

Context and Methodology

The conflict in Syria has created and exacerbated large-scale humanitarian needs around water, sanitation, and hygiene (WASH) for the country's population.

In order to understand the WASH needs and conditions of the Syrian population, the Whole of Syria WASH Sector, together with HNAP, conducted a countrywide survey of households (HHs) in communities between June and July 2019.¹

This factsheet draws on data from the assessment to provide an overview of the WASH situation in Syria, focusing on availability and access to WASH services.

The HH assessment covered 25,664 HHs in 268 sub-districts across all 14 governorates in Syria.

Two stage random sampling was carried out for the assessment, with communities and then HHs randomly selected. Either the head of the HH or a HH representative was interviewed on behalf of the HH. The method provides representative findings that can be used to draw conclusions about the WASH circumstances across Syria. Findings for the assessment are representative at the sub-district level with a confidence interval of 95% and a margin of error of 10%. For additional information regarding the findings presented in this factsheet please refer to contacts below.

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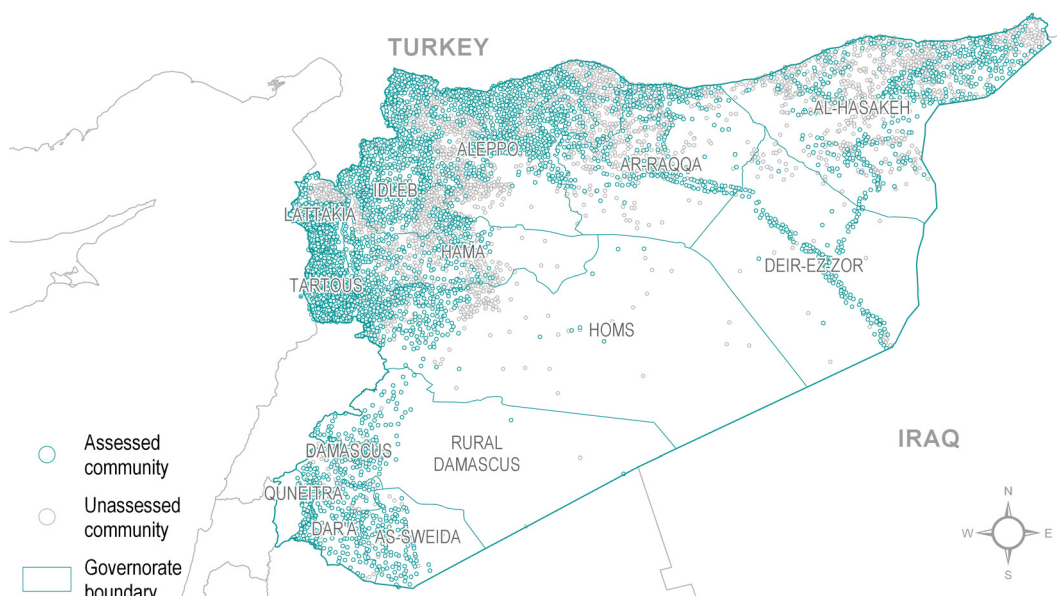
AREA OF ASSESSMENT

25,664

Households assessed in
4,517 communities

268

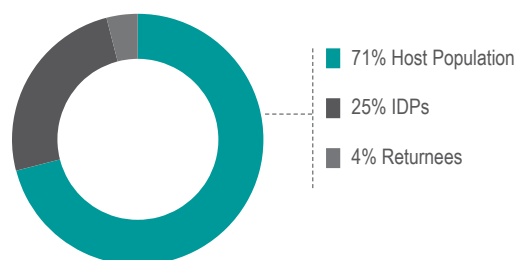
Assessed sub-districts
across all 14 governorates



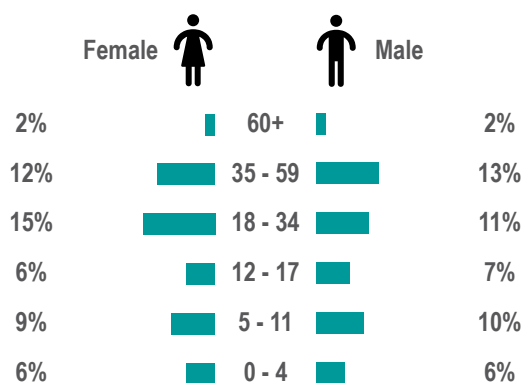
Four sub-districts were not assessed: Hajar Aswad in Rural Damascus governorate, Rabe'a in Latakia governorate, Masaada and Al-Butayhah in Quneitra governorate.

Demographics

Self-reported displacement status of assessed HHs:



Population distribution of assessed HHs:



¹The assessment undertaken in communities includes a small number of surveys conducted in camps and sites, located in close proximity to assessed communities. In all assessed subdistricts the number of HHs interviewed in camps and sites was not sufficient for findings to be representative for this population group at the subdistrict level.



Key findings related to water access and water safety

Access to safe affordable water in sufficient quantities is not consistent across all governorates in Syria. While the share of HHs in Syria with access to water via a network connection has increased since 2018², in a number of governorates, particularly Idlib, Deir-ez-Zor and Dar'a, a sizable proportion of the population is still reliant on water delivered via water trucking. At the national level, 14% of assessed HH water samples had an insufficient free residual chlorine (FRC) concentration³. In Dar'a, Al-Hasakeh and Ar-Raqqa governorates the proportion of HHs accessing water with insufficient levels of chlorine is at least double the national average.



Water source and water sufficiency

8%

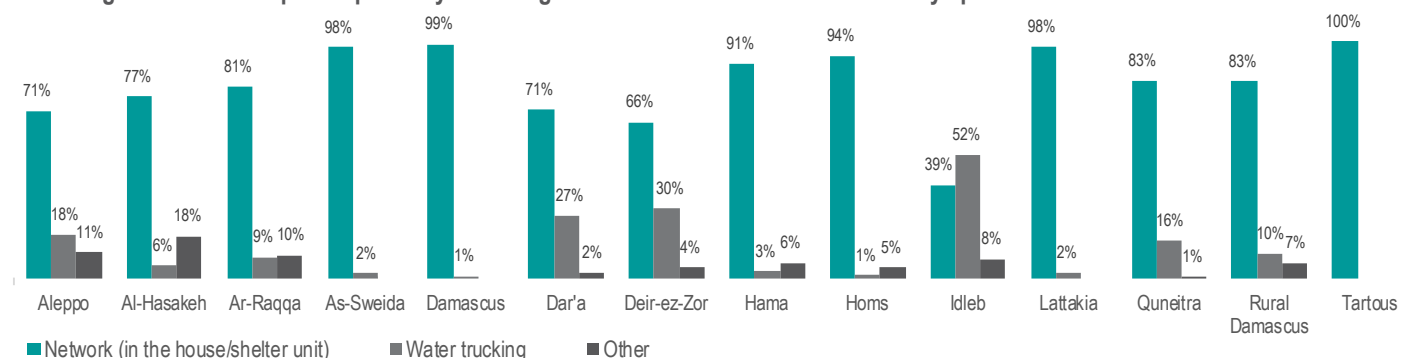
Of assessed HHs reported being unable to access a sufficient quantity of water in the 30 days prior to data collection. The proportion of HHs reporting water insufficiency is noticeably higher in governorates with a high proportion of the population reliant on water trucking as a primary water source.

Top 5 governorates showing highest proportion of HHs unable to access a sufficient quantity of water.

- 1 Idlib- 18%
- 2 Quneitra - 15%
- 3 Rural Damascus - 13%
- 4 Deir-ez-Zor - 13%*
- 5 Dar'a - 11%

*Rankings shown account for decimal values which have been omitted through rounding.

Percentage of HHs who reported primarily obtaining water from each source in the 30 days prior to data collection:

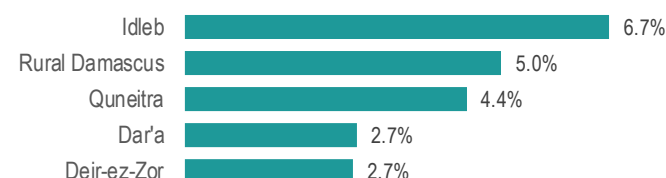


Household spending on water

57%

Of assessed HHs reported that they would be willing to pay for regular safe water supplied to their household. For those HHs who were willing to pay for water, the median percentage of HH income respondents answered they would be willing to spend was 1.9%.

Top 5 governorates showing highest median percentage of HH income spent on water:



Water costs should not exceed 3-5% of a HH's income to satisfy minimum humanitarian standards⁴. WASH assessment findings indicate that for the majority of HHs in Rural Damascus and Idlib governorates, humanitarian standards⁴ related to water affordability were not met. In all five governorates with the highest median percentage of HH income spent on water, at least 10% of assessed HHs reported primarily obtaining water from water trucking.

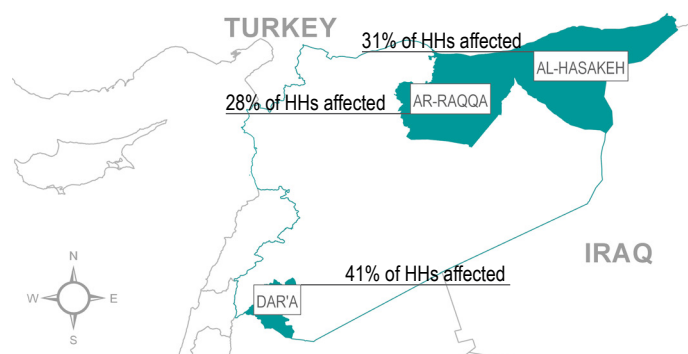


Chlorination of Water

14%

Of water samples tested in assessed HHs did not have a sufficient free residual chlorine (FRC) concentration³

Governorates with the highest proportion of HH water samples lacking sufficient FRC:



² 75% - 2018, 78% - 2019 (source: WASH Cluster WoS Assessments)

³ Less than 0.1mg/L. The presence of FRC in drinking water indicates that a sufficient amount of chlorine was initially added to disinfect the water from disease causing organisms

⁴ Sphere Handbook guidance notes





Key findings related to hygiene and sanitation

The availability of essential hygiene items (sanitary pads, soap bars, washing powder, jerry cans, diapers, baby shampoo and children's toothpaste and toothbrushes)⁵, as reported by assessed HHs, varied greatly between governorates throughout Syria. Lack of access to one or more essential hygiene items was particularly widespread in the governorates of Quneitra, As-Sweida, Rural Damascus and Idleb.

With respect to wastewater disposal, almost all HHs in Syria have access to a functioning toilet⁶, however, problems relating to the broader wastewater disposal systems which serve communities were often reported. The most commonly reported problems were blocked networks, sewer overflows and a lack of desludging services. The frequency of reported problems varied between governorates; the proportion of HHs in Rural Damascus reporting problems related to wastewater disposal or toilet functionality was almost four times the national average.

Not all HHs in Syria reportedly have access to regular garbage collection services. Furthermore, even when garbage collection services were available, many HHs reported disposing of garbage informally, leaving it in public places, burning garbage or burying it. This situation was particularly common in the southern governorates of Dar'a and Quneitra.

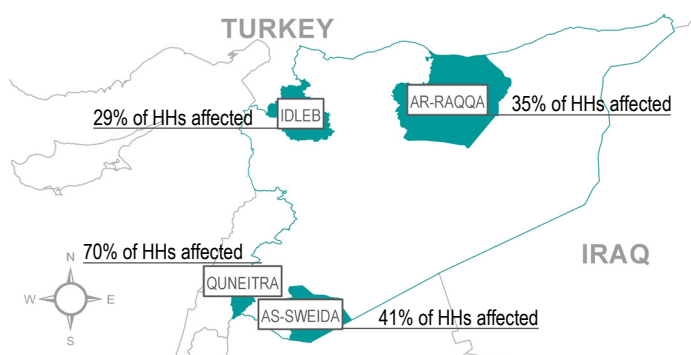


NFI Access to Hygiene Supplies and Materials

16%

Of assessed HHs were unable to procure one or more essential hygiene items⁵ in the 30 days prior to data collection.

Governorates with the largest proportion of HHs that were unable to access all assessed essential hygiene items:



Sanitation and Wastewater Disposal

15%

Of assessed HHs reported one or more challenges related to wastewater disposal in the 30 days prior to data collection.

Governorates with the highest proportion of HHs reporting challenges related to wastewater disposal or toilet functionality:



Top 3 most commonly reported sanitation issues:

- 1 Connection to sewage blocked - 48%
- 2 Sewage overflowing in the neighborhood - 35%
- 3 Septic tank desludging services unavailable or unaffordable - 29%



Solid waste management

29%

Of assessed HHs reported not having access to free public garbage collection services in the 30 days prior to data collection.

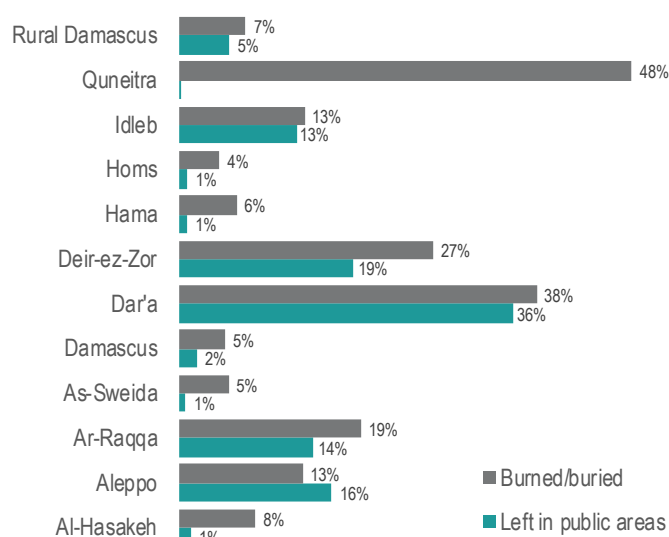
9%

Of assessed HHs reported leaving garbage in public places in the 30 days prior to data collection.

Top 3 governorates reporting not having access to garbage collection (free or paid) for garbage disposal:

- 1 Ar-Raqqa - 42%
- 2 Deir-Ez-Zor - 37%
- 3 Aleppo - 35%

Proportion of HHs that reported disposing of garbage by leaving it in public areas or by burning/burying it, by governorate:



⁵Essential hygiene items as defined by the WASH sector in the context of the 2020 Syrian Humanitarian Needs Overview (sanitary pads, soap bars, washing powder, jerry cans, diapers, babies shampoo and children's toothpaste and toothbrushes).

⁶Source Humanitarian Needs Overview 2019

