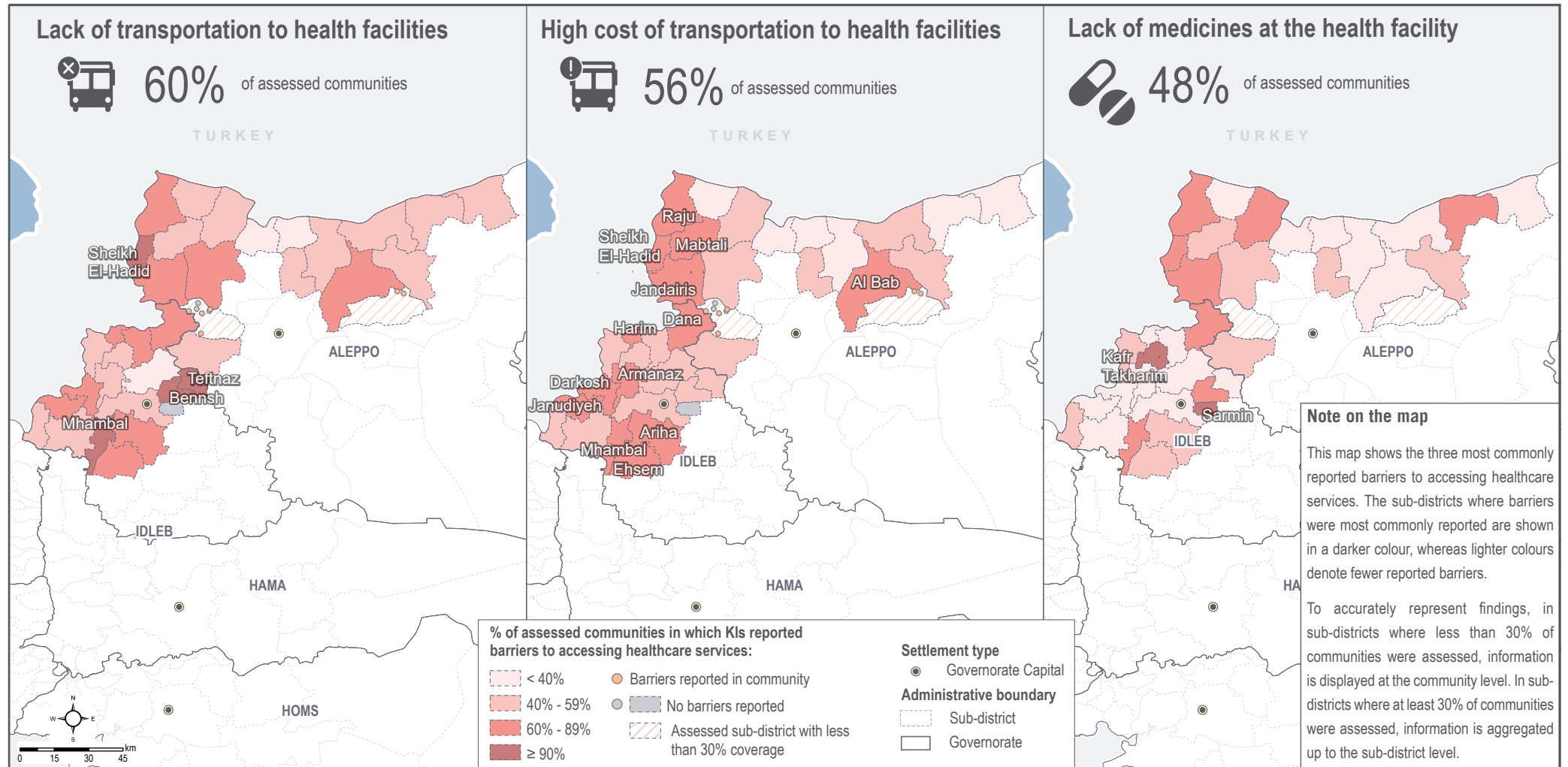


### Most commonly reported health problems

(by % of 601 communities where knowledge of health problems reported):<sup>4,10</sup>



## MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



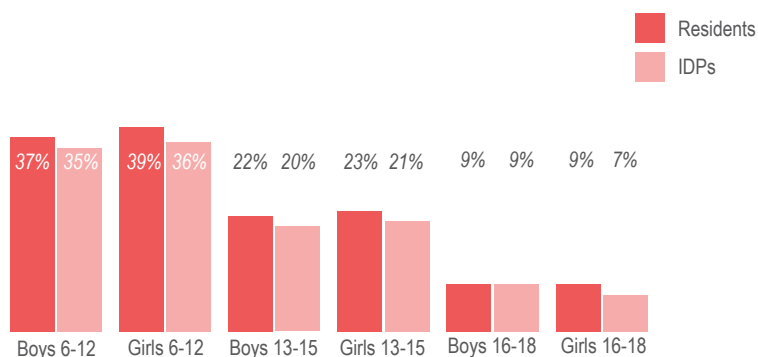
## EDUCATION

Region-wide, COVID-19 preventative measures resulted in the large-scale closure of schools, hampering children's access to education services. Children in about 90% of assessed communities were reportedly unable to access education in their own or nearby communities. Access to education was primarily hindered by the closure of schools as a result of preventative measures against the spread of COVID-19 taken by local authorities (reported in 86% of communities). However, a proportion of schools were reportedly able to continue classes remotely through improvised online methods such as WhatsApp. Additionally, schools in 48 communities were reportedly used as shelters for IDPs, following the recent mass displacements in NWS. Apart from schools not being in session, children's access to education was hampered by a lack of learning supplies, the distance to education facilities, the need for children to work to support their families and the lack of safety when traveling to schools.

**Most commonly reported types of education facilities available to children (3-18)** (by % of **96 communities** where reported for assessed communities, and of **74 communities** for other/nearby communities):<sup>4</sup>

In assessed communities		In other/nearby communities	
Formal primary school	96% <b>1</b>	92%	Formal secondary school
Formal intermediary school	47% <b>2</b>	80%	Formal intermediary school
Non-formal early childhood	17% <b>3</b>	30%	Formal primary school

**Average reported attendance rates of children** (by average % of each gender/age group reportedly attending school in **98 communities** for residents and in **95 communities** for IDPs):<sup>10</sup>



### 89%

In 89% of assessed communities (**739/835**), KIs reported that **children were unable to access education facilities within their own or nearby communities.**



### 86%

In 86% of communities where barriers to education were reported for residents (**710/830**) and for IDPs (**675/784**), KIs reported that **schools were closed by local authorities due to COVID-19 preventative measures.**



In **48** of 830 communities where barriers to education were reported for residents, KIs cited that **schools were being used as a shelter for IDPs.**



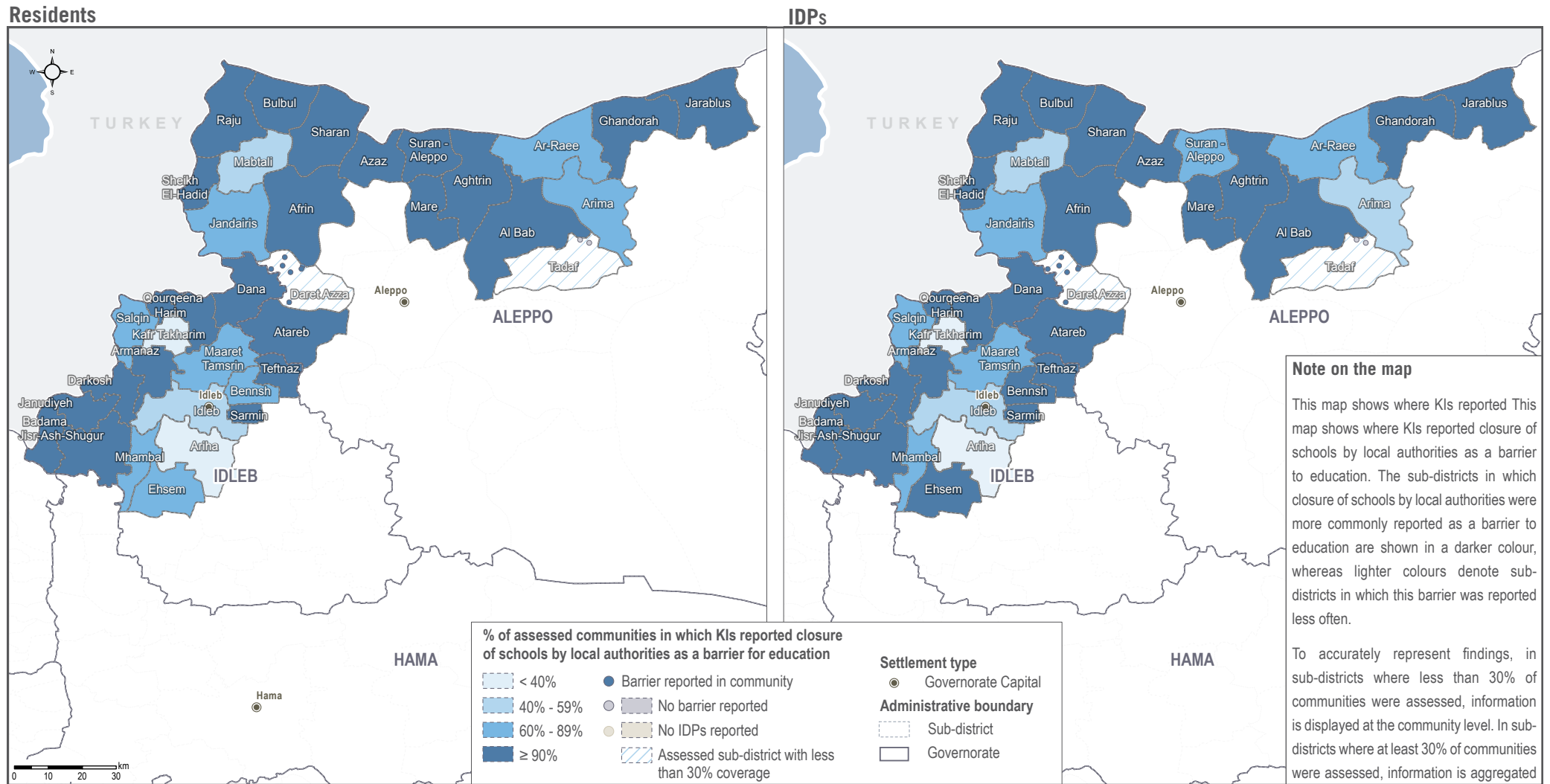
In **18** of 830 communities where barriers to education were reported for residents, KIs cited that **traveling to school was unsafe.**

**Other commonly reported barriers for access to and quality of education services** (by % of **830 communities** where barriers reported for residents, and of **784 communities** where barriers reported for IDPs):<sup>4</sup>

Residents (%)	Barrier	IDPs (%)
8%	Not enough teaching or learning supplies	9%
8%	Distance to school is too far	6%
7%	Families cannot afford it, children must work	8%
6%	Quality of education provided is too low	6%

# NORTHWEST SYRIA MAY 2020

## REPORTED CHALLENGE TO EDUCATION: SCHOOLS CLOSED BY LOCAL AUTHORITIES



## PROTECTION

**Serious protection concerns continued to threaten the safety, well-being and dignity of households across assessed communities.** Protection risks were reported in over 75% of communities (637/835). More commonly reported protection risks included risks faced by children such as child labour and early marriage as well as risks related to the lack and loss of civil documentation. Lack of civil documentation poses multiple risks including arrest at check points, inability to register for aid, and issues with property ownership. Despite the reduction in hostilities, KIs still report on threats from explosive hazards and airstrikes, faced by women, men, and children.

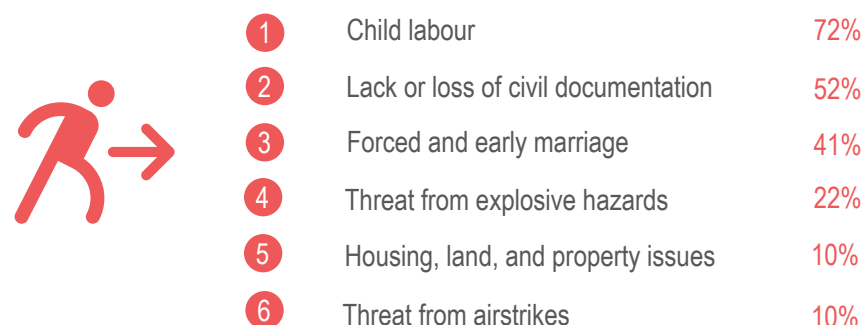
### Most commonly reported protection risks faced by residents

(by % of 637 communities where risks reported):<sup>4</sup>



### Most commonly reported protection risks faced by IDPs

(by % of 637 communities where risks reported):<sup>4</sup>



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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 373 communities where reported):	Boys under 18	99%
2	Lack/loss of civil documentation (by % of 266 communities where reported):	Boys under 18	49%
3	Forced and early marriage (by % of 224 communities where reported):	Girls under 18	100%
4	Housing, land, and property issues (by % of 154 communities where reported):	Men	81%
5	Threat from explosive hazards (by % of 151 communities where reported):	All groups	99%
6	Threat from airstrikes (by % of 63 communities where reported):	All groups	100%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 460 communities where reported):	Boys under 18	100%
2	Lack/loss of civil documentation (by % of 334 communities where reported):	Boys under 18	48%
3	Forced and early marriage (by % of 263 communities where reported):	Girls under 18	100%
4	Threat from explosive hazards (by % of 143 communities where reported):	All groups	100%
5	Housing, land, and property issues (by % of 62 communities where reported):	Men	89%
6	Threat from airstrikes (by % of 62 communities where reported):	All groups	100%

## ENDNOTES

1. The western 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 May 2019](#), 1 USD = 1,575 SYP, so 24,700 SYP = 15.68 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. REACH. (11-21May). Northwest Syria Market Monitoring Exercise. Retrieved from <https://www.impact-repository.org>
- b. REACH. (11-18November). Northwest Syria Market Monitoring Exercise. Retrieved from <https://www.impact-repository.org>
- c. Mercy Corps – Humanitarian Access Team. (April - May 2020). Weekly reports. Retrieved from <https://www.humanitarianaccesssteam.org/reports-weekly>
- d. UN Office for the Coordination of Humanitarian Affairs. (8 May 2020). Recent Developments in Northwest Syria – Flash update - As of 17 April 2020. Retrieved from <https://reliefweb.int/>
- e. UN Office for the Coordination of Humanitarian Affairs. (15 May 2020). Recent Developments in Northwest Syria - Situation Report No. 15- As of 15 May 2020. Retrieved from <https://reliefweb.int/>
- f. The Guardian (29 April). Fuel truck bomb kills more than 40 in northern Syria. Retrieved from <https://www.theguardian.com>

## METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Aleppo and Idlib governorates. Data for this assessment was collected between 3-17 May, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (April/May 2020). REACH enumerators are based inside Syria and interview key informants (KIs), either directly or remotely (via phone) depending on the security situation. KIs are located in the communities that they are reporting on. KI types generally include local council members, Syrian non-governmental organization (NGO) workers, medical professionals, teachers, shop owners and farmers, among others, and KIs are chosen based on their community-level and sector-specific knowledge. Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-ups are conducted with enumerators.

The HSOS project has monitored the situation in Syria since 2013, and its methodology and procedures have evolved significantly since that time. An overview of previous HSOS publications can be found in our catalogue. An overview of HSOS history and methodological changes can be found in the Terms of Reference. Findings are indicative rather than representative, and should not be generalised across the region.

### 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](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.