



October 2014

# MSNA

## SYRIA MULTI-SECTORAL NEEDS ASSESSMENT

Prepared by OCHA, REACH and SNAP on behalf of the Humanitarian Liaison Group based in Turkey

Picture: Aleppo, Salah Aldien ©Barry Abdul Lattif

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## INTRODUCTION

After nearly four years of conflict, Syria is still the most complex humanitarian emergency in the world. 6.6 million people are in need of humanitarian assistance in at least one sector. The Syria Multi Sector Needs Assessment (MSNA) estimates that 4.8 million people are internally displaced out of a current total population of 15 million in the assessed areas.

Since the last multi-sectoral assessment was conducted in November 2013, the conflict dynamics have experienced major changes, including significant evolutions in areas of control. Government Forces regained control of several areas such as Homs City and Qalamoun in Rural Damascus, opposition forces expanded into new areas in Dar'a and northern Hama. The Islamic State of Iraq and the Levant (ISIL) seized control of wide geographic areas in the north and northeastern parts of the country. ISIL has made dramatic territorial gains in Syria and caused large-scale displacement of populations from the area and with it the largest influx of refugees into neighbouring Turkey.<sup>1</sup> Opposition forces lost their strongholds in Deir-ez-Zor and northeastern Aleppo.

Since the beginning of 2014, Syria has also witnessed an increase in the severity and frequency of fighting across the country and barrel bombs and chlorine gas attacks have been used widely.<sup>2</sup> In 2014, the Syria crisis evolved dramatically. An international coalition of Western and Arab States began carrying out strikes on targets in Northern Syria in mid-September.<sup>3</sup> These strikes have targeted ISIL military installations, as well as military installations controlled by Al-Nusra Front.

Changes in conflict dynamics have been the main drivers of new displacement inside and outside of the country, such as the massive influx of IDPs from opposition-held neighborhoods in Aleppo City into Government-held areas. There has also been an influx of refugees into Turkey coming from Aleppo, Hama and Deir-ez-Zor. Humanitarian access has been restricted further, compared with 2013. Limited humanitarian access causes constraints and limits cross-border operations. It also limits access to different areas of control such as ISIL-held areas in Deir-ez-Zor, Al-Hasakeh and Ar-Raqqah.

One of the consequences of high intensity conflict has been a 56% increase in the number of displaced persons living in camps from 108,000 to approximately 165,000 between January and September 2014. IDPs typically experience multiple displacements because of violence, depleted capacities of host families, running out of savings and seeking better access to livelihoods. Moving to camps or settlements remains the last resort for IDPs in Syria.

Since early 2014, the situation in Aleppo city has deteriorated significantly. The eastern part of Aleppo City has been under constant air strikes using barrel bombs, and intense ground fighting. These attacks have caused the displacement of more than 550,000 people inside Aleppo Governorate, mainly towards western neighborhoods of Aleppo city, areas controlled by the Syrian Government. People were also displaced towards northern parts of the Governorate, such as Ar-Ra'ee and A'zaz, in addition to several thousand people crossing into Turkey. Barrel bombing campaigns on Aleppo City have targeted, on more than one occasion, medical centres and field hospitals, causing the death and injury of medical staff and damage to medical infrastructure in opposition-held neighborhoods.<sup>4</sup>

The field research carried out during the MSNA data collection process suggests that as of September 2014 some 5.2 million people were living in areas with severe humanitarian access restrictions. The MSNA

<sup>1</sup> The New York Times, 15 October 2014, <http://www.nytimes.com/2014/10/16/world/middleeast/us-steps-up-strikes-on-embattled-syrian-town-aided-by-data-from-kurds.html>, accessed 16 October 2014.

<sup>2</sup> The Washington Post, 18 June 2014, [http://www.washingtonpost.com/world/national-security/chlorine-gas-likely-used-in-attacks-in-syria-this-year-international-weapons-inspectors-say/2014/06/18/a7ec09cc-f71d-11e3-a606-946fd632f9f1\\_story.html](http://www.washingtonpost.com/world/national-security/chlorine-gas-likely-used-in-attacks-in-syria-this-year-international-weapons-inspectors-say/2014/06/18/a7ec09cc-f71d-11e3-a606-946fd632f9f1_story.html), accessed 17 October 2014.

<sup>3</sup> The Guardian, 23 September 2014, <http://www.theguardian.com/world/2014/sep/23/us-strikes-isis-syria-pentagon-iraq-khorasan-terror>, accessed 16 October 2014.

<sup>4</sup> Aleppo City Key Informants Report, June 2014, REACH Turkey, <http://reliefweb.int/report/syrian-arab-republic/syria-crisis-aleppo-city-key-informants-assessment-june-2014>



results show that the most severe constraint to delivery of humanitarian assistance in all surveyed areas is interference by powerful groups or people. Another major constraint is restriction of movement and violence against humanitarian actors, assets, and personnel. Surveyed urban areas also reported the lack of adequate information on humanitarian assistance as a major constraint for accessing aid.

In a context of intense conflict and multiple ongoing challenges to humanitarian access, the international humanitarian community has strengthened its response in order to assist populations in need. In 2014, the United Nations Security Council passed two resolutions meant to improve the humanitarian situation in Syria, by increasing channels for delivering humanitarian aid into Syria. Resolution 2139<sup>5</sup> calls on all parties to the Syrian conflict to allow unhindered humanitarian access for United Nations agencies and their partners, including across conflict lines in order to ensure that aid reaches people through the most direct routes. In July 2014, the UN made a step further in its humanitarian engagement in Syria, and the UN Security Council approved Resolution 2165.<sup>6</sup> This resolution authorises cross-border operations and cross-line access with the only requirement of informing the Syrian government on these activities. The resolution was passed in order to respond to the rapid deterioration of the humanitarian context in Syria.

In addition to the severe impact of the conflict on the humanitarian situation in Syria, the country also experienced severe drought conditions during 2014, impacting the availability of drinkable water and the health status of the population, as well as reducing agricultural output and local food production. MSNA results show that the main source of drinking water for the population is trucked water. The assessment has found that access to clean water has been ranked as the top priority need for the populations. Economic pressure, erosion of livelihoods, lack of income-generating activities and increased size of households were found to be the main obstacles to accessing all services and goods across all sectors.

The conflict in Syria is now in its fourth year and the humanitarian situation in the country continues to worsen, given the protracted conflict and ongoing fighting throughout the country. As a result of this ongoing humanitarian crisis, the humanitarian community based in Turkey launched the Syria Multi Sector Needs Assessment in June 2014 to provide valid humanitarian information at strategic level. The overall purpose of the Syria MSNA is to identify critical needs according to geographical areas and sectors, assessing most important issues, and their underlying factors. This assessment also highlights humanitarian access issues and identifies information gaps and needs.

The MSNA is the output of the Syria Assessment Monitoring Initiative (SAMI). The humanitarian community actively participated in every stages of the MSNA process. Approximately 20 humanitarian organisations were involved in the process, as well as sector working groups and their members. The MSNA will guide in-depth sectoral analysis and provide a base for further research and analysis.

<sup>5</sup> Security Council Resolution S/RES/2039, 22 February 2014, [http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s\\_res\\_2139.pdf](http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2139.pdf)

<sup>6</sup> Security Council Resolution S/RES/2165, 14 July 2014, [http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s\\_res\\_2165.pdf](http://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2165.pdf)

## METHODOLOGY

The MSNA aimed to cover as many sub-districts as possible by secondary and primary data collection, bearing security of enumerators and access considerations first and foremost. The MSNA process was started in June 2014 and ended with the release of the report on 28 October 2014. The data was collected in between August and September 2014, after Ramadan.

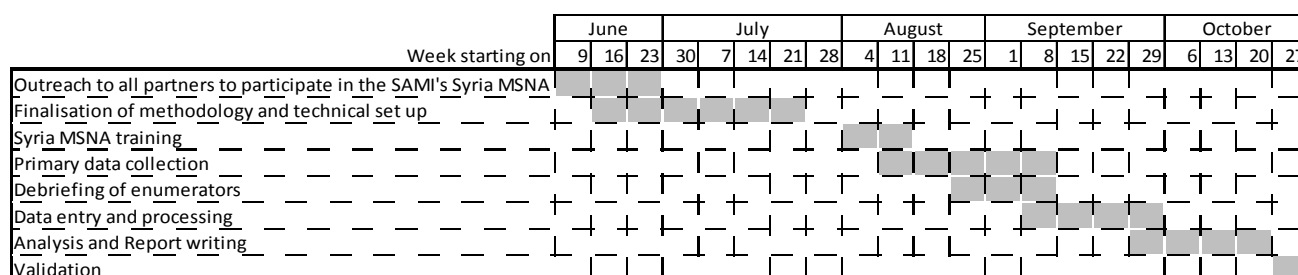


Figure 01. MSNA timeline

After the planning and design phase, involving key stakeholders around the definition of objectives, scope, information needs and the design and validation of the data collection tool, three key steps were followed to ensure the most credible information could be collected and used for final analysis:

- Field work started on 08 August 2014 and was completed on 14 September 2014. Secondary data was collated from August to September 2014.
- Analysis and interpretation of the findings was performed from 22 September up to 20 October 2014. Interpretation of the findings was performed in collaboration with national and international organisations supporting the assessment as well as the humanitarian sectors.
- A joint analysis workshop was held on 20 October and the final report was released 28 October 2014.

### a. Primary Data Collection

Approach (target groups, coverage, KI interviews, debriefing): The MSNA involved the collection of data from primary sources at the sub-district level (one questionnaire was compiled per sub-district), through multiple Key Informant (KI) interviews and direct observation (hospitals, health centres, markets, schools, etc.). The initial planned coverage was 155 sub-districts. To account for the diversity of conditions within urban centres, cities were subdivided into smaller units, sectors, to be assessed: Aleppo (7), Deir-ez-Zor (2), Al-Hassakeh (3), Lattakia (2), Damascus (2), Quamishli (2). In total, 168 potential areas were targeted for assessment. However, owing to security conditions, 11 targeted geographical areas could not be covered.

Participating agencies selected 165 enumerators, all of whom were trained over the course of a three-day training in humanitarian and assessment principles, the assessment tool, selection of key informants, interview techniques, triangulation methodologies and a method for ranking the degree of confidence in the collected information. Some 48 enumerators were trained remotely, as security conditions did not allow them to attend the training in person.

Field data collection lasted three weeks. During the data collection process, about 2,800 KIs were interviewed.

Upon completion of the sub-district questionnaires, enumerators were debriefed in one-on-one interviews with trained staff. 140 debriefings were planned, out of which 94 were conducted face to face, and 46 remotely.

The debriefing process involved a thorough review of completed questionnaires, entailing clarification and validation of written responses. Enumerators were also questioned about evidence seen or recorded, the type and number of KIs interviewed, and they were asked to present and list the evidence when possible.

Using a semi-structured question guide, debriefers were able to glean additional qualitative information from enumerators, which were compiled into another database used for further analysis. The debriefing was also used to validate findings reported in the questionnaires and to apply quality control procedures. During this process, the information related to the situation in 11 geographical areas was discarded from the final analysis, since the debriefing couldn't be completed or the questionnaire was not correctly filled.

Additionally, 20 questionnaires were identified as problematic, due to methodology not being applied appropriately during data collection, reduced accessibility and coverage (less than 75% of the sub-district was visited), quality or other technical issues. After further cross checking, additional evidence permitted to clear and include two questionnaires only.

The final number of sub-districts covered by the MSNA is 114, out of the 155 originally planned. A total of 128 questionnaires were used for analysis. Owing to low geographical coverage, the results of the assessments in Damascus are presented separately (2 sub-districts) and are not taken into consideration within this report, however data for these sub-districts is available.

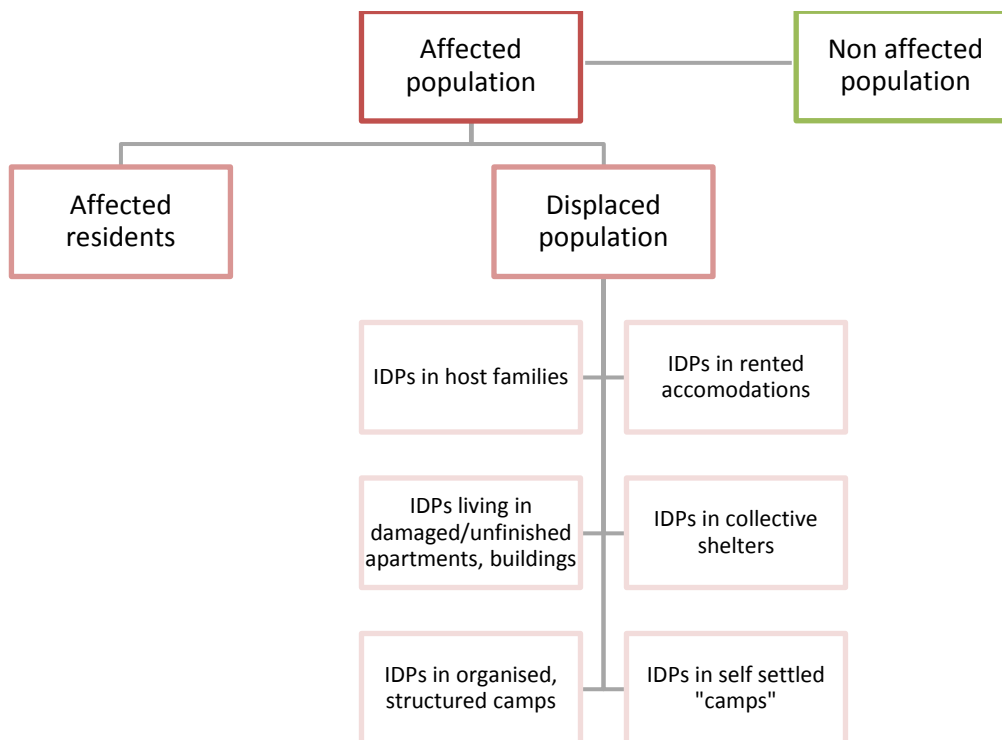
The table below presents a summary of the MSNA coverage per governorate.

Governorate	Number of total sub-districts	Number of sub-districts assessed	% assessed
Aleppo	40	29	73%
Al-Hasakeh	16	12	75%
Ar-Raqqa	10	10	100%
Dar'a	17	7	41%
Deir-ez-Zor	14	14	100%
Hama	22	9	41%
Idleb	26	22	85%
Lattakia	22	5	23%
Quneitra	6	2	33%
Rural Damascus	36	4	11%
Total	209	114	55%

**People In Need (PIN): The MSNA methodology intended to provide estimates of population numbers at two levels:**

- The number of people in moderate and acute need of assistance, based on conditions and status of the population within each sector.
- The humanitarian profile within the visited areas (types of affected groups and estimates)



*Figure 02: Humanitarian profile for MSNA visited areas*

Civil affair records, beneficiary listings, counts or direct observation were used to combine estimates at the sub-district level. In addition, the enumerators were requested to rate the degree of confidence on the provided population estimates (people in need per sector and humanitarian profile), based on a six point confidence scale. Additional verification and validation were conducted during debriefings. Despite these checks and balances, the population figures provided in the MSNA report are best interpreted as providing an informed estimate of the number of people, rather than a precise figure of beneficiaries. This is because figures provided by key informants do not lend themselves to precise measurement and because not all the sub-districts in the visited governorates were assessed.

### b. Secondary Data Review

Apart from the primary data collection, the MSNA also drew on existing secondary data. Pre-crisis data, lessons learnt and in-crisis information gathered from national and regional actors intervening in the Syria crisis were compiled. Secondary data was synthesised at the sector level and used to validate, complement or disprove the findings of the primary data collection. The following process was followed for the secondary data review:

When relevant and possible, secondary information and sources were included in the MSNA report. Information that was shared with a protective or a restrictive mark has not been sourced to avoid harming the source, however were used to triangulate information collected through other means.

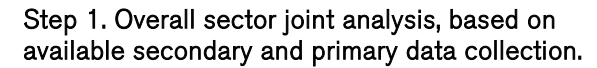
### c. Joint Analysis

The findings of the MSNA were summarised per sector and geographical area (aggregation at the governorate level). In order to highlight the different needs, results were also compared using two additional categories of analysis:

- Situation in rural vs. urban sub districts
- Situation in sub-districts with fighting vs. sporadic fighting vs. no fighting

The MSNA joint analysis process involved all relevant stakeholders and actors involved in the Syria response, including national staff and representatives from affected communities, in order to discuss the findings, hear how different people interpret the results and to document the process and the conclusions. The Joint analysis was conducted in two separate steps:

- 2) *Data analysis at the sector level:* This involved the consolidation, processing and analysis of primary and secondary data collected at each sector level. The assessment findings were synthesised into a sector report, based on the analysis of the impact and severity of the crisis, the existing gaps in capacities and response, the humanitarian access constraints and the existing information gaps. The sectors performed their analysis and proceeded to prioritisation within sectors.
- 3) *Inter-sectoral analysis:* The inter-sectoral analysis was carried out through a facilitated discussion that brought together the MSNA key stakeholders from different sectors. During the discussion, intra- and inter-sectoral data, information and knowledge were shared and consolidated in a structured manner in order to build a common understanding of the situation. Inter-sector analysis helped in identifying linkages and issues that cut across sectors and achieving a common understanding of the overall effect of the Syria crisis as well as establishing a common basis for strategic response. As a result, specific geographical areas, groups or interventions that were considered priorities were recorded for presentation in the MSNA report.



1. Which humanitarian needs within the sector are the most severe and the less covered and should be considered priority? How will this evolve over the short, medium and longer term?
2. Which groups are the most affected or vulnerable and should be prioritized in terms of protection and/or assistance?
3. Which geographic areas and affected groups are the most impacted and accessible and should be prioritized for the humanitarian response?

1. Which humanitarian needs across sectors are the most severe and the less covered and should be considered priority? How will this evolve over the short, medium and longer term?
2. Which groups across sectors are the most affected or vulnerable and should be prioritised in terms of protection and/or assistance?
3. Which geographic areas across sectors are the most impacted and accessible and should be prioritised for the humanitarian response?



#### d. Limitations of the MSNA data

In order to avoid the risk of misusing the results, several limitations need to be taken in consideration when using MSNA population figures.

##### Population figures precision:

As explained earlier, the population figures provided in this report are estimates made on the ground by enumerators and compared to existing registration lists, beneficiary lists, and local knowledge or secondary data verifications. While these figures should not be considered precise, they are considered an adequate guide to major population dynamics in the visited sub-districts. Trends were verified and are consistent with available secondary information. However, the following should be considered when reading the report:

- Population movements in Syria are highly dynamic, with tertiary population movement often reported and no existing tracking system capturing displacement in real time. As a result, it is difficult to estimate precisely the current population living in visited sub-districts, as well as the number of population displaced.
- The MSNA reached 114 of the 209 sub-districts in ten governorates of Syria. Population figures presented in the MSNA report account uniquely for the visited sub-districts and generalisations made from this selection to the entire population of these governorates would neither be appropriate nor statistically valid. Please refer to the details about visited areas in Annex A to understand the coverage of the assessment and interpret how much the collected information can account for the situation in the entire governorate. To guide the interpretation, number of visited areas are reported in the visuals available in the report.
- The figures presented do not account for all the visited population. By discarding data judged unreliable (category 5 and 6 of the confidence scale), and depending on the sectors, population became invisible in the population statistics table of this report.
- The only way to measure the accuracy of population figures from the MSNA would be to compare to other existing figures, but methodologies, completeness, reliability and granularity of available information challenge the comparability of findings.

##### Variability:

- The MSNA did not specifically assess the needs of IDPs in informal settlements and secondary data indicates that their situation differs significantly from those residing in collective shelters.
- Secondary data was provided by MSNA partners for the geographical areas where they are operating. Such data was most limited for Lattakia, Tartous and Homs, where presence of partners is lower.
- The situation in visited areas changes quickly over time and significant changes can be observed from one week to another. Thus, the accuracy of the information from the MSNA report will deteriorate over time.
- The measures reported are aggregated from multiple observations and Key Informant interviews at sub-district level. The methodology is based on perceived need as expressed by Key Informants and are aggregated into one single questionnaire at the end of the field visit. Therefore the assessment does not always account for the diversity of situations within a sub-district. This effect is aggravated by the imperative need to protect key informants, sources and enumerators. As a result, the data in this report has been aggregated at the governorate level. This anonymisation method minimises the visibility of the variability of conditions reported.

**Gender lens:**

- Only 7% of the enumerators were female. This gender imbalance should be kept in mind when interpreting the results of the assessment. Additionally, the majority of Key Informants interviewed were male.

**Information gaps:**

- Areas visited for this assessment included those with the greatest secure physical access. Areas not visited may well have worse conditions than those reported here.
- Considering the low coverage in some governorates, results are reported in the MSNA report for governorate where the coverage is the highest, to avoid misleading generalisation if the number in the sample is too low.

**Sources:**

- To protect enumerators and Key Informants, the sources of provided information are not always identified in the report or in the corresponding database. Instead, when possible, the type of organisation providing the information is indicated.

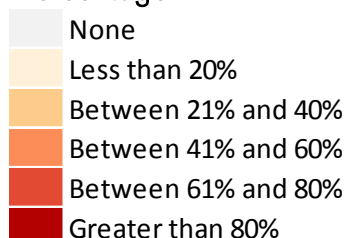
**e. How to read the graphs and visuals in this document**

The questionnaire used for the MSNA (see in annex b) included c.140 questions (with more than 1,000 variables), and the primary data analysis was undertaken following a pre-agreed framework to represent and aggregate the data coming from the questionnaire.

<i>Type of question</i>	<i>Calculation/visual output</i>
Ranking	Borda count in heatmaps <sup>7</sup>
Multiple choice	Frequency count
Single choice	Frequency count
Severity Scale	Map at Sub District level
Percentage of damaged infrastructure	Ranges
Quantitative figures	Sum

The data was processed according to three pre-identified strata:

- Governorate
- Urban or Rural
- Intensity of conflict

**Percentage****Borda****Frequency**

Example:

<sup>7</sup> The Borda count is used to visualize what is the 1st rank for all Sub District. This method determines the most preferred items of a selection by giving each response a certain number of points corresponding to the position in which each respondent ranks it. Once all preferences have been counted, the item with the most points is determined as the most preferred - See ACAPS Resources: [http://www.acaps.org/resourcescats/downloader/heat\\_maps\\_as\\_tools\\_to\\_summarise\\_priorities/69](http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69)

Most vulnerable age groups across all sectors

	1										
	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Damascus	Rural All Areas
Infants/toddlers (< 5 years old)											
Older persons (60+ years old)											
Children (5-12 years old)											
2 Women (18-59 years old)					4						
Youth female (13-17 years old)											
Men (18-59 years old)											
Youth male (13-17 years old)											
# of areas assessed	35	16	10	7	15	9	23	5	2	3	3 125

1 – Presentation of the information aggregated at the Governorate level

2 – Variables

3 – Number of assessed areas: The MSNA conducted field research in 126 areas (114 sub-districts + 12 city sectors). The maximum number shown in this line is 126. However, there are some areas for which information on a specific variable could not be collected, or the confidence in the information was not good enough to be included in the analysis, which explains why the number of assessed areas is not always equal to 126.

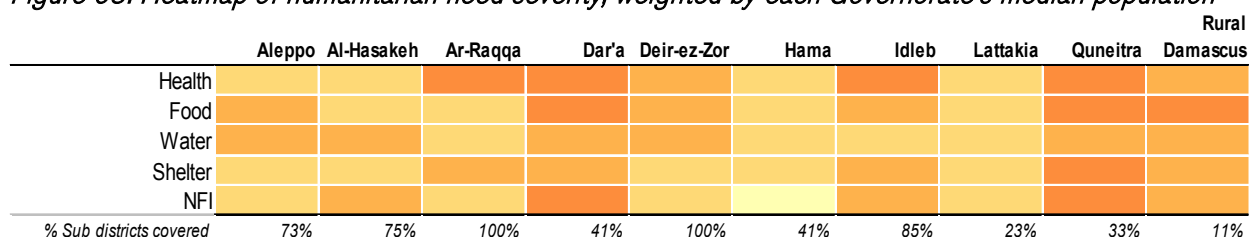
4 – Heat map visualization



## KEY FINDINGS

### a. Key findings

Figure 03: Heatmap of humanitarian need severity, weighted by each Governorate's median population



### SINA and MSNA evolutions:

- While the severities identified during the field research are still high, an overall decrease in the severity scores has been observed since the SINA. This can be explained by the following hypothesis:
  - The MSNA introduced a more elaborate Severity Scale, which presumably encouraged field researchers to be more precise and rigorous when attributing a severity score.
  - Several sectors indicated that the observed decrease of needs was linked with the delivery of humanitarian assistance in concerned sub-districts.
- Two trends were identified:
  - For some sectors, compared to SINA, the sectoral severity has increased, but a smaller number of persons are in need of humanitarian assistance (e.g. Health).
  - In some sectors, more people need humanitarian assistance, but the severity of their needs is lesser than during the SINA (e.g. WASH).
- While governorates such as Quneitra or Dar'a present homogeneous levels of severity, Aleppo is much more diverse and hosts the sub-districts with both the less and most severe humanitarian needs.
- The majority of sub-districts reporting highest severity scores are rural, face severe restrictions of humanitarian access, and experience frequent or sporadic fighting. Most of these sub-districts are located in southeastern Aleppo and Al-Hasakeh.

### Overall key findings:

- Displacement of population is a key challenge that affects all sectors, but there is limited information about displacement trends and movement dynamics. The vulnerabilities specific to displaced populations remain difficult to assess.
- Access to cash is also an issue reported across all sectors, and further research should be conducted to inform appropriate cash-based assistance. Insecurity and access is hampering markets and the transportation of available products. This has to be added to the conflict-induced inflation and the currency depreciation.
- Protection has been identified by Key Informants as one of the top priorities for men and women in urban settings.
- In Education, the major issue is the lack of supplies (books, pens and pencils etc.) and children participating in the household's income-generating activities.
- In Health, the latest measles and polio campaigns have had a positive impact (no epidemic declared, despite high risks).
- Women's needs for reproductive health support have been highlighted.

- Food insecurity has increased over time (since the last SINA, an increase of 7% in the number of food insecure people has been observed, and 20 sub-districts are severely food insecure, but severity of food need has decreased between November 2013 and September 2014).
- The recent droughts have a direct impact on local food production.
- There is a clear need to support host families in the Shelter sector (rentals, and repairs and rehabilitation).

## Recommendations

Many recommendations articulated during the SINA are still valid and are still to be implemented:

- Further **sector-specific assessments** exploring issues in Health, WASH, Education, Food Security, and Shelter/Non-Food Items (NFIs) in the identified hotspots.
- **Protection assessments** to explore the prevalence and nature of specific protection issues and the status of additional vulnerable groups.
- **In-depth market analysis** to evaluate the inflow and outflow of goods and supplies and actors influencing these movements.
- Implement a Survey of Surveys to map existing assessments' geographical and sectoral coverage. Sharing information will ensure assessment duplication is avoided and reduce levels of assessment fatigue among the affected population.
- In areas already assessed it is a key priority is to establish a dynamic needs monitoring system and to systematise data collection formats (medical records, figures, priority needs per group and location) and ensure regular collection, analysis and dissemination of the data (monthly). This is especially important as the situation is fluid and conditions (especially in IDP camps) and access change continually.

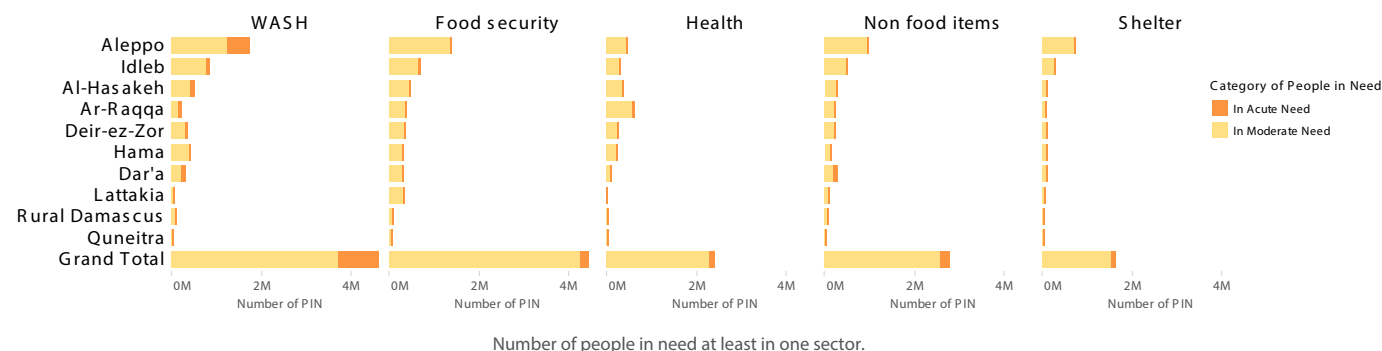
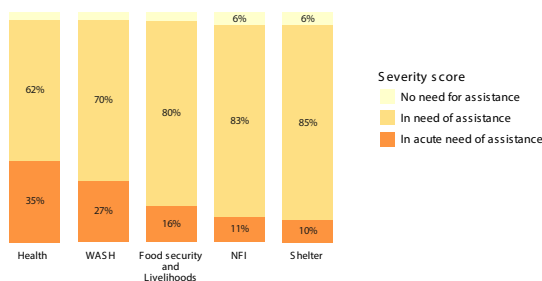
In addition, the MSNA team would recommend :

- The revision of the Assessment Strategy with the SAMI (including exploring opportunities for needs monitoring systems and capacity building for conducting assessments).
- Focus on the collection of most relevant information only (avoid extensive questionnaires), especially in areas that will most likely not receive assistance in the coming months because of security or access issues.
- Standard key indicators for Syria need to be agreed and included in future assessments.
- Ensure, as far as possible (and considering security conditions), gender balance in the assessment teams.
- Explore how to improve the accountability to affected population in needs assessments.

# Syrian Arab Republic: Multi-Sectoral Needs Assessment (MSNA) Dashboard for 114 Sub-districts Assessed in 10 Governorates

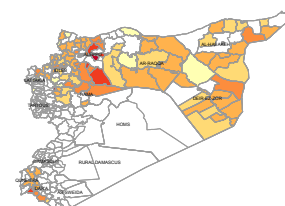
The conflict affecting Syria is now in its fourth year and the humanitarian situation in the country has worsened since March 2011. The war in Syria has become a protracted conflict with ongoing fighting throughout the country.

In June 2014, the humanitarian community based in Turkey launched the Syria Multi-Sectoral Needs Assessment (MSNA) to provide valid information at strategic level. The MSNA identifies critical needs according to geographic areas and sectors, assessing most important issues and their underlying factors. This assessment also highlights the on-going humanitarian response, humanitarian access and identifies information gaps and needs.

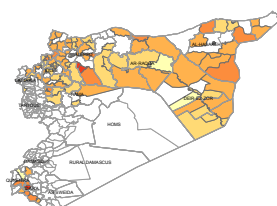


## Severity per sector

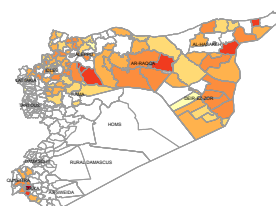
### Education



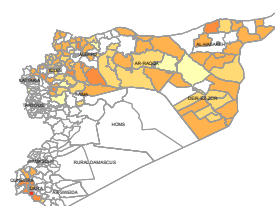
### Food Security



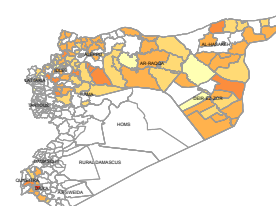
### Health



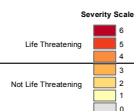
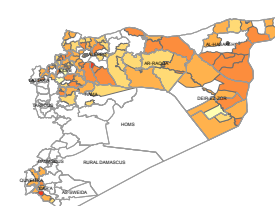
### Non-Food Items



### Shelter



### WASH



## People in Need of humanitarian assistance in at least one sector



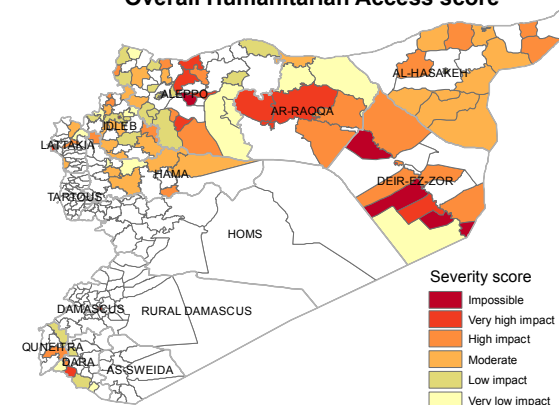
Governorate	Current Population	IDP	PiN
Aleppo	5,086,996	1,340,500	2,056,080
Idleb	2,341,134	994,691	1,209,235
Ar-Raqqa	1,596,680	173,680	830,100
Al-Hasakeh	1,789,300	510,000	603,700
Deir-ez-Zor	1,394,400	394,900	522,580
Hama	1,351,500	353,000	482,500
Dar'a	485,334	168,105	381,200
Lattakia	1,333,500	763,000	346,500
Rural Damascus	142,400	29,400	108,100
Quneitra	81,000	39,000	56,000

Numbers per governorate in the table above are aggregated figures for MSNA covered areas only.

## Internally Displaced Persons (IDPS)



## Overall Humanitarian Access score



Priorities per Sector	First	Second
Health	Medicine	Medical equipment
Food	Food Basket	Cash assistance
Water Supply	Electricity	Digging wells
Sanitation	Garbage collection	Insecticides
Hygiene	Family Hygiene kits	Women kits
Shelter	Cash assistance	Heating/Fuel
NFI	Cash assistance	Water container
Education	Cash assistance for children	Teachers' salaries

While Protection was not included as a stand-alone sector in the MSNA, vulnerable group inquiries were mainstreamed. MSNA results show that Safety and Dignity issues are ranked as the second highest priority need for women across all assessed areas.

## HUMANITARIAN PRIORITIES

### a. Most affected areas

Major problems across all sectors have been reported in areas experiencing frequent fighting. These areas indicate a higher severity of needs with life threatening and severe humanitarian conditions. In addition, MSNA results show that multiple displacements are more frequent in conflict areas. Governorates such as Dar'a, Aleppo, Al-Hasakeh and Deir-ez-Zor stand out as some of the most affected governorates across all sectors. Severe access issues in Deir-ez-Zor and Al-Hasakeh also contribute to making those two governorates a high concern.

Least severe conditions can be found in the governorates of Hama and Lattakia. However Lattakia continues to be one of the governorates receiving the highest number of IDPs because of the availability of services in that Governorate. However Aleppo, Idleb and Al-Hasakeh governorates report the highest number of internally displaced persons, with up to a third of their current population being IDPs. Aleppo, Idleb and Al-Hasakeh governorates also report the highest number of people in moderate and acute need of food.

Aleppo and Ar-Raqqa report a high severity score for Education with Aleppo Governorate being reported as the area experiencing greatest severity. Aleppo City and southern and eastern Aleppo areas show severe life-threatening problems which is due to the lack of access to secondary education. This is mainly due to the intensity of the conflict on those areas. In the governorates of Aleppo, Homs, Damascus and Dar'a, children are being killed and maimed as a result of the indiscriminate use of explosive weapons in populated areas. Damage due to bombings and clashes was particularly reported in Deir-ez-Zor and Hama.

Areas reported with acute needs for Shelter are Dar'a, Lattakia and Quneitra followed very closely by other governorates such as Hama, Ar-Raqqa, Aleppo, Al-Hasakeh and Rural Damascus. MSNA data results also show that 40% of people identified in need of shelter are located in Aleppo Governorate. 34% of people identified in need of NFI assistance are also located in Aleppo Governorate. As the most populous of all governorates, Aleppo Governorate also reports the highest number of people in need of water.

### b. Most affected groups

Results highlight that children and older persons are considered most in need of assistance. The chronically ill, persons with disability and child-headed households are identified as being the most vulnerable social groups at risk of health concerns.

Children are, however, perceived to be one of the most vulnerable groups across all sectors, with children under the age of 5 and children aged 5-12 years having been identified as the first and third most vulnerable groups. In the 126 assessed areas Key Informants also ranked infants/toddlers under 5 to be the age-group most at risk of health concerns, especially in rural areas, followed by older persons (60+ years) and children between the ages of 5 and 12 years. Rural areas are underserved in all aspects and quality services are more expensive to reach, particularly with regards to paediatric services and reproductive health. In one of every two assessed sub-districts (65 out of 126) KIs reported that health care services were too expensive.

Groups most susceptible to food shortages were reported to be IDPs in collective shelters, followed by IDPs living with host families and IDPs living in damaged/unfinished buildings. Child-headed and female-headed households, as well as households headed by older persons, also face major constraints in accessing food due to high prices.

**Most vulnerable age groups across all sectors**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Infants/toddlers (< 5 years old)											
Older persons (60+ years old)											
Children (5-12 years old)											
Women (18-59 years old)											
Youth female (13-17 years old)											
Men (18-59 years old)											
Youth male (13-17 years old)											
# of areas assessed	35	16	10	7	15	9	23	5	2	3	125

In 125 assessed areas, KIs ranked displaced people in collective shelters to be the group most at risk because of protection concerns and low-level of living conditions, followed by IDPs living in damaged/unfinished buildings, especially in Deir-ez-Zor, Quneitra and Ar-Raqqa.

**Most vulnerable groups across all sectors**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Displaced people in collective shelter (schools, public building, etc.)											
Displaced people living in damaged/unfinished apartments, buildings											
Displaced people living in host families (no rent fees)											
Displaced people in open space (incl. spontaneous "camp" settings)											
Resident population who have not been displaced											
Resident population hosting displaced persons											
Displaced people in rented accommodations											
Returnees											
Displaced people in organised, structured camps											
# of areas assessed	35	16	10	7	13	9	23	5	2	3	123

Overall secondary data and MSNA primary data findings indicate that children, women and girls, older persons, people with disabilities, young men, IDPs, minority groups, refugees and third-country nationals face the greatest protection risks.



### c. Affected Population/PIN

In the 114 visited sub-districts, the MSNA provided estimates for the following population categories (all figures are reported only for the visited sub-districts. Estimates with a low confidence level were discarded):

#### Total number who have fled the sub-district

	Al-Hasakeh	Aleppo	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	Grand Total
Total Pre-conflict population (2011)	1,850,448	5,336,920	1,349,500	485,580	1,589,700	1,636,500	1,794,648	750,000	57,000	1,155,000	16,005,296
Total No who have fled the sub-district	611,300	2,144,050	46,000	166,060	505,250	362,500	363,495	164,500	11,500	646,000	5,020,655
Total current Population	1,789,300	5,086,996	1,596,680	485,334	1,394,400	1,351,500	2,341,134	1,333,500	81,000	142,400	15,602,244
Total of displaced population	510,000	1,340,500	173,680	168,105	394,900	353,000	994,691	763,000	39,000	29,400	4,766,276

*\*Total Current Population refers to the total estimated population in the 114 assessed sub-districts*

- In the absence of recent and geographically-disaggregated population statistics, the pre-conflict population figures presented in this report relate to the number of people reported living in the visited areas before the start of the conflict (March 2011), and were estimated based on available local registries; population counts lists; civil affairs records; or reliable Key Informant estimates.
- The number of people who have fled corresponds to the number of people who left the visited sub-districts to seek refuge in other sub-districts or abroad.
- The current population in visited areas is the total population currently living in the visited sub-districts and accounts for residents (affected or not, hosting IDPs or not hosting IDPs) plus the total IDP population.
- The total number of IDPs was obtained through registration lists, key informant estimates, or beneficiary distribution lists. This number aggregates the following categories: IDPs in host families + IDPs living in rented accommodations + IDPs in unfinished or damaged buildings + IDPs in collective centres + IDPs in organised, structured camps + IDPs in self-settled camps.
- The estimated number of people living in visited areas in need of assistance has been defined based on the number of people in need established at the sector level. This way, it was possible to estimate the number of people in need of assistance for each governorate.

The following table describes the number of people affected (number of people in moderate and acute need of assistance) for each sector and governorate.

	Population characteristics				Number of people in need						% affected
	Current Population	Total IDP	% IDP	% coverage	Food	Shelter	NFI	Health	Water	Total affected**	
Aleppo	5,086,996	1,340,500	26%	73%	1,409,480	716,070	948,740	475,270	1,737,100	2,056,080	40%
Al-Hasakeh	1,789,300	510,000	29%	75%	479,900	114,650	281,500	356,200	530,950	603,700	34%
Ar-Raqqa	1,596,680	173,680	11%	100%	364,600	70,180	211,000	627,600	230,500	830,100	52%
Dar'a	485,334	168,105	35%	41%	317,700	115,820	292,200	91,364	309,300	381,200	79%
Deir-ez-Zor	1,394,400	394,900	28%	100%	372,800	113,500	226,500	262,380	373,700	522,580	37%
Hama	1,351,500	353,000	26%	41%	301,500	105,500	140,500	215,500	415,000	482,500	36%
Idleb	2,341,134	994,691	42%	85%	704,204	279,365	502,597	311,053	858,900	1,209,235	52%
Lattakia	1,333,500	763,000	57%	23%	332,550	55,300	76,500	9,600	49,500	346,500	26%
Quneitra	81,000	39,000	48%	33%	56,000	30,000	28,000	16,000	19,000	56,000	69%
Rural Damascus	142,400	29,400	21%	11%	108,100	40,300	62,100	37,589	90,080	108,100	76%
<b>Total</b>	<b>15,602,244</b>	<b>4,766,276</b>	<b>31%</b>	<b>55%</b>	<b>4,446,834</b>	<b>1,640,685</b>	<b>2,769,637</b>	<b>2,402,556</b>	<b>4,614,030</b>	<b>6,595,995</b>	<b>42%</b>

\*Total Current Population refers to the total estimated population in the 114 assessed sub-districts

\*\*The total affected population was calculated based on the highest sectoral PIN number at each sub district level, before aggregation at the governorate level.

The main findings of the MSNA related population figures include:

### Displacement:

- More than half the population (57%) in the visited sub-districts in Lattakia governorate is displaced. However, only 23% of the Governorate's sub-districts were covered by the MSNA. Lattakia has the lowest percentage of PIN (26%) when compared with other governorates.
- The highest concentration of IDPs is most probably in Idleb, where they account for more than 40% of the population. In other governorates, except Lattakia and Quneitra, IDPs generally account for 10-35% of the population.

### People in Need:

- The highest number of people in need by sector is in the WASH sector (4.6 million people), followed by the Food (4.4 million), NFI (2.7 million), Health (2.4 million) and Shelter (1.6 million) sectors.
- The highest number of people in need was found in Aleppo (more than 2 million, 40% of the total population) and Idleb Governorate (1.2 million, 52% of the population). A similar number of people in need live in rural (3.2 million) and urban areas (3.3 million). However the distribution changes depending on the type of settings: 1.4 million people in need are found in conflict areas, 4 million in "sporadic fighting" areas and 1 million in "no fighting" areas.
- Far more people have acute needs in WASH (900,000) than in any other sector (between 90,000 for shelter up to 200,000 each for NFI and Food). This is partly due to the critical situation in Al Bab sub-district in Aleppo Governorate where more than 400,000 are reported in acute need of water.

**Population movements:**

- 74% of visited sub-districts indicated instability and population movements (increasing or decreasing) over the last month (September-October 2014). Population movements have been most reported in Aleppo and Hama (88% of visited sub-districts), and Lattakia (80%), followed by Ar-Raqqa (70%), Deir-ez-Zor (66%) and Al-Hasakeh (56%).
- Population stability within the governorate was reported mostly in Idleb (50% of visited sub-districts) and Al-Hasakeh (43%).
- 46% of visited sub-districts reported an increase in their population over the last month. This was particularly the case for visited sub-districts in Lattakia (80%), Ar-Raqqa (60%), and Aleppo (45%). On the other hand, 43% of visited sub-districts in Aleppo reported a decreasing population. Those two governorates had the most population instability over the last month (September-October 2014). Lattakia and Dar'a reported no population displacement outside the governorate.
- Population movements are reported both in rural and urban areas. Among visited rural sub-districts, 47% reported an increased population, and 28% reported a stable population. 44% of urban areas reported an increased population, but only 21% reported stability. Decreasing population was more reported in urban sub-districts (34%) than in rural ones (24%).
- Conflict intensity is the major driver of population movements. 53% of areas with frequent fighting reported a decreasing population, and 34% reported an increased population. Only 12% have reported a stable population over the last month (September-October 2014), against 39% for areas with sporadic fighting, and 24% in areas reporting no fighting. 64% of areas without fighting are reporting an increased population, as most persons displaced tend to seek refuge and stay there (only 12% of areas without fighting reported a decreasing population).

**Registration of displaced population:**

- Registration of displaced population is reported completed or ongoing in more than 70% of the visited areas, and planned in another 18%. Only 8% of visited areas are not implementing or planning registration.
- Registration completed or ongoing is reported in more than 80% of visited sub-districts in Ar-Raqqa, Deir-ez-Zor, Hama and Idleb. 42% and 60% of visited areas in Dar'a and Lattakia respectively are planning registration. The highest proportion of sub-districts without registration completed, planned or ongoing was found in Al-Hasakeh (25%).
- Registration is generally more implemented in urban (52%) compared to rural areas (41%).
- 28% of no fighting areas are not registering their population, compared to conflict (16%) or sporadic fighting areas (15%).

**Relationship with hosting communities in areas hosting IDPs (only 4% of visited areas do not host displaced persons):**

- Host communities are reported willing to assist IDPs as long as necessary only in 21% of the visited areas. In 66% of the sub-districts, host communities will assist, but for a limited time. Tensions have been reported in 12% of the cases.
- Tensions are reportedly more frequent in areas of frequent (13%) or sporadic (14%) fighting, compared to areas where no fighting has been reported (8%). The proportion of sub-districts where communities are willing to assist for as long as necessary is lower in conflict areas (13%) compared to others (25-26%).
- Tensions are also more reported in urban areas (18%), compared to rural areas (9%).

**Provenance:**

- 16% of visited sub-districts declared intra-sub-district displacements, 22% intra-district and 33% intra-governorate. Only 22% of visited sub-districts reported receiving IDPs from other governorates.
- Only 14% of visited areas with frequent fighting reported population movements from other governorates, and 34% indicated intra-sub-district displacements. In sub-districts with sporadic fighting, 39% reported displacement within the governorate and 31% declared receiving population from other governorates. In areas with no fighting, 48% of sub-districts declared receiving population from the same governorate, 28% from the same district and 20% from other governorates.

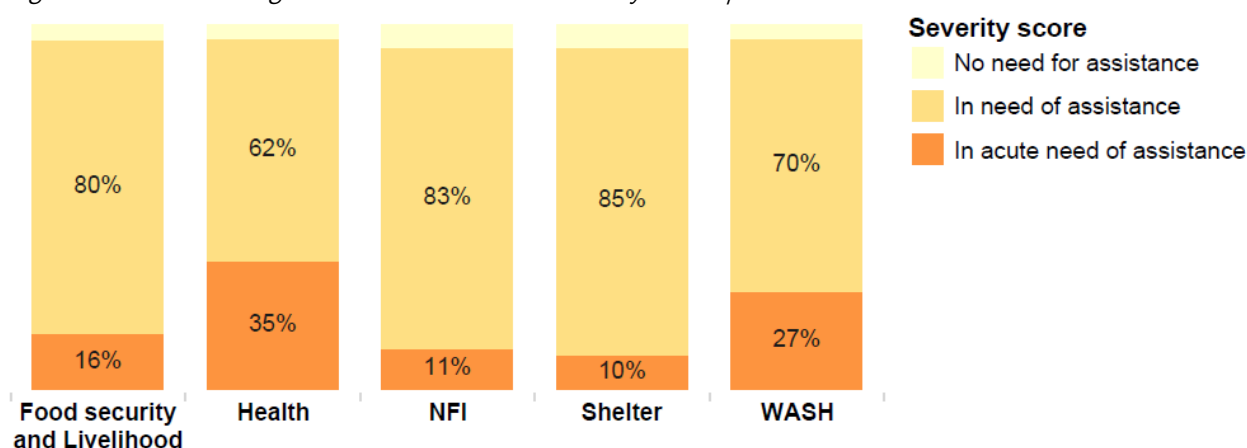
**Destination:**

- 43% of visited areas reported that most of their displaced persons fled Syria, went to another governorate or other district within the governorate (13%). Only 9% reported that most IDPs fled within the same sub-district.
- Displacement strategies differ significantly depending on the conflict intensity. MSNA results suggest that in areas of frequent fighting, displaced population seek refuge either abroad (26%), in another district within the same governorate (24%), or within the same sub-district (20%). Only 14% reported that most of their displaced persons went to another governorate. In areas of sporadic fighting, 50% of visited areas declared that the population fled abroad or to another governorate (17%). This proportion increases for areas of no fighting, where 60% of the area's declared population movement was abroad.
- The differences are acute when it gets to rural versus urban areas. Population originating from rural sub-districts rely less on movement abroad (35% of visited areas) than population from urban areas (55%).

**Displacement frequency:**

- 41% of visited areas reported that most of the displaced people were displaced only once, 37% reported multiple displacements, and 17% reported secondary displacements.
- Multiple displacements are more frequently reported in conflict areas (59%), with only 10% of sub-districts reporting that most of their IDPs experience secondary displacement. Primary displacement was more reported in areas of sporadic fighting (50%) and no fighting (52%), however the proportion of sub-districts declaring that their IDP population was displaced multiple time was higher in sporadic fighting areas (27%) than in no fighting areas (16%).
- No significant differences exist between rural and urban areas, except that a larger proportion of rural areas reported multiple displacement (40%), compared to urban areas (33%) and a lower proportion of secondary displacement (12%) compared to urban areas (23%).

Figure 04 – Percentage of visited areas and severity score per sector

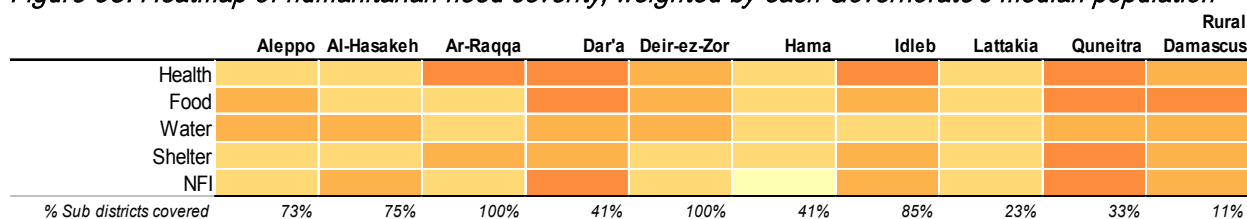


- Life-threatening conditions were identified in 35% of visited areas for the Health sector, and 27% for the WASH sector. Acute needs for food assistance were reported in 16% of visited areas. Shelter and NFI acute needs were mentioned in 11% and 10% of visited areas.
- The proportion of visited areas with acute needs in health rise to 37% in urban areas. Additionally, twice more urban areas reported NFI acute needs (17%) when compared to rural areas (8%).
- Between 80 and 85% of visited areas have been identified as in moderate need of assistance for Food, NFI and Shelter.
- 43% of areas with frequent fighting and 37% with sporadic fighting reported acute needs in Health. Food needs are also more acute in frequent fighting areas (24%) compared to sporadic (12%) or no fighting areas (8%). Following the same trends, WASH needs are also reported more acute in fighting and sporadic fighting areas (29%) compared to no fighting areas (17%).
- Only a very limited number of the visited areas reported having no needs (6% for NFI and Shelter and 4% for Food, 3% each for WASH and Health)

#### d. Severity of needs and humanitarian priorities

For this section, the severity of needs ratings was population-weighted to consider both the severity of the situation in each sector, and the median population size within the governorate.

Figure 05: Heatmap of humanitarian need severity, weighted by each Governorate's median population



- Across governorates and sectors, the severity of needs is the most acute in the visited areas of Quneitra and Dar'a, where life-threatening and severe conditions are reported in at least three sectors. Population living in Rural Damascus and Idleb governorates also face life-threatening/severe conditions in at least one sector, and major needs in at least three other sectors.

- The least severe conditions, when compared between governorates, are reported in Hama and Lattakia.
- The Health sector is where most acute needs are found, with Ar-Raqqa, Dar'a, Idleb and Quneitra governorates reporting life-threatening/severe conditions. Other sectors where most acute needs are reported are the Food (Dar'a, Quneitra and Rural Damascus) and the NFI sectors (Dar'a and Quneitra).
- The WASH sector is of particular concern with six out of ten governorates mentioning major problems.
- Severity of needs is generally higher in rural areas, with major problems reported consistently in the Food, Health, Water and NFI sectors. Problems are less acute for the Shelter sector.
- Visited areas where frequent fighting is reported indicate a higher severity of needs, with major problems reported across all sectors. In areas with sporadic fighting, health is the sector reported as a major problem, while in areas with no fighting, WASH is the sector with the highest severity.

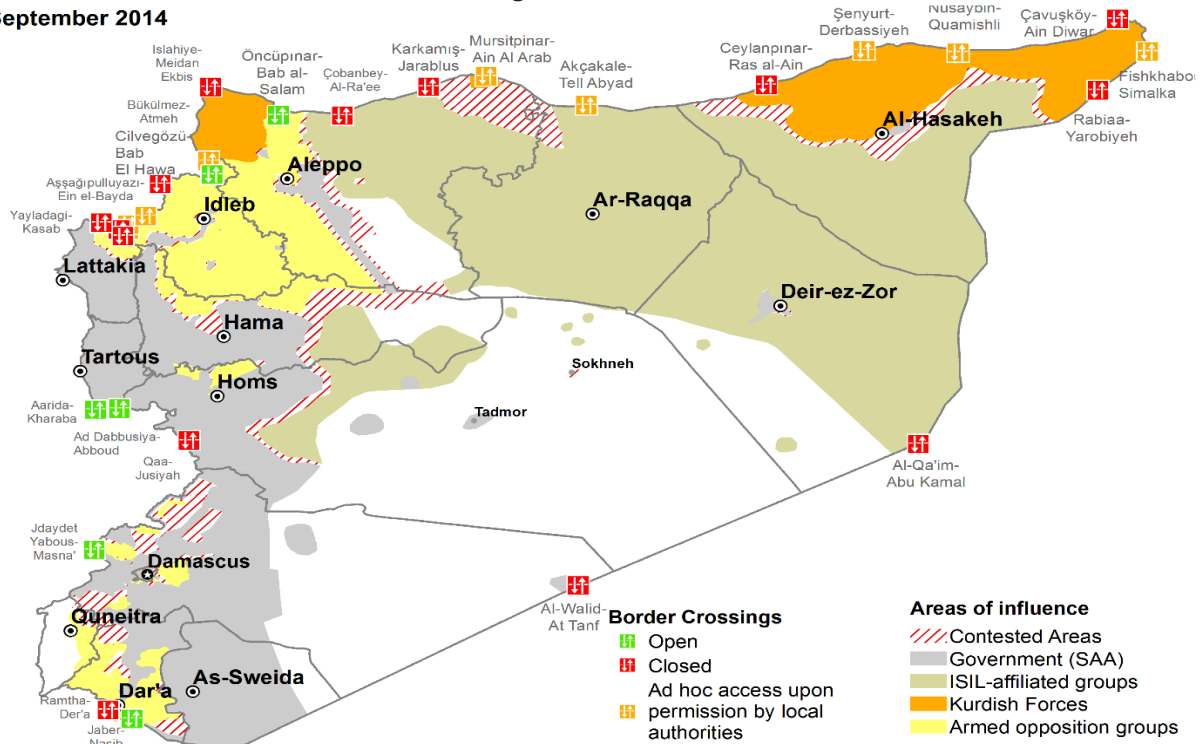


# HUMANITARIAN ACCESS AND COMMUNICATION

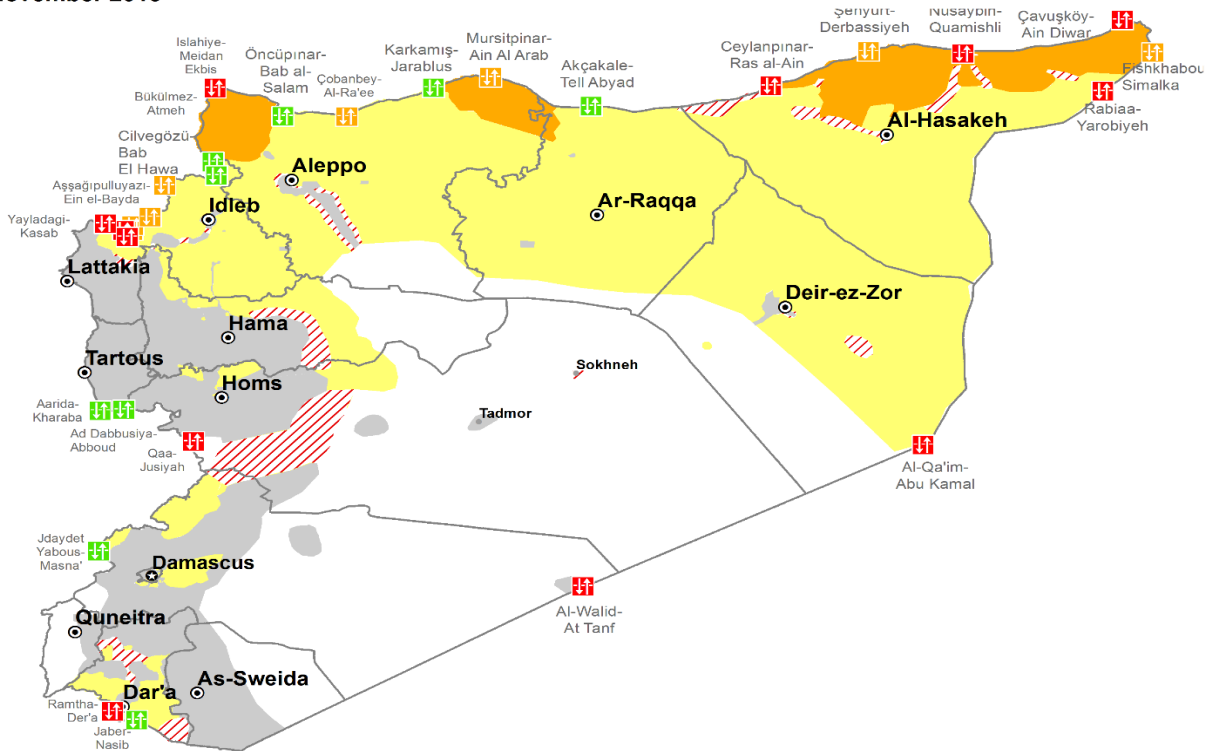
## a. Humanitarian access issues

### Humanitarian Access and Border Crossings

September 2014



November 2013



In November 2013, the ongoing conflict in Northern Syria was restricting both relief actors' freedom of movement and access to affected populations and the freedom of movement of affected populations to access humanitarian aid and services.

When weighted with the reported current total population in the assessed sub-districts, the severe impact of restriction of movement has become clearly visible. More than 8.7 million people currently live in areas facing moderate and severe restrictions of movement for both humanitarian actors and affected populations.

In September 2014, 5.2 million people were reported to live in areas with severe restrictions to humanitarian access, with Ar-Raqqa, Rural Damascus and Deir-ez-Zor governorates facing the most severe constraints.

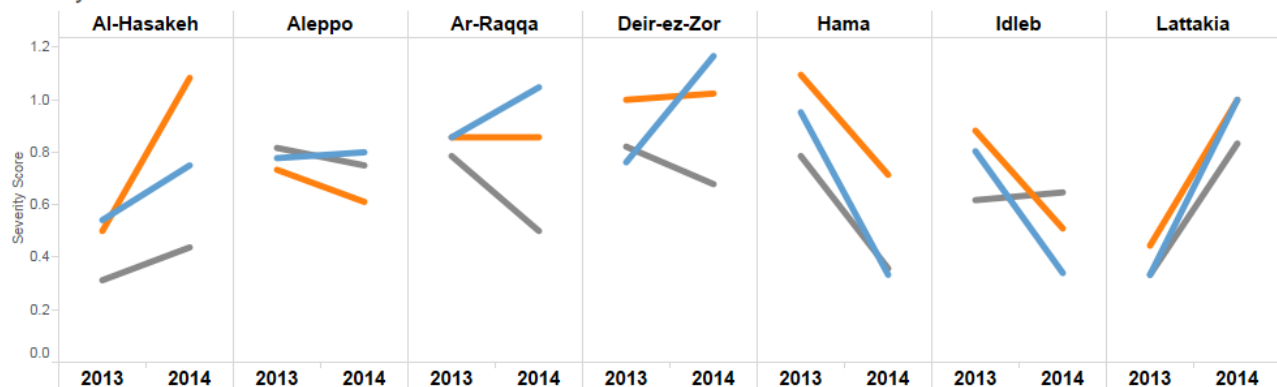
At that same time, most opposition-controlled areas in the northwestern governorates of Aleppo and Idlib, as well as rural Lattakia and Northern Hama, remained largely accessible to cross-border operations. This is mainly because of open border crossings with Turkey. Most government-controlled areas in coastal and central Syria, as well as Damascus and Rural Damascus, were accessible to actors operating from Government-controlled territories, with the permission of the Government of Syria (GoS).

Most ISIL-controlled and Kurdish forces-controlled areas in the northeastern governorates of Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor remain difficult to access from Turkey, Iraq, and from inside Syria. The main reasons are the border restrictions and restrictions placed by armed actors inside, and on the perimeters, of these areas. All opposition-controlled enclaves surrounded by Government forces in coastal Syria, central Syria, Damascus and Rural Damascus, remain difficult to reach or inaccessible because of Government restrictions on access. Most opposition-controlled areas in the southern governorates of Quneitra and Dar'a remain largely accessible to cross-border operations, because of open border crossings with Jordan and the presence of armed actors that have not engaged in systematically blocking humanitarian assistance.

Humanitarian access: population weighted severity

Variables	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idlib	Lattakia	Quneitra	Rural Damascus	All Areas
Humanitarian Access to the affected population											
Access of beneficiaries to relief											
Security and physical constraints											
Overall Access											
# of areas	35	16	10	7	15	9	23	5	2	4	126

Severity of Humanitarian Access Constraints



Type of Humanitarian Access Constraint

- Access of Humanitarian Actors to Affected Population
- Affected Populations' Access to Aid
- Ongoing insecurity/hostilities affecting humanitarian assistance

What is the impact of each of the following parameters on humanitarian access to the affected area?

Variables	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Interference in the implementation of humanitarian activities by powerful groups or persons											
Movement and travel restrictions for relief agencies, personnel or goods											
Ongoing insecurity/hostilities affecting humanitarian assistance											
Violence against relief agencies' personnel, facilities and assets											
Lack of information on humanitarian aid for affected people											
Denial of the existence of humanitarian needs or the entitlement to humanitarian assistance											
Restrictions on affected population's access to services and assistance											
Obstacles related to terrain, climate, lack of infrastructure											
Presence of mines and explosives											
# of areas	35	16	10	7	15	9	23	5	2	4	126

## Interference with humanitarian activities

The MSNA found that interference with the implementation of humanitarian activities by powerful groups or persons is the most severe constraint to the delivery of humanitarian assistance in the assessed areas. Examples of such interference include diverting aid and redistributing it to serve fighters of armed groups or political supporters; aid shipments being confiscated; organisations prevented from delivering assistance to particular communities; banning certain types of relief actors or specific organisations; powerful actors interfering in selecting beneficiaries, and the modes of delivery of assistance. These constraints affect particularly the sub-districts in Deir-ez-Zor, Ar-Raqqa, Lattakia and Al-Hasakeh. Interference with activities was more severe in areas that had not reported fighting 30 days prior to MSNA data collection. The main reason could be that in these areas, power is already well established, allowing for systematic interference into activities by established actors providing or managing governance in their areas of influence. This confirms the trend observed in November 2013, where violence against relief actors and interference in relief activities were notable problems in areas with low conflict intensity. Acts of violence are partly caused by intra-opposition competition over resources, infighting and the establishment of war economies.

ISIL has pressured the Syrian Arab Red Crescent (SARC) and humanitarian agencies to avoid distributing to Kurdish communities living under ISIL-control.<sup>8</sup> ISIL has reportedly introduced rules organising the activities of local entities, including local relief actors. These rules allow ISIL to directly intervene in the planning and implementation of the humanitarian activities of these actors.

Armed opposition groups and Kurdish forces continue to interfere in the administration of relief agencies, pushing them to distribute in ways that some accuse of being politicized.<sup>9</sup>

In Government-controlled areas in Lattakia, Hama and Idleb governorates, assistance does not reach affected populations seen to be affiliated with opposition forces, or of different political affiliation. Government forces are reported to oversee distribution of assistance, which is sometimes misappropriated. The proliferation of checkpoints further obstructs delivery of humanitarian assistance.

## Restriction of movement

Given the dynamics of the conflict in Syria, constraints to freedom of movement of relief actors have increased and continue to be a major impediment to humanitarian access. Proliferation of checkpoints, active frontlines, tactics of besiegement and insecurity prevent the delivery of assistance and are a severe problem in Deir-ez-Zor, Ar-Raqqa, Al-Hasakeh as well as Quneitra and Rural Damascus. Restrictions of movement are more severe in urban areas and in areas experiencing frequent and high

<sup>8</sup> Private interviews, confidential source

<sup>9</sup> Private interviews, confidential source

intensity conflict. The nature of urban warfare and the insecurity of roads and supply routes present increased difficulties in accessing affected urban populations under live conflict.

There are also 241,000 Syrians living in besieged areas, to which humanitarian access is fully blocked. Armed opposition groups have been responsible for besieging, or systematically blocking all access for relief agencies, personnel or goods into the GoS-controlled villages of Nubul and Zahra, as well as restricting access into the Kurdish enclave of Afrin during 2013 (restrictions were almost entirely removed from January 2014).<sup>10</sup>

ISIL has been responsible for systematically blocking access for relief agencies, personnel or goods into areas controlled by Kurdish forces in Aleppo and northern Al-Hasakeh, and into opposition-controlled areas in Aleppo and into GoS-controlled areas in Deir-ez-Zor and northern Al-Hasakeh.<sup>11</sup>

Government forces continue to be responsible for besieging, or systematically blocking all access for relief agencies, personnel or goods into 'besieged' areas in Damascus and Homs, as well as restricting access into opposition-controlled areas in Damascus, Rural Damascus, Homs, Dar'a, Quneitra, Deir-ez-Zor, Ar-Raqqah, Aleppo, Idleb, Al-Hasakeh, Hama and Lattakia.<sup>12</sup> Eastern Aleppo City is one of the largest populations rendered hard to access in the last six months, with Government forces bombarding the Castello and Handarat routes into the city, in such a way as to hinder humanitarian access. Government forces' advances into Handarat in August 2014 subsequently blocked that route, leaving, at the time of writing, only the Castello route accessible.

Neighbouring countries continue to place border restrictions on humanitarian access. While Turkey allows sustained humanitarian access into Syria via the Bab al-Hawa and Bab al-Salam crossings, the majority of other crossings are closed, or restricted in that humanitarian access exists only on an ad hoc basis.

Opposition-controlled neighbourhoods in Deir-ez-Zor City were recently rendered largely inaccessible to humanitarian access after Government forces bombarded and destroyed the only remaining bridge into the city; all other access routes are Government-controlled and blocked.

### Violence against relief actors

Ongoing hostilities, as well as violence against relief actors, were the third most severe constraint to humanitarian operations in September 2014.

In 2014, several cases of humanitarian staff being kidnapped, including two which were later executed by ISIL<sup>13</sup>, have negatively affected humanitarian operations, prompting scaling down or even full withdrawal on the part of INGOs and LNGOs.<sup>14</sup> ISIL was responsible for taking up to 200 relief workers captive in eastern rural Aleppo in August, under the pretext of ascertaining that they were not spies.<sup>15</sup>

Indiscriminate and targeted aerial bombardment by Government forces continues to affect relief activities, hitting relief actors and their goods and infrastructure, or dissuading them from using specific access routes or going to specific areas that are intensely targeted.<sup>16</sup> For instance, the GoS barrel-bombardment campaign of Aleppo that took place in early 2014 created a set of security

<sup>10</sup> United Nations Human Rights Office of the High Commissioner, February 2014, <http://www.ohchr.org/documents/countries/sy/livingundersiege.pdf>, accessed 27 October 2014.

<sup>11</sup> Private interviews, confidential source

<sup>12</sup> United Nations Human Rights Office of the High Commissioner, February 2014, <http://www.ohchr.org/documents/countries/sy/livingundersiege.pdf>, accessed 27 October 2014.

and Private interviews, confidential source

<sup>13</sup> <http://www.reuters.com/article/2013/10/14/us-syria-crisis-redcross-idUSBRE99D09T20131014>, [http://www.nytimes.com/2014/09/14/world/middleeast/israelic-state-says-it-has-executed-david-cawthorne-haines-british-aid-worker.html?\\_r=0](http://www.nytimes.com/2014/09/14/world/middleeast/israelic-state-says-it-has-executed-david-cawthorne-haines-british-aid-worker.html?_r=0), <http://www.reuters.com/article/2014/05/15/us-syria-kidnapping-idUSBREA4E0YF20140515>

<sup>14</sup> Private interviews, confidential source

<sup>15</sup> Private interviews, confidential source and OCHA news bulletin

<sup>16</sup> Human Rights Watch, 30 July 2014 <http://www.hrw.org/news/2014/07/30/syria-barrage-barrel-bombs>, accessed 27 October 2014.

constraints that prompted the vast majority of INGOs and LNGOs operating in eastern Aleppo City to scale down or cease their humanitarian operations.

Government forces have bombarded relief agencies' personnel, facilities and assets, including a relief convoy in Deir-ez-Zor, and is systematically targeting all traffic into opposition-controlled eastern Aleppo City travelling in via the Castello and Handarat routes.<sup>17</sup>

All sides in the conflict have been responsible for deliberate attacks on medical facilities and personnel, with the GoS responsible for the vast majority of such attacks.<sup>18</sup> In June alone, there were 30 deaths of medical professionals and 12 attacks on medical facilities.<sup>19</sup> In August 2014, GoS forces bombarded Tabaqa national hospital in Ar-Raqqa Governorate.<sup>20</sup> Although denial of needs was a severe problem in accessing humanitarian aid as reported in November 2013 (during the SINA), it was not reported to be among the most severe access constraints in September 2014. The concept of denial of needs includes types of access constraints where assistance and needs of the population in several areas are neglected, overlooked or hidden. This category includes a discrepancy between reported needs and official acknowledgement of existing needs. Humanitarian needs are often invisible or overlooked in areas with high conflict where the need is particularly acute due to the ongoing conflict, e.g., high number of injuries and the need for emergency health care provision. Given high levels of reported interference with humanitarian activities and diversion of aid to serve fighters of armed groups or civilians affiliated with either party of the conflict, the denial of needs for particular groups and areas is estimated to be high.

Three groups are particularly reported to experience denial of needs: groups with different political affiliations than the prevailing political affiliation; the internally displaced and members of host communities without documentation, and minority groups such as the Druze.

Denial of needs is reported to be an access constraint particularly in Government-held areas such as those assessed in Lattakia, Hama and Rural Damascus, but also in PYD-held areas. People in need of assistance were not able to reach UN offices and could not register for assistance because of lack of documentation. IDPs coming from other districts were also reported to have been denied assistance in the assessed areas, as they were asked to undergo verification that they are actually displaced in this area to be eligible for assistance.

GoS blocks access to assistance in besieged opposition-controlled communities in Homs and Damascus; armed opposition groups block access to assistance in besieged Government-controlled communities in Aleppo.

Armed opposition groups have been responsible for systematically blocking access for relief agencies, personnel or goods into the GoS-controlled villages of Nubul and Zahra, partly as a result of a denial of the existence of humanitarian needs and the entitlement to humanitarian assistance in these villages.<sup>21</sup>

Government forces have been responsible for systematically blocking access for relief agencies, personnel or goods into 'besieged' areas in Damascus and Homs, as well as restricting access into opposition-controlled areas in Damascus, Rural Damascus, Homs, Dar'a, Quneitra, Deir-ez-Zor, Ar-Raqqa, Aleppo, Idleb, Al-Hasakeh, Hama and Lattakia, partly as a result of a denial of the entitlement to humanitarian assistance of communities living under armed opposition or ISIL control.<sup>22</sup>

<sup>17</sup> Private interviews, confidential source

<sup>18</sup> <http://reliefweb.int/report/syrian-arab-republic/may-marks-deadliest-month-medical-personnel-syria-june-was-second> - Physicians for Human Rights 23 July 2014, <http://physiciansforhumanrights.org/press/press-releases/may-marks-deadliest-month-for-medical-personnel-in-syria-june-was-second-highest-for-facility-attacks.html>

<sup>19</sup> <http://reliefweb.int/report/syrian-arab-republic/may-marks-deadliest-month-medical-personnel-syria-june-was-second>

<sup>20</sup> <http://www.ibtimes.com/islamic-state-executes-soldiers-takes-hostages-syria-base-social-media-1670664>

<sup>21</sup> Private interviews, confidential source

<sup>22</sup> Private interviews, confidential source

## Restrictions of movement for affected population

4.7 million Syrians lived in areas deemed by OCHA to be 'hard to reach'<sup>23</sup> and are subject to a number of restrictions that hinder their access to humanitarian assistance. There are also 241,000 Syrians living in besieged areas, to which humanitarian access is fully blocked.

Neighbouring countries continue to place border restrictions on humanitarian access. While Turkey allows sustained humanitarian access into Syria via the Bab al-Hawa and Bab al-Salam crossings, the majority of other crossings are closed, or heavily restricted in such a way that humanitarian access only takes place on an ad hoc basis. These border restrictions and closures have, combined with intentional blocks on assistance by different parties to the conflict inside Syria, resulted in difficulties accessing assistance for most of the population in the north-eastern governorates of Ar-Raqqa, Deir-ez-Zor and Al-Hasakeh.

## Lack of information on humanitarian aid for affected population

Lack of information on availability of humanitarian aid was assessed for the first time as a separate category of access constraints in the MSNA. Particularly urban areas reported the lack of adequate information on humanitarian assistance to be a major constraint. This may be the result of greater difficulty in accessing communication means because of lack of electricity in urban areas, as well as higher population density and density of IDPs. Talking to religious and community leaders, who seem better informed generally and particularly about the availability of assistance compared with other citizens, is more prevalent in rural areas. (Rural areas, however, report a higher information need in terms of how to register for aid, which is somewhat contradictory).

Areas reporting the lack of information about assistance were namely in Lattakia, Damascus, Dar'a and Ar-Raqqa. The lack of information in these governorates can be linked to the specific dynamics of control and provision of aid.

In general, however, people seem to be informed about delivery and availability of aid through aid representatives who spread this information through word of mouth, via the announcements of local representatives (website of local councils, delegated emissaries, local community involved in managing relief activities and distribution, as well as announcements through mosques), and post-distribution monitoring. Several areas report relying on the internet to learn about impending assistance distributions and people are generally well-informed about assistance provided by the UN. Where there are constraints such as lack of electricity and the relief providers are less known, people have reported that it is difficult to access information about aid.

## Obstacles related to terrain, climate and lack of infrastructure

Communities in specific opposition-controlled areas such as rural Lattakia, northern Hama, southern Aleppo, eastern Idlib and Deir-ez-Zor, which are mountainous, far from the Turkey-Syria border, lack road infrastructure, or lack a local council or relief network capable of implementing projects, complain that they have been marginalised in terms of humanitarian assistance, despite being otherwise fully accessible (to cross-border actors).<sup>24</sup>

## Presence of mines and explosives

Explosive remnants of war (ERW) and landmines remain present across most areas of Syria and negatively affect people's ability to move freely, including accessing humanitarian assistance. While

<sup>23</sup> Syrian Arab Republic – Under-Secretary-General Valerie Amos, Briefing to the Security Council on Syria, 30 September 2014, UNOCHA Jordan, Lebanon, Syrian Arab Republic, Turkey, <http://www.unocha.org/aggregators/sources/113>

<sup>24</sup> Private interviews, confidential source



there are limited reports of ERW and landmines along key access routes and at key border crossings, they remain present along stretches of the Turkish border in particular. This presents a danger for actors looking to transport ad hoc assistance through such routes.<sup>25</sup>

## b. Communication

### Primary reported sources of information

Overall as found in the MSNA, the primary, secondary and tertiary sources of information were the internet, television and word of mouth, respectively, across all assessed areas.

An analysis disaggregated by rural/urban location and intensity of conflict indicates that information sourcing strategies are determined by both factors. Even though, on average, the internet is the primary source of information across both urban and rural areas and in different intensities of conflict, television is the primary source of information in areas experiencing no or sporadic fighting.

### Main communication channels

Main means of communication availability

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Internet											
Television											
Talking to people											
Mobile phone/SMS											
Religious leader											
Community leader											
Armed forces											
Leaflet											
Other											
Signboards											
Radio											
Road broadcast											
Newspaper											
Do not know											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

Internet was reported to be the main communication channel in the assessed areas. The use of the internet varies between different governorates owing to differences in the availability of electricity and communication means. People's access to the internet is limited, for example, in Rural Damascus and some areas in Dar'a. After the beginning of the Syria crisis, the phone/internet network was often turned off in areas of conflict. An alternative for the populations in Syria's northern governorates for example is accessing internet through communications satellites (satellite internet). The use of satellite internet is expensive and populations are resorting to connecting to satellite internet services from neighbouring countries. MSNA primary data results show that the majority of assessed areas in the northern governorates rely heavily on the use of Turkish phone/internet networks and coverage.

According to a study on media consumption in Syria published in August 2014<sup>26</sup>, in non-government controlled areas people are more likely to have access to the internet via a mobile phone rather than a computer. More than 90% of the Syrian population has access to a mobile phone. Mobile phone penetration in the northern governorates is much lower than in the rest of the country. Those who have access to mobile phones in the northern governorates mainly use Turkish phones and/or internet

<sup>25</sup> Explosive remnants of war (ERW) and landmines Overview, Syria Needs Analysis Project, August 2014

<sup>26</sup> MiCT, Syria Audience Research, August 2014, <http://www.mict-international.org/projects/audience-research-in-syria/>

network providers. Populations close to the border with Iraq often use Iraqi mobile phones and internet providers.

Mobile phones are widely available both inside and outside Syria. However, people tend to rely more on their phones as a source of information in areas with lower degrees of access to a variety of media sources. Mobile phones constitute a personal source of information through calling and texting.

People in Government-controlled areas with access to different media sources predominantly rely on television and the internet to meet their information and communication needs. In locations where access to information is more restricted, people are more likely to use types of media that are available to them on hand.

Access to the internet through personal mobile phones is highly related to household income. In research done by MiCT (Media in Cooperation and Transition), only 40% of households earning less than 10,000 SYP (70 USD) reported to have access to the internet on their mobile phone, while 92% of households earning between 200,000 and 400,000 SYP (1,401-2,800 USD) a month had internet access on their phone.<sup>27</sup>

It is notable that the internet has been identified as a primary source of information across the majority of assessed sub-districts in Ar-Raqqa and Deir-ez-Zor. Both of these governorates are controlled by armed groups that have imposed severe media controls in areas under their control. Populations living in these areas have shifted their information sourcing strategies. Internet as a pluralistic, open media source appears to act as a coping mechanism to bypass the control of information.

The second most reported source of information in the MSNA data is television. The media culture in Syria used to be highly dominated by satellite television before the conflict, and was the most widely accessible type of media for Syrians nation-wide. Since the beginning of the crisis, watching television has been dependent on access to electricity. Even in areas where people have generators, they prefer prioritizing the use of the limited available hours of electricity for their most immediate purposes. They also prefer using communication means such as the internet, in order to communicate with other family members in other locations or to get necessary information about work, education and health services. Nevertheless, satellite television was reported to be the most widely accessible information medium in August 2014, with no differences between Government-held and opposition-held areas. Access to local television channels is significantly lower in opposition-held areas (39%) than in Government-controlled areas (81%).<sup>28</sup>

Given the lack of electricity and issues accessing information, people have started depending more and more on word of mouth. Spoken communication as a means of transmitting information was the third most reported way of communicating and receiving information. Through word of mouth, populations get information on how to access different services and on the security conditions in the area.

With the pressure on financial resources and the high cost of communication in general, this method is expected to be increasingly used and possibly preferred over other communication channels that might be accessible only to people who can afford them. When word of mouth and talking to religious and community leaders are added, these two communication means make up the main communication channels across the assessed areas.

People in rural areas are more dependent on information received from religious and community leaders than people residing in urban areas, as community leaders are often better informed than other citizens.

<sup>27</sup> MiCT, Syria Audience Research, August 2014, <http://www.mict-international.org/projects/audience-research-in-syria/>

<sup>28</sup> MiCT, Syria Audience Research, August 2014, <http://www.mict-international.org/projects/audience-research-in-syria/>

Talking to religious and community leaders ranked as the primary source of information in Quneitra and as secondary and tertiary sources of information in Dar'a Governorate. This may be associated with the tribal structure of society in these governorates, which traditionally rely on kinship and family networks for facilitating access to information, incomes and other basic needs.

### Most trusted sources of information

Despite the fact that the internet and television were the most frequently used sources of information in assessed areas, community and religious leaders were ranked as the primary and secondary most trusted sources, respectively. This indicates that even though the internet and television are primary sources of information by usage, they are not the most trusted sources.

In all visited governorates, Key Informants reported that people trust community and religious leaders to be the most reliable sources of information, critically higher than other potential sources of information. Community leaders, including tribal leaders, Mukhtars and local councils' leaders, were reported to be the most trusted source of information. These leaders are often better connected and therefore can be highly informed. In Dar'a and Al-Hasakeh for example, which are known to be societies characterised by strong group loyalty, tribal/community leaders were reported as the most trusted source of information. This also applies to religious leaders, and the MSNA results showed no critical difference between urban and rural areas or between conflict and no conflict areas.

Aid workers were reported as well to be the third most trusted source of information, owing to their knowledge of services and assistance provided by their organisations and their specialised knowledge in certain fields, such as medicine.

When it came to armed groups as a source of information, a significant difference was reported between areas of conflict and areas with no conflict. In areas of high conflict intensity, people depend on armed groups as a trusted source of information. In areas with no fighting, populations rely a lot less on these groups to get reliable information.

### Constraints to accessing information

Findings indicate that the lack of and/or intermittent provision of electricity is the primary constraint to accessing information across all assessed areas. The second most reported barrier to accessing information is the perception that even the available media are untrustworthy, and therefore information received from them is unreliable. MSNA results suggest that physical access to information is not the only constraint in acquiring information, as populations also struggle to access trustworthy and reliable facts. Accessing quality information figures prominently in terms of information sourcing strategies.

Information challenges/constraints											
	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Latakia	Quneitra	Rural Damascus	All Areas
No access to electricity											
Don't trust the available media											
Do not know who to ask											
Don't have access to usual media											
Don't understand the language of the information											
Do not know											
No problem											
Other											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

Access to electricity is a nationwide issue caused by various reasons related to the conflict, such as damage to infrastructure. This issue is particularly severe in the assessed areas of Rural Damascus and Dar'a governorates. The problem with power shortages is that they directly affect most communication channels and limit the use of some of them, such as internet and television.

Alternatively, people use generators to access these communication channels, but not all populations can afford to purchase a generator.

The second biggest constraint reported was lack of trust in available media. The Syrian conflict is highly politicised, and the available media is used for propaganda purposes by all sides of the conflict, which means it lacks reliability in many cases, and reduces people's trust and use of media as a source of information.

### Reported information needs

The top reported information need across all assessed areas is for information on how to find adequate work to secure the necessities of life.

**Main issues where information is needed**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
How to find work											
How to get healthcare											
How to get money/financial support											
Finding missing people											
The security situation here											
How to replace official documentation											
How to get water											
How to register for aid											
How to get help after attack											
How to get food											
How to get access to education											
Other											
Information about relocation											
How to get help after harassment											
How to get transport											
Do not know											
Information about place of origin											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

The results shown in the table above reflect the economic crisis that has been generated by the conflict and also the disruption to livelihoods and income-generating activities. The conflict has caused a critical change in the labour market in Syria with limited income-generating activities in the majority of the assessed sub-districts. Even though there are no clear figures about the level of unemployment in Syria since 2012, all indicators show that the level of unemployment is high, which makes finding jobs a main concern for the affected population.<sup>29</sup> As Syrian human development has regressed by more than four decades since the beginning of the conflict, it is unsurprising that information on how to find work ranks so high in the MSNA findings. Syria now has a human development index measure of 0.472, which means the country has fallen from the "medium human development" cluster of nations into the "low human development" group.<sup>30</sup>

The second highest information need for the population is getting information about health care services, which aligns with the fact that Health is the overall priority sector across the assessed areas. In Deir-ez-Zor governorate the highest information need is on how to access to health care. The severity of health care needs in Deir-ez-Zor was the highest compared to other sectors in the governorate. This further reflects the fact that the public health system in this governorate has been

<sup>29</sup> Syrian Center for Policy Research, UNRWA, UNDP, *Syria War on Development: socioeconomic monitoring report of Syria*, second quarterly report (April-June 2013), October 2013.

<sup>30</sup> Syrian Center for Policy Research, UNRWA, UNDP, *Syria Squandering Humanity – Socioeconomic Monitoring Report on Syria*, combined third and fourth quarter (July – December 2013), May 2014.

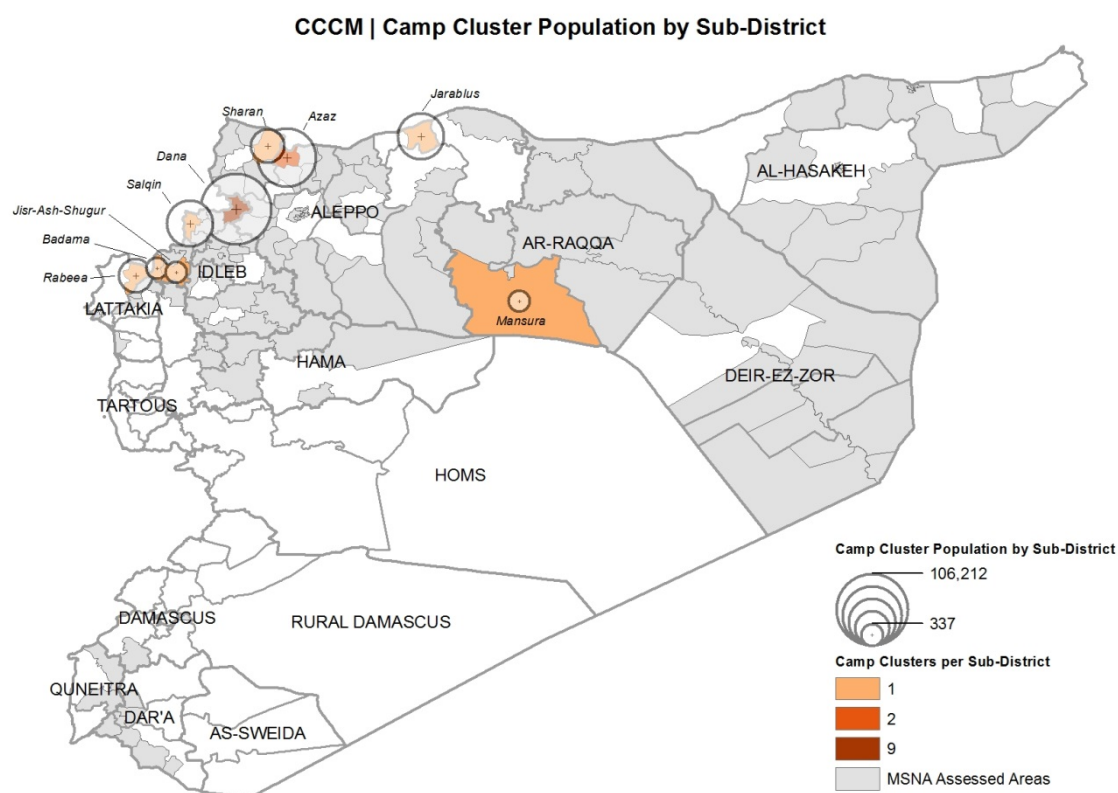
decimated and that residents face challenges in accessing health services when the need arises. Lattakia reported health to be the least affected sector, and people showed less interest in having information on access to health care.

Information needs on the security situation and on how to receive financial support were reported in all assessed governorates as well.

In Al-Hasakeh, there was a critical need for information on accessing safe water. This goes along with the high severity of water-related needs in the governorate, caused by water shortages and the lack of WASH partners responding to needs in the governorate due to the lack of humanitarian access.

## SECTORAL PROFILES

### CAMP COORDINATION AND CAMP MANAGEMENT (CCCM)



As the conflict in Syria reaches its fourth year, an increasing number of civilians are forced to flee their houses seeking safer shelter. 74% of visited sub-districts indicated instability and population movements (increasing or decreasing) in the month prior to the assessment. Population stability within the governorate was reported the most in Idleb (50% of visited sub-districts) and Al-Hasakeh (43%).

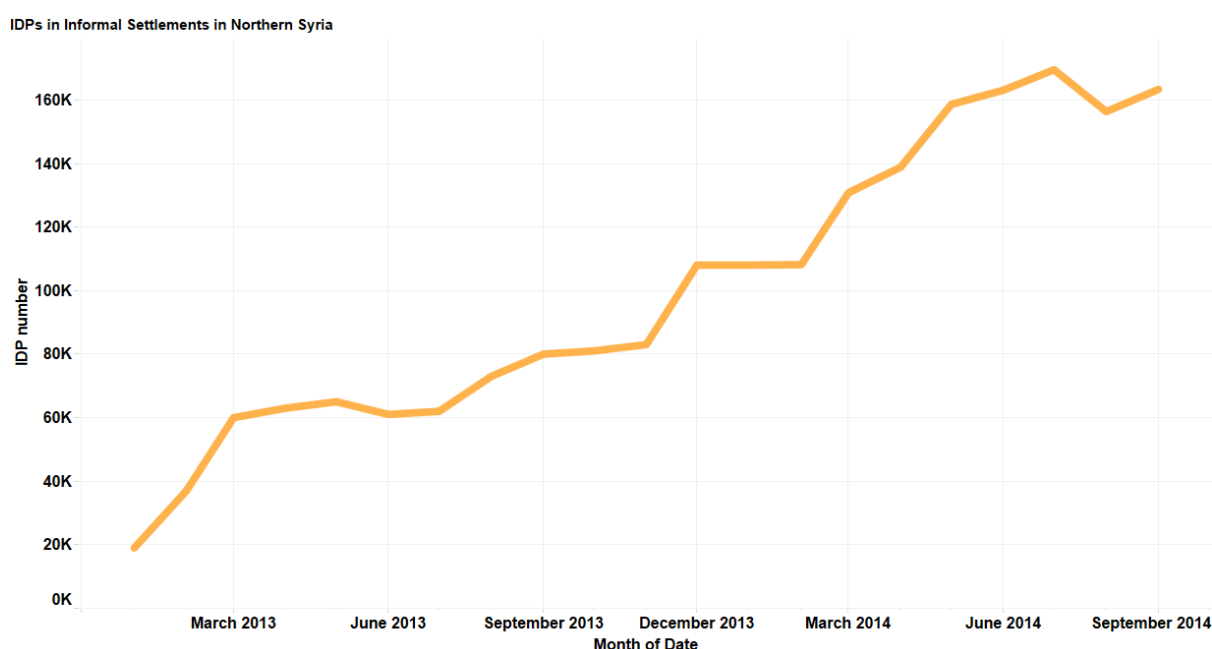
The predominant reason for displacement remains insecurity. Conflict intensity is the major driver of population movements. Findings show that the population is decreasing in 53% of the assessed areas experiencing frequent fighting.

However, IDPs normally experience multiple displacements arising from the same reason as the initial displacement, i.e. violence, or other related consequences such seeking better access to livelihoods or their hosting families are running out of savings and no longer have the capacity to host. In this assessment, 41% of visited areas reported that most of the IDPs were displaced only once, 37% reported multiple displacements and 17% reported secondary displacements. Multiple displacements are more frequently reported in conflict areas (59%). A larger proportion of rural areas reported multiple displacements (40%) compared with urban areas (33%). This may be explained by the fact rural areas are considered safer until conflict spreads, or they become a target of aerial shelling. Population is seen to move within the sub-district or district from one rural area to another in search of safety.

The Camp Coordination and Camp Management (CCCM) Sector updates the number of IDPs in formal and informal settlements on a monthly basis. As of 22 September 2014, CCCM reported 164,762 IDPs residing in 130 IDP settlements across the northern governorates of Idleb, Aleppo, Ar-



Raqqa, Lattakia and Deir-ez-Zor. Between January and September 2014, the number of IDPs in camps increased from 108,000 to 164,762 (56%).



When the first displacement occurs, the preferable choice of IDPs is staying close to their places of origin because they wish to return home once the situation allows. It often happens that IDPs establish a transit settlement in the same area of their place of origin. Displacement destinations are predominantly affected by security and power holders, as well as the availability of humanitarian assistance.

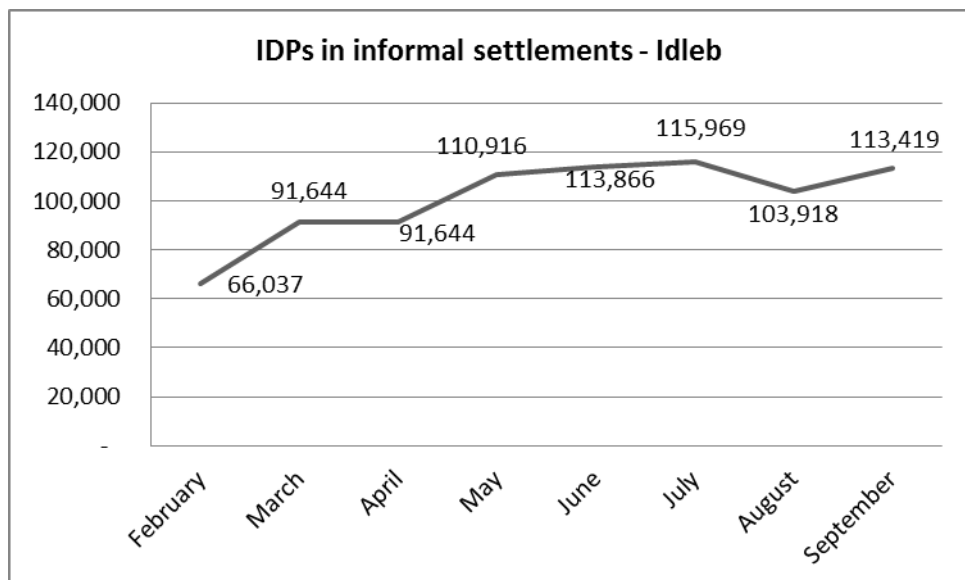
Moving to informal settlements remains the last resort for IDPs in Syria. Informal settlements are considered the least preferred choice for IDPs given cultural considerations, the fact that Syria was highly developed before the crisis, and due to their poor infrastructure and the unsustainability of humanitarian assistance within them. IDPs prefer to exhaust other “preferable” alternatives such as: living with host communities, renting private accommodation, or living in public buildings close to their areas of origin before moving into informal settlements. However, the prolonged conflict, high levels of destruction of civilian infrastructure and housing, as well as slowly dwindling resources and coping capacity have resulted in people running out of the preferable options much sooner. Sometimes those options simply no longer exist and people move directly to the IDP settlements.

Although the humanitarian situation in IDP settlements is relatively better than in other areas, the provision of regular humanitarian assistance in these settlements remains challenging. The vast majority of them are informal, managed by the landlords and/or IDPs. Some settlements don’t have any type of management. The absence of accountable management causes numerous challenges for response coordination and obtaining detailed information on the needs. The leaders of these settlements are sometimes seen to provide misleading data on the needs and numbers of the displaced population and interfere with independent needs assessments. This represents a grave challenge in understanding the actual needs within the settlements. The fact such settlements were established without any proper site planning also renders them fragile to the changing weather conditions. Applying SPHERE standards is almost impossible.

The CCCM sector has developed a strategy to empower the IDPs in these settlements by establishing IDP committees that will act as focal points for the NGOs providing them with assistance. Non-traditional actors have helped IDPs establish concrete structures and some other responders provided tents with specifications that do not conform to agreed standards. This inequality in shelter structures has created tension among the inhabitants of these settlements. Additionally, the increasing number of

IDPs has pushed some settlements to expand to unsafe areas where concerns over landmines and unexploded devices were raised.

**Idleb:** Idleb hosts the biggest number of IDPs residing in settlements. Idleb, and particularly its northern part, is considered one of the most stable areas in terms of security and the most accessible area for humanitarian organisations working across Turkish borders into Syria. As of September 2014, Idleb had 92 settlements with 110,918 IDPs<sup>31</sup>, thus hosting 67% of all IDPs in camps. The main



reason for the displacement of these IDPs is violence, specifically the clashes between opposition forces and the GoS. Apart from the Atmeh cluster, which is the biggest informal settlement of IDPs, Idleb hosts a large number of settlements with small clusters of up to 4,000 IDPs.

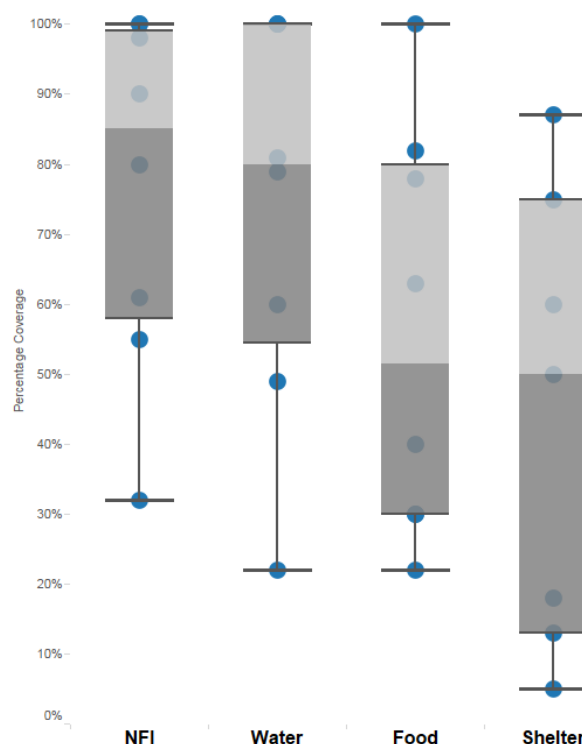
Except for August, the trends monitoring of the number of IDPs in Idleb settlements show a continuous increase. August witnessed a significant decline in clashes; as a result, the displacement not only declined by approximately 12,000 people, but many IDPs returned to their place of origin.

## Humanitarian Needs

Due to better accessibility for humanitarian actors, settlements in Idleb are privileged in receiving services. The humanitarian actors are able to cover main lifesaving needs in the IDP settlements. The best coverage of needs is reported in terms of provision of NFI and water services, with the Sarmada cluster being least served in terms of provision of shelter and NFI and water services.

The biggest unmet gaps exist in food and shelter needs. Most of the humanitarian actors were not providing regular food assistance in the IDP settlements because in many settlements food provision was covered by many non-traditional actors. The gap in food assistance has further increased as this support has declined. The CCCM could not verify the reason for this reduction in assistance. Response activities are underway to cover the gaps with increased provision of food baskets. However, covering all food needs remains a challenge, as food assistance is a costly and logistically demanding intervention in terms of transportation and storage.

Idleb Coverage of Needs



<sup>31</sup> CCCM September 2014 Update

Idleb Coverage of Needs per Settlement Cluster

Settlement Cluster	NFI	Water	Food	Shelter
Al Dana			100%	
Atmeh	100%	100%	30%	50%
Bab Al Hawa	90%	49%	30%	13%
Kafrina	61%	100%	82%	87%
Karama	98%	81%	22%	5%
Liyajlikum	100%	100%		75%
Qah	80%	60%	40%	60%
Salam	55%	79%	63%	
Sarmada	32%	22%	78%	18%

Shelter is the least well-covered sector. While most of the IDPs have tents, a big portion of these tents do not last for longer than a year. Tents and adequate shelter remain a consistent gap. The high price of the tents and the lack of contingency storage capacity of the humanitarian actors are the main reasons shelter is a gap in Idleb IDP settlements. With the upcoming winter season, lessons learned from past assessments show that severity of shelter needs will increase significantly and the need for adequate shelter is expected to grow. Heating fuel, blankets, bedding and clothes are further among the most

traditionally needed items for winter.

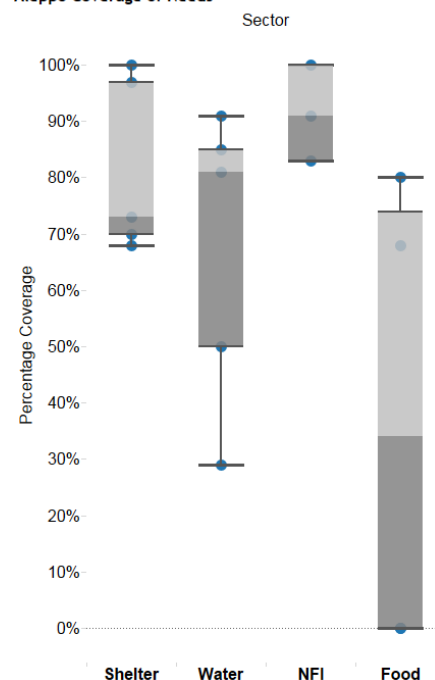
It is reported that solid waste management, health and education are the least provided services in the informal settlements in Idleb in general. However solid waste management is sometimes reported under assistance delivered as water services, while health and education are mostly accessed outside of settlements. As in other governorates, although protection needs are not captured, IDPs residing in collective shelters have reported the lack of privacy being one of the main protection concerns.

**Aleppo:** According to September 2014 data analysis, after Idleb, Aleppo Governorate is hosting the second biggest number of IDPs in settlements (in Northern Syria), with 49,175 IDPs residing in approximately 30 informal settlements and collective shelters in Jarablus, Azaz and Menbij. Concentrations range from around 400 to 14,500 IDPs per informal settlement and from under 100 to 700 IDPs in collective shelters. Based on available information, the IDP population hosted in settlements in Aleppo remained largely stable from July to September, despite a decline in the number of IDPs in Azaz in July/August. With the areas targeted several times with aerial strikes and Vehicle Borne Improvised Explosive Devices (VBIED), it is considered to be less safe compared with last year. Furthermore, the decrease in number of IDPs in Azaz could be the result of people preventively moving out of Azaz in September, anticipating ISIL advancement. Another reason might include the stretched capacity of the settlements in hosting new IDPs. The majority of sub-districts assessed in Aleppo reported that people are free to move in and out of camps.

Aleppo Coverage of Needs per Cluster

Settlement Cluster	Shelter	Water	NFI	Food
Jarablus	97%	85%	83%	80%
Bab Al Salameh	68%	91%	91%	0%
Manbij	73%	81%		68%
Afrin	70%	50%	100%	0%
Shamariin	100%			

Aleppo Coverage of Needs



## Humanitarian Needs

Settlements in the districts of Jarablus and Azaz, and particularly in the city of Jarablus itself and close to Bab Al Salameh, appear to have been better served than IDP settlements in the district of Menbij.

With regard to Shelter, WASH, NFI, and Health in particular, informal settlements have received higher coverage than collective shelters in Menbij, where coverage has been very scarce in all sectors despite some limited water and sanitation support. Compared to Idleb, Shelter and NFI needs in Aleppo are better covered. On the whole, there are significant gaps in food and health assistance, as well as in education and solid waste disposal. While no information is available on protection needs, it has been reported that lack of privacy in collective shelters is a major concern for IDPs.

**Lattakia:** According to SNAP32, Lattakia continues to be one of the governorates receiving the highest number of IDPs because of its relative safety and the availability of services. Accurate figures of IDPs residing in Lattakia have been difficult to obtain and the most recent estimates (as of June 2014) range between 300,000 IDPs, as reported by OCHA33 and up to one million. The majority of IDPs are said to reside in Lattakia City, in six collective shelters, of which Sport City is considered the biggest, besides the large number already living in rented accommodation and touristic facilities. Lattakia Governorate hosts from 200 to over 870 IDPs in each of the six informal settlements located in the sub-district of Rabee'a. This population of 2,249 IDPs in these settlements appears to have remained stable from July to September 2014, with no reports of new arrivals during that period.

### Humanitarian Needs

Access to the locations for most sectors does not appear to have been a major constraint, all settlements reportedly receiving 100% coverage in terms of Water and Sanitation and NFIs, and 83% coverage for Shelter. There remain clear gaps, however. Only two settlements had benefitted from food assistance and none had received support for health or education services.

**Deir-ez-Zor:** There are currently three collective shelters in the governorate of Deir-ez-Zor, around Sa'lo, hosting 210 to 570 IDPs. The total number of 1,050 IDPs living in formal settlements/collective shelters remained stable from July to September 2014. These numbers add to the MSNA primary data results, which counted 394,500 IDPs in the governorate, most of whom are located in Deir-ez-Zor City, Abu Kamal and Hajin sub-districts. The majority of IDPs live in rented accommodation (45%) and with host families (30%). IDPs with adequate resources expressed that their preferred destination is Turkey, while others indicated they would probably move toward the desert, where there are towns far from targeted attacks and aerial shelling.

MSNA primary data indicates a total of 59,300 people living in collective shelters in Deir-ez-Zor, primarily in the city of Deir-ez-Zor and in Sur sub-district. 14,950 people are residing in structured and organized informal settlements in the Kisreh sub-district. In Kisreh, water shortages were reported. Water pollution was also observed whenever water was available, resulting in a high prevalence of waterborne diseases such as diarrhoea.

### Humanitarian Needs

Water needs were reported to be fully covered in the location monitored by the CCCM sector. There was no report of any other form of assistance reaching the IDPs in these collective centres assessed by CCCM.

**Ar-Raqqa:** Although there were no IDPs reported to be in formal settlements in Ar-Raqqa in August 2014, data collected in September shows around 426 IDPs located in three collective shelters - schools mainly - in the sub-district of Mansura. The majority reportedly came from Aleppo and were displaced by clashes. As of September 2014, there was no information on services provided in the collective shelters or on the percentage of needs covered. In MSNA field research it was reported that 500 people were living in one organised camp in Mansura sub-district, 11,700 people in informal settlements and 31,500 in collective shelters.

<sup>32</sup> Syria Needs Analysis Project, Quarterly Regional Analysis for Syria Report: Part I – Syria', October 2014, <http://acaps.org/img/reports/q-snap-ras-quarterly-oct-2014.pdf>, accessed 27 October 2014.

<sup>33</sup> OCHA, Syria Governorate Profiles 6 August 2014, <http://syria.unocha.org/content/syria-governorate-profiles>, accessed 27 October 2014.

## EDUCATION

**Introduction:** Prior to the onset of the crisis, Syria had reached near universal enrolment rates. At the primary school level, 100% of male and 98% of female students were enrolled. At the secondary school level, 67% of both male and female students were enrolled.<sup>34</sup> Literacy rates were over 90% and Syria was spending almost 5% of its annual gross domestic product (GDP) on national learning.<sup>35</sup>

Nearly four years of protracted conflict, mass displacement, destruction and occupation of public infrastructure have left a sizeable proportion of school-aged children and youth without access to safe learning spaces where they can get a quality education. Nearly three million children are now estimated to no longer be attending school. Consequently, Syria is now considered to have the second worst enrolment rate in the world.<sup>36</sup>

While deteriorating access can be at least partially attributed to the widespread destruction of public education infrastructure, lack of teaching and learning materials, and displacement of teachers and other education personnel, children in Syria are also vulnerable to a host of other threats and protection concerns. These include child labour, forced recruitment into armed groups and early child marriage, all of which are compounded by undue levels of exposure to violence and trauma.

Further and more in-depth assessments are necessary to fully gauge the psychological and psychosocial implications of such trauma and acute stress; however, the negative correlation between psychosocial stress and trauma and knowledge retention is well documented and should be borne in mind when interpreting the analysis presented here.

Children in Syria suffer primarily from emotional disturbances but also physical manifestations of stress. For instance, in an assessment undertaken by an implementing agency in Syria in its areas of operation,<sup>37</sup> large proportions of children were identified as displaying signs of psychosocial distress.<sup>38</sup> The purpose of the assessment was to establish a baseline of well-being for students benefitting directly from education programs in Northern Syria. Over a third of children (38%) were deemed to be suffering at an abnormal level on a well-being index designed to gauge levels of distress, with effectively no differences between IDP and host community students.<sup>39</sup> In a non-conflict context the expected range is 10 to 22.5%.

The Syria MSNA found that children are perceived to be one of the most vulnerable groups across all sectors, with children under the age of five and children aged 5-12 years having been identified as the first and third most vulnerable, in-need groups, respectively.

Further, findings suggest that the vast majority of school-aged children residing in contested areas or in areas that have experienced intense armed conflict do not attend primary or secondary learning facilities on a regular basis. In Aleppo Governorate, for instance, only 0-25% of boys aged 6-14 were attending primary school across nearly half (49%) of all assessed areas.<sup>40</sup> Conversely, only two sub-districts reported boys aged 6-14 attending learning spaces regularly. Although female cohorts perform marginally better with this minimal level of attendance registered across 40% of assessed sub-districts, the proportion of girls aged 6-14 was found to fall in the 0-25% range across 56% of all assessed areas in Hama.

<sup>34</sup> UNESCO. EFA Global Monitoring Report. Rep. Paris, 2014; UNESCO, World Data on Education: Syrian Arab Republic, VII ed., 2010/2011. Montreal: International Bureau of Education, UNESCO Institute for Statistics

<sup>35</sup> Al-iqtisadi 2014/03/19, UN childrens fund 2014/01/07, Washington Post 2014/03/11, Al-akhbar 2014/03/27, UNICEF 2014/03/11, CBS 2010)

<sup>36</sup> UN News Centre Syria: UN child rights envoy 'appalled' by deadly school attacks in Homs, October 2014; UNRWA, Squandering Humanity: A new UN economic report on Syria, 2014

<sup>37</sup> INGO source.

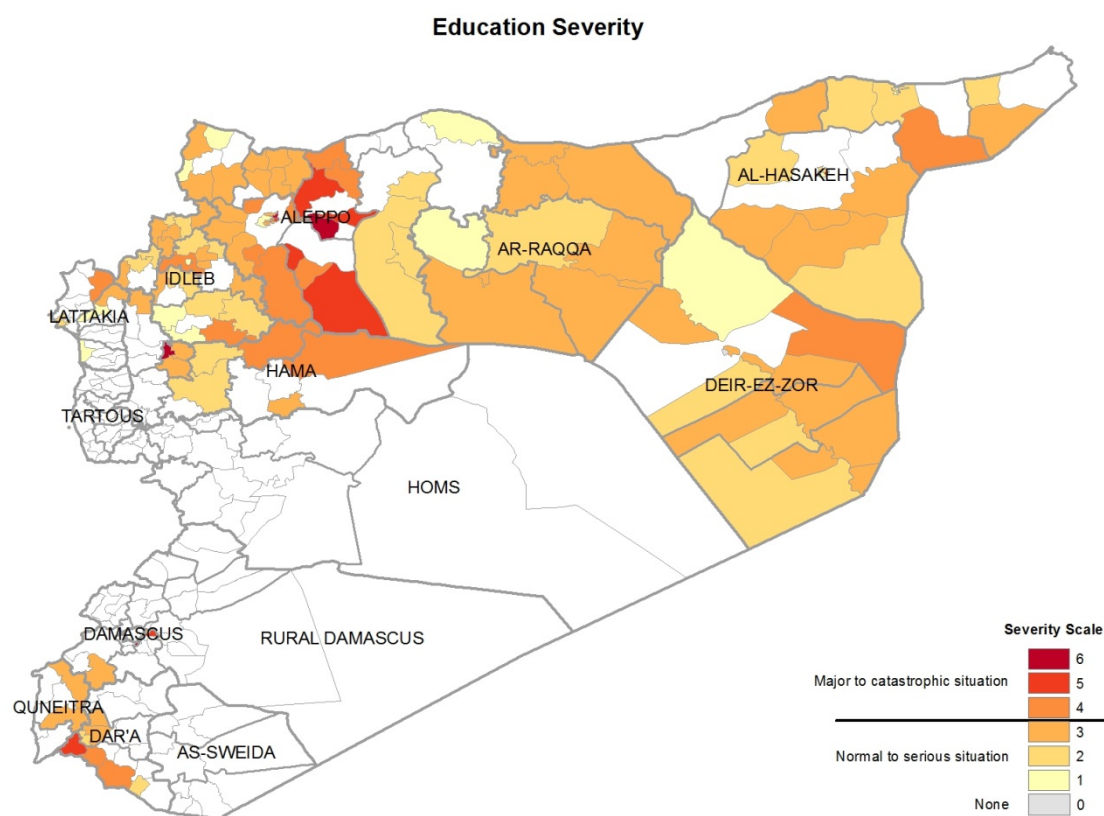
<sup>38</sup> INGO source.

<sup>39</sup> INGO source.

<sup>40</sup> Data collection for the Syria MSNA was conducted during the month of August when most schools are closed for the summer break; nevertheless, findings reflect the state of education overall, regardless of the summer period.

Access to education has been compromised because of mobility restrictions brought about by acute insecurity and the destruction and/or appropriation of public infrastructure, including education facilities.

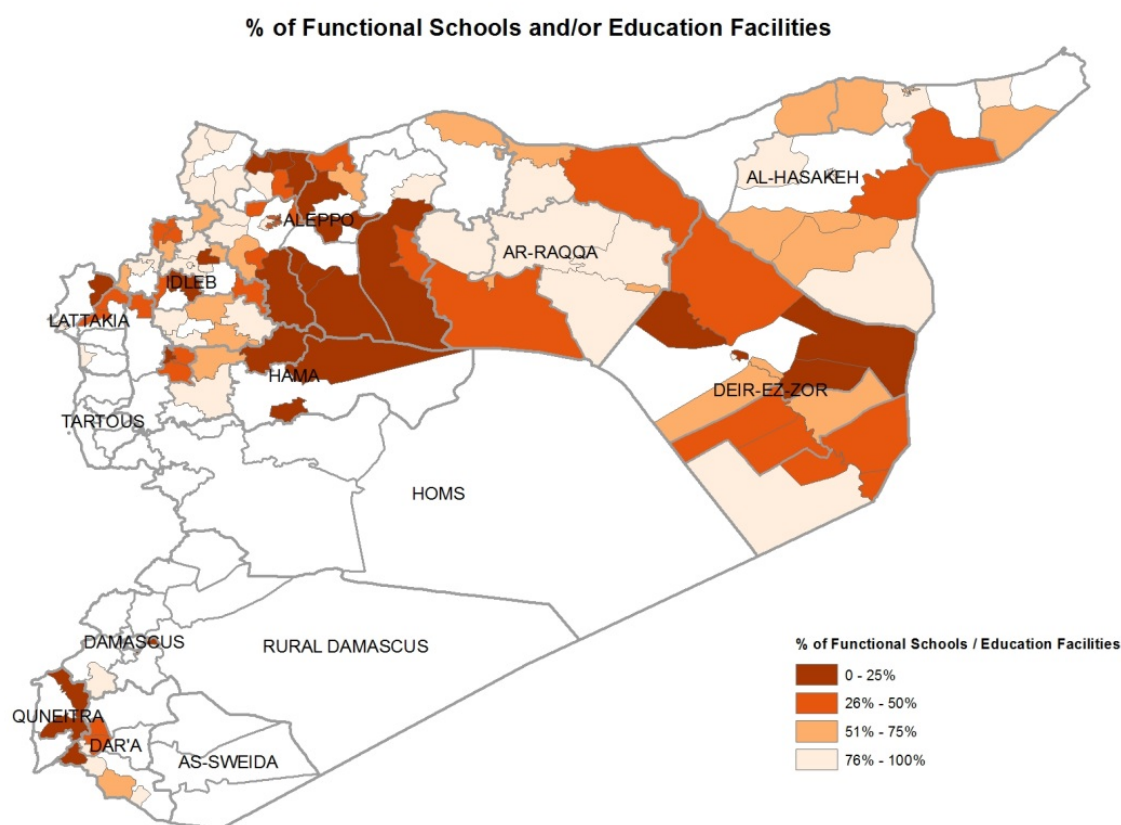
The appropriation of schools as command and control centres for military purposes by parties to the conflict, as well as makeshift shelters used to house internally displaced populations, is widespread and suggests that access to education as a right and a public service is marginal and immediate humanitarian and/or military needs take precedence.<sup>41</sup> The security risks inherent to the commute to and from school, especially in areas experiencing frequent fighting, are seen as significant with children risking injury from bombing, crossfire, targeted attacks, abductions and ad hoc violence. Security concerns aside, scarce economic resources and pervasive difficulties in meeting basic needs are exerting pressure on households to pull children out of education and send them to generate or supplement incomes.



The Syria MSNA data shows a severity score of 3, signalling serious problems, across the 126 areas surveyed (55 out of 126 areas). In sporadic and frequent fighting areas, 90% of the sites surveyed scored between 3 and 6, signalling serious to catastrophic situations. For example, in Aleppo and Ar-Raqqa, 80% of the sites surveyed scored between 3 and 6. Overall, Aleppo Governorate reported the greatest education severity.

<sup>41</sup> Report of the Secretary-General on children and armed conflict in the Syrian Arab Republic, 24 January 2014





### The functionality and state of education infrastructure

Results show that 2,856 educational facilities are no longer functional.<sup>42</sup> Assessed sub-districts in Aleppo host the highest proportion of non-functional education facilities of any assessed governorate. This is followed closely by Deir-ez-Zor, which exhibits similar proportions of non-functional schools.<sup>43</sup> Though some schools in Aleppo Governorate are still functioning, bombardments from the warring sides pose a severe barrier to education, with schools having been partially or severely damaged on several occasions.<sup>44</sup>

### Damaged or occupied educational facilities infrastructure because of conflict

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
No damages	55%	59%	49%	32%	45%	57%	59%	74%	0%	26%	54%
Slight damage	25%	27%	32%	35%	27%	16%	19%	18%	0%	18%	26%
Moderate damage	10%	7%	14%	15%	14%	8%	8%	3%	0%	5%	9%
Heavy damage	7%	4%	4%	12%	11%	9%	8%	2%	67%	9%	7%
Destruction	3%	2%	1%	6%	3%	10%	5%	2%	33%	43%	4%
Occupied	24%	13%	11%	14%	24%	7%	21%	9%	0%	29%	18%
<b>Total (excluding Occupied)</b>	<b>1,988</b>	<b>1,939</b>	<b>770</b>	<b>337</b>	<b>550</b>	<b>557</b>	<b>729</b>	<b>219</b>	<b>3</b>	<b>80</b>	<b>7,172</b>

<sup>42</sup> A functional learning space is any type of establishment, temporary or permanent in nature, that can serve as a place for children to safely and effectively learn. This means that it is available exclusively for this purpose for a minimum period of time (840 or so hours per year) and is safe and accessible.

<sup>43</sup> It is important to keep in mind that these results may not be representative as assessment was conducted in August when schools were closed so fewer schools may be reported as functioning.

<sup>44</sup> SNAP, Regional Analysis Syria, Part I – Syria, 3 July 2014, p 19

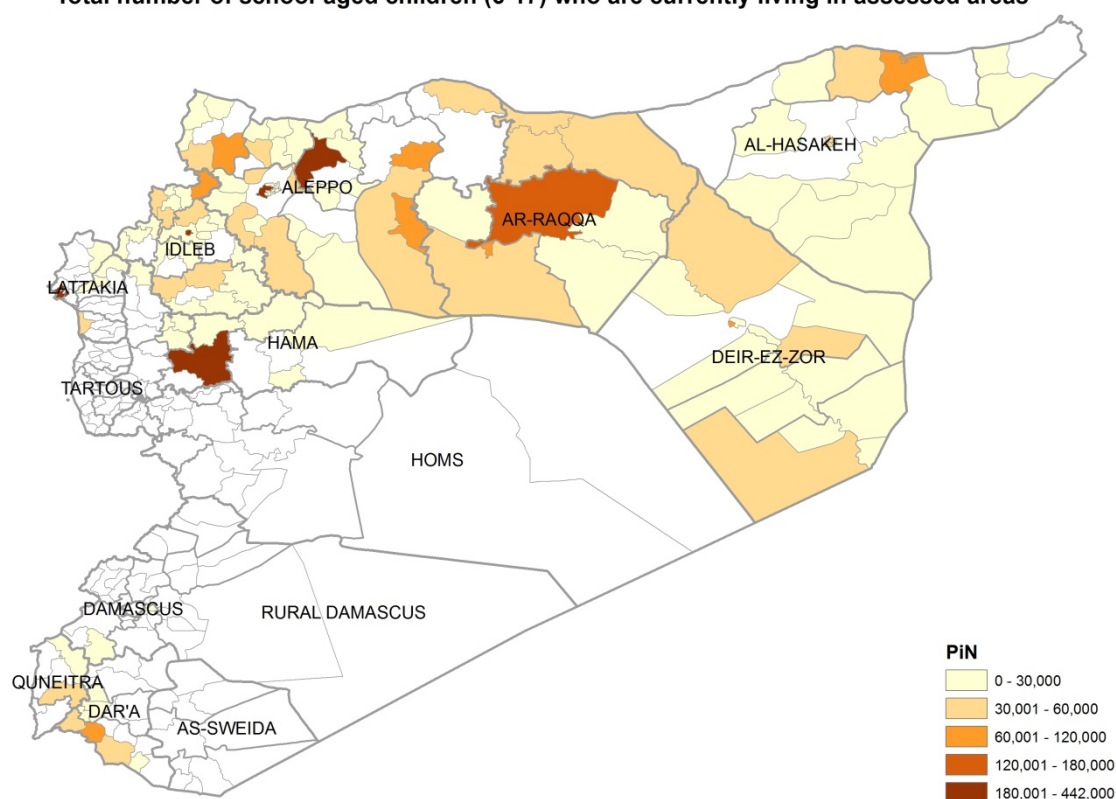


A total of 617 schools were reported as occupied in Aleppo at the time of the assessment, rendering them non-functional for schooling purposes regardless of the degree of damage to infrastructure. A further 142 were reported as heavily damaged and 68 completely destroyed. This also holds true in Deir-ez-Zor, where an estimated quarter (24%) of schools were occupied at the time of the assessment<sup>45</sup>, 60 were reported as heavily damaged and 15 were reported as completely destroyed. Half (49%) of all schools in Ar-Raqqa were reported as not damaged, and this is reflected in the fact the majority of schools there appear to be functional. Schools have remained largely intact there despite being occupied by armed groups. Many of these facilities are also being used for non-academic learning purposes.

Overall, 46% of the total education facilities assessed reported some damages (3,282 out of 7,172 education facilities assessed). In areas with frequent fighting the damage to education facilities assessed reached almost 60%.<sup>46</sup>

### Attendance rates and people in need of assistance

**Total number of school-aged children (6-17) who are currently living in assessed areas**



Overall, the Syria MSNA shows that more than half of all school-aged children in Syria no longer attend school on a regular basis. It is estimated that 4.7 million children between the ages of 6 - 17 years are still residing in 114 sub-districts of 10 governorates assessed. Reports suggest nearly three million children are no longer attending school. However, for those children still able to attend school, many are in need of school supplies, safe learning spaces, qualified teachers and psychosocial support. Therefore, it is estimated between 2.8 million and 4.7 million children (6-17) are in need of education assistance. This figure becomes even higher in areas experiencing frequent fighting such as Aleppo, Hama, Ar-Raqqa, Quneitra and Rural Damascus. For instance, in May UNRWA reported that

<sup>45</sup> Schools are often occupied by IDPs during the summer period, so the number of occupied facilities is expected to have decreased in the meantime.

<sup>46</sup> Education Working Group members have highlighted that results for example in Idleb may be higher based on INGO assessment results.

68% of students in Yarmouk Palestinian refugee camp in Rural Damascus are no longer attending school.<sup>47</sup>

Findings indicate that between 76-100% of boys aged 6-14 years old attend a learning space at least four days a week across only 18% of all assessed areas. A similar trend can be observed for female cohorts within the same age-group, where the same attendance rate was reported across 17% of all assessed areas. Secondary school-aged children aged 15-18 perform slightly worse, with only 10% and 12% of all assessed areas reporting that 76-100% of boys and girls within this age-group attend learning spaces regularly, respectively.

School attendance rates were found to be lowest in Aleppo, where only 0-25% of boys and girls aged 6-14 were attending school across 63% and 60% of all assessed areas, respectively.

Attendance rates in Hama followed a similar pattern, with only 0-25% of boys and girls aged 6-14 attending school at least four days per week across 56% of all assessed areas.

Ar-Raqqa exhibits the highest disparities in attendance rates between boys and girls. For instance, despite modest attendance rates for boys: 26-50% of all boys aged 6-14 attended a learning space four days a week across 60% of all assessed areas, whereas only 0-25% girls from the same age group were found to be attending school across 90% of all assessed areas. This appears to be attributable to the restrictions imposed on female engagement in the public sphere<sup>48</sup> by the third party armed group that has been governing Ar-Raqqa for the past year and the concomitant protection concerns that parents may have in such an environment. These issues were of particular concern in the sub-districts of Mansura and Maadan in Ar-Raqqa.<sup>49</sup>

A multi-sector needs assessment conducted in Dar'a Governorate showed there were no major differences between boys' and girls' access to education apart from in Ash-Shajara, where only 5% of girls attended a learning space compared with 30% of boys. The gender gap in attendance was attributed to safety concerns, which are perceived as more acute for female children.<sup>50</sup>

This preliminary analysis indicates that despite extremely low attendance rates across all assessed age groups and areas, older children are more likely to abandon schooling than their younger counterparts, although the age-group specific reasons for this are not available in the Syria MSNA figures.<sup>51</sup> This could potentially be attributed to the child protection problems associated with child labour and recruitment into armed groups, both of which become more acute with age. In situations of economic hardship, incentives to abandon schooling are heightened and older children may be more inclined to help support their families with household labour and income generation as opposed to attending school.<sup>52</sup>

<sup>47</sup> UNRWA, Syrian Center for Policy Research and UNDP, "Squandering Humanity – Socioeconomic Monitoring Report on Syria, combined third and fourth quarter (July-December 2013), May 2014.

<sup>48</sup> The qualitative information contained in the debriefing database indicated that this was a particular concern in the sub-districts of Mansura and Ma'adan in Ar-Raqqa.

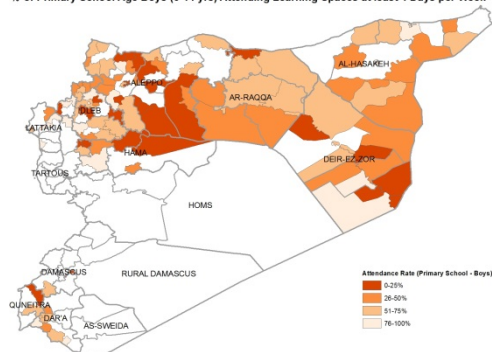
<sup>49</sup> These data are confirmed by a report by Syrian Center for Policy Research, in which school-age non-attendance rate was particularly high in Ar-Raqqa (94%) and Aleppo (90%).

<sup>50</sup> SNAP, Dar'a Governorate multisector needs assessment, January 2014.

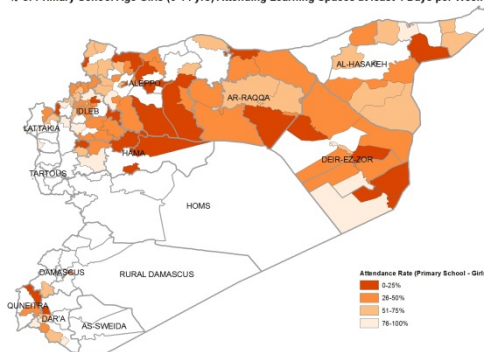
<sup>51</sup> Even if they were, it would be very difficult to gauge reasons for abandoning schooling through a KI methodology; a household/individual-level assessment would be more appropriate for such an exercise.

<sup>52</sup> In areas where children no longer attend school, boys have been observed to help make a living by working as street vendors.

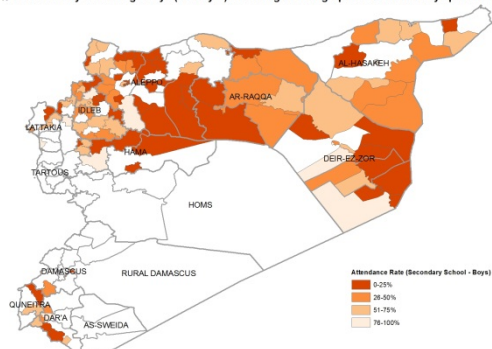
% of Primary School Age Boys (6-14 yrs) Attending Learning Spaces at least 4 Days per Week



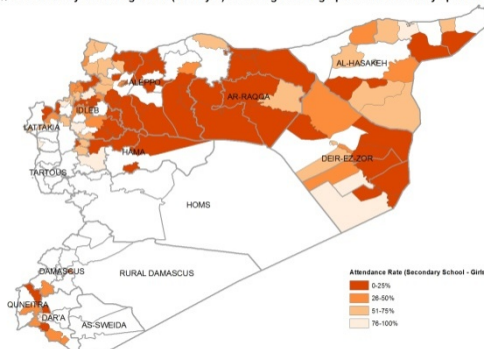
% of Primary School Age Girls (6-14 yrs) Attending Learning Spaces at least 4 Days per Week



% of Secondary School Age Boys (15-18 yrs) Attending Learning Spaces at least 4 Days per Week



% of Secondary School Age Girls (15-18 yrs) Attending Learning Spaces at least 4 Days per Week



The precise number of children dropping out of school is difficult to gauge, given the inherent difficulties in collecting this data in a war zone<sup>53</sup>, but at least half of the school-aged children are believed to not be attending school, with children residing in contested areas or in areas hosting high numbers being the most vulnerable groups.<sup>54</sup>

The reported reasons for non-attendance vary greatly across assessed areas and appear to be determined by context-specific factors unique to each sub-district. One of the primary barriers to attendance appears to be the lack of school materials such as textbooks, pens and boards. This is the predominant determinant of attendance in Al-Hasakeh, Ar-Raqqa, Dar'a and Hama, although there is significant variation within and across assessed governorates. The reported conditions of school facilities were a secondary determinant of non-attendance across all assessed areas, while child labour and the necessity to generate an income were a tertiary reason for non-attendance.

Child labour appears to be the predominant reason for non-attendance in Hama, where 78% of all assessed areas reported child labour as a deterrent against school attendance. This was followed by Rural Damascus (75% of all assessed areas), Idleb (61%) and Aleppo (60%) where child labour figured prominently as a pull factor taking children out of school. Although the recruitment of children into armed groups was not amongst the top three most frequently reported reasons for non-attendance, the frequency at which it was reported was highest in Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor. This is corroborated by a report from Human Rights Watch.<sup>55</sup>

Delving further, a recent assessment conducted in Northern Syria indicates that the primary reported education needs were school furniture and equipment such as seats, glass windows, lamps, chairs and school boards.<sup>56</sup> Assessed schools in Idleb, Aleppo, Al-Hasakeh and Hama reported a 56% shortage

<sup>53</sup> And taking into account that the Syria MSNA was conducted during a period of the year when schools were closed.

<sup>54</sup> UNICEF, Under Siege – The devastating impact on children of three years of conflict in Syria, March 2014

<sup>55</sup> Human Rights Watch: Maybe we live or maybe we die, 23 June 2014, <http://www.hrw.org/node/126059/section/2>, accessed 27 October 2014.

<sup>56</sup> Assistance Coordination Unit Schools Needs Assessment (Draft Report), September 2014

of textbooks. Schools in Al-Hasakeh reported a 65% shortage of books and other learning aids, all of which coincide with the findings presented here. That same assessment shows the primary reason for dropping out of school in Aleppo, Ar-Raqqqa, Al-Hasakeh and Deir-ez-Zor is the need to generate an income. The secondary reported reason for dropping out of school was displacement, especially for children residing in Al-Hasakeh and Idlib governorates, where frequent escalations in armed violence have caused multiple displacements, reducing incentives to even enroll in school. Finally, general security concerns were reported as a tertiary reason for dropping out across Rural Damascus, Idlib and Aleppo.<sup>57</sup>

School non-attendance is not as dramatic in the relatively safer areas but the quality of education has deteriorated and is constantly compromised. An increasing number of schools have introduced a two-shift system to manage classroom density, as large numbers of new students have moved into safer areas from conflict zones. This has led to fewer hours of education and more crowded classrooms.<sup>58</sup>

For higher education the crisis had less impact than on primary and secondary education, as many universities were located in safer areas of the country. Despite this, from an estimated 380,000 students eligible to attend university, 204,000 students are currently enrolled while 178,000 are unable to attend university. Insecurity has limited the access of students and academics to universities. Students attempt to continue studying at alternative institutes, however as the majority of universities are currently under GoS control, it is difficult for students from opposition areas or tribes to attend. Flight, migration and displacement also resulted in shortages of professors and academic workers. Professors, academic workers and students face difficulty in participating in academic life because of threats, kidnapping and arrest.

### Access and availability barriers

Findings indicate that security concerns weigh heavily on a family's decision for a child to attend school and that physical access to learning facilities remains the biggest challenge. Since the beginning of the crisis in 2011, schools, teachers and students have been systematically targeted by all parties to the conflict and this has severely disrupted access to education.<sup>59</sup>

According to the UN Independent International Commission of Inquiry on Syria, attacks on education facilities increased in 2014.<sup>60</sup> Within an eight week period between the start of April and June, there were ten attacks on schools and education facilities across Syria, killing 66 people and injuring at least 180.<sup>61</sup> In eastern Aleppo, an airstrike that affected a gathering of mostly women and children for a children's art exhibition resulted in multiple child deaths. In such attacks, children would be the most likely victims of any assault on or near learning spaces, meaning that any systematic effort at targeting learning facilities would cause a disproportionately higher number of child deaths. Often, such facilities are appropriated by armed groups, a practice which increases the likelihood of armed violence and/or aerial bombardment and highlights the need to deter such tactics.<sup>62</sup>

<sup>57</sup> Assistance Coordination Unit Schools Needs Assessment (Draft Report), September 2014

<sup>58</sup> Syrian Center for Policy Research, Squandering Humanity Socioeconomic Monitoring Report on Syria, May 2014

<sup>59</sup> Report of the Secretary-General on children and armed conflict in the Syrian Arab Republic, 24 Jan 2014.

<sup>60</sup> The UN Independent International Commission of Inquiry on the Syrian Arab Republic was established on 22 August 2011 by the Human Rights Council with a mandate to investigate all alleged violations of international human rights law since March 2011 in the Syrian Arab Republic. OHCHR 'Oral Update of the Independent International Commission of Inquiry on the Syria Arab Republic', 16 June 2014, <http://www.refworld.org/docid/53a033004.html>

<sup>61</sup> Syria Needs Analysis Project, 'Quarterly Regional Analysis for Syria Report: Part I – Syria', July 2014, [http://www.acaps.org/reports/downloader/part\\_i\\_syria\\_july\\_2014/89/syria](http://www.acaps.org/reports/downloader/part_i_syria_july_2014/89/syria), accessed 27 October 2014.

<sup>62</sup> OHCHR, '8<sup>th</sup> Report of Commission of Inquiry on Syria', A/HRC/27/60, 13 August 2014

# Exposure to traumatic events

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Bombings											
Gun shooting											
Witnessing killings											
Bullying											
Harassment											
None											
Abductions											
Attacks											
Other											
Do not know											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

In line with this, the Syria MSNA findings show the three most prominent traumatic events children witnessed most frequently were bombings, small arms violence and witnessing killings in the governorates of Aleppo, Ar-Raqqa, Dar'a, Deir-ez-Zor, Hama, Idleb, Quneitra and Rural Damascus. The frequency of exposure to bombings was highest by far, reported across 73% of all assessed areas. Standout results are the level of harassment in Hama and Lattakia governorates. As threats persist and schools continue to be attacked, incentives for non-attendance become higher. The potential for acute stress and psychosocial trauma increase exponentially, something which in itself poses acute negative implications for motivation and knowledge retention.

# Type of behavioral symptoms of stress

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Fear	83%	100%	100%	100%	93%	100%	95%	80%	100%	100%	93%
Anxiety	70%	38%	70%	86%	40%	56%	86%	60%	50%	50%	64%
Sleep disturbances	50%	31%	50%	86%	47%	78%	62%	20%	100%	50%	53%
Aggression	27%	15%	70%	71%	40%	89%	62%	40%	50%	50%	47%
Panic attacks	37%	23%	30%	71%	47%	67%	52%	20%	50%	75%	44%
Reduced self-care	20%	8%	50%	43%	27%	89%	38%	20%	50%	75%	34%
Mood swings	20%	8%	50%	57%	7%	67%	52%	60%	100%	0%	34%
Stress	27%	15%	10%	57%	33%	67%	38%	40%	0%	50%	33%
Loss of motivation	47%	0%	30%	57%	7%	33%	19%	20%	0%	75%	28%
Withdrawn or isolated	27%	0%	40%	29%	7%	56%	24%	80%	50%	0%	26%
Anger	23%	0%	10%	29%	13%	78%	38%	20%	50%	0%	25%
Other	0%	0%	0%	0%	0%	11%	5%	0%	0%	0%	2%
Do not know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
# of areas assessed	30	13	10	7	15	9	21	5	2	4	116

Children suffering from fear, anxiety and sleep disturbances in governorates with frequent fighting such as Aleppo, Dar'a, Hama, Quneitra and Rural Damascus are found in high numbers, as these three symptoms of acute stress in particular were identified most often by respondents. While children are reportedly also showing signs of aggression and are suffering from panic attacks, the frequency of these was found to be higher in Hama governorate than any other assessed area.

Other mood disorders noted in the Syrian youth, especially in frequent fighting areas, are mood swings, stress, lack of motivation, withdrawal symptoms and anger, all of which are indicative of low levels of well-being, acute or severe stress and a high potential for post-traumatic stress, although this will require more in-depth assessments if the scale and scope is to be scientifically determined. It is worth noting that some behaviours such as panic attacks and sleep disturbances could be flagged as being more physical reactions to stress. Unremitting anxiety and exposure to violence has undermined the normal social development of children and youth. In some cases, their psychological growth has stopped or even been reversed. In places where the conflict has been most intense – including

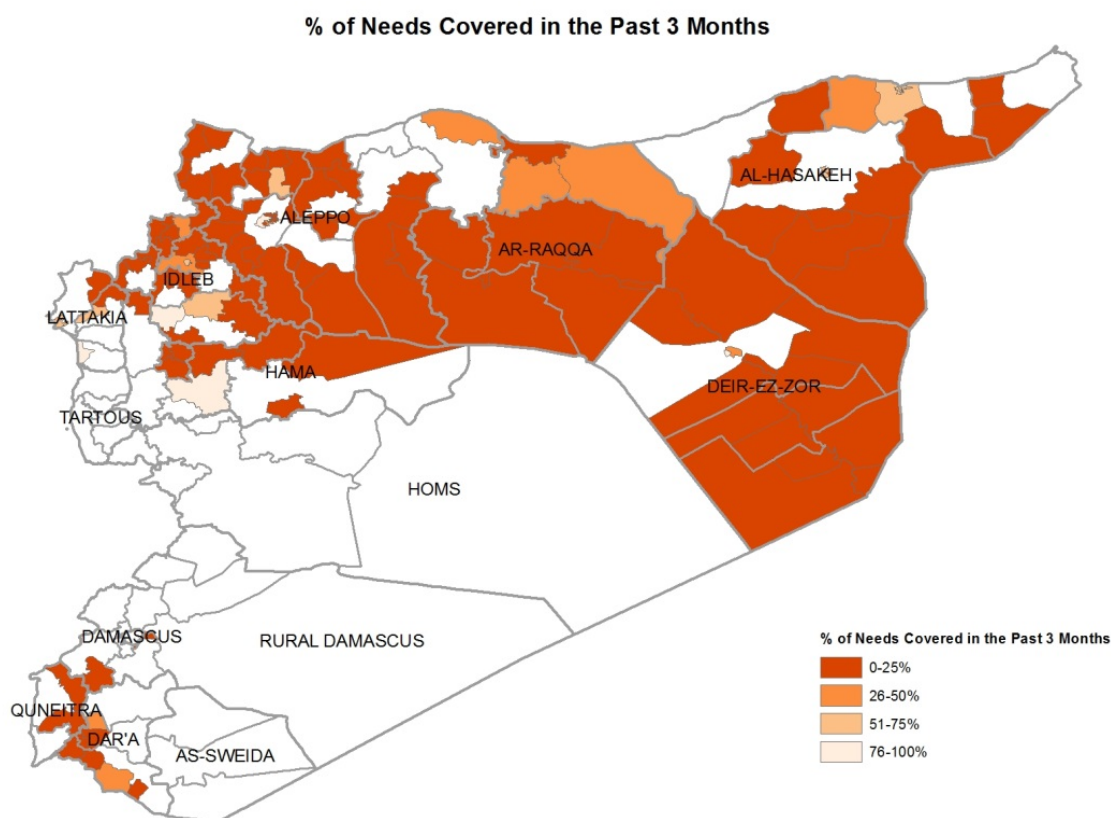


Aleppo, Homs and Rural Damascus – 98% of inhabitants report a profound deterioration in their children's well-being.<sup>63</sup>

The evidence base regarding the positive correlation between poor psychosocial well-being and poor learning is well established. Given the well-established correlation between psychosocial stress and knowledge retention, it can be posited that even children who attend school are not learning as they should. This evidence all points to the need to focus on teachers' and students' well-being.

### Capacity gaps and priorities for humanitarian intervention

The vast majority of assessed areas reported receiving no education-sector specific assistance during the three months prior to the survey. Given that the assessment was conducted during the summer period, this may mean the results do not truly reflect the full range of education support being provided. Results also highlight how sporadic education support is with no clear identifiable trends. Nevertheless, of the sub-districts that reported receiving education assistance, the vast majority received subsidies for teachers' salaries; 60% of assessed sub-districts in Lattakia and 40% of assessed sub-districts in Hama reported receiving this form of assistance.



Given that the inability to cover the costs of teachers' salaries was highlighted as a major barrier to attendance for school-aged children, this suggests that current efforts should be continued and expanded to increase the sustainability of service provision. School repairs were reported as the third most oft-provided form of assistance and were highest in Lattakia Governorate. Conversely, Ar-Raqqa received the least assistance and aside from teachers' salaries – the payment of which has purportedly been re-established – school repairs were also reported.

<sup>63</sup> UNICEF, Under Siege – The devastating impact on children after three years of conflict in Syria, March 2014

## Most urgent education interventions required

	Aleppo	Al-Hasakeh	Ar-Raqqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Cash assistance for children (transportation, school fees, etc.)											
Teachers salaries											
School materials											
Safe learning spaces											
School repairs											
Psychosocial support											
Heating fuel											
School construction											
Educational activities											
Provision of female teachers											
Educational activities for children with disabilities											
Food support											
Other											
Do not know											
# of areas assessed	35	16	10	7	12	9	23	5	1	4	122

Cash assistance was identified as the primary need to be met if education services are to be improved and attendance rates increased, although MSNA findings cannot elaborate as to what exactly such cash assistance would be used for and how it would be targeted. Teachers' salaries ranked second across all assessed areas. Given that deficits to meet financial obligations towards teachers was identified as a major impediment to attendance, and that salary-related subsidies were identified as a major form of education-related assistance, any supply-side oriented common response strategy should integrate teachers into programming. Psychological support is not always openly understood, which may underlie its low result for the most urgent education intervention needs question.

Access for humanitarian actors to provide education support has been severely curtailed<sup>64</sup> by several factors including security, logistical and administrative difficulties in getting materials across the border, lack of coherent educational governance or institutional support and large-scale displacement in hard-to-reach areas. For example, families evacuated from Homs earlier this year reported that most school buildings had been either damaged or turned into shelters, storage facilities or military command and control nodes.<sup>65</sup> This in turn indicates that even as the demand for the provision of education continues to decrease due to insecurity and successive waves of displacement, the supply of the service is also rapidly diminishing due to the factors outlined in this analysis.

Without a regional policy framework in place for education, policy issues such as certification, accreditation and curriculum have progressed slowly, while many other issues have remained unresolved for more than three full school years. A lack of fully functioning governance structures in education hinders progress on a viable policy framework. This situation has likely led to a large gap in children transitioning from 9th grade onwards and from 12th grade to higher education, although exact data is not available.

Coordination within education and across sectors is also challenging with multiple coordination bodies, difficulties in communication with regional bodies and challenges for global education bodies to fully engage.

<sup>64</sup> Nevertheless, access to Northern Syria remains feasible as some humanitarian partners are working towards supporting schools in governorates in Northern Syria.

<sup>65</sup> UNICEF, Under Siege – The devastating impact on children after three years of conflict in Syria, March 2014



## FOOD SECURITY AND LIVELIHOODS (FSL)

### a. Introduction:

Owing to the challenging environment prevailing inside Syria, very few in-depth assessments have been conducted, and KIs are the main source of information for humanitarian partners to determine the population's food security status. There remains a general lack of detailed information and understanding of the state of food security and livelihoods inside Syria as well as the functionality of markets. A number of assessments have been conducted over the last six-month period but they generally focus on small geographical areas determined by programmatic requirements. This results in piecemeal information to inform the current baseline food security situation. What is known is the situation varies widely, both across and within geographical areas. This includes widely varying prices for food commodities, differing degrees in access, and problems with trade routes caused by insecurity and damage to infrastructure. The extensive and ongoing population movements also shift the balance of food security, potentially leading to increased food insecurity in areas receiving large numbers of IDPs and improved food security where heavy displacement reduces pressure on demand for food commodities.<sup>66</sup>

In the MSNA field research, Food was identified as the third priority need for men and fourth priority need for women, after Health, Water and Protection. While food needs remain severe, the assessment was conducted right after the harvest and coincided with an expanded humanitarian response that covered Food Security, reaching a record high number of people with food assistance in July. Seasonal trends, including severe water shortages impacting both the Health and WASH needs of the population, and Protection concerns are perceived as higher priority for the affected population.

Food was identified as the primary need in previous multi-sectoral assessments (such as the November 2013 Integrated Needs Assessment - SINA). The MSNA shows this is still the case in many areas (recent information suggests that needs have increased since the end of 2013 in Aleppo, for instance<sup>67</sup>). In many areas the situation was considered severe with some food shortages reported as life-threatening.<sup>68</sup>

Food security is a general concern across Syria but the primary constraints appear to be related to access as opposed to availability of food. The most commonly cited issue relating to food was lack of purchasing power to meet basic food requirements. However, there are a number of identified obstacles to availability of food, primarily related to constraints in the agricultural sector such as lack of inputs.

<sup>66</sup> REACH, KI Assessment Report: Aleppo Governorate, July 2014

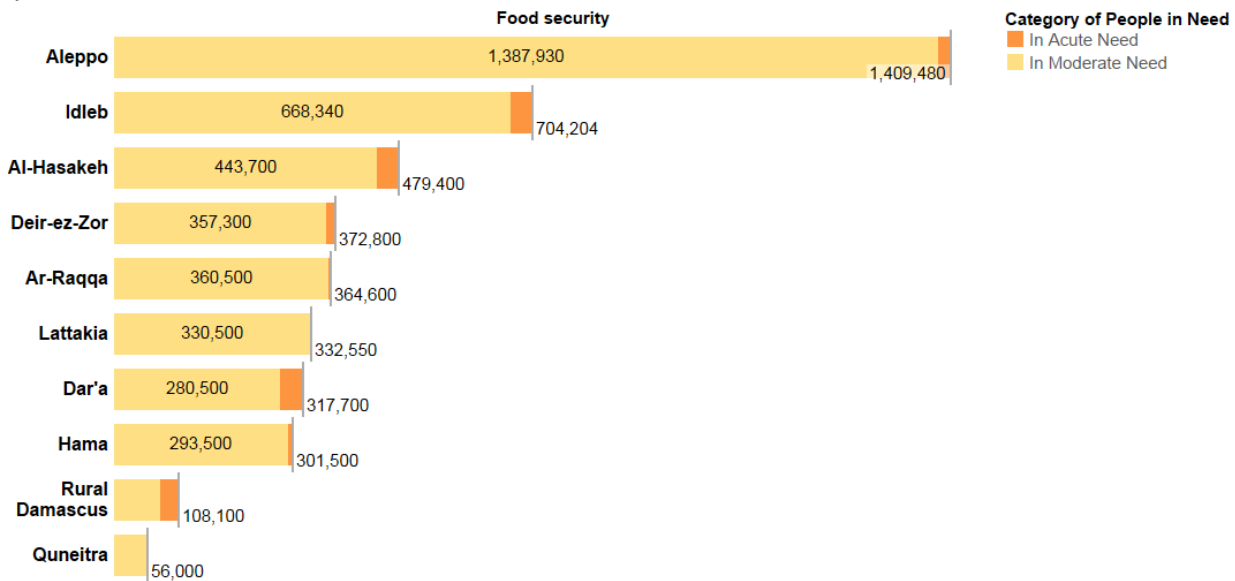
<sup>67</sup> REACH, Humanitarian Baseline Review, June 2014

<sup>68</sup> REACH, Deir-ez-Zor Urban Factsheet, June 2014; REACH, Humanitarian Baseline Review, June 2014; SNAP, Quarterly Regional Analysis Syria: Part 1, July 2014

## b. Scope and Scale:

### People in Need

People in Need of Food Assistance

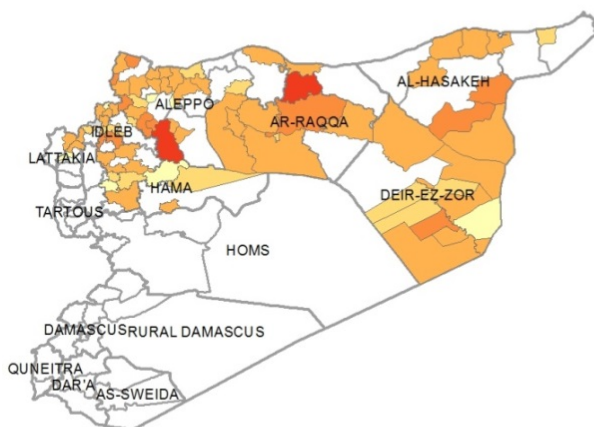


A total of 4.5 million people were reported to be in need of food assistance in the ten assessed governorates, with Aleppo, Idleb and Al-Hassakeh reporting the highest number of people in moderate and acute need. These three governorates host the highest number of Internally Displaced Persons, with up to a third of the current total population being IDPs.

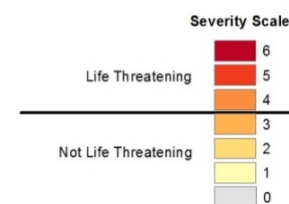
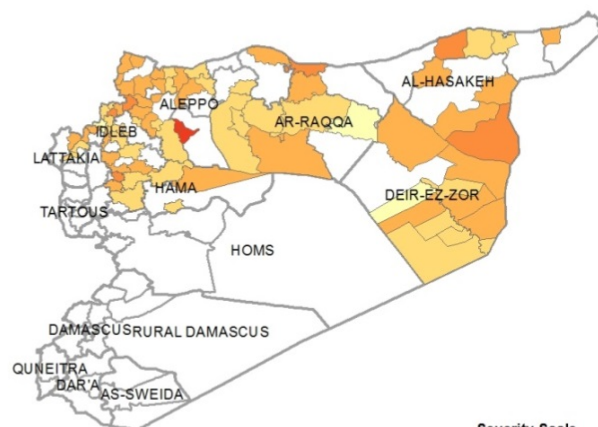
### Severity

#### SINA vs MSNA Food Severity

SINA 2013



Syria MSNA 2014



Some 20 sub-districts out of 126, compared with 27 in SINA (out of 111), reported facing life-threatening shortages of food, of which 11 (more than half) are rural areas experiencing conflict. The MSNA shows around 778,000 people living in the areas reporting life-threatening problems because of lack of access to food. In general, severity of food needs has decreased, compared with the SINA assessment conducted in November 2013: in November some 21% of the assessed total population lived in the sub-districts reporting “severe to catastrophic” problems with access to food, compared with 5% in the MSNA in September 2014.

### Vulnerable Groups

During the MSNA the groups most susceptible to food shortages were reported to be IDPs in collective shelters, followed by IDPs living with host families and IDPs living in damaged/unfinished buildings. With the decreasing number of livelihood opportunities and increasing size of households, those with lower incomes or no income prior to the crisis appear to be at greater risk, particularly as the main expenditure of the assessed population continues to be food. Even as demand for food increases in areas hosting high concentrations of IDPs, purchasing power and the supply of food commodities appear to be diminishing. This could be attributed to the current reliance on selling assets and using savings to meet basic needs.

IDPs living with host families are considered to be more at risk of food insecurity in urban areas because of economic pressure and the lack of livelihood opportunities, which are available in greater measure to displaced and resident populations in rural areas (e.g. own food production and agriculture).

The MSNA does not specify which age groups are at risk of food insecurity. During debriefings, however, enumerators reported that households headed by children, females, or older persons expected to provide for their families faced constraints in accessing food. This was because of high prices and their inability to move from one place to another to look for food or generate income. Demographic groups such as these, which traditionally rely on more resilient groups in situations of heightened vulnerability, are believed to be comparatively much more vulnerable to food insecurity.

## c. Summary of findings:

### Markets

- Demand-side factors, particularly financial resources, prove to be a universal barrier to market access in Syria.
- Variable availability of stock across markets was observed. Adequate supply may reflect lack of access to markets and elastic demand for a number of factors; conversely, inadequate supply may reflect challenges in the value chain which are also problematic barriers to accessing essential commodities in markets
- The combination of supply- and demand-side challenges that contribute to accessibility and availability issues, significantly reduce market strength as a whole and could largely and negatively affect food security.

### Food security

- The primary constraint in accessing food across Syria is economic. With decreased income-generating opportunities and increasing prices, households are experiencing increasing difficulties in meeting basic food requirements.
- Given the high importance of local food production both as a source of food and income, the lack of timely agricultural support is alarming, given the early onset of rain in September.
- A number of negative coping strategies have been identified in past assessments. These include selling assets, taking high-risk/illegal jobs, and child labour. Rural areas reported a higher frequency of using wild food, hunting, harvesting immature crops or collecting food from wild plants compared with urban areas. Some 5% of the assessed sub-districts (six out of 121) report to have adopted this extreme coping mechanism.

## Livelihoods

- There were slight changes in the primary sources of income between 2013 (SINA) and 2014 (MSNA). Food crop production and sales has remained the primary source of income. With a growing focus on local food production for household consumption, given the above-mentioned main constraints to growing food locally and the need for inputs, there is a heightened need for livelihood interventions.

### d. Food security

#### Access and availability

- For the purpose of the assessment, the most important problems as well as their underlying factors were examined to provide a framework for understanding humanitarian needs. Underlying factors are divided into issues of availability: the physical presence of goods and services in the area of concern through all forms of domestic production, commercial imports and aid; and accessibility: the ability of as many people as possible to access and benefit from services and goods.
- Supply-side factors affecting stock held by traders and availability of products include limits of local production, regional procurement barriers (i.e., transportation, import border closures, import taxes, fuel for transportation) and weather (drought). Demand-side factors include change in household expenditures affecting the ability to pay, elasticity of demand (demand and supply are highly correlated in this context, given value chain factors also impacting inflation); reduced demand because of provision of food by NGOs/UN; negative coping strategies such as skipping meals, and exchangeability of items.
- Quantity:
  - In general, 97 out of 125 areas for which there is reliable evidence (78%) in the MSNA reported that quantity of food in the markets is moderate or high. The sub-districts reporting low quantities of food in the markets (18 out of 28) are mostly situated in rural Aleppo and Al-Hasakeh, with the majority experiencing high and sporadic fighting.
  - Food quantity was reported to be high more frequently in urban areas than in rural.
- Variety:
  - More than half of the assessed areas report intermittent variety of food in the market. Further, 38% report low variety of food. Low variety of food was most reported in Quneitra, Rural Damascus, Al-Hasakeh, Hama and Deir-ez-Zor. These governorates have experienced severe access constraints, as well as high intensity conflict and insecurity on supply routes.
  - Variety is perceived to be lower in rural areas and areas affected by frequent and sporadic fighting.
- Availability:
 

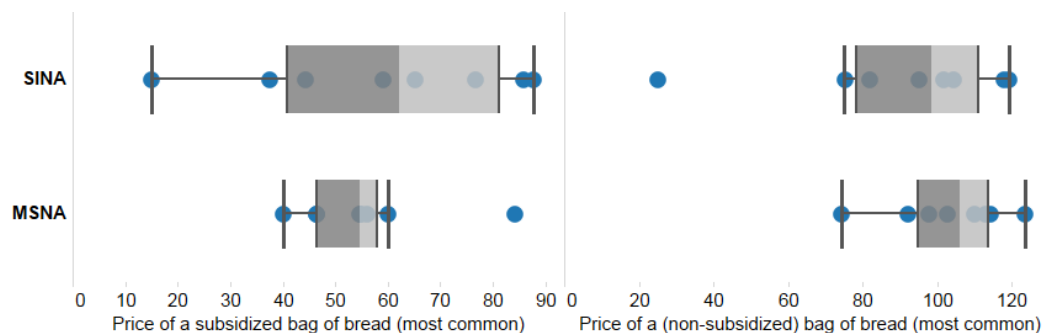
The main commodities generally missing from the markets were reported to be fuel/gas for cooking, fruits and vegetables. Milk and milk products and infant formula are among the most reported missing items. Fresh vegetables and fruits are also missing. The assessed areas in Quneitra reported that there are no markets. Lack of access to fuel has been found to be the second most reported constraint limiting food availability.
- Previous assessments have reported that in terms of market supply, markets are often able to replenish stocks within a week. However it is possible that lack of purchasing ability has reduced the amount of food required for replenishing stocks and it is possible that availability remains a problem.<sup>69</sup> In besieged areas the availability of food is a greater issue that appears to be greatly exacerbated by residents' stockpiling of food in response to the siege, thereby further reducing market supply.<sup>70</sup>

<sup>69</sup> REACH, Dayr az Zawr, June 2014.

<sup>70</sup> REACH, Dayr az Zawr, June 2014.

### Purchasing power vs loss in income

- The purchasing power is linked to the number of goods or services that can be purchased with a unit of currency. If one's monetary income stays the same, but the price level increases, the purchasing power of that income falls. Inflation does not always imply falling purchasing power of one's income, since it may rise faster than the price level.
- Purchasing power is largely impacted by price variability given supply-side factors, but potentially in this context it may be a result of demand-side factors.
- Key Informants described financial constraints as the major barrier to market access, though it is unclear if the issue is linked to price-setting and reduced purchasing power, or increased elasticity resulting from loss of income and adoption of negative coping strategies. The field research could not provide detailed answers to questions on purchasing power; however, given the correlation of supply and demand, both sides should be considered in market strengthening, economic recovery, and improving market access.



### Prices/Supply and demand elasticity

- Price elasticity of demand measures the responsiveness of the quantity demanded of a good or service to a change in its price. More precisely, it gives the percentage change in quantity demanded in response to a one percent change in price (holding constant all the other determinants of demand, such as income). In general, the demand for a good is said to be inelastic when the changes in price have a relatively small effect on the quantity of the good demanded. The demand for a good is said to be elastic when changes in price have a relatively large effect on the quantity of a good demanded.
- Demand-side factors: price-setting, and responses to price changes, i.e., cultural factors and coping strategies, fungibility/substitution of commodity with alternative sources.
- Supply-side factors: production, transportation to producers, connecting with wholesalers/traders with producers, poor quality of goods resulting from various factors affecting value chain (transportation, shipping material, weather, irrigation, fertiliser).  
In general, the prices of non-subsidised bread have increased (from a median value of 98 SYP in November 2013 to 106 SYP in August/September 2014) but the range of prices has decreased. This finding is surprising as that is against the seasonal price trends. This could indicate that prices will rise even higher. The variation from one sub-district to another has become less significant compared to SINA; bread prices are equalising across sub-districts.
- Prices of bread have significantly decreased in Aleppo Governorate, and this could be linked with humanitarian assistance provided in that governorate, particularly in the form of wheat flour. 12 of 35 surveyed sub-districts in Aleppo reported to have received wheat flour in the 30 days prior to the assessment. This may be explained by the fact that after ISIL took control of significant parts of Aleppo, it began providing wheat flour and fuel to bakeries, mainly due to their control of wheat silos in the north-east of Syria as well as oil fields in the east, which provided the group with the necessary financial resources to subsidise or provide these commodities free of charge. They established a supply chain that is controlled by ISIL leadership and they set prices and production amounts. They set the prices of commodities lower, so the prices of bread are lower. They also take a portion of the profits of the bakeries

to pay salaries for their growing staff. Prices have further decreased in Al-Hasakeh Governorate, where there was no wheat flour assistance provided, but wheat was harvested and reportedly not sold outside of the governorate due to access and movement restrictions.

- The number of functioning bakeries varies widely throughout Syria, with many damaged, and a number operating at less than maximum capacity. In cases where bakeries were closed or operating at less than maximum capacity, lack of flour, wheat and yeast were cited as primary reasons for this. In addition, lack of fuel, electricity and security constraints were mentioned as the main constraints to functionality of bakeries. At this stage it is not completely clear if the shortages mentioned were a result of limited financial capacity or lack of availability due to shortfalls in production or difficulties in access.

### Income and expenditure (Post Distribution Monitoring from Cash Based Assistance)

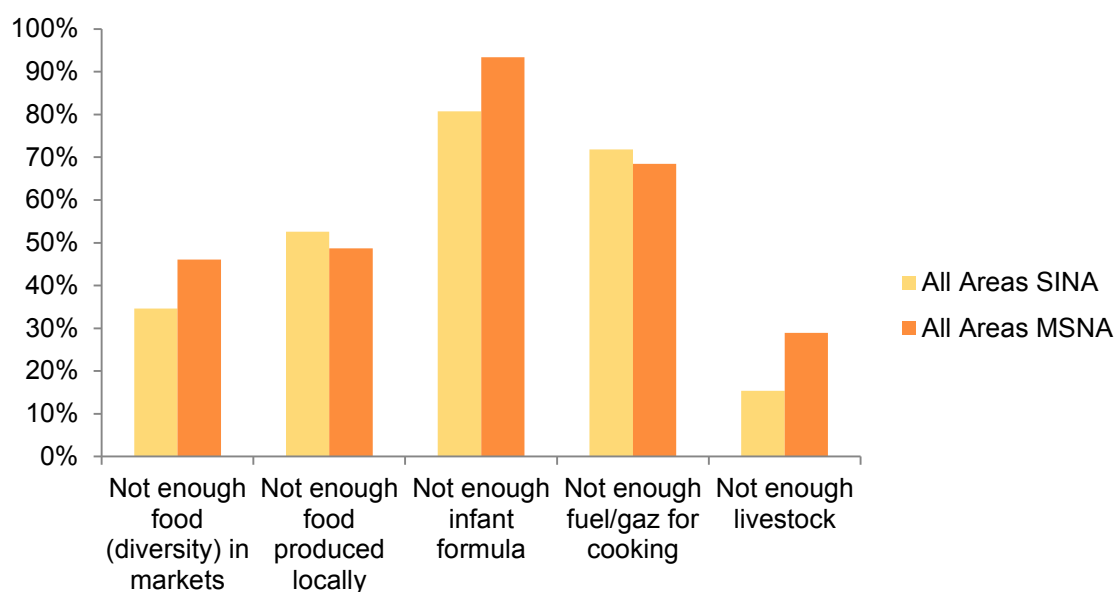
People have reduced ability to afford basic needs and often spend up to 50% on their household expenditure for food because of market factors and inflation and potential external factors such as larger family sizes.

- Inflation/exchange rate:
  - Financial constraints (amplified by inflation and exchange rates) were highlighted as a major barrier to market access.
  - Purchasing Power Parity, inflation and exchange rates: If two countries have differing rates of inflation, then the relative prices of goods in the two countries, such as bread, will change. The relative price of goods is linked to the exchange rate through the theory of Purchasing Power Parity (PPP). PPP tells us that if a country has a relatively high inflation rate, it is highly likely the value of its currency will decline.
  - Inflation can occur at many levels and be multifactorial. The exchange rate is out of humanitarian actors' control and determined by the basket of goods. Both have significant implications on value chain and are correlated.
  - Exchange rates mostly affect regional procurement either via suppliers or via NGOs into Syria, which could have implications on volume of market demand.
  - Inflation occurs across time and place, has significant implications on purchasing power and hence on consumers' willingness to pay for certain goods at an individual market, in turn contributing to elasticity of demand.
- Projections:
  - The MSNA was conducted during the most food secure time of year, and yet prices have still gone up, indicating that the situation will deteriorate, raising concerns for this winter.
  - The changing access to fuel should be monitored, as it could affect all value chains.
  - Continued reductions in cross-border access will most likely negatively impact inflation and market access.

### Availability

- **Infant Formula:** The first and most commonly cited food-related shortage over time is a lack of infant formula, which is consistently reported in short supply across multiple assessments and over time. When asked about the main food availability issue, 81% of assessed areas (101 of 125) show the lack of infant formula on the market as being the most reported problem. Among the main commodities generally missing from the markets and shops, milk and milk products are among the most reported and infant formula was mentioned.





While KIs were not asked to identify vulnerable age groups at risk of food insecurity, the debriefing process highlighted infants and children as an affected group because of the absence of infant formula and generally prohibitive pricing wherever it is available.

- **Negative coping mechanisms**, such as feeding children food that is not suitable for their age, including other types of milk or rice with water, were reported. The lack of adequate infant cereal/foods to feed children aged 6–24 months was also reported as an availability issue in 55 assessed areas (44%) and predominantly so in Idleb, Aleppo, Dar'a and Ar-Raqqa, highlighting the potential for the development of child malnutrition.
- **Availability of Fuel:** Reported supply-side factors influencing the availability of fuel included: production, transportation to producers, connecting with wholesalers/traders with producers, poor quality of goods due to various factors affecting value chain such as transportation, shipping material, weather, irrigation and fertiliser.
- **Local Food Production:** Inadequate levels of local food production were reported as one of the main issues impacting food availability in half of the assessed areas (66 out of 125).

#### Constraints to food production/inputs missing from the markets

- When asked about constraints to food production, the majority of sub-districts reported the lack of inputs such as fertiliser, seeds, and tools as the main obstacles to producing food locally. Fertiliser has also been reported as the main input missing from markets, followed by seeds and tools.
- Lack of fodder is the second most reported constraint to local food production, which can be attributed to the lack of water. Lack of water was mentioned as a constraint to local food production in Idleb, Aleppo and Rural Damascus.
- The inflationary prices of agricultural inputs are also placing added pressure on an already stressed sector. An agricultural assessment conducted in Ar-Raqqa in July found that the most commonly cited challenges for food production were tied to loss of agricultural inputs, loss of cultivated land, loss of livestock and difficulty accessing reliable water resources due to the lack of fuel/electricity for pumps and the general need for pumps<sup>71</sup>. In addition, the collapse of Syria's veterinary services, notably the closing of the only manufacturing facility for vaccines and difficulties in importing these from Turkey, have greatly increased the risk of livestock diseases. In Al-Hasakeh Governorate, it has been estimated that 85% of livestock have been exposed to viruses and poultry production has decreased by 80%<sup>72</sup>. In Al-Hasakeh, Deir-ez-Zor and Dar'a, findings indicate that the highest constraints in local food

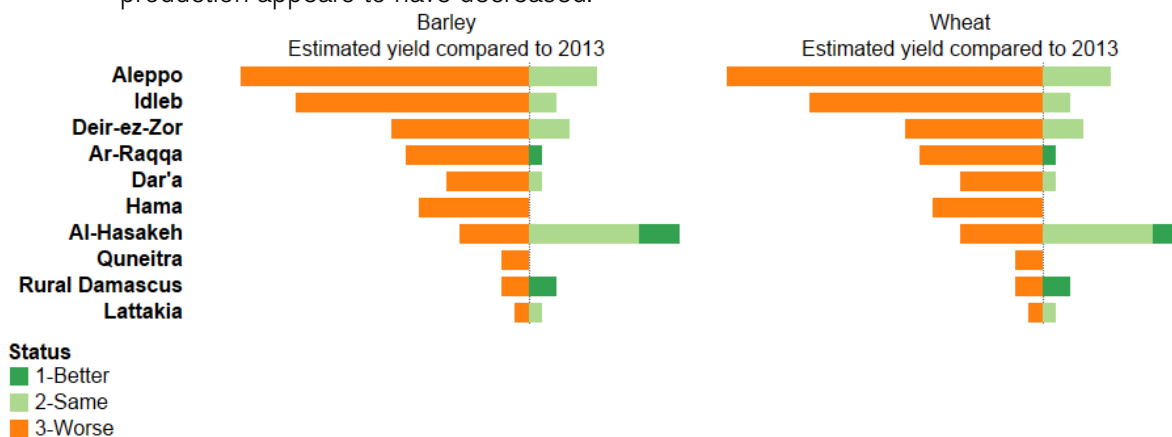
<sup>71</sup> SREQ, The Agriculture Livelihood Situation in Raqqa, Syria, May 2014; REACH, Urban Factsheet: Eastern Aleppo, July 2014.

<sup>72</sup> Syria Needs Analysis Project, Quarterly Regional Analysis Syria - Part 1, 3 July 2014.



production were linked to livestock, including lack of veterinary services and outbreaks of animal diseases.

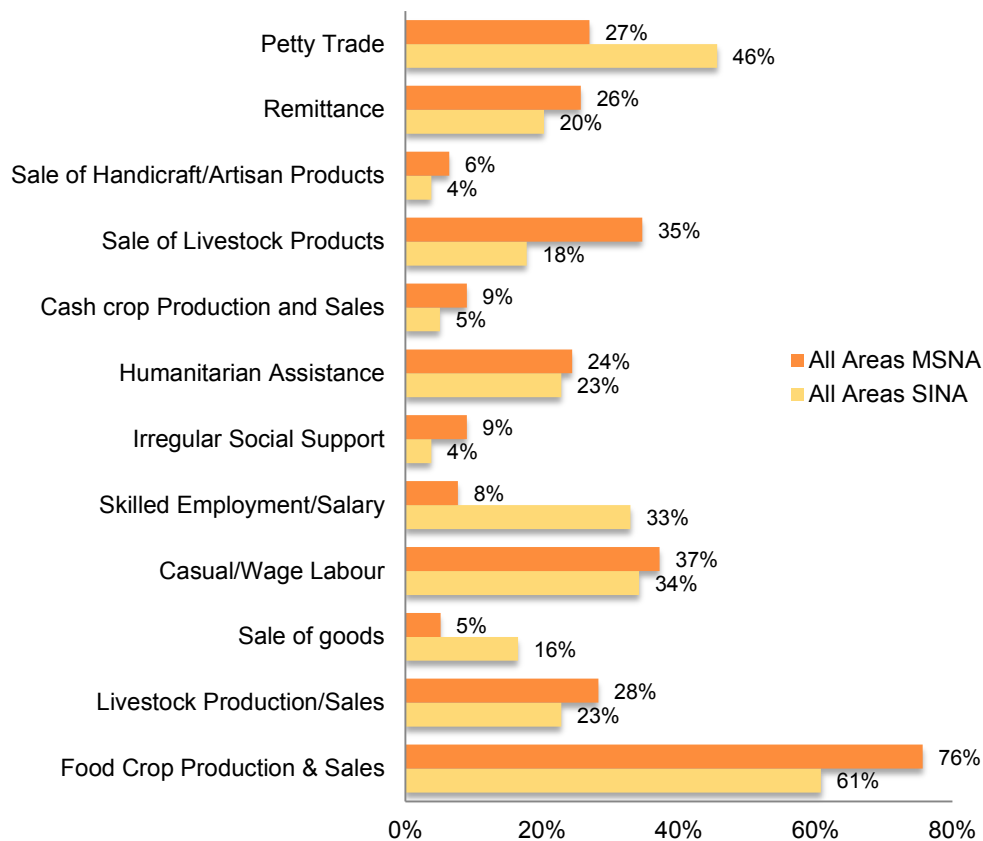
- The crisis has affected agricultural production, exacerbated by low precipitation rates recorded in 2014. According to FAO estimates, wheat production is down by 50% relative to the 10-year average. The MSNA found that food production for household consumption and small-scale trade continue to be one of the three main sources of food for the population surveyed. Purchasing food from markets and food assistance were the primary and secondary food sources, respectively. The impact of reduced wheat and barley production, high prices of fuel, and damage to irrigation infrastructure have led to increased reliance on rain-fed crops. These are more susceptible to reduced yields at times of low precipitation and production appears to have decreased.<sup>73</sup>



### Primary Sources of Food

- Comparing the main sources of food reported in 2013 and 2014, localised food production for household consumption has remained stable or slightly increased, even in areas reporting to expect reduced yields of wheat and barley such as Aleppo, Idlib and Deir-ez-Zor. Localised production has significantly decreased as a main source of food in areas assessed in Dar'a, Quneitra, Rural Damascus and Lattakia. In these governorates, KIs reported risk of heightened food insecurity during the upcoming winter and particularly so in besieged areas, as the lower temperatures will prevent local production from continuing. It was also reported that families in these areas that were able to harvest their plants had more to eat than others.

<sup>73</sup> Syria Needs Analysis Project, Quarterly Regional Analysis Syria - Part 1, 3 July 2014.



### Access

- Lack of money: The primary constraint in accessing food across Syria is economic. With decreased income-generating opportunities and increasing prices, households are experiencing increasing difficulties in meeting basic food requirements. In April, there was a 20% increase in the price of gasoline, and bread prices have been noted to increase upwards of 900%. In some areas, markets remain open and well stocked, but residents are facing difficulties accessing them because of the state of the roads and/or security concerns. As such, the second most reported issue impacting access to food is insecurity. Thirdly, the lack of adapted services for persons with disability is further hampering access to food.
- In the MSNA, three in four assessed sub-districts reported lack of money to be the biggest factor constraining access to food. While food is reported to be available in the markets, even if of poor quality and not in sufficient quantities, prices remain very high. In Dar'a, one shop owner reported that he could not sell in two months' time the quantity of rice that he could previously sell in one day, indicating that demand for food sourced from private vendors has plummeted with decreased incomes. Prices have gone up significantly because of increased production costs, coupled with decreased yields and increase in fuel prices; however, the underlying cause for lack of access to food is lack of and continued erosion of livelihood opportunities.
- Across all assessed areas, when asked to rank the main expenditure for the population in the sub-districts, food was the main expenditure, followed by expenses on energy (fuel, wood, charcoal, electricity, gas, petrol) and water. Below-average precipitation levels, lack of pumps and lack of fuel and electricity for pumps are further contributing to the high prices of water among the top three expenditures. The majority of the population also reports to be depending on trucked water for drinking and prices for potable water have significantly increased.

### Utilisation and Stability

- While stability cannot be effectively measured in a situation as fluid as the Syrian crisis, utilisation can be measured with detailed information on food consumption and nutrition. At present, there is a large information gap with regards to nutrition. Reports suggest that a number of children are malnourished and that lack of access to food is resulting in decreasing nutrition, but more concrete and detailed information is required to effectively analyse the nutrition status inside Syria. While a KI approach does not provide in-depth data on malnutrition, it will be investigated through other information sources and planned and ongoing assessment initiatives.
- Beyond the issues previously mentioned regarding infant formula, there is no specific information on the quantities of food people consume. Assessment reports suggest that people perceive the food they are consuming as too little.
- In the MSNA, 53 out of 126 assessed areas reported that the total amount of food that people were eating in the 30 days prior to the assessment has generally decreased, with the highest percentages of decrease in Dar'a, Quneitra, Hama, Al-Hasakeh, and Aleppo. In Quneitra, Dar'a and Al-Hasakeh this could also be linked to the adopted coping mechanisms of reducing the number of meals eaten per day. A further 51 areas report that the amount of food consumed remained stable (the same) in the 30 days prior to the assessment. It is important to note that the assessment was conducted soon after the fall harvest, so access to food in the prior 30 days was likely higher than in previous months.

### Coping Strategies

- A number of negative coping strategies have been identified in past assessments. These include selling assets, and taking high-risk/illegal jobs.
- In the framework of the MSNA, coping mechanisms mentioned included sending children to beg or engage in income-generating activities. Particularly, child-headed households were of concern for health risks, as they were often exposed to child labour in agricultural areas, recruited into armed groups or forced to accept hazardous jobs such as oil refining in Al-Hasakeh and Deir-ez-Zor.
- The MSNA found several differences between coping strategies in urban versus rural areas. KIs in urban areas reported slightly more areas where people coped by reducing the number of meals eaten in a day compared with rural areas. Urban areas also adopted more negative coping strategies, such as adults restricting their consumption so young children could eat, and sending household members begging. This difference might be accounted for by the higher concentration of IDPs in urban centres and the higher competition over food and income resources compared to rural areas. Rural areas reported a higher frequency of using wild food, hunting, harvesting immature crops or collecting food from wild plants compared to urban areas. Some 5% of the assessed sub-districts (6 out of 121) report to have adopted this extreme coping mechanism.
- In the agricultural sector, farmers are switching to lower cost animal labour and watering down fuels to stretch usage. There was limited mention of these in the recent assessments. More detail has been provided in assessments conducted in 2013 (namely the assessment by the Assessment Working Group for Northern Syria which noted that foraging in garbage was becoming common).

### e. Livelihoods

- The primary constraint in accessing food across Syria is economic. With decreased income-generating opportunities and increasing prices, households are experiencing increasing difficulties in meeting basic food requirements.
- Where information was available over the last six months, unemployment and poverty rates were high, with 70% unemployment rates in Al-Hasakeh and 80% of people living below the poverty line in Deir-ez-Zor. In general, sources of livelihood were mentioned as limited. In a number of cases the only reported sources of income were sale of assets and depletion of

savings, suggesting that no durable source of income was available. In one REACH report enumerators mentioned they observed a number of households with no assets left to sell, meaning that asset depletion has begun to take hold, forcing households into severe, negative coping mechanisms such as collecting wild berries and begging for food.

- Main Sources of Income reported in the MSNA: There were slight changes in the primary sources of income between 2013 and 2014. Food crop production and sales have remained the primary source of income. With a growing focus on local food production for household consumption, the previously mentioned constraints to growing food locally, and the need for inputs, there is a heightened need for livelihood interventions. This is not necessarily reflected in the 'interventions most urgently needed' as stated by KIs and there are very few livelihood interventions taking place.
- While in 2013 skilled employment and salaries was the second most important source of income, in 2014 it was the sixth most important, replaced by petty trade. As a number of skilled workers have left Syria and the provision of government salaries has been seen to decrease (some sub-districts report that only 5% of government employees still receive salaries), it is possible that skilled employment and state structures are a less dependable income source or that most skilled labourers have left Syria seeking dependable income elsewhere. During the MSNA, support to teacher's salaries was ranked as the second most urgently needed intervention in Education (similar concern was also highlighted with regard to health staff).
- In addition to petty trade and casual wage labour, humanitarian assistance has further increased in importance as a source of income in 2014 compared to 2013, particularly in areas that have reported a significant decrease of food crop production and sales as income sources, such as Rural Damascus, Dar'a, Quneitra and Hama, but also Idleb and Aleppo. Idleb and Aleppo have further faced a significantly reduced harvest of wheat and barley. The increase of importance of own production as a food source and the decrease of food crop production as an income source are pronounced in these governorates. There has also been an increase witnessed of high risk/illegal jobs compared with last year. Smuggling, sales of weapons and contraband items, labour in oil extraction and refining are reported in Lattakia, Deir-ez-Zor and Ar-Raqqa, where armed groups are engaging in crude oil extraction and employing children and minors to perform hazardous jobs.
- Though small-scale farming and livestock herding continue, a UN mission to Aleppo in March 2014 found that the main pre-crisis vocations of industry and agriculture had been significantly affected by the conflict, resulting in widespread poverty. In Ar-Raqqa Governorate, agricultural livelihoods have shown some resilience according to an assessment carried out by the Syria Research & Evaluation Organization (SREO). Though employment remains high in the sector, profits have fallen, and residents are relying on diversifying livelihood opportunities, and accepting reduced wages to remain employed. Farmers are also shifting the focus of production from cash crops to cereals and vegetables, which have higher value in the local market.

#### f. Coverage and capacity

- 84 out of 125 of assessed areas reported that less than 25% of their needs are covered by the current humanitarian response. Rural areas report clearly to be less served than urban areas, and areas experiencing conflict have less support to meet their food needs than areas with no fighting.
- The main type of support reported were food baskets, followed by wheat flour and bread. Some 24 out of 126 areas report no food support in the 30 days prior to the assessment. With the high importance of local food production both as a source of food and income, the lack of timely agricultural support is alarming, given the early onset of rain in September. Only three sub-districts stated they had received agricultural support, two of them in Rural Damascus.

- In November 2013, the priority interventions required included wheat flour, food baskets and infant formula. Considered alongside food assistance received, wheat flour has decreased in the ranking of urgently required interventions, which reflects the successful provision of assistance.

### g. Conclusion

- More than three years into the crisis, there remains very limited information on food security and livelihoods. At present, 'food security' is defined by the KIs used for each assessment and is thus not standardised. It is also difficult to verify the information currently available. A detailed, sector-specific, assessment is required to better understand the current situation. However, until access permits more quantitative assessments, it is clear from repeatedly reported information that access to food is the primary concern and the main constraint is lack of income. With decreasing or no purchasing power, households are resorting to extreme coping strategies in order to meet basic needs. The low rainfall of the previous season and resulting reduction in agricultural production may exacerbate this. In a country where food is frequently cited as the primary need it is necessary to closely monitor the situation.
- Nearly all actors in every value chain have been disrupted, which impacts supply-side factors; this is highly correlated with demand-side factors. Both contribute to significant access barriers and availability of stock throughout Syria. Not too many areas of improvement in the value chain are expected if the crisis continues, and particularly as income dwindles and households use up their remaining assets and adopt further negative coping strategies. When winter comes, all these challenges will be exacerbated.

### h. Information Gaps

- A detailed sector specific-assessment with household-level quantitative data where possible is urgently needed.
- There is limited data available on market functionality.
- Specific information needed: up-to-date value chain analyses, market monitoring data (CBR-TWG will be filling this need), etc. to support the MSNA findings and provide more robust conclusions on the strength of markets across all of Syria, the myriad of challenges associated with accessibility and availability, and its implications on food security at a macro-level
- Further research on market capacity, to improve understanding of dynamics of stock and diversity of available items.
- More detailed information on the main sources of income (rural/urban, regional, seasonal, and gender-specific) is urgently needed and is considered a serious information gap.

## HEALTH

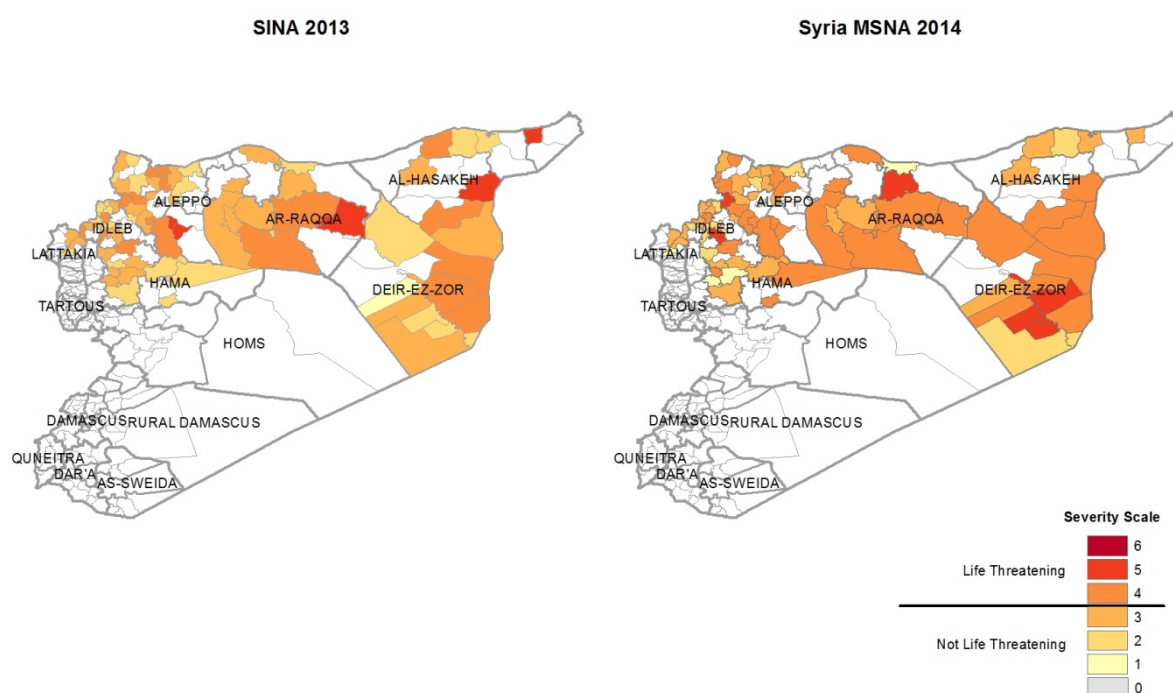
### a. Direct Conflict Impact: Access, Trauma & Emergency

By the end of 2013, the direct impact of the conflict on health services and infrastructure was perceived as the main reason of the deterioration of this sector in Syria.

Within the first three months of 2014, the number of people in acute need of health services was reported to be 726,019 with Aleppo, Rural Damascus and Deir-ez-Zor being the most affected areas<sup>74</sup>. Halfway through 2014, health facilities continued to be targeted, and provision and delivery of services was increasingly difficult; for example, in Ar-Raqqa, armed groups were preventing entry of medical supplies from outside the governorate<sup>75</sup>. Physicians for Human Rights (PHR) reported 191 deaths caused directly by the denial of access to medical assistance, and 468 medical personnel killed since the beginning of the conflict.<sup>76</sup> By March 2014, bombardments were continuous and plans were being explored to move health services underground. Most pharmacies are either closed or partially functioning in Aleppo City, while dialysis centres function only two days a week. Anaesthesia and chronic disease medications, as well as human resources such as vascular and orthopaedic surgeons, are scarce. Finally, many health centres are closed or operate below capacity, as electricity is severely limited. Many facilities report to be without piped water.

### b. Scope and severity

**SINA vs MSNA Health Severity**



35% of assessed sub-districts (or 45 out of 127) report life-threatening health problems compared to 47% during SINA. Of those 10 in the highest severity category (severity level 5, critical life-threatening problem), eight are rural areas, with half of them in Aleppo and half in Al-Hasakeh. Some 3.9 million

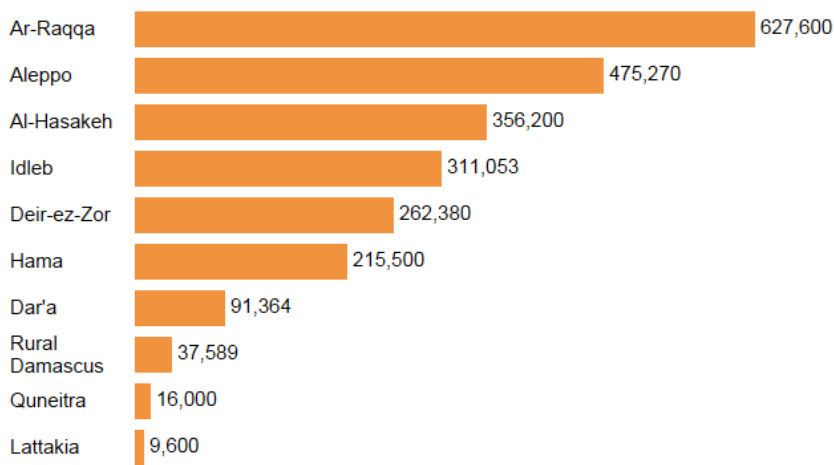
<sup>74</sup> IMU-ACU, Dynamo Report v.2, May 2014.

<sup>75</sup> Syrian Integrated Needs Assessment (SINA), December 2013.

<sup>76</sup> Physicians for Human Rights, 23 July 2014, <http://physiciansforhumanrights.org/press/press-releases/may-marks-deadliest-month-for-medical-personnel-in-syria-june-was-second-highest-for-facility-attacks.html>, accessed 27 October 2014.

people are reported to live in these areas, which state life-threatening concerns with regard to health, and are thus potentially at risk.

### c. People in Need



A total of 2.4 million people were reported to be in need of health assistance in September 2014, with Ar-Raqqa Governorate reporting the highest number, with more than 627,000 in need, followed by Aleppo and Al-Hasakeh. These governorates have faced significant restrictions in humanitarian access, high levels of conflict and lack of access to functioning health facilities.

facilities.

An assessment in Dar'a Governorate at the beginning of 2014 covered a population of 692,000 people across 12 of the 17 sub-districts. Some 83,000 of the assessed population were in need of lifesaving health support and 249,120 were reported to be in moderate need. The lower number of PIN in Dar'a could possibly be due to the lower coverage of assessed areas in the MSNA (41%) compared to the Dar'a assessment (70%). In Quneitra, a total of 156,300 people (57% of total assessed population) needed humanitarian health assistance, of which 9,850 (3.5 % of total population) were found in acute need of health assistance.<sup>77</sup>

### d. Health status

According to KIs the population health status deteriorated in the three months preceding the assessment in 59% of the assessed sub-districts, while in 35% the status remained stable. Deterioration of the health status was the result of increased fighting, besiegement such as Afrin district (Aleppo) or Deir-ez-Zor City and/or lack of access to humanitarian assistance, such as in rural areas.

### e. Vulnerable Groups

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Infants/toddlers < 5 years old											
Older persons (60+ years old)											
Children (5 to 12 years old)											
Women (18-59 years old)											
Men (18 - 59 years old)											
Youth female (13-17 years old)											
Youth male (13-17 years old)											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

In the 126 assessed areas, KIs ranked infants/toddlers under five to be the age-group most at risk of health concerns, especially in rural areas, followed by older persons (60+ years) and children between the ages of 5 and 12 years. Rural areas are underserved in all aspects and quality services more expensive to reach.

<sup>77</sup> MSNA, March 2014.



Children under the age of 15 years account for about 50% of the population in many areas; yet there are few paediatric or neonatal health structures. The lack of reproductive health care services was highlighted throughout the debriefing of enumerators.

Security constraints were highlighted as a major constraint, especially for women and children in accessing health services. Highlighting security constraints obstructing access to health facilities, according to Physicians for Human Rights, since April 2014, Aleppo Governorate has experienced the greatest number of attacks on health facilities, with 52 attacks, of which 13 involved barrel bombs<sup>78</sup>. During MSNA data collection there were several reports of health facilities being targeted and sustaining damages in Aleppo, Ar-Raqqa and Rural Damascus.

Ranking vulnerable groups generally, the chronically ill, persons with disabilities and child-headed households were identified as being the most vulnerable social groups at risk of health concerns. Child-headed households were of particular concern in Al-Hasakeh. Child-headed households ranked even higher in areas with sporadic fighting. In these areas children are often exposed to child labour in agricultural areas, recruitment into armed groups or forced to accept hazardous jobs such as oil refining.

Persons with disabilities are ranked to be particularly at risk of health concerns in areas of frequent fighting and in urban areas, which highlights their vulnerability in areas of active fighting, where their movement and the availability of health services are restricted.

The DYNAMO (Dynamic Situation Monitoring Report) assessment reported in July that 61% of the mortality and 67% of those injured by conflict are men; while 11% and 16% respectively are children under five.<sup>79</sup> According to a report on refugees in Syrian neighbouring countries, in seven areas of Jordan and Lebanon with high concentrations of refugees in rural, peri urban, urban, and camps, 22% of 3,202 surveyed Syrian refugees have a disability; 6% have a severe impairment and 80% of injuries were sustained as a direct consequence of war in Syria.<sup>80</sup> An unpublished assessment found that about 15% of the study population in Menbij area had a disability. There are limited health infrastructures that facilitate access to people with disabilities through adding ramps and appropriate toilets for ease of access.

#### f. Health issues

The health issues affecting most people across all assessed areas were reported as skin diseases, civil conflict related injuries, diabetes, and psychological trauma.

With regards to skin diseases, water shortages across the assessed areas reducing availability of clean water, coupled with the high temperatures of the summer, the lack of waste management and the high number of people in collective shelters and crowded spaces have caused skin diseases such as scabies and Leishmaniasis to spread. The lack of water was reported to be a key constraint affecting hygiene practices across the assessed areas. Particularly sub-districts in Hama reported an increase in Leishmaniasis, and Suran sub-district in particular reported 400 cases of Leishmaniasis and the lack of medicine to treat the disease. While skin diseases and diarrhoea were reported more frequently in rural areas, civil conflict related injuries continue to be the key health concern in urban areas and particularly so in areas experiencing frequent fighting in the 30 days prior to the assessment. Rural Damascus, Quneitra, Aleppo and Dar'a reported the highest numbers.

The second most common health concern is conflict related-injuries. Conflict-related injuries were the main health concern in the assessed areas in Rural Damascus, Quneitra, Aleppo and Dar'a. Already in January 2014, an assessment carried in Dar'a Governorate found that the most reported health issues were direct conflict impact (24%), followed by communicable diseases (21%) and mother and child

<sup>78</sup> Physicians for Human Rights, 23 July 2014, <http://physiciansforhumanrights.org/press/press-releases/may-marks-deadliest-month-for-medical-personnel-in-syria-june-was-second-highest-for-facility-attacks.html>, accessed 27 October 2014.

<sup>79</sup> Assistance Coordination Unit (ACU), Dynamic Monitoring Report, DYNAMO, July 2014, Issue No. 3.

<sup>80</sup> Source from Nutrition Working Group, 2014.

diseases. Conflict related injury treatment (needing referral) was also reported to be inadequate in Quneitra Governorate, with treatment sometimes provided by Israel.<sup>81</sup>

Conflict-related injuries ranked very high in Lattakia in conjunction with psychological trauma. The assessed areas in Lattakia are contested and subject to continuous conflict, resulting in a high number of conflict-related injuries coupled with a low capacity of the health services to treat these injuries. In general, psychological trauma ranked higher in urban areas. In Lattakia, psychological trauma is reported particularly in sub-districts where cases of SGBV have been prevalent. Due to the fact that mental health services are not available in most of the health facilities and there are many cases of anxiety and psychological traumas misdiagnosed as physical illness, the increase in cases of psychological and mental health related conditions is expected to be significant. In Deir-ez-Zor there were around 100 cases of anxiety reported during the month of August in one health centre alone.

### Communicable diseases

More than 7,000 suspected measles cases have been reported in Syria since mid-2013, especially in Aleppo, Ar-Raqqa, Idlib and Deir-ez-Zor. Suspected measles cases rank high in Deir-ez-Zor, where the majority of cases were reported in September. In Quneitra, 11 cases of suspected measles have been reported through the EWARS since the beginning of the year, eight of which were reported in one week in late May. Although access to health facilities for many residents in Quneitra is a major challenge, this spike in cases is notable and should be monitored in the coming months, particularly because of seasonal water shortages.

Since 2013, there have been 80 reported Acute Flaccid Paralysis cases, 13 confirmed Wild Poliovirus (WPV) cases, and 29 clinically compatible Polio cases. There has been a breakdown in routine EPI services: the difficulties around re-establishing routine EPI include cold-chain needs and security issues such as active conflict preventing vaccinations services<sup>82</sup>. The lack of water hampering hygiene practices, coupled with high temperatures in summer and the lack of solid waste management have resulted in an increase of communicable diseases including 13 cases of Visceral Leishmaniasis in Aleppo. Zoonotic diseases are also a concern – most recently several cases of H1N1 flu were reported in Hama. Finally, increasing numbers of Tuberculosis (TB) are being reported, especially in Aleppo<sup>83</sup>. Owing to contamination of water sourced from the Euphrates River and heavy armed conflict in Deir-ez-Zor, there has been an increase in waterborne diseases<sup>84</sup>. WHO reported approximately 2,600 cases of typhoid in Syria, 76% occurring in the first six months of 2014. For week 35, Fever of Unknown Origin (FUO) accounted for 31% of morbidities among under 5 year olds, and for 78% of those above 5 years of age. Other diseases, such as Acute Jaundice Syndrome (AJS) runs second with 24% for those under 5 years and 11% for those above 5, while acute diarrhoea afflicts 15% of under 5's. WHO has also reported that the current availability of safe water supplies is one-third of pre-crisis levels and one-third of water treatment plants are no longer functioning, further putting the population at risk of waterborne diseases<sup>85</sup>.

### Reproductive health & child health services

Reproductive health services continue to be of concern in terms of accessibility and quality. Obstetrician/Gynaecologists (OBGYN) are scarce. There is a reported lack of available female staff, referral systems remain weak and hospital births are poorly followed up. Previously, it was reported in several sub-districts in Deir-ez-Zor that 80% of women were delivering at home with the assistance of midwives. Several sub-districts report that women have to travel to other governorates to deliver because of the lack of reproductive health services.

### Nutrition

Chronic malnutrition, lack of food diversity, and an increase in the number of consultations for anaemia have been reported. Cases of malnutrition were reported in Ar-Raqqa, although neither chronic nor acute malnutrition were reported to be priority health concerns in Ar-Raqqa during the MSNA, despite

<sup>81</sup> OCHA Jordan sources, July 2014; Area of Origin Survey 10 Draft, May 2014; Area of Origin Report 10, June 2014.

<sup>82</sup> Early Warning Alert & Response Network (EWARN) Turkey based North Syria Bulletins.

<sup>83</sup> Early Warning Alert & Response Network (EWARN) Turkey based North Syria Bulletins.

<sup>84</sup> Syria Needs Analysis Project, Quarterly Regional Analysis Syria – Part I: Syria. 3 July, 2014.

<sup>85</sup> WHO, WHO response to the conflict in Syria, Situation Report #3, 01 June 2014/ UNICEF-WHO, Outbreak in the Middle East – War opens door to an old enemy: Polio, July 2014.

the fact that the Governorate reported micronutrient deficiencies in the MSNA. A recent assessment in eastern Aleppo reported an increase in the vulnerability of children under 5 to deterioration in nutritional status because of an increase in communicable diseases and inaccessibility to infant formula,<sup>86</sup> while another assessment (ENA-SMART) in Idlib shows no acute malnutrition (0.8%).<sup>87</sup> While KIs were not asked to identify vulnerable age groups at risk of food insecurity, the debriefing process highlighted infants and children as being an affected group, owing to the absence of infant formula and its generally prohibitive pricing. Negative coping mechanisms such as feeding children food that is not suitable for their age, including other types of milk or rice with water, were further reported. In addition, the lack of adequate infant cereal/foods to feed children aged 6-24 months was an availability issue in 55 assessed areas (44%) and predominantly so in Idlib, Aleppo, Dar'a and Ar-Raqqa, which highlights the potential for the development of child malnutrition.

### g. Health availability issues

Across all assessed areas in the ten governorates, the most reported problem in availability of health services is the lack of medicines, medical equipment and medical staff, especially in rural areas, while in urban areas the lack of specialised services was also noted.

Deir-ez-Zor City, for example, reports a lack of medical staff and shortages in medicines and equipment, with only one functional hospital in Government-controlled areas not being able to cover the needs of all resident population. In January 2014, an assessment of Dar'a Governorate found the main reasons for health facilities to not be functioning is lack of medicine, lack of medical staff and lack of electricity, but also other conflict-related damage.

The fourth most mentioned problem in availability of health services was the lack of assistive devices such as wheelchairs, which was particularly reported in Aleppo, Ar-Raqqa and Dar'a- all of which also reported war-related injuries to be a serious health concern. In these governorates, persons with disabilities also ranked high as a group being vulnerable to health risks.

The lack of female medical staff is particularly reported in Dar'a, Rural Damascus, Ar-Raqqa, Deir-ez-Zor and in ISIL-controlled areas, where it is of a particular concern as male doctors are not allowed to examine or treat female patients.

In general, the health workforce is weakening as health staff is either under attack, flee the country for safety, or leave for higher salaries in safer areas near the borders. Sometimes unqualified staff provides health services, an issue of particular concern in Ar-Raqqa, Hama, and Idlib.<sup>88</sup> In addition, the health workforce has been further affected as the GoS has stopped paying health professionals' salaries in areas controlled by armed groups.<sup>89</sup>

In addition to the availability, there are issues related to the quality of the health services. It seems that many experienced medical staff fled the areas where they used to work. Concerns prevail related to capacity and experience of the health service providers; cases where midwives are performing caesarean sections or a medical assistant inducing general anaesthesia are reported. There is a lack of training initiatives for medical staff on primary health care programmes, reproductive health programmes, and vaccination programmes.

### h. Health accessibility issues

The lack of financial means was reported to be the main obstacle to accessing health care. In one of every two assessed sub-districts (65 out of 126) KIs reported that health care services were too expensive, particularly in rural areas.

Several sub-districts reported that while there are health services provided by private practices, their services remain too expensive for most of the population and do not provide free-of-charge services.

<sup>86</sup> REACH, Syria Crisis Food, Health And Water Assessment, July 2014.

<sup>87</sup> PAC Idlib Malnutrition Assessment, June 2014.

<sup>88</sup> Syrian Integrated Needs Assessment (SINA), November 2013.

<sup>89</sup> Syrian Integrated Needs Assessment (SINA), November 2013.

Currently, private health providers are not supported through humanitarian programmes and thus their services remain non-accessible for a large proportion of the population.

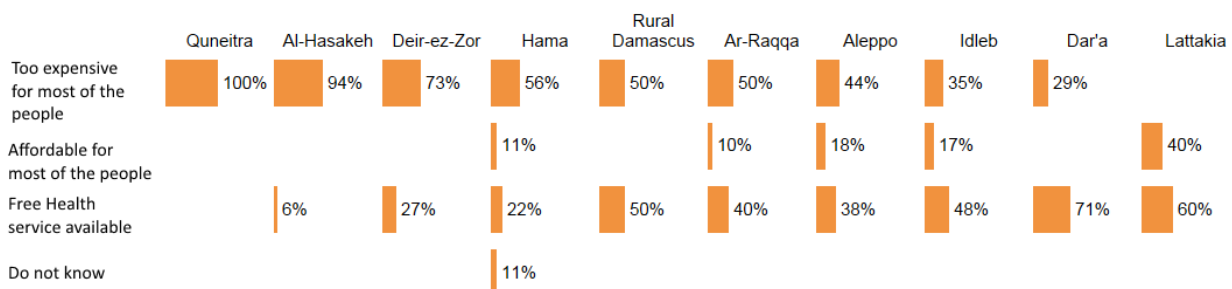
The second most reported constraint to accessing health care is the lack of adapted services for persons with restricted mobility, and mostly so in rural areas.

Across all assessed sub-districts the lack of nearby health facilities as well as the logistical and security constraints to access these has been highlighted. In addition to patients having to travel up to 160km to reach the nearest hospital, in many cases these hospitals are also private and thus patients incur high costs for both treatment and transportation. Private clinics often do not provide specialised services and services for women, older persons and children. Patients from Hole sub-district in Al-Hasakeh have reportedly been transferred to Ar-Raqqa City (which is 160km away) as conflict-related injuries are not possible to treat in Al-Hasakeh City. KIs report that in Suran sub-district in Hama, a population of 35,000 distributed over 20 villages is served by only one pharmacy and one ambulance with no medical facilities.

Generally, the hospitals are located in the centre of the sub-districts, which means that the surrounding areas can be within a 20 to 40 km radius away from the nearest health care facility. Given the lack of reproductive health care services and services for women, several sub-districts report that due to the lack of these services women have to travel to other governorates to be able to deliver - and risk death on their way.

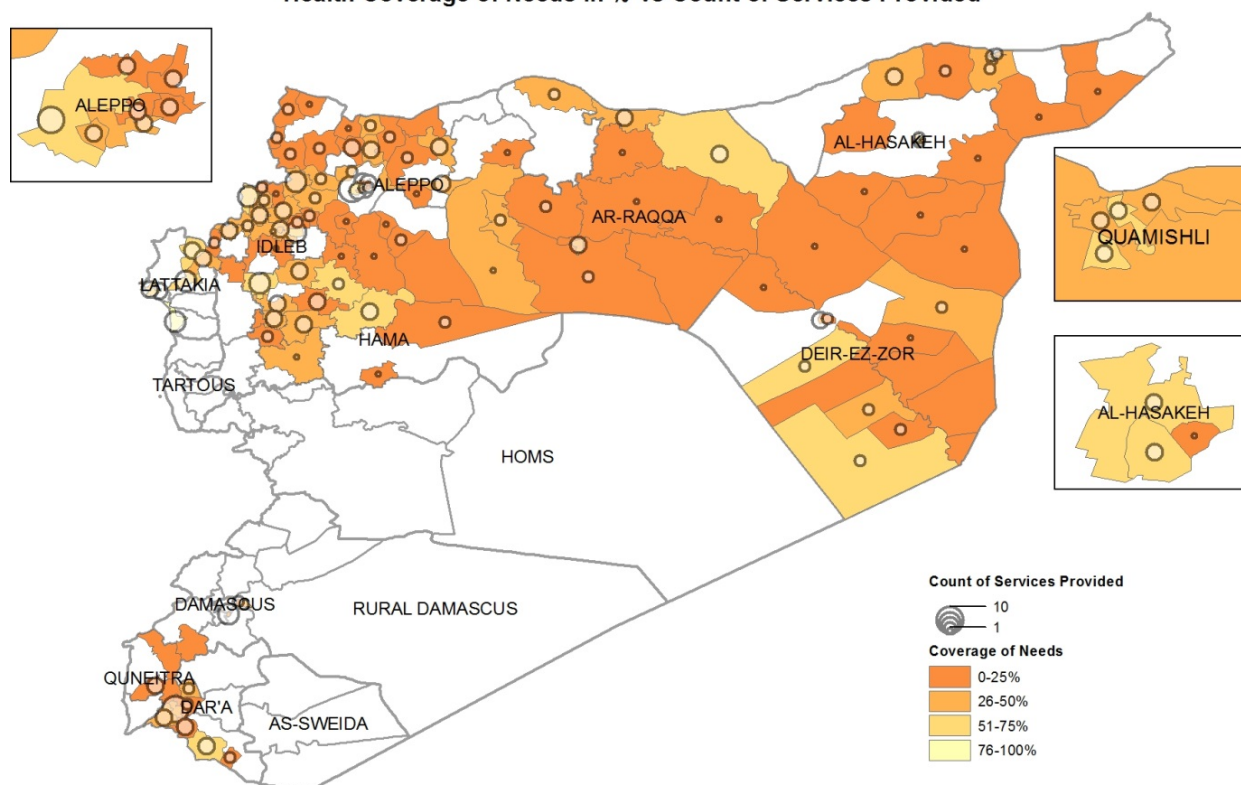
### i. Coverage

Health services are provided free of charge mostly in Dar'a, Rural Damascus, Lattakia, Idleb and Aleppo, where public health care facilities are either still functioning to a high degree or humanitarian assistance is being provided. More rural areas report health care to be expensive compared to urban areas, which have more frequently reported that services are available free of charge. Larger public health care facilities and services are mostly located in the (urban) centres of the sub-districts, whereas the rural periphery is less served and if so, then by more expensive private practices or hospitals. Comparing the cost of available services to the reported level of coverage of health needs per sub-districts, it becomes clear that services are particularly expensive where the need is high and the coverage of available services very low.



In general, the majority of sub-districts (87%) report that their needs are not covered sufficiently, or below 50%. The areas reporting low coverage of needs correlate with low variety and irregularly available health services. Where a variety of health services are regularly available, such as vaccination, pediatric, surgical, and laboratory services, sub-districts report higher coverage of needs. This is the case in sub-districts in Idleb, Aleppo and Deir-ez-Zor, where humanitarian actors are responding to needs with better access, compared to the northeastern part of the country.

**Health Coverage of Needs in % vs Count of Services Provided**



## j. Health services

When asked to list the services regularly available in the sub-district, KIs cited vaccines, followed by paediatric services and surgical services as the most regularly available. With the focus of health interventions on primary health care including surgical services, specialised services and the provision of secondary health care are not being included in health interventions and programmes.

Paediatric care is composed of many aspects of child care. Vaccination is the most provided service of all (followed by trauma), but there are still very few specialists and child care units to cater to children. New diseases, new skills and knowledge and tools are needed to address the situation in Syria.

### Type of health staff available

The majority of sub-districts report that the most frequently available health staff include nurses, doctors and pharmacists followed by midwives. The governorates reporting the smallest number of doctors are Hama, Rural Damascus, Idlib and Al-Hasakeh.

### Type of support provided to health services

The majority of sub-districts report receiving vaccinations, medicines, and medical consumables as well as salaries for health staff in the facilities supported by NGOs. Incentives for health workers are reported in Aleppo, where a majority of humanitarian actors operate. In general, urban areas reported receiving more support to health services than rural areas, particularly for medicines and medical consumables, but also salaries and incentives for health workers. This could be related to the fact that main public health centres are in urban areas.

However it needs to be noted, that there is no standardisation of the support provided by local and international NGOs to the health facilities. The packages of the support differ based on the funds and the scope of work of the NGO itself. While there is a common understanding among the health partners of their areas of operation, it remains difficult to assess the type and coverage of the support. Differences in reporting also persist, for example, NGOs reporting that they support the health facility



in a certain location even if they provide support intermittently. There are also cases of support to one or two health programmes in the health facility when there is urgent need for philanthropic approach.

There is furthermore low attention paid to provide training and salaries for health statisticians and staff engaged in the collection of health data. This hampers standard registration, recording and data sharing procedures.. It is reported that even before the crisis the medical registration was not getting a lot of attention.

### k. Priority interventions

The top three priority interventions urgently required as stated by KIs in the assessed areas included medicines, medical equipment, and health staff. Provision of infant formula was stated as the fourth priority across all areas. These stated priorities for intervention match exactly the biggest reported constraints in availability of health services: medicines, medical equipment and health staff, respectively.

### l. Sector response

On average, since January 2014, thirteen health actors have reported on a monthly basis to the 3Ws and reported reaching 3,901,364 beneficiaries (including vaccination campaign). The health sector itself comprises many more actors with diverse capacities and reach. There is consensus in the sector that there is a need to further increase the quality of and access to health services. There is a need to provide salary scales and benefits that take into account the work conditions of health professionals, as well as strengthen health structures to provide diagnostic services and chronic disease management, and re-establish specialised services such as TB programmes. Measures to accommodate the needs of the disabled in communities should be planned for, and longer-term rehabilitation should be available to prevent disabilities post operation.<sup>90</sup>

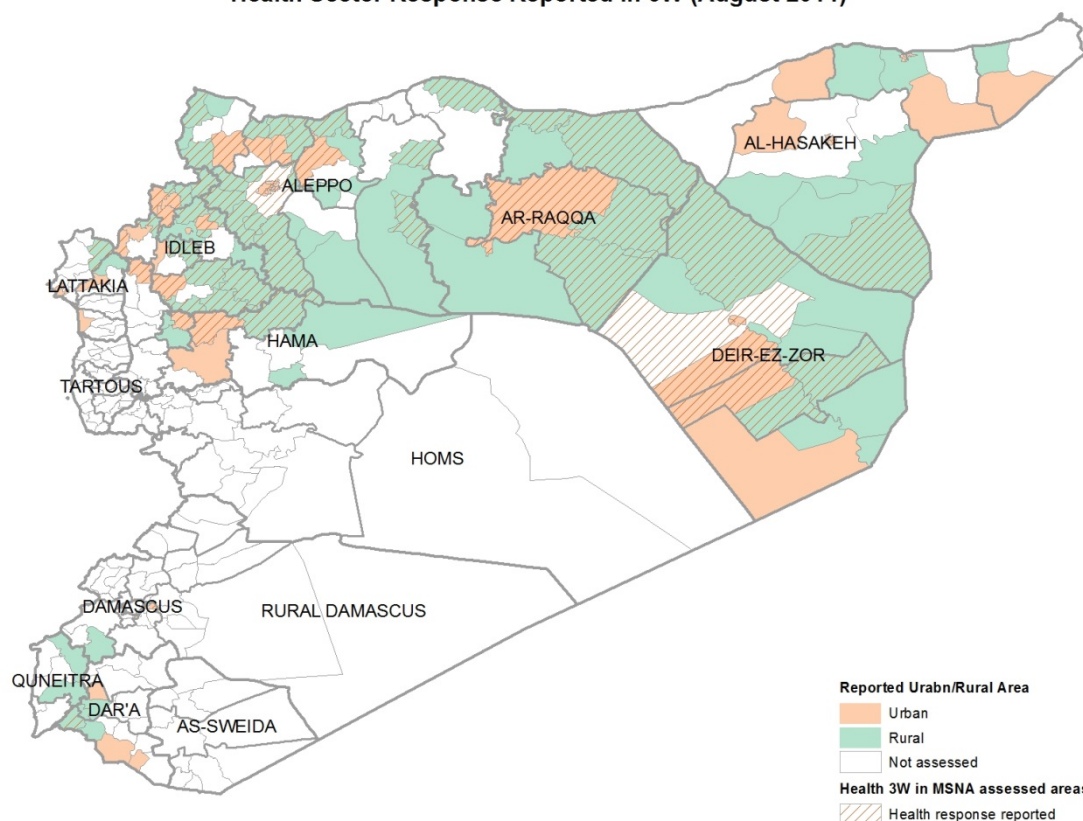
In order to reduce morbidity and mortality, re-establishing routine vaccination is a high priority. The EWARN system needs to be strengthened by increasing the number of reporting actors, inter-sectoral response to priority diseases, revising the HeRAMS reporting manual (e.g. to add Leishmaniasis), identification of referral labs, and activating an outbreak control team and adjusting the EWARN structure to the governorate level.

There is a need to focus on child health programmes including screening and Integrated Management of Childhood Illness (IMCI), and nutrition screening and treatment. Establishing reproductive health services such as Basic and Comprehensive Emergency Obstetric and Neonatal Care are particularly important.

In addition to increasing access to quality health services, there is a consensus to strengthen health system functions, as well as protection of health facilities and health staff.

<sup>90</sup> Help Age International & Handicap International. Hidden Victims of the Syrian Crisis: Disabled, injured and older refugees, 2014.



**Health Sector Response Reported in 3W (August 2014)**

Communicable disease data, including monthly updates on epidemics will be provided by a future health cluster/EWARS/WHO. Although there is a common understanding among the health partners of their areas of operation, it remains difficult to assess the type and coverage of the support.

The Ministry of Health (MoH) and WHO maintain a national early warning and response system (EWARS) for disease surveillance, but people in Dar'a Governorate are highly dependent on field hospitals and other ad hoc health posts, which are often not included in the EWARS. There is a need for more systematic collection and analysis of data from these health facilities to complement the EWARS data.

OCHA Jordan will conduct health facility assessments in September/October for Southern Syria.

## PROTECTION

### a. Highlights

Protection (safety and dignity) was reported as the highest priority need for the urban communities in areas assessed in the Syria MSNA. Since the beginning of the conflict in 2011, Syria has witnessed a significant deterioration in the humanitarian and security situation across the country, and a marked increase in displacement. Chronic human rights violations and abuses have occurred in the context of widespread insecurity and disregard for international humanitarian law. The conflict is characterised by the absence of effective protection for large numbers of civilians in Syria.

Child protection is a major concern. Children and youth are at risk of death and injury, association with armed groups, harmful forms of children contributing to income-generating activities, and restrictions on their access to education and healthcare. Gender Based Violence (GBV) is also a serious and underreported concern. Women face harassment, exploitation and restriction on their mobility, and girls are at increasing risk of early marriage.

### b. Sources and scope of analysis

While Protection was not included as a stand-alone sector in the Syria MSNA questionnaire, it assessed vulnerable groups. This limitation was placed because of sensitivities around protection inquiries and potential security risks to enumerators and key respondents. The analysis of primary data results does not therefore provide a detailed analysis of protection needs. In view of these limitations, the protection analysis in this section relies heavily on secondary data, complemented by information from qualitative interviews with enumerators through structured debriefing conversations and focus group discussions with debriefers.

Sources of secondary data include public reports, programme assessments, monitoring reports and anecdotal or observational insights shared by members of the Protection Working Group, including the Child Protection Sub-Working Group and the Gender-Based Violence Sub-Working Group. Primary data research findings from the MSNA were placed within the broader context of available protection information. Information from the combined sources highlights the multiple protection risks that civilians in Syria are facing.

### c. Most vulnerable groups

The conflict has compromised the effectiveness of protection institutions and family protection network structures, which has increased the vulnerability of specific groups.

Secondary data and MSNA primary data findings indicate that children, women and girls, older persons, people with disabilities, young men, IDPs, minority groups, refugees, and third-country nationals (including migrants) face the greatest protection risks. In addition, results highlight that children and older persons are considered most in need of assistance.

Most vulnerable age groups across all sectors

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir- ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Infants/toddlers (< 5 years old)											
Older persons (60+ years old)											
Children (5-12 years old)											
Women (18-59 years old)											
Youth female (13-17 years old)											
Men (18-59 years old)											
Youth male (13-17 years old)											
# of areas assessed	35	16	10	7	15	9	23	5	2	3	125

### Most vulnerable groups across all sectors

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Displaced people in collective shelter (schools, public building, etc.)											
Displaced people living in damaged/unfinished apartments, buildings											
Displaced people living in host families (no rent fees)											
Displaced people in open space (incl. spontaneous "camp" settings)											
Resident population who have not been displaced											
Resident population hosting displaced persons											
Displaced people in rented accommodations											
Returnees											
Displaced people in organised, structured camps											
# of areas assessed	35	16	10	7	13	9	23	5	2	3	123

### Children

Children make up at least half of the affected population in Syria and were consistently reported as the most vulnerable population group across all locations and sectors in the MSNA.

### Vulnerable age groups most at risk of safety and dignity concerns

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Infants/toddlers (< 5 years old)											
Children (5-12 years old)											
Older persons (60+ years old)											
Women (18-59 years old)											
Men (18-59 years old)											
Youth female (13-17 years old)											
Youth male (13-17 years old)											
# of areas assessed	33	16	10	7	15	9	23	5	2	4	124

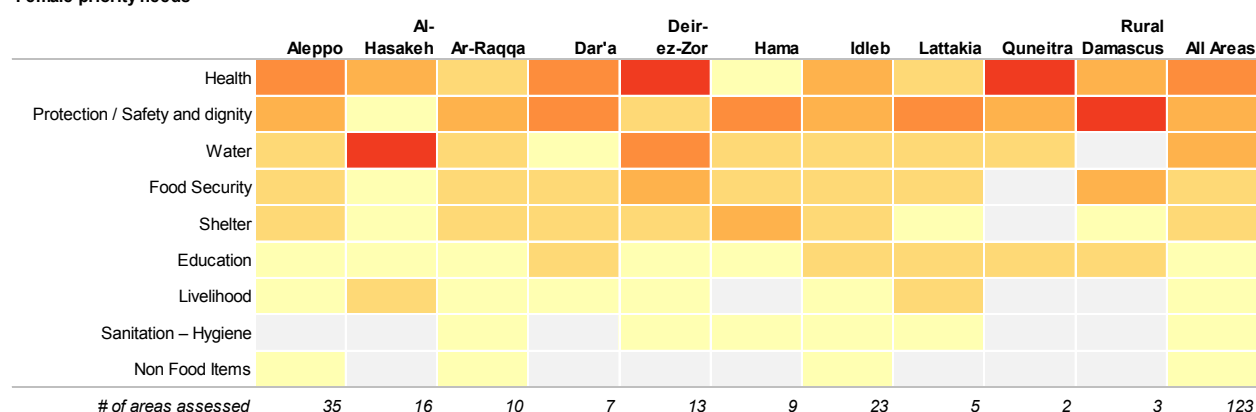
Separated and unaccompanied children and children with disabilities are at heightened risk of various forms of violence, exploitation and abuse. Adolescent boys face growing risks of recruitment and use by armed forces and armed groups.<sup>91</sup> Children are at risk of child labour as a negative coping strategy for families facing hardship because of the conflict. Reports indicate that some boys and girls may engage in dangerous forms of labour.

### Women and girls

Women and girls are at increased risk of sexual violence, largely due to family separation, a breakdown in community protection mechanisms, and the lack of privacy in collective shelters and informal settlements. MSNA results showed that protection/safety and dignity ranked as the second highest priority need for women across all assessed areas. In urban areas it ranked as the first priority need for women.

<sup>91</sup> Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, A/HRC/27/60, 13 August 2014, [http://www.ohchr.org/Documents/HRBodies/HRCouncil/ColSyria/A.HRC.27.60\\_Eng.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/ColSyria/A.HRC.27.60_Eng.pdf)

# Female priority needs



The introduction of more conservative societal norms and attitudes, particularly in areas controlled by extremist Islamist groups, has also led to restrictions on the movement of women and girls outside of their homes, including for education or employment purposes and to access health care. Additionally, the lack of medical female staff, reported in 44% areas assessed, restricts access for women and girls to specialised medical services.

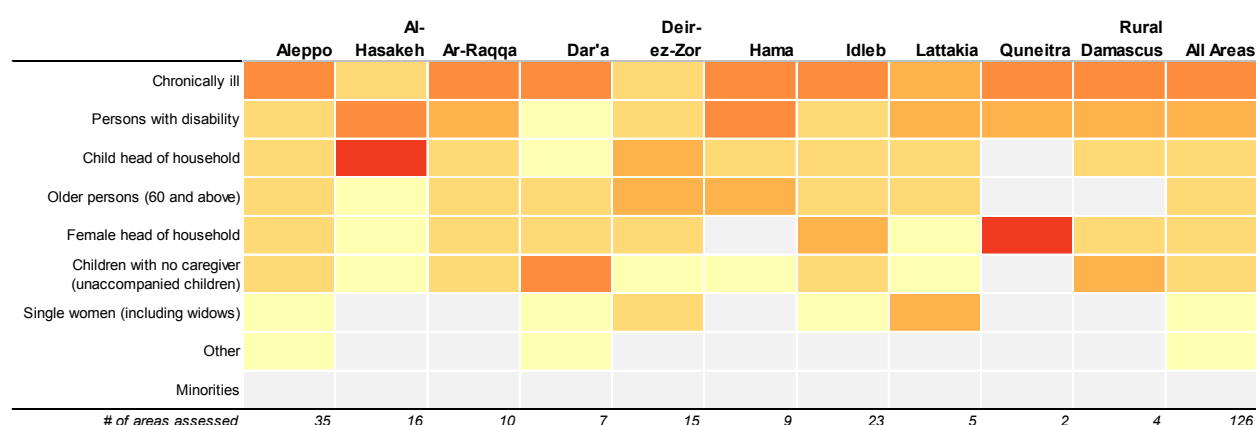
# Older persons

Persons 60 years and older have specific protection and assistance needs in times of conflict and are often unable to flee, leaving them stranded with no support. MSNA results across all areas found older persons were considered the second most at risk population group for safety and dignity concerns, and particularly at risk of health concerns.

Older persons over 60 were found to be the second most in need of assistance after children under 5 years.

# People with disabilities

The mentally and physically disabled face threats to their safety and dignity during times of conflict, and often have specific difficulties fleeing active conflict zones. Hospital patients with mental health issues may be particularly vulnerable to neglect and abuse, as they are often isolated and have restricted freedom of movement.



Reports indicate that the number of people with disabilities is also increasing as a result of the means of warfare. Amputations figure prominently among war wounds, and the incidence of spinal cord injuries is higher than in other crises.<sup>92</sup>

<sup>92</sup> Human Rights Watch, Invisible Victims of the Syrian Conflict – People with Disabilities, 19 September 2013.

Key Informants in the MSNA reported that a lack of infrastructure and services for children with disabilities was a reason preventing children and youth from getting an education. Lack of assistive devices (wheelchairs, artificial limbs etc.) was the fourth highest reported problem in the availability of health care and was top ranked in the governorate of Ar-Raqqa.

### Minority groups

Limited information emerged from the MSNA about the specific vulnerabilities of minority groups, largely due to sensitivities in obtaining information about their situation and specific abuses that they may face. However, public reports indicate that Alawites, Christians, Armenians, Kurds and Palestinians are subject to discrimination and harassment and are denied passage at checkpoints in certain parts of Northern Syria. Religious leaders have been abducted, including the Syriac Orthodox and Greek Orthodox Archbishops of Aleppo and a Priest in Ar-Raqqa.<sup>93</sup>

Attacks on minority groups have been increasingly reported, particularly in areas under the control of extremist Islamic armed groups. In August 2014, up to 700 members of the Al-Sheitat Arab tribe were reportedly executed in Deir-ez-Zor having been accused of apostasy.<sup>94</sup> While the military carries out attacks in Kurdish areas in Northern Syria, the assault on Ayn Al Arab/Kobane near Syria's Turkish border by ISIL resulted in the flight of some 180,000 Kurdish refugees to Turkey in September 2014.

### IDPs

IDPs may in some cases be more vulnerable because they have been forced from their homes; they experience various forms of deprivation and may be exposed to heightened protection risks, particularly during flight. MSNA findings indicate that in Quneitra, Lattakia, Dar'a, Rural Damascus, Hama, Aleppo and Al-Hasakeh governorates more than 50% of the IDPs have experienced secondary or multiple displacements – with each displacement further reducing their resources and coping mechanisms.

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Primary displacement	37%	40%	60%	29%	67%	33%	52%	20%	0%	25%	43%
Secondary displacement	14%	60%	10%	0%	20%	11%	13%	20%	0%	25%	18%
Multiple displacement	49%	0%	30%	71%	13%	56%	35%	60%	100%	50%	39%
# of areas assessed	35	10	10	7	15	9	23	5	2	4	120

Figure: Refugees and third country nationals, including migrant workers

Many refugees may lack documentation, and therefore may consequently experience problems at checkpoints. Of the 540,000 Palestine refugees from Syria registered with UNRWA, 440,000 remain in Syria with 270,000 of them internally displaced.<sup>95</sup> All nine Palestinian refugee camps are affected by the conflict. Palestinian refugees' coping mechanisms are stretched by unemployment, inflation and lack of access to goods and services.<sup>96</sup>

## d. Main Protection Concerns

The main protection concerns include:

- killing and maiming of civilians as a result of indiscriminate conduct of war;
- starvation and siege tactics as methods of war;
- kidnapping;
- arbitrary arrest, prolonged and/or arbitrary detention and torture;
- sexual and gender-based violence, as a method of war and as a consequence of the related social disintegration (including rape, sexual assault, familial violence; early and forced marriage; exclusion of women from public life in some opposition-held areas);

<sup>93</sup> Report of the independent international commission of inquiry on the Syrian Arab Republic, A/HRC/27/60, 13 August 2014.

<sup>94</sup> ASG Statement to the security Council on Syria, 28 August 2014 and *Crisis Watch* – A monthly bulletin on current and potential conflicts, published by the international crisis group, No. 133, 1 September 2014.

<sup>95</sup> <http://www.unrwa.org/syria-crisis>

<sup>96</sup> UNRWA, Syria Regional Crisis, Mid-Year Report, July 2014, [http://www.unrwa.org/sites/default/files/syria\\_regional\\_crisis\\_response\\_midyear\\_review\\_2014.pdf](http://www.unrwa.org/sites/default/files/syria_regional_crisis_response_midyear_review_2014.pdf).

- recruitment and use of children by armed forces and armed groups (including by family encouragement and peer support);
- family separation, including separation resulting in separated and unaccompanied children;
- multiple and recurrent displacement;
- severe restrictions on mobility (both in proximity to frontline battlefields and as a self-protection mechanism against the threat posed by the proliferation of checkpoints that operate with impunity); and
- destruction of property and other housing, land and property rights issues.

### Armed Violence

Armed violence constitutes the major threat to civilian safety in Syria.

#### Main safety and dignity issues

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Aerial attacks or bombings											
Armed violence/clashes											
Arrest/detention											
Kidnapping/Disappearances											
Restricted population movement											
Killings/Executions											
Attacks on civilian facilities											
Physical Abuse/Torture											
Criminality/criminal acts											
Do not know											
No Problem											
Other											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

The Syria MSNA primary data results reflect this, showing that the main safety and dignity issues affecting the sub-districts covered by the assessment are aerial attacks/bombings, armed violence/clashes, arrests and detention, kidnapping/disappearances and restricted freedom of movement. Loss of life is one of the most horrific aspects of the armed conflict in Syria, with the reported death toll rising to 191,000 from March 2011 to April 2014.<sup>97</sup> The high casualty rate among men is reflected by the fact that 85% of these documented killings were identified as male.<sup>98</sup> It is estimated that overall 520,000 persons have been wounded, maimed or killed in the conflict.<sup>99</sup>

### Disappearances, hostage-taking, arbitrary arrest, detention and torture

Reports indicate that parties to the conflict continue to take hostages, with the majority of the victims being women and children.<sup>100</sup> It is difficult to obtain precise information about disappearances, hostage-taking, arbitrary arrest, detention and torture in detention facilities inside Syria, given the pervasive environment of fear, and the sensitivities associated with asking questions about these subjects. Families are often too afraid to approach authorities about the whereabouts of their relatives. Others face refusals to disclose information about the detained/disappeared or lengthy administrative and legal procedures to obtain information.<sup>101</sup> MSNA results demonstrated that finding missing people was ranked within the top four issues that communities need information about, and in Hama and Aleppo governorates it was considered the most important.

<sup>97</sup> *Updated Statistical Analysis of Documentation of Killings in the Syrian Arab Republic*, 22 August 2014, Human Rights Data Analysis Group commissioned by OHCHR. Found at: <https://hrdag.org/syria/>

<sup>98</sup> *Updated Statistical Analysis of Documentation of Killings in the Syrian Arab Republic*, 22 August 2014, Human Rights Data Analysis Group commissioned by OHCHR. Found at: <https://hrdag.org/syria/>

<sup>99</sup> Syrian Center for Policy Research, UNWRA, UNDP, *Syria Squandering Humanity – Socioeconomic Monitoring Report on Syria*, combined third and fourth quarter (July – December 2013), May 2014.

<sup>100</sup> Report of the independent international commission of inquiry on the Syrian Arab Republic, A/HRC/27/60, 13 August 2014.

<sup>101</sup> Report of the independent international commission of inquiry on the Syrian Arab Republic, A/HRC/27/60, 13 August 2014.



Main issues where information is needed

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
How to find work											
How to get healthcare											
How to get money/financial support											
Finding missing people											
The security situation here											
How to replace official documentation											
How to get water											
How to register for aid											
How to get help after attack											
How to get food											
How to get access to education											
Other											
Information about relocation											
How to get help after harassment											
How to get transport											
Do not know											
Information about place of origin											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

## Child protection

The violence and destruction in Syria are having a devastating impact on children, who have been killed, maimed and injured as a result of the conflict. UNICEF estimates that 5.5 million children are directly affected by the crisis.<sup>102</sup> Child casualty rates are the highest recorded in any recent conflict in the region: while death and injury rates are difficult to measure, the UN conservatively estimates that at least 10,000 children have been killed. The real number is likely to be higher.<sup>103</sup> The vast majority of children killed or maimed documented by the UN have and continue to be a result of the indiscriminate use of explosive weapons in populated areas, including the use of barrel bombs, vehicle-based improvised explosive devices, and indiscriminate mortar fire. Governorates particularly affected include Aleppo, Homs, Damascus, and Dar'a.<sup>104</sup>

The Syrian conflict has been characterised by wide-scale grave violations committed against children by all parties to the conflict, including the killing and maiming of children, child recruitment and use by armed groups, the abduction, arbitrary detention, and ill treatment/torture of children, sexual violence against girls and boys, attacks on education and health facilities and personnel, and denial of humanitarian access including besiegement.<sup>105</sup> Consistent with the Syria chapter of the 2014 Secretary General's report on Children and Armed Conflict, more than 1,000 grave violations against children perpetrated by all parties to conflict were documented by the UN in the first six months of 2014.

Children in Syria have experienced a high level of distress as a result of witnessing the killing and injuring of members of their families and peers, or of being separated from their family and/or displaced.<sup>106</sup>

<sup>102</sup> *Syria Crisis Common Context Analysis Report* commissioned by the IASC Inter-Agency Humanitarian Evaluations Steering Group as part of the Syria Coordinated Accountability and Lessons Learning Initiative, Hugo Slim and Lorenzo Trombetta, May 2014.

<sup>103</sup> *Under Siege: The devastating impact on children of the three years of conflict in Syria*, UNICEF, March 2014.

<sup>104</sup> The United Nations SG report, S/2014/31.

<sup>105</sup> The United Nations SG report, S/2014/31.

<sup>106</sup> United Nations SG Report, S/2014/31.

	Al-			Deir-			Rural				
	Aleppo	Hasakeh	Ar-Raqqa	Dar'a	ez-Zor	Hama	Idleb	Lattakia	Quneitra	Damascus	All Areas
Bombings	69%	19%	90%	100%	73%	89%	91%	40%	100%	100%	72%
Gun shooting	40%	50%	30%	86%	60%	100%	65%	20%	50%	75%	55%
Witnessing killings	23%	38%	30%	29%	40%	11%	22%	20%	0%	25%	26%
Bullying	14%	0%	50%	14%	0%	33%	26%	40%	0%	0%	17%
Harassment	11%	13%	20%	0%	7%	44%	4%	60%	0%	25%	14%
No	17%	19%	0%	0%	13%	0%	9%	0%	0%	0%	10%
Abductions	6%	19%	10%	0%	13%	11%	4%	40%	0%	0%	10%
Attacks	9%	0%	0%	0%	0%	22%	4%	20%	0%	0%	6%
Other	0%	0%	10%	0%	0%	0%	4%	0%	0%	25%	2%
Do not know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
# of areas	35	16	10	7	15	9	23	5	2	4	126

Child protection risks have been confirmed in a child protection assessment in which 98% of respondents reported that the psychosocial well-being of boys and girls had deteriorated substantially.<sup>107</sup> Displacement, death of family and friends, deteriorating living conditions, lack of recreational activities and limited access to basic services all cause enormous stress, exacerbated by exposure to violence and insecurity. The Syria crisis is forcing children to grow up too soon – and exposing them to abuse and exploitation. Many have lost the family and community structures that should keep them safe. At least 8,000 children have arrived at Syria's borders without their parents.<sup>108</sup>

	Al-			Deir-			Rural				
	Aleppo	Hasakeh	Ar-Raqqa	Dar'a	ez-Zor	Hama	Idleb	Lattakia	Quneitra	Damascus	All Areas
Fear	83%	100%	100%	100%	93%	100%	95%	80%	100%	100%	93%
Anxiety	70%	38%	70%	86%	40%	56%	86%	60%	50%	50%	64%
Sleep disturbances	50%	31%	50%	86%	47%	78%	62%	20%	100%	50%	53%
Aggression	27%	15%	70%	71%	40%	89%	62%	40%	50%	50%	47%
Panic attacks	37%	23%	30%	71%	47%	67%	52%	20%	50%	75%	44%
Reduced self-care	20%	8%	50%	43%	27%	89%	38%	20%	50%	75%	34%
Mood swings	20%	8%	50%	57%	7%	67%	52%	60%	100%	0%	34%
Stress	27%	15%	10%	57%	33%	67%	38%	40%	0%	50%	33%
Loss of motivation	47%	0%	30%	57%	7%	33%	19%	20%	0%	75%	28%
Withdrawn or isolated	27%	0%	40%	29%	7%	56%	24%	80%	50%	0%	26%
Anger	23%	0%	10%	29%	13%	78%	38%	20%	50%	0%	25%
Other	0%	0%	0%	0%	0%	11%	5%	0%	0%	0%	2%
Do not know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
# of areas	30	13	10	7	15	9	21	5	2	4	116

Agencies working on the ground inside Syria report an increase of physical abuse against children in their homes. Parents and other family members experiencing higher levels of stress discipline children with physical force. Agencies also report that children in informal settlements are suffering from psychological distress, and may manifest this through high levels of aggressiveness (within the family and with other children), problems sleeping, bed-wetting, aggressive behaviour, isolation and agitation.

### Children contributing to income-generating activities

Child contribution to income-generating activities was not included as an option in the MSNA questionnaire, but was reported under the category of 'other coping mechanisms' for families facing food shortages. It was also frequently cited as a major concern in the MSNA debriefings. The increased involvement of children in labour is often related to the absence of a financial provider. Within Syria, evidence from IDPs in Aleppo indicated that 50% of children aged 6-12 years have been pushed to work to support their households because their fathers are disabled, missing or dead.<sup>109</sup> Children reportedly worked over 12 hours per day and complained about harsh working conditions, in addition to verbal abuse and beatings by other children and/or other adults at work.<sup>110</sup> There is also

<sup>107</sup> Global Child Protection Working Group, Syria Child Protection assessment – 2013.

<sup>108</sup> Regional Response Plan for Syria, UNHCR, December 2013.

<sup>109</sup> CPWG/HelpAge, Assessment and Mapping of Vulnerabilities: Unmasking the Syrian Population, March 2014.

<sup>110</sup> OCHA, 27 August – 9 September. Humanitarian Bulletin: Issue 33.

worrying evidence that the crisis in education is contributing to an epidemic of child labour.<sup>111</sup> MSNA findings also indicate that household poverty is a factor in the reduced numbers of children attending school.

Syrians cited an increase (up by 2/3 since the onset of the crisis) in children working outside the home, with some children involved in the worst forms of child labour, which jeopardizes their physical, mental and moral well-being and contravenes their basic human rights.<sup>112</sup>

### Children associated with armed forces or armed groups

Recruitment and use of children by armed forces and armed groups both in support roles and for combat continued in 2014. 45% of cases of child recruitment documented by the UN were of children aged 15 and under, including children as young as eight years old, with ISIL accounting for the majority of cases in which children recruited were under 15. While reports prior to 2014 indicated that children associated with 'moderate' opposition armed groups were predominantly engaged in support functions, 2014 has seen a confirmed trend in the increased recruitment of children without the consent of their parents, children receiving military training and weapons, children used in combat roles, and the continued killing and maiming of children as a result of their association with armed groups.<sup>113</sup>

Anecdotal information obtained during the MSNA referred to child recruitment by armed groups in Ar-Raqqa, Deir-ez-Zor, Al-Hasakeh, Idleb and Aleppo governorates. There are indications that in Idleb many children work with armed groups and that children carrying guns are present at checkpoints. The loss of educational opportunities might also lead some youth to join radicalised armed groups.<sup>114</sup>

### Sexual and Gender-based Violence

Incidents of sexual violence are often underreported due to fears of social stigma and reprisal. A lack of specialised, safe and confidential services responding to the needs of survivors of SGBV increases the tendency not to report or seek assistance. As a result, it is difficult to assess the magnitude of the problem inside Syria, although secondary data indicates it is a significant protection concern.<sup>115</sup> Sexual violence against women, men, boys and girls has been a feature of the crisis from the beginning. Rape and sexual violence against women and girls have been most common during house searches, checkpoints, and hostage-taking and as part of torture in detention.<sup>116</sup> In interviews with Syrian female refugees in neighbouring countries, fear of rape is often cited as a major factor in their decision to leave Syria.<sup>117</sup>

### Early marriage

The most common forms of GBV inside Syria are early marriage and intimate partner violence/domestic violence.<sup>118</sup> Reports from neighbouring countries and from inside Syria indicate an increase in the incidence of early marriages, noting that families see it as a protective measure for girls and that early marriage may provide some economic support to the family.<sup>119</sup>

Structured debriefing conversations with MSNA field researchers indicated the occurrence of cases of early marriages in Ar-Raqqa, Deir-ez-Zor, Al-Hasakeh and Idleb governorates. Early and/or forced marriages to foreign fighters were also said to be occurring, particularly in Deir-ez-Zor Governorate. In

<sup>111</sup> ODI, *Living in hope – Hoping for education – The Failed response to the Syrian refugee crisis*, Kevin Watkins and Steven A. Zuck, September 2014.

<sup>112</sup> ILO, Worst Forms of Child Labour: <http://www.ilo.org/ipec/facts/WorstFormsofChildLabour/lang-en/index.htm>, 2014.

<sup>113</sup> The United Nations

<sup>114</sup> ODI, *Living in hope – Hoping for education – The Failed response to the Syrian refugee crisis*, Kevin Watkins and Steven A. Zuck, September 2014.

<sup>115</sup> Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, 13 August 2014.

<sup>116</sup> Report of the SG on children and armed conflict in the Syrian Arab Republic, 27 January 2014.

<sup>117</sup> [http://www.ohchr.org/Documents/HRBodies/HRCouncil/ColSyria/A.HRC.27.60\\_Eng.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/ColSyria/A.HRC.27.60_Eng.pdf)

<sup>118</sup> Syria Protection and Community Services Sector, *Echoes from Syria*, Issue No. 3, August 2014. <http://reliefweb.int/report/syrian-arab-republic/echoes-syria-issue-3-august-gender-based-violence>

<sup>119</sup> IRC, *Are we listening? Acting on our commitments to women and girls affected by the Syrian conflict*, September 2014 and UNICEF Jordan, *A Study on Early Marriage in Jordan*, July 2014 <http://www.data.unhcr.org/syrianrefugees/download.php?id=5165>

addition to citing economic pressures and the use of marriage as a protective measure for adolescent girls, the debriefings highlighted that without the protection afforded by education, more girls have been drawn into early marriages.

While early marriage has long been an accepted practice inside certain parts of Syria, the conflict has exacerbated factors that may lead to early marriage or may increase the risk that girls end up in abusive and exploitative situations. A significant age difference is often reported between girls and men in these marriages. Moreover, marriages may remain undocumented, as they may not be registered. This leaves women vulnerable to harassment, exploitation and other dangers.<sup>120</sup>

### Restrictions on mobility and access to services

Although assistance and services should be provided on the basis of need, not all people have equitable access, owing to barriers ranging from physical, social/cultural, age, gender and lack of information. Respondents in the MSNA reported that a lack of adapted services for persons with restricted mobility was one of the major obstacles to accessing assistance in all sectors, in particular the Health, WASH, Food and NFI sectors, especially in Ar-Raqqa, Aleppo, Quneitra and Rural Damascus. Lack of information on the availability of services (e.g., location and time of distributions, not all the affected population is informed of available assistance) and discrimination were also cited as problems in accessing assistance and services.

The conflict has had an impact upon family roles and community structures. In many instances, women have become the primary caretakers of their families, leaving the house unaccompanied to seek food and medicine, and sometimes to find work. This can expose women to physical assaults, arrest and/or abduction.<sup>121</sup> In other areas, women are completely isolated and are unable to move freely, resulting in depression and anxiety. Anecdotal information indicates that sexual violence is on the increase in Ar-Raqqa and the situation is deteriorating for women and girls in areas under ISIL control because of increasing conservatism and the negative impact this has on their mobility and access to services, work and social support. Similarly, debriefing interviews indicated that women's movement is restricted in Ar-Raqqa, Deir-ez-Zor and Al-Hasakeh governorates.

Lack of privacy in crowded informal settlements and communal shelters and security concerns in accessing communal facilities also contributes to isolation and limited access to support services for women and girls. MSNA findings indicate that the absence of privacy for women is the fifth most reported shelter problem overall and access to female hygiene products is problematic in some areas.

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idlib	Lattakia	Quneitra	Rural Damascus	All Areas
Personal hygiene products	54%	13%	50%	50%	7%	56%	43%	20%	50%	75%	40%
Not enough places to wash or bathe	43%	13%	60%	50%	27%	67%	30%	20%	50%	25%	37%
No problem	20%	38%	10%	0%	67%	11%	39%	60%	0%	25%	30%
Female hygiene products	20%	0%	50%	67%	7%	44%	35%	20%	50%	50%	26%
Other	0%	44%	0%	0%	7%	0%	9%	20%	50%	0%	10%
Lack of Water	3%	0%	0%	0%	0%	0%	9%	0%	0%	25%	3%
Do not know	6%	0%	20%	0%	0%	0%	0%	0%	0%	0%	3%
# of areas assessed	35	16	10	6	15	9	23	5	2	4	126

Some of the challenges in addressing GBV inside Syria include difficulties accessing certain areas, which has prevented proper reporting and the provision of services to GBV survivors; the lack of female doctors and other support staff, and genuine fear of survivors and/or witnesses of GBV to report on what is going on.

### Psychosocial stress

Communities have been deeply affected by psychosocial distress as a result of the conflict undermining the long term mental health of individuals and the resilience of the community as a whole.

<sup>120</sup> UNHCR, Syria mid-year analysis January-June 2014, *Accessing the vulnerable across conflict lines*; IRC, *Are we listening? Acting on our commitments to women and girls affected by the Syrian conflict*, September 2014.

<sup>121</sup> Report of the Independent International Commission of Inquiry on the Syrian Arab Republic, A/HRC/27/60, 13 August 2014.

Psychosocial distress impacts all conflict-affected groups. Displacement, death of friends and family, deteriorating living conditions, lack of recreational activities and limited access to basic services all cause enormous stress, exacerbated by exposure to violence and insecurity.

MSNA findings show that communities cope with distress primarily by approaching community and religious leaders, also by seeking support of friends and family and by seeking psychosocial support in places where such services exist.

**Most used approaches by community coping with distress**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Approach community leaders											
Seek religious leader											
Talk with friends											
Engage in conflict											
Seek social support											
Seeking psychosocial support from civil society/NGOs											
Other											
Access to friendly spaces for children											
Do not know											
Access to centres for women											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

## Law and order

The institutions of government, including police and courts, have been seriously impacted by the conflict, leaving civilians without effective access to trustworthy justice and means to advocate for their legal rights. The breakdown in law and order resulting in rising crime levels is a widespread concern.

## Documentation

MSNA findings show that lack of personal identity documentation is the main safety and dignity concern affecting individuals across all areas covered and it is particularly problematic in Dar'a, Ar-Raqqa, Quneitra, and Idleb. It is also much more of a concern in areas with frequent or sporadic fighting than in areas with no fighting.

**Safety and dignity issues affecting individuals**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
No or loss of personal identity documentation											
Recruitment and use of children into armed forces/armed groups											
Harassment or discrimination											
Family separation											
Extortion/Bribes											
Housing, land and property related conflicts, disputes or grievances											
Presence of landmines and unexploded ordnance											
Tensions between host and displaced population											
Other											
Sexual violence											
Do not know											
No problem											
Human trafficking											
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

People without documentation (either because they were lost, damaged, expired or they failed to register) are reported to be exposed to harassment and exploitation at checkpoints. Documentation services including death, marriage and property documentation have been disrupted, resulting in difficulties accessing assistance and services, and proving custody, inheritance and ownership. In particular, documentation for newborns, particularly in non-Government-controlled areas is a major issue, resulting in risk of statelessness, lack of access to services and other problems.

### Explosive remnants of war (ERW) and landmines

The intensive use of explosive munitions on high-density urban areas throughout the conflict will require decades of rigorous clearance efforts.<sup>122</sup> Major cities and their suburbs, including Aleppo, Damascus, Deir-ez-Zor, Homs, Hama and Ar-Raqqa have been seriously affected, while rural areas of Dar'a, Idlib and northern Latakia governorates are also likely to be significantly contaminated. In Idlib governorate, ERW and landmines have caused casualties in Heish, Janyudiyeh, Jisr-Ash-Shugur and Tefnaz sub-districts, and also severely impeded humanitarian access.<sup>123</sup> In this context, mine awareness training is an important protection activity to mitigate the risks for all affected populations but especially for children, who are often the victims of ERW and landmines.

## e. Challenges

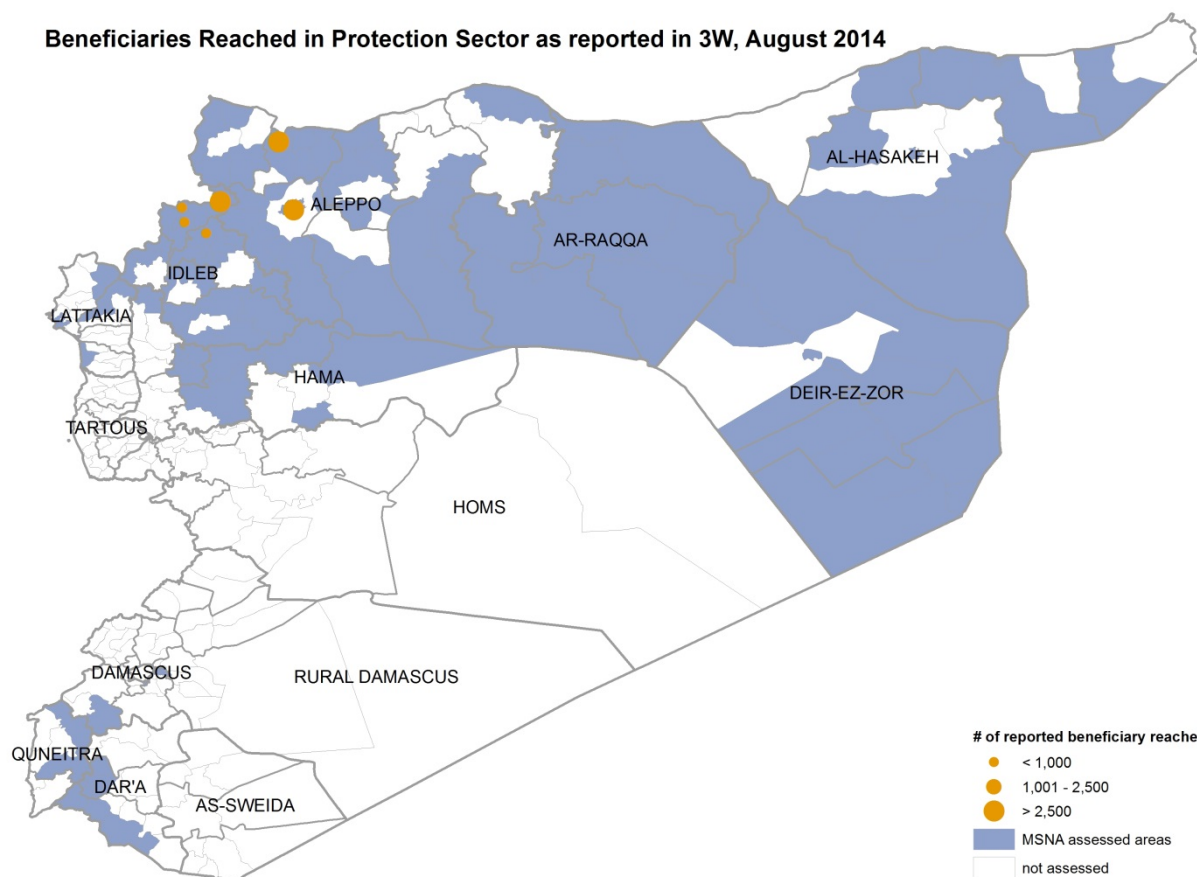
The conflict in Syria has given rise to protection concerns of overwhelming seriousness, many of which have resulted from grave breaches of International Humanitarian and Human Rights Law and can only be effectively addressed through political interventions. Such protection programming can contribute to creating a protective environment that fosters resilience among communities even in the face of such overwhelming physical protection concerns.

Given the constraints in terms of humanitarian access, limited expertise on the ground, and the sensitivities involved in carrying out protection interventions in the Syria context, there are currently only a small number of actors responding to the protection needs of the conflict affected population. These are primarily located in accessible areas of Aleppo and Idlib governorates. Such services provide support to some of the most vulnerable and the most severely affected by the conflict. However, the needs are far greater than currently provided for and expansion of services is needed both in accessible locations already being served and to communities east of Aleppo where there is a major gap in such services.

<sup>122</sup> Syria Needs Analysis Project, Explosive remnants of war (ERW) and landmines, August 2014.

<sup>123</sup> Landmine Monitor, [http://www.the-monitor.org/index.php/cp/display/region\\_profiles/theme/2230](http://www.the-monitor.org/index.php/cp/display/region_profiles/theme/2230) and ICRC 23 July 2014.



**Beneficiaries Reached in Protection Sector as reported in 3W, August 2014****f. Priorities**

Based on the needs identified in the MSNA and secondary data available on the protection situation in Northern Syria, the following priority activities have been identified:

- (1) strengthening emergency child protection interventions including the expansion of Child Friendly Spaces and psychosocial services for children, raising awareness on child protection minimum standards, increasing informal learning or vocational opportunities for children and youth to mitigate the risk of child recruitment and child labour, expanding mine risk awareness raising programmes;
- (2) reducing the risks and consequences of GBV through the expansion of Women Safe Spaces, increasing the availability and improving the quality of response services to GBV, increasing psychosocial support services for women and providing small scale livelihood opportunities for women at risk;
- (3) mainstreaming protection throughout the overall response to ensure the safety and dignity of beneficiaries are prioritised and actors avoid causing harm, services are adequate and equally accessible to vulnerable groups, and the accountability to and participation of the affected population in order to build resilience.

## SHELTER AND NON-FOOD-ITEMS

### a. Highlights

The number of people assessed requiring Non-Food Items (NFI) assistance is significantly higher than those requiring shelter support. 2,769,637 people are in need of NFI assistance, including 205,295 in acute need.

At the same time, 1,640,685 people are in need of shelter, of which 92,830 are in acute need. In 12 of the 114 sub-districts assessed, the shelter situation ranked as life-threatening, while key-informants of 14 sub-districts report a life-threatening NFI situation. Compared to the SINA, the overall level of severity has remained stable, with 16% of sub-districts assessed in November 2013 reporting life-threatening severity levels with regard to the shelter and NFI situation.

Approximately, 84% of the assessed population reported moderate need for shelter and NFI assistance, but only a very limited number of the visited areas (6%) report having no needs on Shelter and NFI.

KIs indicate that during the time of the assessment, the main constraint to accessing shelter and NFI is the lack of financial resources. The lack of income and savings, coupled with an increase in prices have rendered communities unable to access items such as tools and materials to repair shelter. Both for NFI and shelter interventions, respondents indicated that the main priority is cash. But despite this prioritisation, not all goods are available on the market. Where items are available on the market, the quality is of concern. The field research undertaken in 47 sub-districts showed that NFI items available to affected populations are considered low quality.

Apart from tools and material to repair shelters, 54% of the areas have reported a decrease in availability of rental spaces, while 44% areas were reported to have a lack of collective shelters available in their area of residency.

The availability of water containers in markets is also mentioned as a problem in almost half of the assessed sub-districts, and containers for water storage are the second priority for intervention.<sup>124</sup> The prioritisation of water containers by KIs likely reflects the breakdown of the public water system, with communities increasingly relying on water containers to fetch and store water from alternative sources such as wells and trucks. 87% of all the sub-districts and areas assessed highlight the use of water trucks as the main source of potable water, followed by wells, at 80%.

Overall, cash assistance, water containers, and bedding were mentioned as the most urgently needed interventions. In particular, cash assistance is a priority in Al-Hasakeh and Deir-ez-Zor governorates; water containers in Quneitra governorate; and fuel for heating in Rural Damascus, Quneitra, and Dar'a governorate. Bedding has been recorded as a priority in most of the sub-districts and areas assessed.

KIs considered exposure to climate conditions as the most significant shelter concern, with 60% of sub-districts assessed showing that shelters do not provide sufficient protection from weather conditions. This issue is especially worrying in light of the upcoming winter months. In the 114 sub-districts and 12 areas assessed, the MSNA provided estimates for the following population categories.<sup>125</sup>

<sup>124</sup> This is also mentioned in the WASH sector as a priority.

<sup>125</sup> All figures are reported only for the visited sub-districts. Estimates with a low confidence level were discarded.

	Al-Hasakeh	Aleppo	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	Grand Total
Total Pre-conflict population (2011)	1,850,448	5,336,920	1,349,500	485,580	1,589,700	1,636,500	1,794,648	750,000	57,000	1,155,000	16,005,296
Total No who have fled the sub-district	611,300	2,144,050	46,000	166,060	505,250	362,500	363,495	164,500	11,500	646,000	5,020,655
Total current Population	1,789,300	5,086,996	1,596,680	485,334	1,394,400	1,351,500	2,341,134	1,333,500	81,000	142,400	15,602,244
Total of displaced population	510,000	1,340,500	173,680	168,105	394,900	353,000	994,691	763,000	39,000	29,400	4,766,276

\*Total Current Population refers to the total estimated population in the 114 assessed sub-districts

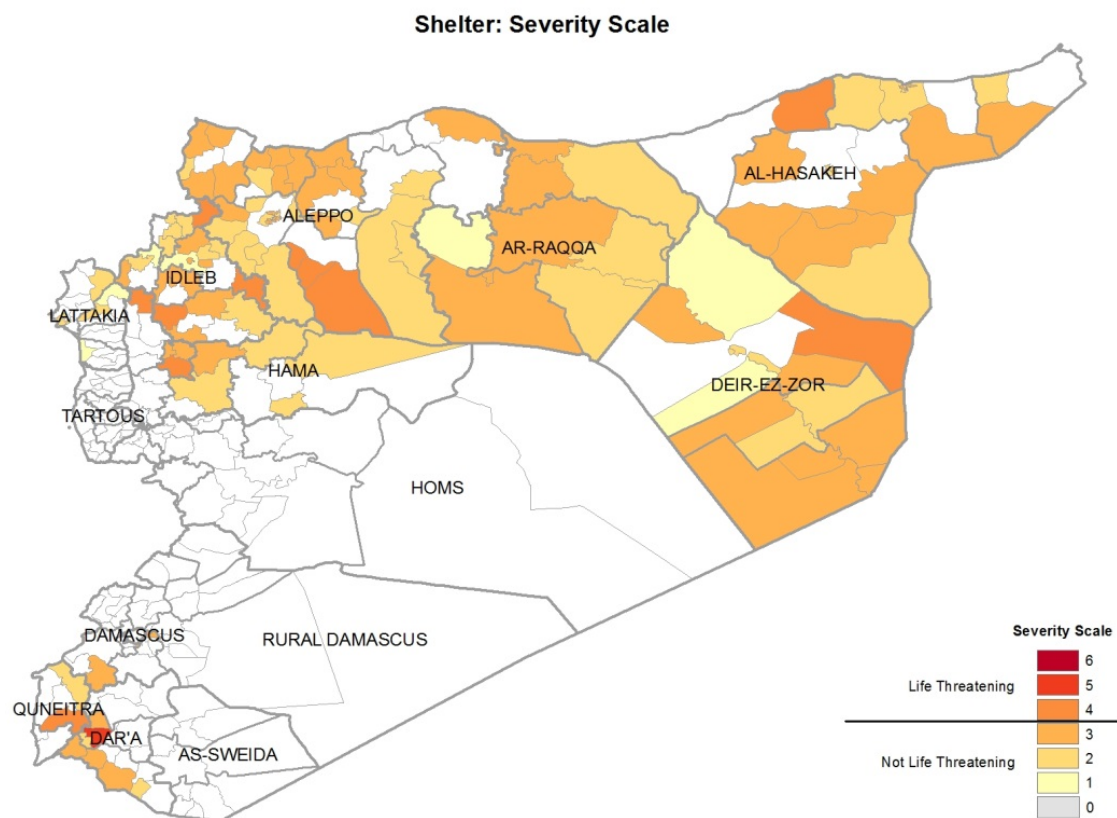
As vulnerable groups, IDPs and women who are the head of a household were reported by KIs as the main groups in need of immediate assistance in the shelter and NFI sector.

## b. Severity scale

Twice as many urban areas reported acute needs (17%) when compared with rural areas (8%) for NFI. Also, between 80 and 85% of all assessed areas reported moderate need of assistance for both NFI and shelter. The sub-districts identified as having a more acute need of NFI have been Dar'a and Quneitra.

In Shelter, overall the situation is severe across all the governorates assessed. The areas reported with acute needs were Dar'a, Lattakia, and Quneitra, but followed really closely by other governorates (Hama, Ar-Raqqa, Aleppo, Al Hasakeh, and Rural Damascus).

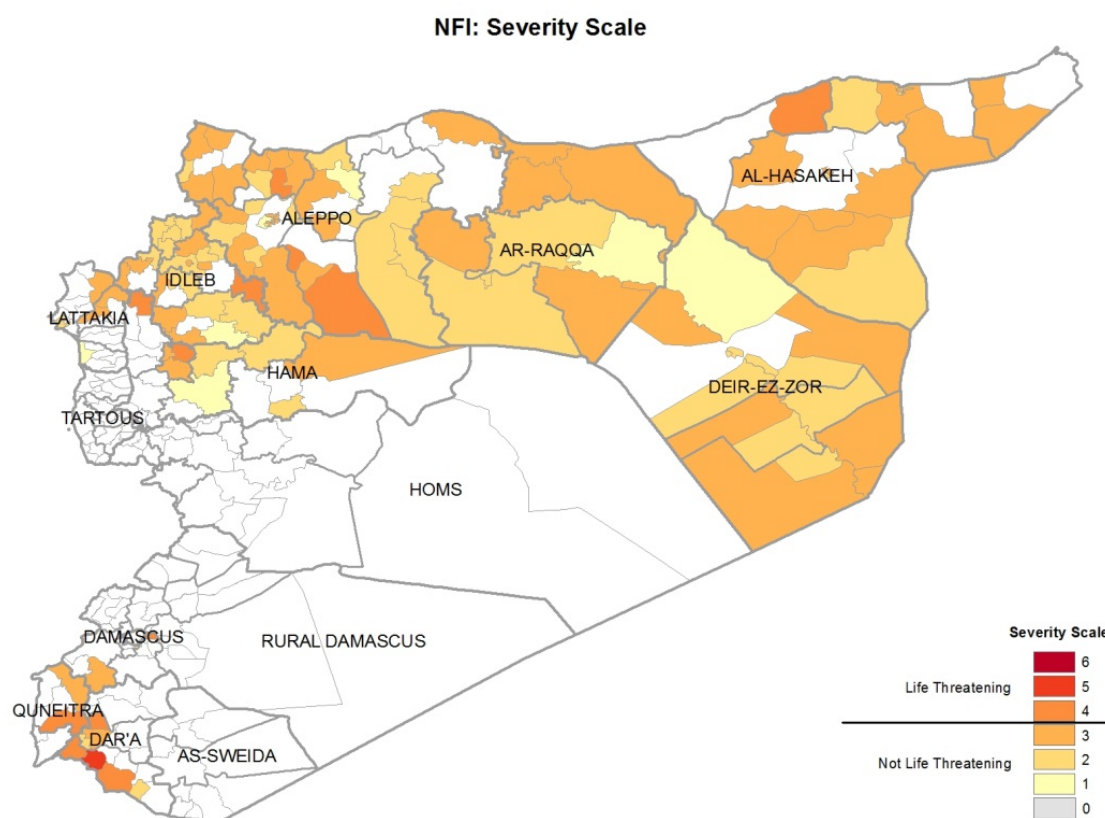
	Al-Aleppo	Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Shelter											
NFI											
# of areas assessed	35	16	10	7	15	9	22	5	2	4	125



In 12<sup>126</sup> of the 114 sub-districts assessed, the shelter situation ranked as life-threatening. Only three of these sub-districts received assistance in the three months before the assessment, covering between 25 and 50% of the needs. Of the areas scored with the highest severity, Al-Khashniyyeh (Quneitra), a rural sub-district which experiences frequent fighting, is host to the largest number of people in acute and immediate need for shelter assistance. Over 35,000 IDPs are seeking safe haven in that area.

The shelter situation in Al-Khashniyyeh is characterised by the lack of available shelter, with 43% of IDPs living with host families, and 20% in rented accommodations. The priority concern in this sub-district is the lack of protection from weather conditions.

Severity levels are lowest in the sub-districts assessed in Lattakia governorate, primarily because of low levels of fighting, availability of goods in markets, and better access. Despite the humanitarian efforts focused in the area, primary data collected shows that Aleppo Governorate registers the highest number of people in need for both shelter and NFI.<sup>127</sup> Aleppo Governorate, with the highest number of assessed areas, has been under constant aerial bombardment, and high intensity ground fighting. 23 out of 35 assessed sub-districts are witnessing frequent to sporadic fighting.



14 sub-districts assessed report a life-threatening NFI situation, with the highest severity score (5) recorded in Mzeireb (Dar'a). KIs in this sub-district reported shortage of water containers, clothing and cooking utensils. The situation is compounded by security constraints and physical constraints hampering access to the market. As a result, an estimated 40,000 people are in acute need in this area.

<sup>126</sup> Banan, Hajeb, Khanaser (In Aleppo), Darbasiya (Al Hassekeh), Nawa (Dar'a), Sur (Deir-Ez-Zor), Ziyara, Muhradah (Hama), Kafr Nobol, Dana, Abul Thohur (Idleb), Al-Khashniyyeh (Quneitra)

<sup>127</sup> Severity scoring for sectors, weighted by the average population currently in the sub-district (aggregation at sub-district level).

### c. Scope and scale of the crisis

Across all areas assessed, the intensity of conflict is an accurate indication of the shelter situation, together with the availability of goods on the markets. 85% of sub-districts where heavy conflict has taken place are quoting availability issues, compared to 65% of areas where no fighting has been reported. More than half of IDPs are living in areas with reportedly higher persons in need of shelter assistance, such as Aleppo and Idlib (44% and 17% respectively)

### d. People in need of assistance

#### Shelter

Governorate	Persons in Need of Shelter Assistance		
	Acute	Moderate	Total
Aleppo	3,750	712,320	716,070
Idlib	19,760	259,605	279,365
Dar'a	20,120	95,700	115,820
Al-Hasakeh	13,350	101,300	114,650
Deir-ez-Zor	6,300	107,200	113,500
Hama	9,500	96,000	105,500
Ar-Raqqa	50	70,130	70,180
Lattakia	2,000	53,300	55,300
Rural Damascus	7,000	33,300	40,300
Quneitra	11,000	19,000	30,000
<b>Total</b>	<b>92,830</b>	<b>1,547,855</b>	<b>1,640,685</b>

Over 1.6 million people (25% of total affected population) are in need of shelter assistance, including over 93,000 in acute and immediate need. The assessment shows that 40% of those identified as in need in of shelter are located in Aleppo governorate. The highest number of people in acute need is located in Dar'a, where over 20,000 persons are in immediate need in the seven sub-districts assessed, and with 70% of the buildings damaged due to conflict. KIs

indicated that displaced people in collective centres, including schools, and public buildings, are most at risk, followed by those in damaged and unfinished buildings.<sup>128</sup> These results are in line with findings from other assessment reports, which highlight that collective shelters are often overcrowded, and rent is really high.

#### NFI

Over 2.7 million people (42% of total affected population) are in need of NFI assistance including over 205,000 in acute and immediate need. 34% of those identified as in need of NFI assistance are also located in Aleppo governorate. Similarly, Daa'a hosts the highest number of people in acute need of NFI, where over 117,000 persons are in immediate need in the seven sub-districts assessed. Water containers, solar lamps, and bedding items are reported as the three most needed NFIs, respectively.

Governorate	Persons in Need of NFI Assistance		
	Acute	Moderate	Total
Aleppo	6,175	942,565	948,740
Al-Hasakeh	28,000	253,500	281,500
Ar-Raqqa	500	210,450	211,000
Dar'a	116,700	175,500	292,200
Deir-ez-Zor	5,000	221,500	226,500
Hama	5,000	135,500	140,500
Idlib	20,320	482,277	502,597
Lattakia	2,500	74,000	76,500
Quneitra	9,000	19,000	28,000
Rural Damascus	12,100	50,000	62,100
<b>Grand Total</b>	<b>205,295</b>	<b>2,564,292</b>	<b>2,769,637</b>

Similar to the shelter situation, those most at risk because they lack NFIs are, in order of priority: displaced people in collective shelters, displaced people living in damaged/unfinished private apartments, and displaced people living in host families without paying rent.

### e. Availability issues

On-going assessments in all northern Syrian governorates indicate a large need for shelter and NFIs<sup>129</sup>. Indiscriminate weapons have inflicted widespread damage on civilian infrastructure, with many private homes damaged or destroyed. There have been no recent estimates of the number of buildings damaged, but in early 2013, it was estimated that three million buildings were damaged. Available

<sup>128</sup> These are considered different than the collective centres.

<sup>129</sup> This statement is made taken into account the needs shown on the sector itself, and not compared with the overall priorities in sectors shown in the MSNA, which put Shelter as the 5<sup>th</sup> priority for women and 7<sup>th</sup> for men; and NFI on 8<sup>th</sup> position for men and 9<sup>th</sup> for women.



housing is congested, with multiple families forced to share their living space. This affects privacy and often can generate tensions in daily life. With the upcoming winter, an increasing focus on the provision of lighting and a backup electricity solution is a priority.

In December 2013, it was estimated that over 6.5 million Syrians had been displaced. While it is assumed that the majority of those displaced reside with friends and family, a significant portion of the displaced population lives in sub-standard shelter, such as informal tented settlements, collective buildings, and in the open air. Along the border areas with Turkey, more than 166,000 individuals seek shelter and basic services in approximately 133 settlements<sup>130</sup>. With continuing displacement and limited remaining safe spaces, the number and size of IDP camps and informal tented settlements are expected to increase. However, the ability to absorb and provide safe shelter and protection remains a major concern.

A REACH assessment in June 2014 showed that severe shelter shortages exist throughout informal settlements and camps in the assessed areas. Only 37% of assessed informal settlements provide adequate shelter (i.e., manufactured tents) for all IDP families. Of the remaining assessed settlements, 15% of the IDP populations still required manufactured tents, and they were residing in makeshift shelters or sleeping in the open air.

### Shelter

Insufficient protection from hard weather conditions – such as cold, heat, rain, wind, snow - is the priority concern reported by KIs, an issue which will be compounded by the upcoming winter months. These findings are still in line with the concerns expressed by KIs during the SINA in November 2013, with 80% of the sub-districts reflecting that shelters were unfit for winter conditions.

The lack of electricity/lighting is the second priority concern, followed by concerns of personal safety, security and overcrowded collective shelters. In Hama governorate, insecurity of belongings is an issue of concern for six out of the nine sub-districts assessed in that area.

The lack of available shelter is primarily caused by a lack of places to rent in all assessed governorates. This is a general concern in all sub-districts assessed, except for the Governorates of Lattakia and Al-Hasakeh. In these two, availability of shelter is hampered primarily by a lack of tools and material to repair shelter. During the assessment period, both Lattakia and Al-Hasakeh were reported to have sporadic to no fighting in most of the areas covered.

Reported Problems with Shelter Availability

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idlib	Lattakia	Quneitra	Rural Damascus	All Areas
Not enough renting place available	51%	6%	60%	71%	93%	33%	78%	20%	50%	25%	54%
Not enough tools and material to repair shelter	49%	69%	50%	57%	33%	78%	43%	40%	50%	50%	51%
Not enough collective shelter	37%	13%	60%	43%	53%	78%	65%	0%	0%	50%	44%
Not enough temporary shelter (tents, camps, etc.)	31%	6%	40%	43%	0%	44%	39%	20%	100%	0%	28%
Other	6%	25%	10%	14%	7%	0%	4%	40%	0%	0%	10%
No problem	3%	0%	0%	0%	0%	0%	4%	20%	0%	25%	3%
Do not know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

### NFI

The lack of water containers, bedding items, and cooking materials are the most reported NFI problems in the areas assessed. The exception is Lattakia, where the main priority is a lack of clothing, particularly shoes for children, followed by the bad quality of NFIs available. This discrepancy can be

<sup>130</sup> This figure has been provided by the Shelter/NFI sector lead.



largely explained by the availability of items, as KIs report that there are water containers, bedding items, and cooking materials available in Lattakia, while children's clothing is hard to come by.

Across all governorates, the lack of water containers is highlighted as the main NFI item currently unavailable on the markets. This can be directly related with the high cost of transportation of these items. The availability of goods differs significantly per governorate, with all four sub-districts assessed in Rural Damascus reporting shortages in children's clothing, while neither of the 2 areas assessed in Quneitra this came up as an issue.

#### Reported Problems with NFI Availability

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Water containers for storage and collection	50%	56%	30%	83%	53%	38%	45%	20%	100%	0%	48%
Child clothing	41%	25%	50%	33%	20%	38%	45%	40%	0%	100%	39%
Bedding items (mattresses, blankets)	35%	6%	50%	67%	20%	50%	45%	20%	50%	25%	34%
Cooking facilities or items	35%	56%	30%	17%	0%	25%	41%	20%	50%	0%	31%
Solar lamp	29%	6%	20%	83%	27%	25%	32%	0%	0%	50%	27%
Adult clothing	18%	31%	30%	17%	7%	38%	32%	20%	0%	75%	25%
No problem	24%	19%	10%	0%	13%	38%	23%	40%	0%	0%	20%
Other	6%	0%	10%	0%	7%	0%	18%	0%	0%	0%	7%
Do not know	0%	0%	10%	0%	0%	0%	0%	20%	0%	0%	2%
# of areas assessed	34	16	10	6	15	8	22	5	2	4	122

These KI perceptions were confirmed by direct observation carried by the enumerator's team on the field. Only in nine of the assessed sub-districts was a high quantity of NFIs observed, while in the remainder the NFI quantity was moderate or low. The quality of the available NFIs is of concern as well, with enumerators in 47 sub-districts judging the available NFIs to be of low quality.

### Coping Mechanisms

Communities use a variety of mechanisms to cope with the lack of shelter and NFI situation. Camp residents frequently use ad-hoc repairs to maintain their tents, and also multiple families share a single house to decrease the rent burden. While this is an effective short term solution, overcrowding raises privacy concerns. In the absence of fuel, firewood, scrap parts, and nylon bags are used for heating and cooking. Borrowing from friends and family to purchase fuel is a common coping strategy, as is the sale of assets. With the upcoming winter putting more pressure on the resilience of communities, more families will be forced to resort to negative coping mechanisms. KIs in the assessed areas highlighted some of the main coping mechanisms used by the population: reducing consumption of these items, the use of collective centres and sharing living spaces, as well as the use of wood instead of fuel for cooking.

## f. Accessibility issues

### Shelter

Organisations responding to shelter needs report that in many areas there is insufficient accommodation available for rent. The increase in demand pushes rent prices upwards, degrading the ability of families to afford an apartment. The three main constraints to accessing adequate shelter all relate to insufficient money and income. KIs indicate that the main concerns are, in order of priority, lack of money, income or resources to buy tools and material to repair shelters; lack of resources to rent shelter, and the increase in rental prices.

# Reported Problems with Shelter Accessibility

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Lack of money, income or resources to buy tools and material to repair shelter.	66%	73%	100%	100%	53%	89%	74%	60%	100%	75%	73%
Lack of money, income or resources to rent shelter	60%	60%	80%	50%	80%	67%	78%	80%	50%	0%	66%
Renting cost not affordable due to important increase	43%	53%	50%	50%	60%	56%	83%	40%	50%	0%	54%
Security constraints restricting access to shelter (unsafe shelter, etc.)	31%	0%	10%	50%	20%	78%	17%	60%	50%	100%	30%
Lack of adapted services for persons with restricted mobility	40%	7%	20%	33%	47%	33%	13%	20%	50%	75%	30%
Physical constraints to shelter (roads damaged, too far, etc.)	31%	20%	30%	50%	7%	22%	17%	40%	50%	75%	27%
Lack of information on available shelter (Location, cost, ...)	6%	7%	10%	17%	7%	22%	0%	40%	0%	0%	8%
Other	0%	13%	0%	0%	0%	0%	4%	20%	0%	0%	3%
Do not know	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%
No problem	0%	0%	0%	0%	7%	0%	0%	0%	0%	0%	1%
Discrimination	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# of areas	35	15	10	6	15	9	23	5	2	4	124

## NFI

Markets have been severely disrupted, preventing communities from accessing essential NFI items. In areas where items are available for purchase, prices have increased thanks to interruptions in the supply chain, and vulnerable families have lost their sources of income and are not able to buy essential items.

Although tent refurbishment material (including plastic, repair kits, string) is often available at relatively low cost in local markets, a significant portion of the existing informal settlements are located far outside commercial hubs, which forces IDPs to spend limited resources on transport. Materials to repair damaged buildings are readily available in urban centres but not in rural market places. Prices have increased significantly over the last year as a large portion of the goods is imported (formal and informally) from Turkey.

Rising fuel prices, subsidy cuts and decreasing purchasing power have led to a lack of access to fuel. In April, the GoS announced that fuel prices would be increased by 20% from SYP 100 to 120. This follows four fuel price increases since the beginning of 2013, which has nearly doubled the cost of gasoline in the past year. The main NFI priorities quoted by beneficiaries and local leaders include household items such as blankets, mattresses, and seasonal clothing in view of the approaching winter season.<sup>131</sup>

Access to NFI items is also mainly impeded by a lack of money, income or resources, which is the priority access concern in almost all areas assessed (92%), regardless of whether the area has experienced fighting in the 30 days before the assessment. The exception is Quneitra, where physical constraints to the markets (roads damaged, long distance, etc.) and lack of adapted services for persons with restricted mobility ranked higher in the two sub-districts assessed. Another exception is Hama, where a security constraint restricting movement to the markets is one of the main priority concerns.

<sup>131</sup> Shelter/NFIs coordinator confirmed this information is from the Response Plan Sector Analysis section. The information comes from a WG partner.

# Reported problems with NFI accessibility

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Lack of money, income or resources	88%	94%	100%	100%	87%	100%	96%	100%	50%	100%	92%
Physical constraints to the markets (roads damaged, too far, etc.)	34%	19%	40%	57%	7%	33%	13%	60%	100%	75%	30%
Lack of adapted services for persons with restricted mobility	34%	19%	60%	0%	20%	33%	22%	20%	100%	25%	29%
Security constraints restricting movement to the markets	23%	38%	0%	43%	13%	78%	17%	40%	0%	50%	27%
Lack of information on available NFI (Distribution site, market,...)	3%	0%	10%	0%	0%	56%	9%	0%	0%	0%	7%
Discrimination	0%	0%	0%	14%	0%	44%	4%	40%	0%	0%	6%
Do not know	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%
Other:	3%	0%	0%	0%	7%	0%	0%	0%	0%	0%	2%
No problem	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

## g. Capacity gaps and priorities for humanitarian interventions

In the assessed areas, KIs highlighted the lack of rental houses as well as lack of spaces to stay as the main issue. This was mainly reported in Ar-Raqqa, Deir-ez-Zor, Al Hassekeh, Idleb and Aleppo governorates. In this context, the main coping mechanism developed is to stay with other relatives or people. This brings issues related with privacy, overcrowding of spaces, and security. As a consequence, this situation creates negative coping mechanisms among the affected population.

Lack of money as well as the expensive value of the NFI available, were the two main issues identified by the enumerators who assessed the 126 areas. Mattresses and fuel were named as a priority in Ar-Raqqa; cooking and bedding items in Deir-Ez-Zor and Idleb; winter clothes and blankets for the winter in Aleppo; and water tanks were mentioned as a main need across most governorates assessed.

The main coping mechanisms for the lack of NFI for the assessed population are sharing items between themselves, as well as limiting the acquisition of new items, which are costly. Income as a result of selling food could be a source to acquire NFIs among affected populations.<sup>132</sup>

The majority of the sub-districts (89 sub-districts out of 114, or 71%) reported that no shelter assistance has been provided in the three months prior to this assessment. Geographic coverage among assessed districts is lowest in Quneitra (with neither of the two sub-districts having received any aid) and highest in Dar'a, where four out of seven (or around 60%) of sub-districts received some type of support. In sub-districts that have received assistance, temporary shelter/tents and cash assistance were the main types of intervention.

None of the aid received totally fulfilled the existing needs. KIs in those sub-districts indicate that, in their expert assessment, less than half of the existing needs were addressed. On average, the severity levels between areas covered and not covered do not differ, which could indicate that the ongoing humanitarian response, while effective on a local level, does not sufficiently address the overall shelter situation.

The geographical coverage of NFI assistance is higher, with 46% of sub-districts reportedly receiving some type of assistance, primarily clothing, bedding and water containers. Coverage is lowest among sub-districts assessed in Deir-ez-Zor and Hama. Only 30% of assessed sub-districts received aid in both governorates. Coverage was highest in Ar-Raqqa, where 80% received support.

<sup>132</sup> This coping mechanism was highlighted in the FSL sector findings.

Of 67 sub-districts of the assessed sub-districts receiving aid, the provided assistance addressed the needs of more than 50% of the population in only four sub-districts. Most of the other assistance received met 0-25% of the existing needs.

Across all assessed governorates, cash assistance, followed by heating/fuel and electricity/light are the most important priorities for shelter-related humanitarian interventions. Priorities differ across governorates, with heating/fuel being the highest ranked priority in Rural Damascus, Quneitra and Dar'a, In Al-Hasakeh, electricity/light is the main priority.

Data showed that cash assistance, water containers, and bedding were the most urgently needed NFI interventions. Cash assistance is particularly acute in Al Hassekeh and Deir-ez-Zzor in comparison with water containers, which are more relevant in Rural Damascus and Aleppo.

**Top 3 most urgent shelter interventions required**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Cash assistance											
Heating/Fuel											
Electricity / light											
# of areas assessed	34	16	10	7	15	9	23	5	2	4	125

**Top 3 Most urgent NFI interventions required**

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Cash assistance											
Water container											
Bedding											
# of areas assessed	34	16	10	7	15	9	23	5	2	4	125

## WATER, SANITATION AND HYGIENE

### a. Background

Before the conflict and despite having limited water resources, Syria had high drinking water coverage rates of 92% in urban areas and 86% in rural areas<sup>133</sup>, through kilometres of supply networks and numerous treatment and pumping units. Large amounts of water supplied came from underground water (wells and springs), though some of the areas and cities like Aleppo, Ar-Raqqa and Deir-ez-Zor got their water from surface bodies (Assad Lake and the Euphrates River), requiring centralised water treatment. In sanitation, urban coverage was as high as 96% with households connected to sewer lines, while this figure stood at 80% in rural areas with those connected to a sewer line being only 46%.<sup>134</sup> The remainder was discharged into pit latrines. WASH systems were all state owned and required substantial annual expenses to undertake preventive maintenance and the day-to-day operations. Also, systems completely relied on the electricity sector for its operations.

### b. Sector situation

More than three years of conflict has negatively impacted the infrastructure and consequently hampered provided services by disrupting supply chains of equipment, spares and water treatment chemicals, power supply and Operation and Maintenance (O&M) capacity across the country. Water quality has been identified as a major concern because of the state of disrepair of the tertiary distribution network, which affects both quality and quantity. The lack and the rising price of fuel for standby power generation, in the context of a crippled electricity sector, further contribute to reduced availability of safe water and environmental sanitation services.

The changes to how people are accessing water have been drastic. The network reduction led people to utilise water trucking and wells at far higher levels than usual. Other reported coping mechanisms included rain water collection (Hama), using poor-quality water from irrigation channels (Aleppo), reducing daily water consumption, sharing between household members, relying on wealthier neighbours, and reducing the amount of water used for hygiene practices and house cleaning. For example, water trucking is reported as the third most commonly used water source in Idleb (30%), Hama (27%) and Deir-ez-Zor (26%). Prior to the crisis, the governorates used water trucking at rates of 5.1%, 2% and 12.4%, respectively<sup>135</sup>. Consequently, a portion of the population now depends on trucked water, which is not regulated and has witnessed increases in price or is resorting to unsafe water sources. In addition, due to the lack of fuel and electricity, many households cannot boil water in their homes to compensate for the absence of systematic disinfection. This is especially noted in areas with high cases of confirmed polio. On the other hand, the collection and proper disposal of rubbish has ceased in many places with the failure of municipal services. The resulting accumulation has increased the risk of vermin, vectors and disease.

More than one-third (35%) of water infrastructure is estimated to be damaged and in need of rehabilitation.<sup>136</sup>

Damage due to bombings and clashes was particularly reported in Deir-ez-Zor and Hama. Unaccounted for Water (UFW) from breaks and leaks also poses a major problem and contributes to contamination because of reduced pressures (as a result of discontinuous pumping), allowing stagnant water or raw sewage to infiltrate the system. On the other hand, lack of water treatment chemicals, dosing pumps and accessories at central treatment level and Aqua tabs and similar chemicals at household level have been identified as the principle cause of problems with water quality.

<sup>133</sup> WHO/UNICEF JMP: Coverage Estimated Improved Water Supply, Arab Republic of Syria, 2012.

<sup>134</sup> WHO/UNICEF JMP: Coverage Estimated Improved Sanitation, Arab Republic of Syria, 2012.

<sup>135</sup> SINA

<sup>136</sup> Syrian Ministry of Water Resources

In sanitation, power outages have resulted in sewerage spill-over into the living environment. Furthermore, the breakdown in operation and maintenance of wastewater treatment facilities and resulting discharge of raw sewage into fresh water bodies is increasing the risk of surface water contamination. This is of particular concern in Deir-ez-Zor and other areas that rely on surface water sources, mainly around the Euphrates River, its branches and tributaries.

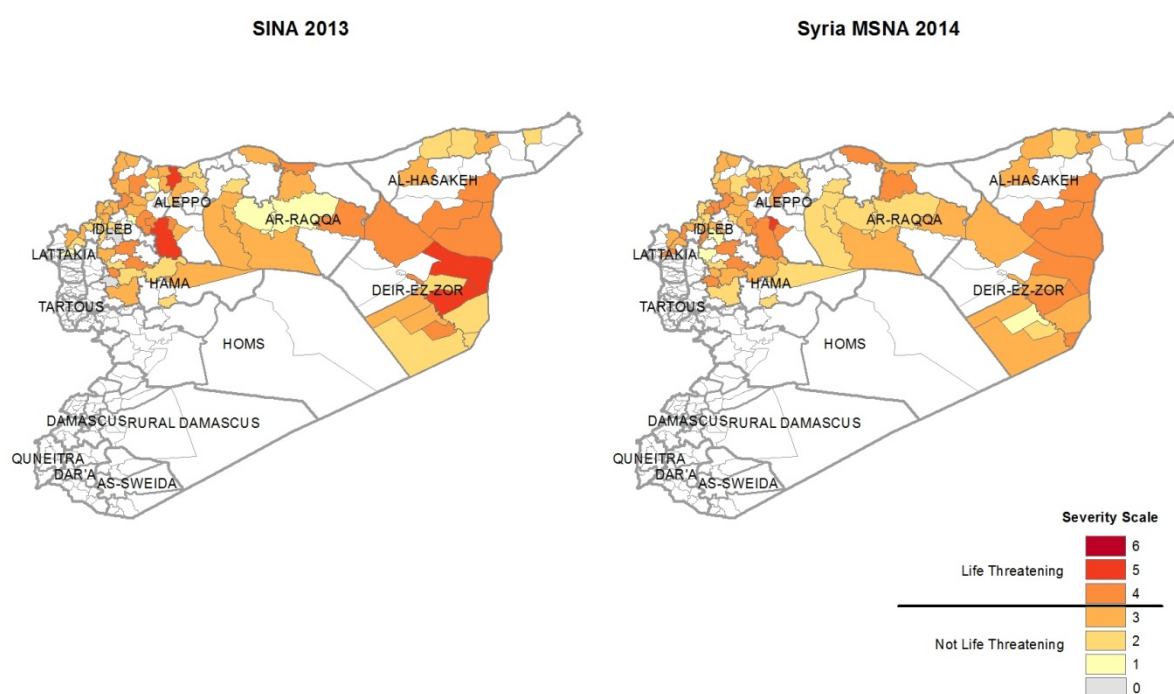
Limited access to and availability of essential hygiene products, as a result of dwindled local production and reduced accessibility—especially soap—is inhibiting good regular practices among the affected population. Of particular concern are the IDP populations in informal settlements and collective centres, where conditions exacerbate the risk of diarrhoea and other communicable diseases.

The combined factors of poor sanitation, damaged water and sewerage networks, diminishing solid waste collection services, and limited access to hygiene materials have exposed and continues to expose communities to very high public and environmental health risks. SINA reported high incidences of diarrhoea in children, skin disease, yeast infections in women, stomach inflammations and kidney diseases due to a lack of access to hygiene products and sufficient water.

Furthermore, 2014 is seeing the worst episode of drought<sup>137</sup> recorded in over 60 years, which will negatively affect implementation of most WASH activities. This will also take a toll on the national power grid, which relies heavily in hydroelectric generation from dams. WASH agencies are adapting their strategies to factor water scarcity issues into their activities.

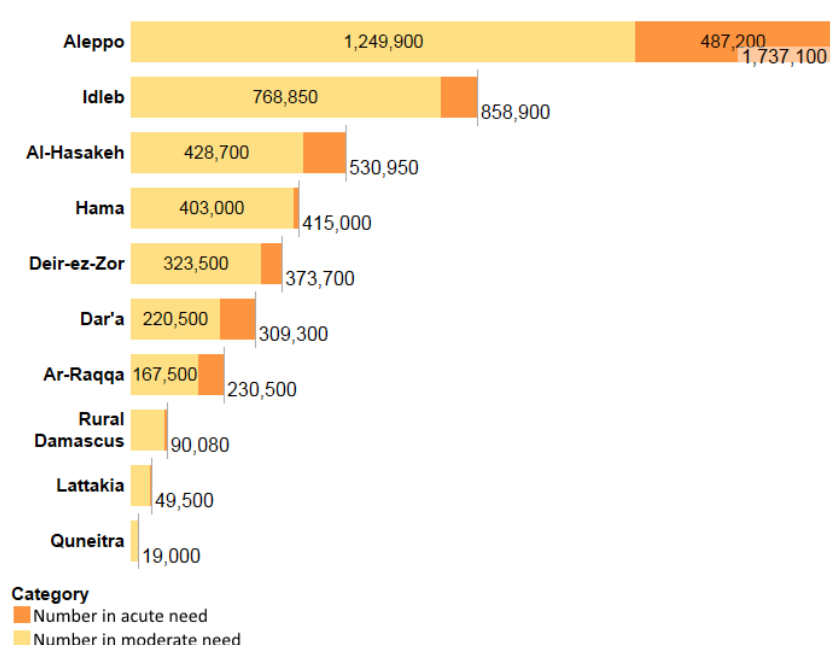
### c. Scope and severity

#### SINA vs MSNA WASH Severity



137 Standardised Precipitation-Evapotranspiration Index (SPEI) from Global Drought Monitor





The MSNA shows life threatening water problems in 35 out of 126 assessed sub-districts, compared with 29 out of 111 in SINA. Further, 23 of these sub-districts are rural areas facing frequent and sporadic conflict. Some 2.7 million people living in the assessed areas are facing life-threatening problems with access to clean drinking water.

The WASH sector has the highest reported number of people in need across sectors with some 4.6 million people reported in need of humanitarian assistance

across the ten assessed governorates. Aleppo Governorate, the most populous of all, stated the highest number of people in need of water. In July, an estimated 2.5 million people in Aleppo City were still affected by water shortages, following the breakdown of three out of four of the city's pumping stations in June.

#### d. Groups at Risk

Groups most at risk of water issues

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Displaced people in collective shelter (schools, public building, etc.)											
Displaced people living in damaged/unfinished apartments, buildings											
Displaced people in open space (incl. spontaneous "camp" settings)											
Displaced people living in host families (no rent fees)											
Resident population who have not been displaced											
Displaced people in rented accommodations											
Resident population hosting displaced persons											
Returnees											
Displaced people in organised, structured camps											
# of areas assessed	35	16	10	7	14	9	23	4	2	4	124

In 124 assessed areas, KIs ranked displaced people in collective shelters to be the group most at risk of lack of safe water, followed by IDPs living in damaged/unfinished buildings, especially in Deir-ez-Zor, Quneitra and Ar-Raqqa. This can be explained with the crowding in collective shelters, not having adequate water infrastructure, lack of storage capacity and depending highly on water trucking, which is not affordable in many cases. In urban areas, IDPs living with host families are the group most at risk because of pressure on water facilities and reduced amounts of water available per person per day. The majority of assessed urban centres reported issues of water availability.

	Al-			Deir-ez-			Rural			All Areas	
	Aleppo	Hasakeh	Ar-Raqqa	Dar'a	Zor	Hama	Idleb	Lattakia	Quneitra	Damascus	
Trucked (purchased)	91%	88%	60%	100%	80%	100%	87%	60%	100%	100%	87%
Wells	97%	75%	50%	71%	53%	89%	83%	80%	100%	100%	80%
Public pipe network	66%	56%	90%	57%	60%	44%	57%	60%	50%	25%	60%
Reservoirs / tank	40%	6%	60%	14%	33%	56%	48%	40%	0%	0%	36%
Purchased bottles	14%	0%	10%	0%	27%	0%	13%	60%	0%	0%	13%
Springs	3%	0%	0%	29%	0%	0%	22%	60%	50%	25%	10%
Trucked (free)	6%	13%	20%	14%	0%	33%	0%	20%	0%	25%	10%
Rivers	0%	0%	40%	0%	27%	0%	4%	20%	50%	0%	9%
Lakes and ponds	0%	0%	10%	0%	0%	0%	4%	20%	0%	0%	2%
Do not know	0%	0%	0%	0%	7%	0%	0%	0%	0%	0%	1%
Other	0%	0%	0%	0%	0%	0%	4%	0%	0%	0%	1%
Other, specify	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# of areas	35	16	10	7	15	9	23	5	2	4	126

## e. Sources of Drinking Water

In 126 assessed areas, water trucking (purchased) was cited as the top source of drinking water. In 87% of the visited sub-districts, people were depending on water trucking as a main source for drinking, followed by water wells, which was reported in 80% of the visited sub-districts. In SINA, wells, water trucking (purchased) and public piped network were the main sources of drinking water, with about 67% of the visited sub-districts depending on the public piped network. This number has decreased in MSNA, owing to multiple reasons such as dysfunctional water infrastructure, lack of electricity, lack of generators and fuel to operate water systems, and occasionally breakdown of water network. In Hama, Dar'a, Quneitra and Rural Damascus, all visited sub-districts reported dependency on water trucking as the primary source of drinking water. In Aleppo, 73% of the visited sub-districts reported during SINA that they depend on water trucking. This has gone up to 91% in September 2014, especially with the big number of IDPs living in collective shelter and unfinished buildings, and with higher demand during summer.

## f. Water Sources vs. Main problems

In the sub-districts where wells and water trucking were one of the main sources of drinking water, the inadequate quantity of water was the main issue. This was related to not having sustainable supplies from wells because of lack of electricity or wells being overused from serving a larger number of people. For the public network, the main reason for lack of quantity is related to lack of adequate

Source	What are the major issues in your sub-district?		
	1- Water Quantity	2-Water quality	4-No problem
Wells	73	24	4
Trucked (purchased)	71	34	4
Public pipe network	47	25	4
Reservoirs / tank	31	11	3
Purchased bottles	12	3	1
Springs	10	3	0
Trucked (free)	8	4	0
Rivers	3	7	1
Lakes and ponds	2	1	0

electricity to work the water pumping stations and the breakdown of water networks caused by lack of maintenance kits and spare parts and specialised staff. The quality of water was the biggest problem mainly when the source of water is water trucking (purchase) and results from using unsafe sources of water or not using purification chemicals. Also, lack of adequate storage capacity at household level could possibly have a negative effect on quality. Where issues of water quality were reported they were linked to a public network as the main source of drinking water. The issues with water quality were mainly caused by the lack of purification materials and lack of maintenance of purification plants.

## g. Availability Issues

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Lack electricity to operate system	77%	63%	70%	100%	93%	44%	70%	20%	50%	75%	71%
Lack fuel for generators	63%	13%	70%	86%	47%	67%	61%	60%	100%	100%	58%
Lack of chemicals for treatment (network)	34%	88%	50%	71%	73%	44%	52%	20%	50%	75%	54%
Water system/network is deficient	54%	13%	70%	88%	60%	44%	52%	20%	100%	50%	51%
Decrease of water vendors	46%	19%	20%	57%	33%	78%	48%	40%	0%	75%	42%
Water system is overstretched	29%	6%	60%	29%	33%	44%	26%	40%	50%	0%	29%
Lack of containers to collect/store	20%	38%	10%	57%	20%	67%	17%	20%	100%	25%	28%
Water is polluted	20%	19%	30%	29%	53%	33%	26%	20%	0%	0%	26%
Decrease of water points	26%	19%	20%	29%	7%	44%	22%	20%	0%	0%	21%
Other	6%	0%	10%	0%	13%	0%	4%	0%	0%	25%	6%
No problem	0%	0%	0%	0%	0%	0%	0%	20%	0%	0%	1%
Do not know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# of areas	35	16	10	7	15	9	23	5	2	4	126

The main noticeable issue affecting the availability of water was lack of electricity to operate the system, which directly affects water supplies from public water systems. This problem was reported in 90 out of 126 sub-districts. This issue was frequently remarked in Dar'a and Deir-ez-Zor governorates, where there have been continuous cases of power outages caused by damage in electricity infrastructure. The same could be said of all assessed governorates, except Lattakia.

There are no critical differences between rural and urban areas in terms of water availability issues. The second biggest issue reported was the lack of fuel for power standby generators for water systems, which directly affects the supplies of water through the main three water sources reported. Lack of chemicals for treatment is an issue reported in all assessed governorates on different levels, this issue was critical in Al-Hasakeh, where people are forced to use water with no purification or treatment in 88% of the visited sub-districts.

## h. Accessibility:

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Lack of money, income or resources to buy water	60%	100%	50%	86%	40%	89%	83%	75%	100%	100%	72%
Logistical constraints (no transport, fuel, etc.)	34%	31%	30%	71%	13%	56%	35%	25%	100%	100%	38%
Physical constraints to the water facilities (distance to water points, waiting time, etc.)	31%	31%	10%	71%	13%	22%	35%	50%	50%	50%	31%
Security constraints restricting access to water (dangerous area to go over, etc.)	31%	13%	10%	29%	13%	67%	17%	25%	50%	50%	26%
Lack of adapted services for persons with restricted mobility	34%	0%	10%	0%	27%	22%	17%	25%	0%	0%	19%
No problem	3%	0%	30%	0%	13%	0%	4%	50%	0%	0%	7%
Discrimination	3%	0%	10%	0%	0%	33%	9%	25%	0%	0%	6%
Lack of information on available services (Location, cost, ...)	0%	0%	0%	29%	7%	11%	4%	0%	0%	25%	5%
Other	0%	0%	0%	14%	13%	0%	4%	25%	0%	25%	5%
Do not know	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%
# of areas	35	16	10	7	15	9	23	4	2	4	125

In 72% of the visited sub-districts, KIs reported lack of money as the main constraint to accessing safe drinking water. Lack of economic resources is reported as the main accessibility issue across all sectors, because of the loss of income-generating activities after more than three years of conflict, along with high prices for basic commodities and services. In governorates where water trucking is the main source of drinking water, a higher cost for trucked water was recorded, compared with other sources of safe water. No critical differences between rural and urban areas in terms of accessibility

issues were found. Slight differences were reported between conflict and no conflict areas: security constraints were mainly impeding access to water in sub-districts with frequent conflict. Only 7% of the assessed sub-districts reported no accessibility problems.

### i. The change in Water Condition

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Better	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Stable	43%	25%	30%	14%	13%	44%	48%	20%	0%	25%	33%
Worst	57%	75%	70%	86%	80%	56%	52%	80%	100%	50%	65%
DNK	0%	0%	0%	0%	7%	0%	0%	0%	0%	25%	2%
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

The majority of visited sub-districts reported that water conditions deteriorated during the previous three months. None of the assessed sub-districts reported an improvement in water condition. This can be explained with the timing of the assessment, where summer conditions, including higher temperatures and lower water levels exacerbated water problems. The noticeable exceptions were found in Ar-Raqqa and Deir-ez-Zor governorates, for which the Euphrates River is the main source of water. Both the river and the lake adjacent to it witnessed a critical decrease in water levels during summer, which temporarily caused severe problems regarding access and availability of water in these two governorates and Aleppo Governorate. The majority of the visited sub-districts in Dar'a stated that water conditions had worsened and all the visited sub-districts in Quneitra reported that water conditions had deteriorated.

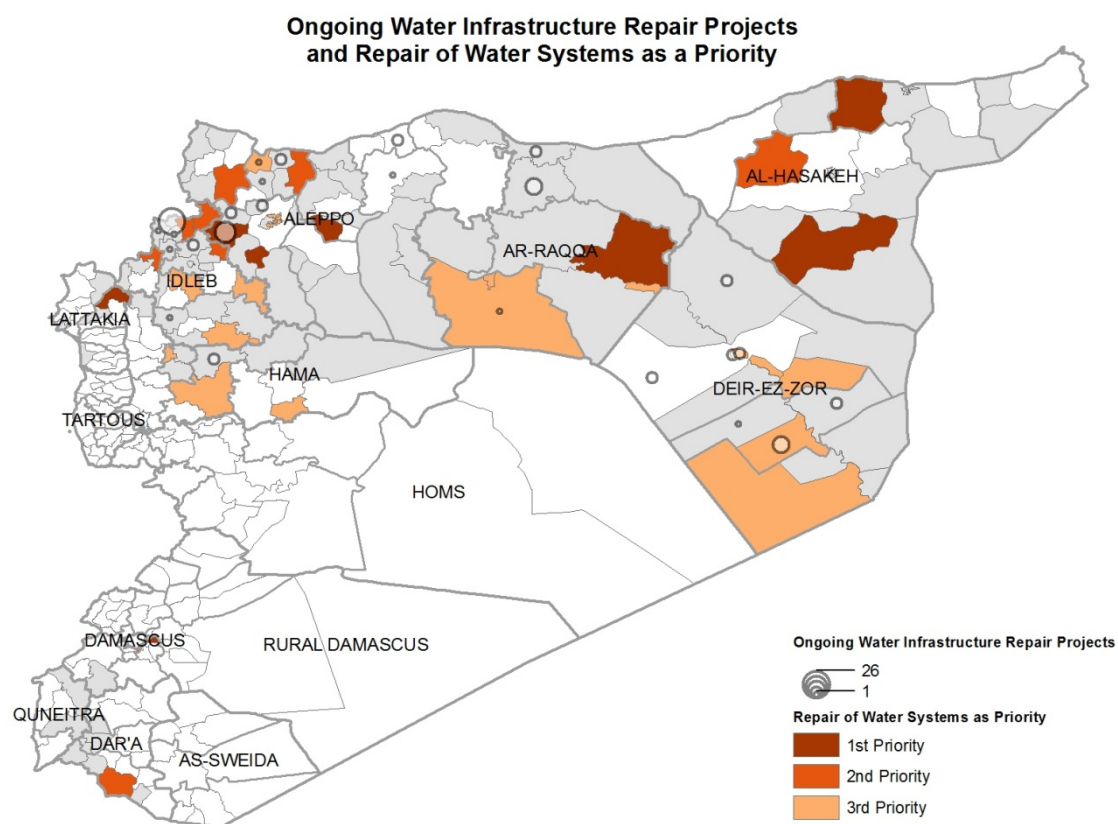
### j. Water Issues

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Water price increased											
Insufficient water storage capacity											
Water unsafe for drinking											
Reduction of water consumption (per person/per day)											
Use of unsafe water sources for drinking water											
Water does not taste good											
Water does not look good											
Other											
No problem											
Do not know											
# of areas	35	16	10	7	15	9	23	5	2	4	126

The main water issue reported was the increase of water prices, which is in line with the fact that water trucking is the main reported source of drinking water and there is a lack of electricity and fuel for generators to make the system functional. As long as water trucking is the main source of water, electricity is intermittent, and the prices of fuel for generators are high, the cost of water will remain a serious concern. Limited storage capacity is the second most important water issue; it affects mainly IDPs in collective shelters, open spaces and unfinished buildings. Water was unsafe for drinking in the majority of assessed areas in Deir-ez-Zor governorate. It depends mainly on Euphrates River water, which is reportedly polluted with oil. The water contamination threatens not only drinking water but has already caused significant health concerns and serious problems with agriculture in the governorate.

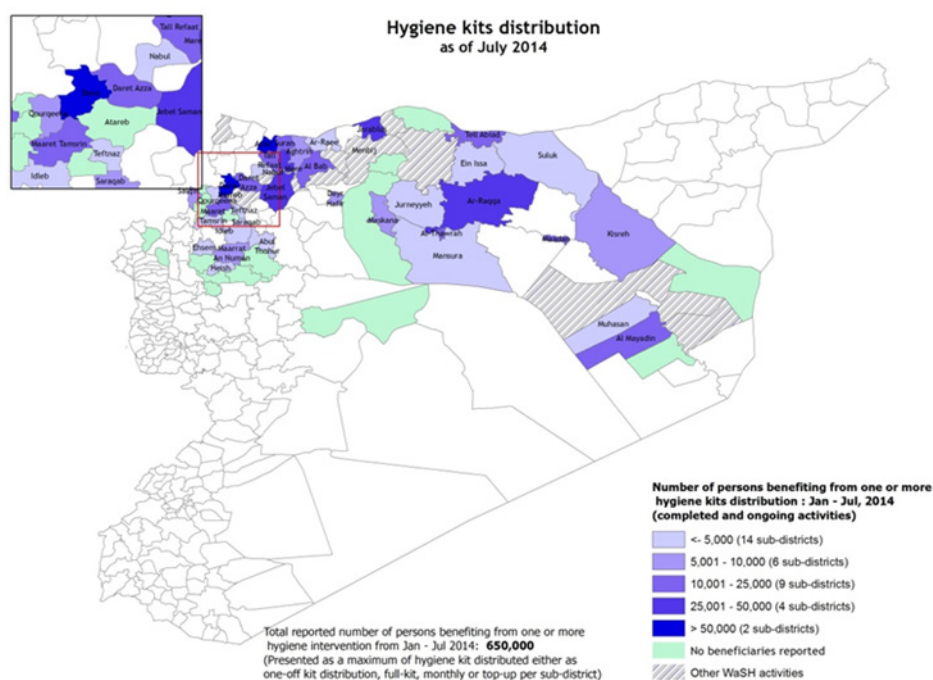
### k. Damages to water infrastructure

Heavy damages and complete destruction of water infrastructure are most reported in assessed areas that cited frequent and sporadic fighting in the 30 days prior to the assessment. In 87% (42 out of 48) of the areas experiencing frequent fighting, those water systems/networks are damaged compared with only 12 % of areas with no conflict (three out of 25). While the conflict has not particularly targeted water infrastructure, indiscriminate bombing and aerial shelling in areas of high conflict have left both the infrastructure inoperable or prevented access of spare parts and repairing interventions, further exacerbating the severity of the WASH situation. In areas showing a low intensity of conflict and high levels of damage, it is noted that infrastructure most probably sustained damages in the past: some of the sub-districts have been contested since the beginning of the conflict or are in a stalemate, such as Aleppo City.



### l. Hygiene Items Availability

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idlib	Lattakia	Quneitra	Rural Damascus	All Areas
Personal hygiene products	54%	13%	50%	50%	7%	56%	43%	20%	50%	75%	40%
Not enough places to wash or bathe	43%	13%	60%	50%	27%	67%	30%	20%	50%	25%	37%
No problem	20%	38%	10%	0%	67%	11%	39%	60%	0%	25%	30%
Female hygiene products	20%	0%	50%	67%	7%	44%	35%	20%	50%	50%	26%
Other	0%	44%	0%	0%	7%	0%	9%	20%	50%	0%	10%
Lack of Water	3%	0%	0%	0%	0%	0%	9%	0%	0%	25%	3%
Do not know	6%	0%	20%	0%	0%	0%	0%	0%	0%	0%	3%
# of areas assessed	35	16	10	6	15	9	23	5	2	4	126



The most noticeable problem in terms of availability of hygiene items is lack of personal hygiene products such as shampoos and soap, mentioned in 40% of all assessed sub-districts. This problem can be explained by the disruption of production of these materials locally in Syria, especially in industrial

governorates such

as Aleppo and parts of Rural Damascus. The raw materials of this industry are chemical substances that are subject to international sanctions, which limit the amounts available for manufacturing. The second biggest issue is not having enough places to wash or bathe, which is highly linked to having people living in collective shelters, unfinished buildings and self-settled camps. This issue is most prominent in governorates such as Hama and Ar-Raqqah, where a significant number of IDPs falling under these three categories are have poor living conditions. There is a significant difference between areas of conflict and no conflict in terms of availability of hygiene materials. Only 14% of the areas with frequent fighting reported no issues in availability compared with 56% in the areas with no fighting.

### m. Hygiene Accessibility

	Aleppo	Al-Hasakeh	Ar-Raqqah	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Lack of money, income or resources to access basic hygiene product	59%	94%	90%	83%	33%	100%	71%	60%	100%	100%	71%
Lack of adapted services for persons with restricted mobility	44%	6%	60%	0%	13%	33%	24%	0%	50%	75%	30%
No problem	9%	0%	0%	0%	60%	0%	19%	40%	0%	0%	15%
Physical constraints to the markets (distance to toilets, segregation, etc.)	18%	0%	20%	17%	7%	11%	24%	0%	50%	0%	14%
Logistical constraints (no transport, fuel, etc.)	15%	0%	10%	33%	0%	11%	10%	20%	50%	50%	12%
Security constraints restricting access to sanitation facilities (dangerous area to go over, etc.)	9%	6%	20%	0%	7%	33%	5%	0%	100%	25%	11%
Lack of information on available services (Location, cost, ...)	0%	0%	10%	0%	0%	22%	0%	0%	50%	25%	4%
Do not know	9%	0%	0%	0%	0%	0%	0%	0%	0%	0%	2%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	25%	1%
<b># of areas</b>	<b>34</b>	<b>16</b>	<b>10</b>	<b>6</b>	<b>15</b>	<b>9</b>	<b>21</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>122</b>

The most reported issue in accessibility to hygiene services is lack of financial resources, found in 71% of the assessed sub-districts. This issue is noticeable across all governorates except Deir-ez-Zor, where fewer accessibility issues were reported, either because of assistance delivery or high availability of materials. The rest of the accessibility issues are not highly reported in general.



## n. Sewage Disposal Methods

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Soak pits	77%	63%	80%	86%	93%	78%	70%	60%	100%	0%	74%
Public network (functional partially)	57%	69%	60%	71%	53%	67%	70%	40%	50%	50%	61%
in the open	49%	50%	50%	29%	7%	67%	30%	0%	50%	0%	37%
Public network (functional fully)	26%	25%	20%	43%	13%	22%	30%	80%	0%	0%	26%
Into streams, rivers, branches, tributaries,	3%	6%	50%	14%	47%	56%	17%	40%	50%	25%	22%
Into irrigation channels	3%	6%	20%	0%	13%	0%	13%	0%	0%	50%	9%
Into lakes and ponds	3%	0%	0%	0%	0%	22%	0%	20%	0%	0%	3%
Do not know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

In 74% of the visited sub-districts, soak pits were reported to be one of the main sewage disposal methods, especially in rural areas where about 85% of visited sub-districts use soak pits. The second main method is using public networks that are partially functional. Possible reasons networks are partially functional might include damage and destruction caused by conflict and lack of maintenance services resulting from the low functionality of municipalities, especially in opposition-held areas. Public networks reported to be fully functional only in 26% of the assessed sub-districts. The reduction was caused by conflict-related issues such as bombing and lack of capacity to rehabilitate the destroyed infrastructure. In 37% of the visited sub-districts, people reported that sewage is being disposed in the open, especially in Hama, Ar-Raqqa, Al-Hasakeh, Aleppo and Quneitra, where high numbers of people live in unfinished buildings and in open spaces; all these governorates also reported high numbers of skin diseases.

## o. Sanitation - Reported Problems

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Rubbish and garbage accumulation in public places											
Increase of flies and mosquitoes											
Waste causes environmental pollution											
Sewage causes water pollution											
Bad smell											
Increase of rodents like rats											
Open defecation											
No problem											
Do not know											
Other											
Number of areas assessed	35	15	10	7	15	9	23	5	2	4	125

The highest ranking problem in sanitation across all governorates was the accumulation of garbage in public spaces. This is highly related to the reduced capacity of municipalities to dispose of solid waste, because equipment, fuel and salaries for employees are all lacking. This leads to the absence of sanitary garbage disposal services, such as garbage dumping sites and incineration/burial services. No critical differences between rural and urban areas were reported. The second highest-ranking problem concerning sanitation is the increase of flies and mosquitoes, which is related to the summer season, the accumulation of solid waste and poor sewage systems.

## p. Sanitation-Availability Problems

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
No regular rubbish collection	71%	69%	100%	86%	100%	89%	96%	60%	100%	100%	84%
Desludging services stopped	46%	13%	60%	29%	40%	22%	48%	60%	50%	75%	41%
Sewage treatment stopped	40%	31%	30%	29%	47%	33%	39%	20%	50%	100%	39%
Sewage system damaged	29%	19%	10%	43%	60%	44%	22%	20%	50%	25%	30%
Not enough toilets for women	26%	0%	50%	14%	20%	33%	17%	20%	50%	0%	21%
Not enough toilets for men	17%	0%	40%	14%	0%	33%	17%	0%	50%	0%	15%
No problem	14%	25%	0%	0%	0%	11%	0%	20%	0%	0%	9%
Other	3%	0%	0%	0%	7%	0%	0%	0%	0%	0%	2%
Do not know	3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

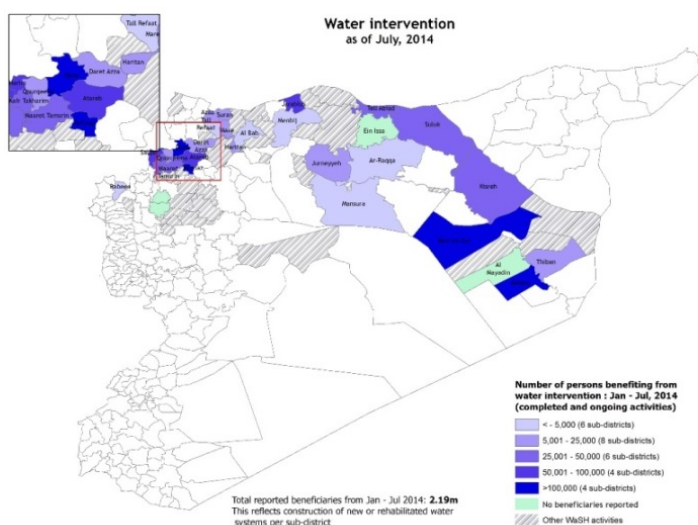
In line with the most reported sanitation issues, the biggest problem in sanitation-availability across all governorates is the absence of regular rubbish collection, which was reported in 84% of the visited sub-districts. There is a critical difference between areas of conflict compared with those of no conflict, with more severe problems in areas of conflict. The main reason for this difference might be the difficulties providing municipality services in high conflict intensity areas, especially activities needing functional staff working on the ground, which poses high risks in insecure areas.

## q. Sanitation Access

As for all the other sectors, lack of access to sanitation is mostly linked to the lack of financial means as well as the lack of adapted services for persons with disabilities.

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
Lack of money, income or resources to access sanitation facilities/services	16%	88%	80%	60%	31%	63%	57%	20%	100%	75%	50%
Lack of adapted services for persons with restricted mobility	48%	13%	30%	0%	15%	25%	26%	40%	50%	25%	29%
No problem	23%	0%	10%	0%	69%	25%	30%	40%	0%	25%	25%
Physical constraints to the markets (distance to toilets, segregation, etc.)	35%	6%	40%	20%	8%	13%	0%	0%	0%	25%	17%
Logistical constraints (no transport, fuel, etc.)	13%	6%	10%	40%	0%	13%	9%	0%	100%	75%	14%
Security constraints restricting access to sanitation facilities (dangerous area to go over, etc.)	13%	6%	0%	40%	0%	13%	9%	0%	50%	75%	12%
Lack of information on available services (Location, cost, ...)	0%	6%	0%	0%	0%	13%	4%	0%	0%	25%	3%
Discrimination	0%	0%	0%	0%	0%	13%	0%	40%	0%	0%	3%
Do not know	10%	0%	0%	0%	0%	0%	0%	0%	0%	0%	3%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# of areas assessed	31	16	10	5	13	8	23	5	2	4	117

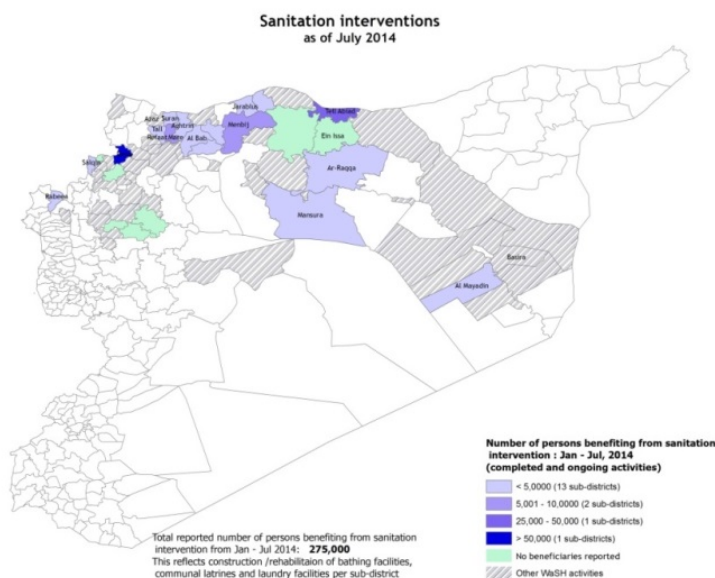
## r. Coverage of WASH interventions



The major challenges in the past six months have been accessibility to some of the most hard-hit areas, a result of deteriorating security. Unavailability of spare parts for operation and maintenance has affected efforts to improve capacity of water and sewage systems. Processing chlorine shipments through the Turkish border has also been a major concern, especially in Deir-ez-Zor governorate where the highest incidences of diarrhoea were reported. On the other hand and in Aleppo, a siege foreseen two months before the assessment resulted in the drafting of an Aleppo

contingency plan for approximately 200,000 beneficiaries with actors coming in to support with material assets and logistics for delivery of WaSH supplies. The response to finance this plan was unfortunately weak.

On the planning side, a new response plan was prepared and launched starting July 2014 for the next one year with a target of 3.7 million people, both IDPs and communities. The plan budget is \$45M.



Based on the Response Plan and according to the first twomonths' data, response has reached 2% of its target for both water and sanitation and 14% for hygiene kits distribution as of the end of August 2014.

On 14 July 2014, Security Council Resolution (SCR) 2165 was issued, authorising the UN agencies and their partners to engage in a humanitarian cross-border operation without the consent of the Syrian government. It is foreseen that this would lead into a larger outreach in terms of population and geographic areas as well as larger engagement of Syrian NGOs in the humanitarian work. Immediately after the resolution, the WASH Working Group held a needs assessment meeting to define some of the urgently required interventions. Implementation modalities and plans in relation to the new SCR are still being refined with some NFIs already being delivered to needy areas.

## s. WASH assistance evaluation

61 out of 126 assessed sub-districts reported they had not received any kind of WASH support in the preceding 30 days. Solid waste removal/disposal was the most reported type of service received in

the assessed areas; however, it is covering only 29% of them. This is indicative of a weak overall WASH response. In terms of assistance delivered, 54% of rural areas report no WASH assistance received in the 30 days prior to the assessment. The majority of areas with frequent fighting report no assistance received. Urban areas and areas with frequent fighting reported a higher percentage of water assistance compared with rural areas. This may reflect the provision of emergency WASH assistance in areas with high concentration of populations and immediate conflict-related needs.

	Aleppo	Al-Hasakeh	Ar-Raqqa	Dar'a	Deir-ez-Zor	Hama	Idleb	Lattakia	Quneitra	Rural Damascus	All Areas
No assistance	43%	50%	20%	57%	67%	56%	52%	40%	50%	50%	48%
Solid Waste	34%	44%	20%	43%	7%	0%	39%	40%	0%	25%	29%
Water	0%	0%	50%	0%	0%	0%	0%	0%	0%	0%	20%
Hygiene	9%	13%	10%	0%	0%	11%	0%	0%	50%	0%	6%
Sanitation	0%	0%	0%	0%	7%	11%	0%	20%	0%	0%	2%
Do not know	3%	0%	0%	0%	7%	0%	0%	0%	0%	0%	2%
# of areas assessed	35	16	10	7	15	9	23	5	2	4	126

95 out of the 126 assessed sub-districts report a low level response to needs, with only up to 25% of needs covered.

## t. Priority interventions

The priority interventions stated by KIs in terms of water include provision of electricity, digging wells and fuel for generators, followed by network repairs in order to improve capacity for pumping of water and water distribution.

Priority interventions for sanitation include garbage collection, provision of insecticides, and sewage repairs. These priority interventions are likely to shift with the onset of the winter season.

Priority interventions for hygiene include provision of female hygiene kits, women kits, and hygiene kits for children.

## u. Sector composition, achievements and the way forward

There is a presence of both international and local NGOs contributing to the current cross border WASH intervention and participating in the working group meetings. There are 16 INGOs, with six local NGOs working as either direct implementers or partnering with other INGOs in WASH intervention.

Since January 2014, agencies have provided assistance to construct, repair and rehabilitate water systems that benefit over 2.5 million<sup>138</sup> people.

Regarding sanitation, the sector has provided toilets and bathing spaces to 275,000 people living in informal settlements and in collective centres. Further, more than 250,000 people have benefited from O&M of the sewage systems.

In hygiene, the sector response has reached 650,000 beneficiaries with either a one-off, full, monthly, or top-up hygiene kit since January 2014.

<sup>138</sup> Figures from the latest WaSH 4Ws (January – July 2014)

## v. Recent assessments

A number of assessments were done in the past few months to look into the condition of different WASH areas and needs. These include IRC's KAP survey in June 2014, Al Kasra WASH assessment in April 2014 and Aleppo - REACH Aleppo Governorate KI assessment in July 2014.

## INFORMATION GAPS

### a. Education

#### Geographical gaps and constraints

The vast majority of assessed areas reported receiving no education-sector specific assistance over the course of the three months prior to the MSNA. Results also highlighted that education support is sporadic and unpredictable (including in-depth sectoral assessments). Overall there is a lack of reliable data on the availability of qualified teachers in the northern governorates, contested areas and areas hard to reach.

In terms of geographical areas, little information on Idlib governorate is available, particularly concerning the number of children attending schools, the number of functional learning spaces, availability of qualified teachers and of educational materials.<sup>139</sup>

There are information gaps in Al-Hasakeh, Deir-ez-Zor, Hama, and Homs governorates concerning infrastructure.

#### Sectoral gaps and constraints

Psychological support is an activity that is generally not very well understood, which may underlie its low result for most urgent education intervention needs ranking.

Access for humanitarian actors to provide education support has been severely hampered<sup>140</sup> by several factors including security, logistical and administrative difficulties in getting materials across the border, lack of coherent educational governance or institutional support and large scale displacement in hard-to-reach areas. For example, families evacuated from Homs earlier this year reported that most school buildings had been either damaged or turned into shelters, storage facilities or military command and control nodes.<sup>141</sup> This in turn indicates that even as the demand for the provision of the service continues to decrease because of insecurity and successive waves of displacement, the supply of the service is also rapidly diminishing, owing to the factors outlined in this report.

### b. Food Security and Livelihoods

#### Geographical gaps and constraints

More than three years into the crisis, there remains a general lack of detailed information and understanding of the state of food security and livelihoods inside Syria as well as functionality of markets. While a number of assessments have been conducted over the last six-month period they generally focus on small geographical areas determined by programmatic requirements, which results in piecemeal information to inform the current baseline food security situation. What is known is that the situation varies widely both across and within geographical areas.

At present 'food security' is defined by the Key Informants used for each assessment and is thus not standardised. It is also difficult to verify the information currently available.

This assessment has shown that a detailed sector-specific assessment with household level quantitative data, where possible, is urgently needed. Additional information gaps identified in this sector are:

- Limited data available on market functionality.

<sup>139</sup> SNAP, Idlib Governorate Profile, June 2014.

<sup>140</sup> Nevertheless, access to northern Syria remains feasible as some humanitarian partners are working towards supporting schools in governorates in northern Syria.

<sup>141</sup> UNICEF, Under Siege – The devastating impact on children after three years of conflict in Syria, March 2014.



- Up to date value chain analyses, market monitoring data to support the MSNA findings and provide more robust conclusions on the strength of markets across all of Syria, the myriad of challenges associated with accessibility and availability, and its implications on food security at a macro-level.
- Further research on market capacity, to improve understanding of dynamics of stock and diversity of available items.
- Detailed information on the main sources of income as well as expenditure, rural/urban, regional, seasonal, gender specific are urgently needed and is considered serious information gaps.
- Information on food consumption is further lacking.

### c. Health

#### Geographical gaps and constraints

Communicable disease data, including monthly updates on epidemics, will be provided by the upcoming Health sector update (EWARS/WHO).

While the Ministry of Health (MoH) and WHO maintain a national early warning and response system (EWARS) for disease surveillance, some information gaps remain (for instance, people in Dar'a Governorate are highly dependent on field hospitals and other ad hoc health posts, which are often not included in the EWARS). There is a need for more systematic collection and analysis of data from these health facilities to complement the EWARS data.

#### Sectoral gaps and constraints

While there is a common analysis and understanding among health partners regarding their areas of operation, coverage (both type and volume) of needs is still difficult to estimate.

On average, since January 2014, 13 health actors have reported on a monthly basis to the 3Ws and reported reaching 3,901,364 beneficiaries (including vaccination campaign). The health sector itself comprises many more actors with diverse capacities and reach. There is consensus in the sector of a need to further increase the quality of and access to health services, as well as to provide salary scales and benefits that take into account work conditions of health professionals, strengthening health structures to provide diagnostic services and chronic disease management, and re-establish specialised services such as TB programmes. Measures to accommodate the needs of disabled persons in communities should be planned for and longer-term rehabilitation should be available to prevent disabilities post operation.<sup>142</sup>

In order to reduce morbidity and mortality, re-establishing routine vaccination is a high priority. The EWARN system needs to be strengthened by increasing the number of reporting actors, inter-sectoral response to priority diseases, revising the HeRams reporting manual (e.g., to add Leishmaniasis), identification of referral labs, as well as activating an outbreak control team and adjusting the EWARN structure to the governorate level. There is a need to focus on child health programmes including screening and Integrated Management of Childhood Illness (IMCI), as well as nutrition screening and treatment. Improvement of information flow on reproductive health services such as Basic and Comprehensive Emergency Obstetric and Neonatal Care are particularly important.

### d. Protection

#### Geographical gaps and constraints

Systematic information on protection issues is not readily available and shared among humanitarian actors. This is due to the difficulties encountered in collecting reliable data, as well as the sensitivity pertaining to collecting this type of information. However, when organizations are able to collect protection data, agencies restrict diffusion as not to endanger their programs in Syria.<sup>143</sup>

<sup>142</sup> Hidden Victims of the Syrian Crisis: Disabled, injured and older refugees. Help Age International & Handicap International. Page 6. Help Age International. 2014.

<sup>143</sup> Humanitarian Policy Group, Policy Brief 57, "Addressing protection needs in Syria: overlooked, difficult, impossible?", April 2014.

Triangulating data on protection needs and concerns is a significant challenge because of movement restrictions but also because of the increasing fragmentation of political control across the country.<sup>144</sup>

Given the constraints in terms of humanitarian access, limited expertise on the ground, and the sensitivities involved in carrying out protection interventions in the Syria context, there are currently only a small number of actors responding to the protection needs of the conflict affected population. These are primarily located in accessible areas of Aleppo and Idleb governorates. Such services provide support to some of the most vulnerable and the most severely affected by the conflict. However, the needs are far greater than what currently is being provided for. An expansion of services is needed both in accessible locations already being served and to communities in eastern Aleppo governorate where there is a major gap in such services.

### **Sectoral gaps and constraints**

Strengthening emergency child protection interventions, including the expansion of child friendly spaces and psychosocial services for children, raising awareness on child protection minimum standards, and increasing informal learning or vocational opportunities for children and youth to mitigate the risk of child recruitment and child labour have been identified as priority interventions.

Reducing the risks and consequences of Gender Based Violence (GBV) through the expansion of Women Safe Spaces, and increasing the availability and improving the quality of response services to GBV has been identified as a gap in the current protection interventions carried on in Syria. This also includes psychosocial support services for women and providing small scale livelihood opportunities for women at risk.

Overall, the MSNA reveals that there is a need to mainstream protection throughout the overall humanitarian response to ensure the safety and dignity of beneficiaries are prioritised and actors avoid causing harm. This will also ensure that services are adequate and equally accessible to vulnerable groups, and accountability to and participation of the affected population to build self-resilience.

## **e. Shelter and NFI**

### **Geographical gaps and constraints**

The MSNA revealed that 46% of sub-districts are reportedly receiving some type of NFI assistance, primarily clothing, bedding and water containers. Coverage has shown to be lowest among sub-districts assessed in Deir-ez-Zor and Hama governorates. Only 30% of assessed sub-districts received aid in both governorates. Coverage was reported highest in Ar-Raqqa governorate, where 80% of the population received support.

### **Sectoral gaps and constraints**

In the assessed areas, KIs highlighted the lack of rental houses as well as lack of spaces to stay as the main gap in assistance. This was mainly reported in Ar-Raqqa, Deir-ez-Zor, Al-Hasakeh, Idleb, and Aleppo governorates. This situation explains the tendency to resort to negative coping mechanisms among the affected population.

The majority of the sub-districts (89 sub-districts out of 114 or 71%) reported that no shelter assistance has been provided in the three months prior to this assessment. Geographic coverage among assessed districts is lowest in Quneitra (with neither of the two sub-districts visited in that governorate having received any aid) and highest in Dar'a, where four out of seven (or around 60%) of sub-districts received some type of support. In sub-districts that have received assistance, temporary shelter/tents and cash assistance were the main types of intervention.

<sup>144</sup> Syria Crisis Common Context Analysis, Report commissioned by the IASC Inter-Agency Humanitarian Evaluations Steering Group as part of the Syria Coordinated Accountability and Lessons Learning Initiative, Hugo Slim and Lorenzo Trombetta, May 2014, p. 44.

Overall, none of the aid received fulfilled the existing needs. Key Informants in those sub-districts indicated that, in their expert estimation, less than half of the existing needs were addressed.

#### **f. WASH**

##### **Geographical gaps and constraints**

During the three months prior to this assessment, the major challenge has been accessibility to some of the most hard-hit areas as a result of deteriorating security, with the main geographical gaps found in Al-Hasakeh, where WASH response only became possible as of August 2014. In general, detailed information on price of water trucking, catchment population and capacity of water sources remains limited, as is information on damages to WASH infrastructure.

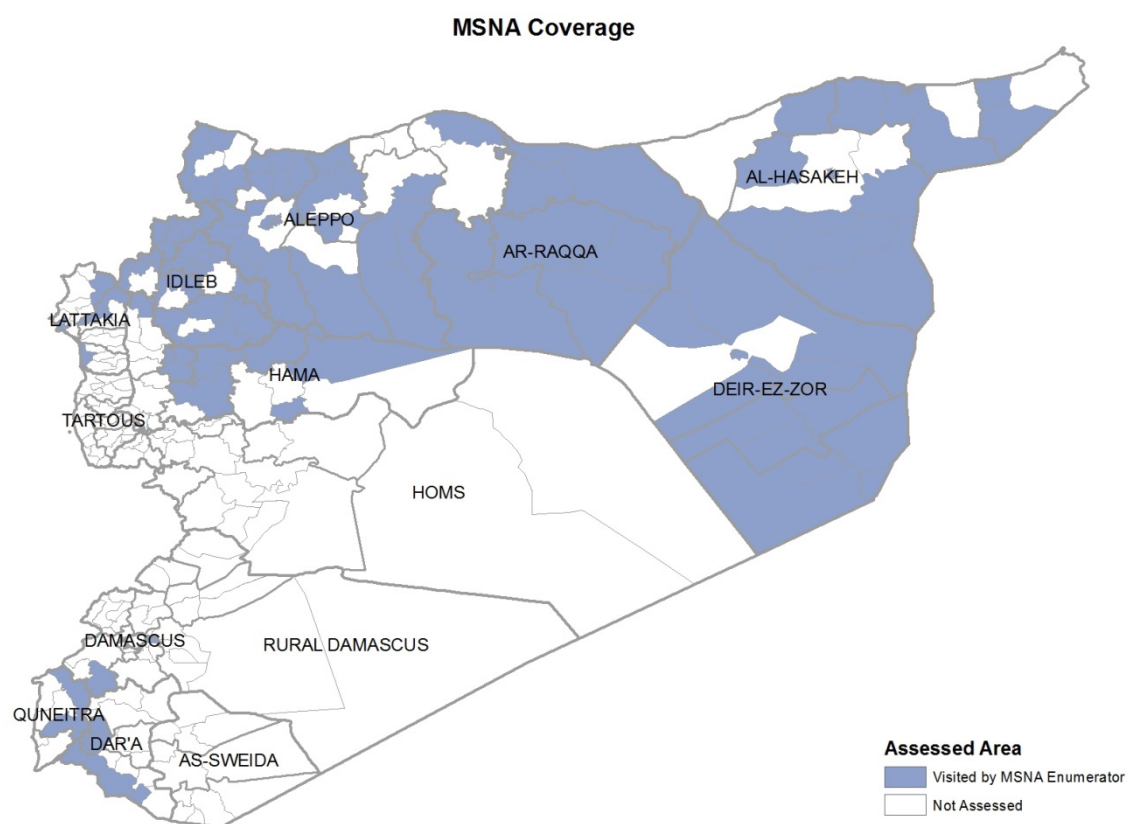
##### **Sectoral gaps and constraints**

The response plan launched in July 2014 has reached 2% of its target for both water and sanitation and 14% for hygiene kits distribution as of the end of August 2014.

On 14 July 2014, a new Security Council resolution 2165 was issued, authorising the UN agencies and their partners to engage in a humanitarian cross border operation. It is foreseen that this would lead into a larger outreach in terms of population and geographic areas as well as larger engagement of Syrian NGOs in the humanitarian work.

## ANNEXES

### a. Coverage map



### b. Questionnaire

Report ID:		Governorate:		<b>Contested area in the last 30 days:</b> <input type="checkbox"/> Frequent fighting (>1 time a week) and shelling causing damages/injuries/death <input type="checkbox"/> Sporadic fighting (<1 time a week) and shelling causing damages/injuries/death <input type="checkbox"/> No fighting (<1 a month), shelling, no damages/injuries/death
Date (dd/mm/yy):		District:		
Enumerator code:		Sub-District:		
Sub-District is	<input type="checkbox"/> Urban (>50% of pop. living in urban centres) <input type="checkbox"/> Rural (<50% of pop. living in urban centres)			

A. Population				
A1. Estimated # of population in sub-district				
	Total	% of children (<18 years)	% Female (all ages)	Confidence
Total # of pre-conflict population (2011)				
Total # who have fled the sub-district				
Total # of displaced in sub-district				
<b>Current Population</b>				

A2. Displacement in sub-district (put the figures or DNK or N/A)				
Displaced Population	Total	% of children (<18 years)	% Female (all ages)	Confidence
# of displaced in host families (no rent fee)				
# of displaced living in rented accommodations				
# of displaced in unfinished or damaged buildings (not good condition)				
# of displaced in collective shelter (schools, public building, vacated, etc.)				
# of displaced in organised, structured camps				
# of displaced in self settled "camp"				
TOTAL (check total displaced in sub-district is same as A1.)				
List the evidence available for population numbers:				

A3. Where are most displaced coming from? (Tick only one)	
<input type="checkbox"/> No displacement <input type="checkbox"/> From the same sub-district <input type="checkbox"/> Other sub-district(s) in same district (specify): _____ <input type="checkbox"/> Other district(s) in same governorate (specify): _____ <input type="checkbox"/> Do not know <input type="checkbox"/> Other governorate(s) (specify): _____	
A4. Type of displacement for most of the IDPs? (Tick only one)	
<input type="checkbox"/> Primary displacement <input type="checkbox"/> Secondary displacement <input type="checkbox"/> Multiple displacement	

A5. Where have most people fled to? (Tick only one)	
<input type="checkbox"/> No displacement <input type="checkbox"/> Within the same sub-district <input type="checkbox"/> Other sub-district in same district (specify): _____ <input type="checkbox"/> Other district in same governorate (specify): _____ <input type="checkbox"/> Other governorate (specify): _____ <input type="checkbox"/> Do not know <input type="checkbox"/> Abroad (specify): _____	

A6. Have the displaced/crisis-affected people been registered in this sub-district in the last 3 months?	
<input type="checkbox"/> Yes (completed) <input type="checkbox"/> Yes (under way) <input type="checkbox"/> No <input type="checkbox"/> Not yet, but scheduled	
If yes, which organisation(s) conducted the registration in this sub-district?	

A7. In general, how is the relationship between the displaced and the host community in this sub-district? (Tick one only)	
<input type="checkbox"/> No displaced people <input type="checkbox"/> Tensions already exist <input type="checkbox"/> Host community willing to assist for as long as necessary <input type="checkbox"/> Host community willing to assist, but for limited time <input type="checkbox"/> Do not know <input type="checkbox"/> Other (specify _____)	

A8. Is the total number of people in this sub-district increasing, decreasing, or staying the same in this sub-district over the last 30 days? (Tick one only)	
<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> About the same <input type="checkbox"/> Do not know	

B. Humanitarian Access and Information								
B1. What is the impact of each of the following parameters on humanitarian access to the affected area?	Do not know	Not applicable	Very low impact	Low impact	Moderate	High impact	Very high	Impossible
Humanitarian access to the affected population								
Movement and travel restrictions for relief agencies, personnel or goods								
Interference in the implementation of humanitarian activities by powerful groups or persons								
Violence against relief agencies' personnel, facilities and assets								
Access of beneficiaries to relief								
Restrictions on affected population's access to services and assistance								
Denial of the existence of humanitarian needs or the entitlement to humanitarian assistance								
Lack of information on humanitarian aid for affected people								
Security and physical constraints								
Ongoing insecurity/hostilities affecting humanitarian assistance								
Obstacles related to terrain, climate, lack of infrastructure								
Presence of mines and explosives								

B2. What are the main safety and dignity issues affecting the sub district? (rank top three: 1= most at risk, 2=second most at risk, 3=third most at risk)			
	Armed violence/clashes		Aerial attacks or bombings
	Killings/Executions		Kidnapping/Disappearances
	Arrest/detention		Physical Abuse/Torture
	Attacks on civilian facilities (eg. Schools and hospitals)		Restricted population movement
	Criminality/criminal acts		Do not know
	Other, specify _____		

B3. What are the main safety and dignity issues affecting individuals in the Sub district? (rank top three: 1= most at risk, 2=second most at risk, 3=third most at risk)			
	Harassment or discrimination		Family separation
	Sexual violence		Extortion/Bribes
	No or loss of personal identify documentation (eg. BC, passport, family booklet)		Housing, Land and property related conflicts, disputes or grievances
	Human Trafficking		Tensions between host and displaced population
	Presence of landmines and unexploded ordnance		Recruitment and use of children into armed forces/armed groups
	Do not know		Other: _____

B4. How is the community coping with distress (in reference to issues in B3)? (rank top three: 1= most at risk, 2=second most at risk, 3=third most at risk)			
<input type="checkbox"/>	Access to friendly spaces for children	<input type="checkbox"/>	Access to centres for women
<input type="checkbox"/>	Seek support from family	<input type="checkbox"/>	Approach community leaders
<input type="checkbox"/>	Seek religious leader	<input type="checkbox"/>	Talk with friends
<input type="checkbox"/>	Engaging in conflict	<input type="checkbox"/>	Seeking psychosocial support from civil society/NGOs
<input type="checkbox"/>	Do not know	<input type="checkbox"/>	Other, specify _____

B5. In this sub-district, which population group is considered most at risk of these safety and dignity concerns? Rank top 3: 1= most at risk, 2=second most at risk, 3=third most at risk	
<input type="checkbox"/>	Displaced people living in host families (no rent fees)
<input type="checkbox"/>	Displaced people in rented accommodations
<input type="checkbox"/>	Displaced people living in damaged/unfinished apartments, buildings
<input type="checkbox"/>	Displaced people in collective shelter (schools, public building. etc.)
<input type="checkbox"/>	Displaced people in organised, structured camps
<input type="checkbox"/>	Displaced people in self settled "camp"
<input type="checkbox"/>	Resident population hosting displaced persons
<input type="checkbox"/>	Resident population who have not been displaced
<input type="checkbox"/>	Returnees

B6. which group of people are most at risk of safety and dignity concerns? Rank three only: 1=first rank, 2=second rank, 3=third rank	
Ages categories (rank 3)	Vulnerable Group (Rank 3)
<input type="checkbox"/> Infants/toddlers < 5 years old	<input type="checkbox"/> Female head of household
<input type="checkbox"/> Children ( 5 to 12 years old)	<input type="checkbox"/> Child head of household
<input type="checkbox"/> Youth female (13-17 years old)	<input type="checkbox"/> Single women (including widows)
<input type="checkbox"/> Youth male (13-17 years old)	<input type="checkbox"/> Persons with disability
<input type="checkbox"/> Women (18-59 years old)	<input type="checkbox"/> Older persons (60 and above)
<input type="checkbox"/> Men (18 - 59 years old)	<input type="checkbox"/> Chronically ill
<input type="checkbox"/> Older persons (60+ years old)	<input type="checkbox"/> Minorities
<input type="checkbox"/>	<input type="checkbox"/> Children with no caregiver (unaccompanied children)
<input type="checkbox"/>	Other: _____

C. Food Security and Livelihoods						
C1. Overall, which of the following statements describes best the ability of families to eat in this sub-district? (Circle 1 answer only, use Pocket Card)						
None	Not life-threatening			Life-threatening		
0	1	2	3	4	5	6

C2. How many people in this sub-district are currently in need for humanitarian food aid? (enter estimated number of people and level of confidence)		
DNK if no information and 0 (zero) if no person in needs	# of people	Confidence
No of persons in <u>acute</u> and immediate need for humanitarian food assistance: (life-threatened caseload)		
No of persons in need for humanitarian food assistance: (not life-threatened caseload)		
Total No of persons in need for humanitarian food assistance		
List all types of Key Informants and figures e.g. INGO (figure), Committee (figure), etc...		
In acute need		
In need		

C3. Which group faces the biggest risks of food shortages in this sub-district? (rank only top three: 1= most at risk, 2=second most at risk, 3=third most at risk)	
<input type="checkbox"/>	Displaced people living in host families (no rent fees)
<input type="checkbox"/>	Displaced people in rented accommodations
<input type="checkbox"/>	Displaced people living in damaged/unfinished apartments, buildings
<input type="checkbox"/>	Displaced people in collective shelter (schools, public building. etc.)
<input type="checkbox"/>	Displaced people in organised, structured camps
<input type="checkbox"/>	Displaced people in self settled "camp"
<input type="checkbox"/>	Resident population hosting displaced persons
<input type="checkbox"/>	Resident population who have not been displaced
<input type="checkbox"/>	Returnees

C4. Are there significant changes in the total amount of food that people are eating since the last 30 days? (tick only one)			
<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> The same	<input type="checkbox"/> Do not know

C5. What was the main source of food for the population last year in this sub district? (Rank three only: 1=first rank, 2=second rank, 3=third rank)			
<input type="checkbox"/>	Purchase in the market, shop	<input type="checkbox"/>	Own production
<input type="checkbox"/>	Traded goods/services, barter	<input type="checkbox"/>	Received as gift
<input type="checkbox"/>	Do not know	<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>		<input type="checkbox"/>	Borrowed
<input type="checkbox"/>		<input type="checkbox"/>	Food aid

C7. What are the main coping mechanisms of the population in this sub-district when responding to food shortages? (tick all that apply)	C8. Food availability & accessibility: Which of the following issues is the most reported? (tick all that apply)
<input type="checkbox"/> Rely on less preferred and less expensive foods <input type="checkbox"/> Purchase food on credit <input type="checkbox"/> Send children to eat with neighbors <input type="checkbox"/> Limit portion size at mealtimes <input type="checkbox"/> Reduce number of meals eaten in a day <input type="checkbox"/> Skip entire days without eating <input type="checkbox"/> Borrow food, or rely on help from a friend or relative <input type="checkbox"/> Gather wild food, hunt, or harvest immature crops <input type="checkbox"/> Send household members to beg <input type="checkbox"/> Restrict consumption by adults in order for small children to eat <input type="checkbox"/> Feed working members of HH at the expense of non-working members <input type="checkbox"/> Other: _____	<u>Availability issues</u> <input type="checkbox"/> Not enough food (diversity) in markets <input type="checkbox"/> Not enough food produced locally <input type="checkbox"/> Not enough infant formula <input type="checkbox"/> Not enough infant cereal/foods to feed children 6 to 24 months <input type="checkbox"/> Not enough cooking items or utensils <input type="checkbox"/> Not enough fuel/gaz for cooking <input type="checkbox"/> Not enough livestock <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <u>Accessibility issues</u> <input type="checkbox"/> Physical and logistic constraints to market (roads damaged, too far, no transport, etc.). <input type="checkbox"/> Lack of adapted services for persons with restricted mobility (older persons, persons with disability) <input type="checkbox"/> Insecurity hindering movement or access to goods and services <input type="checkbox"/> Lack of information on available food (distribution sites, market, time) <input type="checkbox"/> Discrimination <input type="checkbox"/> Lack of money, income or resources <input type="checkbox"/> No problem <input type="checkbox"/> Do not know

C9. What was / were the main source(s) of income for the population in this sub-district last year at the same period? (Rank three only: 1=first rank, 2=second rank, 3=third rank)	
<input type="checkbox"/> Food Crop Production & Sales	<input type="checkbox"/> Cash crop Production and Sales
<input type="checkbox"/> Livestock Production/Sales	<input type="checkbox"/> Sale of Livestock Products
<input type="checkbox"/> Sale of goods	<input type="checkbox"/> Sale of Handicraft/Artisan Products
<input type="checkbox"/> Casual/Wage Labour	<input type="checkbox"/> Remittance
<input type="checkbox"/> Skilled Employment/Salary	<input type="checkbox"/> Petty Trade
<input type="checkbox"/> Irregular Social Support	<input type="checkbox"/> Do not know
<input type="checkbox"/> Humanitarian Assistance	<input type="checkbox"/> Other (specify): _____
C10. What is/are the main source(s) of income for the population in this sub-district now? (Rank three only: 1=first rank, 2=second rank, 3=third rank)	
<input type="checkbox"/> Food Crop Production & Sales	<input type="checkbox"/> Cash crop Production and Sales
<input type="checkbox"/> Livestock Production/Sales	<input type="checkbox"/> Sale of Livestock Products
<input type="checkbox"/> Sale of goods	<input type="checkbox"/> Sale of Handicraft/Artisan Products
<input type="checkbox"/> Casual/Wage Labour	<input type="checkbox"/> Remittance
<input type="checkbox"/> Skilled Employment/Salary	<input type="checkbox"/> Petty Trade
<input type="checkbox"/> Irregular Social Support	<input type="checkbox"/> Do not know
<input type="checkbox"/> Humanitarian Assistance	<input type="checkbox"/> Other (specify): _____

C11. What is/are your main expenditure for the population in this sub-district? (Rank three only: 1=first rank, 2=second rank, 3=third rank)			
<input type="checkbox"/>	Reimbursement of debt	<input type="checkbox"/>	Food
<input type="checkbox"/>	Hygiene items /Clothing / shoes	<input type="checkbox"/>	Health
<input type="checkbox"/>	Communication (Internet, phone)	<input type="checkbox"/>	Water
<input type="checkbox"/>	Energy (Fuel, wood, charcoal, electricity, gas, petrol)	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other (specify): _____	<input type="checkbox"/>	Housing / Rent
<input type="checkbox"/>		<input type="checkbox"/>	Education
<input type="checkbox"/>		<input type="checkbox"/>	Do not know

C12. Did you observe if food is available at the shops and markets? (tick only one quantity and one Variety)	
<input type="checkbox"/> Quantity is high	<input type="checkbox"/> Variety is high
<input type="checkbox"/> Quantity is moderate	<input type="checkbox"/> Variety is intermittent
<input type="checkbox"/> Quantity is low	<input type="checkbox"/> Variety is low

C13. Price of Bag of Bread at this moment (bag=6-9 pieces) in SYP			
<input type="checkbox"/> DNK <input type="checkbox"/> No Bread	Minimum	Most common	Maximum
Price of not subsidized bread in the street (per bag):			
Price of subsidized bread (per bag):			



C14. Are important commodities generally missing at shops and markets? (Tick all that apply)	
<input type="checkbox"/> Cereals <input type="checkbox"/> Legumes, nuts and seeds <input type="checkbox"/> Flesh (meat, fish and poultry) products <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Sugar or sugar products (honey, jam) <input type="checkbox"/> No commodities missing <input type="checkbox"/> Other, specify:	<input type="checkbox"/> roots and tubers <input type="checkbox"/> Milk and milk products <input type="checkbox"/> Eggs <input type="checkbox"/> Oils/Fats/Butter <input type="checkbox"/> Fuel/Gaz for cooking <input type="checkbox"/> Do not know

C15. How is the area planted this season in this sub-district compare to 2013 agricultural season? (Tick only one) Not applicable <input type="checkbox"/>				
Wheat	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	<input type="checkbox"/> Do not know
Barley	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	<input type="checkbox"/> Do not know

C16. How is the estimated yield this season in this sub-district compare to 2013 agricultural season? (Tick only one) Not applicable <input type="checkbox"/>				
Wheat	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	<input type="checkbox"/> Do not know
Barley	<input type="checkbox"/> Better	<input type="checkbox"/> Same	<input type="checkbox"/> Worse	<input type="checkbox"/> Do not know

C17. Is there any constraint to produce food locally in this sub district? (Tick only one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable (urban area) <input type="checkbox"/> Do not know	
C18. If Yes, what are the main constraints (Tick all that apply)	C19. If availability issue in the market, what are the main items missing? (Tick all that apply)
<input type="checkbox"/> Input not available (seeds, tools, animal, etc.) <input type="checkbox"/> No access to land <input type="checkbox"/> No available land to cultivate <input type="checkbox"/> No fodder for animal <input type="checkbox"/> No veterinary services available <input type="checkbox"/> Outbreak of animal diseases <input type="checkbox"/> Impossible to use traditional livestock migration road <input type="checkbox"/> No market accessible to sell goods <input type="checkbox"/> Do not know <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Seeds <input type="checkbox"/> Tools <input type="checkbox"/> Fertilizer <input type="checkbox"/> Animal <input type="checkbox"/> Fodder <input type="checkbox"/> Do not know <input type="checkbox"/> Other, specify:

C20. What type of food support has been provided in this sub-district over the past 30 days? (Tick all that apply)		
<input type="checkbox"/> None <input type="checkbox"/> Bread <input type="checkbox"/> Fuel for bakery <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Food baskets <input type="checkbox"/> Wheat flour <input type="checkbox"/> Agricultural support	<input type="checkbox"/> Cash assistance <input type="checkbox"/> Cooking fuel /Gaz <input type="checkbox"/> Do not know

C21. In comparison with existing needs in this sub-district, what is the percentage covered in the past 30 days? (Tick only one)			
<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> 26 to 50%	<input type="checkbox"/> 51 to 75%	<input type="checkbox"/> 76 to 100%

C22. Which specific food security interventions are most urgently required in this sub-district? Rank three only: 1=first rank, 2=second rank, 3=third rank			
<input type="checkbox"/>	Food Basket	<input type="checkbox"/>	Wheat flour
<input type="checkbox"/>	Cooking Fuel	<input type="checkbox"/>	Fuel for bakeries
<input type="checkbox"/>	Bread	<input type="checkbox"/>	Cash assistance
<input type="checkbox"/>	Agricultural support (seeds, tools)	<input type="checkbox"/>	Do not know
<input type="checkbox"/>		<input type="checkbox"/>	Others, specify

D. Shelter and Non-Food Items (NFIs)						
D1. Overall, which of the following statements describes best the general status of Shelter in this sub district? (Circle 1 answer, use Pocket Card)						
None	Normal to serious situation			Major to catastrophic situation		
0	1	2	3	4	5	6

D2. How many people in this sub-district are currently in need for shelter support? (enter estimated number of people and level of confidence)		
DNK if no information and N/A if no person in needs	# of people	Confidence
No of persons in <u>acute and immediate</u> need for humanitarian shelter assistance:		
No of persons in need for humanitarian shelter assistance:		
Total No of persons in need for humanitarian shelter assistance		
List all types of Key Informants and figures e.g. INGO (figure), Committee (figure), health staff, etc.		
In acute need		
In need		

D3. Which group is most at risk due to lack of shelter? (rank three:1=most at risk, 2=second most at risk, 3=third most at risk)	
<input type="checkbox"/>	Displaced people living in host families (no rent fees)
<input type="checkbox"/>	Displaced people in rented accommodations
<input type="checkbox"/>	Displaced people living in damaged/unfinished apartments, buildings
<input type="checkbox"/>	Displaced people in collective shelter (schools, public building. etc.)
<input type="checkbox"/>	Displaced people in organised, structured camps
<input type="checkbox"/>	Displaced people in self settled "camp"
<input type="checkbox"/>	Resident population hosting displaced persons
<input type="checkbox"/>	Resident population who have not been displaced
<input type="checkbox"/>	Returnees

D4. Damages to private buildings (houses, flats) due to conflict (Enter in % of total building, total should be 100% +enter DNK if no information and 0 (zero) if no building in this category)		
Description	% of houses with	Confidence
No damage		
Slight damage: light repairs required (windows, doors)		
Moderate damage: Under 30% roof damage, moderate fire damage, repair possible		
Heavy damage: Over 30% roof damage, severe fire damage, repair possible		
Destruction: Unusable, houses or building levelled, repair not possible		
<b>Total</b>	<b>100%</b>	

D5. How people's shelter conditions is now compare to three months before in this sub district? <input type="checkbox"/> Better <input type="checkbox"/> Stable <input type="checkbox"/> Worst <input type="checkbox"/> DNK			
D6. Shelter issues: Which of the following issues is the most reported? Rank three only: 1=first rank, 2=second rank, 3=third rank			
<input type="checkbox"/>	Bad protection from weather conditions (cold, heat, rain, wind, snow, etc.)	<input type="checkbox"/>	Problematic relationship with landlord - eviction
<input type="checkbox"/>	Insecurity of belongings	<input type="checkbox"/>	Shelter / house doesn't offer privacy
<input type="checkbox"/>	Collective shelter overcrowded	<input type="checkbox"/>	Individual shelter overcrowded
<input type="checkbox"/>	Personal in security and safety	<input type="checkbox"/>	Exposure to risk of fire, live wire
<input type="checkbox"/>	Uncovered space for essential household activities	<input type="checkbox"/>	Absence of privacy for women and girl
<input type="checkbox"/>	Lack of electricity/lighting	<input type="checkbox"/>	Dirty or unhygienic shelter environment
<input type="checkbox"/>	Bad condition / quality of the tent	<input type="checkbox"/>	
<input type="checkbox"/>	Uncovered space for essential household activities	<input type="checkbox"/>	Size of the tent not appropriate
<input type="checkbox"/>	No problem	<input type="checkbox"/>	Do not know
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	

D7. Shelter issues: Which of the following availability issues is the most reported? (rank top three)	D8. Shelter availability and accessibility: Which of the accessibility following issues is the most reported? (tick all that apply)
<input type="checkbox"/> Not enough renting place available <input type="checkbox"/> Not enough collective shelter <input type="checkbox"/> Not enough temporary shelter (tents, camps, etc.) <input type="checkbox"/> Not enough tools and material to repair shelter <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physical and logistic constraints to shelter (roads damaged, too far, no transport, etc.) <input type="checkbox"/> Security constraints restricting access to shelter (unsafe shelter, etc.) <input type="checkbox"/> Lack of adapted services for persons with restricted mobility (older persons, persons with disability) <input type="checkbox"/> Lack of money, income, resources to rent shelter <input type="checkbox"/> Renting cost not affordable due to significant increase <input type="checkbox"/> Lack of information on available shelter (location, cost etc.) <input type="checkbox"/> Discrimination <input type="checkbox"/> Lack of money, income, resources to buy tools and material to repair shelter. <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____

D9. Overall, which of the following statements describes best the general status of NFIs in this sub district? (Circle 1 answer, use Pocket Card)						
None	Normal to serious situation			Major to catastrophic situation		
0	1	2	3	4	5	6

<b>E. Health</b>						
<b>E1. Overall, which of the following statements describes best the general status of health in this sub-district?</b> <i>(Circle 1 answer, use Pocket Card)</i>						
<b>None</b>	<b>Not life-threatening</b>			<b>Life-threatening</b>		
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>E2. How many people in this sub-district are <u>currently</u> in need for health service support? (enter estimated number of people and level of confidence,)</b>						
<b>DNK if no information and 0 (zero) if no person in needs</b>				<b># of people</b>	<b>Confidence</b>	
No of persons in <u>acute</u> and immediate need for health service support: (life-threatening)						
No of persons in need for health service support: (not life-threatening)						
Total No of persons in need for health service support:						
<b>List all types of Key Informants and figures e.g. INGO (figure), health staff, etc.</b>						
<b>In acute need</b>						
<b>In need</b>						
<b>E3. which group of people are most at risk of health concerns?</b>						
<i>Rank three only: 1=first rank, 2=second rank, 3=third rank</i>						
<b>Ages categories (rank 3)</b>			<b>Vulnerable Group (Rank 3)</b>			
	Infants/toddlers < 5 years old			Female head of household		
	Children ( 5 to 12 years old)			Child head of household		
	Youth female (13-17 years old)			Single women (including widows)		
	Youth male (13-17 years old)			Persons with disability		
	Women (18-59 years old)			Older persons (60 and above)		
	Men (18 - 59 years old)			Chronically ill		
	Older persons (60+ years old)			Minorities		
				Children with no caregiver (unaccompanied children)		
				Other: _____		
<b>E4. How people's health is now compare to three months before in this sub district?</b> <input type="checkbox"/> Worse <input type="checkbox"/> Stable <input type="checkbox"/> Better <input type="checkbox"/> DNK						
<b>E5. Health issues: which of the following issues is the most reported at above normal rate? (Rank top 3)</b>				<b>E6. Health care access and availability: which of the following issues is the most reported? (tick all that apply)</b>		
<u>Communicable disease issues</u>				<u>Not enough services available due to:</u>		
	Skin diseases			<input type="checkbox"/> Lack of medicine		
	Meningitis (suspected)			<input type="checkbox"/> Lack of medical staff		
	Measles (suspected)			<input type="checkbox"/> Lack of female staff		
	Acute Flaccid Paralysis (Suspected Polio)			<input type="checkbox"/> Lack of medical equipment		
	Respiratory Infections			<input type="checkbox"/> Lack of functional medical facilities		
	Acute Jaundice Syndrome (Suspected Hepatitis A)			<input type="checkbox"/> Lack of referral system		
	Eye infection			<input type="checkbox"/> Lack of Ambulance		
	Fever unknown origin			<input type="checkbox"/> Lack of specialised services (eg mental health)		
	Diarrhea (Watery, Bloody ,...)			<input type="checkbox"/> Lack of assistive devices (wheelchairs, glasses, hearing aids)		
				<input type="checkbox"/> No problem <input type="checkbox"/> Do not know		
<u>Trauma issues</u>				<input type="checkbox"/> Other: _____		
	Psychological trauma			<u>Services are available but access limited due to:</u>		
	Psychiatric trauma			<input type="checkbox"/> Physical constraints to the facilities (roads damaged, too far, etc.)		
	Injuries – war related			<input type="checkbox"/> Lack of adapted services for persons with restricted mobility (older persons, persons with disability)		
	Injuries – non war related			<input type="checkbox"/> Lack of information on available health service (location, cost etc..)		
	Sexual Gender Based Violence			<input type="checkbox"/> Discrimination		
<u>Chronic disease issues</u>				<input type="checkbox"/> Logistical constraints (no transport, fuel, etc.)		
	Neurological issues (e.g. epilepsy)			<input type="checkbox"/> Security constraints		
	Diabetes			<input type="checkbox"/> Limited economic resources		
	Hypertension			<input type="checkbox"/> No problem <input type="checkbox"/> Do not know		
	Kidney disease			<input type="checkbox"/> Other: _____		
	Cancer					
<u>Nutrition issues</u>						
	Acute Malnutrition (wasting)					
	Chronic Malnutrition (stunting)					
	Anaemia					
	Micronutrient deficiencies					
<u>Reproductive health related issues</u>						
	Pregnancy related complications (bleeding, pre eclampsia, spontaneous abortion, still birth etc.)					
	Lack of family planning services					

<b>E7. Which health services (public or private) were regularly available over the past 30 days? (Tick all that apply)</b> <input type="checkbox"/> No health service available <input type="checkbox"/> Paediatric services <input type="checkbox"/> In-patient services <input type="checkbox"/> Out-patient services <input type="checkbox"/> Vaccination services <input type="checkbox"/> Surgical services <input type="checkbox"/> Laboratory services <input type="checkbox"/> Nutrition Services <input type="checkbox"/> Reproductive Health Services <input type="checkbox"/> Physical Rehabilitation Services <input type="checkbox"/> Psychosocial support services <input type="checkbox"/> Psychiatric services <input type="checkbox"/> Don't know <input type="checkbox"/> Other, specify	<b>E8. What type of health staffs is available in this sub district? (Tick all that apply)</b> <input type="checkbox"/> Doctors <input type="checkbox"/> Nurses <input type="checkbox"/> Midwives <input type="checkbox"/> First Aid Volunteer <input type="checkbox"/> Laboratory technicians <input type="checkbox"/> Pharmacist <input type="checkbox"/> Mental Health practitioners <input type="checkbox"/> Don't know  <b>E9. How do you consider the cost of the health service in this sub district? (tick only one)</b> <input type="checkbox"/> Too expensive for most of the people <input type="checkbox"/> Affordable for most of the people <input type="checkbox"/> Free health service available <input type="checkbox"/> Do not know
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<b>E10. Which type of support/assistance has been provided TO the health care services in this sub-district over the past 3 months? (Tick all that apply)</b>		
<input type="checkbox"/> No assistance <input type="checkbox"/> Health care facility rehabilitation <input type="checkbox"/> Building new health facilities <input type="checkbox"/> Incentives for health workers <input type="checkbox"/> Salaries for health workers <input type="checkbox"/> Do not Know	<input type="checkbox"/> Medical equipment <input type="checkbox"/> Medical consumables <input type="checkbox"/> Health staff <input type="checkbox"/> Fuel for health facilities <input type="checkbox"/> Recruitment of Female Health staff <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Medicine <input type="checkbox"/> Vaccinations <input type="checkbox"/> Ambulances <input type="checkbox"/> Mobile clinic

<b>E11. In comparison with the existing needs of the health facilities in this sub district, what is the percentage covered in the past 3 months? (tick only one)</b>			
<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> 26% to 50%	<input type="checkbox"/> 51% to 75%	<input type="checkbox"/> 76% to 100%

<b>E12. Which specific health interventions are most urgently required in this sub-district? Rank three only: 1=first rank, 2=second rank, 3=third rank</b>			
<input type="checkbox"/>	Medical equipment	<input type="checkbox"/>	Incentives for health workers
<input type="checkbox"/>	Medicine	<input type="checkbox"/>	Fuel for health facilities
<input type="checkbox"/>	Health care facility rehabilitation	<input type="checkbox"/>	Mobile clinic
<input type="checkbox"/>	Medical consumables	<input type="checkbox"/>	Salaries for health workers
<input type="checkbox"/>	Vaccinations	<input type="checkbox"/>	Recruitment of Female Health staff
<input type="checkbox"/>	Building new health facilities	<input type="checkbox"/>	Infant formula
<input type="checkbox"/>	Health staff	<input type="checkbox"/>	Do not Know
<input type="checkbox"/>	Ambulances	<input type="checkbox"/>	Other, specify:

<b>F. WASH</b>						
<b>F1. Overall, which of the following statements describes best the general problem of access to drinkable water (quantity and quality)? (circle 1 answer, use Pocket Card)</b>						
None	Not life-threatening			Life-threatening		
0	1	2	3	4	5	6

<b>F2. How many people in this sub-district are currently in need of drinking water support? (enter estimated number of people and level of confidence,)</b>		
DNK if no information and 0 (zero) if no person in needs	# of people	Confidence
No of persons in acute and immediate need for safe water support: (life-threatening)		
No of persons in need for safe water support: (not life-threatening)		
Total No of persons in need for safe water support:		
<b>List all types of Key Informants and figures e.g. INGO (figure), Committee (figure), etc.</b>		
In acute need		
In need		

<b>F3. Regarding the lack of safe water, which group is most at risk? (rank three: 1=most at risk, 2=second most at risk, 3=third most at risk)</b>	
<input type="checkbox"/>	Displaced people living in host families (no rent fees)
<input type="checkbox"/>	Displaced people in rented accommodations
<input type="checkbox"/>	Displaced people living in damaged/unfinished apartments, buildings
<input type="checkbox"/>	Displaced people in collective shelter (schools, public building, etc.)
<input type="checkbox"/>	Displaced people in organised, structured camps
<input type="checkbox"/>	Displaced people in self settled "camp"
<input type="checkbox"/>	Resident population hosting displaced persons
<input type="checkbox"/>	Resident population who have not been displaced
<input type="checkbox"/>	Returnees

<b>F4. What are the direct sources of water used for drinking in the sub-district (Tick all that apply)</b>		
<input type="checkbox"/> Wells	<input type="checkbox"/> Springs	<input type="checkbox"/> Trucked (free)
<input type="checkbox"/> Trucked (purchased)	<input type="checkbox"/> Purchased bottles	<input type="checkbox"/> Public pipe network
<input type="checkbox"/> Reservoirs / tank	<input type="checkbox"/> Rivers	<input type="checkbox"/> Lakes and ponds
<input type="checkbox"/> Do not know	<input type="checkbox"/> Other (specify)	

<b>F5. Damages of physical water infrastructure due to conflict (enter in %, total should be 100%)</b>	
Description	% of water infrastructure with...
No damages	
Slight damages: light repairs required (leakages, pipe damage)	
Moderate damages: Under 30% of pipe or system damage, repair possible	
Heavy damage: Over 30% of pipe or system damage (included treatment station), severe damage, repair possible	
Destruction: Not functioning, repair not possible	
Total	100%
<b>F6. What is the major issue in your sub-district? (tick only one)</b>	
<input type="checkbox"/> Water quantity	<input type="checkbox"/> Water quality (pollution, taste, turbidity, etc.)
<input type="checkbox"/> Do not know	<input type="checkbox"/> No problem

<b>F7. How people's water conditions is now compare to three months before in this sub district? <input type="checkbox"/> Worse <input type="checkbox"/> Stable <input type="checkbox"/> Better <input type="checkbox"/> DNK</b>	
<b>F8. Which of the following issues is the most reported? (Rank top three)</b> <input type="checkbox"/> Reduction of water consumption ( person / day) <input type="checkbox"/> Water does not taste good <input type="checkbox"/> Water does not look good <input type="checkbox"/> Water unsafe for drinking <input type="checkbox"/> Water price increased <input type="checkbox"/> Insufficient water storage capacity <input type="checkbox"/> Use of unsafe water sources for drinking water <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____	<b>F9. Which of the following issues is the most reported? (tick all that apply)</b> <u>Not enough safe water available due to:</u> <input type="checkbox"/> Water system/network is deficient <input type="checkbox"/> Lack of containers to collect/store <input type="checkbox"/> Lack fuel for generators <input type="checkbox"/> Lack electricity to operate system <input type="checkbox"/> Water system is overstretched <input type="checkbox"/> Decrease of water vendors <input type="checkbox"/> Decrease of water points <input type="checkbox"/> Lack of chemicals for treatment (network) <input type="checkbox"/> Water is polluted <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____ <u>Water available but access limited due to:</u> <input type="checkbox"/> Physical constraints to the water facilities (distance to water points, waiting time, etc.) <input type="checkbox"/> Lack of adapted services for persons with restricted mobility (older persons, persons with disability) <input type="checkbox"/> Lack of information on available service (location, cost etc..) <input type="checkbox"/> Discrimination <input type="checkbox"/> Logistical constraints (no transport, fuel, etc.) <input type="checkbox"/> Security constraints restricting access to water (dangerous area to go over, etc.) <input type="checkbox"/> Lack of money, income or resources to buy water <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____

<b>F10. Which of the following availability hygiene issues is the most reported? (tick all that apply)</b> <input type="checkbox"/> Personal hygiene products (shampoo, toothbrush, soap) <input type="checkbox"/> Female hygiene products (sanitary pad) <input type="checkbox"/> Not enough places to wash or bathe <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____	<b>F11. Which of the following accessibility hygiene issues is the most reported? (tick all that apply)</b> <u>Hygiene facilities/services available but access is limited due to:</u> <input type="checkbox"/> Physical constraints to the markets (distance to toilets, segregation, etc.) <input type="checkbox"/> Logistical constraints (no transport, fuel, etc.) <input type="checkbox"/> Lack of adapted services for persons with restricted mobility (older persons, persons with disability) <input type="checkbox"/> Lack of information on available hygiene service (location, cost etc..) <input type="checkbox"/> Security constraints restricting access to hygiene facilities (dangerous area to go over, etc.) <input type="checkbox"/> Lack of money, income or resources to access basic hygiene product... <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____
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<b>F12. Where is sewage water deposited? (tick all that apply)</b>	
<input type="checkbox"/> Public network (functional fully)	<input type="checkbox"/> Public network (functional partially)
<input type="checkbox"/> soak pits	<input type="checkbox"/> in the open
<input type="checkbox"/> Into irrigation channels	<input type="checkbox"/> Into streams, rivers, branches, tributaries,
<input type="checkbox"/> Into lakes and ponds	<input type="checkbox"/> Do not know
<input type="checkbox"/> Other (specify):	

<b>F13. Which of the following issues is the most reported? (rank top three)</b>	<b>F14. Which of the following issues is the most reported? (tick all that apply)</b>
<input type="checkbox"/> Rubbish and garbage accumulation in public places <input type="checkbox"/> Open defecation <input type="checkbox"/> Sewage causes water pollution <input type="checkbox"/> Waste causes environmental pollution <input type="checkbox"/> Bad smell <input type="checkbox"/> Increase of flies and mosquitoes <input type="checkbox"/> Increase of rodents like rats <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____	<b>Not enough sanitation facilities/services available:</b> <input type="checkbox"/> Not enough toilets for men <input type="checkbox"/> Not enough toilets for women <input type="checkbox"/> No regular rubbish collection <input type="checkbox"/> Desludging services stopped <input type="checkbox"/> Sewage treatment stopped <input type="checkbox"/> Sewage system damaged <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____ <b>Sanitation facilities/services available but access is limited due to:</b> <input type="checkbox"/> Physical constraints to the markets (distance to toilets, segregation, etc.) <input type="checkbox"/> Logistical constraints (no transport, fuel, etc.) <input type="checkbox"/> Lack of adapted services for persons with restricted mobility (older persons, persons with disability) <input type="checkbox"/> Lack of information on available service (location, cost etc.) <input type="checkbox"/> Discrimination <input type="checkbox"/> Security constraints restricting access to sanitation facilities ( <i>dangerous area to go over, etc.</i> ) <input type="checkbox"/> Lack of money, income or resources to access sanitation facilities/services <input type="checkbox"/> No problem <input type="checkbox"/> Do not know <input type="checkbox"/> Other: _____

<b>F15. Which type of WASH support has been provided in this sub-district over the past 3 months? (Tick only one)</b>
<input type="checkbox"/> Water <input type="checkbox"/> Sanitation <input type="checkbox"/> Solid Waste <input type="checkbox"/> Hygiene <input type="checkbox"/> No assistance <input type="checkbox"/> Do not know

<b>F16. In comparison with existing needs in this sub-district, what is the percentage covered in the past 3 months? (Tick only one)</b>
<input type="checkbox"/> 0 to 25% <input type="checkbox"/> 26 to 50% <input type="checkbox"/> 51 to 75% <input type="checkbox"/> 76 to 100%

<b>F17. Which specific water and sanitation interventions are most urgently required in this sub-district? Rank up to three each category (rank 1=most important, 2= second most important, 3=third most important)</b>			
<b>Water supply</b>	<b>Sanitation (incl. solid waste and sewage)</b>	<b>Hygiene</b>	
<input type="checkbox"/> Fuel for generators <input type="checkbox"/> Network repairs <input type="checkbox"/> Cash assistance <input type="checkbox"/> Digging wells <input type="checkbox"/> Generators <input type="checkbox"/> Electricity <input type="checkbox"/> Water treatment <input type="checkbox"/> Water pumps <input type="checkbox"/> Water storage <input type="checkbox"/> Spare parts <input type="checkbox"/> Water reservoirs <input type="checkbox"/> Water Jerrican <input type="checkbox"/> Do not know <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Sewage repairs <input type="checkbox"/> Garbage collection <input type="checkbox"/> Separated latrines for male and women <input type="checkbox"/> Insecticides <input type="checkbox"/> Wash stations <input type="checkbox"/> Landfills <input type="checkbox"/> Light for latrine <input type="checkbox"/> Fuel for generators <input type="checkbox"/> Cash assistance <input type="checkbox"/> Do not know <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Family Hygiene kits <input type="checkbox"/> Women kits <input type="checkbox"/> Hygiene kits (infant) <input type="checkbox"/> Hygiene promotion <input type="checkbox"/> Do not know <input type="checkbox"/> Other, specify: _____	

<b>G. Education</b>						
<b>G1. Overall, which of the following statements describes best the general problem of access to education? (circle 1 answer, use Pocket Card)</b>						
None	Normal to serious situation		Major to catastrophic situation			
0	1	2	3	4	5	6

<b>G2. Number of functional school or education facilities (formal or informal) in this sub-district before the conflict (enter number)</b>	<b>G3. Number of functional school or education facilities (formal or informal) today in this sub-district (that are used for education) (enter number)</b>

<b>G4. What % of primary school age children (6-14 yrs) go to a learning space at least 4 days per week? (Tick only one)</b>			
% of boys out to total between 6 to 14		% of girls out to total between 6 to 14	
<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> 26 to 50%	<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> 26 to 50%
<input type="checkbox"/> 51 to 75%	<input type="checkbox"/> 76 to 100%	<input type="checkbox"/> 51 to 75%	<input type="checkbox"/> 76 to 100%

<b>G5. What % of secondary school age children (15-18 yrs) go to a learning space at least 4 days per week? (Tick only one)</b>			
% of boys out to total between 15 to 18		% of girls out to total between 15 to 18	
<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> 26 to 50%	<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> 26 to 50%
<input type="checkbox"/> 51 to 75%	<input type="checkbox"/> 76 to 100%	<input type="checkbox"/> 51 to 75%	<input type="checkbox"/> 76 to 100%

<b>G6. Are children in this sub district are experiencing the following events? (tick all that apply)</b>		
<input type="checkbox"/> Witnessing killings	<input type="checkbox"/> bullying	<input type="checkbox"/> harassment
<input type="checkbox"/> Bombings	<input type="checkbox"/> attacks,	<input type="checkbox"/> abductions
<input type="checkbox"/> Gun shooting	<input type="checkbox"/> No	<input type="checkbox"/> Do not know
<input type="checkbox"/> Other		

<b>G7. If yes, Are those children are exhibiting the following behaviors? (tick all that apply)</b>		
<input type="checkbox"/> Stress	<input type="checkbox"/> anger	<input type="checkbox"/> aggression
<input type="checkbox"/> Fear	<input type="checkbox"/> anxiety	<input type="checkbox"/> loss of motivation
<input type="checkbox"/> Withdrawn or isolated	<input type="checkbox"/> reduced self-care	<input type="checkbox"/> sleep disturbances
<input type="checkbox"/> Panic attacks	<input type="checkbox"/> mood swings	<input type="checkbox"/> Do not know
<input type="checkbox"/> Other, specify:		

<b>G8. Damages or occupation of physical infrastructure of education facilities due to conflict in this Sub District (enter estimated number of education facilities and level of confidence, in this category)</b>		
DNK if no information and N/A if no education facilities	Education facilities	Confidence level
No damage, school useable for educational purposes		
Slight damage: light repairs required (windows, doors)		
Moderate damage: Under 30% roof damage, severe fire damage, repair possible		
Heavy damage: Over 30% roof damage, severe fire damage, repair possible		
Destruction: Unusable, school levelled, repair not possible		
Occupied: School is unusable due to occupation for other use		

<b>G9. What is preventing Children and youth from getting an education? (tick all that apply)</b>
<input type="checkbox"/> Lack of School materials, textbooks, pens, boards, etc. <input type="checkbox"/> Schools or other spaces are not available for education use (damages, occupied by IDPs or other group) <input type="checkbox"/> Schools or spaces are not in good condition (issues with latrines, electricity; furniture unavailable) <input type="checkbox"/> Teachers are not available <input type="checkbox"/> Teachers are not paid <input type="checkbox"/> Exams not properly certified; or accreditation not available <input type="checkbox"/> Constraints with transport to school, dangerous commute, distance or cost <input type="checkbox"/> Schools not perceived as safe <input type="checkbox"/> Lack of money, income or resources to send children to school <input type="checkbox"/> Children needed to help family (include child labour) <input type="checkbox"/> Children are sick and can't attend to school <input type="checkbox"/> Child recruitment/use of children by armed forces/armed groups <input type="checkbox"/> Early marriage <input type="checkbox"/> Lack of adapted infrastructure and service for children with disabilities <input type="checkbox"/> Other: _____

<b>G10. Which type of education support has been provided in this sub-district over the past 3 months? (Tick all that apply)</b>
<input type="checkbox"/> No assistance <input type="checkbox"/> Teachers salaries <input type="checkbox"/> Cash assistance for children (transportation, buying material etc.) <input type="checkbox"/> Food support <input type="checkbox"/> School repairs <input type="checkbox"/> Educational activities <input type="checkbox"/> Safe learning spaces <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Heating fuel <input type="checkbox"/> School construction <input type="checkbox"/> Do not know <input type="checkbox"/> School materials <input type="checkbox"/> Other, specify: _____

<b>G11. In comparison with existing needs in this sub-district, what is the percentage covered in the past 3 months? (Tick only one)</b>
<input type="checkbox"/> 0 to 25% <input type="checkbox"/> 26 to 50% <input type="checkbox"/> 51 to 75% <input type="checkbox"/> 76 to 100%



**G12. What is most urgently needed to provide a better education for children in this sub-district?***Rank three only: 1=first rank, 2=second rank, 3=third rank*

<input type="checkbox"/>	Cash assistance for children (transportation, school fees, etc.)	<input type="checkbox"/>	Teachers salaries
<input type="checkbox"/>	Food support	<input type="checkbox"/>	School repairs
<input type="checkbox"/>	Educational activities	<input type="checkbox"/>	Safe learning spaces
<input type="checkbox"/>	Psychosocial support	<input type="checkbox"/>	Heating fuel
<input type="checkbox"/>	School construction	<input type="checkbox"/>	Do not know
<input type="checkbox"/>	School materials	<input type="checkbox"/>	Provision of female teachers
<input type="checkbox"/>	Educational activities for children with disabilities	<input type="checkbox"/>	Other, specify:

**H. Communication with affected population****H1. What are the main channels of communication available now in the sub district?***Rank three only: 1=first rank, 2=second rank, 3=third rank*

<input type="checkbox"/>	Internet	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Talking to people
<input type="checkbox"/>	Television	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Road broadcast
<input type="checkbox"/>	Mobile phone/SMS	<input type="checkbox"/>	Signboards	<input type="checkbox"/>	Leaflet
<input type="checkbox"/>	Religious leader	<input type="checkbox"/>	Community leader	<input type="checkbox"/>	Armed forces
<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Others, specify:	<input type="checkbox"/>	

**H2. Which sources of information do people trust the most?***Rank three only: 1=first rank, 2=second rank, 3=third rank*

<input type="checkbox"/>	Government	<input type="checkbox"/>	Aid worker	<input type="checkbox"/>	Community leader
<input type="checkbox"/>	Religious leader	<input type="checkbox"/>	Police	<input type="checkbox"/>	Armed groups
<input type="checkbox"/>	Don't know	<input type="checkbox"/>	Other, specify:	<input type="checkbox"/>	

**H3. Is there any constraint for people to get the information they need?***Rank three only: 1=first rank, 2=second rank, 3=third rank*

<input type="checkbox"/>	Don't know who to ask	<input type="checkbox"/>	don't trust the available media
<input type="checkbox"/>	No access to electricity	<input type="checkbox"/>	don't have access to usual media
<input type="checkbox"/>	Don't understand the language of the information	<input type="checkbox"/>	
<input type="checkbox"/>	No problem	<input type="checkbox"/>	Do not know
<input type="checkbox"/>	Other	<input type="checkbox"/>	

**H4. What are the main issues your community needs to know about?***Rank three only: 1=first rank, 2=second rank, 3=third rank*

<input type="checkbox"/>	How to get healthcare	<input type="checkbox"/>	Finding missing people
<input type="checkbox"/>	How to get help after attack	<input type="checkbox"/>	The security situation here
<input type="checkbox"/>	Information about place of origin	<input type="checkbox"/>	Information about relocation
<input type="checkbox"/>	How to replace official documentation	<input type="checkbox"/>	How to get access to education
<input type="checkbox"/>	How to register for aid	<input type="checkbox"/>	How to find work
<input type="checkbox"/>	How to get water	<input type="checkbox"/>	How to get transport
<input type="checkbox"/>	How to get food	<input type="checkbox"/>	How to get money/financial support
<input type="checkbox"/>	How to get help after harassment	<input type="checkbox"/>	How to get shelter or shelter materials
<input type="checkbox"/>	Do not know	<input type="checkbox"/>	Other:

**I. Needs Prioritization****What are the top three priority needs in the Sub District for the community?****I1. Male Priority Needs.***Rank three only: 1=first rank, 2=second rank, 3=third rank.*

<input type="checkbox"/>	Health
<input type="checkbox"/>	Food Security
<input type="checkbox"/>	Water
<input type="checkbox"/>	Shelter
<input type="checkbox"/>	Education
<input type="checkbox"/>	Non Food Items
<input type="checkbox"/>	Livelihood
<input type="checkbox"/>	Sanitation – Hygiene
<input type="checkbox"/>	Protection / Safety and Dignity

**I2. Female Priority Needs***Rank three only: 1=first rank, 2=second rank, 3=third rank.*

<input type="checkbox"/>	Health
<input type="checkbox"/>	Food Security
<input type="checkbox"/>	Water
<input type="checkbox"/>	Shelter
<input type="checkbox"/>	Education
<input type="checkbox"/>	Non Food Items
<input type="checkbox"/>	Livelihood
<input type="checkbox"/>	Sanitation – Hygiene
<input type="checkbox"/>	Protection / Safety and Dignity

**I3. Which groups is considered the most in need of assistance in this sub district? (Rank top three: 1=first rank, 2=second rank, 3=third rank)**

<input type="checkbox"/>	Displaced people living in host families (no rent fees)
<input type="checkbox"/>	Displaced people in rented accommodations
<input type="checkbox"/>	Displaced people living in damaged/unfinished apartments, buildings
<input type="checkbox"/>	Displaced people in collective shelter (schools, public building. etc.)
<input type="checkbox"/>	Displaced people in organised, structured camps
<input type="checkbox"/>	Displaced people in self settled "camp"
<input type="checkbox"/>	Resident population hosting displaced persons
<input type="checkbox"/>	Resident population who have not been displaced
<input type="checkbox"/>	Returnees

**I4. which group of people are most vulnerable?***Rank three only: 1=first rank, 2=second rank, 3=third rank*

Ages categories (rank 3)		Vulnerable Group (Rank 3)	
<input type="checkbox"/>	Infants/toddlers < 5 years old	<input type="checkbox"/>	Female head of household
<input type="checkbox"/>	Children ( 5 to 12 years old)	<input type="checkbox"/>	Child head of household
<input type="checkbox"/>	Youth female (13-17 years old)	<input type="checkbox"/>	Single women (including widows)
<input type="checkbox"/>	Youth male (13-17 years old)	<input type="checkbox"/>	Persons with disability
<input type="checkbox"/>	Women (18-59 years old)	<input type="checkbox"/>	Older persons (60 and above)
<input type="checkbox"/>	Men (18 - 59 years old)	<input type="checkbox"/>	Chronically ill
<input type="checkbox"/>	Older persons (60+ years old)	<input type="checkbox"/>	Minorities
<input type="checkbox"/>		<input type="checkbox"/>	Children with no caregiver (unaccompanied children)
<input type="checkbox"/>		<input type="checkbox"/>	Other: _____

**I5. Explain why those groups are more vulnerable?**
**I6. Are there any other urgent issues in this sub-district, which I have not yet asked you about? (Please write down bullet points only)**
**I7. Describe how many places were visited within the sub district, where you were not able to go and why, how long it took you, any specific difficulty you faced when collecting information, etc. Elaborate as required**

ID verified:		ID HQ verified:		ID Data entered:	
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### c. Acronyms

CBR-TWG – Cash Based Response / Technical Working Group  
 CCCM – Camp Coordination and Camp Management  
 DYNAMO – Dynamic Situation Monitoring Report  
 ERW – Explosive remnants of war  
 EWARS – Early Warning and Response System  
 FAO – Food and Agriculture Organization  
 FSL – Food Security and Livelihoods  
 FUO – Fever of Unknown Origin  
 GBV – Gender Based Violence  
 GoS – Government of Syria  
 IDPs – Internally Displaced People  
 IMCI- Management of Childhood Illness  
 INGOs – International non-governmental organizations  
 IRC – International Relief Committee  
 ISIL - Islamic State of Iraq and Levant  
 KIs – Key Informants  
 LNGOs – Local non-governmental organizations  
 MSNA – Multi Sector Needs Assessment  
 MoH – Ministry of Health  
 NFI – Non Food Items  
 NGO – Non Governmental Organization  
 SAMI – Syria Assessment Monitoring Initiative  
 SARC – Syrian Arab Red Crescent  
 SINA – Syria Integrated Needs Assessment  
 SNAP – Syria Needs Analysis Project  
 MIRA – Multi Sector Initial Rapid Assessment  
 OBGyN - Obstetrician/Gynecologists  
 OCHA – Office for the Coordination of Humanitarian Affairs  
 OHCHR – Office of the High Commissioner for Human Rights  
 O&M – Operation and Maintenance  
 PIN – People In Need  
 PHR – Physicians for Human Rights  
 SGBV – Sexual and Gender Based Violence  
 SYP – Syrian pound  
 TB – Tuberculosis  
 UFW – Unaccounted for Water  
 UN – United Nations  
 UNICEF – United Nations  
 UNRWA – United Nations Relief and Works Agency  
 WASH – Water, Sanitation, and Hygiene  
 WG – Working Group  
 WHO – World Health Organization  
 WPV – Wild Polio Virus  
 VBIED - Vehicle Borne Improvised Explosive Devices