

# NORTHWEST SYRIA: MULTI-SECTORAL RAPID NEEDS ASSESSMENT

Focused on recent displacement in northwest Syria, March 2020

## CONTEXT

In December 2019, Idlib and western Aleppo governorates saw a sharp escalation in hostilities, shelling, and airstrikes, preventing access to essential services and endangering the safety of those living in areas close to conflict lines, particularly in communities in southeastern Idlib and western Aleppo.<sup>1</sup> This drastic rise in hostilities led to mass displacement of civilians across the region with nearly 1 million displaced since 1 December, according to reports.<sup>1</sup>

Communities situated along the Syrian-Turkish border and communities in parts of northern Aleppo in particular have witnessed high numbers of Internally Displaced Person (IDP) arrivals, putting increased pressure on already strained infrastructure and services. Many IDPs have been displaced multiple times, which in turn erodes resilience and intensifies existing vulnerabilities.<sup>1</sup> Harsh winter conditions, the volatility of the Syrian pound and as of March, the potential for a novel COVID-19 outbreak have also compounded humanitarian needs.<sup>2</sup>

Despite the implementation of a ceasefire on 6 March, the situation in northwest Syria remains highly volatile. Moreover, the need for humanitarian assistance that can meet the existing needs of IDP and host community populations whilst comprising the required preparedness and response required for COVID-19 represents a unique and grave challenge.<sup>2</sup>

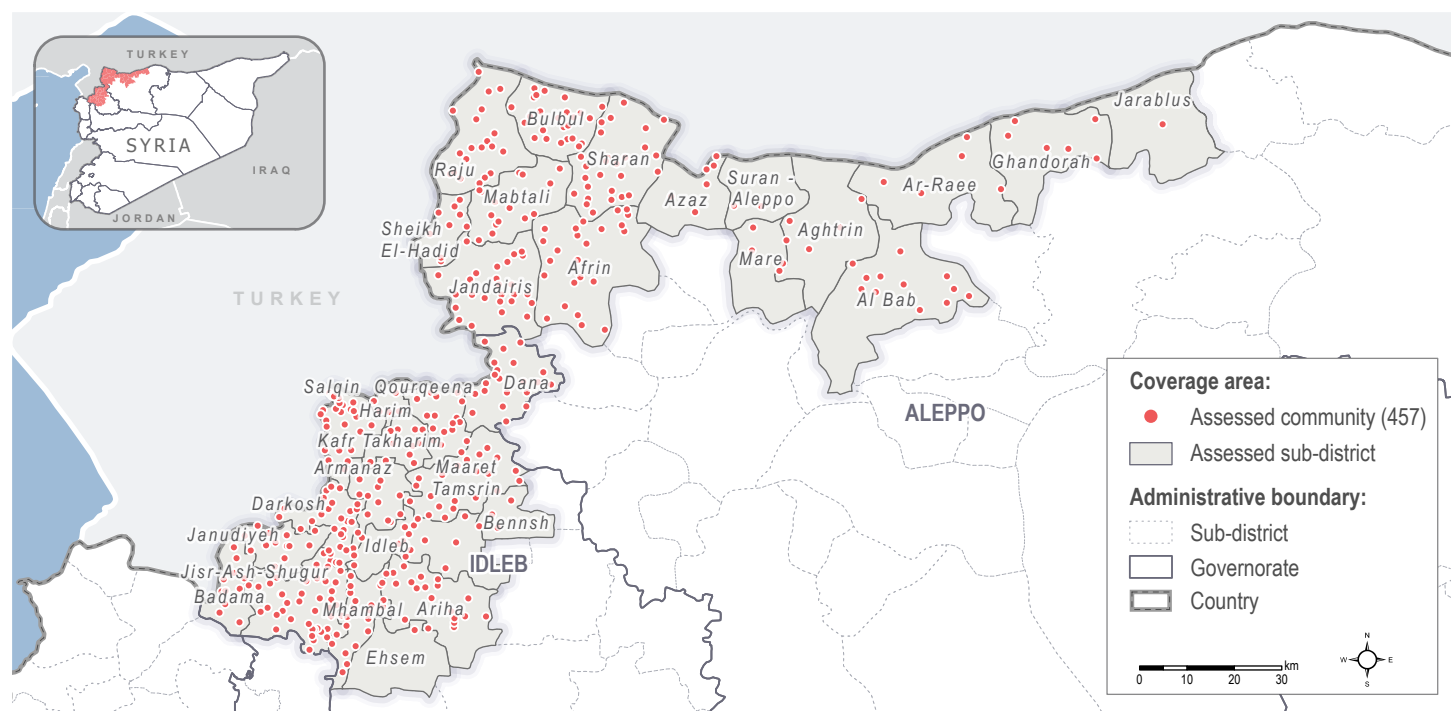
In response to the complex humanitarian context across northwest Syria, REACH conducted a Rapid Needs Assessment (RNA) to support operational actors in planning the humanitarian response. This factsheet outlines the multi-sectoral needs of IDP and host community populations of 461 assessed communities across Idlib and northern Aleppo governorates. The full dataset to accompany this factsheet can be found [here](#). In addition to this factsheet, a factsheet focusing on COVID-19 preparedness will be disseminated in the coming days.

## METHODOLOGY

To provide timely updates on the humanitarian situation, REACH conducted this RNA in 461 communities (including 4 neighbourhoods in Idlib city) across 26 sub-districts in northwest Syria via remote community-level Key Informant (KI) interviews. REACH covered all 273 opposition-held and accessible communities in Idlib governorate. REACH conducted this assessment in 188 communities of Aleppo governorate which witnessed more than 100 IDP arrivals since 1 December 2019. Data was collected between 26 and 29 March 2020. This assessment follows a series of multi-sectoral RNAs following episodes of escalated conflict in [February 2019](#), [May 2019](#) and [July 2019](#).

## ASSESSED COVERAGE AREA

461 communities assessed<sup>5</sup>



## KEY FINDINGS

The high number of IDP arrivals to assessed communities in northwest Syria within recent months has posed several challenges to available services and livelihood opportunities within the region. Across all assessed communities, 58% of the total population were IDPs, according to KIs.

KIs reported that shelter was the most critical priority need for IDP populations, as reported in 242 communities (52%), whilst the most critical priority need for host community populations was livelihoods, as reported in 357 communities (77%). According to KIs, 42% of the IDP population across assessed communities were residing in emergency shelters and 6% were residing makeshift shelters.<sup>3</sup> KIs in 116 communities (25%) reported that 26-50% of the IDP population were residing in overcrowded shelters. In most assessed communities (66%), KIs reported that there are no more livelihood opportunities, leaving both host community and IDP households extremely vulnerable. The IDP population has become significantly reliant on non-productive means of livelihoods such as remittances, aid, or loans.

In 81% of assessed communities people reportedly faced problems in obtaining humanitarian assistance with 'not enough assistance for all in need,' reported as a problem in 91% of assessed communities.<sup>4</sup> In just 49% of assessed communities, KIs reported that people consumed three meals a day. KIs in Kafrum and Qatmet Afrin communities located in Afrin sub-district reported that the majority of the population consumed just one meal per day.

KIs reported the presence of vulnerable groups across assessed communities. Notably, 14% of the total female population were reportedly pregnant or lactating whilst 7% of the total population were reportedly elderly persons over 60 years. Both groups are particularly at risk from COVID-19.<sup>2</sup> COVID-19 has the potential to disrupt the provision of humanitarian assistance across all sectors and increase people's vulnerability.<sup>2</sup> It is therefore essential that an upscaled and targeted humanitarian response is delivered in order to meet people's needs.

## LIMITATIONS

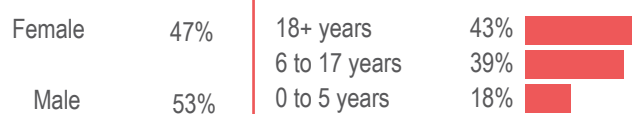
Due to the KI methodology used, findings are not statistically representative and should only be considered as indicative of the situation. This information pertains only to people in the communities that were assessed. Therefore, findings cannot be considered as indicative of the situation in non-assessed communities in the area. As analysis is done at the community level, specific camp/site conditions are not highlighted, especially the conditions of those living in small sites of only a few households. Female KIs provided information for 10% of the assessments.

## Demographics

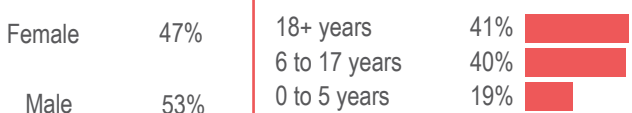
Changes in population figures reflect the dynamic situation in northwest Syria and resultant displacement patterns, with findings showing that at 58% there is a higher IDP population than host community population in assessed areas, and only a negligible number of returns reported (amounting to less than 1%). KIs in just 49 assessed communities (11%) reported returns in the three months prior to this assessment.

Vulnerable groups were reportedly present across assessed communities. Pregnant/ lactating women accounted for 14% of the total female population and persons older than 60 years accounted for 7% of the overall population. The vulnerability groups considered the most at risk in general, were reported by KIs to be: female-headed households as reported in 60% of communities and children and adults with disabilities as reported in 44% and 36% of communities respectively. KIs in 38% of communities reported the presence of persons with chronic illnesses to be at risk.

### Estimated proportion of total population in assessed communities by age and gender (by % of overall total population):



### Estimated proportion of IDPs in assessed communities by age and gender (by % of IDP population):



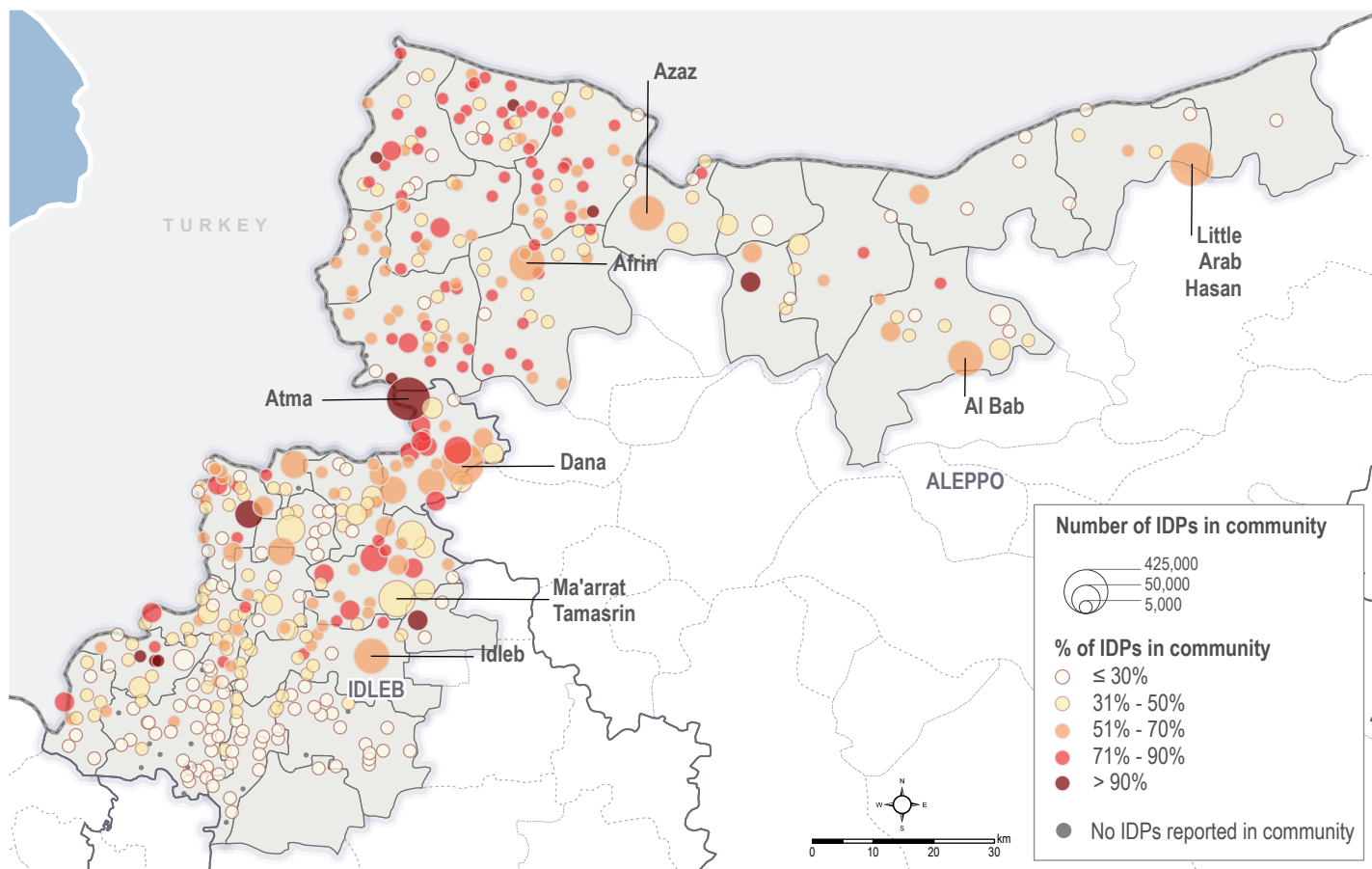
**58%**

Proportion of IDPs (as % of total population across all assessed communities)

**<1%**

Proportion of Returnees (as % of total population across all assessed communities)

### Proportion of IDP households across assessed communities:



### Vulnerable groups reported in assessed communities (by % of each population subset):<sup>6</sup>

	%
Pregnant/ lactating women	14%
Older persons (60+)	7%
Female heads of households	3%
Adults with a disability	2%
Children with disability	1%
Persons with chronic illnesses	1%
Unaccompanied children	1%

### Most vulnerable groups reported in assessed communities (by % of communities where reported):<sup>6</sup>

	%
Female-headed households	60%
Children with disability	44%
Older persons (60+)	42%
Persons with chronic illness, injuries, mental health issues	38%
Adults with disability	36%



## Humanitarian Assistance and Priority Needs

**Proportion of assessed communities where KIs reported the sector-specific humanitarian assistance across the 379 communities (82%) where KIs reported the provision of assistance since the arrival of new IDPs (by % of communities where reported):\***

Food	81%	
Non-food items (NFIs)	49%	
Health	47%	
Shelter	28%	
Water, sanitation and hygiene (WASH)	25%	

**Problems faced in accessing assistance across the 371 assessed communities (81%) where KIs reported problems (by % of communities where reported):\***

- 1 Not enough assistance for all in need **91%**
- 2 The assistance did not respond to the actual needs **43%**
- 3 Lack of documentation **16%**

KIs in 82% of assessed communities reported that the community received assistance following the arrival of new IDPs. Nonetheless, KIs in 81% of assessed communities reported that people faced problems in obtaining humanitarian assistance with 'not enough assistance for all in need,' reported as a problem in 91% of assessed communities indicating the high level of humanitarian needs across the region. KIs in 85% of communities indicated that Whatsapp or other mobile phone-based platforms were the preferred way of communicating to aid providers about community needs or assistance received. The most commonly reported priority need for IDPs was shelter whilst livelihoods was the most commonly reported need for host community populations across assessed communities.

**Top three ranked priority needs of IDPs living in assessed communities (by # of communities where reported):**

	1st	2nd	3rd	Total
Shelter	206	17	19	242
Food	72	107	66	245
Livelihoods	58	127	100	285
Health	56	49	55	160
Water, Sanitation and hygiene (WASH)	30	43	41	114
Non-food items (NFIs)	16	72	111	199
Education	5	25	38	68
Protection	2	5	15	22

**Top three ranked priority needs of host communities living in assessed communities (by # of communities where reported):**

	1st	2nd	3rd	Total
Livelihoods	136	129	92	357
Health	108	83	59	250
Water, Sanitation and hygiene (WASH)	91	36	44	171
Food	73	58	46	177
Education	25	59	93	177
Non-food items (NFIs)	15	77	105	197
Shelter	10	5	12	27
Protection	3	14	10	27



### Shelter

Overall, shelter was the most commonly reported first priority need of IDPs. KIs in 252 communities (55%) estimated that 1-25% of the IDP population were living in overcrowded shelter and KIs in 116 communities (25%) reported that 26-50% of the IDP population were residing in overcrowded shelters. Six per cent (6%) of the IDP population were reportedly residing in makeshift shelters. This is likely to pose inter-sectoral challenges, especially related to sanitation and the spread of infectious diseases. Lack of documentation, a common protection issue for IDPs, may also contribute to difficulties securing a shelter that properly accommodates a family.

**Top 3 most reported shelter types in assessed locations (by % of total population in assessed locations):**

IDPs	Host community
Emergency shelter (42%) <b>1</b>	Solid/finished house or apartment (owned) (89%)
Solid/ finished residential buildings (36%) <b>2</b>	Solid/finished house or apartment (rented) (6%)
Sub-standard building (8%) <b>3</b>	Solid/finished house or apartment (not owned/rented) (2%)

**Top 3 most reported shelter issues in the week prior to the assessment (by % of communities where reported):\***

IDPs	Host community
Lack of lighting (66%) <b>1</b>	Lack of lighting (56%)
Lack of insulation from cold (49%) <b>2</b>	Lack of heating (24%)
Lack of heating (42%) <b>3</b>	Lack of insulation from cold (31%)



### Non-Food Items

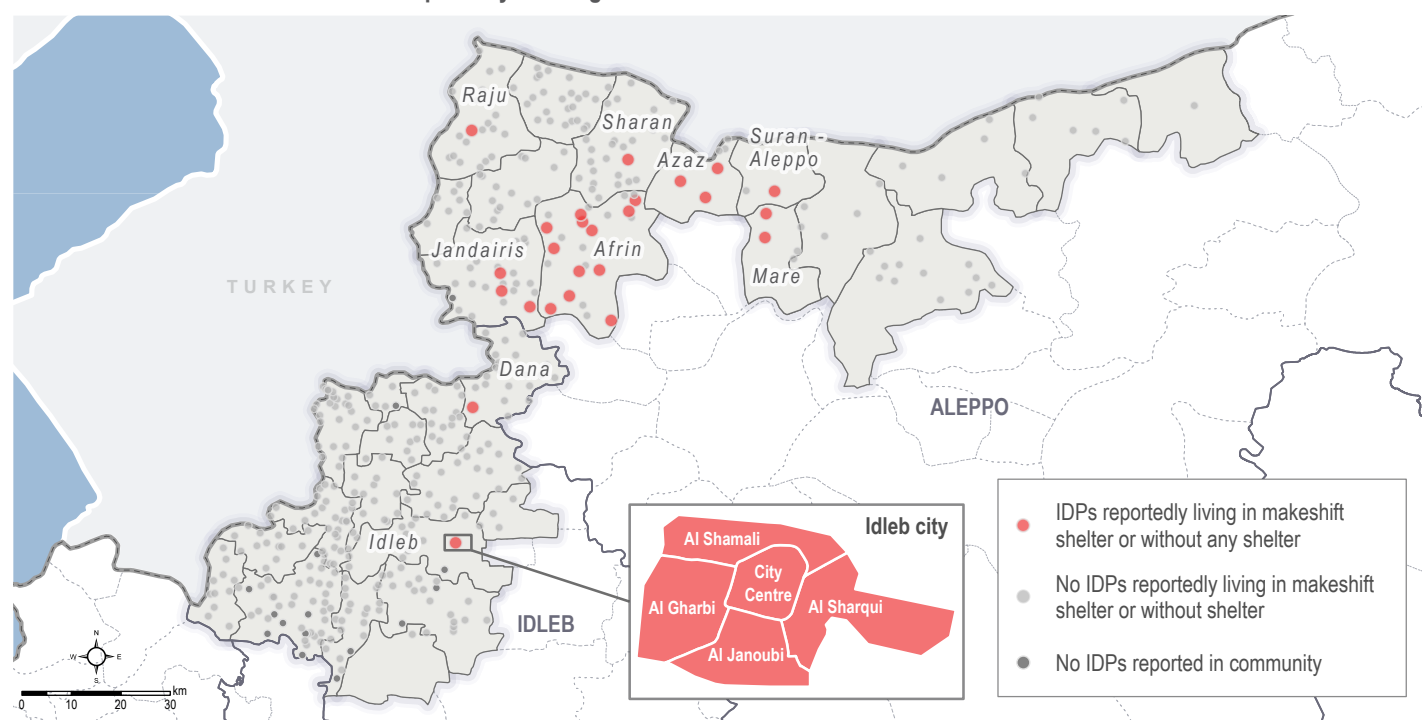
While KIs reported that vital hygiene items such as baby diapers, cleaning and hygiene products and soap were available in the majority of assessed communities, it remains to be seen whether access to these vital items could be affected as demand rises due to COVID-19 in the coming weeks.

More expensive items such as batteries and sources of light/ solar lamps were less readily available across assessed communities.

**Availability of NFIs (by % of communities where reportedly available):**

	%
Baby diapers	95%
Soap	94%
Cleaning and hygiene products	93%
Sanitary pads	89%
Cooking fuel	86%
Adult diapers	71%
Clothing	68%
Cooking utensils	67%
Shoes	66%
Sources of light/solar lamps	61%
Cooking stoves	58%
Mattresses/ sleeping mats	56%
Water containers	56%
Batteries	52%

## Assessed communities where IDPs are reportedly residing in makeshift shelter or without shelter:



## Livelihoods

The high number of IDP arrivals into already densely-populated areas of northwest Syria has further strained the already limited availability of livelihood sources. In most of the assessed communities (66%), KIs reported that there are no more livelihood opportunities, leaving the host community as well as IDPs extremely vulnerable. A significant number of communities have reported loss of livelihood assets (51%) and insecurity preventing livelihood activities (42%) among the main effects of the conflict.

### Most commonly reported primary sources of income for host community (men):

	1st	2nd	3rd	Total
Food crop production	194	56	25	275
Cash crop production	116	68	13	197
Livestock products	32	85	60	177
Trading/ business	30	68	79	177
Wages – unskilled labour	29	54	79	162
Wages – skilled labour	42	61	56	159

### Most commonly reported primary sources of income for host community (women):

	1st	2nd	3rd	Total
Livestock products	109	81	50	240
Wages – unskilled labour	54	64	87	205
Petty commodity production (honey, clothing)	76	65	37	178
Food crop production	82	45	35	162
Loans/ borrowing	28	47	76	151
Remittances	19	31	61	111

### Most commonly reported impacts of conflict on livelihoods in the three months prior to assessment (by % of communities where reported):\*

- 1 No livelihood opportunities (66%)
- 2 Livelihood assets were lost (destroyed, looted) (51%)
- 3 Insecurity preventing livelihood activities (42%)
- 4 Increase recourse to negative coping mechanisms due to lack of livelihood opportunities (24%)
- 5 Discrimination is affecting livelihood activities (13%)

KIs in more than a quarter of communities reported that manufacturing and trading have been gravely impacted by conflict. While food crop production and cash crop production feature prominently among primary income sources for the host community, the IDP population has become significantly reliant on non-productive means of livelihoods such as remittances, aid, or loans. In addition, IDP populations are reportedly more likely to engage in unskilled labour, as reported in 313 communities for men (68%) and 239 communities for women (52%).

### Most commonly reported primary sources of income for IDPs (men):

	1st	2nd	3rd	Total
Wages – unskilled labour	143	91	79	313
Wages – skilled labour	110	72	25	207
Trading/ business	37	56	59	152
Livestock products	36	61	38	135
Loans/ borrowing	8	27	81	116
Sales of livestock/ poultry	38	26	26	90

### Most commonly reported primary sources of income for IDPs(women):

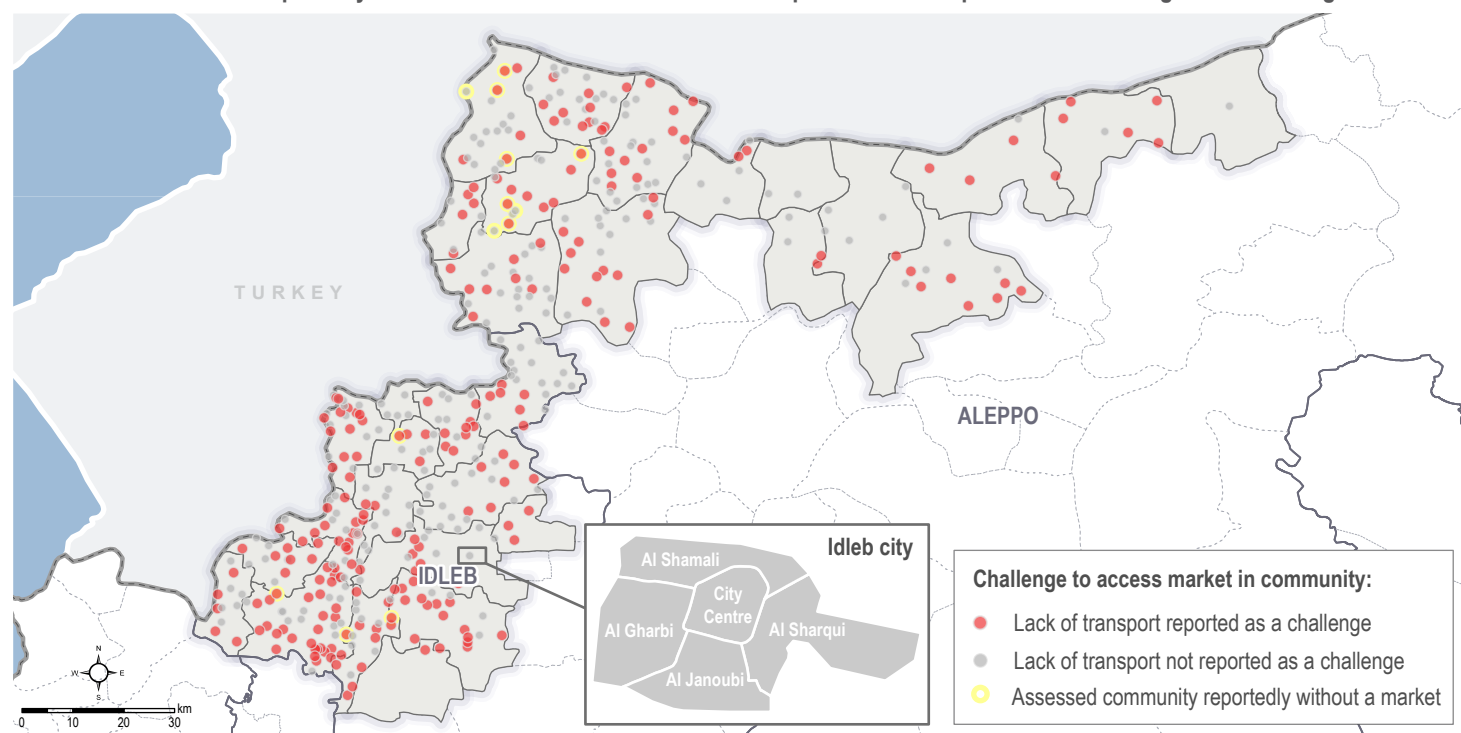
	1st	2nd	3rd	Total
Wages – unskilled labour	87	77	75	239
Food aid	69	77	64	210
Loans/ borrowing	38	81	75	194
Petty commodity production (honey, clothing)	88	50	42	180
Remittances	43	42	80	165
Livestock products	67	53	37	157

### Business or employment sectors reportedly 'totally affected' by displacement (by % of communities where reported):

- 1 Manufacturing (for men) (29%)
- 2 Trading (for men) (28%)
- 3 Manufacturing (for women) (26%)
- 4 Trading (for women) (24%)
- 5 Wage employment - skilled (for men) (23%)



Assessed communities reportedly without markets or where a lack of transportation was reported as a challenges to accessing markets:



## Food Security and Nutrition

In just 49% of assessed communities, KIs reported that people consumed three meals a day. KIs in Kafroum and Qatmet Efrin communities located in Afrin sub-district reported that the majority of the population consumed just one meal per day. Households in 13 communities (3%) were reportedly unable to access markets at all, according to KIs. KIs in 337 assessed communities (73%) reported that households faced barriers to accessing market. The biggest challenge to accessing markets was a lack of transportation, as reported in 224 communities, accounting for 68% of communities which reported barriers.

### Most commonly reported sources of food for IDP and host community populations (by % of communities where reported):\*

IDPs	Host community
Purchasing from stores (95%)	1 Purchasing from stores (95%)
Gifts from family/ friends (47%)	2 Own production/farming (74%)
Assistance from NGOs (46%)	3 Gifts from family/ friends (25%)
Assistance from local councils (22%)	4 Assistance from NGOs (24%)
Own production/farming (17%)	5 Assistance from local councils (13%)

### Most commonly reported food commodities consumed in the seven days prior to assessment in assessed communities (by % of communities where reported):\*

Bread	96%	
Rice	79%	
Sugar	68%	
Fresh vegetables	66%	
Oil	61%	
Bulgur	45%	
Eggs	35%	

### Most commonly reported weekly coping strategies for a lack of available food across assessed communities (by mean % population recording each strategy):<sup>7</sup>

- 1 Eating less preferred/ less expensive food (30%)
- 2 Reduced number of meals (24%)
- 3 Borrowing food (17%)

### Most commonly reported challenges to feeding young children (0-6 months) (by # of communities where reported):

	1st	2nd	3rd	Total
Breastfeeding difficulties	163	60	27	250
No support for non-breastfed	153	134	44	331
Lack of infant formula distribution	18	76	88	182
Poor hygiene for feeding non-breastfed babies	5	24	25	54
None	0	45	65	110

### Most commonly reported challenges to feeding young children (7-23 months) (by # of communities where reported):

	1st	2nd	3rd	Total
Not enough variety (diversity)	111	110	45	266
Not good enough food (quality)	69	85	57	211
Not enough food (quantity)	57	47	34	138
No suitable food	27	14	21	62
No feeding utensils for babies	15	20	34	69
Poor hygiene for cooking/ feeding	11	6	19	36
No cooking facilities or fuel	10	61	6	77
Other	6	4	10	20
Not enough meal frequency	5	11	28	44
None	1	13	44	58

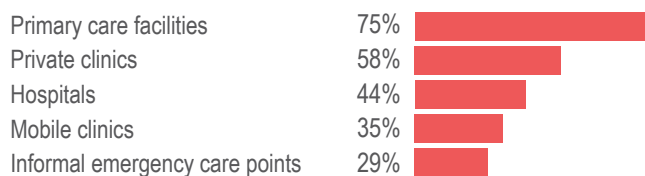
### Most commonly reported monthly coping strategies for a lack of available food across all assessed communities (by mean % population recording each strategy):

- 1 Borrowing (22%)
- 2 No monthly coping strategy (14%)
- 3 Sold assets (13%)

According to reports, health facilities in Idlib and western Aleppo have been impacted by airstrikes which has affected access to healthcare in many communities across the region.<sup>8</sup> KIs in 21 communities (5%) reported that hospitals and health facilities were completely damaged and KIs in 123 communities (27%) reported that health facilities were partially damaged.

KIs reported that people in 52% of assessed communities were only able to access healthcare facilities outside of their community, but that most people had access to healthcare facilities within 5 kilometres or 1 hour walking distance (reported in 79% of assessed communities). According to KIs, access to health care has changed since recent crises in 42% of assessed communities. Among the most significant reported changes were overcrowding of facilities (80%), increased waiting time for treatment (54%), decrease in medical supplies (50%) as well as decrease in availability of ambulance services (43%) and medical staff (34%).

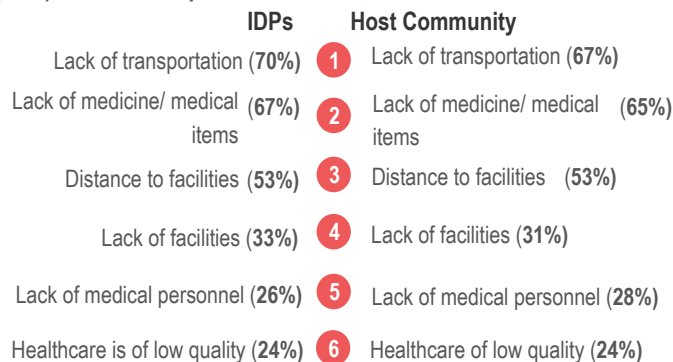
## Most commonly reported healthcare facilities available in the week prior to the assessment (by % of communities where reported):\*



KIs reported several health problems in 92% of assessed communities, in particular cough and fever (reported in 78% of assessed communities), reproductive health problems (56%), diarrhea (50%), skin infections (31%) and Leishmania (28%).

People are reportedly struggling to access healthcare due to lack of transportation, distance to medical facilities, as well as a lack of medicine and medical items, medical personnel, and facilities in general. The accessibility of health care is also affected by the reportedly low quality of healthcare available and a lack of privacy in health care facilities which is likely to disproportionately affect women and girls.

## Most commonly reported barriers to accessing healthcare services for IDPs and host community across 458 assessed communities (99%) where KIs reported barriers (by % of communities where reported):\*



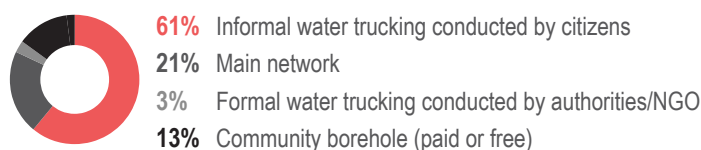
## Most commonly reported health problems across 424 assessed communities (92%) where KIs reported health problems (by % of communities where reported):\*

- 1 Cough and cold/fever (78%)
- 2 Reproductive health problems (56%)
- 3 Diarrhea (50%)
- 4 Skin infection (31%)
- 5 Leishmania (28%)

# Water, Sanitation, and Hygiene (WASH)

Access to water is likely an issue for newly-arrived IDPs due to an existing insufficiency of water and the high cost of accessing it. Many IDPs and host community members have reportedly had to rely on water trucking rather than the main water network, which is expensive and likely lowers people's ability to spend money on other essential items. Limited water availability is likely to impact COVID-19 prevention if there are insufficient handwashing facilities in households.

## Main reported source of drinking water in the week prior to the assessment:



According to KIs, households in 32 assessed communities (7%) lacked sufficient access to latrines. In these communities, the number of latrines (78%) and associated lack of privacy (63%) but also accessibility to people with disabilities (47%) have been reported as the most common barriers. Among the widely reported sanitation issues was absence of sewage system (49%) as well as sewage flowing into streets (30%). Insufficient garbage collection and resulting presence of garbage in the streets was reported by KIs in 33% of assessed communities.

## Most commonly reported reasons people cannot access sufficient water (by % of communities where reported):\*

- 1 High prices of water trucking (88%)
- 2 Main network is completely or partially damaged (48%)
- 3 Water pumps only functional for a few hours per day (19%)
- 4 Alternative sources are not available (17%)
- 5 Not enough pressure to pump sufficient water (17%)

## Most commonly reported ways households coped with a lack of water in the last week across 421 assessed communities (91%) where KIs reported the use of coping strategies (by % of communities where reported):\*

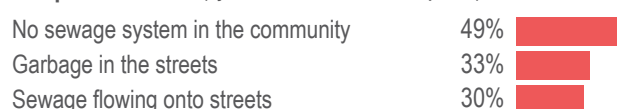
- 1 Spend money usually spent on other things to buy water (70%)
- 2 Modify hygiene practices (bath less etc.) (64%)
- 3 Reduce drinking water consumption (23%)
- 4 Rely on drinking water previously stored (23%)
- 5 Receive water on credit/borrow water (21%)

On average, KIs reported that the main water network was completely or partially damaged in 48% of communities. Coping strategies for lack of water, such as reducing drinking water consumption, spending money usually spent on other things to buy water, as well as modifying hygiene practices were reported to be used in 91% of assessed communities. Such widespread use of coping strategies highlights the continuing challenges related to water access in northwest Syria.

## Most commonly reported problems with access to latrines across the 32 communities (7%) where KIs reported access issues (by % of communities where reported):\*

- 1 There is not enough latrines (78%)
- 2 Latrines have not privacy (63%)
- 3 No available latrines for people with disabilities (47%)

## Most commonly reported sanitation issues in the week prior to the assessment across the 264 assessed communities (57%) where KIs reported issues (by % of communities where reported):\*



According to reports, aerial bombardments have had a heavy impact on access to education due to the damage wrought to educational facilities across Idlib governorate.<sup>9</sup> Across assessed communities, KIs reported that there were 809 formal school buildings, nearly half of which (398) were reportedly damaged.<sup>10</sup> According to KIs, there were 173 tent temporary learning Spaces (TLS) across assessed communities. KIs in 17 communities reported that there were no schools in the location. Education was reported as a priority need for host community populations in 177 communities (38%) and as priority need for IDPs in 68 assessed communities (15%).

Moreover, KIs in 289 assessed communities (63%) reported that school attendance was affected by recent hostilities in the region. In 87 communities (19%) KIs reported that no children aged between 6 and 12 years were attending school. In 22% of assessed communities, KIs reported that boys aged 13-17 were not attending school and that no girls aged 13-17 were attending school in 23% of communities.

## Children aged 6-12 attending school (by # of communities where each range was reported):

Boys aged 6 -12	0	87
	1-25%	33
	26-50%	38
	51-75%	101
	76-100%	202
Girls aged 6- 12	0	87
	1-25%	36
	26-50%	40
	51-75%	110
	76-100%	188

## Most commonly reported ways school attendance was affected by conflict across 289 assessed communities (63%) where KIs reported that attendance was affected (by % of communities where reported):\*

- 1 Not enough teaching or learning supplies (stationary, textbooks, etc.) (72%)
- 2 Unsuitable environment (insufficient or no: heat, electricity, toilets, furniture, ventilation, etc.) (59%)
- 3 Parents cannot afford to send children to school (buy text book, transportation etc) (45%)

## Most commonly reported educational needs across assessed communities (by % of communities where reported):\*

- 1 Additional teaching and learning materials (stationary, textbooks, etc.) (72%)
- 2 Suitable school environment (repairs, heat, electricity, toilets, furniture, ventilation, etc.) (59%)
- 3 Appropriate WASH facilities (50%)

## Children aged 13-17 attending school (by # of communities where each range was reported):

Boys aged 13-17	0	103
	1-25%	93
	26-50%	99
	51-75%	121
	76-100%	45
Girls aged 13-17	0	105
	1-25%	120
	26-50%	101
	51-75%	105
	76-100%	30

# Protection

Early marriage was the most prevalent protection risk for both IDP and host community populations as reported in 68% and 62% of communities respectively. According to KIs, child labour is prominent across the region and poses a higher risk for IDPs. As IDPs face greater challenges accessing sustainable livelihoods than host community households, they are more likely to send their children to work in order to provide for their families. Through child labour, many children are being deprived of their childhood and their right to education.

A lack or loss of civil documentation also poses a significant protection risk for both IDP and host community populations. A lack of documentation could subsequently limit access to humanitarian assistance and claims to housing land and property (HLP).<sup>11</sup>

## Most commonly reported protection risks for IDPs and host community (by % of communities where reported):\*

IDPs	Host community
Early marriage (under 18 years) (68%)	1 Early marriage (under 18 years) (62%)
Lack of civil documentation (57%)	2 Child labour (47%)
Child labour (56%)	3 Lack of civil documentation (8%)

## Most commonly reported reasons people remained in areas across 153 communities where KIs reported populations who remained in areas from which IDP populations fled (by % of communities where reported):\*

	%
To keep their house or property	94%
Because of emotional ties to their land	37%
Fear of displacement	36%
Fear of the unknown	27%

# Early Recovery and Livelihood

KIs in 332 communities (72%) reported that the assessed location had been directly affected by conflict. KIs in 56% of assessed communities reported that electricity networks had been completely damaged by conflict whilst KIs reported that telecommunications and internet coverage networks had been completely damaged in 32% of assessed communities. Nearly all basic services across assessed communities have been partially damaged due to conflict, KIs reported that hospitals had been partially damaged in 27% communities

## Most commonly reported basic socio-economic services 'completely or partially damaged' by conflict across assessed communities (by % of communities where reported):

Electricity networks	91%
Roads	84%
Telecommunications	78%
Water supply network	74%
Schools	68%
Water supply network	66%

## Most commonly reported rehabilitation needs (by # of communities where reported):

	1st	2nd	3rd	Total
Electricity networks	103	132	91	326
Water supply networks	98	104	24	226
Roads/streets	134	49	22	205
Schools	14	29	88	131
Hospitals/ Health facilities	46	35	25	106
Community dug wells	14	58	25	97

## ENDNOTES

The complete northwest Syria RNA dataset is available [here](#).

<sup>1</sup>OCHA, 'Syrian Arab Republic: Recent developments in Northwest Syria - Flash Update' 2 April 2020

<sup>2</sup>OCHA, 'Syrian Arab Republic: Covid-19 - Humanitarian Update No.04,' 2 April 2020

<sup>3</sup>Shelter definitions: Emergency shelter includes shelters such as tents or caravans- they are a short term and temporary in nature; Makeshift shelter refers to a shelter made of temporary and recycled materials; Substandard building refers to damaged or unfinished buildings which do not meet international shelter standards

<sup>4</sup>This finding is a reflection of the assistance that communities are aware has been provided and should not be taken as an indication of actual assistance provided

<sup>5</sup>461 communities comprising 457 communities and 4 neighbourhoods in Idlib city.

<sup>6</sup>Figures refer to proportion of population subset: Pregnant/lactating women as % of female population, Female-headed household as % of female population, Adults/children with disability as % of adults/children, persons with chronic illness as % of total population, Unaccompanied Children as % of children

<sup>7</sup>The use of consumption-related coping strategies is usually measured over a 7-day period, while livelihood coping strategies are measured over a 30-day period as per guidelines from the Food Security and Livelihoods (FSL) Cluster which are available [here](#).

<sup>8</sup>Union of Medical Care and Relief Organizations, '2 Hospitals Bombed in Aleppo, Syria Including Maternity Hospital, Last in Western Aleppo,' 17 February 2020

<sup>9</sup>KIs in 144 assessed communities responded "Don't know" to the question "Do you know if schools are damaged in the assessed location?" The information here therefore cannot be considered indicative of the situation across all 461 assessed communities but pertains only to the situation in 317 communities where KIs knew if schools in the location are damaged.

<sup>10</sup>Save the children, 'Idlib, Syria: Two schools a day damaged or abandoned during escalation in fighting,' 16 March 2020

<sup>11</sup>Norwegian Refugee Council, 'Housing, Land and Property in the Syrian Arab Republic,' May 2016

\*KIs could select multiple answer options so findings might exceed 100%.

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