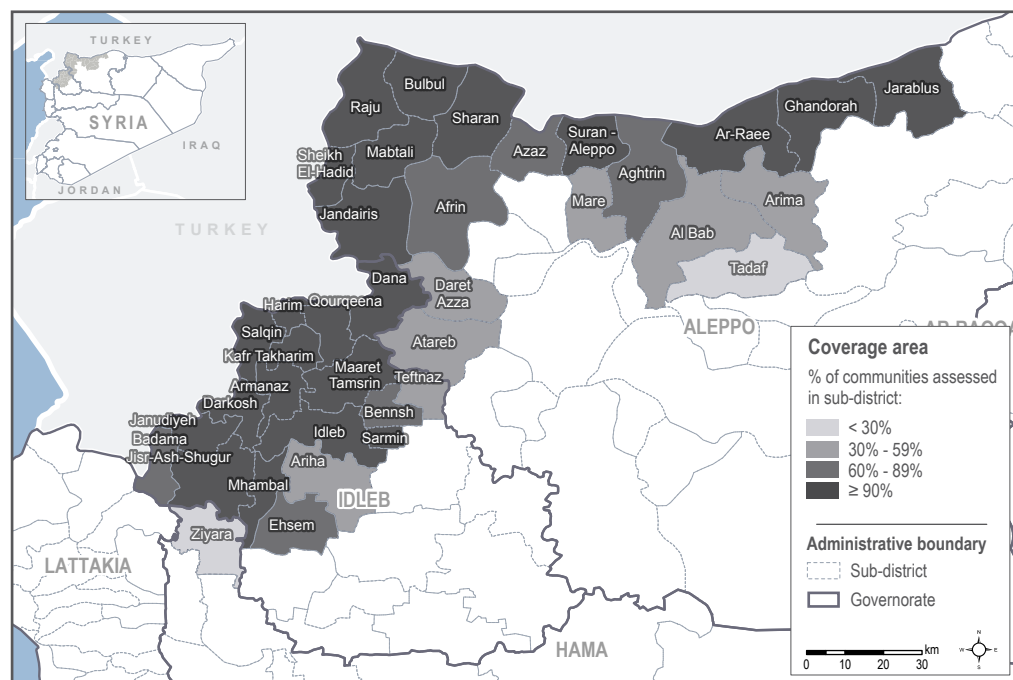


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA AUGUST 2020

INTRODUCTION

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. The assessment is conducted using a key informant (KI) methodology at the community level, and collects information on shelter, electricity and non-food items (NFIs), water, sanitation and hygiene (WASH), food security and livelihoods (FSL), health, education, protection, humanitarian assistance and accountability to affected populations (AAP), as well as priority needs.

This factsheet presents information gathered in 876 communities across western Aleppo¹ (25 communities), northern Aleppo (522 communities), Idleb (324 communities), and Hama (5 communities) governorates. Data was collected between 11-18 of August 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (July/August 2020). Findings are indicative rather than representative, and should not be generalized across the region. The dataset is available on the REACH Resource Centre and the Humanitarian Data Exchange.



KEY HIGHLIGHTS

August findings suggest that the decreased purchasing power of households was a widespread issue affecting access to basic goods and services in northwest Syria (NWS).




Livelihoods was overall the most commonly reported priority need, and gaps in accessing livelihoods were commonly mentioned by KIs. Daily waged labour was the most commonly reported source of income for both residents and internally displaced persons (IDPs). However, consistent barriers to meeting basic needs through waged labour were mentioned by KIs. In particular, low wages were reported in more than 90% of the assessed communities and lack of job opportunities was reportedly an issue in more than two thirds of the communities.

High prices due to currency devaluation contributed to rising food insecurity and posed a major barrier to accessing healthcare. Food was the most reported top priority need for both IDPs and residents. Food staples such as bread, rice and sugar were the most needed items, according to KIs. Access to health facilities was negatively affected by the high cost and lack of transportation. Households resorted to going to a pharmacy instead of a clinic to address their healthcare needs. First aid, treatment of chronic diseases and paediatric consultations were the most commonly reported health needs for both IDPs and residents. Damaged or unreliable WASH and electricity infrastructure led people to rely on more expensive sources of water and electricity, such as water trucking and solar panels, thus putting an additional strain on households' economic conditions. In particular, unaffordability of both electricity sources and basic NFIs was commonly reported by KIs.

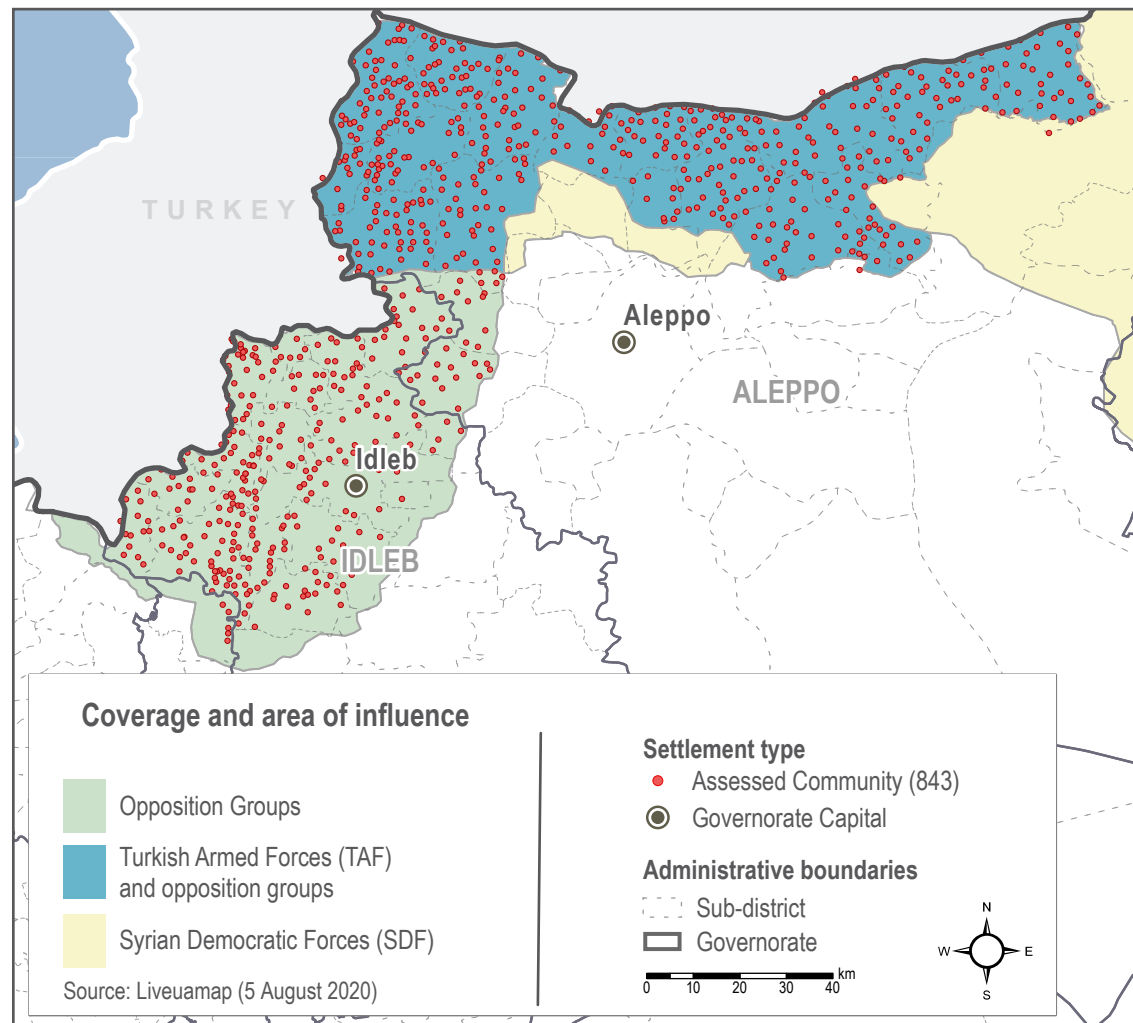
Top 3 reported overall priority needs in assessed communities:²

- 1** Livelihoods
- 2** NFIs
- 3** Food

August data was collected using the combined expertise of 1-6 KIs per community, in total interviewing:

-  **3,133 KIs**
-  **18% female KIs**
-  **13 types of KIs³**

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



The economic downturn, the erosion of basic infrastructure and the ongoing COVID-19 outbreak compounded an already dire humanitarian situation in NWS.

Despite a slight appreciation during the reporting period, the value of the Syrian Pound (SYP) against the United States Dollar (USD) remained weak. The informal exchange rate, recorded at 2,158 SYP per USD in August, increased by 100% since March.^a The devaluation of the SYP, and subsequent rise in prices, contributed to rising food insecurity and increased levels of poverty among households in NWS.^b In an attempt to mitigate the economic deterioration, select local authorities replaced the SYP with the more stable Turkish Lira (TL).^a Difficulties in accessing multiple currencies and variations in exchange rates likely complicate the purchasing of basic goods, raising the risk of excluding poorer households from markets.^c

Economic hardship worsened since the start of the outbreak of COVID-19.^d As of 18 August, 51 cases were identified in NWS.^e Movement restrictions, limits on commercial activities, and other mitigation measures reportedly put strain on businesses and disrupted supply chains, increasing economic pressure.^{b,c} A study by HNAP^{**} on the interlinked nature of the economic crisis and the impact of COVID-19 found that over a third of households in NWS felt that COVID-19 hindered them from achieving sufficient income. According to the assessment, 71% of households in NWS had insufficient income to meet their basic needs. In turn, heightened economic vulnerability lessened the ability of households to engage in preventative health practices including remaining at home and the usage of personal protective equipment due to the financial cost.^d Additionally, shortages of medical supplies, low doctor/patient ratios, and damaged health infrastructure as a result of the conflict further complicated the response to the spread of COVID-19.^f According to HNAP, as of 14 August, some 1,656,000 people in NWS were at high risk of contracting COVID-19. Dana, Azaz, and Afrin were highlighted as high-risk locations.^g

Finally, NWS saw an increase in hostilities during the reporting period. Intensified shelling and airstrikes were reported along the M4 highway in southern Idlib. According to ACLED^{***} data, Idlib governorate registered a 40% rise in explosions (including airstrikes, shelling, missiles, and artillery) and battles in July, compared to June.^h Violence displaced hundreds of people and caused dozens of casualties, including at least five children.^{ci} At the same time, the security situation in Northern Aleppo deteriorated following a series of improvised explosive device (IED) and explosive remnants of war (ERW) incidents as well as clashes between armed opposition groups (AOG) and airstrikes hitting a residential neighbourhood.^{ci}

* Due to limited testing capacity, it is possible that the actual number of cases is higher than reported.

** Humanitarian Needs Assessment Programme

*** The Armed Conflict Location & Event Data Project

RESIDENT PRIORITY NEEDS

Top ranked priority needs for residents

(by % of 869 communities where KIs selected a first, second, and third priority need) for residents:²

	1st	2nd	3rd	Overall	
Livelihoods		20%	15%	42%	76%
Health		27%	17%	10%	55%
Food		28%	16%	9%	53%
NFIs		5%	27%	20%	53%
WASH		13%	16%	11%	40%
Education		2%	4%	5%	11%
Shelter		5%	1%	2%	8%
Protection		1%	3%	2%	5%

Top three most commonly reported Food needs for residents

(by % of 459 communities where Food was reported as a priority need):²

1 Bread	72%
2 Rice	52%
3 Sugar	44%

Top three most commonly reported NFIs needs for residents

(by % of 457 communities where NFIs was reported as a priority need):²

1 Solar panels	80%
2 Cooking fuel	60%
3 Batteries (excluding car batteries)	52%

Top three most commonly reported Livelihoods needs for residents

(by % of 662 communities where Livelihoods was reported as a priority need):²

1 Tools or equipment for production	76%
2 Access to humanitarian programmes supporting livelihoods	75%
3 Access to credit for entrepreneurial investment	37%

IDP PRIORITY NEEDS

Top ranked priority needs for IDPs

(by % of 836 communities where KIs selected a first, second, and third priority need for IDPs):²

	1st	2nd	3rd	Overall	
Food		36%	19%	11%	65%
NFIs		5%	29%	29%	63%
Livelihoods		13%	19%	30%	62%
Shelter		25%	6%	5%	36%
WASH		4%	15%	13%	33%
Health		16%	8%	8%	32%
Education		0%	2%	2%	4%
Protection		0%	1%	3%	4%

Top three most commonly reported Food needs for IDPs

(by % of 548 communities where Food was reported as a priority need):²

1 Bread	82%
2 Rice	51%
3 Sugar	45%

Top three most commonly reported NFIs needs for IDPs

(by % of 526 communities where NFIs was reported as a priority need):²

1 Solar panels	75%
2 Cooking fuel	63%
3 Fans	41%

Top three most commonly reported Livelihoods needs for IDPs

(by % of 515 communities where Livelihoods was reported as a priority need):²

1 Access to humanitarian programmes supporting livelihoods	74%
2 Tools or equipment for production	50%
3 Access to credit for entrepreneurial investment	37%

SECTORAL FINDINGS



KIs in **71%** of communities reported that **households had access to humanitarian assistance** (625 of 876 communities).



KIs in **80%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (677 of 836 communities).



From 5 to 6 hours per day was the most commonly reported range for hours of electricity per day (279 (32%) of 876 assessed communities).



KIs in **62%** of communities reported that **not all households had access to sufficient water** (540 of 876 communities).



KIs in **15%** of communities reported **that households were not able to access markets within their own communities** (135 of 876 communities).



Daily waged labour was the most commonly reported source of meeting basic needs for both residents (744 (86%) of 869 communities) and IDPs (782 (94%) of 836 communities).



KIs in **59%** of communities reported that **households were not able to access health services in their own communities** (517 of 876 communities).



Child labour was the most commonly reported protection risk for both resident (461 (68%) of 677 communities) and IDP children (514 (75%) of 684 communities).

Humanitarian Assistance & AAP Households in 71% of the assessed communities had access to aid. Yet, KIs in more than 90% of communities reporting on challenges in accessing aid stated that aid was insufficient. Food was the most commonly reported type of humanitarian assistance accessed. Gaps remained in the provision of livelihood support, which was reportedly accessed by households in 2% of the communities receiving aid.

Shelter In one fourth of all assessed communities, shelter was indicated as IDPs' first priority need. In particular, cash for rent and new tents were the two most commonly mentioned needs. A greater incidence of shelter inadequacies was observed among IDPs compared to the resident population. In particular, overcrowding was reported by KIs in almost 80% of the communities for IDPs.

Electricity & NFI In nearly 50% of the assessed communities, households were able to access electricity less than 6 hours per day, on average. Solar panels were indicated by KIs as the main source of electricity in 46% of the assessed communities. Yet, the high price of solar panels was the most commonly reported barrier to accessing electricity. Consistent with findings on electricity access, sources of electricity including solar panels and batteries were commonly reported among NFIs needs.

WASH Water trucking was the most commonly reported source of water and drinking water. KIs in 85% of communities cited the high price of water trucking as a barrier to accessing sufficient water. WASH infrastructure was reportedly absent in some areas or malfunctioning. In particular, more than half of the communities reporting on sanitation issues lacked a sewage system. Moreover, 55% of the communities connected to a water network reportedly did not receive any water from it.

Food Security KIs in nearly 70% of all assessed communities reported food as a priority need. Bread, rice, and sugar were the most commonly reported food needs for both residents and IDPs. Unaffordability of food items remained the most commonly reported barrier to accessing sufficient food (reported by KIs in more than 80% of communities). Barriers to feeding babies and to feeding young children were reported in 92% and 94% of the assessed communities, respectively.

Livelihoods Low wages and lack of employment opportunities were commonly reported barriers to accessing livelihoods for both residents and IDPs. Households in a high number of communities were reported to rely on non-productive means to meet basic needs, including loans, remittances and humanitarian assistance. Child labour was reported as a coping strategy to meet basic needs in 71% and 83% of the communities, for residents and for IDPs respectively.

Health Access to essential healthcare was reportedly negatively affected by the high cost and lack of transportation to health facilities. In one third of the communities where health facilities were reported, pharmacies were the only type of facility available. In nearly 90% of the reporting communities, KIs indicated that households went to the pharmacy instead of a clinic to access health services. Additionally, KIs in more than half of the assessed communities reported a lack of medicines at health facilities.

Protection Child labour was the most commonly reported protection risk, while forced and early marriage was another common protection risk (cited by KIs in more than 40% of the reporting communities). Loss and lack of civil documentation most commonly affected children. KIs reported the threat from explosive hazards and from airstrikes, especially in Hama and Western Aleppo governorates.

HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

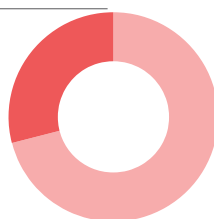
Humanitarian assistance was accessed in the majority of the assessed communities and addressed some of the most basic needs. However, gaps in accessing livelihoods were mentioned by KIs. Households in 71% of the assessed communities had access to aid. Yet, KIs in more than 90% of communities reporting on challenges in accessing aid stated that aid was insufficient. Food was both the most commonly reported type of humanitarian assistance accessed and the most commonly indicated first priority need, for residents and IDPs alike. Gaps remained in the provision of livelihood support, which was reportedly accessed by households in 2% of the communities receiving aid. How to find work was the most commonly reported information gap for households. Moreover, access to humanitarian programmes supporting livelihoods was indicated as a priority need in three quarters of the assessed communities reporting on livelihoods priorities, both among IDPs and residents.

Were any households in the community able to access humanitarian assistance?

(by % of all 876 assessed communities):

Yes: 71%

No: 29%



Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 597 communities where access and challenges were reported):⁴

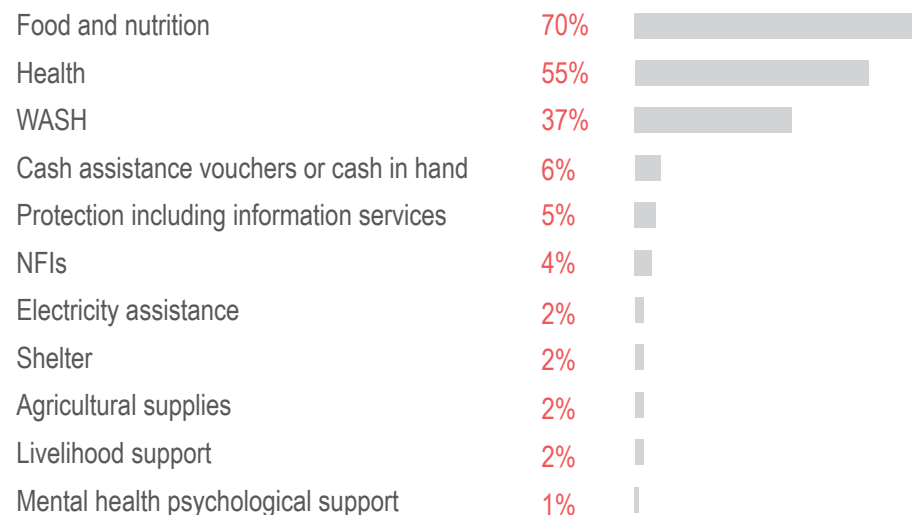
- 1 Assistance provided was insufficient 92%
- 2 Perceived poor targeting of beneficiaries who receive assistance 37%
- 3 Types of assistance provided were not relevant to needs 17%

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

(by % of 876 communities where preferred ways were reported):²

- 1 WhatsApp (or other mobile phone-based platforms) 85%
- 2 In person 68%
- 3 Social media (Twitter, Facebook, etc) 35%

Most commonly reported types of humanitarian assistance households had access to (by % of 625 communities where access to humanitarian assistance was reported):⁴



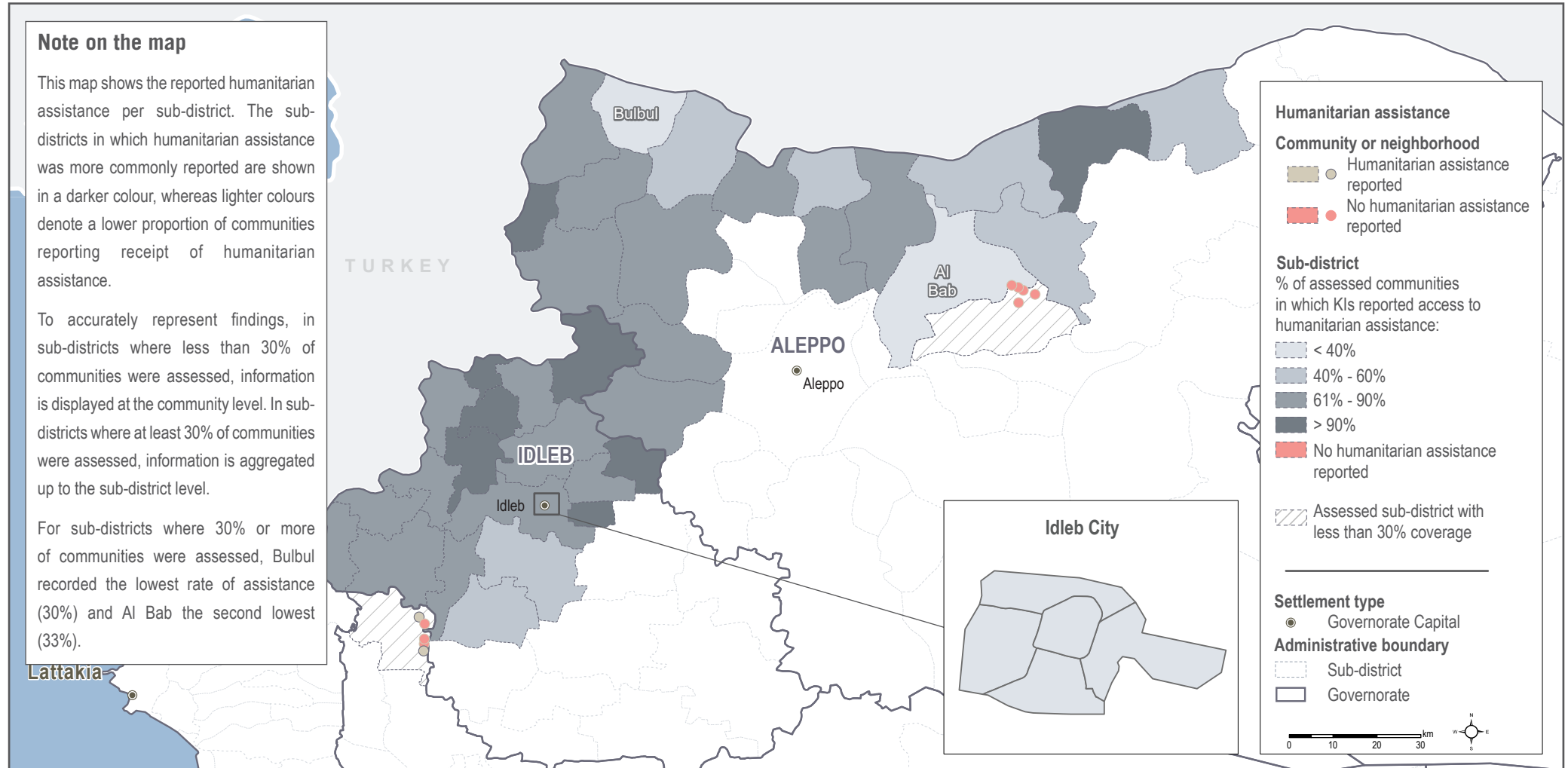
Most commonly reported information gaps for households with regard to humanitarian assistance (by % of 876 communities where missing information was reported):⁵

- 1 How to find work 65%
- 2 How to get more money or financial support 56%
- 3 How to register for aid 53%
- 4 How to get food 26%
- 5 How to get healthcare or medical attention 22%

40% In 40% of the assessed communities able to access assistance (251/624), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms**.⁶

NORTHWEST SYRIA AUGUST 2020

REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

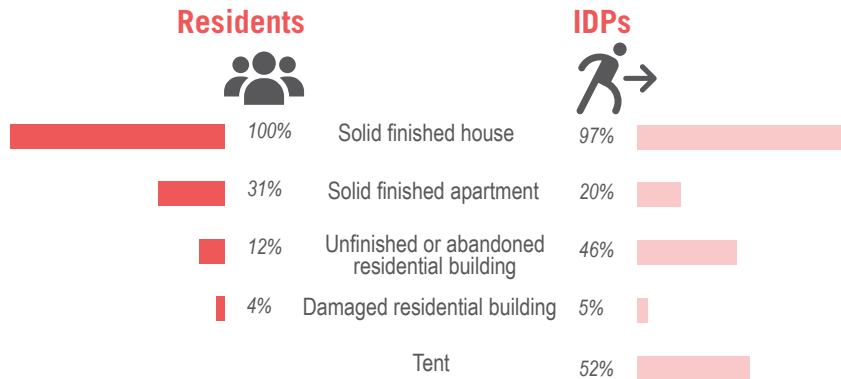


SHELTER

Access to safe shelter structures was challenging for IDPs. In fact, in one fourth of all assessed communities, shelter was indicated as IDPs' first priority need. In particular, cash for rent and new tents were the two most commonly mentioned needs. This finding suggests that securing shelter was challenging for both IDPs living in residential buildings and those living in informal settlements. A greater incidence of shelter inadequacies was observed among IDPs compared to the resident population. In particular, overcrowding was reported by KIs in almost 80% of the communities for IDPs, and in less than half of the reporting communities for residents. Moreover, high temperatures inside shelters was a more commonly reported issue for IDPs. In fact, KIs cited fans as a priority NFI need in a higher number of communities for IDPs (215) than for residents (65).

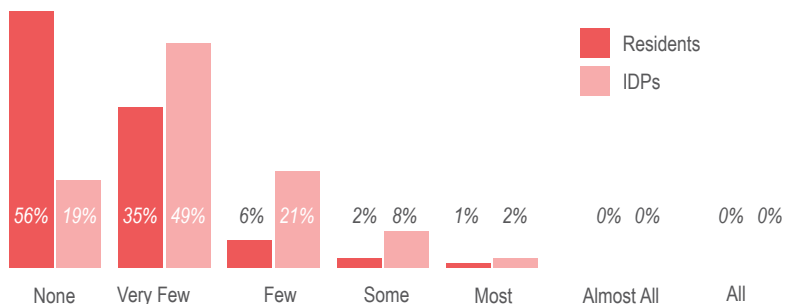
Most commonly reported shelter types used by residents and IDPs

(by % of **869 communities** where reported for residents, and of **836 communities** where reported for IDPs).^{2,6,8}



Proportion of communities where KIs reported residents and IDPs living in overcrowded shelters*

(by % of **869 communities** where reported for residents, and by % of **836 communities** where reported for IDPs).⁶



*The above categories correspond to the following proportion ranges of what portion of IDPs or residents were living in overcrowded shelters: none (0%), very few (1-20%), few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

32,600 SYP⁷

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in **603 communities**).

Most commonly reported shelter inadequacy issues (by % of **788 communities** where issues were reported for residents, and of **818 communities** where issues were reported for IDPs).^{4,6}

Issue	Residents (%)	IDPs (%)
Lack of lighting around shelter	82%	79%
High temperatures inside shelters	68%	74%
Lack of space or overcrowding	23%	46%

35%

In 35% of the assessed communities reporting on damage (400/862), KIs reported the presence of **occupied shelters with severe damage⁹ in their communities.**⁶

62%

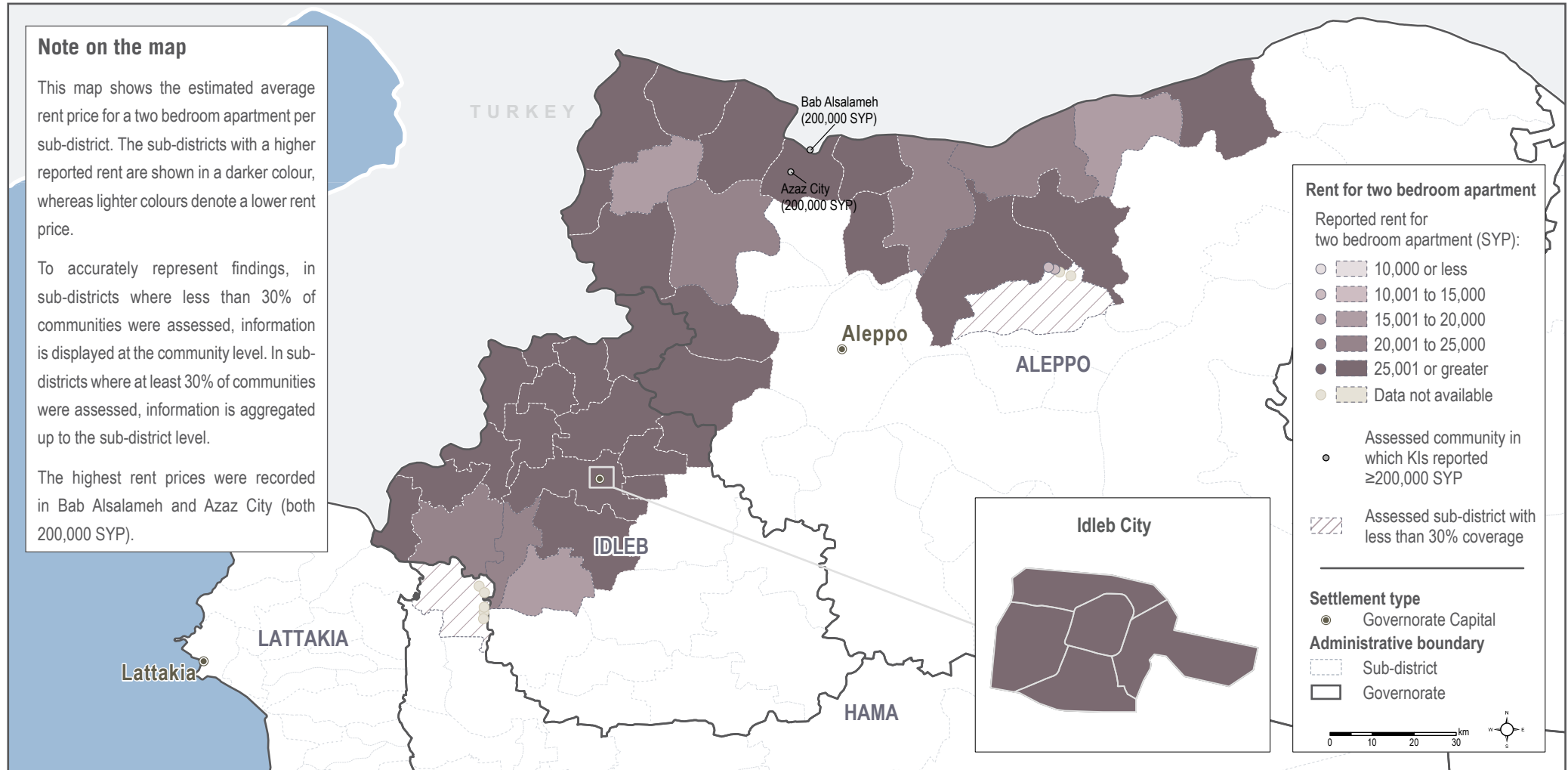
In 62% of the assessed communities reporting on damage (533/862), KIs reported the presence of **occupied shelters with major damage⁹ in their communities.**⁶

Most commonly reported barriers to households wishing to repair their shelters (by % of **779 communities** where barriers were reported).^{4,6}

1 Shelter and repair materials are too expensive	91%
2 Repairs require professionals but cannot afford their service	63%
3 Security situation	15%
4 Repairs require professionals but they are not available	6%
5 Shelter and repair materials are unavailable in the market	4%

NORTHWEST SYRIA AUGUST 2020

AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT



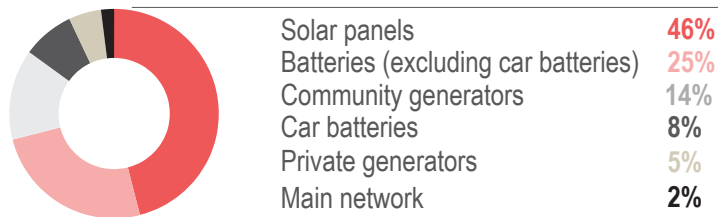
ELECTRICITY & NFIs

Electricity access reportedly remained low across NWS, and unaffordability of both electricity sources and NFIs was commonly reported by KIs. In nearly 50% of the assessed communities, households were able to access electricity less than 6 hours per day, on average. Solar panels were indicated by KIs as the main source of electricity in 46% of the assessed communities. Yet, the high price of solar panels was the most commonly reported barrier to accessing electricity. Access to NFIs was indicated as a priority need in more than half of the assessed communities, for both IDPs and residents. Consistent with findings on electricity access, sources of electricity including solar panels and batteries were commonly reported among NFIs priority needs. Additionally, cooking fuel was the second most commonly reported NFI need for both IDPs and residents. In fact, cooking fuel was reported as unaffordable in the highest share of communities reporting on NFI needs (96%).

5-6 hrs/day was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 279 (32%) of 876 assessed communities).

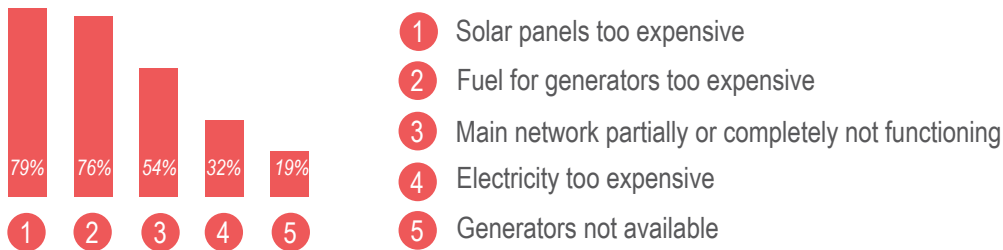
Reported main source of electricity

(by % of 876 communities where main source reported):



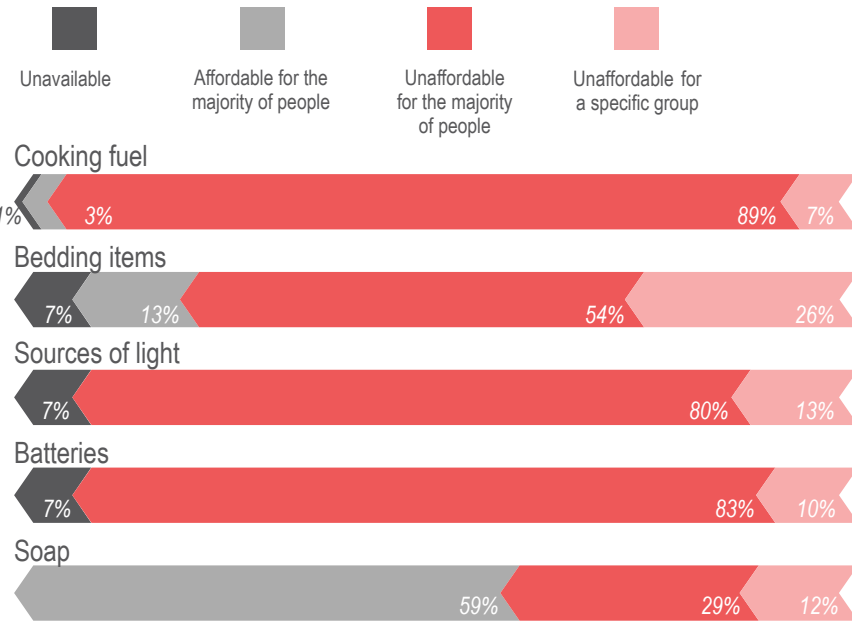
Most commonly reported barriers to accessing electricity

(by % of 875 communities where barriers reported):⁴



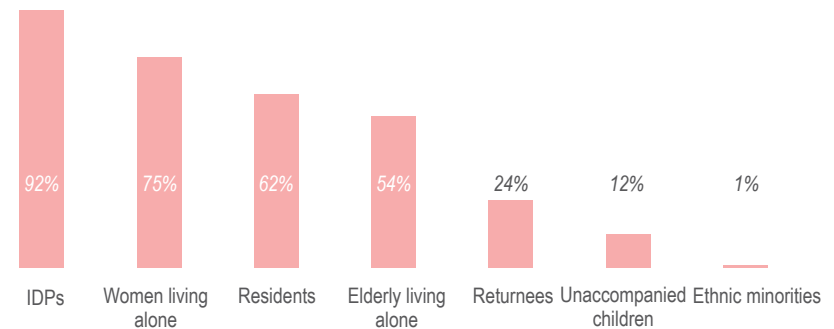
Reported household item availability and affordability

(by % of all 876 communities):⁴

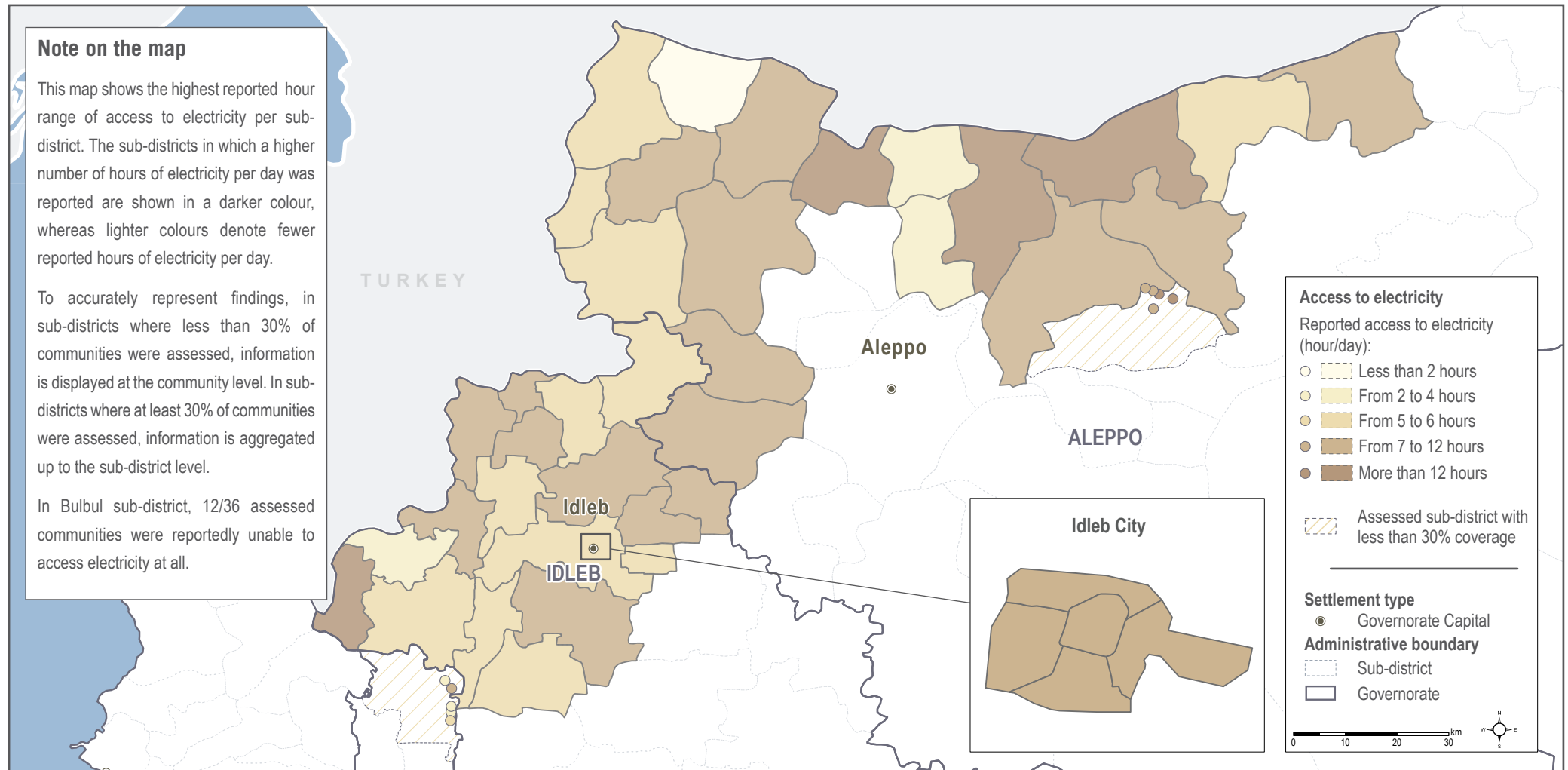


Population groups who reportedly could not afford NFIs

(by % of 526 communities where reported that specific groups could not afford items):⁴



AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



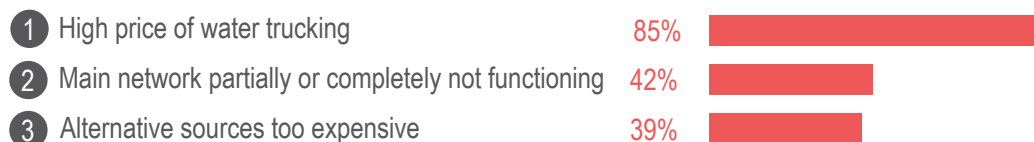
WATER, SANITATION AND HYGIENE (WASH)

In more than 60% of the assessed communities, KIs indicated that some households could not access sufficient water. Water trucking was the most commonly reported source of water and drinking water. In particular, in Northern Aleppo more than 70% of the assessed communities relied on water trucking as a water source. This is key as KIs in 85% of communities cited the high price of water trucking as a barrier to accessing sufficient water. WASH infrastructure was reportedly absent in some areas or malfunctioning. In particular, more than half of the communities reporting on sanitation issues lacked a sewage system. Additionally, out of the 639 assessed communities connected to a water network, 354 (55%) of them did not receive any water from it. In line with these findings, drinking water and functioning sewage systems were the two most commonly reported WASH priority needs for IDPs and residents alike.

62% In 62% of the assessed communities (540/876), KIs reported that **not all households had access to sufficient water**.

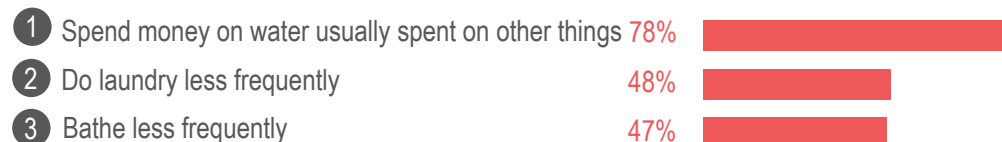
Most commonly reported barriers to accessing sufficient water

(by % of 540 communities where barriers reported):⁴



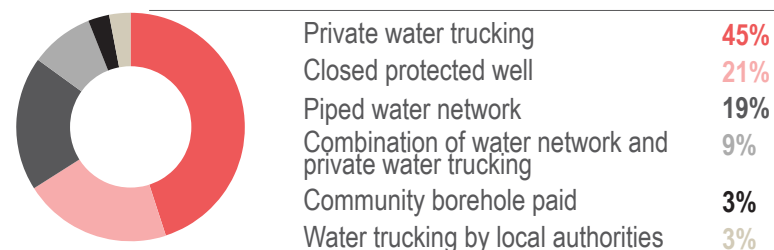
Most commonly reported coping strategies for a lack of water

(by % of 540 communities where coping strategies reported):⁴



Most commonly reported sources of drinking water

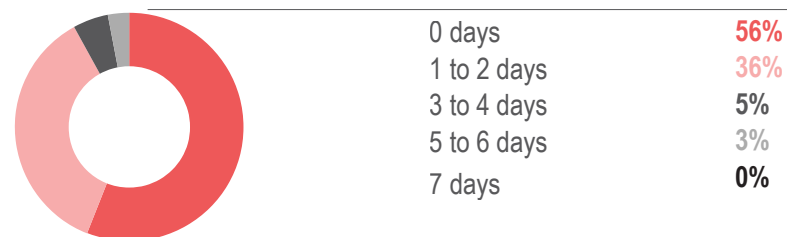
(by % of all 876 assessed communities):



27% In 27% of the assessed communities (237/876), KIs reported that **communities were not connected to a main water network**.

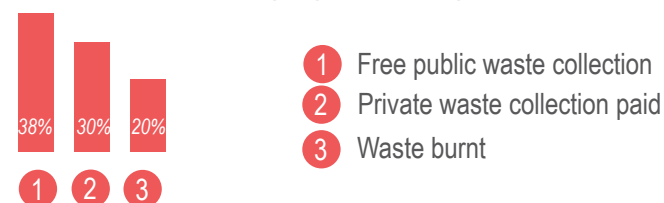
Days per week water from the network was reportedly available

(by % of 639 communities connected to a water network):



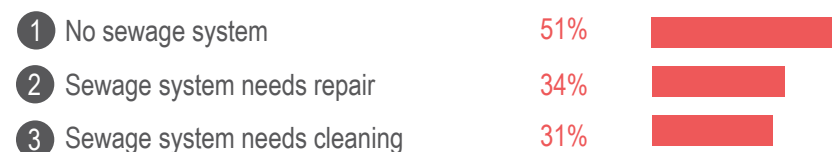
Most commonly reported ways people disposed of solid waste

(by % of 876 communities where top disposal method reported):

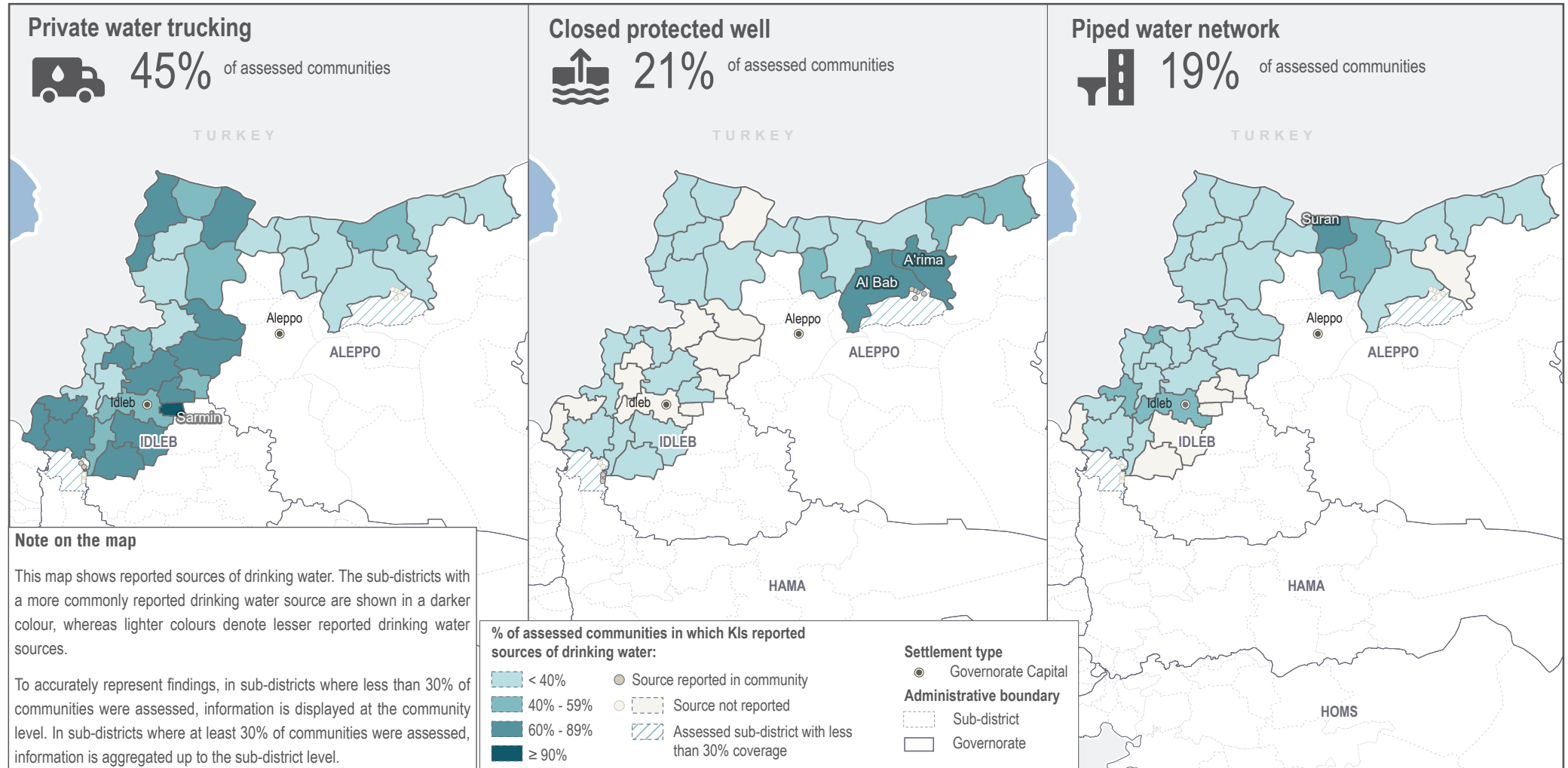


Most commonly reported sanitation issues

(by % of 599 communities where sanitation issues reported):^{4,6}



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

KIs in nearly 70% of all assessed communities reported food as a priority need. Bread, rice, and sugar were the most commonly reported food needs for both residents and IDPs. Unaffordability of food items remained the most commonly reported barrier to accessing sufficient food (reported by KIs in more than 80% of communities). In fact, the regional Survival Minimum Expenditure Basket (SMEB) food component* increased by 2% from July to August and reached 153,443 SYP. According to REACH data, the average daily worker would need to work nearly 50 days to earn the equivalent value of the SMEB food component. Findings suggest that some population groups faced additional challenges in securing food. For example, persons with restricted mobility reportedly lacked access to markets in nearly half of the assessed communities. Moreover, barriers to feeding babies and to feeding young children were reported in 92% and 94% of the assessed communities, respectively.

15% In 15% of assessed communities (135/876), KIs reported households were unable to access markets in the assessed location.

Most commonly reported barriers to physically accessing food markets (by % of 683 communities where barriers reported for residents, and of 670 communities where barriers reported for IDPs):⁴

	Residents	IDPs
Lack of transportation to markets	78% ①	81% ①
Distance to markets too far	63% ②	63% ②
Lack of access for persons with restricted mobility	45% ③	47% ③

Most commonly reported sources of food for households (by % of all 876 communities where food sources reported):²

① Purchasing from stores or markets in this community	77%
② Purchasing from stores or markets in other communities	71%
③ Own production or farming	65%
④ Borrowing	30%
⑤ Assistance from local councils, NGOs or other groups	20%

Most commonly reported barriers to accessing sufficient food

(by % of 842 communities where barriers reported for residents, and by % of 808 communities where barriers reported for IDPs):⁴

	Residents	IDPs
Markets exist but households cannot afford essential food items	80% ①	82% ①
Markets exist but not all essential food items are available	24% ②	23% ②
Markets exist but have insufficient quantities of food	17% ③	16% ③

Most commonly reported barriers to feeding babies and young children

(by % of 809 communities where challenges reported for babies under 6 months, and of 825 communities where challenges reported for children of 6 months - 2 years):^{4,10}

	Under 6 months	6 months - 2 years
No support for non-breastfed babies	87% ①	89% ①
Breastfeeding difficulties	40% ②	60% ②
Poor hygiene for feeding non-breastfed babies	8% ③	29% ③

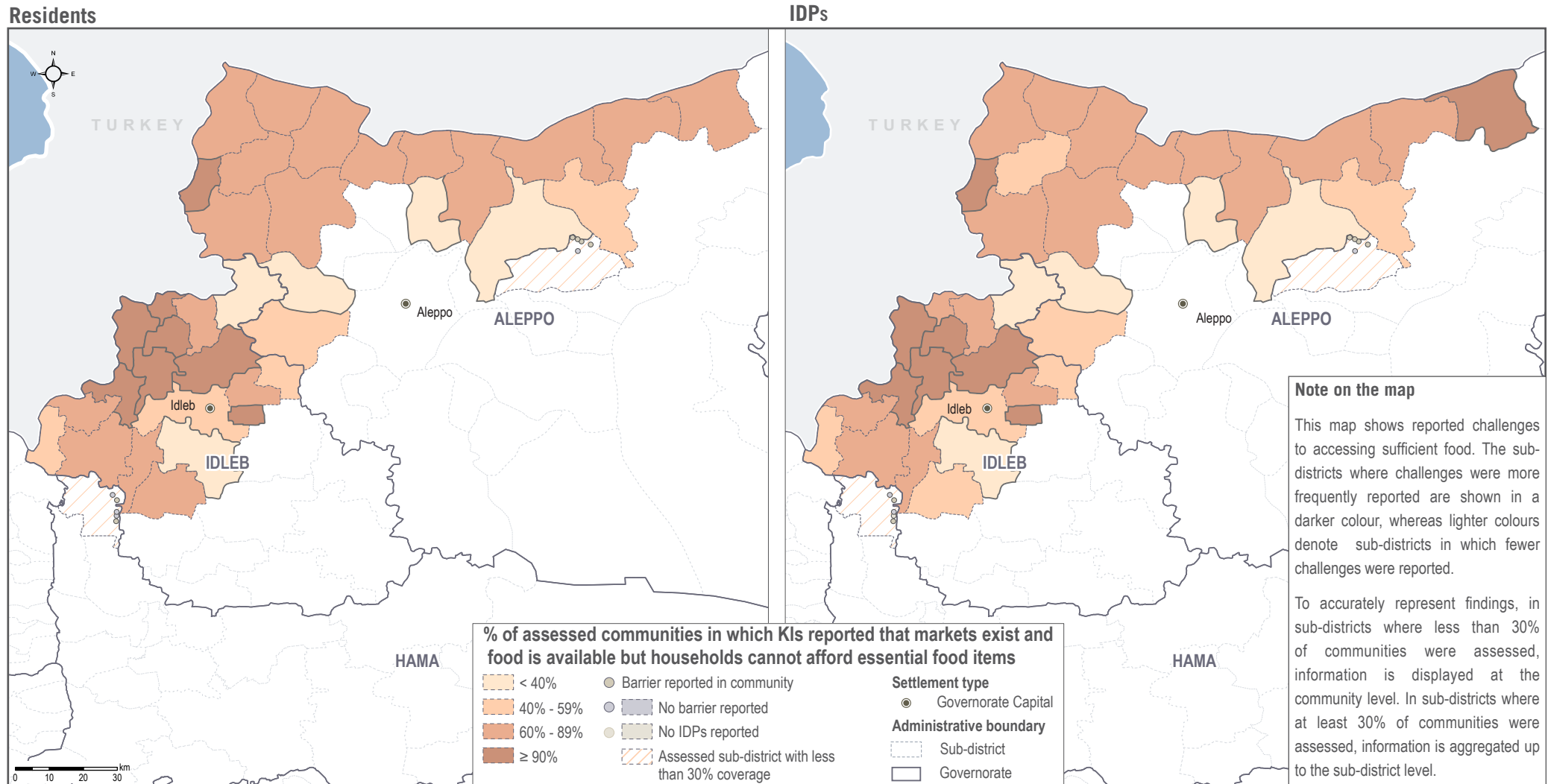
Most commonly reported coping strategies for a lack of food

(by % of 852 communities where coping strategies reported):⁴

① Purchasing food on credit or borrowing money to buy food	66%
② Buying food with money usually used for other things	61%
③ Reducing meal size	55%
④ Skipping meals	51%
⑤ Selling non-productive assets	22%

¹³ *The SMEB represents the minimum, culturally adjusted items required to support a 6-person household for a month. The SMEB food component includes 37 kg of bread, 15 kg of bulgur, 6 kg of chicken, 6 kg of eggs, 12 kg of fresh vegetables, 7 kg/L of ghee/vegetable oil, 15 kg of red lentils, 19 kg of rice, 1 kg of salt, 5 kg of sugar, and 6 kg of tomato paste.

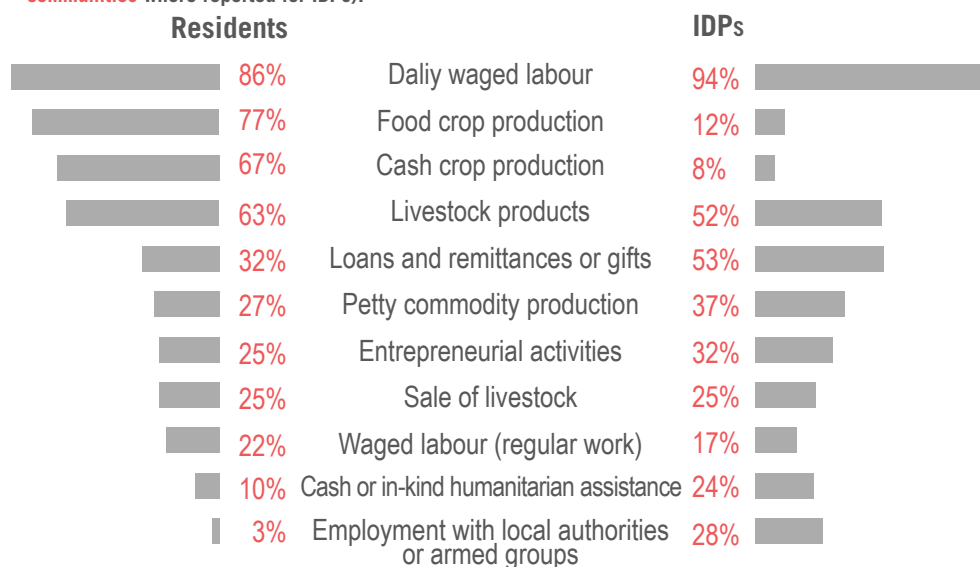
REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



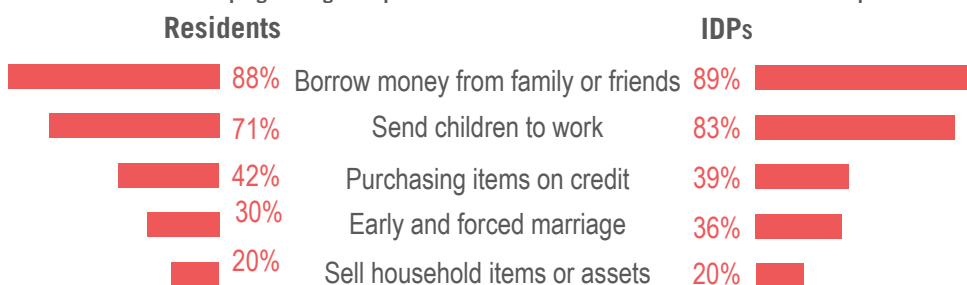
LIVELIHOODS

Challenges in accessing livelihoods and the low purchasing power of households were widespread issues affecting access to basic goods and services. In particular, low wages and lack of employment opportunities were commonly reported barriers to accessing livelihoods for both residents and IDPs. Moreover, households in a high number of communities were reported to rely on non-productive means to meet basic needs, including loans, remittances and humanitarian assistance. When unable to secure sufficient income, households reportedly resorted to debt-financed consumption, either by borrowing money from family and friends or by purchasing on credit (reported in nearly 90% and around 40% of the communities, respectively). Negative coping strategies affecting children were also commonly cited. In particular, child labour was reported as a coping strategy to meet basic needs in 71% and 83% of the communities, for residents and for IDPs respectively. Early and forced marriages were cited by KIIs in around one third of the assessed communities.

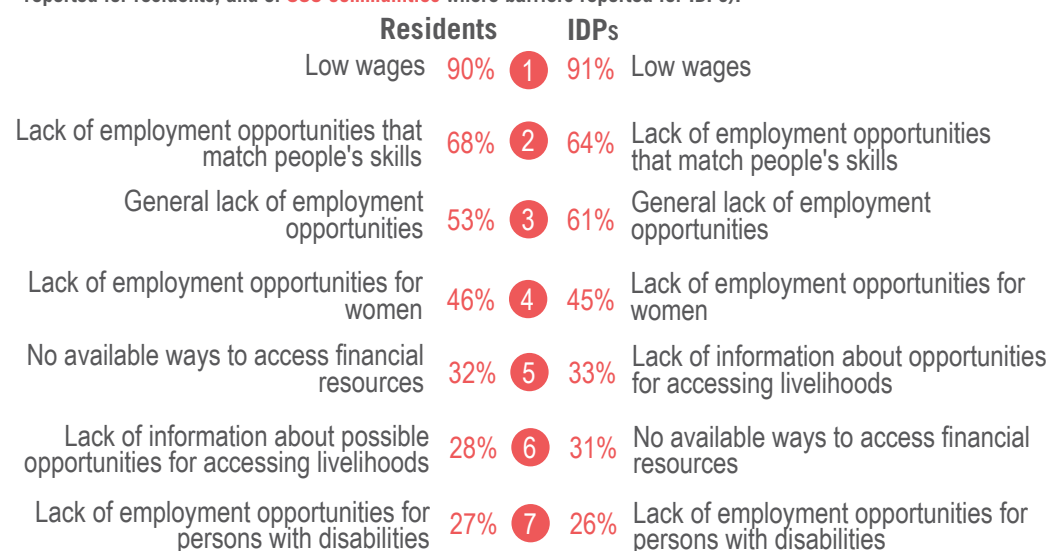
Percentage of communities where KIIs reported the following sources of meeting basic needs (by % of 869 communities where reported for residents and of 836 communities where reported for IDPs).⁵



Most commonly reported coping strategies to meet basic needs (by % of 868 communities where coping strategies reported for residents and of 836 communities where reported for IDPs).⁴



Percentage of communities where KIIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 869 communities where barriers reported for residents, and of 836 communities where barriers reported for IDPs).⁴

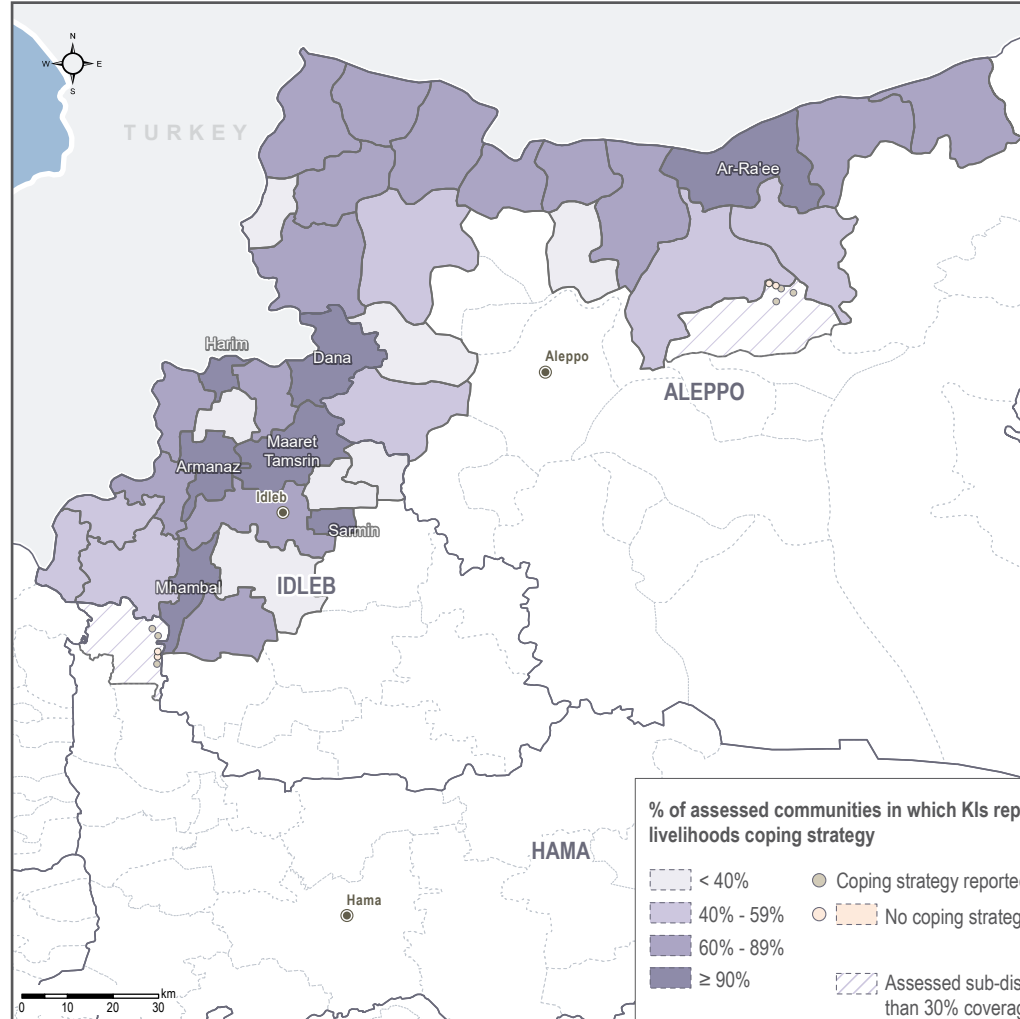


Estimated median daily wage for unskilled labour^{6,7}

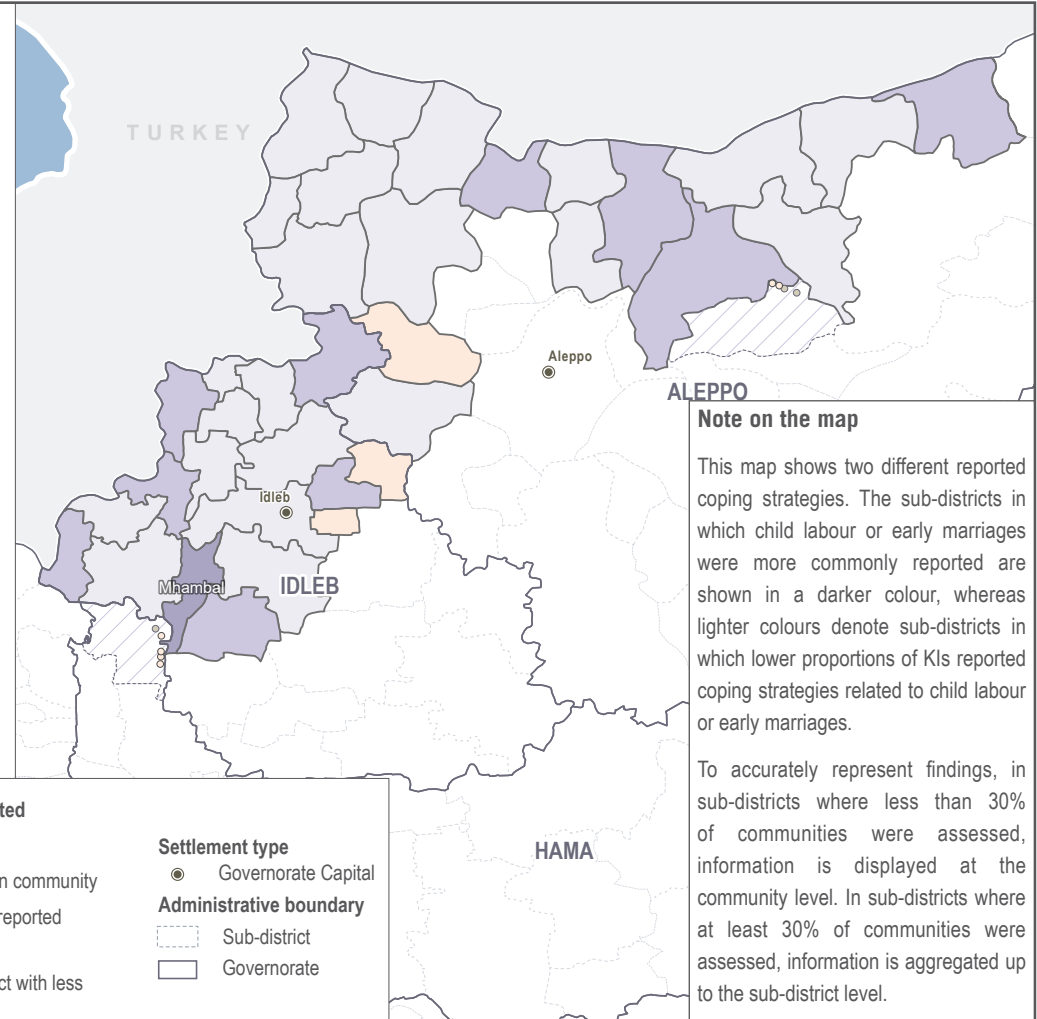


REPORTED LIVELIHOODS COPING STRATEGIES

Children sent to work or beg



Early or forced marriage



Note on the map


This map shows two different reported coping strategies. The sub-districts in which child labour or early marriages were more commonly reported are shown in a darker colour, whereas lighter colours denote sub-districts in which lower proportions of KIs reported coping strategies related to child labour or early marriages.

To accurately represent findings, in sub-districts where less than 30% of communities were assessed, information is displayed at the community level. In sub-districts where at least 30% of communities were assessed, information is aggregated up to the sub-district level.

HEALTH

Access to essential healthcare was reportedly negatively affected by the high cost and lack of transportation to health facilities. Households were reportedly unable to access healthcare in their own communities in nearly 60% of the assessed locations. Moreover, in one third of the communities where health facilities were reported, pharmacies were the only type of facility available. In fact, KIs in nearly 90% of the reporting communities indicated that households went to the pharmacy instead of a clinic to access health services. This suggests that households are struggling to access clinical or specialised healthcare. Indeed, for both residents and IDPs, first aid was the most commonly reported health need, followed by treatment for chronic diseases and paediatric consultations. Additionally, KIs in more than half of the assessed communities reported lack of medicines at health facilities.

 **59%** In 59% of assessed communities (517/876), KIs reported that **households were unable to access health services in their own communities.**

 **33%** In 33% (119/359) of assessed communities where KIs reported access to health services in their own community, **pharmacies were reportedly the only type of health facility available.**

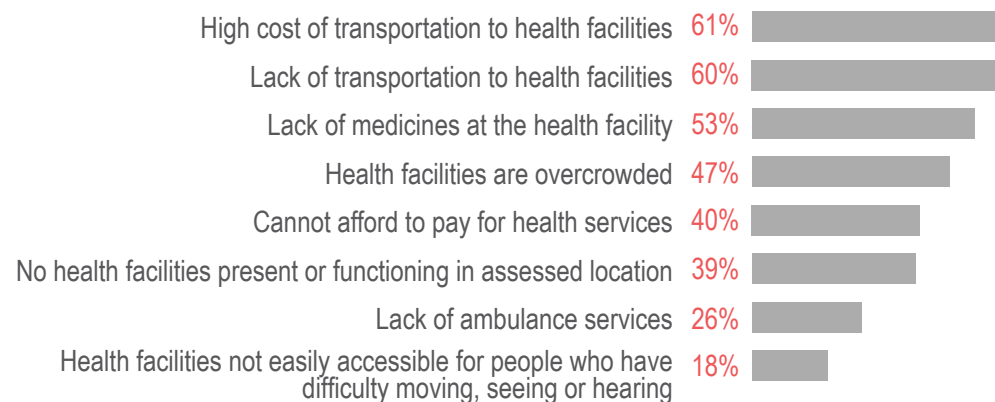
 **28%** In 28% of assessed communities (242/876), KIs reported that **households were unable to access public hospitals in their own and nearby communities.**

Most commonly reported health facilities available in assessed and other or nearby communities (by % of 359 communities reporting access inside community, and of 855 communities reporting access in other/nearby communities):⁴

In assessed communities		In other/nearby communities
Pharmacies	85% 1	86% Pharmacies
Primary care facilities	39% 2	75% Primary care facilities
Private clinics	22% 3	72% Public hospitals
Informal emergency care points	20% 4	72% Private clinics
Mobile clinics	16% 5	27% Private hospitals

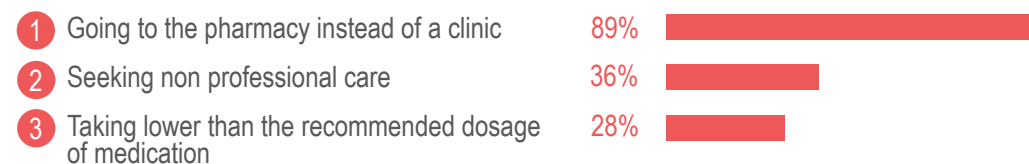
Most commonly perceived barriers to healthcare access

(by % of 870 communities where barriers reported):⁴



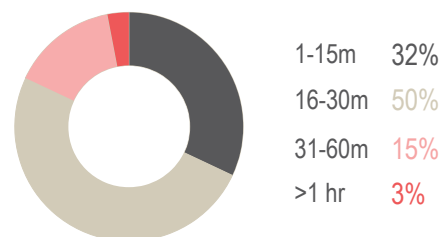
Most commonly reported coping strategies for a lack of healthcare services

(by % of 870 communities where coping strategies reported):⁴



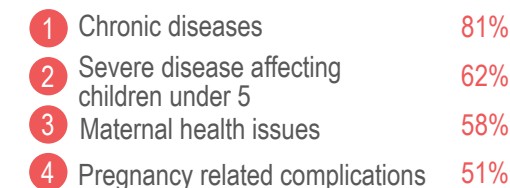
Reported time taken for households to travel to the most commonly used health facility

(by % of 876 communities where travel time reported):

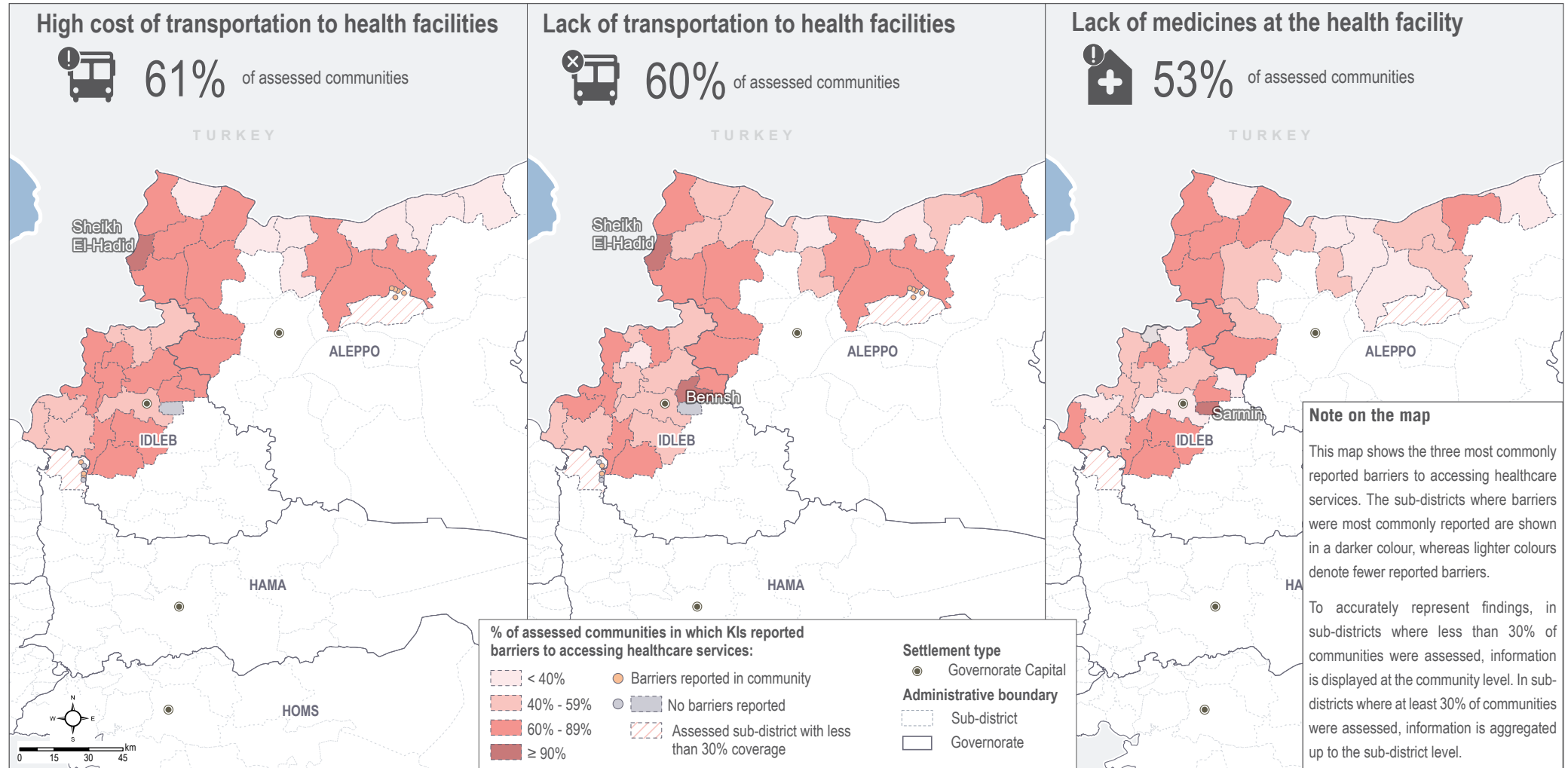


Most commonly reported health problems

(by % of 615 communities where knowledge of health problems reported):^{4,6}



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS

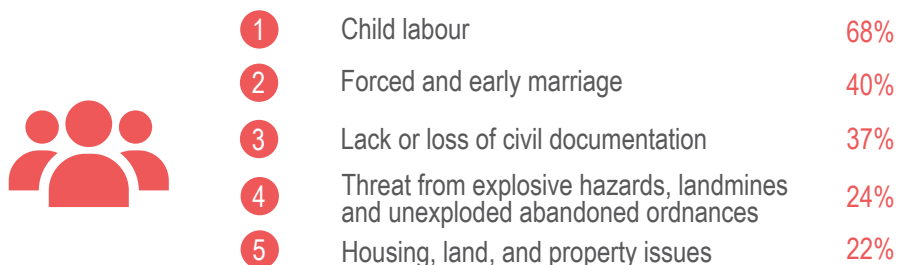


PROTECTION

Children were widely affected by protection risks in NWS, while the threat from explosive hazards was commonly reported across assessed communities. Child labour was the most commonly reported protection risk for both residents and IDPs. KIs in a higher percentage of reporting communities (75%) indicated this risk for IDPs. Forced and early marriage was another common protection risk (cited by KIs in more than 40% of the reporting communities). Both child labour and forced and early marriage were also commonly indicated by KIs as coping strategies for lack of livelihoods. Loss and lack of civil documentation most commonly affected children. KIs reported the threat from explosive hazards and from airstrikes, especially in Hama and Western Aleppo governorates.

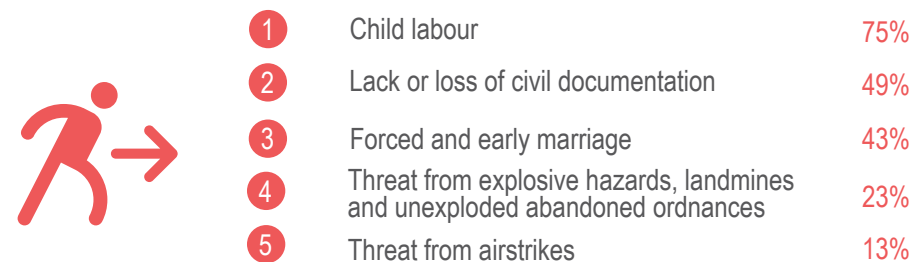
Most commonly reported protection risks faced by residents

(by % of 677 communities where risks reported):⁴



Most commonly reported protection risks faced by IDPs

(by % of 684 communities where risks reported):⁴



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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 461 communities where reported):	Boys under 18	90%
2	Forced and early marriage (by % of 273 communities where reported):	Girls under 18	98%
3	Lack/loss of civil documentation (by % of 253 communities where reported):	Boys under 18	53%
4	Threat from explosive hazards, landmines, and unexploded abandoned ordnances (by % of 164 communities where reported):	All groups	100%
5	Housing, land, and property issues (by % of 148 communities where reported):	Men	76%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 514 communities where reported):	Boys under 18	99%
2	Lack/loss of civil documentation (by % of 338 communities where reported):	Boys under 18	47%
3	Forced and early marriage (by % of 296 communities where reported):	Girls under 18	99%
4	Threat from explosive hazards, landmines and unexploded abandoned ordnances (by % of 160 communities where reported):	All groups	99%
5	Threat from airstrikes (by % of 88 communities where reported):	All groups	100%

ENDNOTES

1. The eastern part of Aleppo where humanitarian response and coordination are conducted from the northeast rather than the northwest.
2. KIs could select three answers, thus findings might exceed 100%.
3. Types of KIs that were interviewed for this round of data collection: civil society group, local charity, local council, civil employee, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse), and shop owner.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs could select five answers, thus findings might exceed 100%.
6. KIs were asked about the situation currently, instead of the last 30 days.
7. According to the [REACH Market Monitoring August 2020](#), 1 USD = 2,158 SYP, so 32,600 SYP = 15.11 USD.
8. Due to differences in what are known to be common shelter types, KIs could choose between 4 answer options (in addition to selecting and specifying "other") for the question related to shelter types of residents, whereas there were 13 answer options related to shelter types of IDPs. The answer option 'tent' was only asked in relation to shelter types of IDPs, therefore comparisons cannot be made between residents and IDPs for this option.
9. KIs were asked to report on the presence of occupied shelters in their communities falling under the following damage categories: no damage, minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.), major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls), severe damage (buildings with significant structural damage to column slabs, or loadbearing walls; cracking, steel elements and deformations visible in concrete; the building would require extensive repairs), completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
10. KIs were asked about the situation in the last two months, instead of the last 30 days.

ENDNOTES - CONTEXT

- a. REACH. (11-21 May 2020). Northwest Syria Market Monitoring Exercise. Retrieved from <https://www.impact-repository.org>
- b. World Food Programme (WFP) (July 2020). Situation Report #7. Retrieved from <https://reliefweb.int>
- c. OCHA (7 August 2020). Recent Developments in Northwest Syria – Flash update - As of 7 August 2020. Retrieved from <https://reliefweb.int>
- d. Humanitarian Needs Assessment Programme (HNAP) (August 2020). Converging Crises: Economic Downturn and COVID-19 Inside Syria, a comparative analysis based on key socio-economic changes detected between January and June household survey results.
- e. Syrian Observatory for Human Rights (18 August 2020). Coronavirus | First infected case died in Idlib countryside, and health authorities quarantine "Al-Quds" hospital in al-Dana town. Retrieved from: <https://www.syriahr.com/>
- f. Al Monitor (27 July 2020). First barrel bombs, now coronavirus: doctors in Syria's Idlib hit hard by outbreak. Retrieved from <https://www.al-monitor.com/>
- g. Humanitarian Needs Assessment Programme (HNAP) (14 August 2020). COVID-19 Rapid Assessment.
- h. ACLED (June-July 2020). Violent events data. Retrieved from <https://acleddata.com/>
- i. SMART News Arabic (27 July 2020). Hundreds of people are displaced from southern Idlib as a result of a military escalation. Retrieved from <https://smartnews-agency.com/>
- j. OCHA (25 July 2020). Recent Developments in Northwest Syria – Situation Report No. 18 - As of 25 July 2020. Retrieved from <https://reliefweb.int/>

METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Idleb, Hama, northern Aleppo, and western Aleppo governorates. Data for this assessment was collected between 11-18 August, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (July/August 2020). REACH enumerators are based inside Syria and interview key informants (KIs), either directly or remotely (via phone). This month nearly all data collection was conducted remotely. KIs are located in the communities that they are reporting on. KI types generally include local council members, Syrian non-governmental organization (NGO) workers, medical professionals, teachers, shop owners and farmers, among others, and KIs are chosen based on their community-level and sector-specific knowledge. Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-ups are conducted with enumerators. The HSOS project has monitored the situation in Syria since 2013, and its methodology and procedures have evolved significantly since that time. An overview of previous HSOS publications can be found in our [catalogue](#). An overview of HSOS history and methodological changes can be found in the [Terms of Reference](#). Findings are indicative rather than representative, and should not be generalised across the region.

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter [@REACH_info](https://twitter.com/REACH_info).

A NOTE ON GENDER, AGE, AND DIVERSITY SENSITIVITY

A thorough review and revision of the HSOS questionnaire was undertaken in order to ensure that the questionnaire is gender, age, and diversity sensitive. HSOS primarily approaches these important aspects through the inclusion, across all sections of the questionnaire, of answer options that are intended to capture any particular conditions or challenges experienced by people of different genders, ages, and abilities. For example, when asking about challenges to repairing shelters or accessing food markets, KIs can select the options that “women and girls feel uncomfortable to have men doing repairs,” and “women and girls are not allowed to access markets alone,” among others. Answer options related to persons with disabilities are similarly included where appropriate. Additionally, when possible, questions are disaggregated by age and gender (for example in the education and protection sections). Furthermore, the gender breakdown of KIs is monitored internally on a monthly basis to further promote a gender sensitive approach while conducting the assessment.