



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

SYRIA MULTI SECTOR NEEDS ASSESSMENT (MSNA)

EXECUTIVE SUMMARY

1. MSNA METHODOLOGY

The Syria Multi Sector Needs Assessment (MSNA) is a joint effort from the humanitarian community intervening in Syria to conduct a multisectoral humanitarian needs assessment. Standard set of indicators were used in the data collection process to ensure a harmonised approach between current and past initiatives. The MSNA uses information from a range of sources which are analysed through mechanisms established by the Syria Assessment Monitoring Initiative (SAMI) and the Syria MSNA Technical Working Group (TGW).

The Office for the Coordination of Humanitarian Affairs (OCHA), the Syria Needs Assessment Project (SNAP) and REACH Initiative were responsible for the design and implementation of this multisectoral needs assessment on behalf of the humanitarian community in Turkey. The overall purpose of MSNA in Syria is to provide valid information at strategic level 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 specific objectives of the MSNA are to:

- Identify needs, affected groups and geographical areas, and interventions requiring an immediate response in Syria.
- Provide evidence based information and pertinent facts to include in any upcoming response plan, and to produce sectoral needs and gap analysis.
- Identify sectoral geographical hotspots and information gaps that need to be covered through sectoral or more in depth assessments.
- Guide further advocacy messaging

This assessment includes coverage of 114 sub-districts in Syria, and 12 additional areas.¹ The initial coverage planned for this assessment was 155 sub-districts, but security concerns and access issues impeded the field researchers to survey all the areas initially planned.

While acknowledging the limitations encountered, the MSNA final report intends to provide findings based on the most reliable and credible source of information. The report also identifies key priority geographical areas, sectors, affected population groups and their humanitarian needs in Syria.² The MSNA methodology consists of five main components: secondary data review; multiple key informant interviews; systematic debriefing of enumerators; and confidence level about the collected numerical information. While the methodology is inspired by the IASC MIRA Guidelines, this methodology does not allow statistical representativeness. Therefore results cannot be extrapolated.

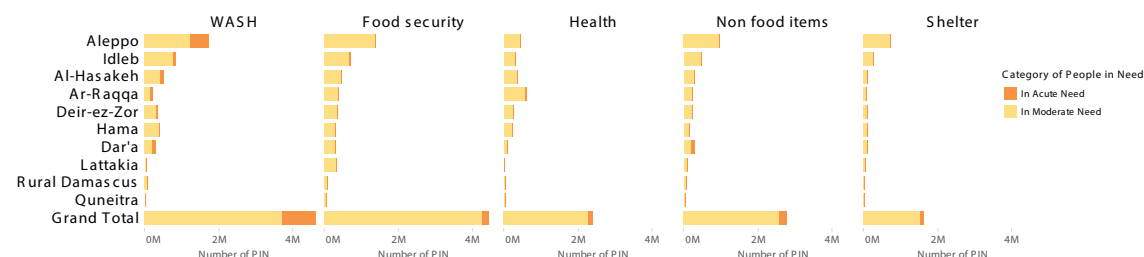
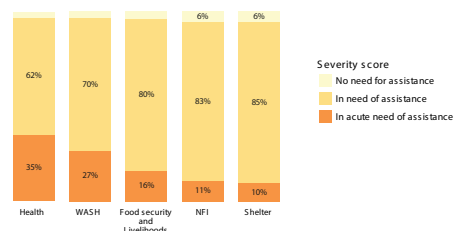
¹ These areas are urban centers that for the purposes of this assessment were divided in independent units for research purposes.

² The information collected at the field level through multiple key informant interviews is triangulated (cross verified) and complemented using secondary data

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

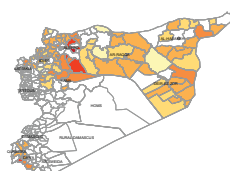
The conflict affecting Syria is now in its fourth year and the humanitarian situation in the country has worsened since March 2011. The war in Syria has become a protracted conflict with ongoing fighting throughout the country.

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.

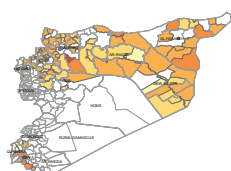


Number of people in need at least in one sector.

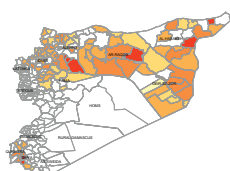
Severity per sector
Education



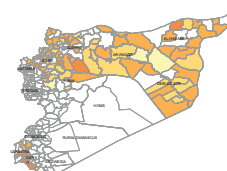
Food Security



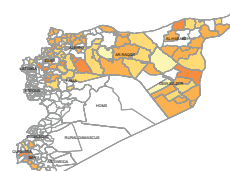
Health



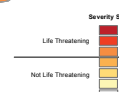
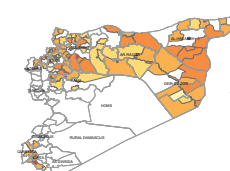
Non-Food Items



Shelter



WASH



People in Need of humanitarian assistance
in at least one sector

6.6 million

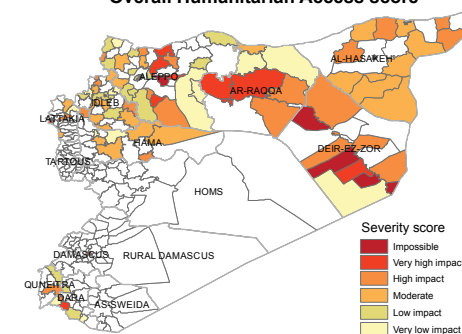
Governorate	Current Population	IDP	PiN
Aleppo	5,086,996	1,340,500	2,056,080
Idleb	2,341,134	994,691	1,209,235
Ar-Raqqa	1,596,680	173,680	830,100
Al-Hasakeh	1,789,300	510,000	603,700
Deir-ez-Zor	1,394,400	394,900	522,580
Hama	1,351,500	353,000	482,500
Dar'a	485,334	168,105	381,200
Lattakia	1,333,500	763,000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

4.8 million

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.

2. KEY FINDINGS

a. Scope and Scale of humanitarian needs

The MSNA involved the collection of data from primary sources at the sub-district level, with one questionnaire compiled per sub-district. In total, 126 areas were targeted for this assessment. However, due to security conditions, 11 targeted geographical areas couldn't be covered. In total, 114 sub-districts and 12 areas were assessed in the MSNA. To account for the diversity of conditions within urban centres, cities were subdivided into smaller neighbourhoods to be assessed: Aleppo (7), Deir-ez-Zor (2), Al-Hasakeh (3), Lattakia (2), Damascus (2), and Qamishly (2).

In the 114 finally assessed sub-districts, the MSNA provides estimated figures for population in need at sub-district level. For the purpose of this exercise, the Population in Need number (PiN) has been defined as “population in each sub-district with, at least, needs in one sector”. The total PiN number defined by the MSNA is 6,595,995 people, with the highest PiN number in Aleppo Governorate, followed by Idleb and Ar-Raqqa. Lattakia is one governorate with the highest rates of IDPs (57%) followed by Quneitra (48%).

The highest PiN number 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 sectors (1.6 million).

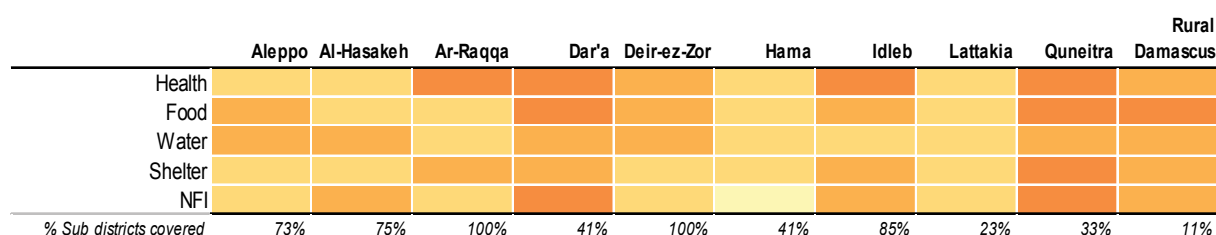
Overview of Severities

The MSNA Methodology defined a severity scale per sector to identify the level of humanitarian needs in each assessed area. This severity scale rated from level 0, “No problem”, to level 6 “catastrophic problem”. The methodology included one severity scale for each of the sectors of Food, Health WASH, Food Security and Livelihoods, Education, Non-Food Items, and Shelter.

No need of external assistance		Need of humanitarian assistance		Acute and immediate need of humanitarian assistance		
0	1	2	3	4	5	6
No problem	Minor Problem	Moderate problem	Major Problem	Severe Problem	Critical Problem	Catastrophic Problem

The objective of this tool was to create a standard method to compare the severity of needs of each sector, in each sub-district, with a reliability component to support the analysis. The severity scales also supported the production of sectoral and inter-sectoral heat maps of severity hotspots by governorate across Syria, as also a standard analysis tool.

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 least 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 the severity of food needs 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

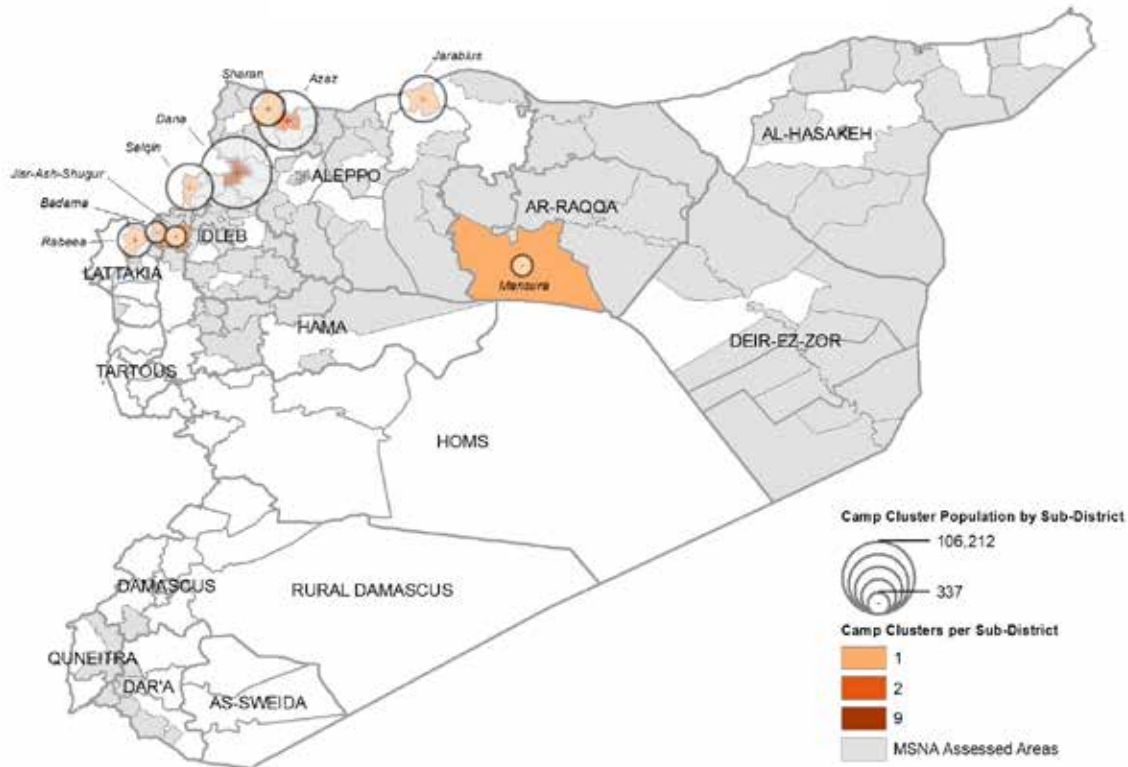
Many recommendations articulated during the SINA are still valid and are still to be implemented:

- 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 recommends:

- The revision of the Assessment Strategies (including exploring opportunities for needs monitoring systems and capacity building for conducting assessments).
- Focus on the collection of most relevant information in macro assessments.
- Ensure, as far as possible, gender balance in the assessment teams.
- Explore how to improve the accountability to affected population in needs assessments.

b. Camp Coordination and Camp Management (CCCM)



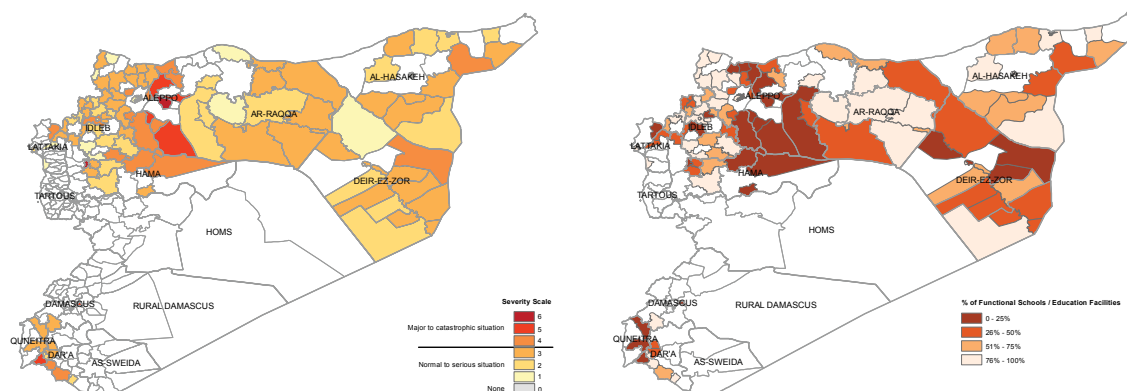
As the conflict in Syria reaches its fourth year, increased numbers of civilians are forced to flee their houses seeking safer shelter. As found in the MSNA, 74% of visited sub-districts indicated instability and population movements (increasing or decreasing) in the month prior to the assessment. Population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

The predominant reason of displacement remains insecurity. Conflict intensity is the major driver of population movements. In 53% of the areas assessed in the MSNA with reported frequent fighting noted a decreasing population and 34% an increased population.

Moving to camps or settlements remains the last resort for the IDPs in Syria. Due to cultural considerations, given the fact that the Syria was highly developed before the conflict, and due to the unsustainability of humanitarian assistance in IDPs camps, settlements and camps are considered the least preferred choice for IDPs in Syria. 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 settlements and camps.

c. Education

The Syria MSNA has found that children are perceived to be one of the most vulnerable groups across all sectors, with children under the age of 5 identified as the most vulnerable, in-need groups, particularly in areas experiencing frequent fighting.



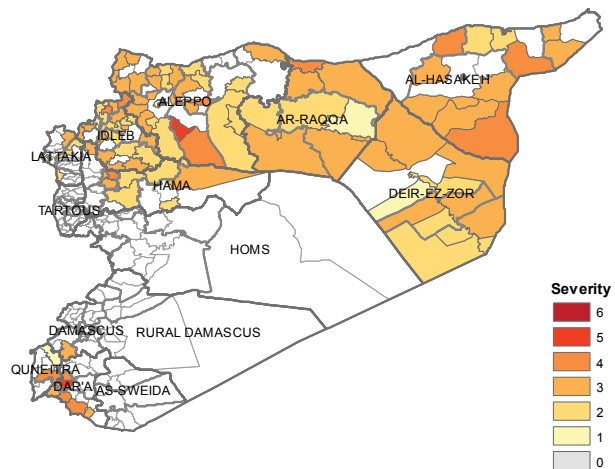
Also, findings suggest that the vast majority of school-aged children residing in contested areas, or in areas which have experienced intense armed conflict do not attend primary or secondary learning facilities on a regular basis. In Aleppo governorate, for instance, only 0-25% of boys aged 6-14 were attending primary school across nearly half (49%) of all assessed areas.

Cash assistance and teachers' salaries have been identified as the main priorities of intervention. Access to provide education support has been severely curtailed by security, logistical and administrative difficulties in getting materials across the border, lack of coherent educational governance, and large scale displacement in hard-to-reach areas.

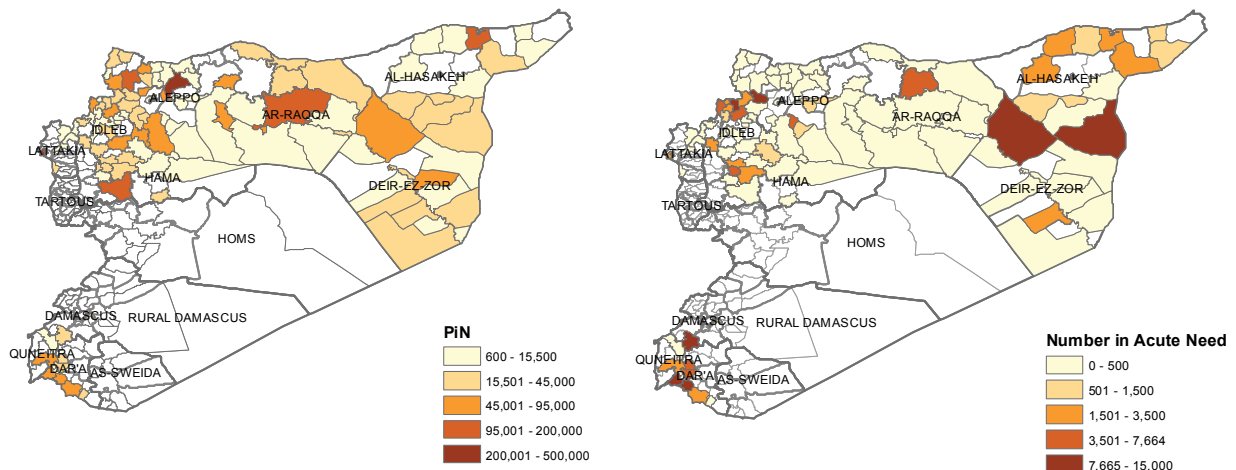
Findings indicate that security concerns weigh heavily on a family's decision for a child to attend school and that physical access to learning facilities remains the biggest challenge.

d. Food Security and Livelihoods

Food was identified as a priority, after health, water, and protection. While food needs remain severe, this assessment was conducted right after the harvest, and coincided with an expanded humanitarian response which covered food security last July. The accumulation of seasonal trends, including severe water shortages, as well as an increase of protection concerns, have been perceived as being higher priority needs for the affected population.



A total of 4.5 million people were reported to be in need of food assistance in the seven assessed governorates, with Aleppo, Idlib, and Al-Hassakeh reporting the highest number of people in moderate and acute need. 20 sub-districts out of 114 reported to be facing life-threatening shortages of food. Approximately 778,000 people have been reported to live in the areas with life-threatening problems due to lack of access to food.

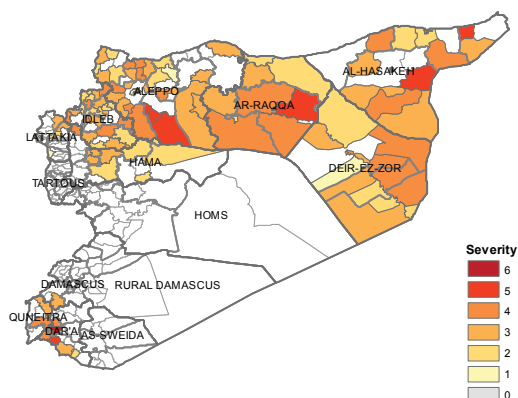


Severity of food needs has decreased in the last year. Currently, 5% of the assessed total population lives in sub-districts reporting “severe to catastrophic” problems with access to food, in comparison to 21% in November 2013.

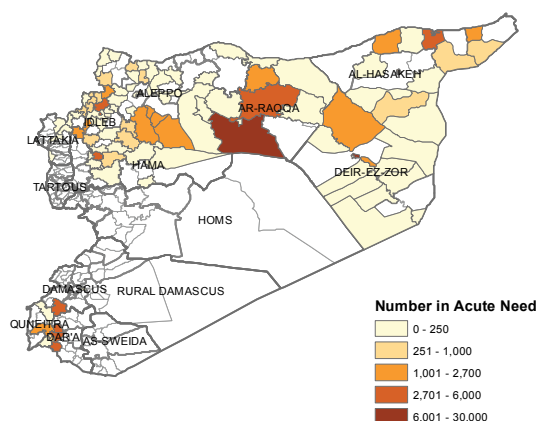
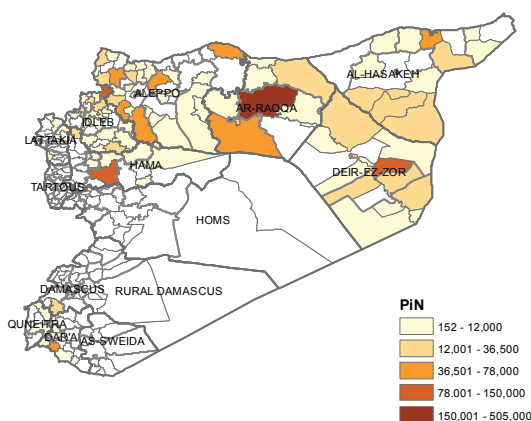
Lack of infant formula has been reported as the less available item in the markets, followed by milk, milk products, and fuel. The primary constraint in accessing food across Syria is economic. With decreased income generating opportunities and increasing prices, households are experiencing increasing difficulties in meeting basic food requirements.

e. Health

According to the MSNA research, the population's health status deteriorated in the three months preceding this assessment in 59% of the assessed sub-districts, whilst in 35% the status remained stable. Deterioration of the health status was due to 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.



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In the 126 assessed areas, KI ranked infant/toddlers under 5 to be the age-group most at risk of health concerns, especially in rural areas, which are underserved in all aspects and quality services more expensive to reach.

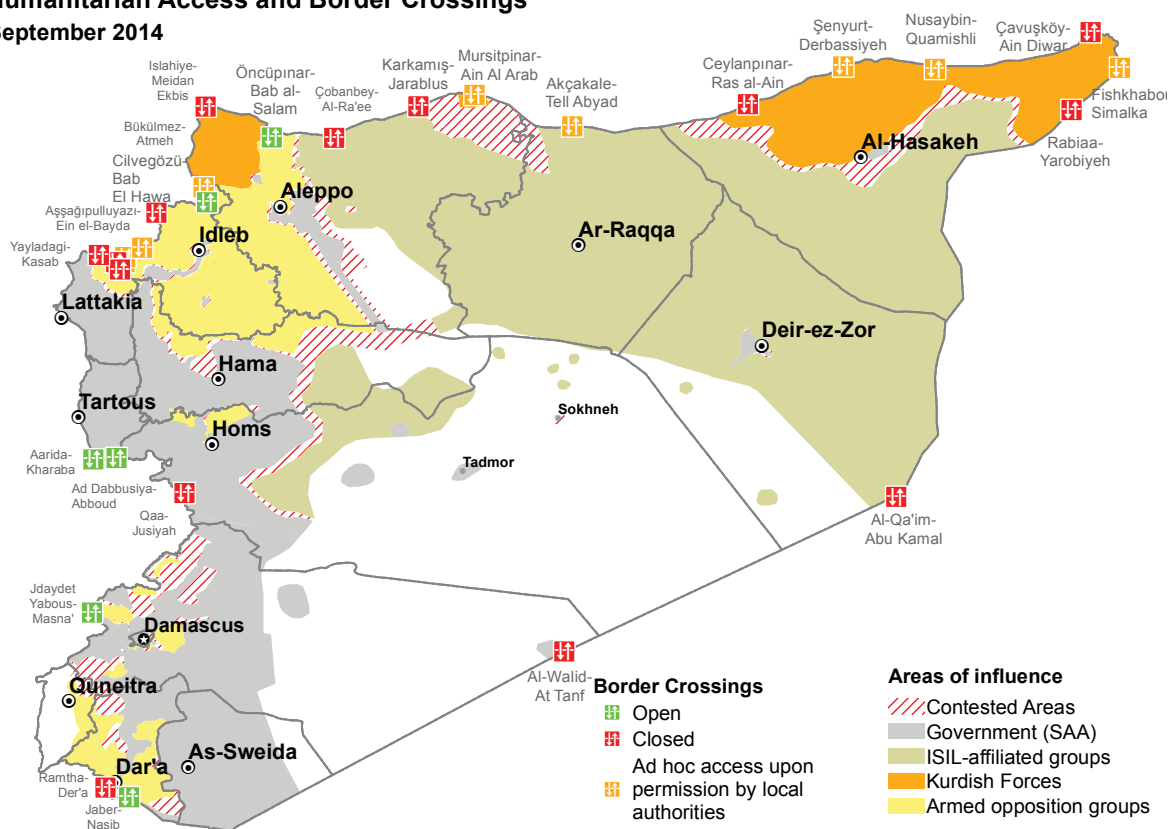
The top three priority interventions urgently required as stated by KI in the assessed areas included medicines, medical equipment and health staff. Provision of infant formula was stated as the fourth priority across all areas.

The lack of financial means is the main obstacle to health care, being health services too expensive mostly in rural areas. This is followed by lack of adapted services for persons with restricted mobility, and logistical and security constraints. The most reported availability issues are the lack of medicines, medical equipment and medical staff, especially in rural areas, whilst in urban areas also the lack of specialized services was noted.

f. Humanitarian Access

In October 2014, most opposition-controlled areas in the northwestern governorates of Aleppo, Idleb, rural Lattakia, and northern Hama remain largely accessible to cross-border operations. This is mainly due to open border crossings with Turkey, as well as the ease from armed actors that have not engaged in a systematic blockade of humanitarian assistance. Most government-controlled areas in coastal and central Syria, Damascus, and Rural Damascus remain accessible to actors operating from government-controlled territories, with the permission of the government of Syria.

Humanitarian Access and Border Crossings September 2014



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. This is followed by movement and travel restrictions for relief agencies,

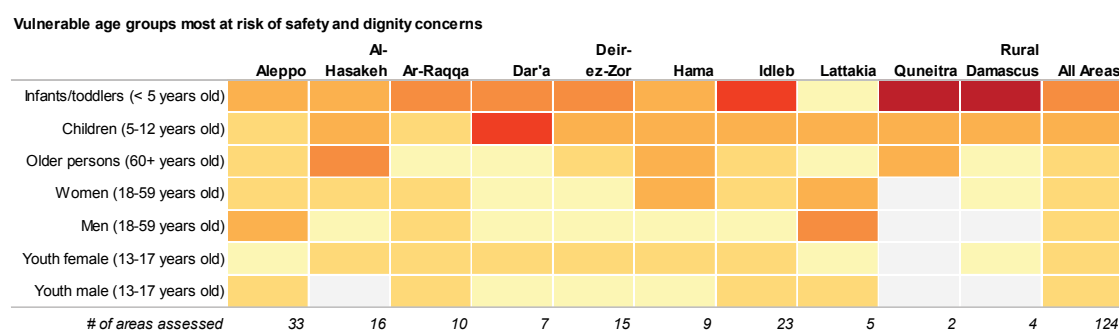
personnel, or goods; and ongoing security hostilities that impede access to areas in need of humanitarian assistance.

The MSNA found that 5.2 million people were living in areas with severe restrictions to humanitarian access in September 2014. During the same time, interference with the implementation of humanitarian activities by powerful groups or persons is highlighted as the most severe constraint to delivery of humanitarian assistance in all assessed areas. This is followed by restriction of movement, and violence against humanitarian actors, assets, and personnel.

g. Protection

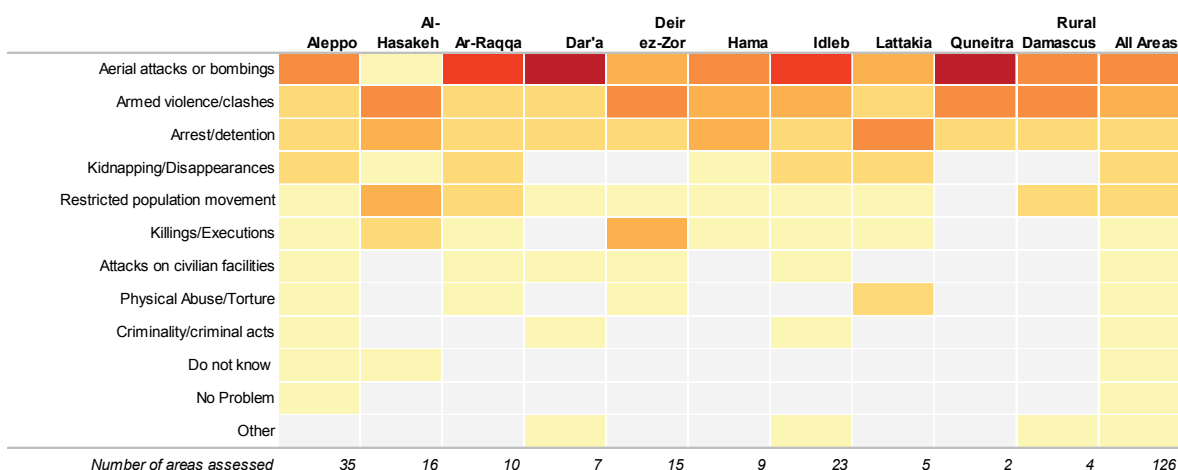
Protection (safety and dignity) has been reported as the second highest priority need for women in urban settings, and third highest priority for men also in the same context. Chronic human rights violations and abuses have occurred in the context of widespread insecurity and disregard for international humanitarian law. The Syrian conflict is characterized by the absence of effective protection for civilians in Syria.

Heat map - Reported population age-group considered most at risk of safety and dignity concerns



Child protection is a major concern, with children and youth at risk of death and injury, association with armed groups, harmful forms of child labour, and restrictions on their access to education and healthcare. Women and girls, the elderly, people with disabilities, young men, IDPs, refugees, and third country nationals have been identified also as people most in need. Gender Based Violence (GBV) is a serious, but under-reported, concern for civilians in Syria.

Heat map - Reported safety and dignity issues affecting the sub-districts

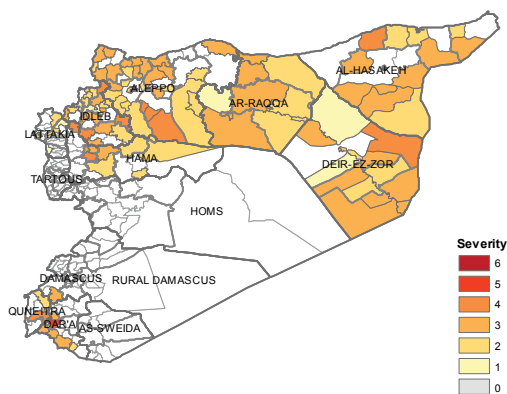


Based on these needs, the main priorities identified for protection are expansion of child friendly spaces, psycho-social services for children and women; expansion of women safe spaces, and mainstreaming protection throughout the Syria response.

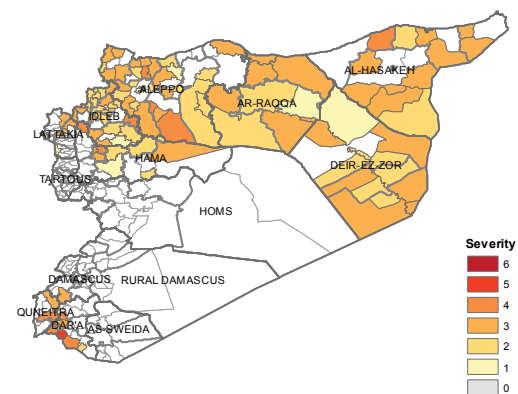
h. Shelter and Non-Food Items (NFI)

The number of people assessed requiring Non- Food Items (NFI) assistance is significantly higher than those requiring Shelter support. In 12 of the 114 sub-districts assessed, the shelter situation has been ranked as life-threatening, while key-informants of 14 sub-districts report a life-threatening NFI situation.

Shelter

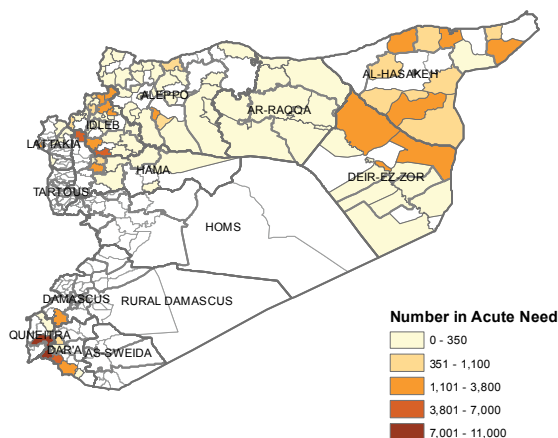


NFI

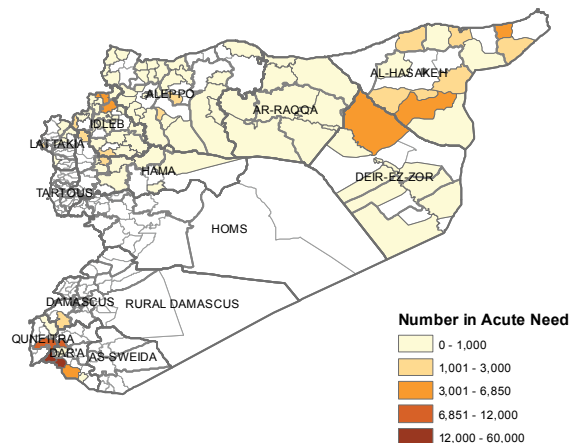


Key informants indicate that the main constraint to accessing shelter and NFI is the lack of financial resources. Due to a lack of income and savings, coupled with an increase in prices, communities are unable to access items such as tools and materials to repair shelter.

Shelter



NFI

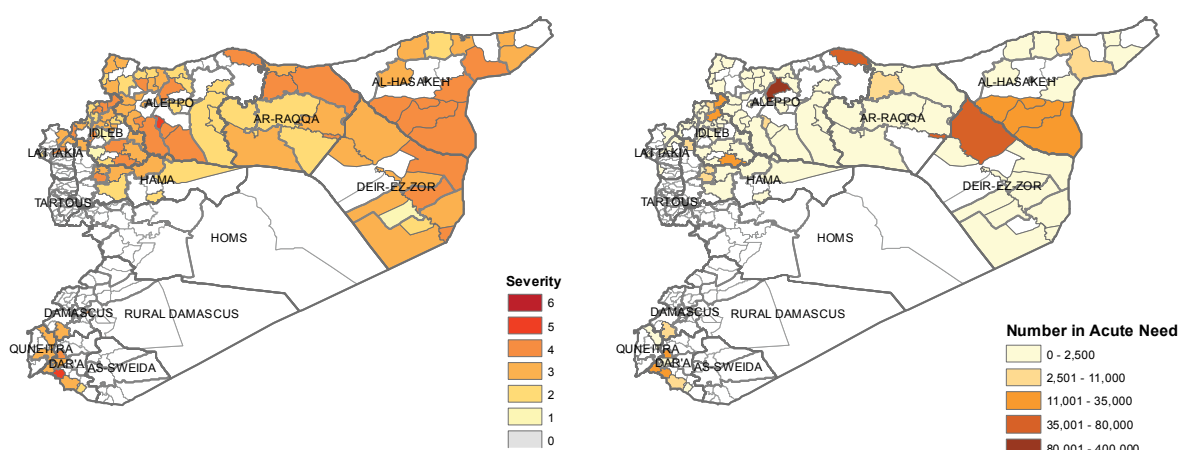


Insufficient protection from hard weather conditions – such as cold, heat, rain, wind, snow – is the priority concern, followed by a lack of electricity/lighting and personal safety, security and overcrowded collective shelters.

Both for NFI and Shelter interventions, respondents indicated that the main priority is cash. But despite this prioritization, 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 has shown that NFI items available to affected populations are, based on their judgment, of low quality.

i. Water, Sanitation and Hygiene (WASH)

The WASH sector has the highest reported number of people in need across sectors, with some 4.6 million people reported in need. Aleppo Governorate, the most populous of all, stated the highest number of people in need of water. The network reduction has led people to mostly utilize water trucking and wells.



IDPs in collective shelters has been identified as 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.

The priority interventions in 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.

The main issue affecting the availability of water is the lack of electricity to operate the water system, followed by lack of fuel for power standby generators for water system. Lack of chemicals for treatment has been reported in all assessed governorates on different level. Lack of money is the main constraint to access to safe drinking water, including lack of economic resources. No critical differences between rural and urban areas in terms of accessibility issues were found.