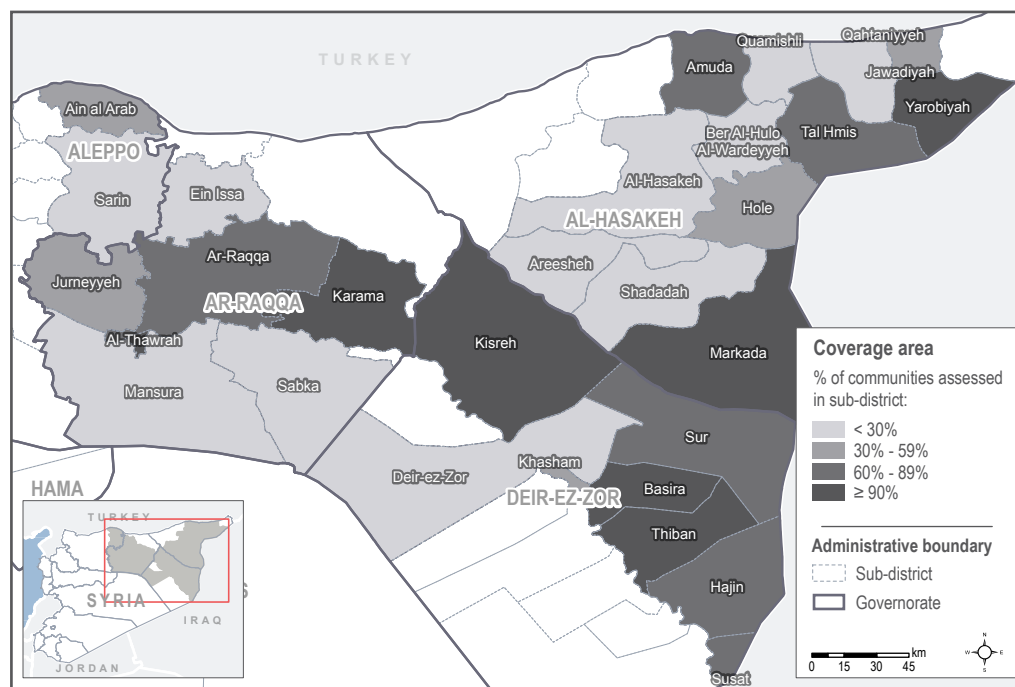


# HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHEAST SYRIA MAY 2020

## 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 & non-food items (NFIs), water, sanitation and hygiene (WASH), food security and livelihoods (FSL), health, education, protection, humanitarian assistance & accountability to affected populations (AAP), as well as priority needs.

This factsheet presents information gathered in 795 communities across Aleppo<sup>1</sup> (68 communities), Ar-Raqqa (229 communities), Al-Hasakeh (389 communities), and Deir-ez-Zor (109 communities) governorates. Data was collected between 5-17 of May 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (April/May 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

Increased food prices, low wages, and restricted access to livelihoods and healthcare in northeast Syria (NES) have resulted from the devaluation of the Syrian pound, restricted aid shipments, and Coronavirus (COVID-19) preventative measures (among other factors). KIs in 82% of assessed communities reported health to be a priority need which was the highest overall priority. Food remained the most common first priority need for IDPs.




Food was the main type of humanitarian assistance reportedly provided across NES, although only 38% of assessed communities were reported to receive assistance in May. Food prices have risen significantly over the last month, mainly due to the devaluation of the (Syrian Pound) SYP,<sup>e</sup> and 79% of KIs reported the high price of food as a barrier to accessing sufficient food for Internally displaced people (IDPs). KIs also reported that households in 57% of communities were buying food with money usually used for other things. Similarly, KIs in 35% of assessed communities reported households were buying water with money usually used for other things, suggesting that households are forgoing other needs like healthcare and education in order to purchase food and water. The inability to pay for health services was the most commonly reported barrier to healthcare.

Other challenges to healthcare relate to transportation. According to an update by the [NES Forum](#), only 26 of 279 public healthcare centers in NES are fully functioning, which likely forces many to travel to access functioning health facilities. A lack of transportation to health facilities and the high cost of transportation to facilities were other commonly reported barriers this month to healthcare access.

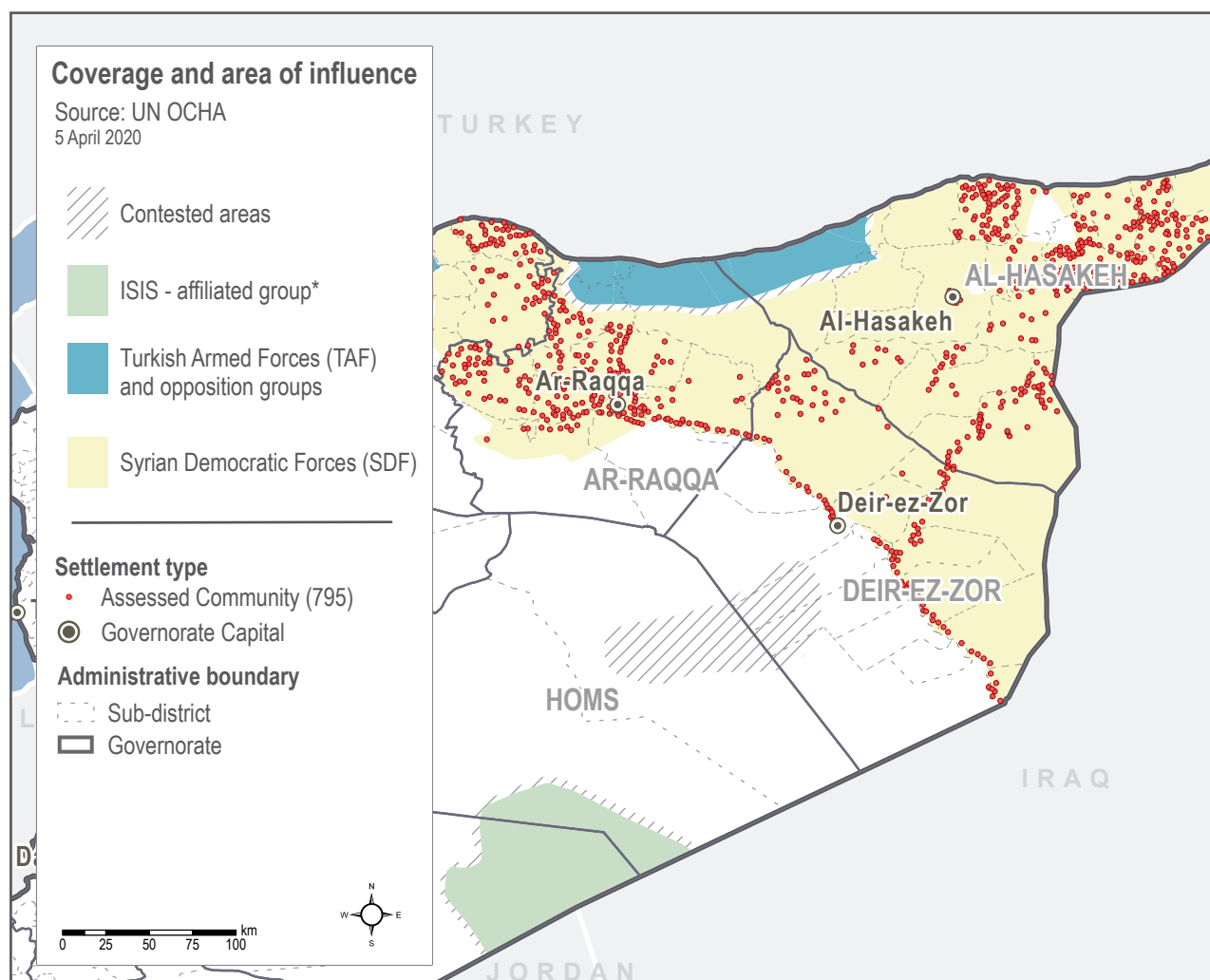
### Top 3 reported overall priority needs in assessed communities:<sup>2</sup>

- 1 Health
- 2 Livelihoods
- 3 Food

May data was collected using the combined expertise of 2-6 KIs per community, in total interviewing:

-  **2,521 KIs**
-  **24% female KIs**
-  **12 types of KIs<sup>3</sup>**

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



The SYP continued its rapid devaluation in May, resulting in a further increase of food prices and essential products.<sup>d,e</sup> [REACH May Market Monitoring data](#) collected between 11-21 May recorded an informal exchange rate of 1,675 SYP to 1 United States Dollar (USD), worsening an already dire situation for many families in NES. The United Nation (UN) estimates that 80% of Syrians were living below the poverty line before COVID-19.

COVID-19 preventative measures remained largely in place over the reporting period. The evening curfew in NES was extended on the 11 May until at least the end of the Eid holiday, on 26 May.<sup>a</sup> Schools remained closed over the reporting period, although online, televised, and distance learning initiatives were implemented in some areas (however with limitations resulting from electricity and cellular access issues).<sup>b</sup> On 17 April, the first COVID-19 related death was announced in NES, and two additional cases were announced on 29 April.

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) continued to highlight those living in camps and informal settlements in NES as particularly at risk of COVID-19, as well as those in areas such as Deir-ez-Zor, where ongoing hostilities may make sample collection more challenging.<sup>a</sup>

Health supplies and other humanitarian shipments remained limited, causing concern over the healthcare situation as a whole. Despite humanitarian shipments allowed weekly at the Fishkabour/Semalka informal border crossing and World Health Organisation (WHO) shipments flown in from Damascus, aid workers in NES report that there is still a severe lack of medical equipment in NES. Supply limitations are attributed to the cessation of humanitarian shipments through the Al-Yarubiya border crossing by all UN agencies in January, 2020. The cessation was caused by the de-authorisation of the border crossing as a delivery route for UN aid delivery in January by UN resolution 2504.<sup>c</sup>

## RESIDENT PRIORITY NEEDS

### Top ranked priority needs for residents

(by % of 795 communities where KIs selected a first, second, and third priority need) for residents:<sup>2</sup>

	1st	2nd	3rd	Overall
Health	36%	26%	17%	81%
Livelihoods	15%	21%	35%	71%
WASH	22%	20%	13%	55%
Food	21%	18%	10%	50%
Education	1%	8%	10%	20%
NFIs	2%	5%	10%	17%
Shelter	1%	1%	2%	4%
Protection	1%	1%	1%	2%

### Top three most commonly reported health needs for residents

(by % of 635 communities where health was reported as a priority need):<sup>2</sup>

1	First aid/emergency care	52%
2	Treatment for chronic diseases	47%
3	Skilled care during childbirth	40%

### Top three most commonly reported livelihoods needs for residents

(by % of 561 communities where livelihoods was reported as a priority need):<sup>2</sup>

1	Access to humanitarian programmes supporting livelihoods	84%
2	Tools/equipment for production	51%
3	Access to credit for entrepreneurial investment	42%

### Top three most commonly reported WASH needs for residents

(by % of 429 communities where WASH was reported as a priority need):<sup>2</sup>

1	Functioning sewage system	66%
2	Drinking water	61%
3	Disposable diapers	39%

## IDP PRIORITY NEEDS

### Top ranked priority needs for IDPs

(by % of 452 communities where KIs selected a first, second, and third priority need for IDPs):<sup>2</sup>

	1st	2nd	3rd	Overall
Food	34%	24%	10%	69%
Livelihoods	13%	20%	36%	69%
Health	21%	23%	17%	62%
Shelter	23%	7%	4%	34%
WASH	7%	13%	14%	34%
NFIs	1%	12%	11%	24%
Education	1%	1%	4%	6%
Protection	0%	0%	0%	1%

### Top three most commonly reported food needs for IDPs

(by % of 452 communities where food was reported as a priority need):<sup>2</sup>

1	Cooking oil	57%
2	Sugar	37%
3	Rice	36%

### Top three most commonly reported health needs for IDPs

(by % of 452 communities where health was reported as a priority need):<sup>2</sup>

1	Treatment for chronic diseases	29%
2	First aid/emergency care	29%
3	Skilled care during childbirth	27%

### Top three most commonly reported livelihoods needs for IDPs

(by % of 312 communities where livelihoods was reported as a priority need):<sup>2</sup>

1	Access to humanitarian programmes supporting livelihoods	91%
2	Access to credit for entrepreneurial investment	43%
3	Tools/equipment for production	37%

## SECTORAL FINDINGS (READERS CAN FIND HYPERLINKS TO EACH SECTION BY CLICKING ON HUMANITARIAN ICONS)



KIs in **38%** of communities reported that **households had access to humanitarian assistance** (305 of 795 communities).



KIs in **73%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (317 of 438 communities).



**More than 12 hours per day** was the most commonly reported range for hours of electricity per day (254 (32%) of 795 assessed communities).



KIs in **58%** of communities reported that **not all households had access to sufficient water** (466 of 794 communities).



KIs in **24%** of communities reported **that households were not able to access markets within their own communities** (189 of 795 communities).



KIs in **57%** of communities reported that **households were not able to access health services in their own communities** (457 of 795 communities).



**Closure of schools by local authorities** was a key barrier preventing access to education for both residents (793 (100%) of 795 communities) and IDPs (452 (100%) of 453 communities).



**Child labour** was the most commonly reported protection risk for both resident (291 (62%) of 466 communities) and IDP children (177 (66%) of 270 communities).

**Humanitarian Assistance & AAP** KIs in 38% of assessed communities reported access to humanitarian aid, but 85% of those KIs reported that assistance was insufficient. Within the communities receiving aid, food was the most commonly reported type, followed by agricultural supplies, WASH, and health assistance. How to register for aid was the most commonly reported assistance related information gap reported by KIs in about half of assessed communities.

**Shelter** More than 70% of communities were reported to have IDPs living in overcrowded shelters, and unfinished or abandoned residential buildings were reported to be among the most commonly reported shelter types in nearly a quarter of assessed communities. KIs in 50% of assessed communities reported the presence of occupied shelters with major damage, which can include cracks in walls, a leaking roof, and extensive damage to window frames and doors.

**Electricity & NFI** The main network was the main source of electricity for 78% of reporting communities this month. In the communities reporting barriers to accessing electricity, the main network partially or completely not functioning was most commonly reported, followed by the unaffordability of fuel. Regarding NFIs, plastic sheeting was most commonly reported as unavailable (27% of assessed communities). Diapers for babies and children's clothing were most commonly reported to be unaffordable household necessities across assessed communities, as reported in 67% and 64% of communities, respectively.

**WASH** Both private water trucking and the piped water network were the main sources of drinking water this month, although both were not without challenges. It was reported that not all households had access to sufficient water in over half of assessed communities in NES. The most commonly reported barriers were the high price of water trucking and the main network not functioning properly. Nearly all communities reported sanitation issues in their communities (759 of 795). The most common issue reported was a lack of sewage system.

**FSL** KIs in 75% of communities reporting on food barriers cited that households could not afford essential food items, although they were available. Low wages continued to be a major livelihood challenge within assessed communities. Daily waged labour was the most commonly reported source of livelihoods for residents and IDPs, although IDPs relied on this more heavily (reported by 91% of KIs in communities for IDPs), while residents relied on a more diversified range of income sources.

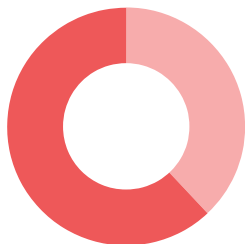
**Health** Nearly all communities were reported to face barriers to healthcare access this month, with the top barriers reported to be the inability to pay for health services, a lack of transportation to health facilities and the high cost of transportation to health facilities (as displayed in the map on page 18). More than 30% of KIs in communities that reported on time traveled to health facilities reported households traveling more than 30 minutes to reach their commonly used health facilities.

**Education** Education findings highlight closures of education institutions by local authorities due to COVID-19 restrictions. Children were reported as unable to access education facilities in all assessed communities (also reflected in questions relating to barriers to education). Other reported barriers to education access were a lack of education for older children and children leaving school early due to marriage.

**Protection** Movement restrictions continued to be reported as a protection risk by KIs across NES. According to REACH field team reports, movement restrictions are reported as a protection risk because of the pressure they are putting on access to livelihood opportunities. The other most commonly reported protection risks disproportionately affect children. Child labour was reported in 62% of assessed communities reporting protection risks for residents, and 66% for IDPs.

## HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

**Were any households in the community able to access humanitarian assistance?** (by % of all 795 assessed communities):



Yes: 38%

No: 62%

KIs reported that nearly all assessed communities either received insufficient aid or none at all. KIs in 38% of assessed communities reported access to humanitarian aid, but 85% of those KIs reported that assistance was insufficient. Within the communities receiving aid, food was the most commonly reported type, followed by agricultural supplies, WASH, and health assistance. How to register for aid was the most commonly reported assistance-related information gap reported by KIs (in 52% of assessed communities where missing information was reported). The most commonly reported preferred ways to receive information about assistance was in person, and via phone calls.

**Most commonly reported barriers that households faced in accessing humanitarian assistance** (by % of 300 communities where access was reported, and by % of 490 communities where no access was reported):<sup>4</sup>

### Communities reporting access to humanitarian assistance

Assistance provided was insufficient	85%
Perceived discrimination in the provision of assistance	30%
Poor targeting of beneficiaries who receive assistance	20%

### Communities reporting no access to humanitarian assistance

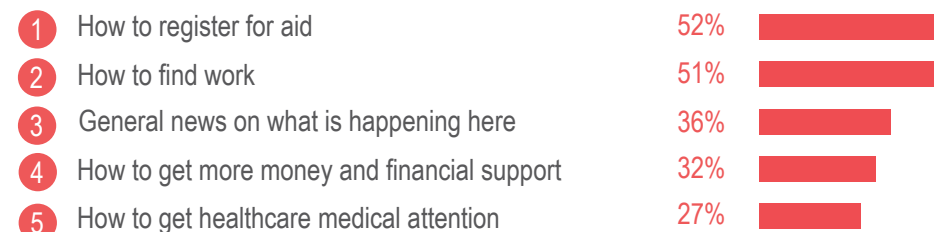
1 No humanitarian assistance was available	72%
2 Not aware of what assistance was available eligibility criteria	16%
3 Not aware of the procedures to follow to receive assistance	12%

**64%** In 64% of the assessed communities able to access assistance (194/304), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms**.<sup>10</sup>

**Most commonly reported types of humanitarian assistance households had access to in communities** (by % of 305 communities where reported):<sup>4</sup>

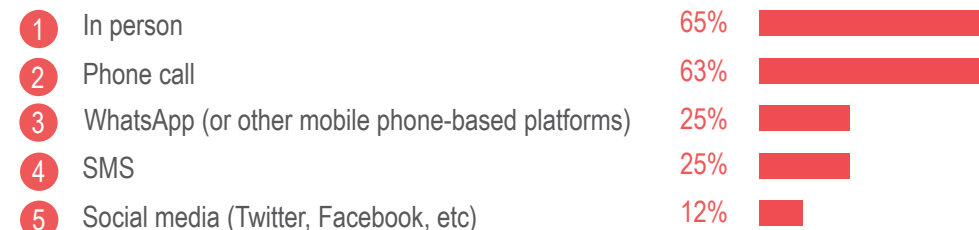


**Most commonly reported information gaps for households with regards to humanitarian assistance** (by % of 790 communities where missing information was reported):<sup>5</sup>



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

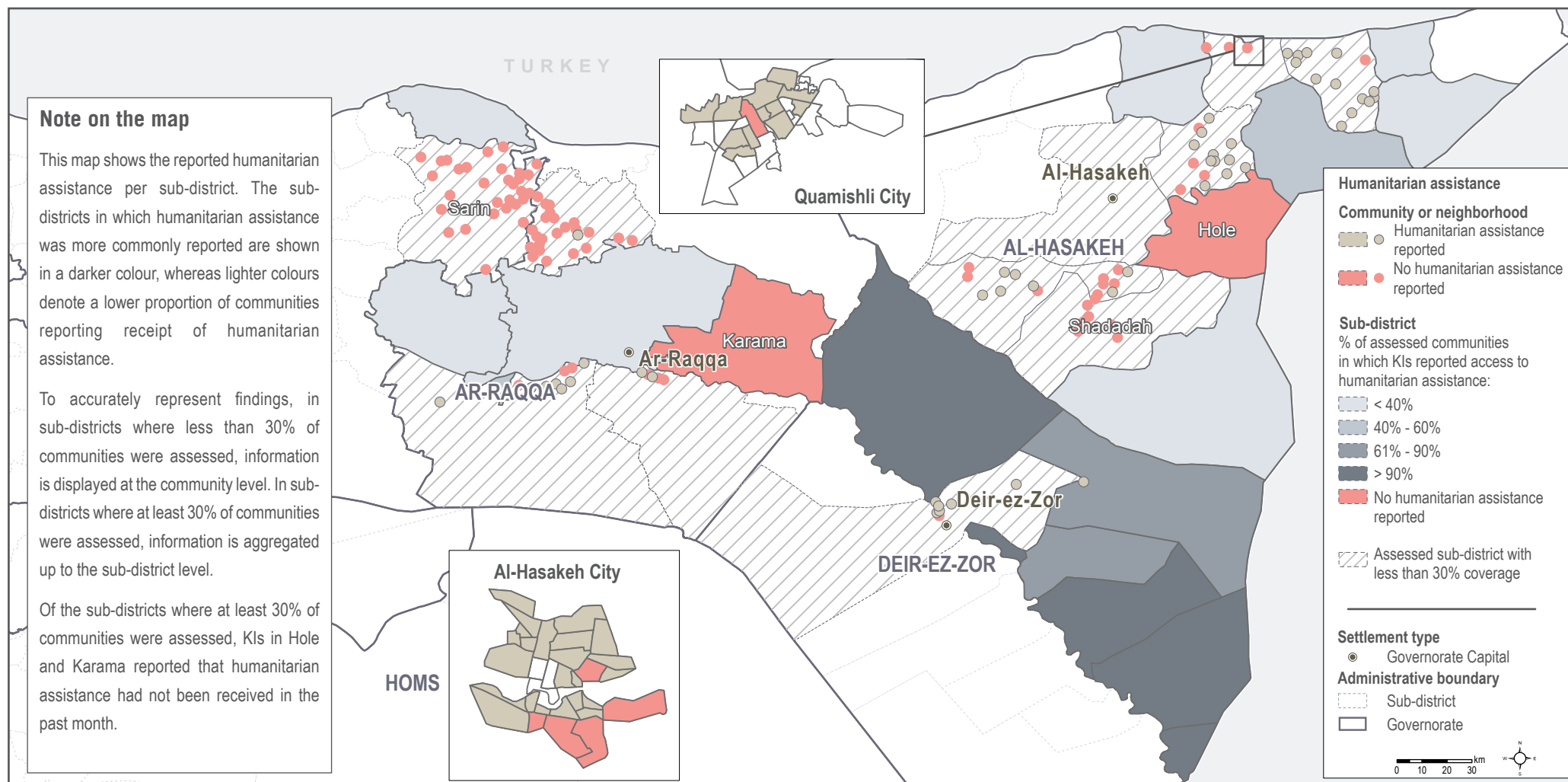
(by % of 795 communities where preferred ways were reported):<sup>2</sup>





# NORTHEAST SYRIA MAY 2020

## REPORTED ACCESS TO HUMANITARIAN ASSISTANCE



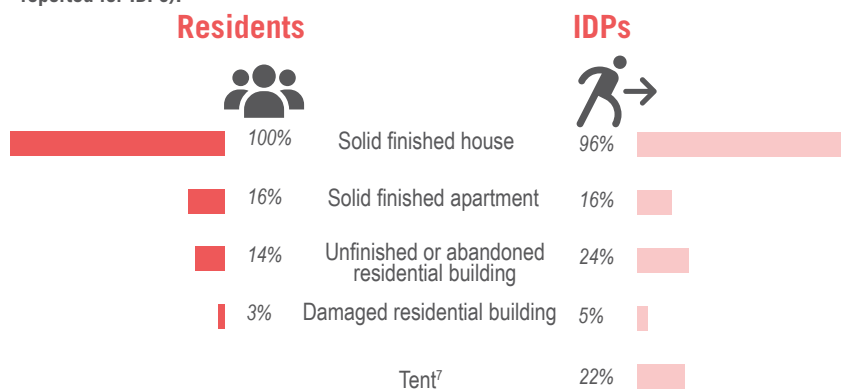
# NORTHEAST SYRIA MAY 2020

## SHELTER

IDPs continued to face major challenges to safe, stable shelter in May. KIs in 172 (22%) of 795 assessed communities reported **shelter** as a priority need, which was the second most commonly reported top priority need by IDPs. More than 70% of communities were reported to have IDPs living in overcrowded shelters, and unfinished or abandoned residential buildings were reported to be among the most commonly reported shelter types in nearly a quarter of assessed communities. KIs in 50% of assessed communities reported the presence of occupied shelters with major damage, which can include cracks in walls, a leaking roof, and extensive damage to window frames and doors.

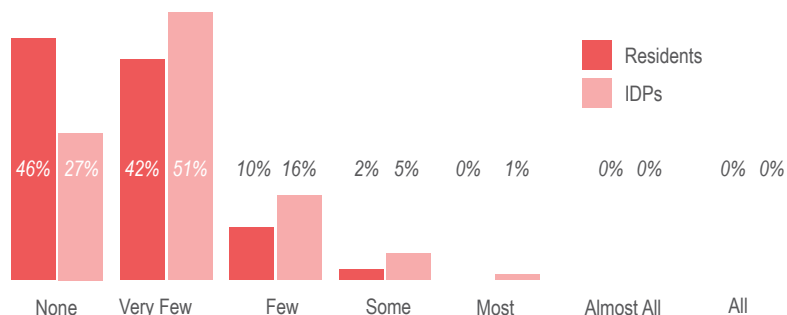
### Most commonly reported shelter types for residents and IDPs

(by % of 795 communities where reported for residents, and of 452 communities where reported for IDPs):<sup>2,10</sup>



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

(by % of 794 communities where reported for residents, and by % of 438 communities where reported for IDPs):<sup>10</sup>



\*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%),

<sup>7</sup> few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

# 22,600 SYP<sup>6</sup>

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in **229 communities**).

### Most commonly reported shelter inadequacy issues (by % of 562 communities where issues were reported for residents, and of 409 communities where issues were reported for IDPs):<sup>4,10</sup>

	Residents		IDPs
Lack of lighting around shelter	67%	1	60%
Lack of privacy inside shelter	40%	2	47%
Lack of space overcrowding	37%	3	38%
			Lack of toilets

### Most commonly reported barriers to households wishing to repair their shelters (by % of 571 communities where barriers were reported):<sup>4,10</sup>

- 1 Shelter and repair materials are too expensive 97%
- 2 Repairs require professionals but cannot afford their service 78%
- 3 Repairs require professionals but they are not available 16%
- 4 Shelter and repair materials are unavailable in the market 13%
- 5 Security situation 4%

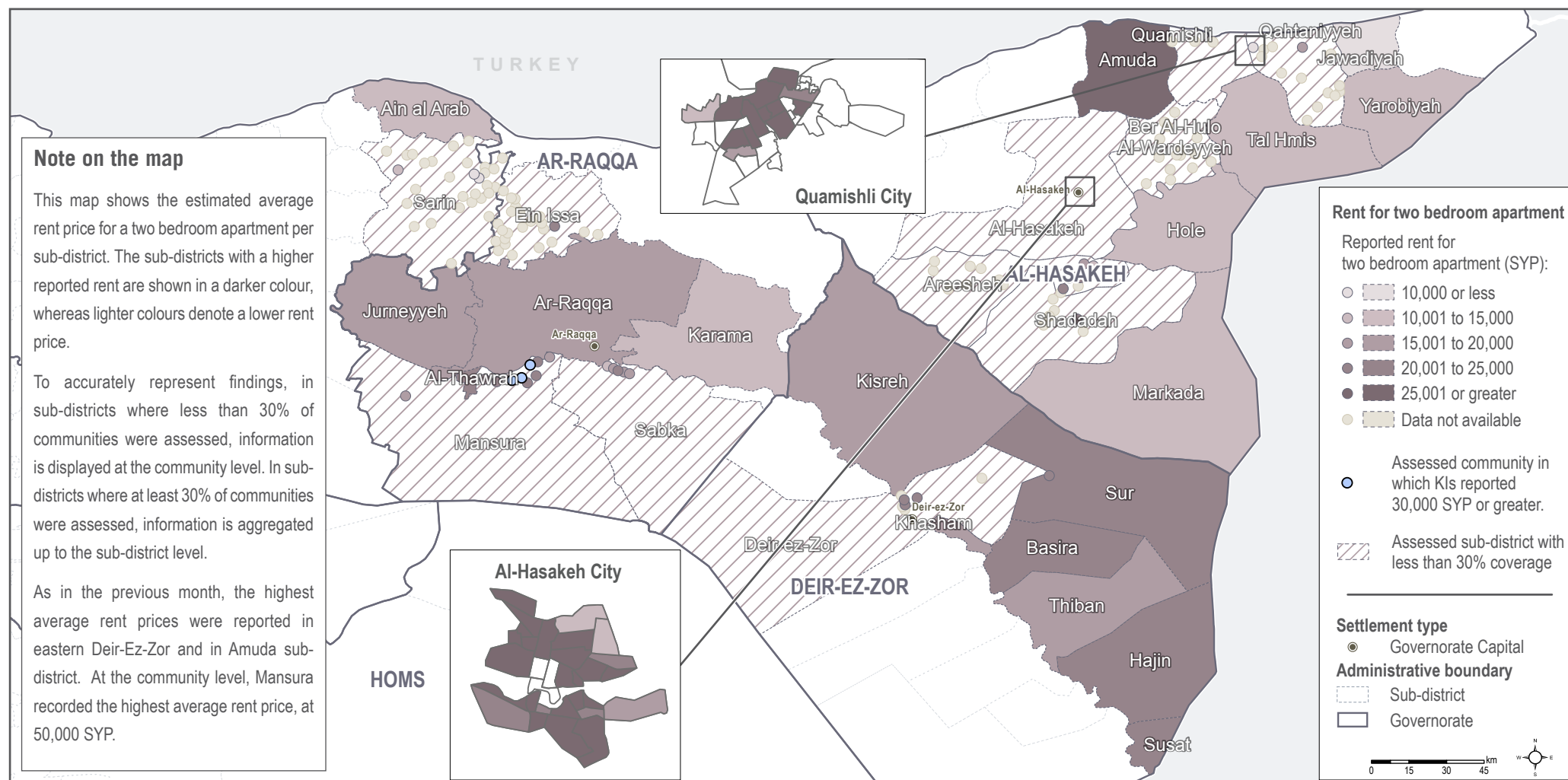
# 80%

In 80% of the assessed communities reporting on damage (575/715), KIs reported the presence of **occupied shelters with minor damage<sup>9</sup> in their communities.**<sup>10</sup>

# 49%

In 49% of the assessed communities reporting on damage (353/715), KIs reported the presence of **occupied shelters with major damage<sup>9</sup> in their communities.**<sup>10</sup>

## AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT





## ELECTRICITY & NFIs

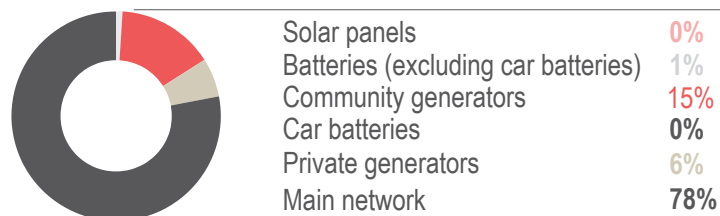
This month, access to essential non-food items and electricity was limited due to issues associated with unaffordability. The main network partially or completely not functioning is leading some to turn to other less affordable sources of electricity. The main network was the main source of electricity for 78% of reporting communities this month, although in the communities reporting barriers to accessing electricity, the main network partially or completely not functioning was most commonly reported, followed by the unaffordability of fuel and solar panels. Regarding NFIs, plastic sheeting was most commonly reported as unavailable (27% of assessed communities). Diapers for babies and children's clothing were other household necessities reported as unaffordable (67% and 64%, respectively).

# 12 hrs/day or more

was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 254 (32%) of 795 assessed communities).

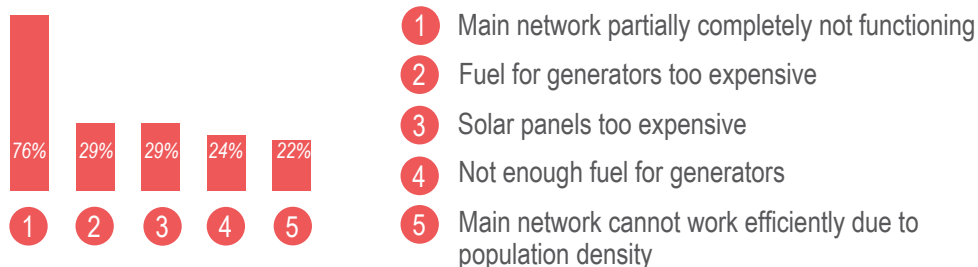
### Most commonly reported main source of electricity

(by % of 795 communities where main source reported):



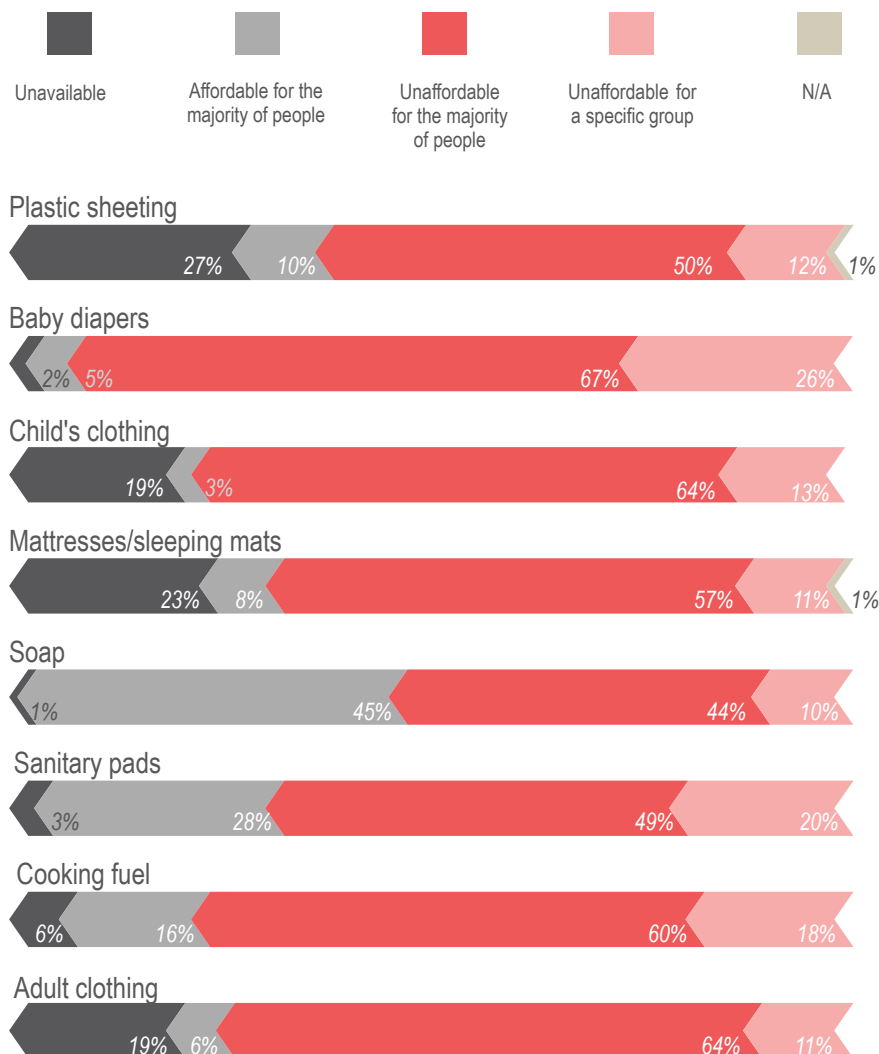
### Most commonly reported barriers to accessing electricity

(by % of 575 communities where barriers reported):<sup>4</sup>



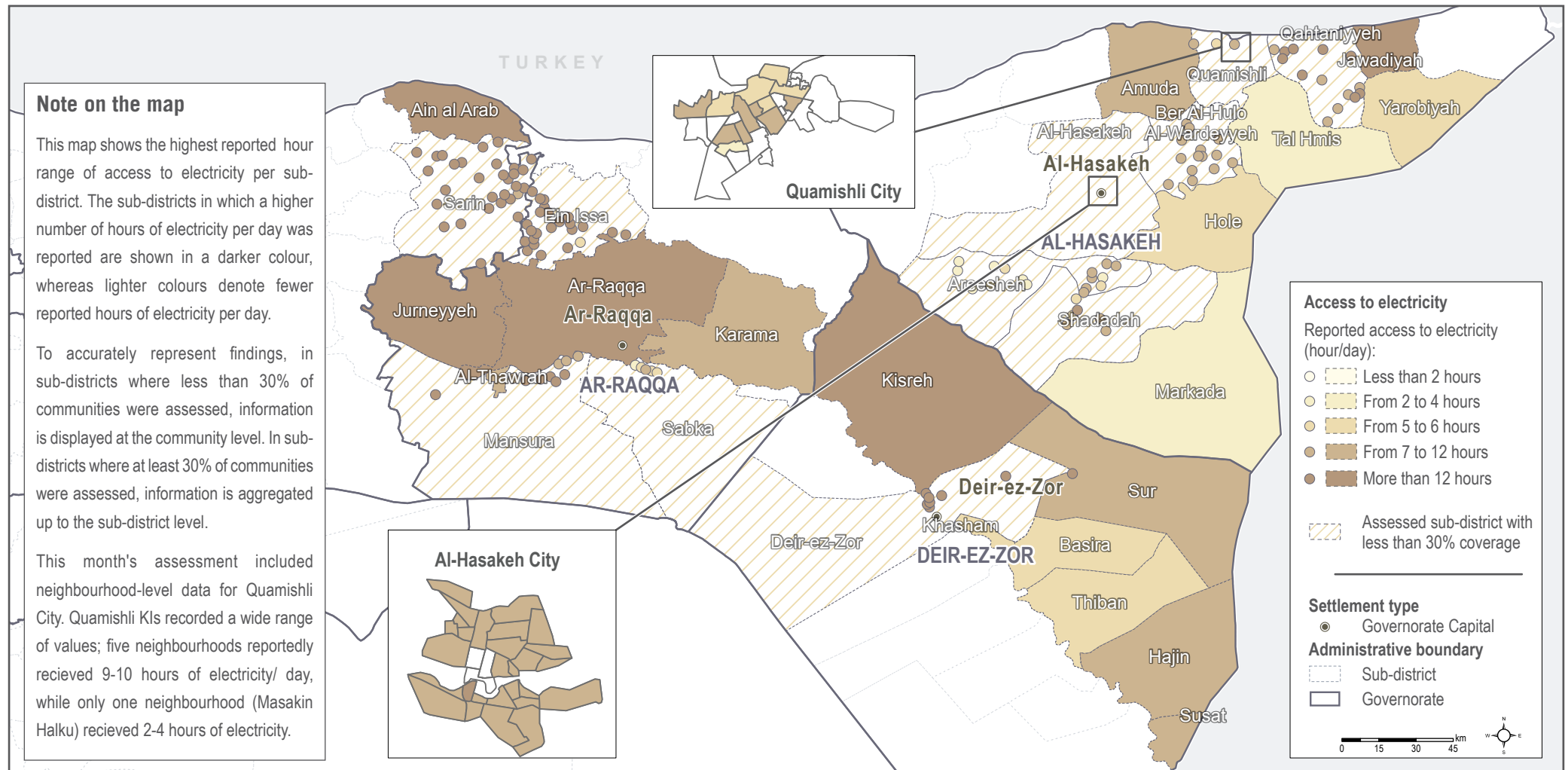
### Reported household item availability and affordability

(by % of 795 communities where NFI availability was reported):<sup>4</sup>



# NORTHEAST SYRIA MAY 2020

## AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



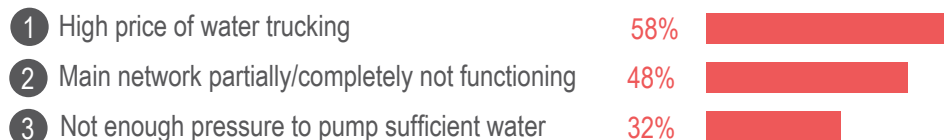
## WATER, SANITATION AND HYGIENE (WASH)

Both private water trucking and the piped water network were the main sources of drinking water this month, although access to both were not without challenges. It was reported that not all households had access to sufficient water in over half of assessed communities in NES. The most commonly reported barriers were the high price of water trucking and the main network not functioning properly. KIs reported this lack of water caused people to spend money on water that was usually spend on other things. Sanitation issues were also reported, as KIs in nearly 30% of communities reported that burning waste was the most common way people disposed of solid waste. Nearly all communities reported sanitation issues, 759 of all 795. The most common issue reported was a lack of sewage system, followed by the sewage system needing to be cleaned or repaired.

**58%** In 58% of the assessed communities (466/794), KIs reported that **not all households had access to sufficient water**.

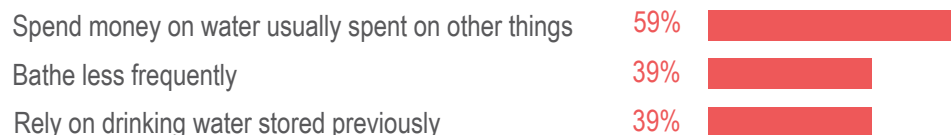
### Most commonly reported barriers to accessing sufficient water

(by % of 467 communities where barriers reported):<sup>4</sup>



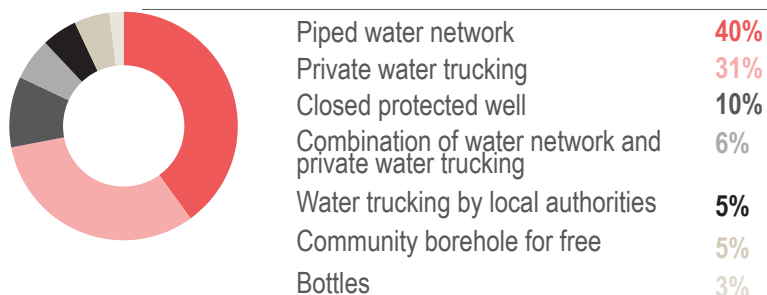
### Most commonly reported coping strategies for a lack of water

(by % of 467 communities where coping strategies reported):<sup>4</sup>



### Most commonly reported sources of drinking water

(by % of all 795 assessed communities):



### Most commonly reported problems with drinking water

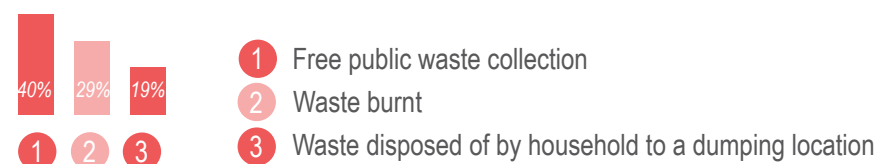
(by % of 194 communities where problems were reported):<sup>4</sup>



**33%** In 33% of the assessed communities (260/795), KIs reported that **communities were not connected to a main water network**.

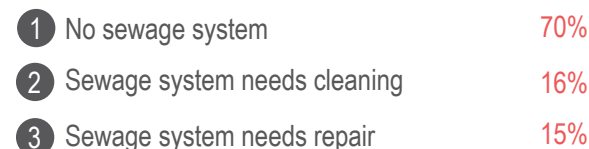
### Most commonly reported ways people disposed of solid waste

(by % of 795 communities where top disposal method reported):



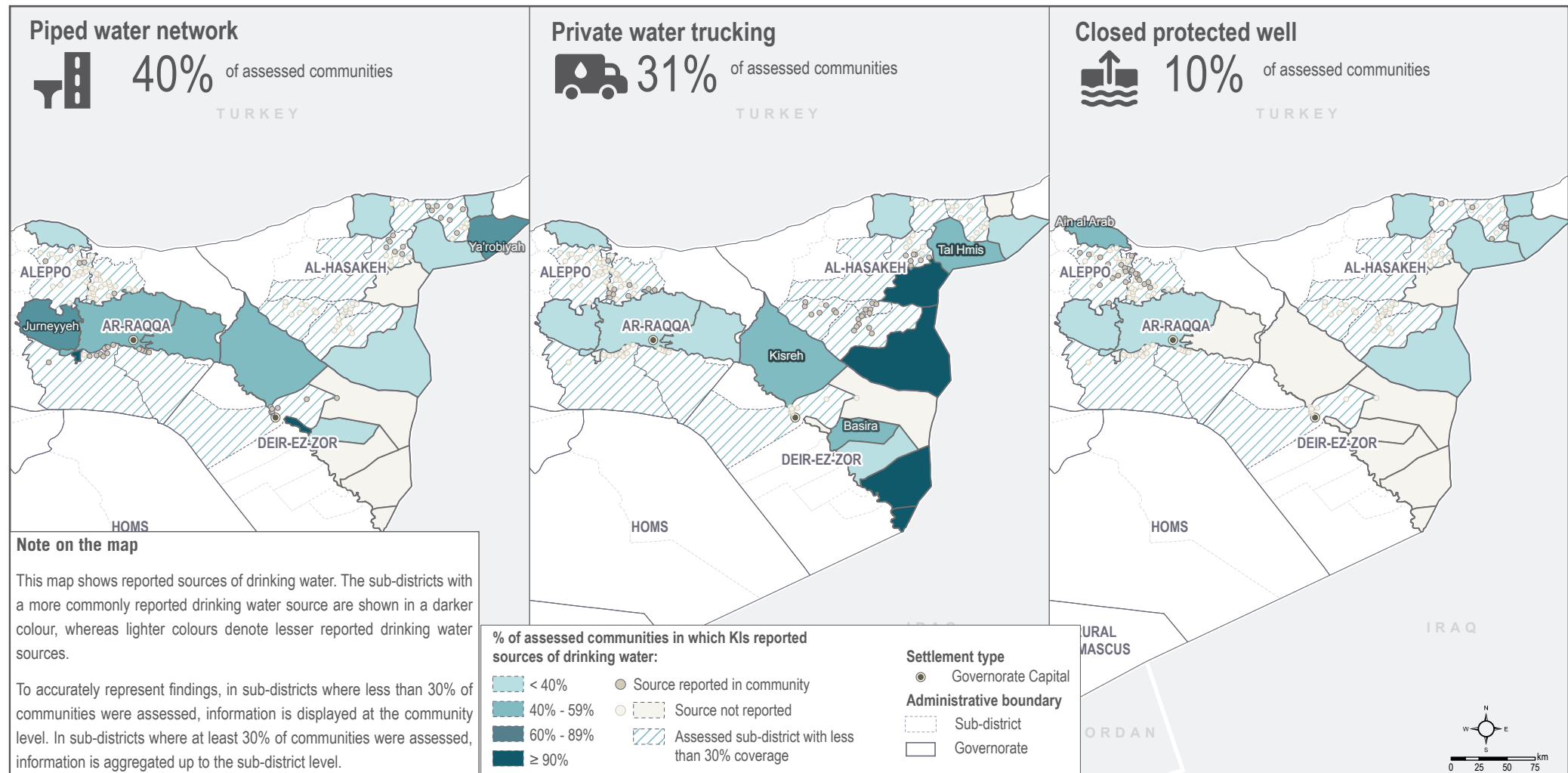
### Most commonly reported sanitation issues

(by % of 759 communities where sanitation issues reported):<sup>4,10</sup>



# NORTHEAST SYRIA MAY 2020

## MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



## FOOD SECURITY

Despite the continuation of movement restrictions in many assessed locations, **barriers to accessing sufficient food, such as food affordability, were more commonly reported than physical barriers to food markets.** KIs in 75% of communities reporting on food barriers cited that households could not afford essential food items, despite being available. Affordability was also reported as a significant challenge to feeding young children. The high price of suitable food for young children was reported in 89% of reporting communities. Strategies for households to cope with a lack of food were widely reported. Purchasing food on credit/borrowing money to buy food and buying food with money usually used for other things were the most commonly reported strategies.

**24%** In 24% of assessed communities (189/795), KIs reported **households were unable to access markets in the assessed location.**

### Most commonly reported barriers to physically accessing food markets

(by % of 695 communities where barriers reported for residents, and of 375 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs
Lack of transportation	60% ①		63% Lack of transportation
General safety or security	57% ②		58% General safety or security
Distance to markets too far	46% ③		44% Distance to markets too far

### Most commonly reported sources of food for households

(by % of 795 communities where food sources reported):<sup>2</sup>

①	Purchasing from stores/markets in this community	72%	
②	Purchasing from stores/markets in other communities	70%	
③	Own production/farming	53%	
④	Borrowing	38%	
⑤	Relying entirely on food stored previously	12%	

### Most commonly reported barriers to accessing sufficient food

(by % of 747 communities where barriers reported for residents, and by % of 428 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs
Markets exist but households cannot afford essential food items	75% ①		79% Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	31% ②		28% Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	24% ③		19% Markets exist but have insufficient quantities of food

### Most commonly reported barriers to feeding babies and young children

(by % of 749 communities where challenges reported for babies under 6 months, and of 759 communities where challenges reported for children of 6 months - 2 years):<sup>4,11</sup>

	Under 6 months		6 months - 2 years
No support for non-breastfed babies	83% ①		89% High price of suitable foods
Breastfeeding difficulties	54% ②		60% Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	15% ③		26% Not good enough food (quality)

### Most commonly reported coping strategies for a lack of food

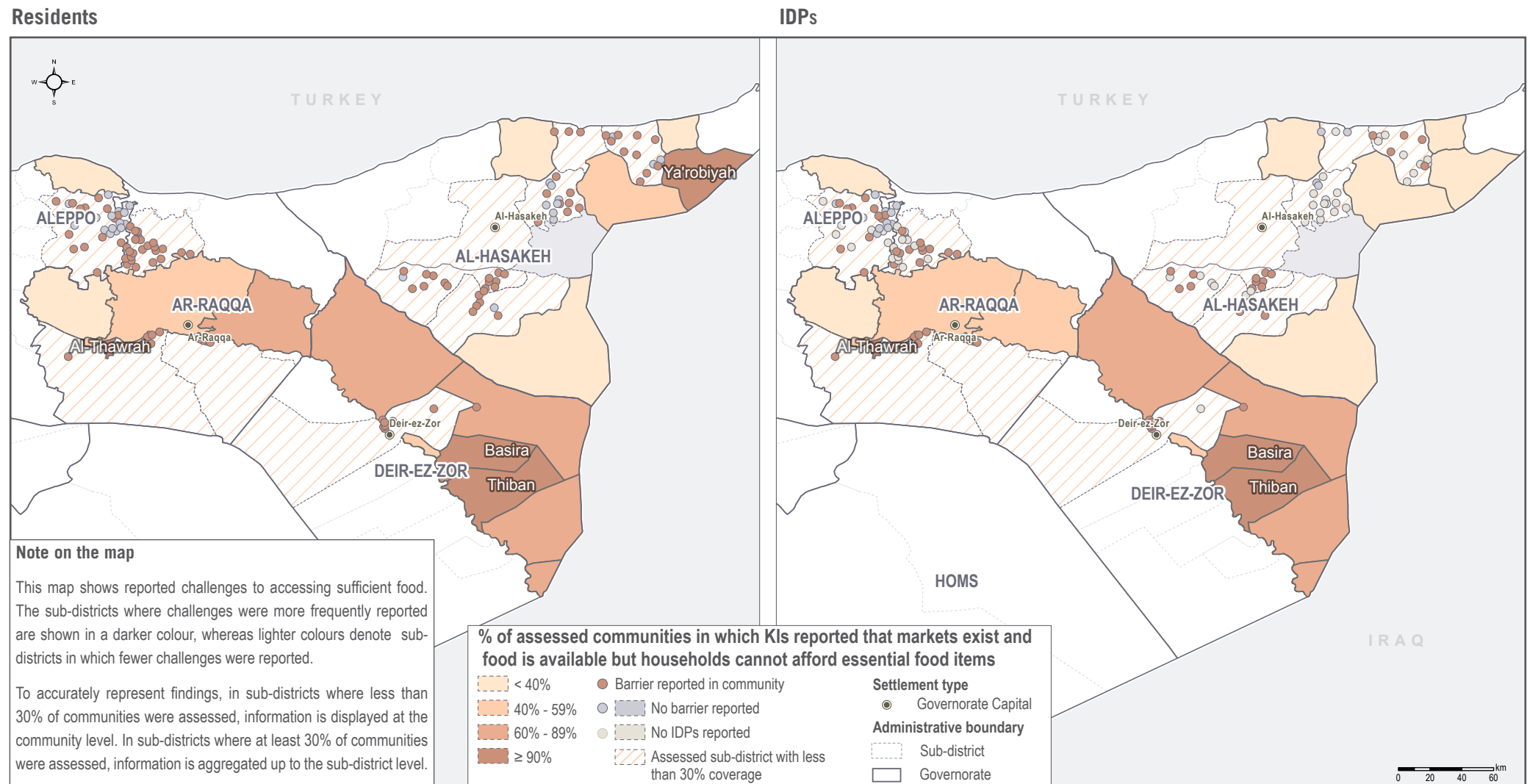
(by % of 741 communities where coping strategies reported):<sup>4</sup>

①	Purchasing food on credit/borrowing money to buy food	78%
②	Buying food with money usually used for other things	57%
③	Reducing meal size	25%
④	Selling non-productive assets	22%
⑤	Selling productive assets	22%



# NORTHEAST SYRIA MAY 2020

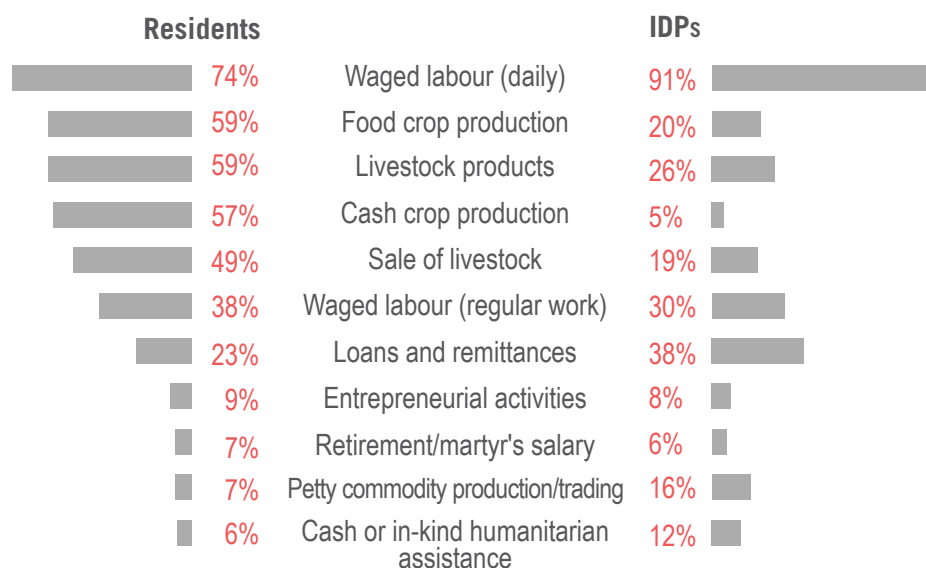
**REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS**



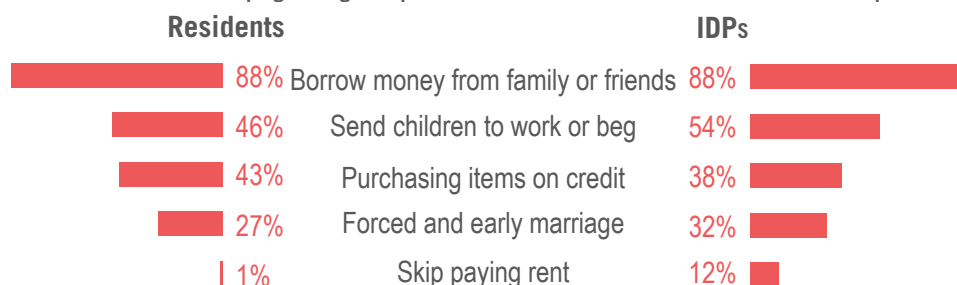
## LIVELIHOODS

A rapidly depreciating SYP coupled with reports of limited work opportunities for IDPs led to decreased purchasing power for IDP households. [May Market Monitoring data](#) collected between 11-21 May recorded an informal exchange rate of 1,675 SYP to 1 USD. Daily waged labour was the most commonly reported source of livelihoods for residents and IDPs, although IDPs relied on this more heavily than residents. Daily waged labour was reported by 91% of KIs in communities for IDPs, while residents relied on a more diversified range of income sources, including food and cash crop production, livestock products and sales, and regular waged labour.

**Percentage of communities where KIs reported the following sources of meeting basic needs** (by % of **795 communities** where reported for residents and of **452 communities** where reported for IDPs):<sup>5</sup>



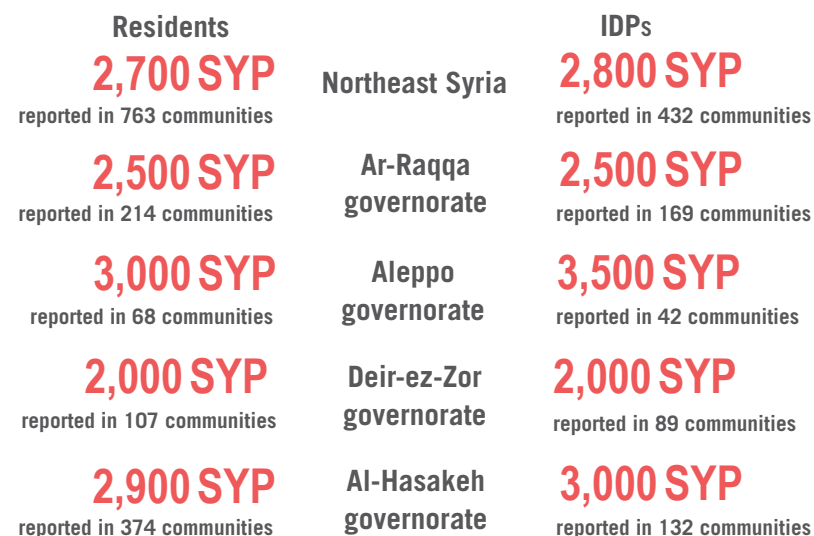
**Most commonly reported coping strategies to meet basic needs** (by % of **770 communities** where coping strategies reported for residents and of **452 communities** where reported for IDPs):<sup>4</sup>



**Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs** (by % of **789 communities** where barriers reported for residents, and of **452 communities** where barriers reported for IDPs):<sup>4</sup>

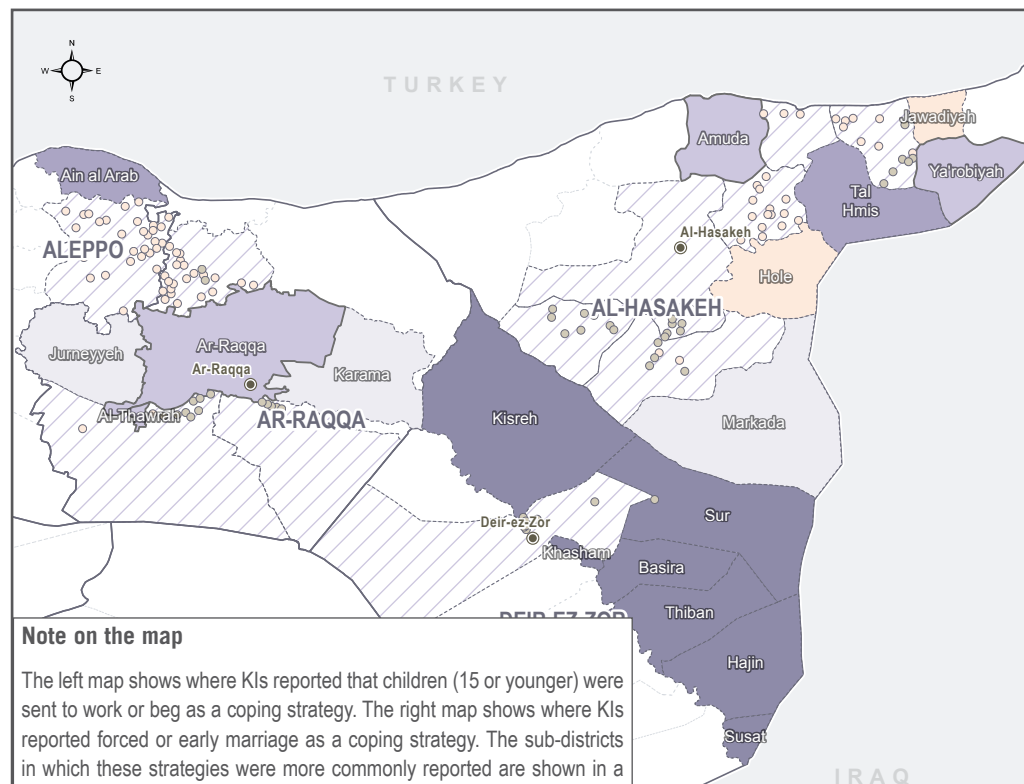


**Estimated median daily wage for unskilled labour** <sup>4,6,10</sup>



## CHILDREN SENT TO WORK OR BEG AND FORCED OR EARLY MARRIAGE REPORTED AS LIVELIHOODS COPING STRATEGIES

### Children sent to work or beg

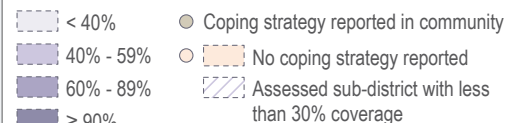


#### Note on the map

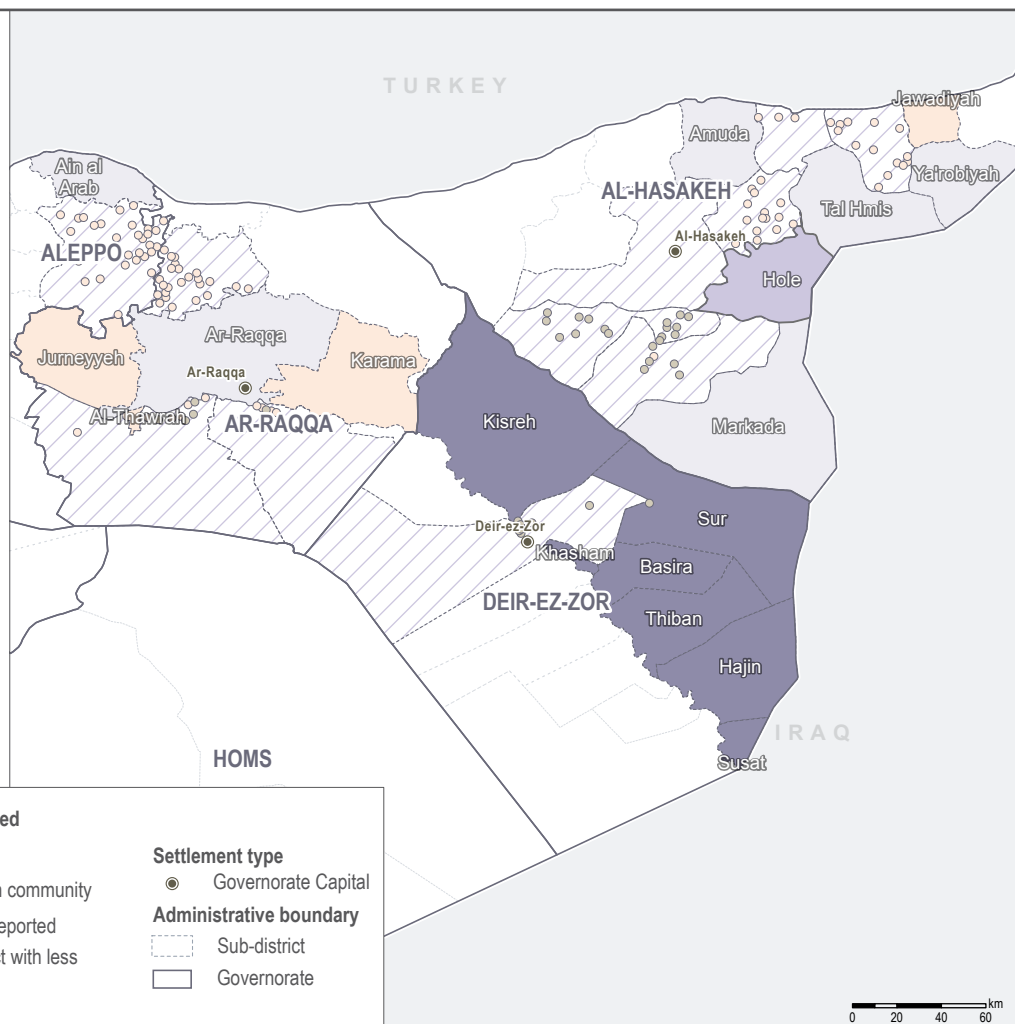
The left map shows where KIs reported that children (15 or younger) were sent to work or beg as a coping strategy. The right map shows where KIs reported forced or early marriage as a coping strategy. The sub-districts in which these strategies were more commonly reported are shown in a darker colour, whereas lighter colours denote sub-districts in which fewer coping strategies related to child labour or forced/ early marriage were reported.

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.

#### % of assessed communities in which KIs reported livelihoods coping strategy



### Forced or early marriage



#### Settlement type

Governorate Capital

#### Administrative boundary

Sub-district

Governorate

## HEALTH

Nearly all communities were reported to face barriers to healthcare access this month, and many KIs reported transportation-related barriers to be particularly challenging. The reported top barriers (as displayed in the map on page 18), were the inability to pay for health services, a lack of transportation to health facilities and the high cost of transportation to health facilities. More than 30% of KIs in communities that reported on time traveled to health facilities reported households traveling more than 30 minutes to reach their commonly used health facilities. Travel to health services is essential for household access to healthcare, as 43% of KIs reported access to health services within assessed communities, while that number rose to 96% when reporting on access to health facilities in other/nearby communities.



**65%**

In 65% of assessed communities (465/718), KIs reported that **households were able to access primary care facilities in their own or nearby communities.**



**43%**

In 43% of assessed communities (338/795), KIs reported that **households were able to access health services in their own communities.**



**96%**

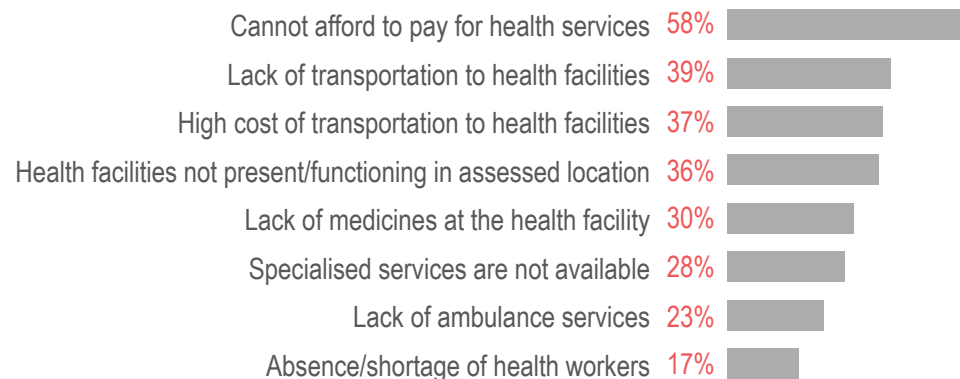
In 96% of assessed communities (765/794), KIs reported that **households were able to access health services in other/nearby communities.**

**Most commonly reported health facilities available in assessed and other/nearby communities** (by % of 338 communities reporting access inside community, and of 718 communities reporting access in other/nearby communities):<sup>4</sup>

In assessed communities		In other/nearby communities
Pharmacies	90% 1	91% Pharmacies
Primary care facilities	27% 2	68% Private clinics
Private clinics	25% 3	61% Primary care facilities
Informal emergency care points	14% 4	48% Public hospitals
Private hospitals	10% 5	44% Private hospitals

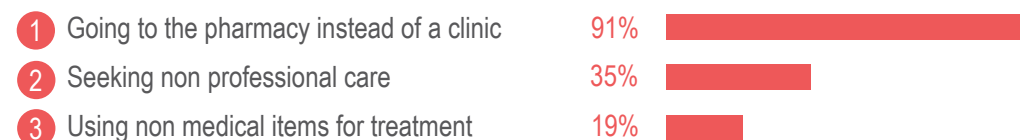
### Most commonly perceived barriers to healthcare access

(by % of 790 communities where barriers reported):<sup>4</sup>



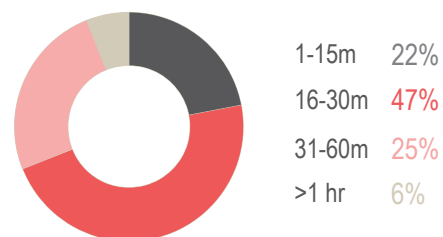
### Most commonly reported coping strategies for a lack of healthcare services

(by % of 773 communities where coping strategies reported):<sup>4</sup>



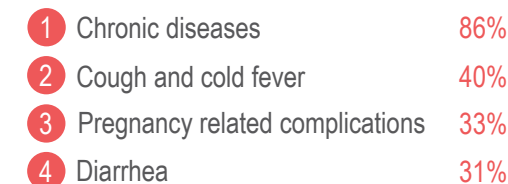
### Reported time taken for households to travel to the most commonly used health facility

(by % of 787 communities where travel time reported):

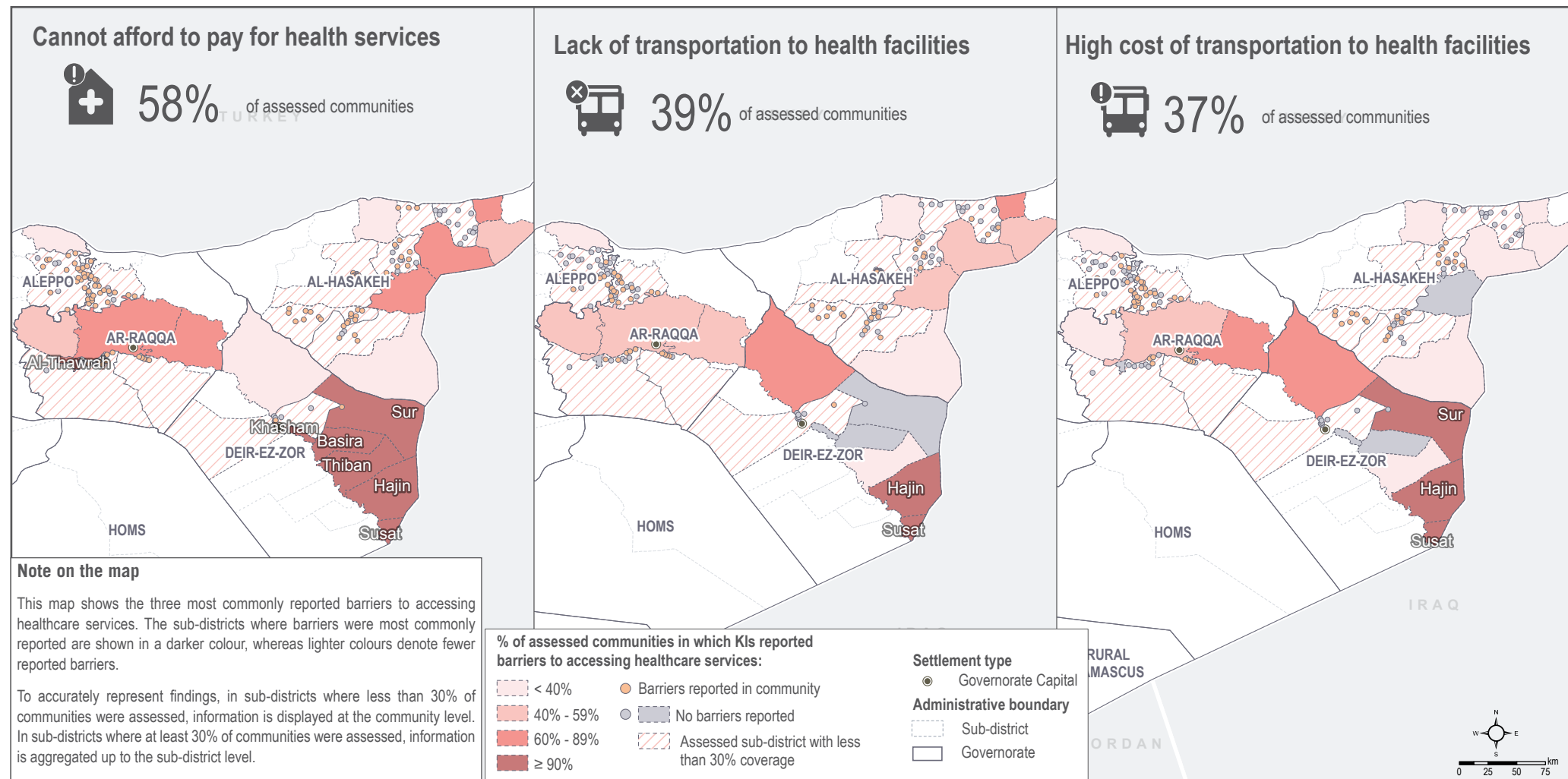


### Most commonly reported health problems

(by % of 247 communities where knowledge of health problems reported):<sup>4,10</sup>



## MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS





# NORTHEAST SYRIA MAY 2020

## EDUCATION

Education facilities across assessed communities were not open in May, although other key barriers were reported that will affect children's access to education after schools reopen. KIs in 100% of communities reported that children were unable to access education facilities within their own communities, although news reports over the assessed period suggest that some children are using online or televised education as alternatives.<sup>b</sup> More concerning, however, are communities reporting other key barriers, such as education not provided to children after a certain age, or children being required to leave school due to early marriage. Other reported barriers besides COVID-19 measures suggest the presence of chronic barriers to education. These barriers will likely persist even when COVID-19 restrictions are removed.



KIs in **791** of 795 communities cited **closures by local authorities as a COVID-19 preventative measure** as the reason schools were not in session.

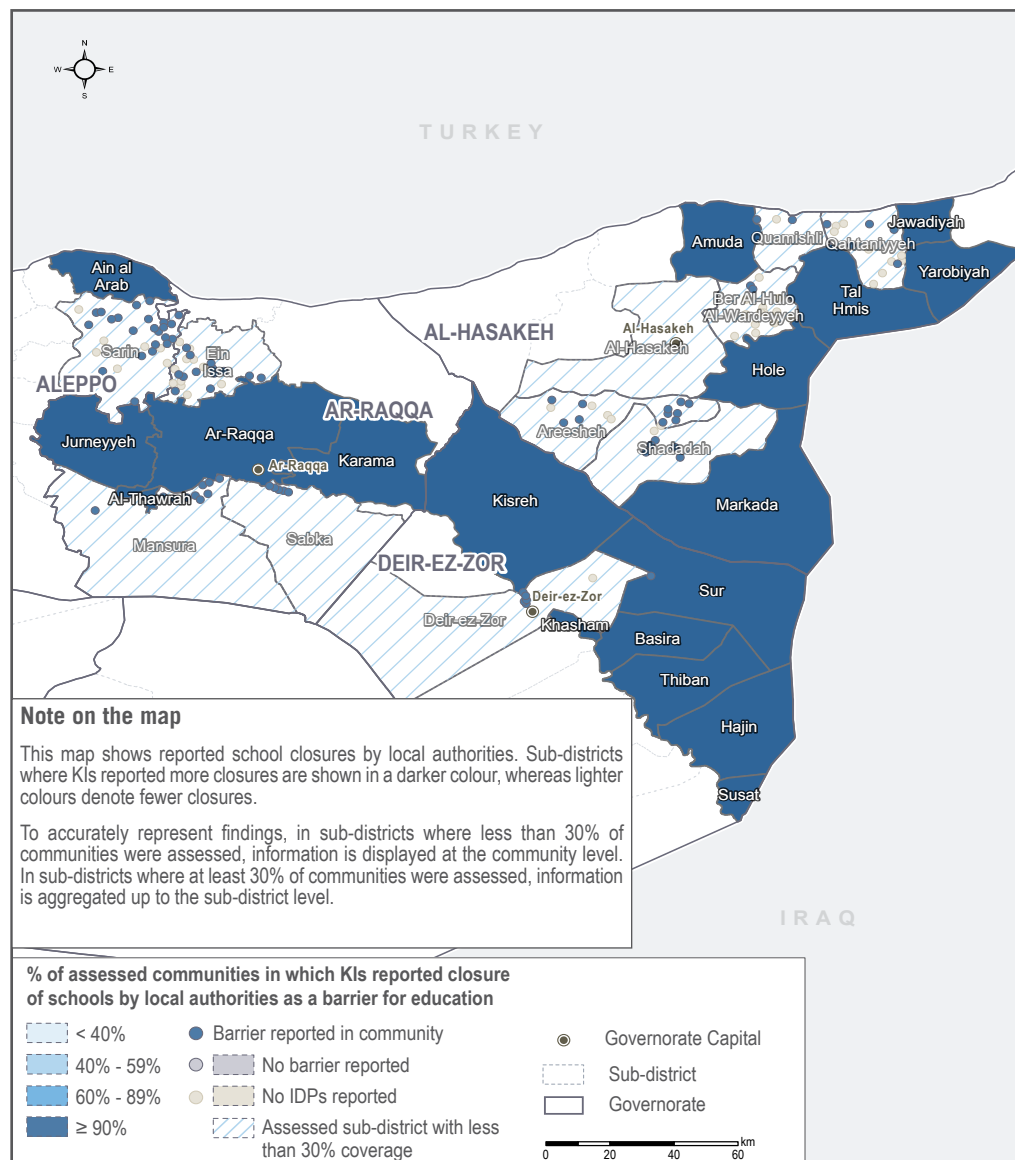


**100%** In 100% of assessed communities (795/795), KIs reported that **children were unable to access education facilities within their own communities.**

**Most commonly reported barriers for access to and quality of education services** (by % of **795 communities** where barriers reported for residents, and of **452 communities** where barriers reported for IDPs):<sup>4</sup>

Residents		IDPs	
100%	Closure of schools by local authorities	100%	
6%	Education not provided after a certain age	6%	
5%	Children leave school due to early marriage	5%	
5%	Families cannot afford it, children must work	6%	
3%	Lack of recognised certification	2%	
3%	Not enough teaching or learning supplies	2%	
3%	Unsuitable environment	2%	
2%	Social issues	2%	
2%	Distance to school is too far	2%	

## SCHOOLS CLOSED BY LOCAL AUTHORITIES REPORTED AS A BARRIER TO EDUCATION

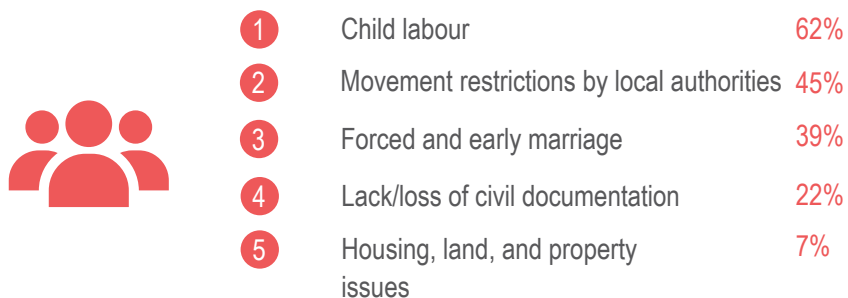


## PROTECTION

**Reported protection risks this month focused on meeting basic needs due to livelihood challenges and the dangerous strategies to which households in NES are using to cope.** Movement restrictions continued to be reported as a protection risk by KIs across NES. According to field team reports, the restrictions are putting immense pressure on access to livelihood sources. Loss of jobs and forced closure of many small/medium businesses resulted in increased economic pressure on the region, which already faces a weakened currency and years of conflict.<sup>9</sup> Other reported protection risks like child labour and forced/early marriage are caused by these economic conditions. Child labour was reported in 62% of assessed communities reporting protection risks for residents, and 66% for IDPs. Forced and early marriage, which affects girls more than any other group, was reported in 39% of communities reporting protection risks for residents, and 49% for IDPs.

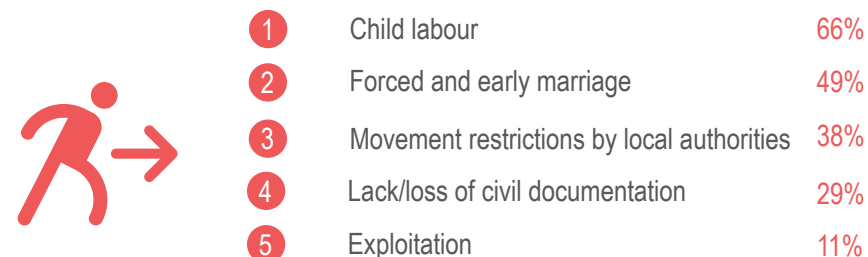
### Most commonly reported protection risks faced by residents

(by % of 466 communities where risks reported):<sup>4</sup>



### Most commonly reported protection risks faced by IDPs

(by % of 270 communities where risks reported):<sup>4</sup>



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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 291 communities where reported):	Boys under 18	89%
2	Movement restrictions by local authorities (by % of 208 communities where reported):	All groups	74%
3	Forced and early marriage (by % of 184 communities where reported):	Girls under 18	90%
4	Lack/loss of civil documentation (by % of 104 communities where reported):	Men	66%
5	Housing, land, and property issues (by % of 34 communities where reported):	Men	97%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 177 communities where reported):	Boys under 18	82%
2	Forced and early marriage (by % of 132 communities where reported):	Girls under 18	83%
3	Movement restrictions by local authorities (by % of 103 communities where reported):	All groups	67%
4	Lack/loss of civil documentation (by % of 79 communities where reported):	Men	66%
5	Exploitation (by % of 31 communities where reported):	Women	58%

## 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, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse) and other.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs could select five answers, thus findings might exceed 100%.
6. According to the [REACH Market Monitoring May 2020](#), 1 USD = 1,675 SYP, so 22,600 SYP = 13.49 USD.
7. 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.
8. Winter items include winter heaters, heating fuel, winter clothes, winter shoes, winter blankets.
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 currently, instead of the last 30 days.
11. KIs were asked about the situation in the last two months, instead of the last 30 days.

## ENDNOTES - CONTEXT

- a. UN Office for the Coordination of Humanitarian Affairs . (13 May 2020). Syrian Arab Republic: COVID-19 Update No. 03 - 13 May 2020. Retrieved from <https://www.reliefweb.int>
- b. Al-Monitor. (11 May 2020). Coronavirus, war prompts northeast Syrian schools to go online. Retrieved from [al-monitor.com](http://al-monitor.com)
- c. Human Rights Watch. (28 April 2020). Syria: Aide Restrictions Hinder COVID-19 Response. Retrieved from <https://www.thrw.org>
- d. The National. (17 May 2020). Why are more than half of all Syrians going to sleep hungry? Retrieved from <https://www.thenational.ae>
- e. The Syrian Observatory for Human Rights. (5 May 2020). Worsening Economy | Astronomical prices and currency plunge..new economic crisis threatens Syrians. Retrieved from <https://www.syriahr.com>

## METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Ar-Raqqa, Al Hasakeh, Aleppo, and Deir-ez-Zor governorates. Data for this assessment was collected between 5-17 May, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (April/May 2020). REACH enumerators are based inside Syria and interview key informants (KIs), either directly or remotely (via phone). This month 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](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto: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.