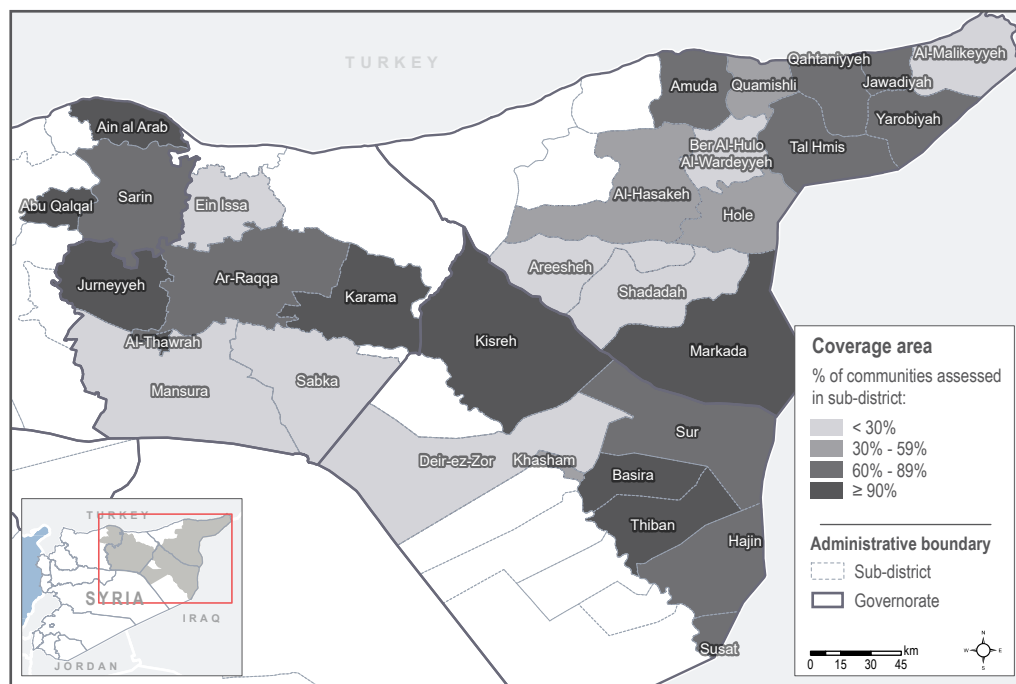


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHEAST SYRIA JULY 2020

INTRODUCTION

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

This factsheet presents information gathered in 1,172 communities across Aleppo¹ (290 communities), Al-Hasakeh (494 communities), Ar-Raqqa (279 communities), and Deir-ez-Zor (109 communities) governorates. Data was collected between 30 June-15 July 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (June/July 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

July findings highlight consistent barriers to accessing basic goods and services in northeast Syria (NES). Reported barriers for services and basic goods include difficulties in reaching health facilities and markets, and increasing disruptions of water and electricity networks. To meet their basic needs, households reportedly had to travel to nearby communities or pay for alternative services. Challenges associated with unaffordability likely led households to engage in negative coping strategies, such as borrowing and child labour.

Unaffordability of basic goods and services remained a major issue in NES. High prices were the most commonly reported barrier to accessing sufficient water, food and healthcare. To pay for essentials, households reportedly borrowed money and purchased on credit. Moreover, in around 60% of the assessed communities, children were sent to work or beg.




The high price of health services was reportedly the main barrier to accessing healthcare, followed by the lack of health facilities and the absence and/or high costs of transportation to health facilities. In fact, households in more than 70% of the assessed communities had to travel to nearby localities to access health facilities. As a possible consequence of high costs of health services and inaccessibility of health facilities, households commonly resorted to going to a pharmacy instead of a clinic (observed by KIs in 92% of the communities).

Infrastructural challenges impacted households' ability to access water and electricity from main networks. In 96% of the assessed communities, electricity was accessible less than 12 hours per day, and households in nearly 80% of communities did not receive water from the network all days of the week. To tackle distribution networks' shortfalls, households reportedly resorted to expensive alternatives, including water trucking and generators.

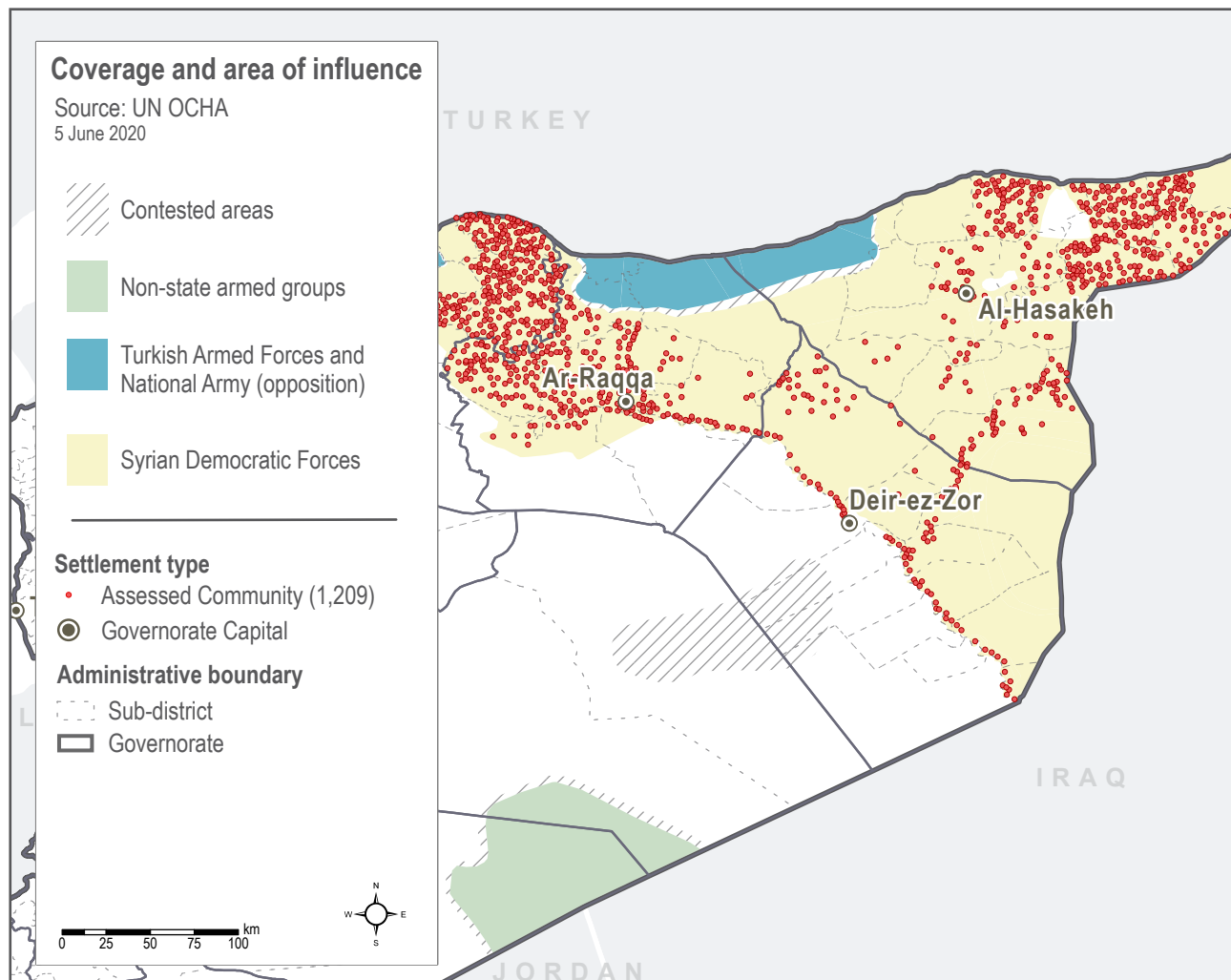
Top 3 reported overall priority needs in assessed communities:²

- 1 Health
- 2 Livelihoods
- 3 Food

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

-  **3,626 KIs**
-  **22% female KIs**
-  **12 types of KIs³**

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



Access to basic goods and services was negatively affected by economic instability and ongoing tensions. International sanctions known as the Caesar Act took effect on 17 June and possibly contributed to decreased trade flows and price increases in NES.^{a,b} The Syrian pound's depreciation disrupted grain imports and led to an increase in the purchase price of wheat,^c leading to observations of lower quality and shortages of bread.^d Additional strain was put on local wheat production as agricultural crops became targets of shelling in Al-Hasakeh and Ar-Raqqa governorates.^{e,f}

Disruptions of water sources also negatively affected agriculture, as well as electricity production and households' water consumption.^g Reductions in the rate of water flowing from the Euphrates River were common during the months of June and July.^{h,i} Moreover, frequent service disruptions at the Alouk water station resulted in water shortages in Al-Hasakeh city and Al Hol camp.^g

Local supply chains were negatively affected by COVID-19 preventive restrictions to cross-border and cross-line commercial activity. In particular, medicine shortages led to an increase in prices in both public and private facilities.^j Humanitarian supplies were allowed into NES once a week through Fishkabour-Semelka crossing^j, and the closure of al-Yarubiyah border crossing with Iraq was renewed.^k Lack of basic goods including food, water and medicines contributed to deteriorating living conditions in camps hosting refugees and internally displaced people (IDPs).^l

RESIDENT PRIORITY NEEDS

Top ranked priority needs for residents

(by % of 1,157 communities where KIs selected a first, second, and third priority need) for residents:²

	1st	2nd	3rd	Overall	
Health		32%	28%	20%	80%
Livelihoods		17%	20%	37%	74%
WASH		22%	19%	17%	58%
Food		27%	20%	10%	57%
NFIs		1%	7%	7%	16%
Education		0%	5%	4%	10%
Shelter		2%	1%	1%	4%
Protection		0%	0%	0%	1%

Top three most commonly reported Health needs for residents

(by % of 931 communities where Health was reported as a priority need):²

- 1 Treatment for chronic diseases 60%
- 2 First aid/emergency care 51%
- 3 Skilled care during childbirth 37%

Top three most commonly reported Livelihoods needs for residents

(by % of 854 communities where Livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 87%
- 2 Tools/equipment for production 49%
- 3 Access to credit for entrepreneurial investment 38%

Top three most commonly reported WASH needs for residents

(by % of 672 communities where WASH was reported as a priority need):²

- 1 Drinking water 63%
- 2 Functioning sewage system 55%
- 3 Disposable diapers 41%

IDP PRIORITY NEEDS

Top ranked priority needs for IDPs

(by % of 573 communities where KIs selected a first, second, and third priority need for IDPs):²

	1st	2nd	3rd	Overall	
Food		46%	21%	8%	75%
Livelihoods		14%	19%	41%	74%
Health		15%	32%	17%	65%
WASH		10%	15%	12%	38%
Shelter		16%	4%	9%	30%
NFIs		0%	7%	8%	15%
Education		0%	1%	3%	3%
Protection		0%	0%	1%	1%

Top three most commonly reported Food needs for IDPs

(by % of 432 communities where Food was reported as a priority need):²

- 1 Cooking oil 83%
- 2 Sugar 66%
- 3 Rice 50%

Top three most commonly reported Health needs for IDPs

(by % of 372 communities where Health was reported as a priority need):²

- 1 Treatment for chronic diseases 52%
- 2 First aid/emergency care 49%
- 3 Skilled care during childbirth 34%

Top three most commonly reported Livelihoods needs for IDPs

(by % of 424 communities where Livelihoods was reported as a priority need):²

- 1 Access to humanitarian programmes supporting livelihoods 89%
- 2 Access to credit for entrepreneurial investment 48%
- 3 Tools/equipment for production 34%

SECTORAL FINDINGS



KIs in **16%** of communities reported that **households had access to humanitarian assistance** (184 of 1,172 communities).



KIs in **68%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (394 of 571 communities).



From 9 to 10 hours per day was the most commonly reported range for hours of electricity per day (246 of 1,172 (21%) assessed communities).



KIs in **59%** of communities reported that **not all households had access to sufficient water** (695 of 1,172 communities).



KIs in **38%** of communities reported that **households were not able to access markets within their own communities** (449 of 1,172 communities).



Daily waged labour was the most commonly reported source of meeting basic needs for both residents (1,034 of 1,169 (88%) communities) and IDPs (568 of 582 (98%) communities).



KIs in **71%** of communities reported that **households were not able to access health services in their own communities** (829 of 1,172 communities).



Child labour was the most commonly reported protection risk for both resident (575 (88%) of 656 communities) and IDP children (305 (83%) of 367 communities).

Humanitarian Assistance & AAP Humanitarian assistance remained widely unavailable. Among communities where assistance was provided, households encountered challenges in accessing aid. In three quarters of the assessed communities, households reportedly did not receive information on humanitarian assistance. According to KIs, the three major information gaps for households were how to find a job, how to register for aid, and how to get financial support.

Shelter Major damages to occupied shelters were reported in 40% of the assessed communities, but high prices of repair materials and services posed an obstacle to planned repairs. High temperatures were the most commonly reported shelter inadequacy both for residents and IDPs. Overcrowding was reported in more than half of the assessed communities, but it most commonly affected a small percentage of the population in each community.

Electricity & NFI Access to electricity continued to be limited due to dysfunctional electricity networks with limited capacity and rationing by local authorities. Only 14% of the assessed communities accessed electricity for more than 12 hours per day. Further, the high price of fuel for generators and solar panels was among the most commonly reported barriers to accessing electricity. Unaffordability remained a widespread barrier to accessing essential NFIs.

WASH KIs reported that not all households had access to sufficient water in more than half of the assessed communities. While 64% of the communities were reported to be connected to a piped water network, only a third of them received water from it for 5 or more days per week. Water trucking was a common alternative source of water, but its high price represented a major barrier to accessing sufficient water.

Food Security Lack of transportation to markets was reported in nearly 90% of the reporting communities. Unaffordability constituted a major barrier to accessing sufficient food, and was reported in 78% and 80% of the communities for residents and IDPs, respectively. The most commonly reported coping strategy for a lack of food was purchasing on credit or borrowing.

Livelihoods Reliance on daily waged labour was reportedly high for both residents and IDPs, and low wages were observed in around 80% of the reporting communities. Households in 86% of the assessed communities resorted to borrowing money from families and friends to meet their essential needs. Sending children to work or beg was reported in all assessed communities in Deir-ez-Zor, and it represented a widespread coping strategy in other governorates as well.

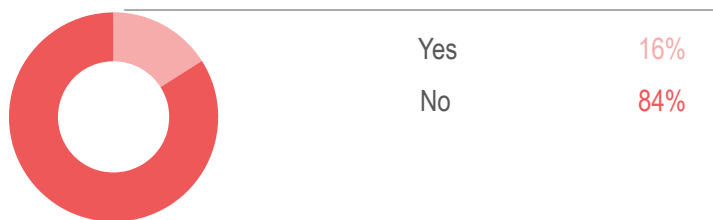
Health Lack of transportation to health facilities and high transportation costs were among the most commonly reported obstacles to accessing healthcare. The high price of health services was the main barrier to healthcare access (reported in 57% of assessed communities). Pharmacies were the most common kind of health facility available both within and outside the assessed localities. In more than 90% of the assessed communities, people reportedly went to the pharmacy to cope with a lack of other healthcare services.

Protection KIs reported that child labour was a protection risk present in more than 80% of the communities, and boys were reportedly the most affected group. Forced and early marriage, which affected girls more than any other group, was reported in 42% of communities reporting protection risks. The lack or loss of civil documentation was also a commonly reported risk, affecting mainly men in around one fifth of the assessed communities.

HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Humanitarian assistance remained widely unavailable. Households in nearly 85% of the communities were reportedly unable to access aid. Among communities where assistance was provided, households encountered challenges in accessing aid. In particular, KIs in 96% of reporting communities declared that aid was insufficient. Moreover, in Ar-Raqqa governorate, a lack of personal documentation was reported as a barrier to accessing assistance in more than half of the communities receiving aid. Food assistance was the main type of aid provided (in 85% of communities receiving aid). Distribution of agricultural supplies was also reported in 9% of communities, predominantly in Deir-ez-Zor. Cash assistance was reported by KIs in Aleppo governorate alone, while WASH and health assistance was more commonly observed in Al-Hasakeh governorate. In three quarters of the assessed communities, households reportedly did not receive information on humanitarian assistance. According to KIs, the three major information gaps for households were how to find a job, how to register for aid, and how to get financial support.

Were any households in the community able to access humanitarian assistance? (by % of all 1,172 assessed communities):

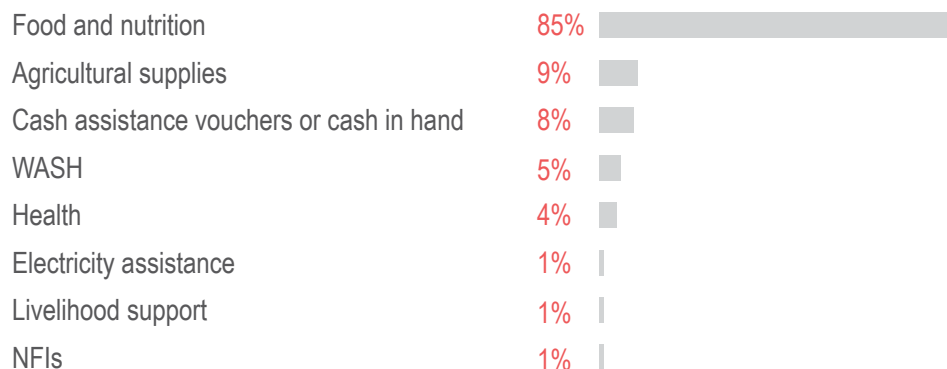


Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 177 communities where access was reported, and by % of 988 communities where no access was reported):⁴

Communities reporting access to humanitarian assistance	Communities reporting no access to humanitarian assistance
Assistance provided was insufficient 96% ①	No humanitarian assistance was available 81%
Poor targeting of beneficiaries who receive assistance 27% ②	Not aware of what assistance was available or eligibility criteria 7%
Perceived discrimination in the provision of assistance 27% ③	Not aware of the procedures to follow to receive assistance 7%

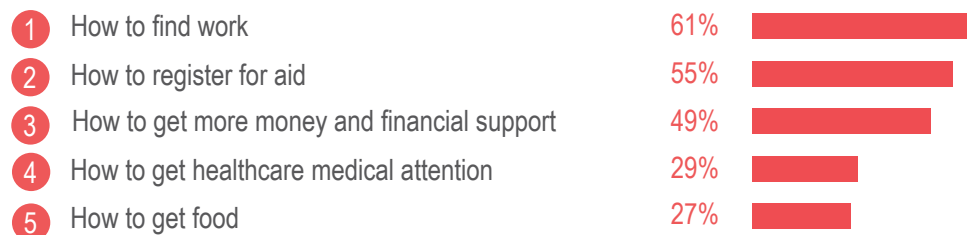
50% In 91/181 (50%) of the assessed communities able to access assistance, KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms.**⁹

Most commonly reported types of humanitarian assistance households had access to (by % of 184 communities where access to humanitarian assistance was reported):⁴

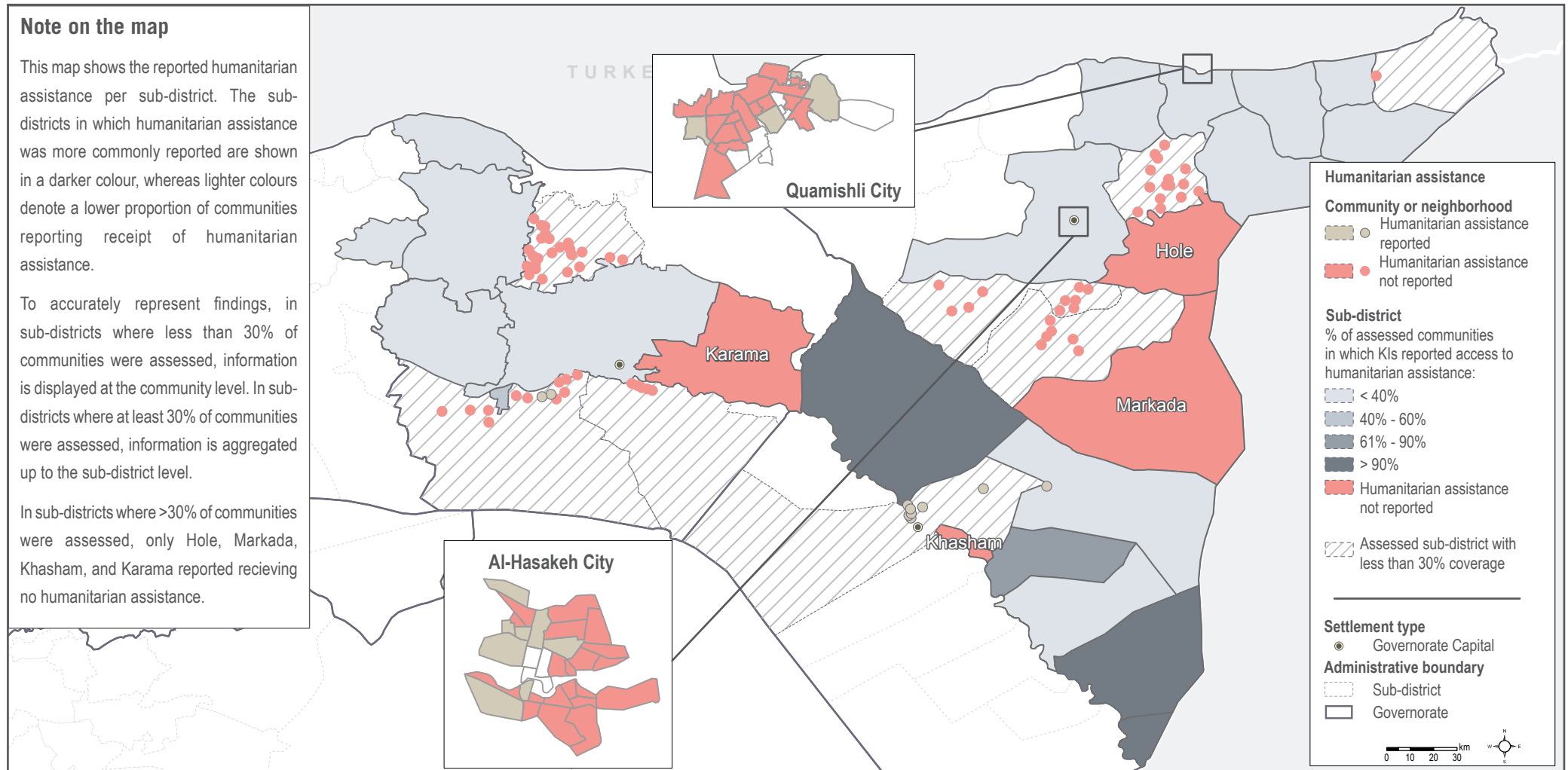


74% In 74% of the assessed communities (864/1,170), KIs reported that people **did not receive information about humanitarian assistance and the humanitarian situation.**⁹

Most commonly reported information gaps for households with regard to humanitarian assistance (by % of all 1,172 communities where missing information was reported):⁵



REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

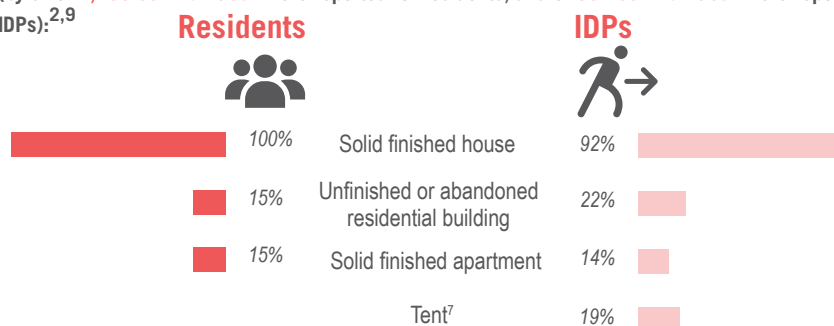


SHELTER

Common major damages to occupied shelters (reported in 40% of the assessed communities) and multiple inadequacies indicated by KIs suggest that shelter conditions remained fragile. Shelter damages affected most of the assessed communities, but high prices of repair materials and services were obstacles to planned repairs. High temperatures were the most commonly reported shelter inadequacy both for residents and IDPs. Excessive heat inside shelters particularly affected people in Aleppo governorate, where KIs observed this issue in around 90% of the reporting communities. Lack of toilets was also a commonly reported shelter inadequacy, and in Deir-ez-Zor it was observed in over half of the assessed communities for both the resident and displaced populations. Overcrowding was mentioned by KIs in more than half of the assessed communities, but it was reported to affect less than 20% of the population in over 80% of the reporting communities.

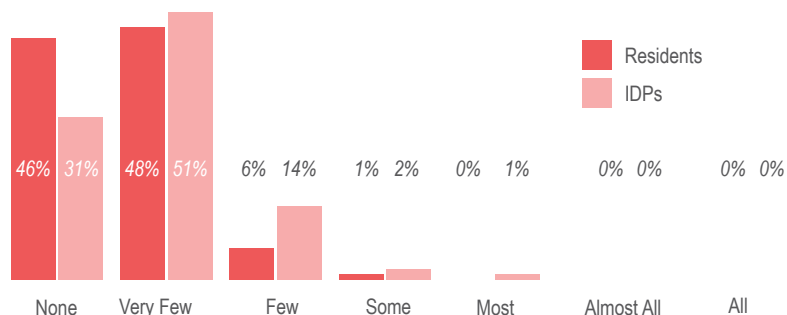
Most commonly reported shelter types used by residents and IDPs

(by % of 1,169 communities where reported for residents, and of 582 communities where reported for IDPs):^{2,9}



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

(by % of 1,169 communities where reported for residents, and by % of 571 communities where reported for IDPs):⁹



*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%).

25,200 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 226 communities).

Most commonly reported shelter inadequacy issues (by % of 922 communities where issues were reported for residents, and of 531 communities where issues were reported for IDPs):^{4,9}

Issue	Residents (%)	IDPs (%)
High temperatures inside shelters	72%	70%
Lack of lighting around shelter	68%	63%
Lack of privacy inside shelter	34%	44%
Lack of space or overcrowding	32%	36%
Lack of toilets	20%	36%
Unable to lock home securely	19%	32%

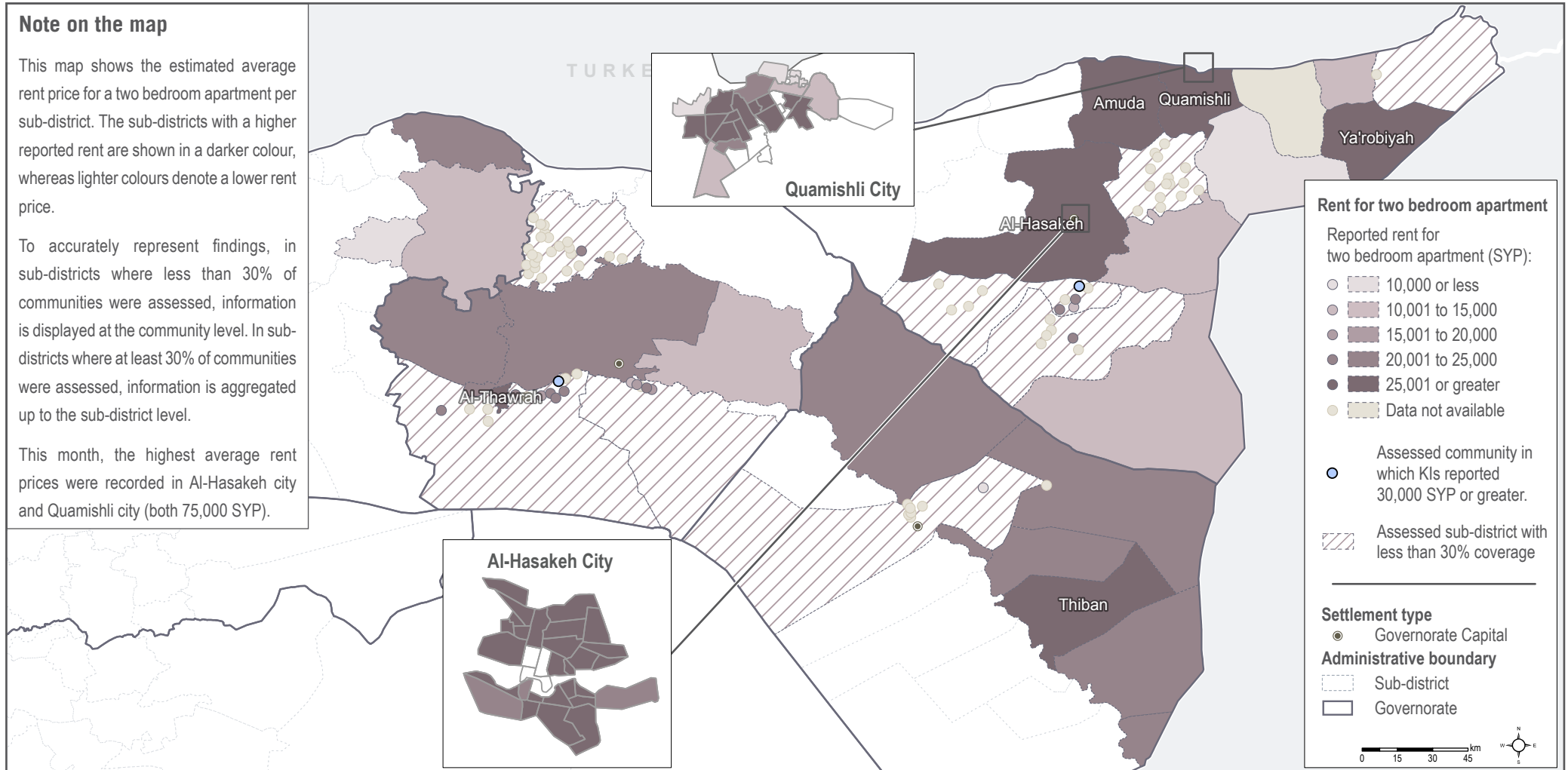
16% In 16% of the assessed communities reporting on damage (173/1,084), KIs reported the presence of **occupied shelters with severe damage⁸ in their communities.⁹**

40% In 40% of the assessed communities reporting on damage (444/1,084), KIs reported the presence of **occupied shelters with major damage⁸ in their communities.⁹**

Most commonly reported barriers to households wishing to repair their shelters (by % of 923 communities where barriers were reported):^{4,9}

- Shelter and repair materials are too expensive **99%**
- Repairs require professionals but cannot afford their service **75%**
- Repairs require professionals but they are not available **7%**

AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT

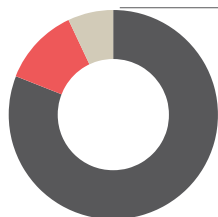


ELECTRICITY & NFIs

Access to electricity was reportedly irregular regardless of the main source, and high prices negatively affected households' access to electricity and essential NFIs. In Aleppo and Ar-Raqqa governorates, nearly all communities were reported to use the main network as the main source of electricity. In Deir-ez-Zor, instead, this was the case for less than half of the assessed communities, while the remaining mainly relied on community generators. Access to electricity continued to be limited due to dysfunctional electricity networks with limited capacity and rationing by local authorities. In fact, only 14% of the assessed communities accessed electricity for more than 12 hours per day; households in 25% of communities in Al-Hasakeh governorate were reportedly unable to access electricity for more than 4 hours per day. Further, the high price of fuel for generators and solar panels were among the most commonly reported barriers to accessing electricity, and batteries and sources of light were reportedly unaffordable in 87% of the reporting communities. Unaffordability also remained a widespread barrier to accessing other essential NFIs.

Most commonly reported main source of electricity

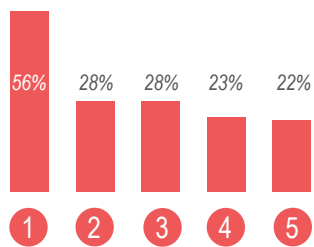
(by % of 1,172 communities where main source reported):



Main network **81%**
 Community generators **12%**
 Private generators **7%**

Most commonly reported barriers to accessing electricity

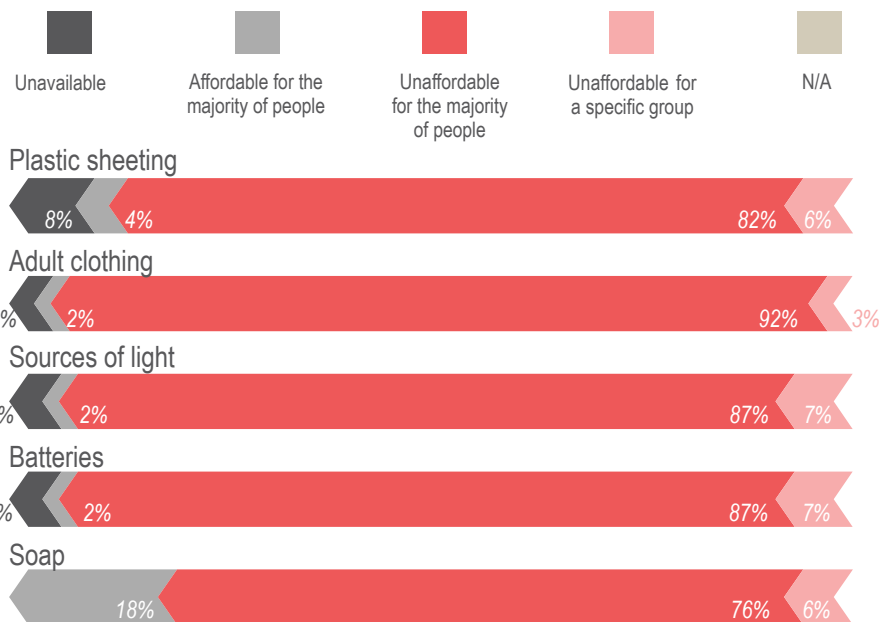
(by % of 927 communities where barriers reported):⁴



- 1 Main network partially or completely not functioning
- 2 Solar panels too expensive
- 3 Fuel for generators too expensive
- 4 Main network cannot work efficiently due to population density
- 5 Electricity rationing implemented by local authorities

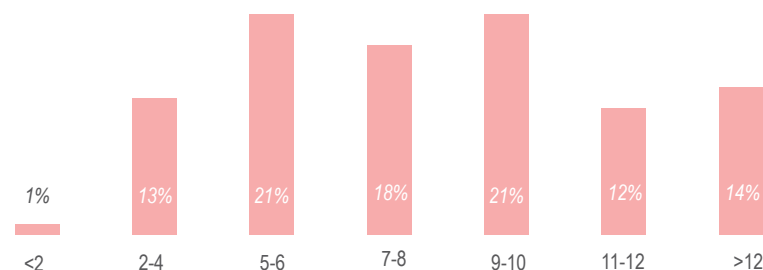
Reported household item availability and affordability

(by % of all 1,172 communities):⁴

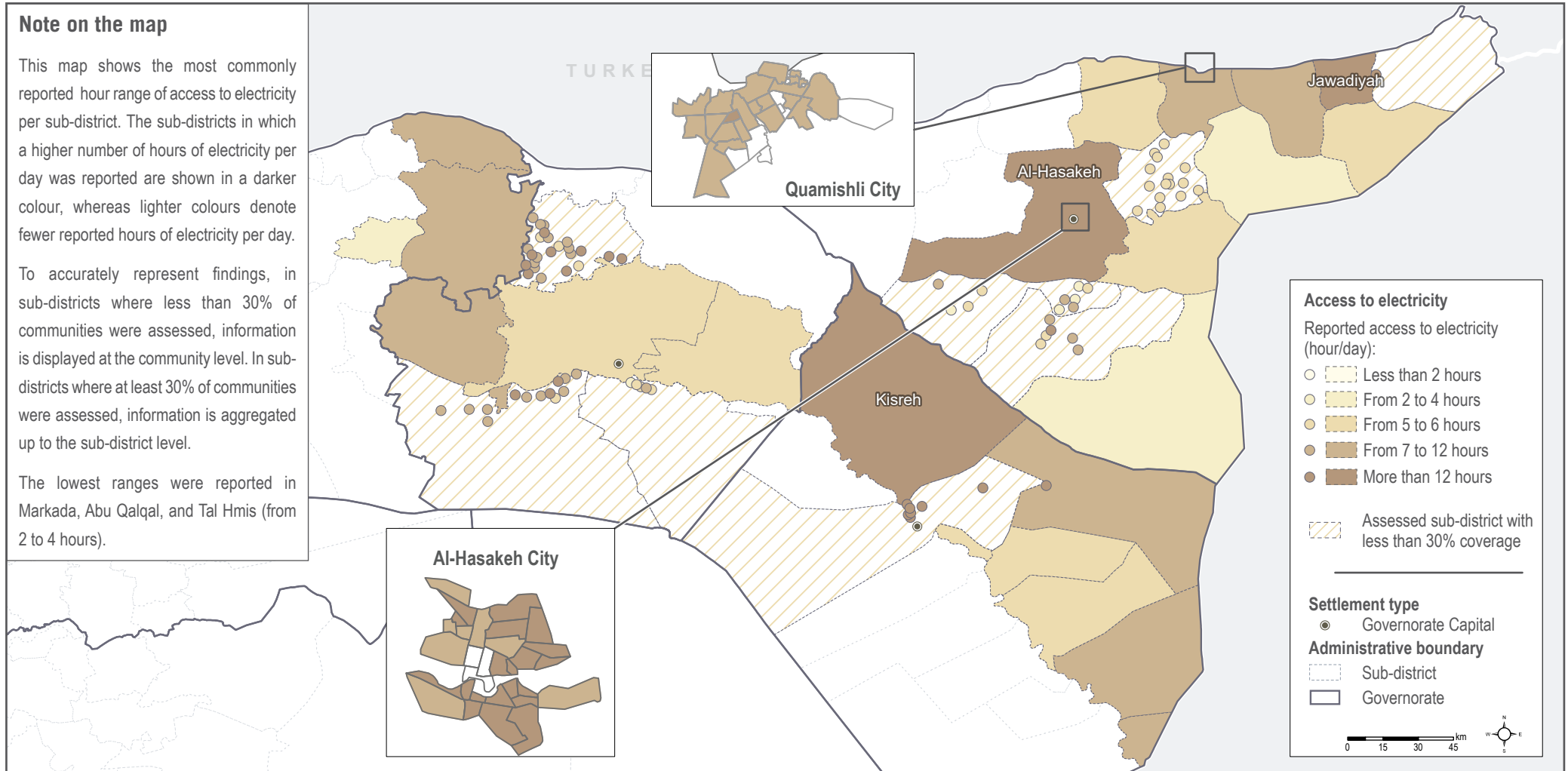


Most commonly reported average number of hours of electricity available per day

(by % of all 1,172 communities):⁴



AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



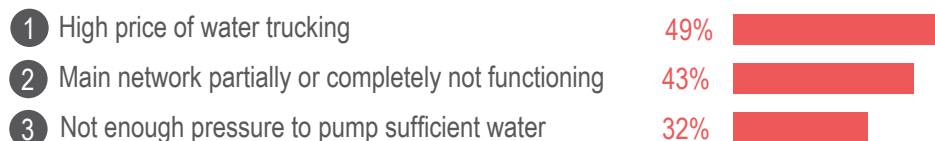
WATER, SANITATION AND HYGIENE (WASH)

According to KIs, limited access to water was a significant problem in communities across the region. KIs reported that not all households had access to sufficient water in more than half of the assessed communities. In particular, in Al-Hasakeh governorate, households reportedly had access to sufficient water in 30% of the communities. While 64% of the assessed communities in NES were reportedly connected to a piped water network, only a third of them received water from the network for 5 or more days per week. Water trucking was a common source of drinking water, but its high price represented a major barrier to accessing sufficient water. Issues with water quality were also observed. In particular, in Deir-ez-Zor, water trucking was the most commonly reported source of drinking water, and KIs in 58% of the communities reported problems with drinking water, including bad taste and bad colour. Moreover, households in 60% of the assessed communities in Deir-ez-Zor reportedly reduced drinking water consumption to deal with a lack of water.

59% In 59% of the assessed communities (695/1,172), KIs reported that **not all households had access to sufficient water**.

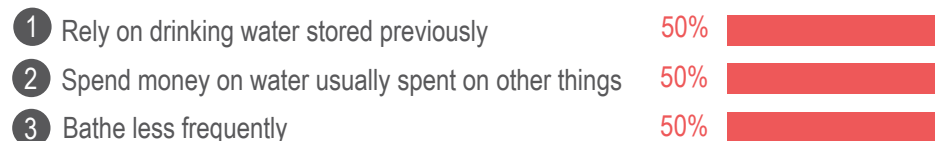
Most commonly reported barriers to accessing sufficient water

(by % of 695 communities where barriers reported):⁴



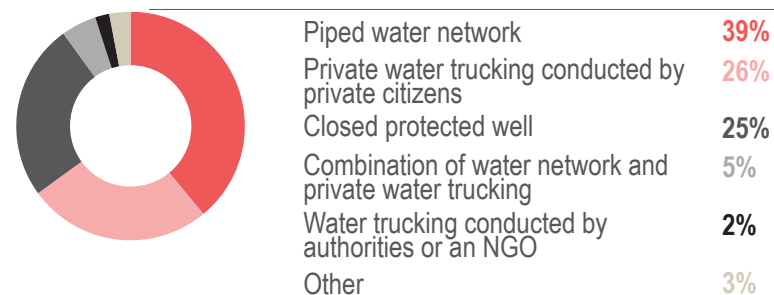
Most commonly reported coping strategies for a lack of water

(by % of 694 communities where coping strategies reported):⁴



Most commonly reported main source of drinking water

(by % of all 1,172 assessed communities):



36% In 36% of the assessed communities (427/1,171), KIs reported that **communities were not connected to a main water network**.

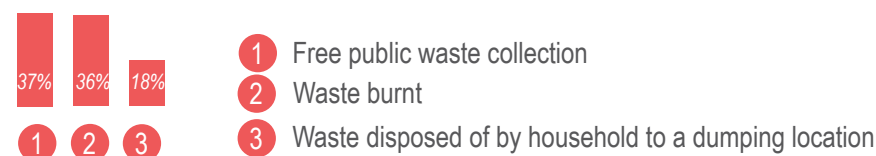
Days per week water from the network was reportedly available

(by % of 744 communities connected to a water network):



Most commonly reported ways people disposed of solid waste

(by % of 1,172 communities where top disposal method reported):

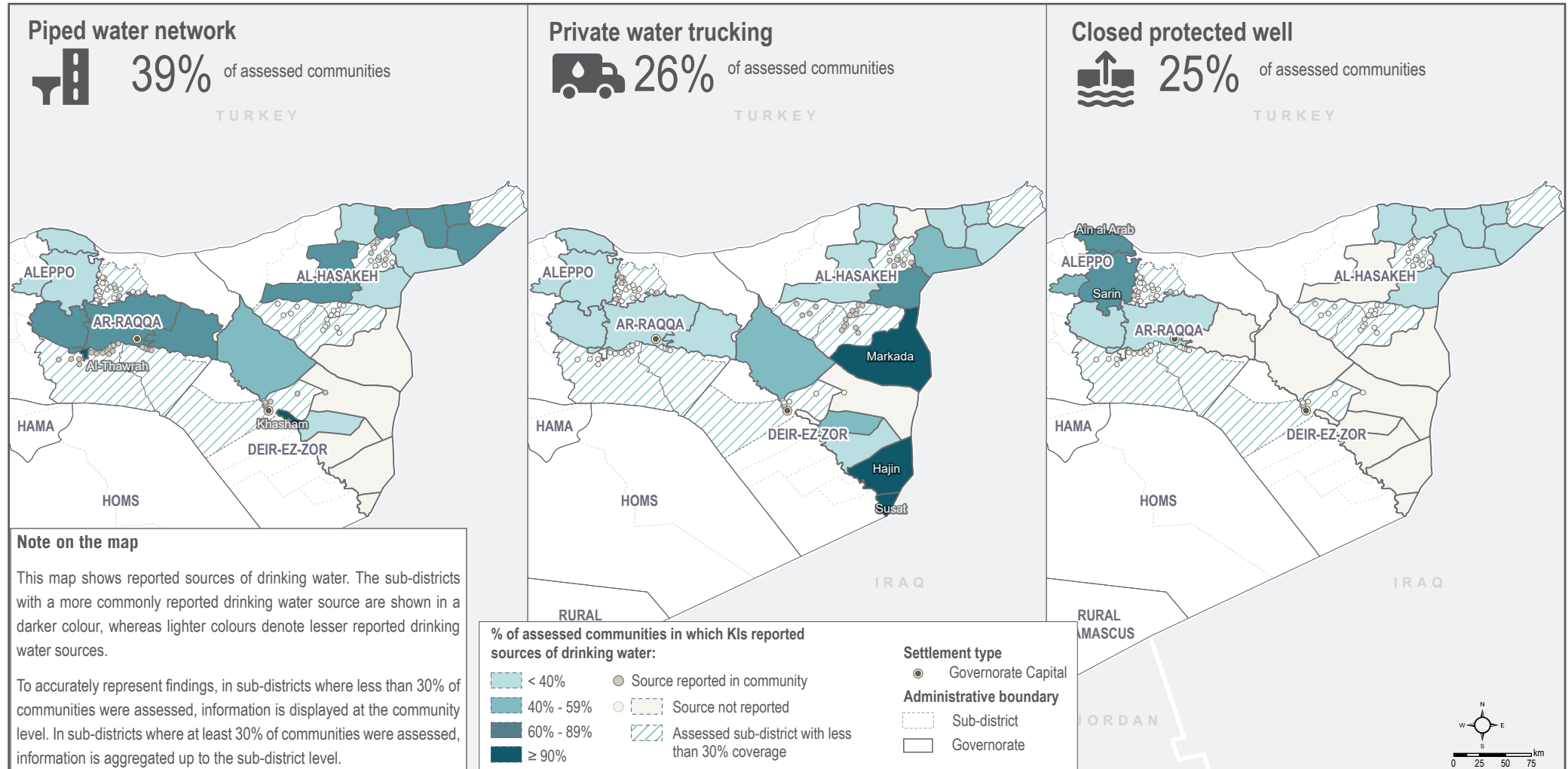


Most commonly reported sanitation issues

(by % of 1,122 communities where sanitation issues reported):^{4,9}



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

Difficulties in accessing markets and securing sufficient food quantities were widespread. Lack of transportation to markets was a major issue (reported in nearly 90% of the reporting communities). In fact, people did not have access to markets within their location in nearly 40% of all assessed localities. Resident and IDP households reportedly experienced similar barriers when accessing markets and when trying to secure sufficient food quantities. Unaffordability was a major barrier to accessing sufficient food (reported in 78% and 80% of the communities for residents and IDPs, respectively). As a result, the most commonly reported coping strategy for a lack of food was purchasing on credit or borrowing (reported in 86% of the reporting communities).

38% In 38% of assessed communities (449/1,172), KIs reported households were unable to access markets in the assessed location.






Most commonly reported barriers to physically accessing food markets

(by % of 1,012 communities where barriers reported for residents, and of 484 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Lack of transportation to markets	88% ①		87% Lack of transportation to markets
Distance to markets too far	60% ②		56% Distance to markets too far
Lack of access for persons with restricted mobility	24% ③		31% Lack of access for persons with restricted mobility

Most commonly reported sources of food for households

(by % of 1,172 communities where food sources reported):²

①	Purchasing from stores or markets in other communities	90%	
②	Purchasing from stores/markets in this community	58%	
③	Own production or farming	54%	
④	Borrowing	41%	
⑤	Gifts from friends and family	11%	

Most commonly reported barriers to accessing sufficient food

(by % of 1,147 communities where barriers reported for residents, and by % of 566 communities where barriers reported for IDPs):⁴

	Residents		IDPs
Markets exist but households cannot afford essential food items	78% ①		80% Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	26% ②		28% Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	21% ③		26% Markets exist but have insufficient quantities of food






Most commonly reported barriers to feeding babies and young children

(by % of 1,132 communities where challenges reported for babies under 6 months, and of 1,144 communities where challenges reported for children of 6 months - 2 years):^{4,10}

	Under 6 months		6 months - 2 years
No support for non-breastfed babies	81% ①		93% High price of suitable foods formula
Breastfeeding difficulties	59% ②		60% Not enough variety (diversity)
Poor hygiene for feeding non-breastfed babies	12% ③		23% Not good enough food (quality)

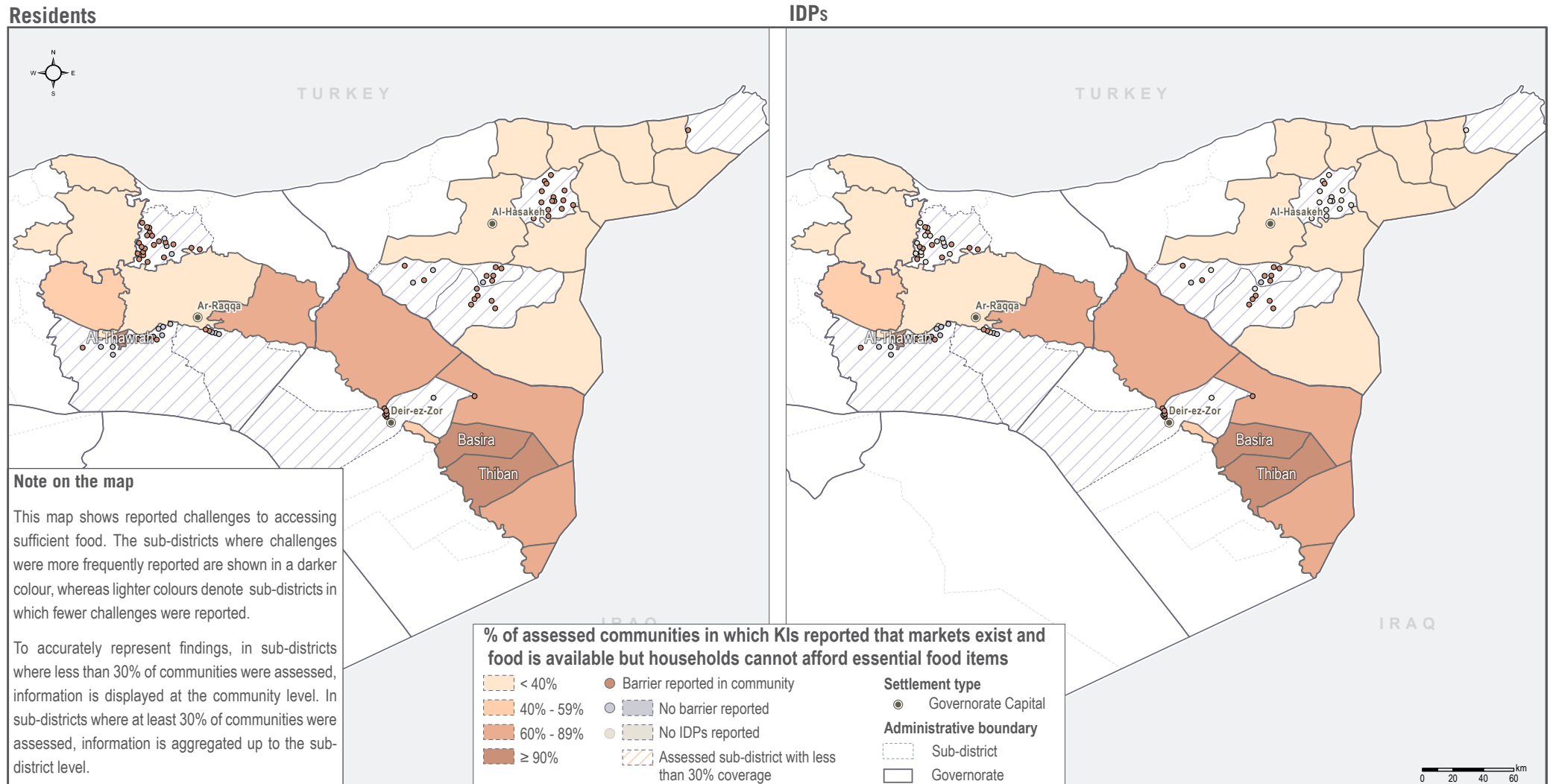
Most commonly reported coping strategies for a lack of food

(by % of 1,134 communities where coping strategies reported):⁴

①	Purchasing food on credit or borrowing money to buy food	86%	
②	Buying food with money usually used for other things	63%	
③	Reducing meal size	29%	
④	Selling non-productive assets	19%	
⑤	Selling productive assets	15%	

NORTHEAST SYRIA JULY 2020

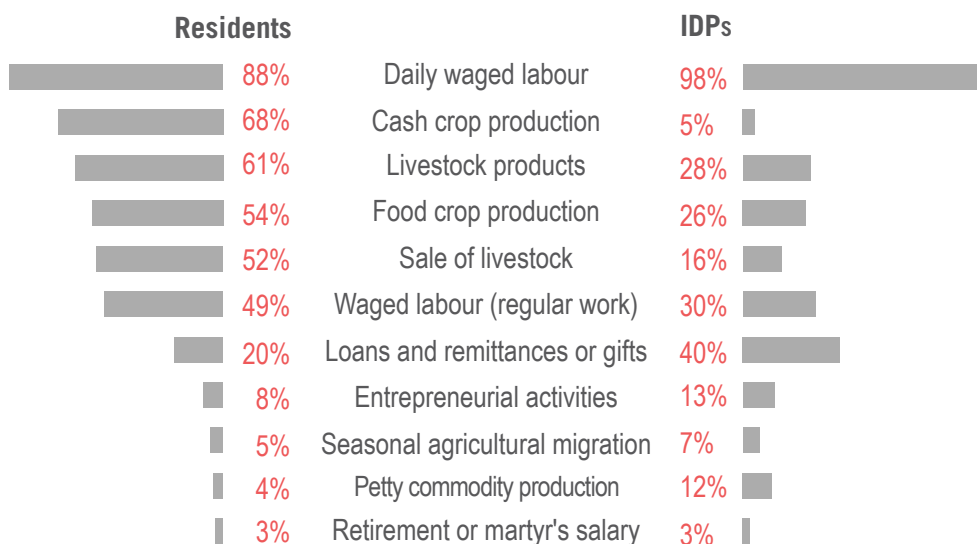
REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



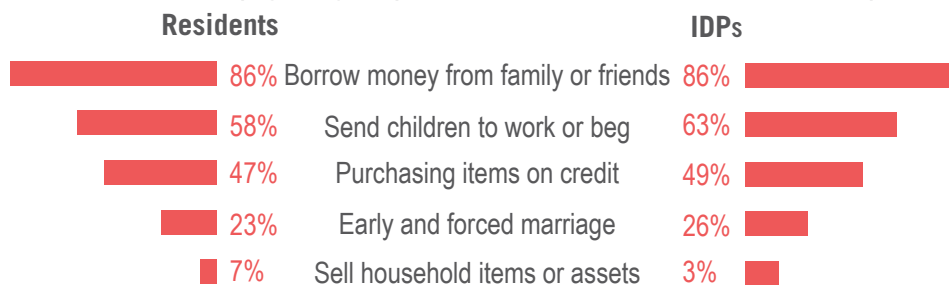
LIVELIHOODS

Reliance on daily waged labour reportedly remained high for both residents and IDPs across all governorates in NES. In a context of price inflation and then stabilization, as found through REACH June Market Monitoring and July Market Monitoring, purchasing basic goods and services remained challenging. As a consequence, households in 86% of the assessed communities resorted to borrowing money from families and friends to meet their basic needs. In Deir-ez-Zor, borrowing and purchasing on credit were less common than in other governorates, while the prevalence of other negative coping strategies was higher. In particular, sending children to work or beg was reported in all assessed communities in Deir-ez-Zor, and early and forced marriages were mentioned in more than 80% of the reporting communities.

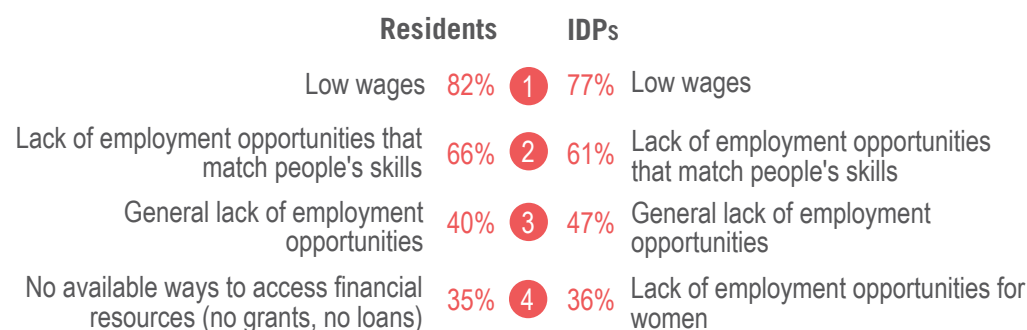
Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 1,169 communities where reported for residents and of 582 communities where reported for IDPs).⁵



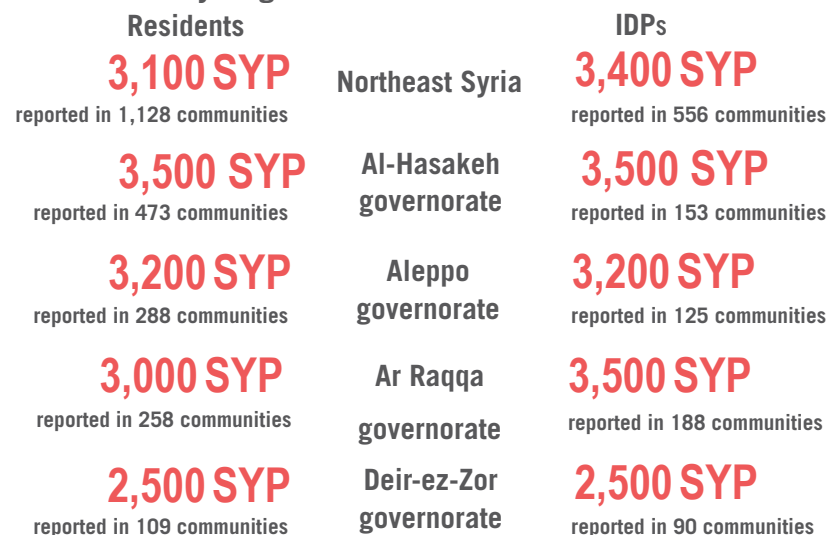
Most commonly reported coping strategies to meet basic needs (by % of 1,131 communities where coping strategies reported for residents and of 582 communities where reported for IDPs).⁴



Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 1,167 communities where barriers reported for residents, and of 582 communities where barriers reported for IDPs).⁴

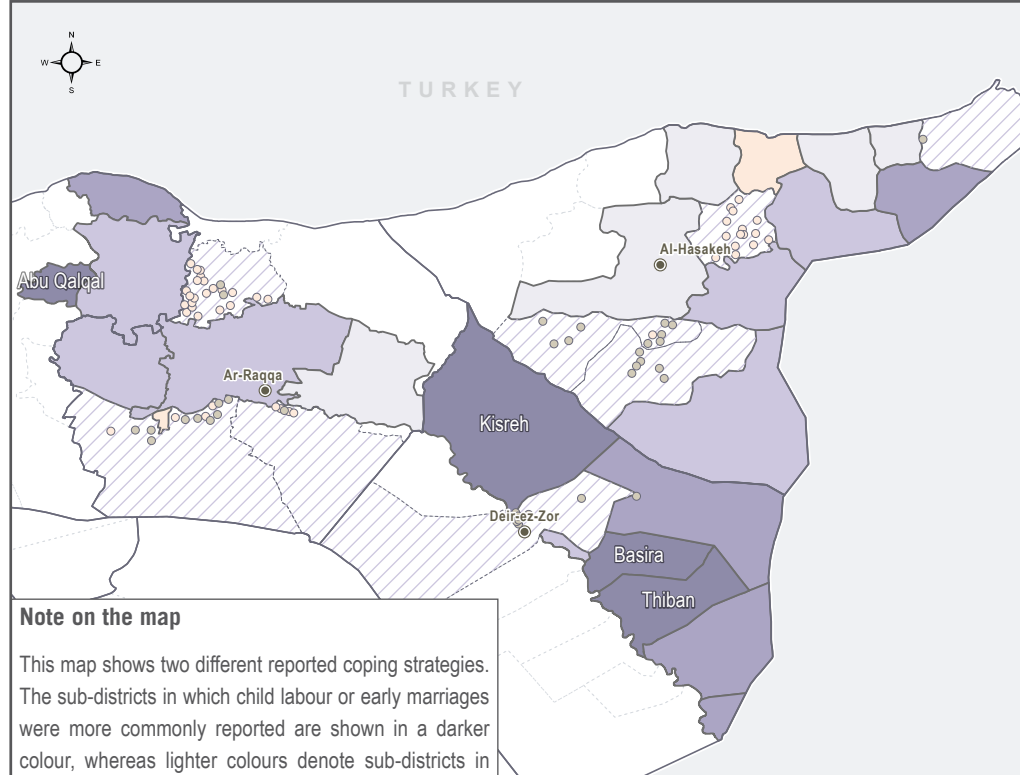


Estimated median daily wage for unskilled labour ^{4,6,9}

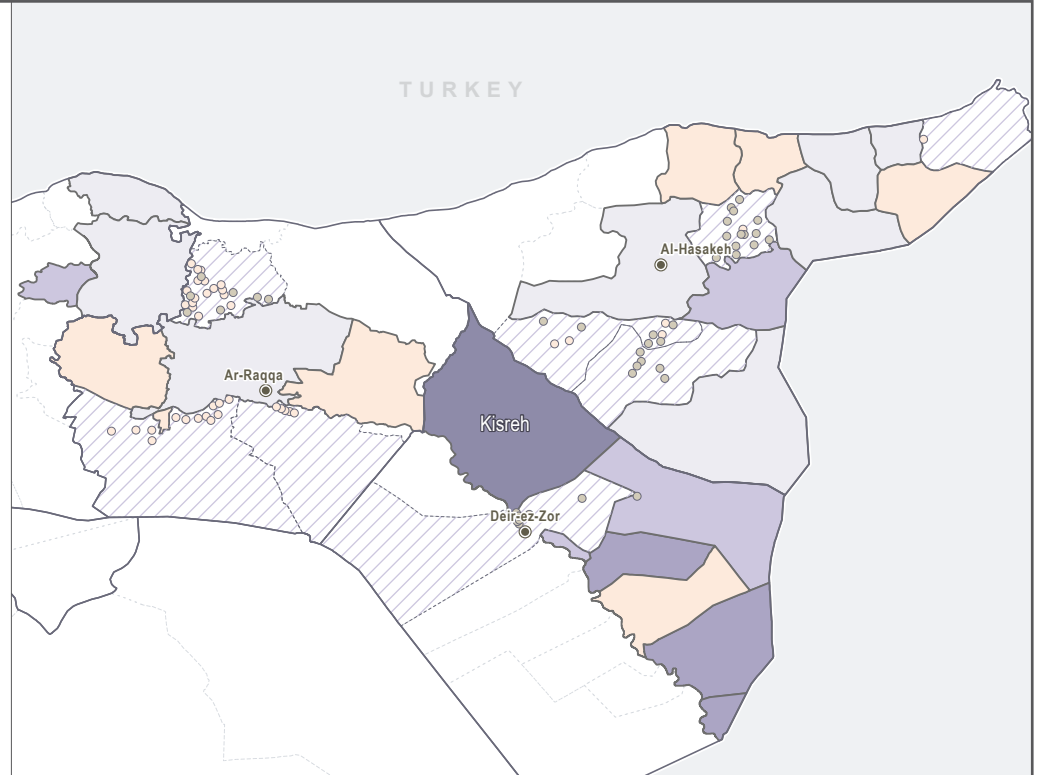


REPORTED LIVELIHOODS COPING STRATEGIES

Children sent to work or beg



Early or forced marriage



Note on the map

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

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

% of assessed communities in which KIs reported livelihoods coping strategy

- < 40%
- 40% - 59%
- 60% - 89%
- ≥ 90%
- Coping strategy reported in community
- Coping strategy not reported
- Assessed sub-district with less than 30% coverage

Settlement type

- Governorate Capital

Administrative boundary

- Sub-district
- Governorate

0 20 40 60 km

HEALTH

Access to healthcare was negatively affected by transportation challenges in reaching health facilities and unaffordability of health services. Access to local health services was limited (reported in 29% of all assessed communities), while KIs reported that households in almost all assessed communities could access health services in nearby locations. However, lack of transportation to health facilities and high transportation costs were among the most commonly reported obstacles to accessing healthcare. The high price of health services was the main barrier to healthcare access (reported in 57% of assessed communities), and might be linked to the fact that private clinics and private hospitals outnumbered public hospitals. In all governorates, pharmacies were the most common type of health facility available both within and outside the assessed localities. In 92% of the assessed communities, people reportedly went to the pharmacy to cope with a lack of other healthcare services.



67%

In 67% of assessed communities (786/1,172), KIs reported that households were able to access private clinics and/or private hospitals in their own and/or nearby communities.



27%

In 27% of assessed communities (314/1,172), KIs reported that households were able to access public hospitals in their own and/or nearby communities.

Most commonly reported health facilities available in assessed and other/nearby communities (by % of 343 communities reporting access inside community, and of 1,122 communities reporting access in other/nearby communities):⁴

In assessed communities		In other/nearby communities
Pharmacies	90% ①	94% Pharmacies
Primary care facilities	31% ②	85% Private clinics
Private clinics	28% ③	68% Primary care facilities
Informal emergency care points	12% ④	46% Private hospitals
Private hospitals	6% ⑤	45% Public hospitals
Public hospitals	5% ⑥	15% Informal emergency care points

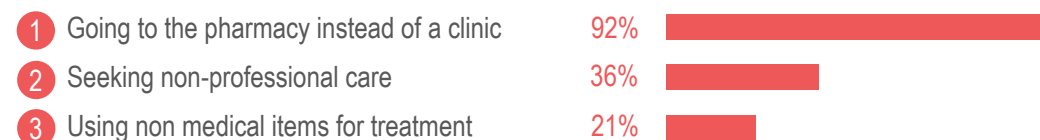
Most commonly perceived barriers to healthcare access

(by % of 1,172 communities where barriers reported):⁴



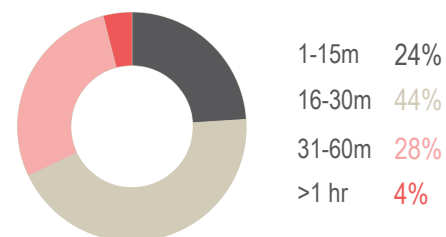
Most commonly reported coping strategies for a lack of healthcare services

(by % of 1,167 communities where coping strategies reported):⁴



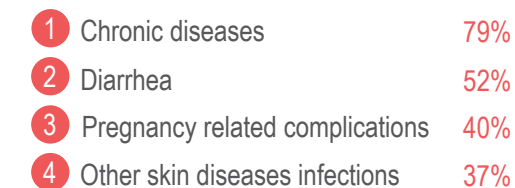
Reported time taken for households to travel to the most commonly used health facility

(by % of 1,169 communities where travel time reported):

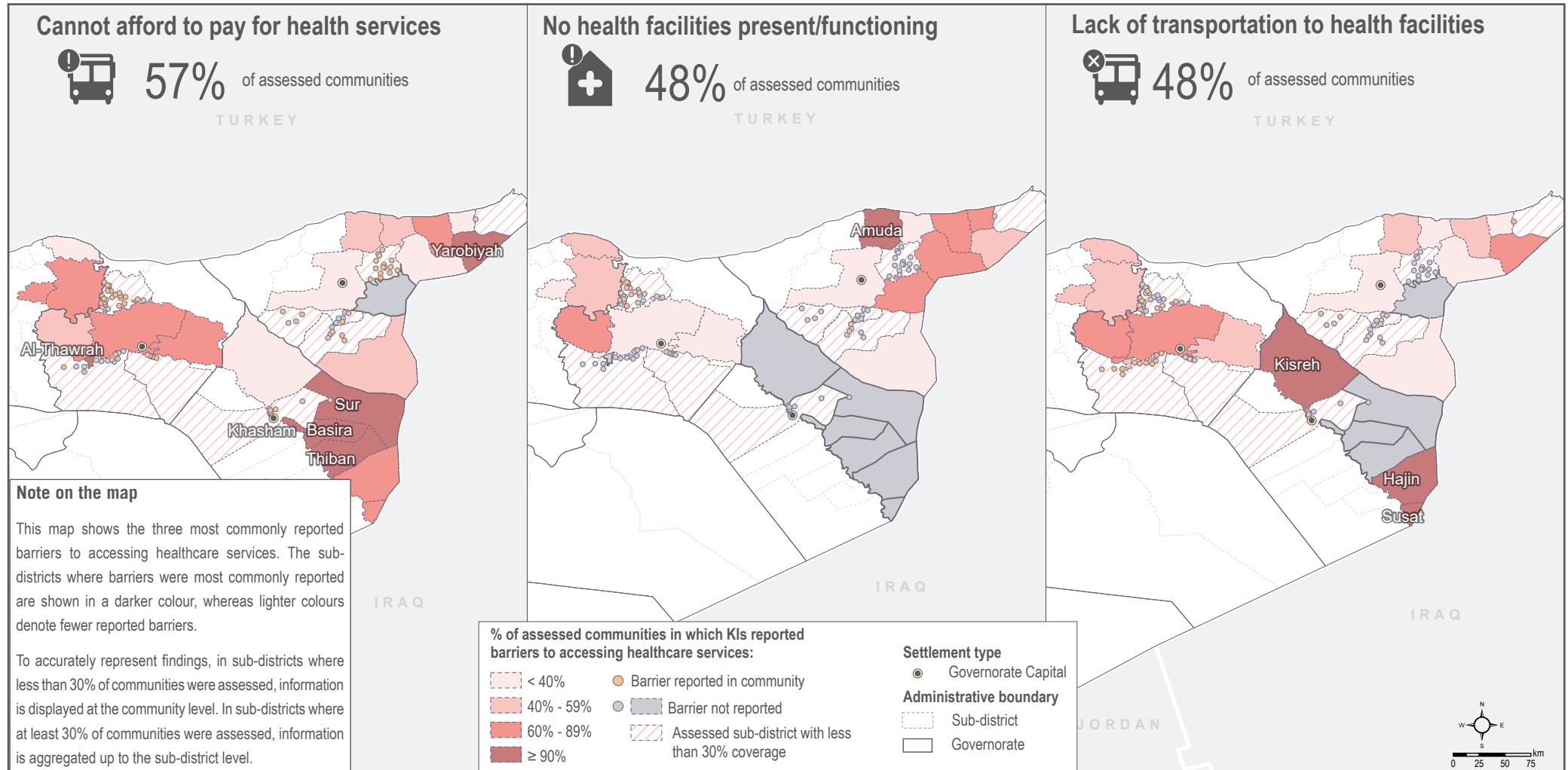


Most commonly reported health problems

(by % of 318 communities where knowledge of health problems reported):^{4,9}



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS

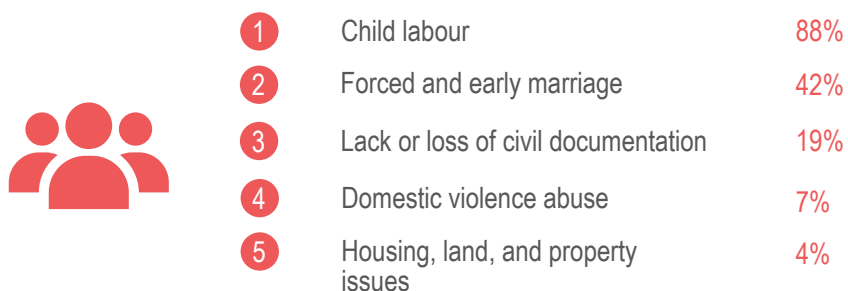


PROTECTION

Protection risks directly affecting children were commonly reported both among resident and IDP populations. KIs reported that child labour was a protection risk present in more than 80% of the communities, and boys were reportedly the most affected group. Forced and early marriage, which affected girls more than any other group, was reported in 42% of communities reporting protection risks. The prevalence of these two protection risks was higher in Deir-ez-Zor governorate, where KIs in all assessed communities had indicated sending children to work or beg as a coping strategy for lack of income. The lack or loss of civil documentation was also a common risk (reported by KIs in around 20% of the communities) that mainly affected men. The issue mostly concerned residents and IDPs in Ar-Raqqa and Al-Hasakeh governorates.

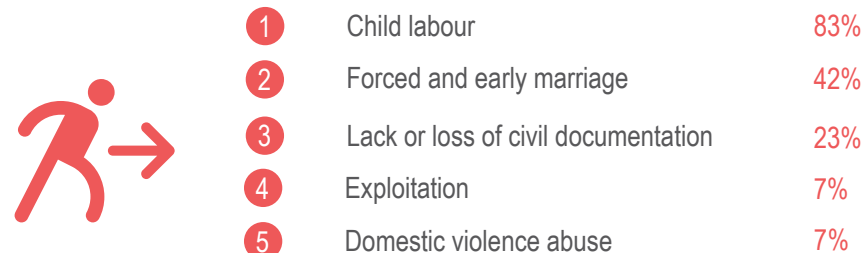
Most commonly reported protection risks faced by residents

(by % of 656 communities where risks reported):⁴



Most commonly reported protection risks faced by IDPs

(by % of 367 communities where risks reported):⁴



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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 575 communities where reported):	Boys under 18	92%
2	Forced and early marriage (by % of 273 communities where reported):	Girls under 18	86%
3	Lack/loss of civil documentation (by % of 125 communities where reported):	Men	72%
4	Domestic violence abuse (by % of 46 communities where reported):	All groups	50%
5	Housing, land, and property issues (by % of 27 communities where reported):	Men	74%

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

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 305 communities where reported):	Boys under 18	91%
2	Forced and early marriage (by % of 153 communities where reported):	Girls under 18	83%
3	Lack/loss of civil documentation (by % of 86 communities where reported):	Men	63%
4	Exploitation (by % of 27 communities where reported):	Girls under 18	56%
5	Domestic violence abuse (by % of 24 communities where reported):	All groups	75%

ENDNOTES

1. The eastern part of Aleppo where humanitarian response and coordination are conducted from the northeast rather than the northwest.
2. KIs could select three answers, thus findings might exceed 100%.
3. Types of KIs that were interviewed for this round of data collection: civil society group, local charity, local council, civil employee, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse) and 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 July 2020](#), 1 USD = 2,340 SYP, so 25,200 SYP = 10.77 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. 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).
9. KIs were asked about the situation currently, instead of the last 30 days.
10. KIs were asked about the situation in the last two months, instead of the last 30 days.

ENDNOTES - CONTEXT

- a. Middle East Eye. (17 June 2020). US sanctions against Syria come into effect as currency devalued. Retrieved from <https://www.middleeasteye.net>
- b. Al-Monitor. (9 June 2020). Sanctions on Syrian government also threaten Washington's Kurdish allies. Retrieved from <https://www.al-monitor.com/>
- c. Al Jazeera. (10 July 2020). Syria faces severe bread shortages as US sanctions worsen economy. Retrieved from <https://www.aljazeera.com>
- d. The Syrian Observatory for Human Rights. (8 July 2020). Bread crisis | Quality drops and bakeries stop producing bread in north-eastern Syria due to shortage of raw materials and high production costs. Retrieved from <https://www.syriahr.com>
- e. The Syrian Observatory for Human Rights. (2 June 2020). Wheat, barley crops targeted by rebels' arson in NE Syria: report. Retrieved from <https://www.syriahr.com>
- f. The Syrian Observatory for Human Rights. (8 June 2020). Mortar attacks | Turkish shelling sets agricultural crops on fire in rural Tal Abyad. Retrieved from <https://www.syriahr.com>
- g. USAID. (12 August 2020). Syria - Complex Emergency Fact Sheet #10, Fiscal Year (FY) 2020. Retrieved from <https://reliefweb.int>
- h. The Syrian Observatory for Human Rights. (6 July 2020). Euphrates river | Low water level threatens Syria's food production and service projects on the river. Retrieved from <https://www.syriahr.com>
- i. Syria Direct. (11 August 2020). Turkish dams threaten northeast Syria with ecological and economic blight. Retrieved from <https://syriadirect.org>
- j. OCHA. (14 July 2020). Syrian Arab Republic: Preparedness and Response to COVID-19 Monitoring Report no.1. Retrieved from <https://reliefweb.int>
- k. Al Jazeera. (12 July 2020). UN renews Syria aid via Turkey but one of two access points shut. Retrieved from <https://www.aljazeera.com>
- l. Middle East Eye. (10 July 2020). Syria refugee camps in northeast suffer 700 deaths, UN says. Retrieved from <https://www.middleeasteye.net>

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 30 June-15 July, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (June/July 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. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter [@REACH_info](https://twitter.com/REACH_info).

A NOTE ON GENDER, AGE, AND DIVERSITY SENSITIVITY

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