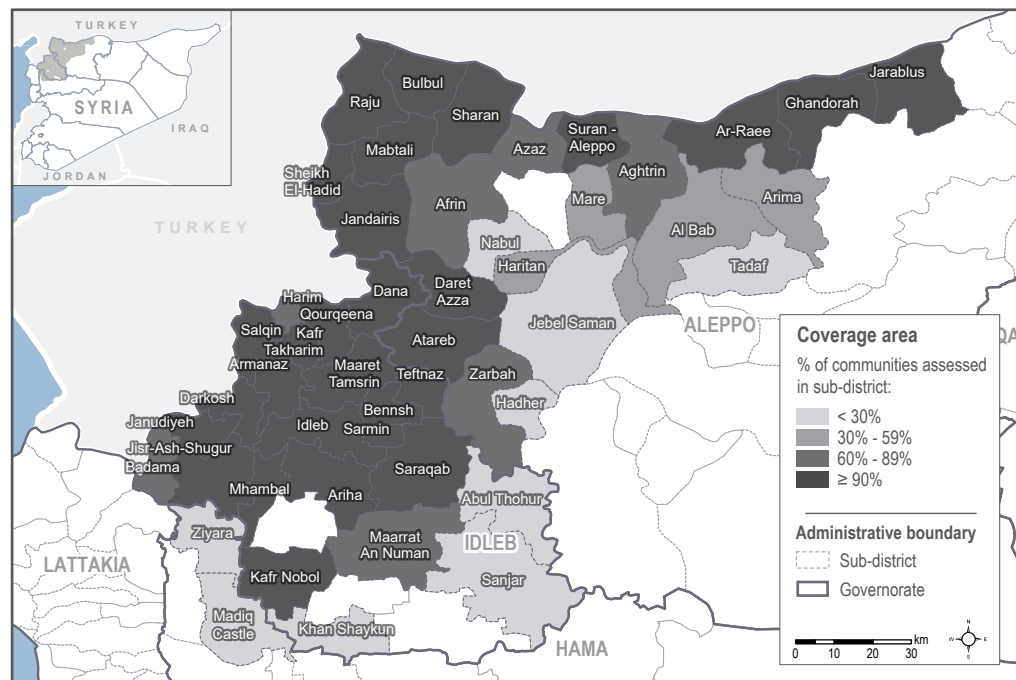


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA OCTOBER 2019

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 1,040 communities across Idlib (441 communities), western Aleppo¹ (96 communities), northern Aleppo (496 communities) and northern Hama (5 communities) governorates. Data was collected during the first 10 days of November, and refers to the situation in Northwest Syria (NWS) in October 2019. 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




With the onset of colder temperatures and winter conditions in October, winterisation was cited as priority need for both resident and IDP populations. The need for winter-related assistance was highlighted across both shelter and NFI sectors. Specifically, the most common shelter inadequacies reported were a lack of lighting (connected to longer hours of darkness in winter), a lack of heating, and a lack of insulation from the cold. Additionally, while winter items were generally reported to be available in stores and markets, KIs in 616 (62%) of the 990 assessed communities reported that winter items were not affordable for the majority of people, stressing a clear need. More specifically, KIs reported needs within their communities for heating fuel, winter clothes, and winter floor mats.

In October, livelihoods was also reported as a top priority need for residents and IDPs as the depreciation of the Syrian pound, reported in [REACH's October 2019 Market Monitoring](#), further impacted the purchasing power and livelihoods needs across NWS, where the most commonly reported source of livelihoods was low-wage daily labor. A lack of purchasing power was evident in reports of barriers to accessing a variety of goods and services across sectors. For example, the cost of materials was a commonly reported barrier to repairing shelters; the high price of water trucking and the unaffordability of alternative water sources were commonly reported barriers to accessing sufficient water for all purposes; the unaffordability of essential food items was commonly reported as a barrier to accessing sufficient food; the inability of families to afford education was a commonly reported barrier to children accessing education.

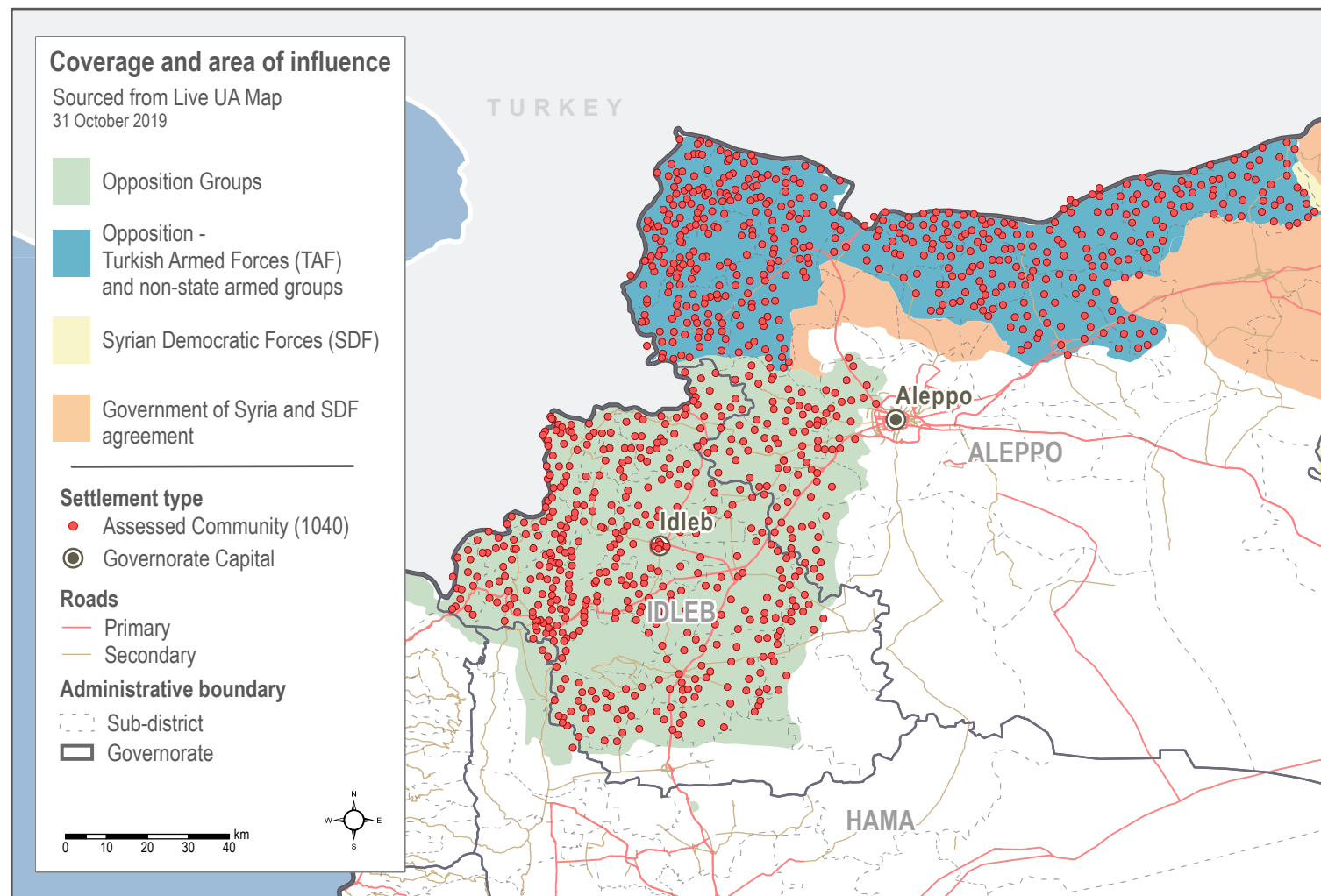
Top 3 reported overall priority needs in assessed communities:²

- 1** Livelihoods
- 2** Winterisation
- 3** Health

October data was collected using the combined expertise of 3-5 KIs per community, in total interviewing:

-  **4,061 KIs**
-  **22% female KIs**
-  **11 types of KIs³**

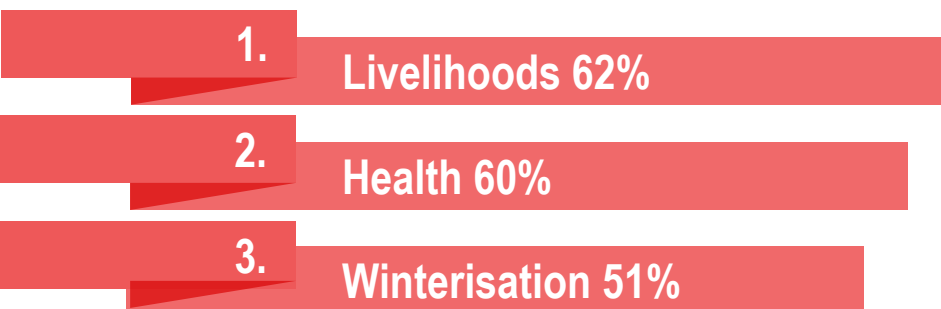
Please note that percentages shown in this factsheet represent the *percentage of communities* where KIs selected the answer option in question.



Following a decrease in airstrikes across Idleb governorate and surrounding areas in September due to the implementation of a ceasefire agreement, airstrikes on southern and western Idleb governorate resumed in mid-October.^{a,b} In addition to the resumption of airstrikes and continued shelling, the onset of winter was expected to have had an increasing impact on conditions and needs of the 2.7 million Syrians requiring humanitarian assistance in Northwest Syria (NWS), 76% of whom were reportedly women and children.^c As humanitarian actors began winter relief efforts in October, it was anticipated that the compounded factors of colder temperatures and an increased risk of flooding would contribute to increased challenges for and needs of households in NWS. Further, internally displaced people (IDPs) living in tents and other informal shelter types were more likely to be exposed to severe protection risks as well as health issues, including respiratory infections and other illnesses linked with colder weather.^d

RESIDENT PRIORITY NEEDS

Top three most commonly reported priority needs for residents
(by % of 1,030 communities where resident priority needs were reported).²



Top three most commonly reported² **livelihoods** needs for residents
(by % of 643 communities where livelihoods was reported as a priority need):

- | | | |
|---|-----------------------------------|-----|
| 1 | Access to humanitarian assistance | 77% |
| 2 | Access to livelihoods programmes | 70% |
| 3 | Tools/equipment for production | 56% |

Top three most commonly reported² **health** needs for residents
(by % of 622 communities where health was reported as a priority need):

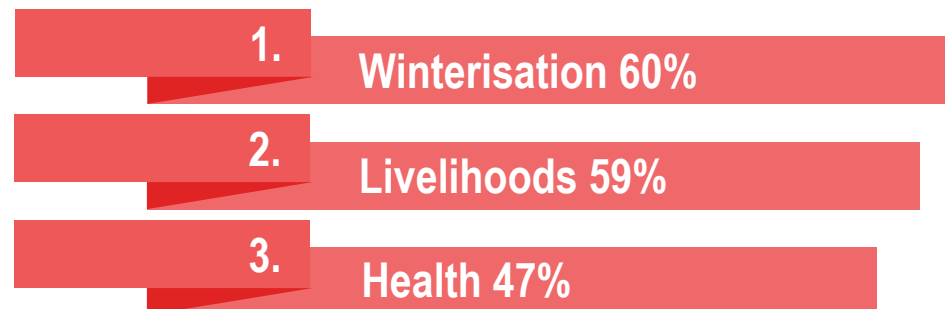
- | | | |
|---|---|-----|
| 1 | Skilled care during childbirth (general obstetric care) | 51% |
| 2 | Treatment for chronic disease | 43% |
| 3 | First aid/emergency care | 41% |

Top three most commonly reported² **winterisation** needs for residents
(by % of 523 communities where winterisation was reported as a priority need):

- | | | |
|---|----------------|-----|
| 1 | Heating fuel | 95% |
| 2 | Winter clothes | 61% |
| 3 | Floor mats | 40% |

IDP PRIORITY NEEDS

Top three most commonly reported priority needs for IDPs
(by % of 923 communities where IDP priority needs were reported).²



Top three most commonly reported² **winterisation** needs for IDPs
(by % of 551 communities where winterisation was reported as a priority need):

- | | | |
|---|----------------|-----|
| 1 | Heating fuel | 94% |
| 2 | Winter clothes | 57% |
| 3 | Floor mats | 44% |

Top three most commonly reported² **livelihoods** needs for IDPs
(by % of 544 communities where livelihoods was reported as a priority need):

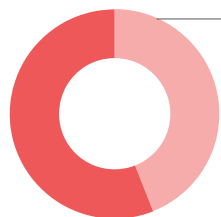
- | | | |
|---|-----------------------------------|-----|
| 1 | Access to humanitarian assistance | 84% |
| 2 | Access to livelihoods programmes | 76% |
| 3 | Tools/equipment for production | 42% |

Top three most commonly reported² **health** needs for IDPs
(by % of 435 communities where health was reported as a priority need):

- | | | |
|---|---|-----|
| 1 | Skilled care during childbirth (general obstetric care) | 60% |
| 2 | Treatment for chronic diseases | 42% |
| 3 | First aid/emergency care | 40% |

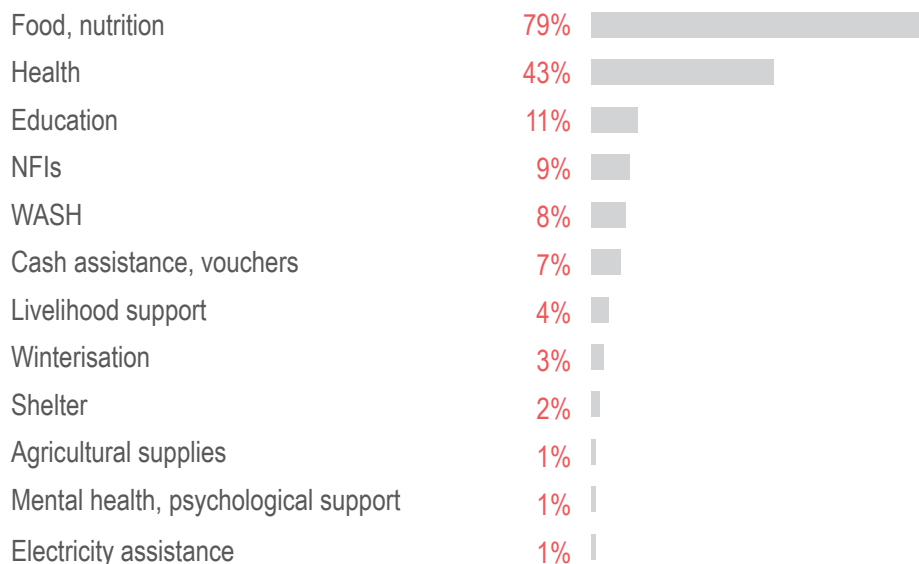
HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 1,040 assessed communities):



Yes: 44% KIs in 44% of communities reported that at least some households had access to humanitarian assistance, with food and nutrition assistance being the most commonly reported types received across NWS. KIs also often cited that members of their communities required information on how to register for aid, and a lack of awareness of registration procedures was specifically reported as a barrier in 79 communities.

Most commonly reported types of humanitarian assistance households had access to in communities (by % of 455 communities where reported):⁴



Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 874 communities where barriers were reported):⁴

- 1 No humanitarian assistance was available 61%
- 2 Perceived poor targeting of beneficiaries 14%
- 3 Not aware of the procedures to follow to receive assistance 9%

Most commonly reported types of important missing information not being provided to households (by % of 1,040 communities where missing information was reported):⁵

- 1 How to register for aid 52%
- 2 How to find work 49%
- 3 How to get more money for financial support 25%
- 4 How to get healthcare / medical attention 19%
- 5 How to get food 15%

Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation (by % of 1,040 communities where preferred ways were reported):²

- 1 In person 70%
- 2 WhatsApp (or other mobile based platforms) 65%
- 3 Social media (Twitter, Facebook, etc) 27%
- 4 Leaflets 15%
- 5 Billboards 10%

37% KIs in 171 (37%) of 459 communities reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**

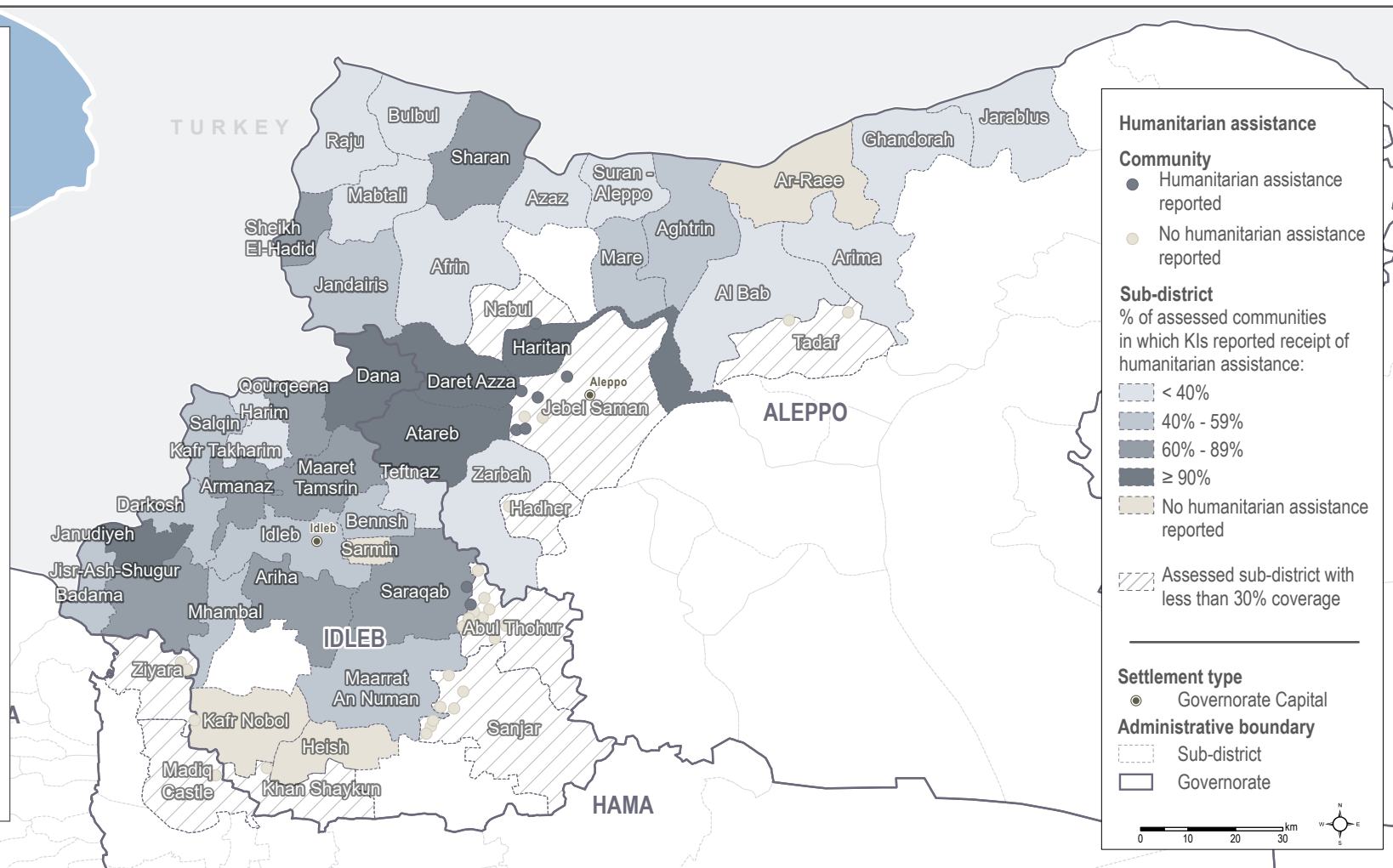
REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

Note on the map

This map shows the reported humanitarian assistance per sub-district. The sub-districts in which humanitarian assistance was more commonly reported are shown in a darker colour, whereas lighter colours denote a lower proportion of communities reporting receipt of humanitarian assistance.

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.

KIs in 90% (or more) of communities located in Atareb, Dana, Daret Azza, Haritan and Janudiyeh sub-districts reported that humanitarian assistance was provided. KIs in communities in Ar-Raee, Heish and Kafr Nobol sub-districts did not report humanitarian assistance.



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



KIs in **44%** of communities reported that **households had access to humanitarian assistance** (459 of 1,040 communities).



KIs in **49%** of communities reported that 1-20% of the IDP population was **living in overcrowded shelters** (456 of 923 communities).



5 - 6 hours per day was the most commonly reported range for hours of electricity per day (378 (36%) of 1,040 assessed communities).



KIs in **56%** of communities reported that 100% of households had **access to sufficient water** (587 of 1,039 communities).



KIs in **35%** of communities reported **that households were not able to access markets within their own communities** (366 of 1,040).



KIs in **55%** of communities reported that **households were not able to access health services in their own communities** (567 of 1,040 communities).



The distance to schools was a key barrier preventing access to education for both residents (543 of 977 communities) and IDPs (494 of 879 communities).



The most commonly reported protection risk for residents was **child labour** (323 of 1,031 communities) and for IDPs was **lack/loss of civil documentation** (380 of 923 communities).

Humanitarian Assistance & AAP The types of assistance most commonly reported as being accessed by communities were food & nutrition, health, and education. A lack of knowledge of procedures to receive assistance was noted as a common barrier to accessing aid, with KIs indicating this was a key area where more information should be provided. KIs also most commonly reported that people in their communities preferred to receive information about humanitarian assistance in person or via WhatsApp.

Shelter Reported shelter types differed between residents and IDPs, with residents in a higher number of communities reported to be living in solid/finished houses or apartments, and IDPs in a higher number of communities reported to be living in abandoned or unfinished residential buildings or in tents. For both residents and IDPs, the most commonly reported shelter inadequacy issues were a lack of lighting around shelters, lack of heating, and lack of insulation from cold.

Electricity & NFI The cost of solar panels was the most commonly reported barrier to accessing electricity across the assessed communities. Relatedly, solar panels were the second most commonly reported main source of electricity (after community generators), highlighting the importance of solar panels regarding the provision of electricity in NWS. Additionally, the NFI that was most commonly reported to be unavailable in markets was bedding items. IDPs were the population group most commonly reported as being unable to afford NFIs.

WASH The high price of water trucking was the most commonly reported barrier to accessing sufficient water across the assessed communities, followed by the main network not functioning. Further, KIs in more than half of all communities reported that their communities were not connected to a main water network. Where water networks were functioning, it was most commonly reported that households could access water between 1-2 days per week.

FSL Among both residents and IDPs, the lack of transportation was the most commonly reported barrier to accessing food, relating to the fact that the most commonly reported source of food for households was buying from stores/markets in other communities. Across NWS, daily waged labor was the most commonly reported source of meeting basic needs for both residents and IDPs. Additionally, low wages was the most common livelihoods barrier for both population groups, and borrowing money from family or friends the most common coping strategy reported.

Health With KIs most commonly reporting that it took households between 16 and 30 minutes to reach their most frequently used health facilities, the most commonly reported barriers to accessing healthcare were a lack of transportation to health facility, and the high cost of transportation. Primary care facilities were the most commonly reported types of facilities available in the assessed communities, while public hospitals were most commonly reported as being accessed in nearby communities.

Education Despite barriers to accessing education having been reported by KIs in the large majority of communities, KIs in 90% of all assessed communities reported that children were able to access education facilities inside their communities. However, attendance rates show a more nuanced perspective, with higher reported attendance rates of both resident and IDP boys and girls between 6 and 12 years old, and lower reported attendance rates of boys and girls between 16 and 18 years old.

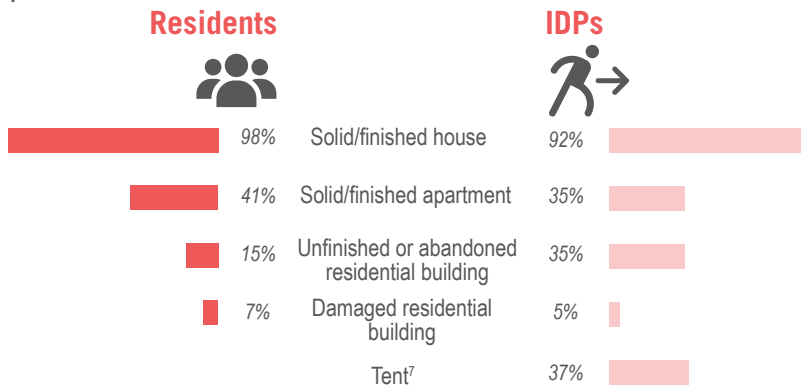
Protection Both resident and IDP populations reportedly faced risks of child labour, lack/loss of civil documentation, and threats from airstrikes and explosive hazards. Additionally, residents also reportedly faced housing, land, and property issues, whereas IDPs reportedly faced forced and early marriage. Boys (under 18) were reportedly most commonly affected by child labour, and girls (under 18) were most commonly reported to be affected by early marriage.

SHELTER

KIs in 265 (25%) of 1,040 assessed communities reported **shelter** as a top 3 priority need. Across assessed communities, both residents and IDPs were most commonly reported to be living in solid/finished houses. However, KIs also commonly reported that IDPs were living in tents and unfinished or abandoned residential buildings. Overcrowding was a more commonly-reported issue for IDPs. In communities where shelter damage to occupied shelters was reported, the cost of both materials as well as professional repair services were the most commonly reported barriers to shelter repair.

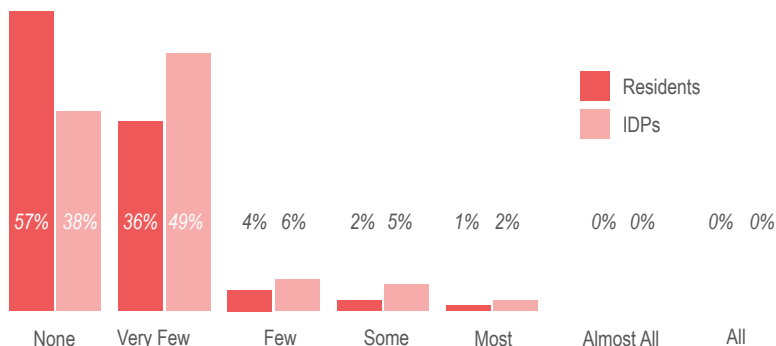
Most commonly reported shelter types for residents and IDPs

(by % of 1,031 communities where reported for residents, and of 923 communities where reported for IDPs):²



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

(by % of 1,031 communities where barriers were reported for residents, and by % of 923 communities where barriers reported for IDPs):*

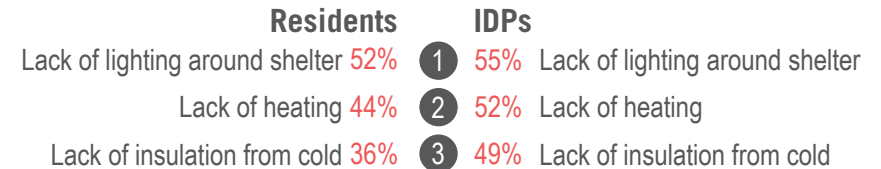


*The above categories correspond to the following proportion ranges of what portion of IDPs or residents were living in overcrowded shelters: none (0%), very few (1-20%), few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

14,600 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 679 communities).

Most commonly reported shelter inadequacy issues (by % of 1,035 communities where issues reported for residents, and of 938 communities where issues reported for IDPs):⁴



Most commonly reported barriers to households wishing to repair their shelters (by % of 1,011 communities where damaged shelters were reported):⁴

- Shelter and repair materials are too expensive 92%
- Repairs require professionals but cannot afford their service 53%
- Repairs require professionals but they are not available 10%
- Fear of unexploded ordnances (UXOs) 6%
- Shelter and repair materials are unavailable in the market 5%

91%

KIs in 903 of 996 communities reported the presence of occupied shelters with **minor damage⁹** in their communities.

56%

KIs in 563 of 996 communities reported the presence of occupied shelters with **major damage⁹** in their communities.

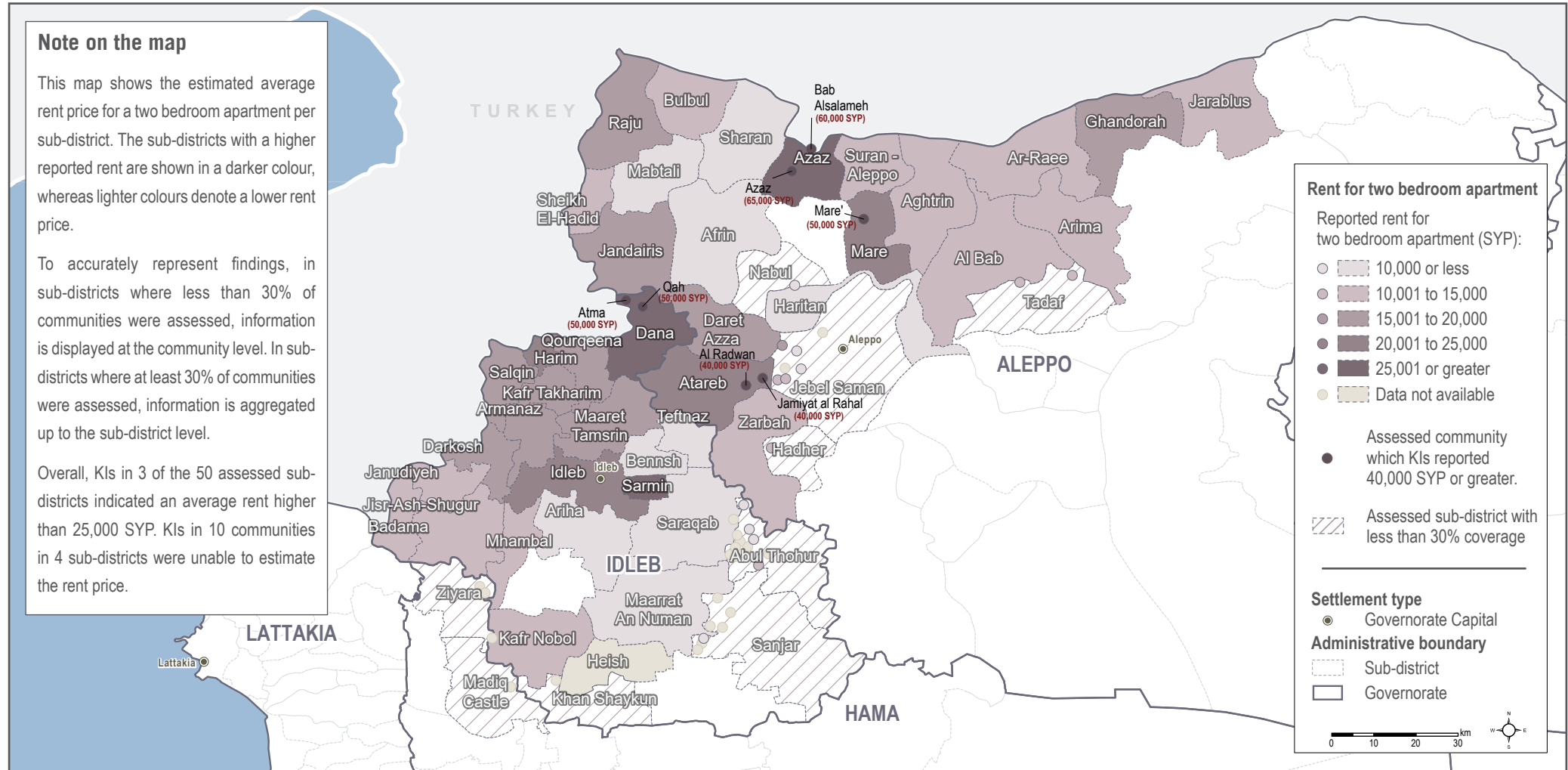
AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT

Note on the map

This map shows the estimated average rent price for a two bedroom apartment per sub-district. The sub-districts with a higher reported rent are shown in a darker colour, whereas lighter colours denote a lower rent price.

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.

Overall, KIs in 3 of the 50 assessed sub-districts indicated an average rent higher than 25,000 SYP. KIs in 10 communities in 4 sub-districts were unable to estimate the rent price.

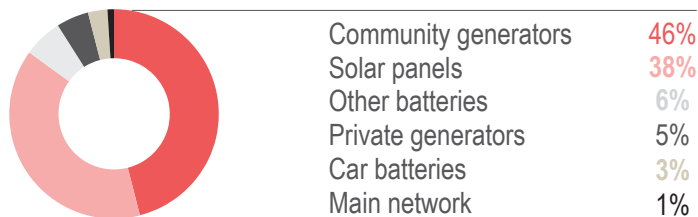


ELECTRICITY & NFIs

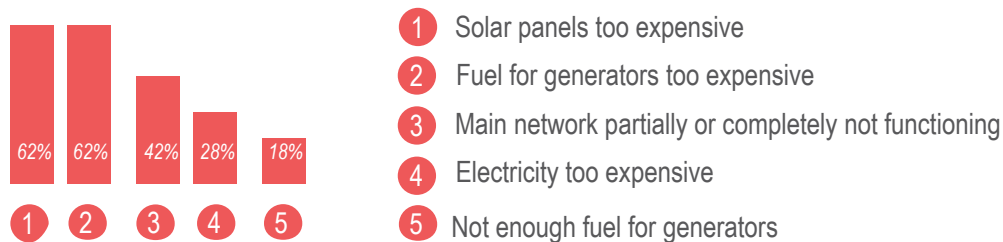
KIs in 217 (21%) of 1,040 assessed communities reported **NFIs** as a priority need. KIs in all assessed communities reported the unavailability of some NFIs, with bedding items being the most commonly reported as unavailable in markets. Of NFIs that were reportedly available, cooking fuel, winter items, and batteries were the NFIs most commonly reported to have been unaffordable for the majority of people. Where KIs reported that NFIs were available but unaffordable for specific population groups, IDPs and women living alone were most commonly reported as being unable to afford them. KI reporting showed that communities primarily depended on community generators and solar panels for electricity. However, the cost of solar panels and relative expenses, as well as the lack of fuel for generators were commonly reported barriers to accessing electricity. This reportedly presented significant impediments to accessing electricity considering communities' reliance on these sources.

5 - 6 hrs/day was the most commonly reported range for **hours of electricity available** (reported by KIs in 378 (36%) of 1,040 assessed communities).

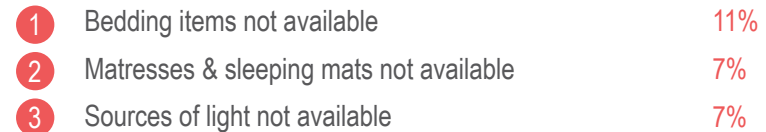
Top reported main source of electricity (by % of 1,040 communities where main source reported):



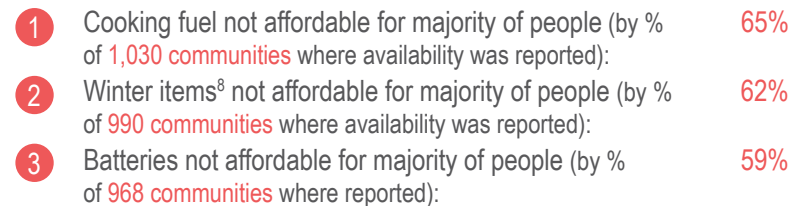
Most commonly reported barriers to accessing electricity (by % of 926 communities where barriers reported):⁴



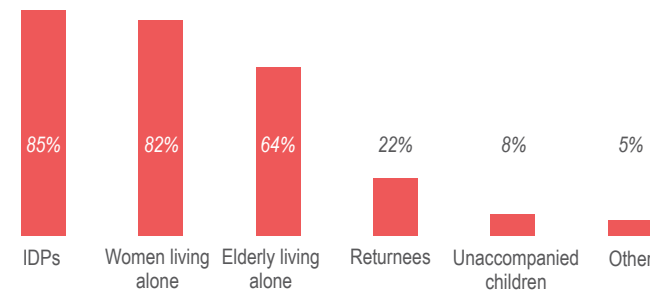
Most commonly reported unavailable NFIs (by % of 1,040 communities where unavailable items were reported):⁴



Most commonly reported available but unaffordable NFIs:⁴



Population groups who reportedly could not afford NFIs (by % of 606 communities where reported that specific groups could not afford):^{4,8}



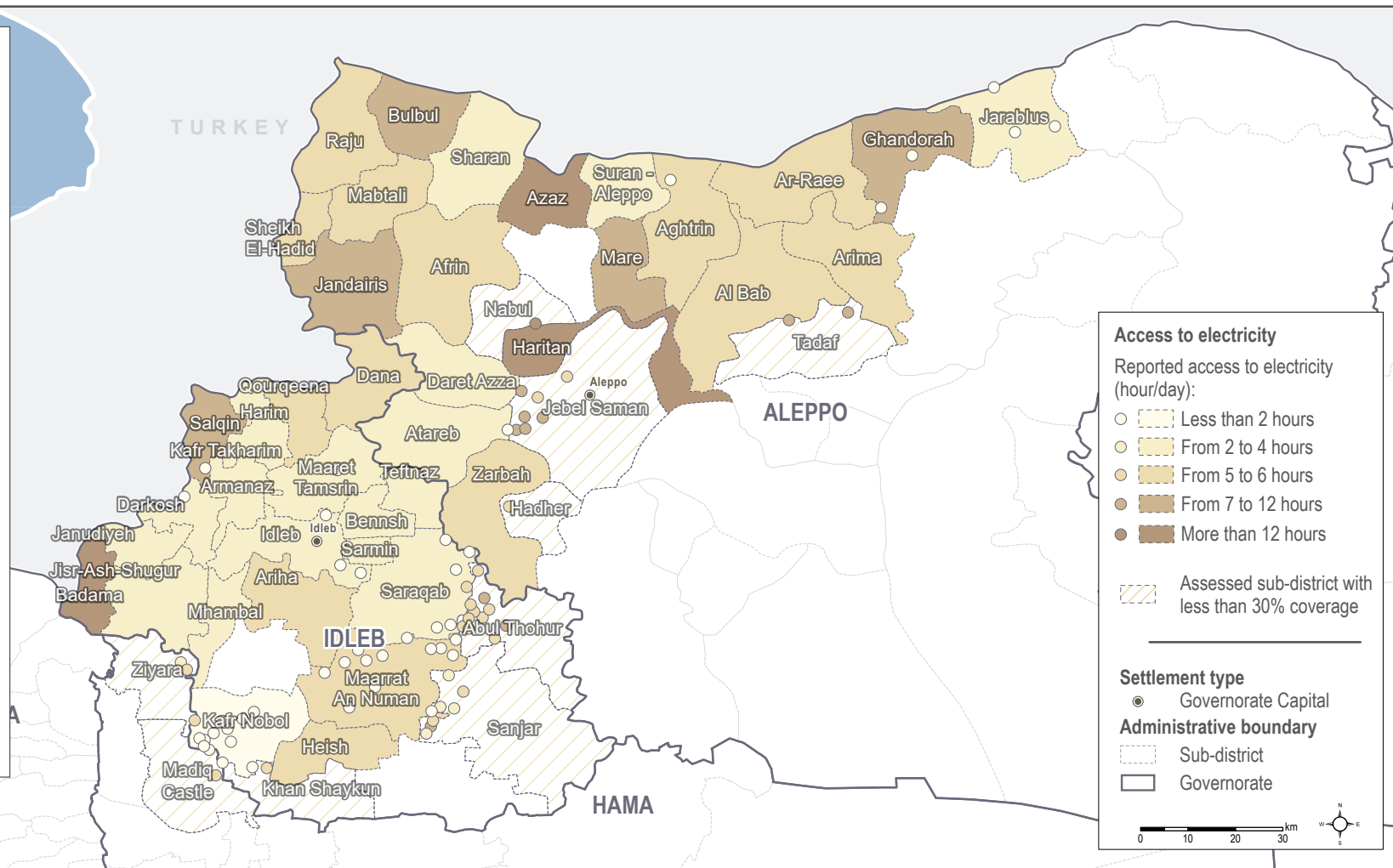
AVERAGE NUMBER OF HOURS OF ELECTRICITY AVAILABLE PER DAY

Note on the map

This map shows the highest reported hour range of access to electricity per sub-district. The sub-districts in which a higher number of hours of electricity per day was reported are shown in a darker colour, whereas lighter colours denote fewer reported hours of electricity per day.

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.

Overall, KIs reported the least amount of hours of electricity per day (less than 2 hours) in 44 communities in the following sub-districts: Aghtrin, Atareb, Darkosh, Ghandorah, Idleb, Jarablus, Kafr Nobol, Maaret Tamsrin, Maarrat An Numan, Salqin and Saraqab.



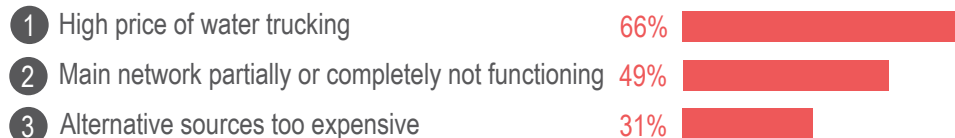
WATER, SANITATION AND HYGIENE (WASH)

KIs in 343 (33%) of 1,040 assessed communities reported **WASH** as a priority need. KIs in 44% of all assessed communities reported that not all households had access to sufficient water, where key barriers were the high price of water trucking (the most commonly reported source of all purpose and drinking water), and issues with the functionality of the main network. Additionally, where water networks were reportedly functioning, water from the network was most commonly reported to only have been available 1-2 days per week. Issues were also identified with sanitation, where the third most commonly reported way households disposed of solid waste was to burn it. Further, While KIs in 65% of all assessed communities reported connection to a sewage system, the functionality of available systems was reported as a common issue, pointing to the fact that these systems were in need of repair and cleaning.

56% KIs in 587 of 1,039 assessed communities reported that **100% of households had access to sufficient water.**

Most commonly reported barriers to accessing sufficient water

(by % of 453 communities where barriers reported):⁴



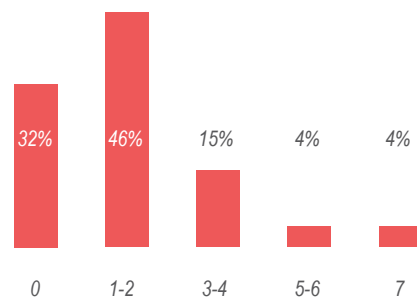
Reported connectivity to a main water network in the assessed community

(by % of all 1,040 assessed communities):



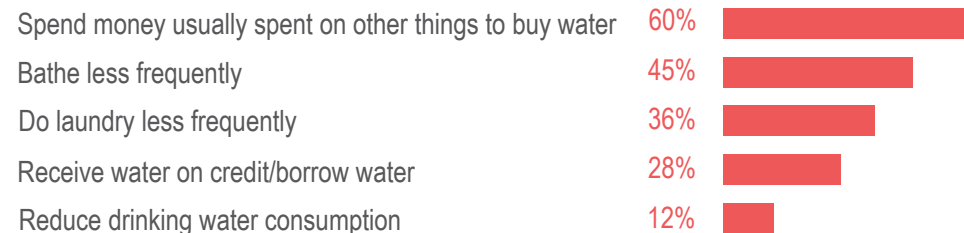
Days per week water from the main network was reportedly available

(by % of 463 communities where reported):



Most commonly reported coping strategies for a lack of water

(by % of 443 communities where coping strategies reported):⁴



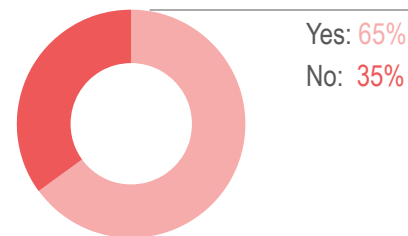
Most commonly reported ways people disposed of solid waste/trash

(by % of 1,039 communities where top disposal method reported):



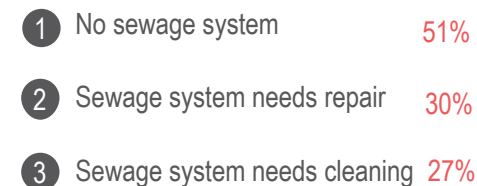
Was the assessed community connected to a sewage system?

(by % of all 1,040 assessed communities):

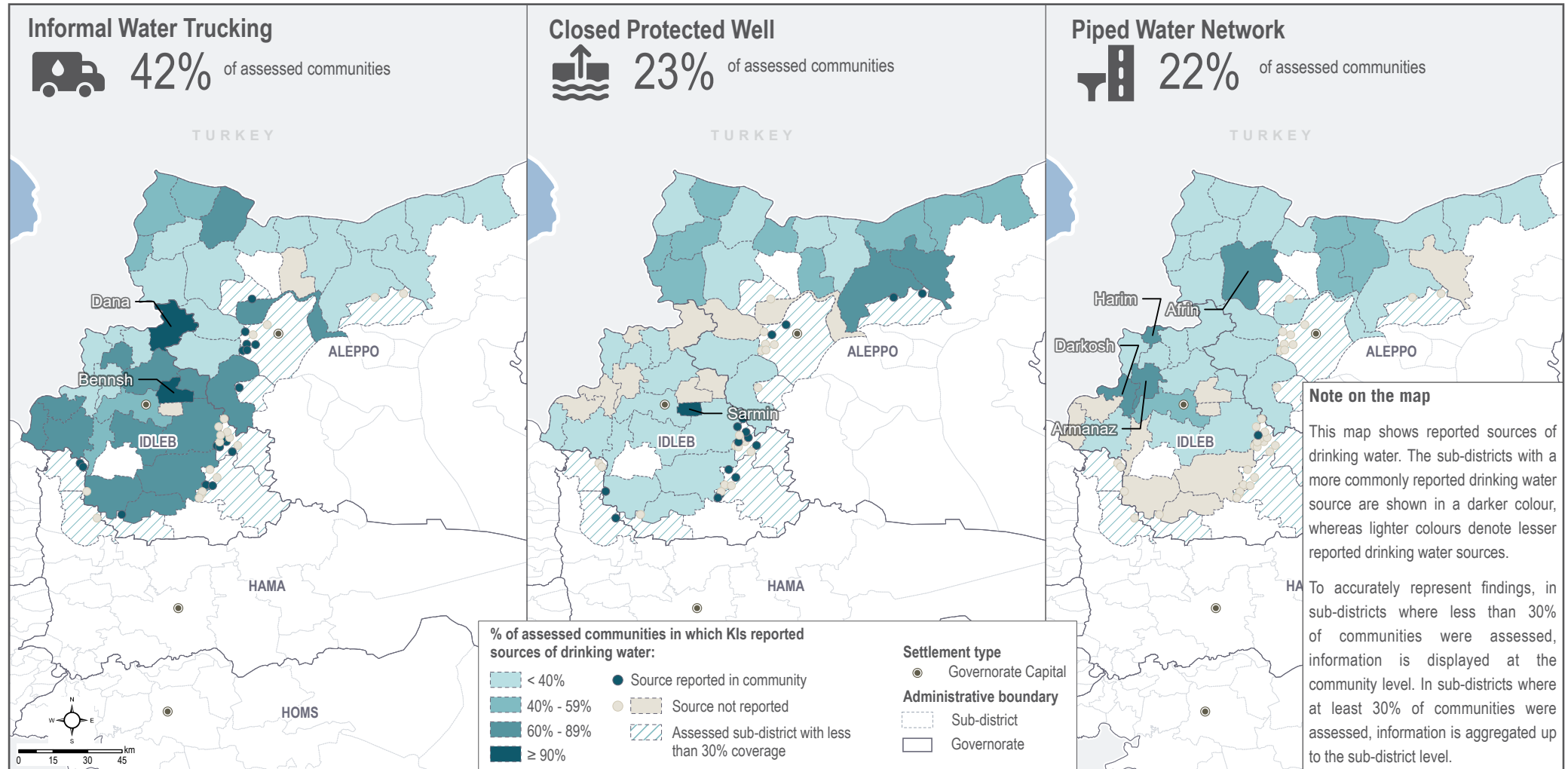


Most commonly reported sanitation issues

(by % of 585 communities where sanitation issues reported):⁴



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

KIs in 424 (41%) of 1,040 assessed communities reported **food security** as a priority need. Lack of access to food markets within the assessed communities was reported by KIs in 35% of all communities, with the most commonly reported source of food for household being the purchase of food from stores/markets in other communities. However, both residents and IDPs reportedly experienced challenges to physically accessing food markets associated with the need to go to markets outside their own communities, such as a lack of transportation and the distance to markets being too far. Additionally, issues of food items availability and affordability were commonly reported as barriers to food sufficiency for both residents and IDPs.

35% KIs in **366** (35%) of 1,040 assessed communities reported that households were **unable to access markets within their community**.

Most commonly reported barriers to physically accessing food markets (by % of 622 communities where reported for residents, and of 530 communities where reported for IDPs):⁴

	Residents	IDPs
Lack of transportation	71% ①	78% ①
Distance to markets too far	66% ②	67% ②
General safety and security	24% ③	21% ③

Most commonly reported sources of food for households (by % of 1,039 communities where food sources reported):²

① Purchasing from stores/markets in other communities	76%
② Own production/farming	64%
③ Purchasing from stores/markets in community	55%
④ Borrowing	33%
⑤ Assistance from local councils/NGOs/other groups	13%

Most commonly reported barriers to accessing sufficient food (by % of 661 communities where barriers reported for residents, and by % of 690 communities where barriers reported for IDPs):⁴

	Residents	IDPs
Markets are not functioning in the community	44% ①	56% ①
Markets exist but not all essential food items are available	16% ②	33% ②
Markets exist but have insufficient quantities of food	11% ③	15% ③

Most commonly reported barriers to feeding babies and young children (by % of 618 communities where challenges reported for babies under 6 months, and of 523 communities where challenges reported for children of 6 months - 2 years):⁴

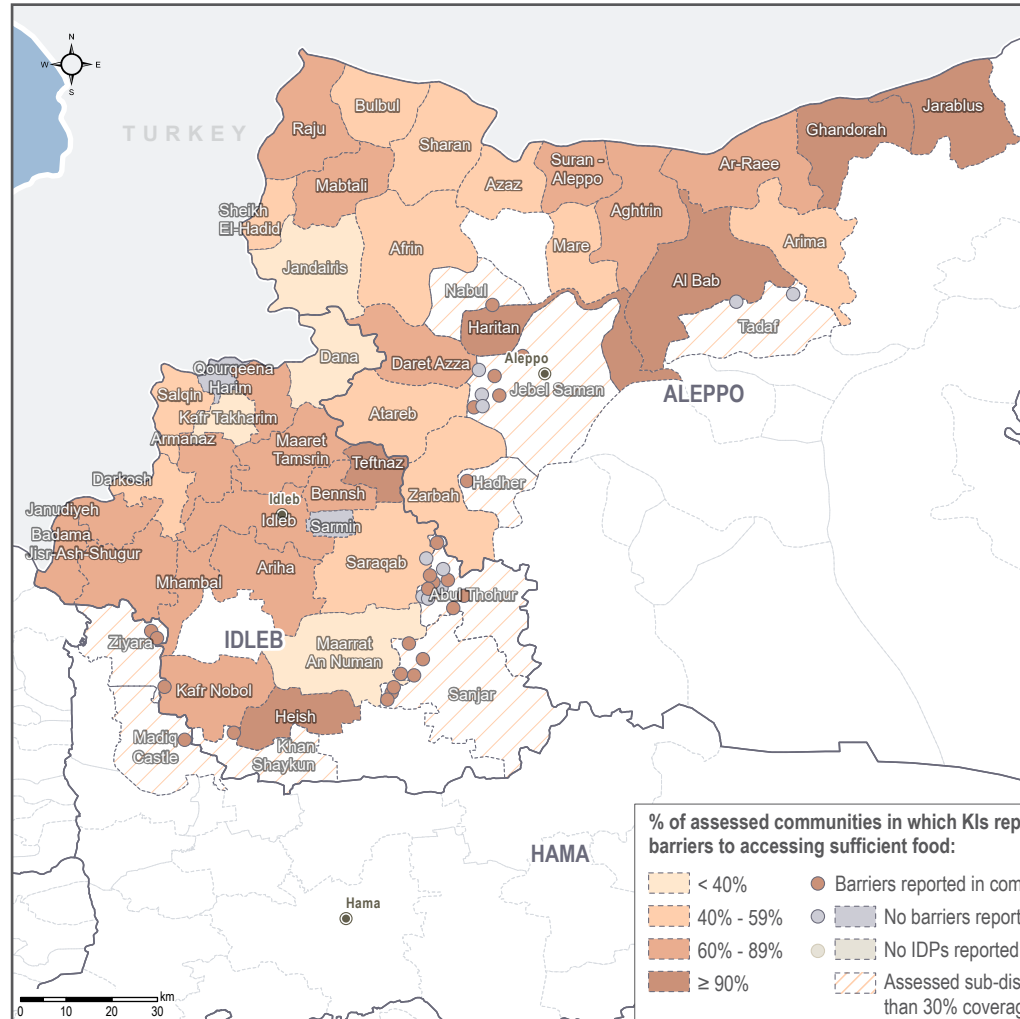
	Under 6 months	6 months - 2 years
No support for non-breastfed babies	86% ①	72% ①
Breastfeeding difficulties	35% ②	46% ②
Poor hygiene for feeding non-breastfed babies	7% ③	23% ③

Most commonly reported coping strategies for a lack of food (by % of 714 communities where coping strategies reported):⁴

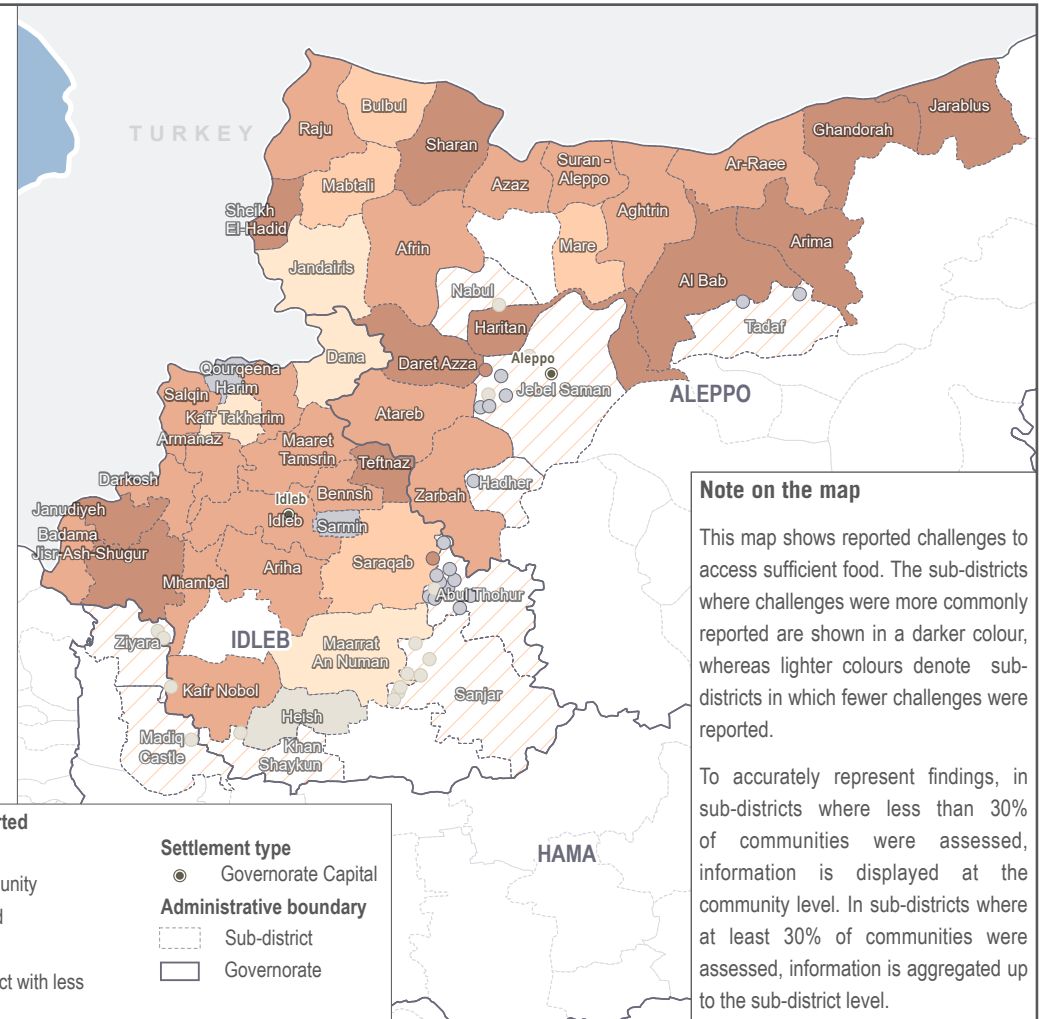
① Purchasing food on credit/borrowing money to buy	56%
② Buying food with money usually used for other things	40%
③ Reducing meal size	36%
④ Selling productive assets	22%
⑤ Skipping meals	20%

REPORTED BARRIERS TO ACCESSING SUFFICIENT FOOD

Residents



IDPs



Note on the map

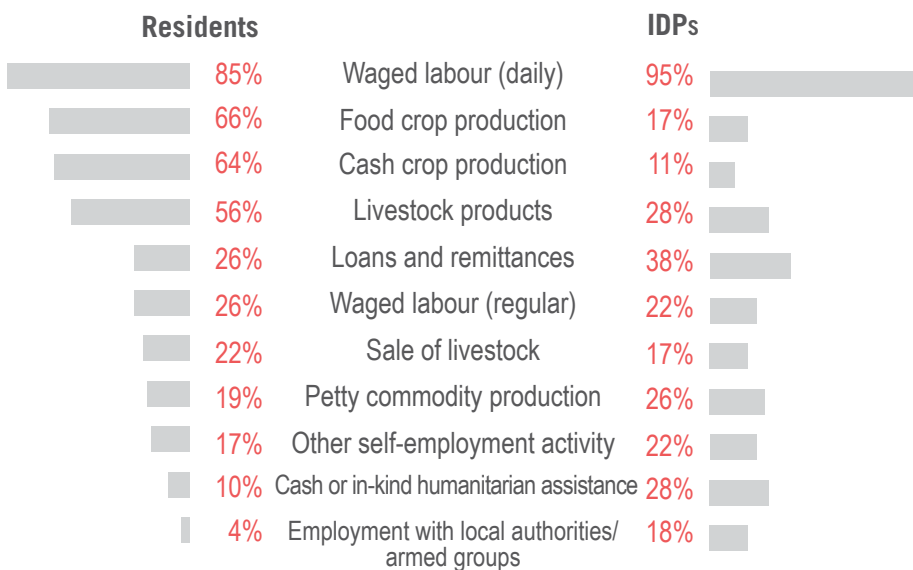
This map shows reported challenges to access sufficient food. The sub-districts where challenges were more commonly reported are shown in a darker colour, whereas lighter colours denote sub-districts in which fewer challenges were reported.

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.

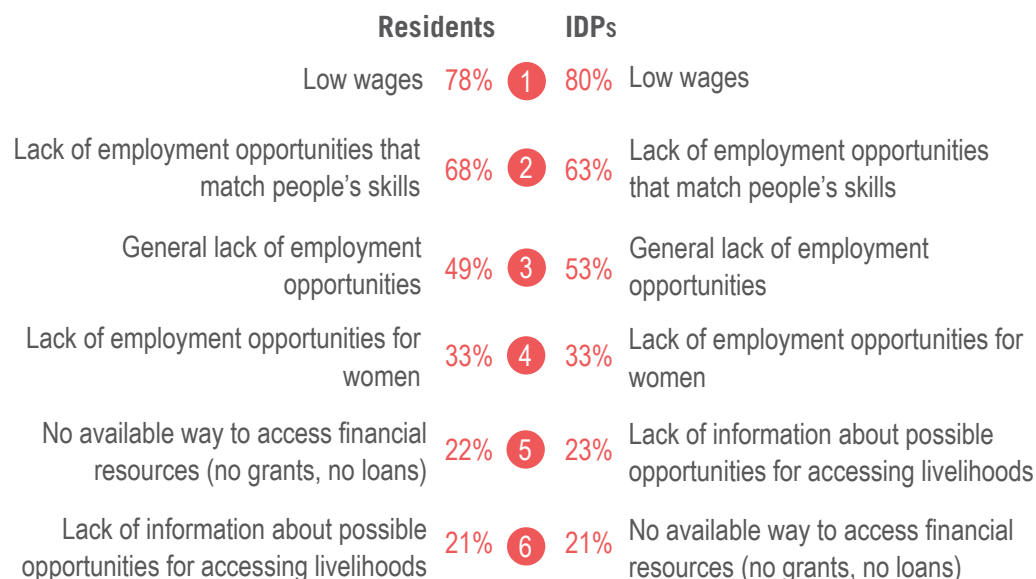
LIVELIHOODS

KIs in 729 (70%) of 1,040 assessed communities reported **livelihoods** as a priority need. Throughout NWS, households in assessed communities reportedly faced difficulties establishing stable livelihoods. This was highlighted for both resident and IDP populations with daily waged labor being the most commonly reported source of meeting basic needs, a high prevalence of low wages and general lack of employment opportunities reported as barriers, and a wide range of commonly reported coping strategies such as borrowing money from family and friends, and sending children to work or beg.

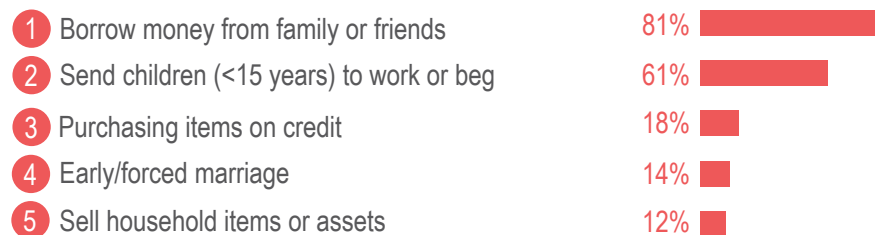
Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 1,031 communities where reported for residents and of 923 communities where reported for IDPs):⁵



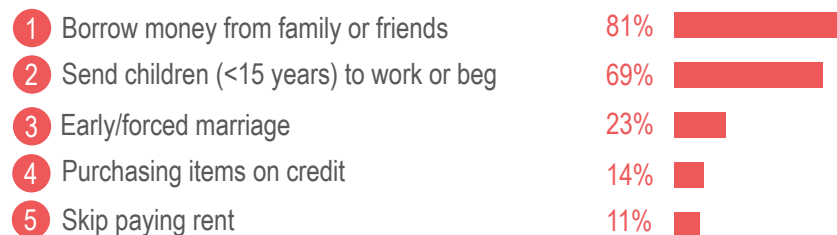
Percentage of communities where KIs reported the following barriers to accessing livelihoods (by % of 1,030 communities where barriers reported for residents, and of 922 communities where barriers reported for IDPs):⁴



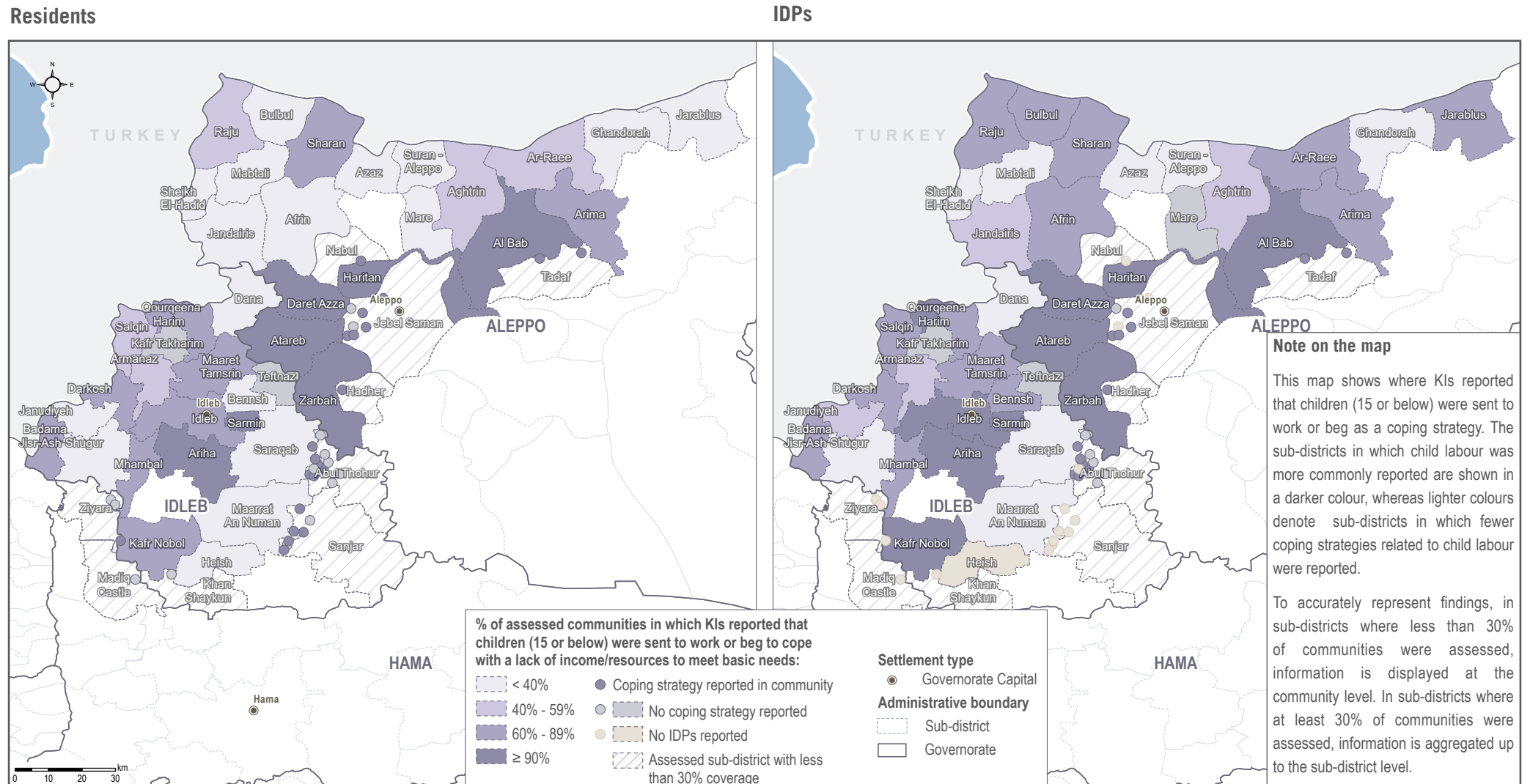
Most commonly reported coping strategies to meet basic needs (Residents) (by % of 877 communities where coping strategies reported):⁴



Most commonly reported coping strategies to meet basic needs (IDPs) (by % of 839 communities where coping strategies reported):⁴



CHILDREN SENT TO WORK OR BEG REPORTED AS A LIVELIHOODS COPING STRATEGY



HEALTH

KIs in 656 (63%) of 1,040 assessed communities reported **health** as a priority need. Lack of access to health facilities within assessed communities was reported by KIs in 55% of all communities. Relatedly, the two most commonly reported barriers to accessing healthcare were a lack of transportation and a high cost of transportation to healthcare facilities, indicating that the healthcare facilities that were accessible likely were challenging to get to. KIs most commonly reported that households coped with a lack of healthcare by going to pharmacies instead of clinics, where pharmacies were the second most commonly reported health facility available within the assessed communities.

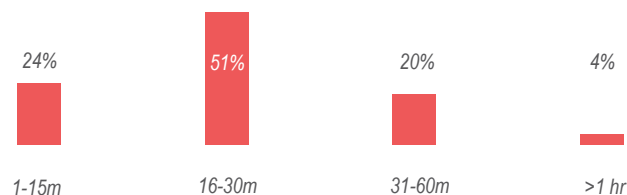
55% KIs in 567 of 1,040 communities reported that **households were not able to access health services in their own communities.**

98% KIs in 1,018 of 1,040 communities 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 464 communities reporting access inside community, and of 1,013 communities reporting access in other/nearby communities):⁴

In assessed communities	In other/nearby communities
Primary care facilities 52% 1	68% Public hospitals
Pharmacies 51% 2	64% Pharmacies
Private clinics 20% 3	63% Primary care facilities
Mobile clinics 16% 4	50% Private clinics
Informal emergency care points 14% 5	26% Private hospitals

Time it reportedly took households to travel to the most commonly used health facility (by % of 1,038 communities where travel time reported):



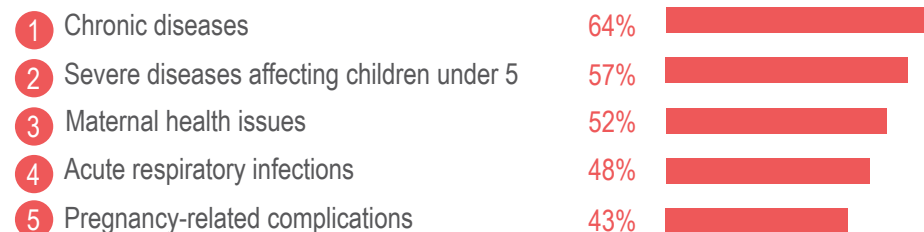
Most commonly reported barriers to healthcare access (by % of 925 communities where barriers reported):⁴



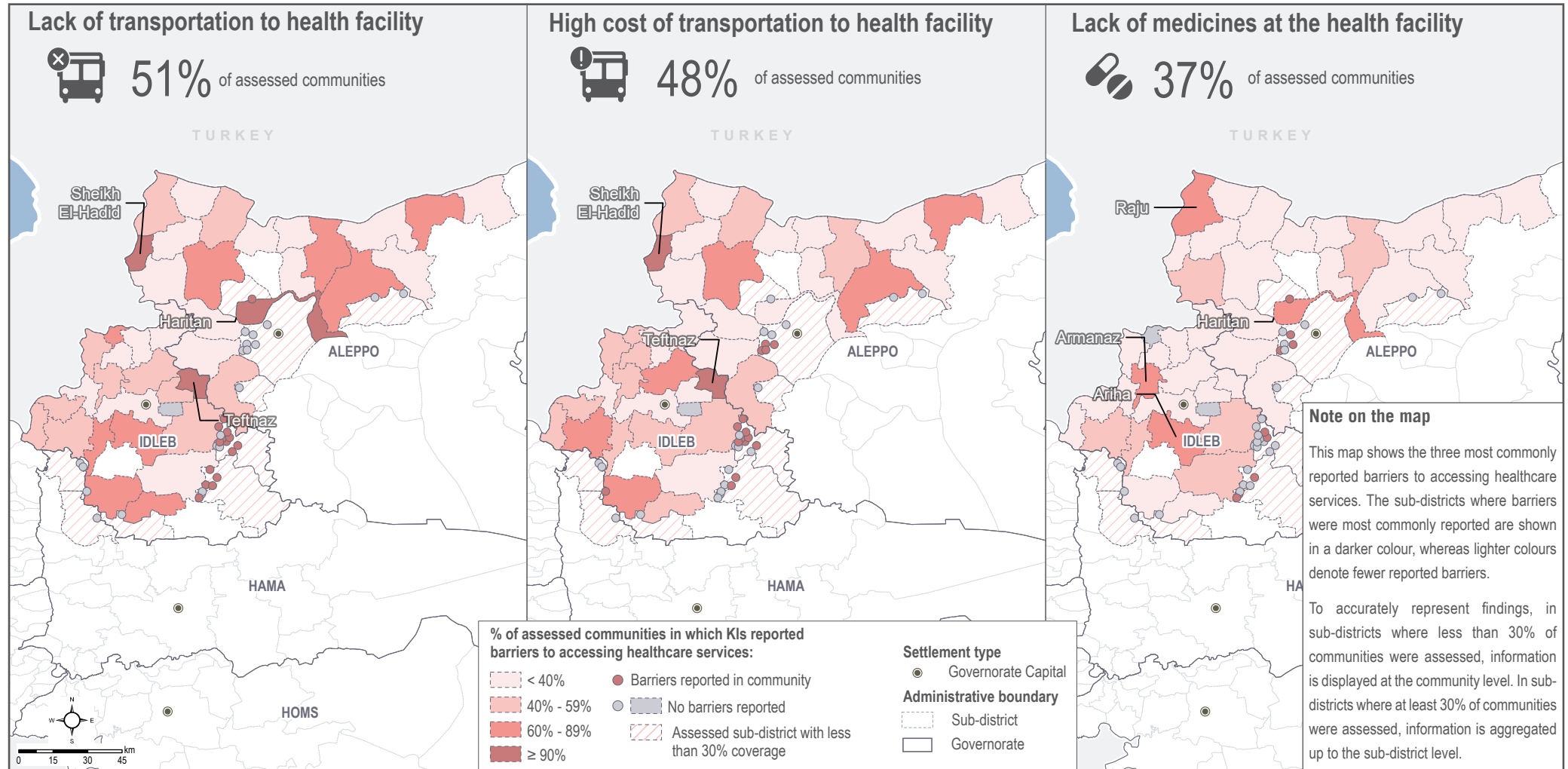
Most commonly reported coping strategy for a lack of healthcare services (by % of 587 communities where coping strategies reported):⁴

1 Going to the pharmacy instead of a clinic **93%**

Most commonly reported health problems (by % of 760 communities where knowledge of health problems reported):⁴



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS



EDUCATION

KIs in 448 (43%) of 1,040 assessed communities reported **education** as a priority need. While KIs in 90% of all assessed communities reported that children were able to access education facilities within their communities, a difference in attendance rates between resident and IDP children was noted, where it was more commonly reported that 76-100% of resident boys and girls across all age groups were attending school than IDP children. A 0% attendance rate was most commonly reported for IDP girls between 16 and 18 years. Additionally, among other barriers faced by IDPs, KIs more commonly reported families' inability to afford schooling, and a lack of personal documentation.

90% KIs in 934 (90%) of 1,040 communities reported that **children were able to access education facilities within their own communities.**

Reported attendance rate estimates of resident children (by % of 997 communities where resident attendance rates reported):

% of children attending	Boys 6-12	Girls 6-12	Boys 13-15	Girls 13-15	Boys 16-18	Girls 16-18
0%	0%	0%	3%	4%	7%	12%
1-25%	15%	16%	24%	27%	50%	55%
26-50%	8%	9%	18%	20%	16%	10%
51-75%	20%	19%	31%	29%	16%	14%
76-100%	57%	56%	23%	20%	11%	9%

Reported attendance rate estimates of IDP children (by % of 915 communities where IDP attendance rates reported):

% of children attending	Boys 6-12	Girls 6-12	Boys 13-15	Girls 13-15	Boys 16-18	Girls 16-18
0%	0%	0%	4%	6%	11%	25%
1-25%	15%	16%	28%	31%	53%	49%
26-50%	10%	11%	23%	25%	16%	10%
51-75%	30%	29%	29%	25%	12%	9%
76-100%	45%	44%	16%	13%	7%	7%

Most commonly reported types of education facilities available to children (3-18) (by % of 934 communities where reported for assessed communities, and of 838 communities for other/nearby communities):⁴

	In assessed communities	In other/nearby communities
Formal primary school	96% ①	84% Formal secondary school
Formal intermediary school	43% ②	76% Formal intermediary school
Formal secondary school	16% ③	50% Formal primary school

KIs in 67 communities reported that schools were not in session all days of October.

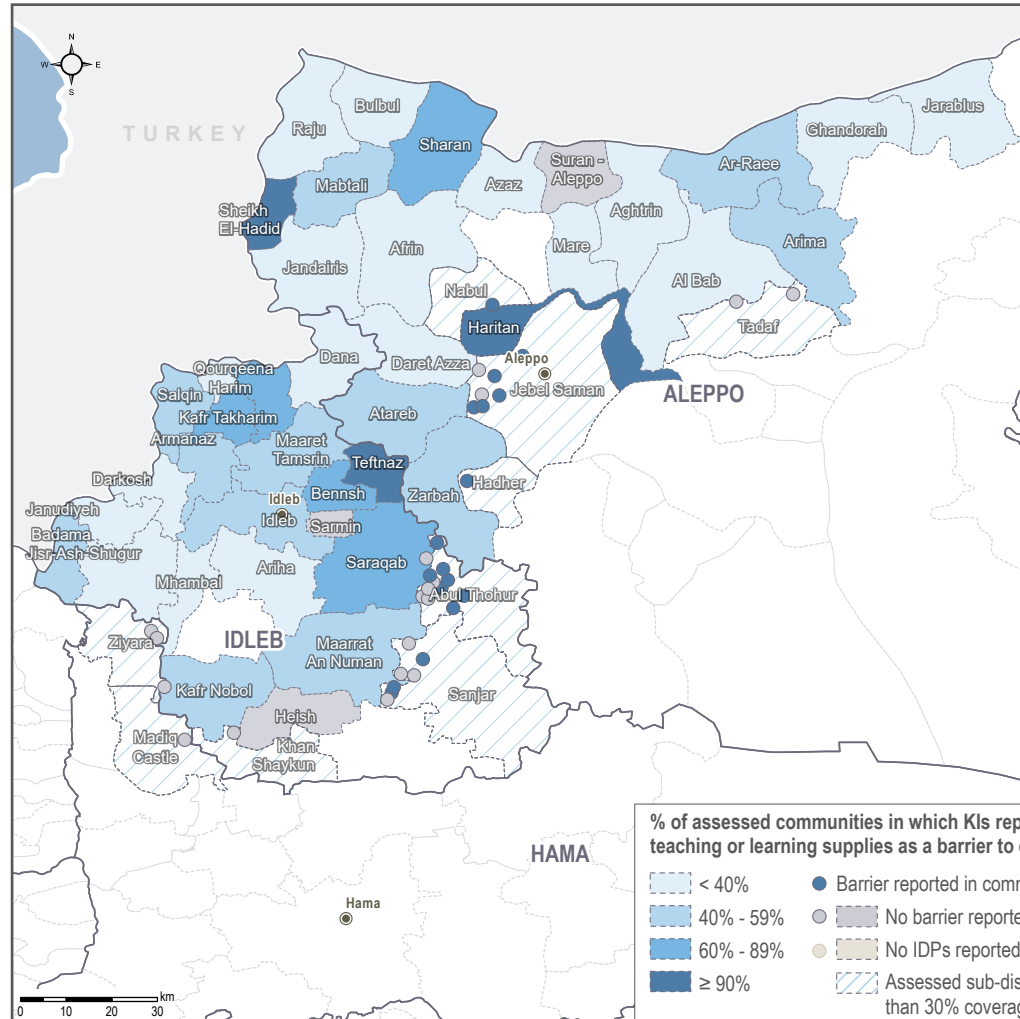
KIs in 37 of those communities cited an **escalation of violence that made schools or travel to school unsafe** as the reason schools were not in session.

Most commonly reported barriers to access to and quality of education services (by % of 977 communities where barriers reported for residents, and of 879 communities where barriers reported for IDPs):⁴

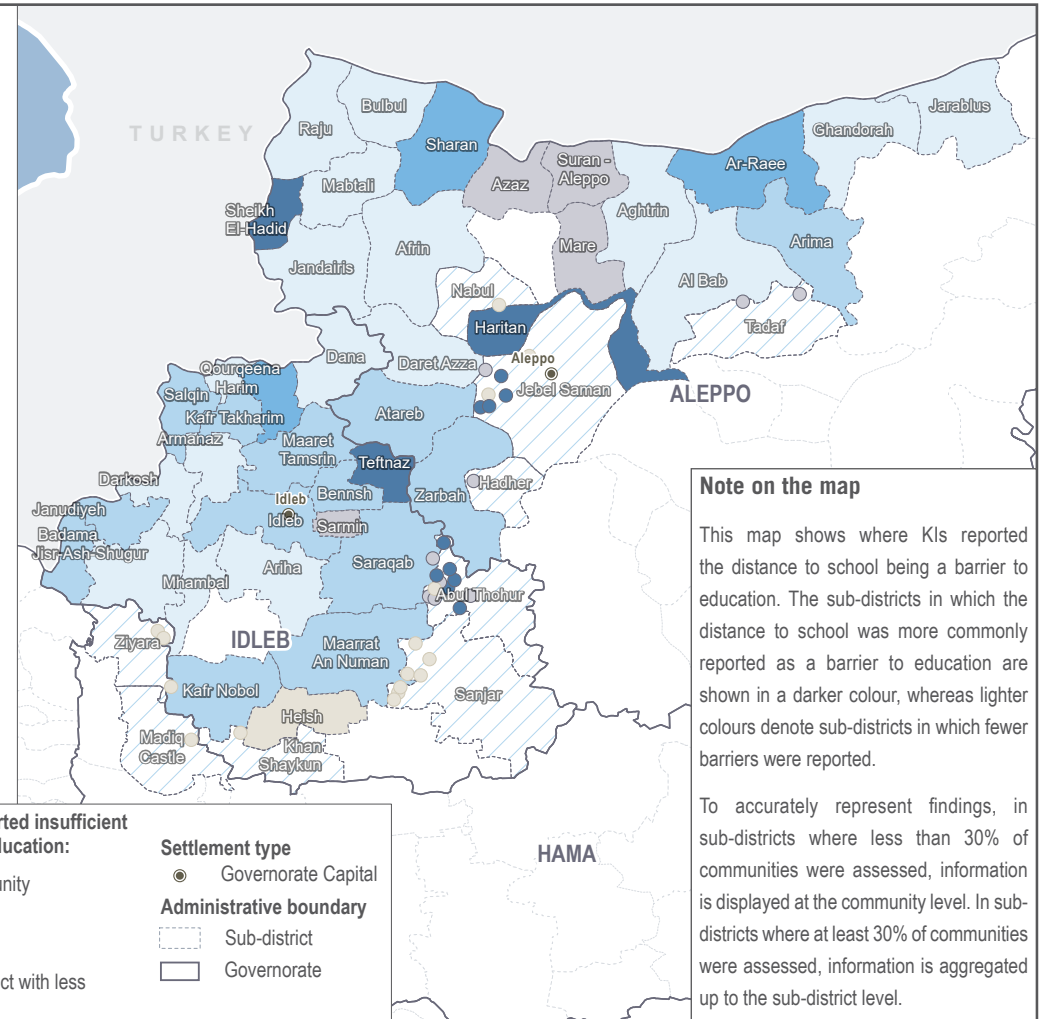
Residents		IDPs
56%	Distance to school is too far	56%
46%	Families cannot afford it, children must work	57%
36%	Not enough teaching or learning supplies	34%
22%	Quality of education provided is too low	20%
22%	Overcrowding	23%
20%	Traveling to or from school is unsafe	16%
17%	Children leave school due to early marriage	20%
14%	Lack of recognised certification	16%
14%	Unsuitable environment	13%
13%	Education not provided after a certain age	15%
13%	Social issues	15%
13%	Lack of personal documentation	22%

INSUFFICIENT TEACHING SUPPLIES REPORTED AS A CHALLENGE TO EDUCATION

Residents



IDPs



Note on the map

This map shows where KIs reported the distance to school being a barrier to education. The sub-districts in which the distance to school was more commonly reported as a barrier to education are shown in a darker colour, whereas lighter colours denote sub-districts in which fewer barriers 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.

PROTECTION

KIs in 100 (10%) of 1,040 assessed communities reported **protection** as a priority need. Common protection risks reportedly faced by both residents and IDPs were child labour, lack/loss of civil documentation, and threats from airstrikes and explosive hazards. However, housing, land, and property issues was a protection risk more commonly reported for residents, while forced and early marriage were issues more commonly cited for IDPs. The specific population groups most affected varied per protection risk. KIs for both residents and IDPs reported that boys (under 18) were most likely to face child labour. However, highlighting differences between the affected population groups, KIs reported that a lack/loss of civil documentation most commonly affected resident men (between 18-59), whereas they reported this protection risk mainly affected IDP boys (under 18).

Most commonly reported protection risks faced by residents

(by % of 1,031 communities where risks reported):⁴



Most commonly reported protection risks faced by IDPs

(by % of 923 communities where risks reported):⁴



Resident group most commonly reported to face protection risks

(by % of 1,031 communities where risks reported):⁴

	Risk	Group	
1	Child labour (by % of 323 communities where reported):	Boys (under 18)	98%
2	Lack/loss of civil documentation (by % of 323 communities where reported):	Men (18-59)	61%
3	Threat from airstrikes (by % of 207 communities where reported):	All groups	85%
4	Threat from explosive hazards (by % of 186 communities where reported):	All groups	95%
5	Housing, land and property issues (by % of 146 communities where reported):	Men (18-59)	91%

IDP group most commonly reported to face protection risks

(by % of 923 communities where risks reported):⁴

	Risk	Group	
1	Lack/loss of civil documentation (by % of 380 communities where reported):	Boys (under 18)	54%
2	Child labour (by % of 359 communities where reported):	Boys (under 18)	99%
3	Forced and early marriage (by % of 184 communities where reported):	Girls (under 18)	99%
4	Threat from explosive hazards (by % of 155 communities where reported):	All groups	98%
5	Threat from airstrikes (by % of 153 communities where reported):	All groups	89%

ENDNOTES

1. The western part of Aleppo where humanitarian response and coordination is conducted from the northwest rather than the northeast.
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 chartiy, local council, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (docter/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 October 2019 dataset](#), 1 USD = 640 SYP, so 14,600 SYP = 22.81 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 can not 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 (buildigs 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 rehabliitation is not possible)

ENDNOTES - CONTEXT

- a. UN Office for the Coordination of Humanitarian Affairs. (20 September 2019). Syrian Arab Republic: Recent Developments in Northwestern Syria Situation Report No. 12 - as of 20 September 2019 [EN/AR]. Retrieved from <https://www.reliefweb.int>.
- b. USAID (8 November 2019). Syria - Complex Emergency Fact Sheet #1, Fiscal Year (FY) 2020. Retrieved from <https://www.reliefweb.int>.
- b. UN Office for the Coordination of Humanitarian Affairs (UN OCHA) (14 November 2019). Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock: Briefing to the Security Council on the humanitarian situation in Syria, 14 November 2019. Retrieved from <https://www.reliefweb.int>.
- c. UN Department of Global Communications (12 November 2019). Daily Press Briefing by the Office of the Spokesperson for the Secretary-General, 12 November 2019 - Syria. Retrieved from <https://www.reliefweb.int>.
- d. UN Office for the Coordination of Humanitarian Affairs (UN OCHA) (14 November 2019). Humanitarian Update Syrian Arab Republic Issue 06. Retrieved from <https://www.reliefweb.int>.

METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Idleb, Aleppo, and Hama governorates. Data for this assessment was collected between 2-12 November 2019, and refers to the situation in October 2019. REACH enumerators are based inside Syria and interview, either directly or remotely (via phone) depending on security, Key Informants (KIs) 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.

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.

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](#).