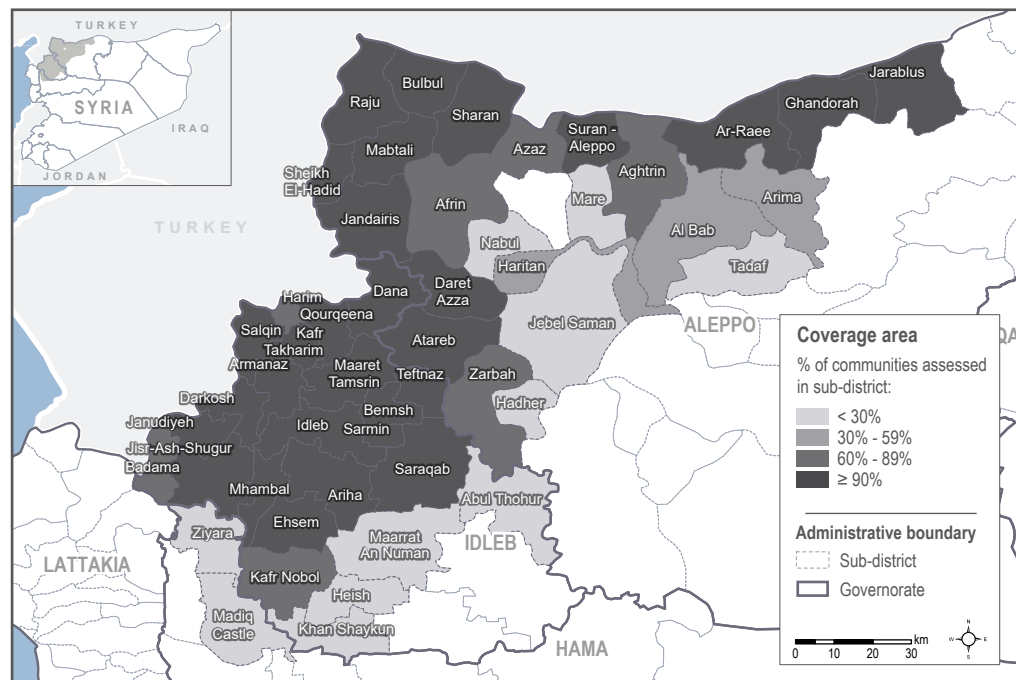


HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHWEST SYRIA DECEMBER 2019

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 990 communities across Idlib (395 communities), western Aleppo¹ (92 communities), northern Aleppo (498 communities) and northern Hama (5 communities) governorates. Data was collected during the first 10 days of January 2020, and refers to the situation in Northwest Syria (NWS) in December 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




According to KIs in the 990 assessed communities, the top two most commonly reported priority needs for residents and internally displaced persons (IDPs) were winterisation items and livelihoods, respectively. Both residents and IDPs reported the need for heating fuel, winter clothes, and floor mats when asked about specific winterisation needs. Health was the third most commonly reported priority need for residents, while for IDPs it was food.

A number of protection risks were reported across sectors in December. As is usually the case, protection risks reported this month impacted the level and type of need across sectors, particularly for children. Child labour was the most commonly reported protection risk for both residents and IDPs, while sending children to work or beg was reported as a coping strategy for households to meet basic needs as well as a barrier to accessing quality education for both residents and IDPs. Similarly, KIs reported a lack or loss of civil documentation as a protection risk for residents and IDPs, something that was also highlighted as a barrier for resident and IDP children to access education. Early and forced marriage was reported as a protection risk by KIs as well as a common strategy to cope with meeting basic needs. Threat from explosive hazards was another protection risk reported for both IDPs and residents. The fear of finding unexploded ordnances (UXOs) in their homes was reportedly a common barrier to households trying to repair their shelters.

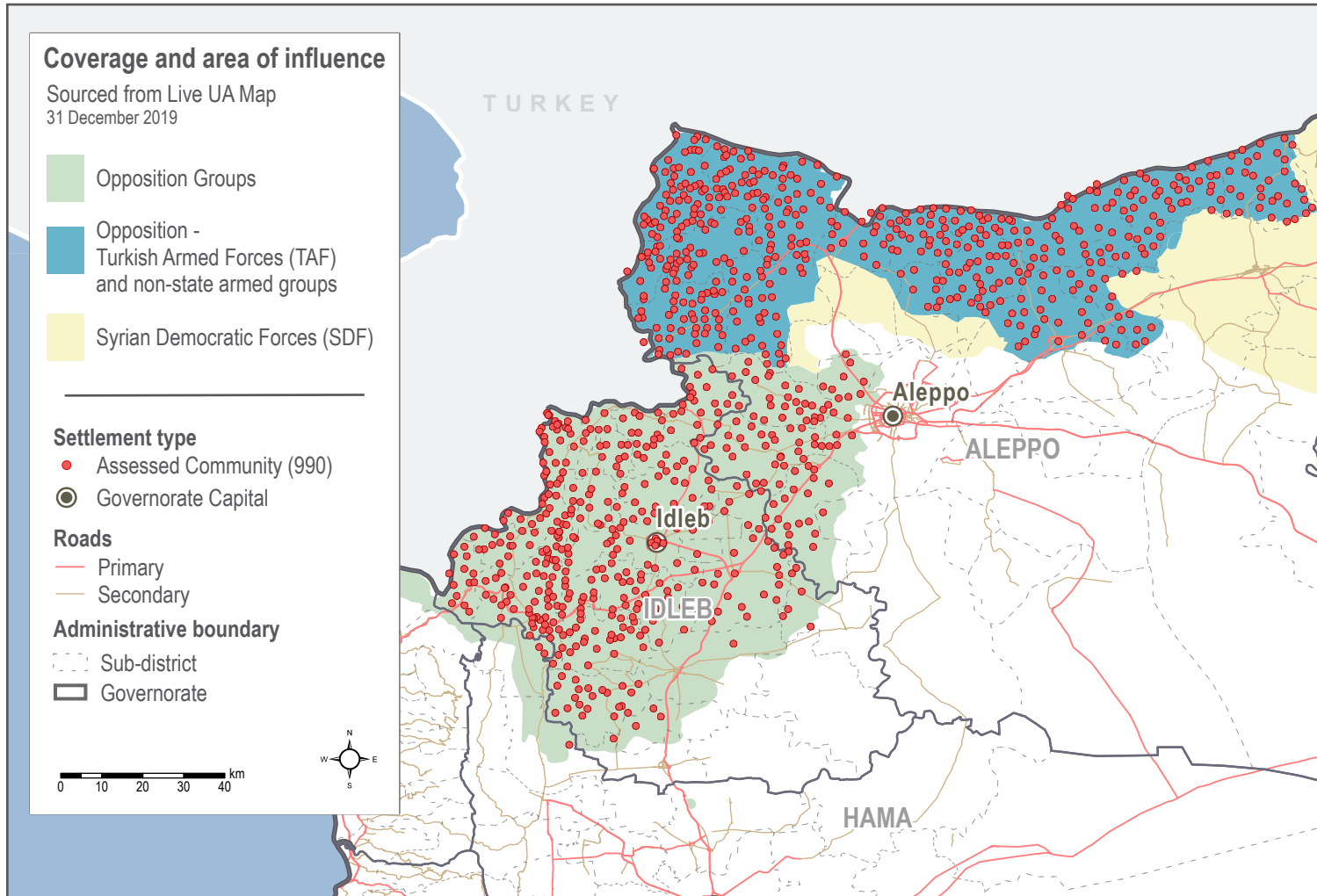
Top 3 reported overall priority needs in assessed communities:²

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

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

-  **3,742 KIs**
-  **20% female KIs**
-  **11 types of KIs³**

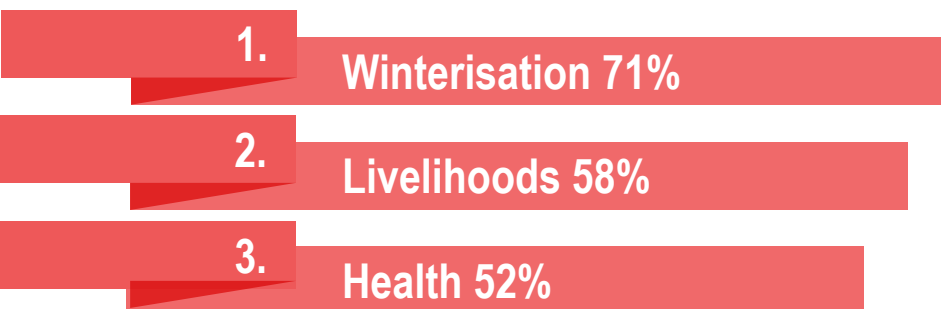
Please note that percentages shown in this factsheet represent the *percentage of communities* where KIs selected the answer option in question.



In December, aerial attacks intensified and ground fighting resumed in southern Idlib causing a new wave of displacement. Nearly 300,000 people fled their homes, mostly from Ma'arrat An Nu'man and Saraqab sub-districts, to urban centres within Idlib sub-district or to IDP camps along the Syrian-Turkish border in north-western Idlib sub-district. Thousands also crossed into areas in northern Aleppo governorate.^{ab} Lack of fuel and vehicles as well as ongoing hostilities along the access routes restricted the movement of people fleeing. Additional protection concerns were raised for less mobile groups such as the elderly, ill and injured people.^c There were also reports of families separating as women and children were sent ahead while men and older children tried to secure the families' possessions. Harsh winter conditions, the economic decline and past displacements worsened the already dire situations for IDPs and conflict-affected populations in communities in the northwest, where services and assistance were already overstretched previous to the escalation in December.^d

RESIDENT PRIORITY NEEDS

Top three most commonly reported priority needs for residents
(by % of 891 communities where resident priority needs were reported).²



Top three most commonly reported² **winterisation** needs for residents
(by % of 696 communities where winterisation was reported as a priority need):

1	Heating fuel	96%
2	Winter clothes	61%
3	Floor mats	38%

Top three most commonly reported² **livelihoods** needs for residents
(by % of 569 communities where livelihoods was reported as a priority need):

1	Access to humanitarian assistance	79%
2	Access to livelihoods programmes	71%
3	Tools/equipment for production	55%

Top three most commonly reported² **health** needs for residents
(by % of 510 communities where health was reported as a priority need):

1	First aid/emergency care	49%
2	Pediatric consultations	43%
3	Treatment for chronic diseases	43%

IDP PRIORITY NEEDS

Top three most commonly reported priority needs for IDPs
(by % of 907 communities where IDP priority needs were reported).²



Top three most commonly reported² **winterisation** needs for IDPs
(by % of 785 communities where winterisation was reported as a priority need):

1	Heating fuel	97%
2	Winter clothes	63%
3	Floor mats	41%

Top three most commonly reported² **livelihoods** needs for IDPs
(by % of 444 communities where livelihoods was reported as a priority need):

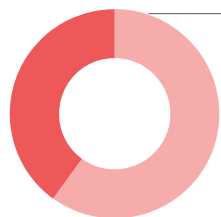
1	Access to humanitarian assistance	84%
2	Access to livelihoods programmes	72%
3	Receiving regular income from work	42%

Top three most commonly reported² **food** needs for IDPs
(by % of 432 communities where food was reported as a priority need):

1	Bread	84%
2	Sugar	44%
3	Rice	43%

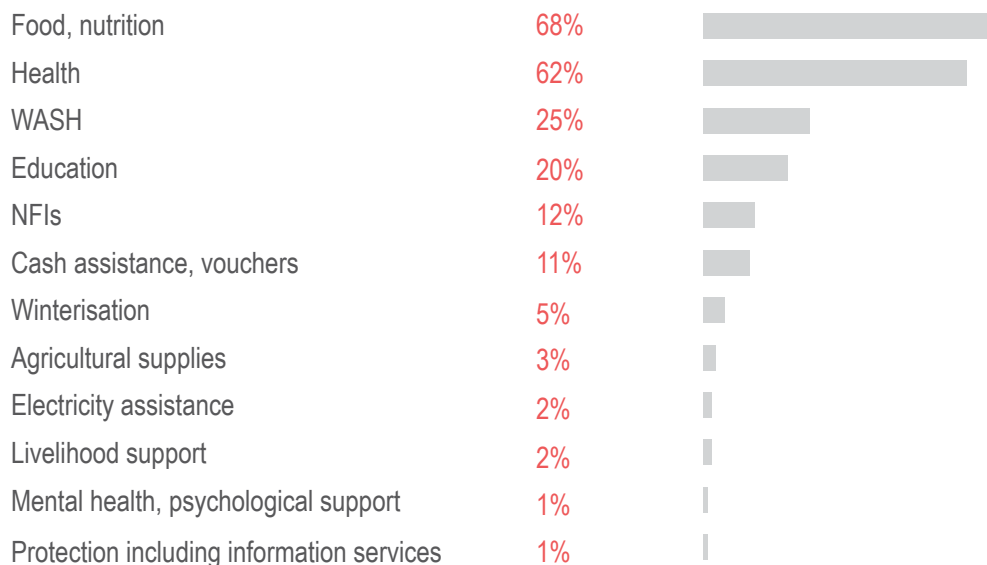
HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Were any households in the community able to access humanitarian assistance? (by % of all 990 assessed communities):



KIs in 60% of communities reported that households were able to access humanitarian assistance. The most commonly reported barrier households faced in accessing assistance was the unavailability of humanitarian assistance. Other barriers reported were the perception of poor targeting of beneficiaries, and not being aware of what assistance was available or of the eligibility criteria.

Most commonly reported types of humanitarian assistance households had access to in communities (by % of 591 communities where reported):⁴



Most commonly reported barriers that households faced in accessing humanitarian assistance (by % of 951 communities where barriers were reported):⁴

- 1 No humanitarian assistance was available 38%
- 2 Perceived poor targeting of beneficiaries 26%
- 3 Not aware of what assistance was available or of the eligibility criteria 12%

Most commonly reported types of important missing information not being provided to households (by % of 990 communities where missing information was reported):⁵

- 1 How to find work 54%
- 2 How to register for aid 53%
- 3 How to get more money for financial support 44%
- 4 How to get food 19%
- 5 How to get healthcare/medical attention 18%

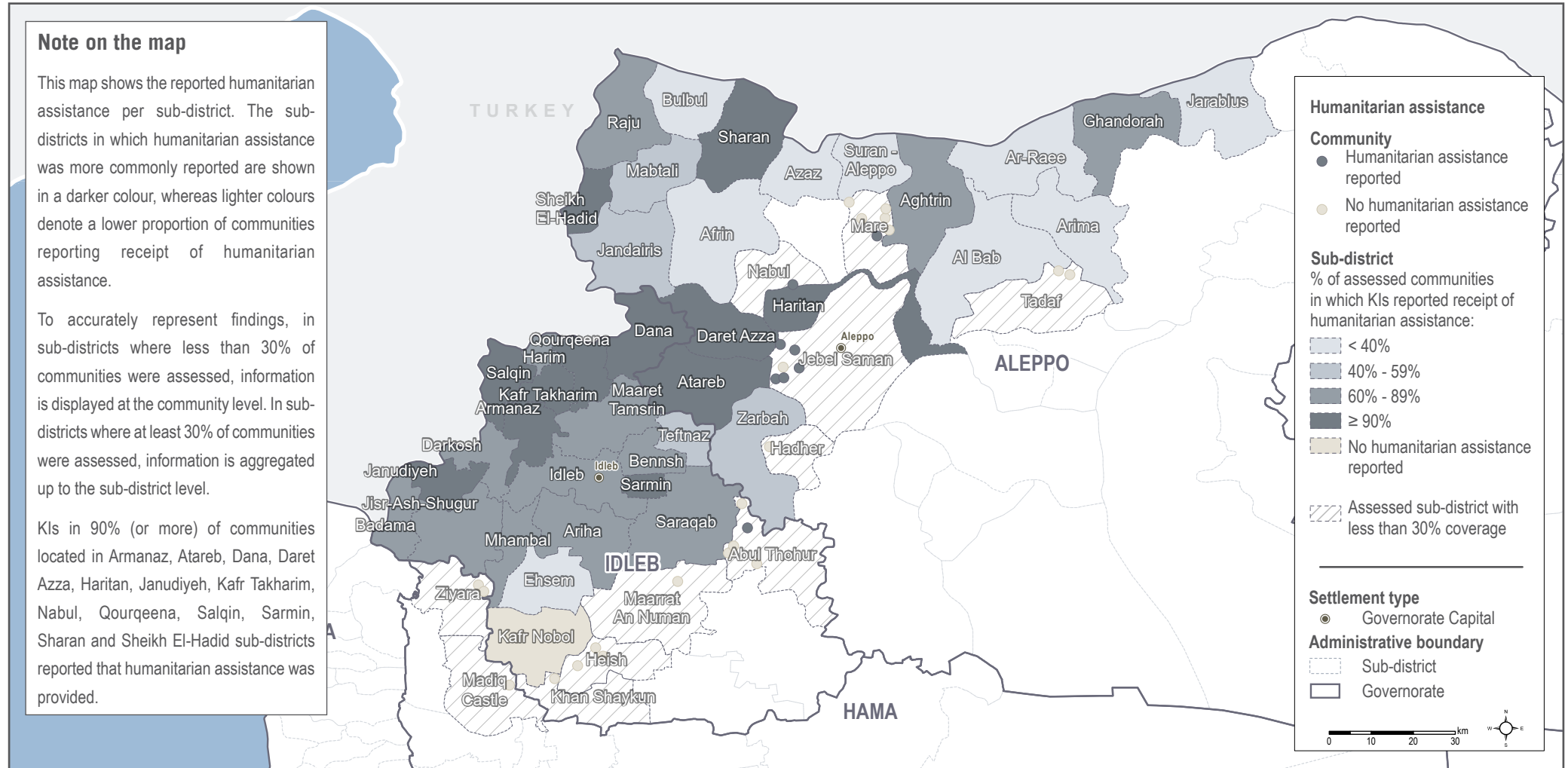
Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation

(by % of 990 communities where preferred ways were reported):²

- 1 In person 73%
- 2 WhatsApp (or other mobile phone-based platforms) 63%
- 3 Social media (Twitter, Facebook, etc) 30%
- 4 Leaflets 16%
- 5 Phone call 12%
- 6 Billboards 10%

43% In 43% of the assessed communities receiving assistance (257/591), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms**.

REPORTED ACCESS TO HUMANITARIAN ASSISTANCE



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



KIs in **60%** of communities reported that **households had access to humanitarian assistance** (591 of 990 communities).



KIs in **74%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (667 of 907 communities).



5 - 6 hours per day was the most commonly reported range for hours of electricity per day (395 (40%) of 990 assessed communities).



KIs in **51%** of communities reported that **100%** of households had **access to sufficient water** (504 of 990 communities).



KIs in **18%** of communities reported **that households were not able to access markets within their own communities** (183 of 990 communities).



KIs in **50%** of communities reported that **households were not able to access health services in their own communities** (494 of 990 communities).



The distance to schools was a key barrier preventing access to education for both residents (514 (53%) of 965 communities) and IDPs (474 (53%) of 899 communities).



Child labour was the most commonly reported protection risk for both resident (358 (47%) of 759 communities) and IDP children (445 (61%) of 725 communities).

Humanitarian Assistance & AAP Of the 951 communities where KIs reported barriers to accessing humanitarian assistance, KIs in 244 (26%) communities perceived humanitarian assistance as having poor targeting of beneficiaries. Additionally, the three most commonly reported types of missing information not being provided to households were how to find work, how to register for aid, and how to get more money for financial support.

Shelter Solid/finished houses was the most commonly reported shelter type for both residents and IDPs. Though reported for both population groups, lack of heating and lack of insulation from cold were more commonly reported shelter inadequacy issues for IDPs. In relation to this, tents were the second most commonly reported shelter type for IDPs. KIs in over half of assessed communities reported the presence of occupied shelters with major damage. Commonly reported barriers to repairing shelters were related to materials and services being too expensive.

Electricity & NFI Solar panels, followed by batteries and community generators were the most commonly reported sources of electricity reported this month. However, in the majority of the assessed communities the high cost of fuel for generators and of solar panels reportedly hindered access to electricity in December. NFIs that were reported most commonly available but unaffordable were winter items, batteries, and cooking fuel. IDPs and women living alone were in particular unable to afford NFIs in communities where the unaffordability of NFIs for certain groups was reported.

WASH Although KIs in most communities reported that communities are connected to a main water network, households in over half of the assessed communities were reportedly unable to access water from the main network for more than two days a week. Relatedly, the most commonly reported barriers to accessing sufficient water were main network partially or completely not functioning, as well as the high price of water trucking and other alternative sources.

FSL KIs in the majority of the assessed communities reported that both IDPs and residents experienced barriers to accessing sufficient food, most commonly related to the high costs of essential food items. With markets in other communities being the most commonly reported food source across the assessed communities, lack of transportation and distance to markets are the most commonly reported barriers to physically accessing markets for both IDPs and residents.

Health Pharmacies were the most commonly reported health facility available in both assessed communities and other/nearby communities, and the most commonly reported way of coping with a lack of healthcare services was going to a pharmacy instead of a clinic. Transportation was a key barrier for accessing healthcare, with lack of transportation and high cost of transportation as commonly reported barriers by KIs.

Education Lack of income affected children's access to education in December, with KIs reporting lower attendance rates for older age groups of both resident and IDP children. Additionally, the most commonly reported barrier to accessing education services was that families could not afford it, as children had to work. Other barriers reported were the distance to schools, and insufficient teaching or learning supplies, which is displayed on the education map (page 20).

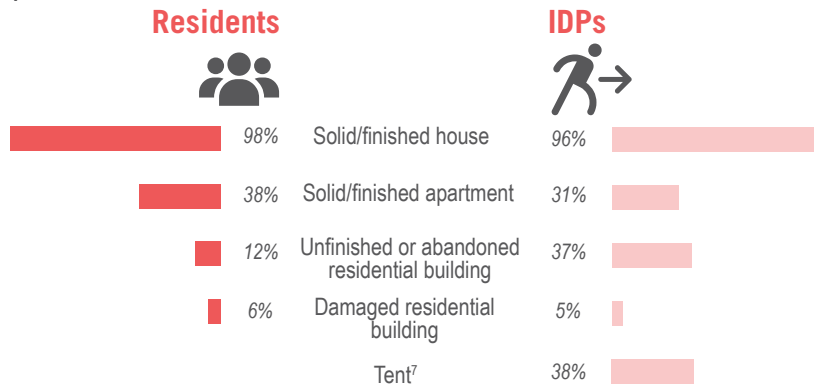
Protection Top protection risks in December were child labour, lack/loss of civil documentation, forced and early marriage, and threat from airstrikes and explosive hazards. Boys under 18 were reportedly most at risk of having to work and of lacking documentation, with girls under 18 most at risk of forced/early marriage. All groups were reported at risk of threat of airstrike and explosive hazards.

SHELTER

KIs in 259 (26%) of 990 assessed communities reported **shelter** as a priority need. Solid/finished houses remained the most commonly reported shelter type for both residents and IDPs in December. However, KIs in over one third of the assessed communities also indicated that IDPs were living in tents and unfinished or abandoned residential buildings. Low temperatures continued to be the main driver of the most commonly reported shelter inadequacy issues. Lack of heating was reported as an issue for IDPs in 75% of communities where shelter inadequacy issues were reported. KIs in over half of communities reported that people were living in shelters with damage in these communities.⁹

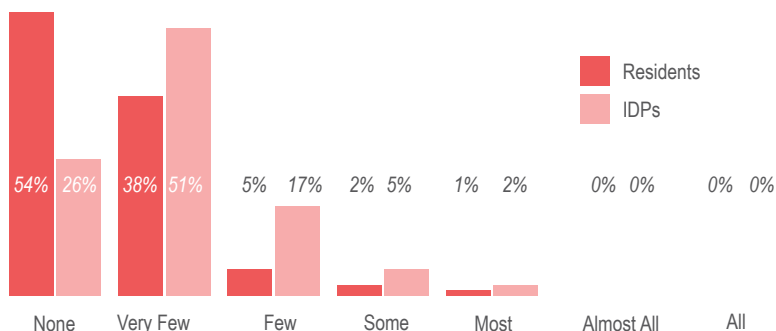
Most commonly reported shelter types for residents and IDPs

(by % of 981 communities where reported for residents, and of 907 communities where reported for IDPs):²



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

(by % of 981 communities where barriers were reported for residents, and by % of 907 communities where barriers reported for IDPs):*

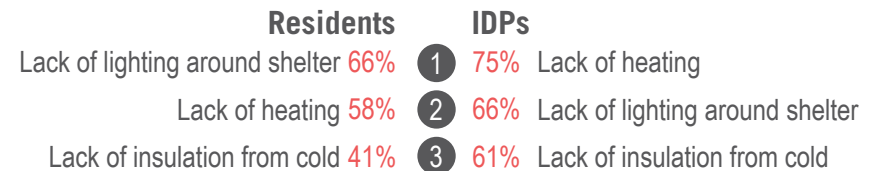


*The above categories correspond to the following proportion ranges of what portion of IDPs or residents were living in overcrowded shelters: none (0%), very few (1-20%), few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

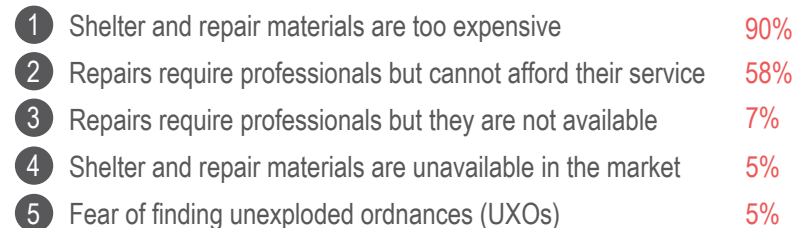
16,900 SYP⁶

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in 678 communities).

Most commonly reported shelter inadequacy issues (by % of 981 communities where issues were reported for residents, and of 907 communities where issues were reported for IDPs):⁴



Most commonly reported barriers to households wishing to repair their shelters (by % of 863 communities where barriers were reported):⁴



92% In 92% of the assessed communities reporting on damage (889/971), KIs reported the presence of **occupied shelters with minor damage⁹ in their communities.**

61% In 61% of the assessed communities reporting on damage (588/971), KIs reported the presence of **occupied shelters with major damage⁹ in their communities.**

NORTHWEST SYRIA DECEMBER 2019

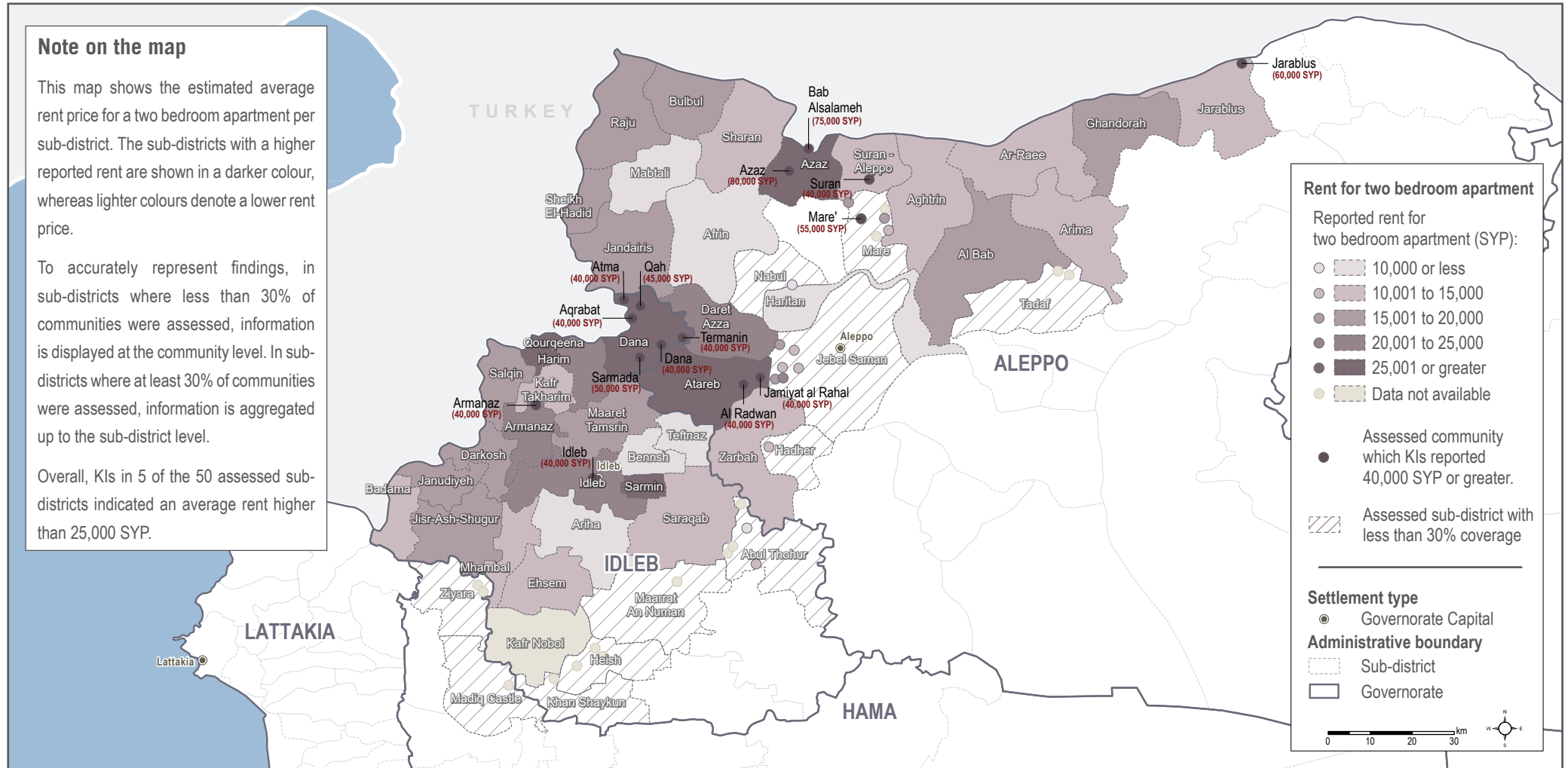
AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT

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 5 of the 50 assessed sub-districts indicated an average rent higher than 25,000 SYP.



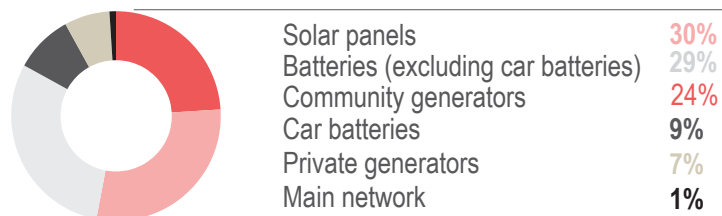
ELECTRICITY & NFIs

KIs in 327 (33%) of 990 assessed communities reported **NFIs** as a priority need. KIs across assessed communities most commonly reported the availability of electricity to be between 5-6 hours a day. Frequently reported barriers to accessing electricity included the high cost of fuel for generators, the high cost of solar panels, and the low availability of fuel. Even so, solar panels and community generators were two of the most commonly reported sources of electricity for assessed communities in the northwest. Winter items, batteries, and cooking fuel remained the household items most commonly reported available but unaffordable by KIs in December. While these items were reported by KIs to be unaffordable for the majority of people, specific groups reportedly faced challenges in NFI affordability, namely IDPs, women living alone, and elderly living alone, among others.

5 - 6 hrs/day was the most commonly reported range for **hours of electricity available** (reported by KIs in 395 (40%) of 990 assessed communities).

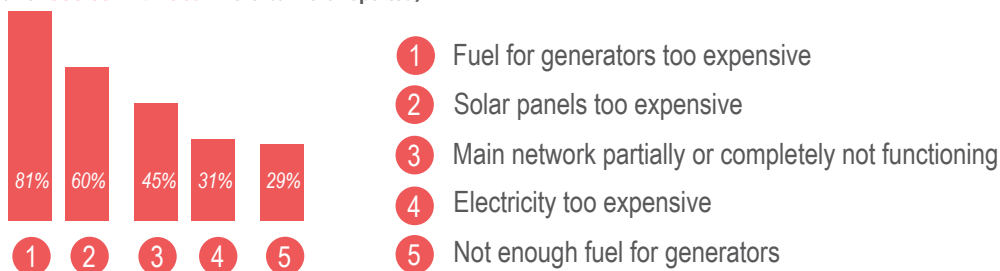
Most commonly reported main source of electricity

(by % of 990 communities where main source reported):



Most commonly reported barriers to accessing electricity

(by % of 986 communities where barriers reported):⁴



Most commonly reported unavailable household and personal hygiene items:⁴

- 1 Bedding items not available (reported as unavailable by KIs in 79 communities) 8%
- 2 Mattresses/Sleeping mats not available (reported as unavailable by KIs in 59 communities) 6%
- 3 Sources of light not available (reported as unavailable by KIs in 59 communities) 6%

Most commonly reported available but unaffordable household and personal hygiene items:⁴

- 1 Winter items⁸ not affordable for majority of people (by % of 957 communities where reported available): 83%
- 2 Batteries not affordable for majority of people (by % of 932 communities where reported available): 80%
- 3 Cooking fuel not affordable for majority of people (by % of 983 communities where reported available): 78%

Population groups who reportedly could not afford NFIs

(by % of 637 communities where reported that specific groups could not afford items):^{4,8}



AVERAGE NUMBER OF HOURS OF ELECTRICITY AVAILABLE PER DAY

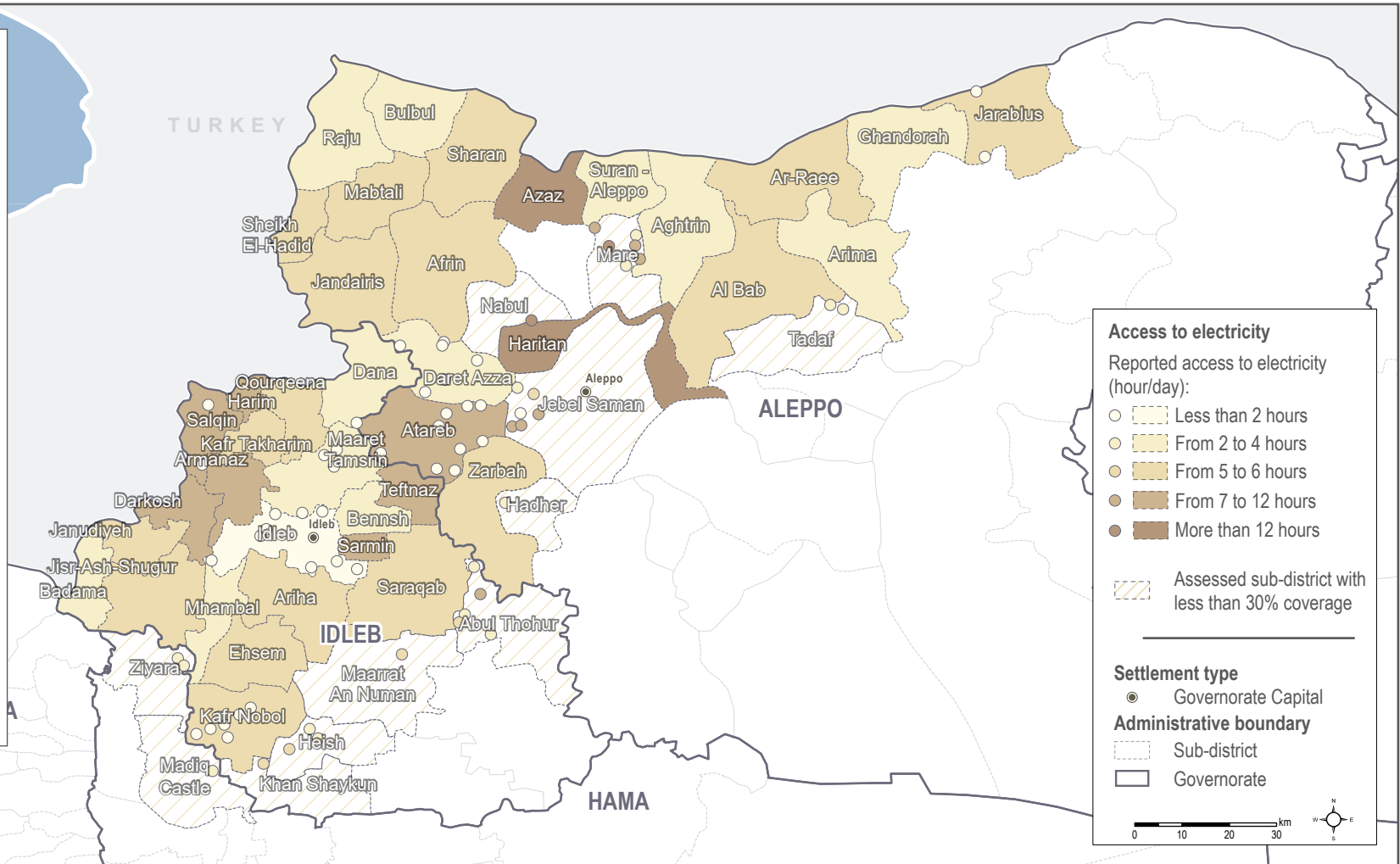
Note on the map

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 or none) in 47 communities in the following sub-districts: Atareb, Bulbul, Daret Azza, Idleb, Jarablus, Jebel Saman, Kafr Nobol, Maaret Tamsrin and Salqin.

TURKEY



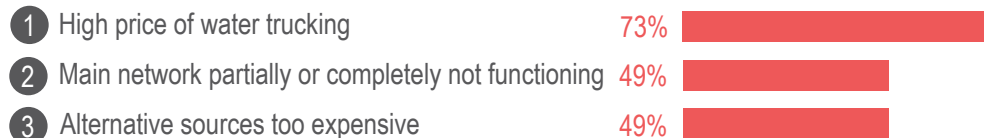
WATER, SANITATION AND HYGIENE (WASH)

KIs in 267 (33%) of 990 assessed communities reported **WASH** as a priority need. KIs in 51% of communities reported 100% of households in those communities having access to sufficient water, and the most commonly reported barrier to accessing water remained the high price of water trucking. While KIs in 70% of communities reported that households were connected to the main water network, households in nearly 90% of those communities were reportedly unable to access water from the main network more than two days a week. Using water less frequently to bathe or do laundry were among the most commonly reported coping strategies for a lack of water. Though households in 82% of the assessed communities were reportedly connected to a sewage system, issues with sanitation were still reported. KIs in the communities reporting sanitation issues frequently indicated that sewage systems were in need of repair or cleaning.

51% In 51% of the assessed communities (504/990), KIs reported that **100% of households had access to sufficient water**.

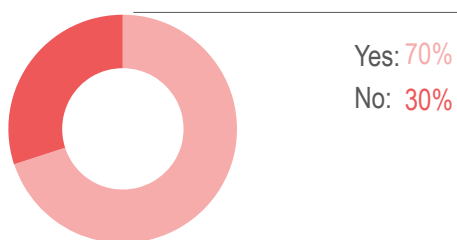
Most commonly reported barriers to accessing sufficient water

(by % of 486 communities where barriers reported):⁴



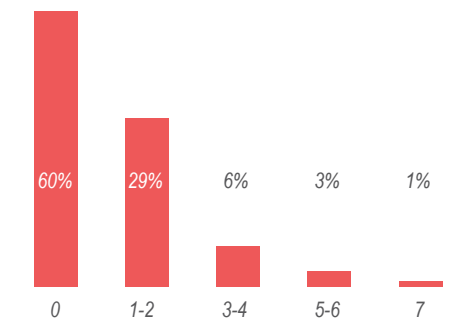
Reported connectivity to a main water network in the assessed community

(by % of all 990 assessed communities):



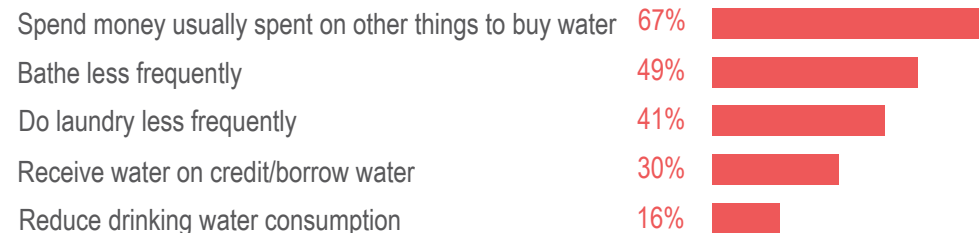
Days per week water from the main network was reportedly available

(by % of 693 communities where reported):



Most commonly reported coping strategies for a lack of water

(by % of 486 communities where coping strategies reported):⁴



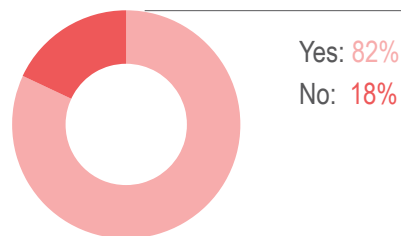
Most commonly reported ways people disposed of solid waste/trash

(by % of 990 communities where top disposal method reported):



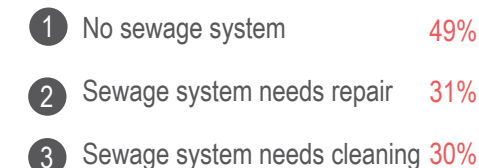
Was the assessed community connected to a sewage system?

(by % of all 990 assessed communities):

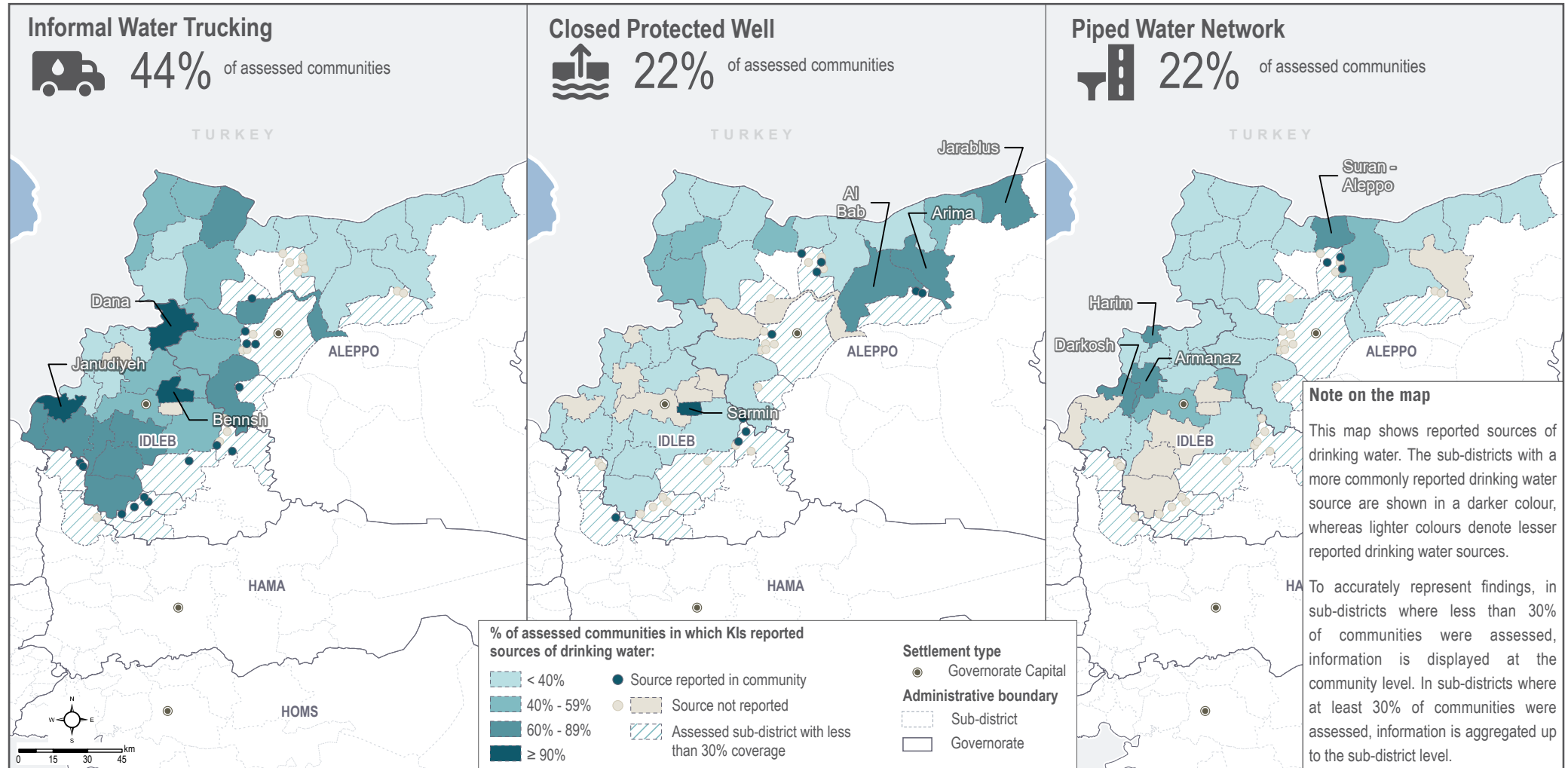


Most commonly reported sanitation issues

(by % of 603 communities where sanitation issues reported):⁴



MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



FOOD SECURITY

KIs in 475 (48%) of 990 assessed communities reported **food security** as a priority need. Both residents and IDPs experienced challenges related to food security this month, as reported by KIs. Issues relating to transportation affected access to food markets, with the two most commonly reported barriers being lack of transportation and distance to markets being too far. Lack of purchasing power prevented residents and IDPs from accessing sufficient food, with the most commonly reported barrier being that markets exist but households cannot afford essential food items. In addition to buying food from markets, production/farming and assistance from local councils/NGOs were also commonly reported sources of food for households.

18% In 18% of assessed communities (183/990), KIs reported **households were unable to access markets in the assessed location.**

Most commonly reported barriers to physically accessing food markets (by % of 753 communities where reported for residents, and of 701 communities where reported for IDPs):⁴

Residents	IDPs
Lack of transportation 69% ①	Lack of transportation 73%
Distance to markets too far 62% ②	Distance to markets too far 58%
General safety and security at markets 26% ③	Lack of access for persons with restricted mobility 26%

Most commonly reported sources of food for households

(by % of 990 communities where food sources reported):²

① Purchasing from stores/markets in other communities	77%
② Purchasing from stores/markets in community	70%
③ Own production/farming	60%
④ Borrowing	31%
⑤ Assistance from local councils/NGOs/other groups	16%

Most commonly reported barriers to accessing sufficient food

(by % of 876 communities where barriers reported for residents, and by % of 827 communities where barriers reported for IDPs):⁴

	Residents	IDPs
Markets exist but households cannot afford essential food items	72% ①	77%
Markets exist but not all essential food items are available	27% ②	22%
Markets exist but have insufficient quantities of food	19% ③	17%

Most commonly reported barriers to feeding babies and young children

(by % of 808 communities where challenges reported for babies under 6 months, and of 891 communities where challenges reported for children of 6 months - 2 years):⁴

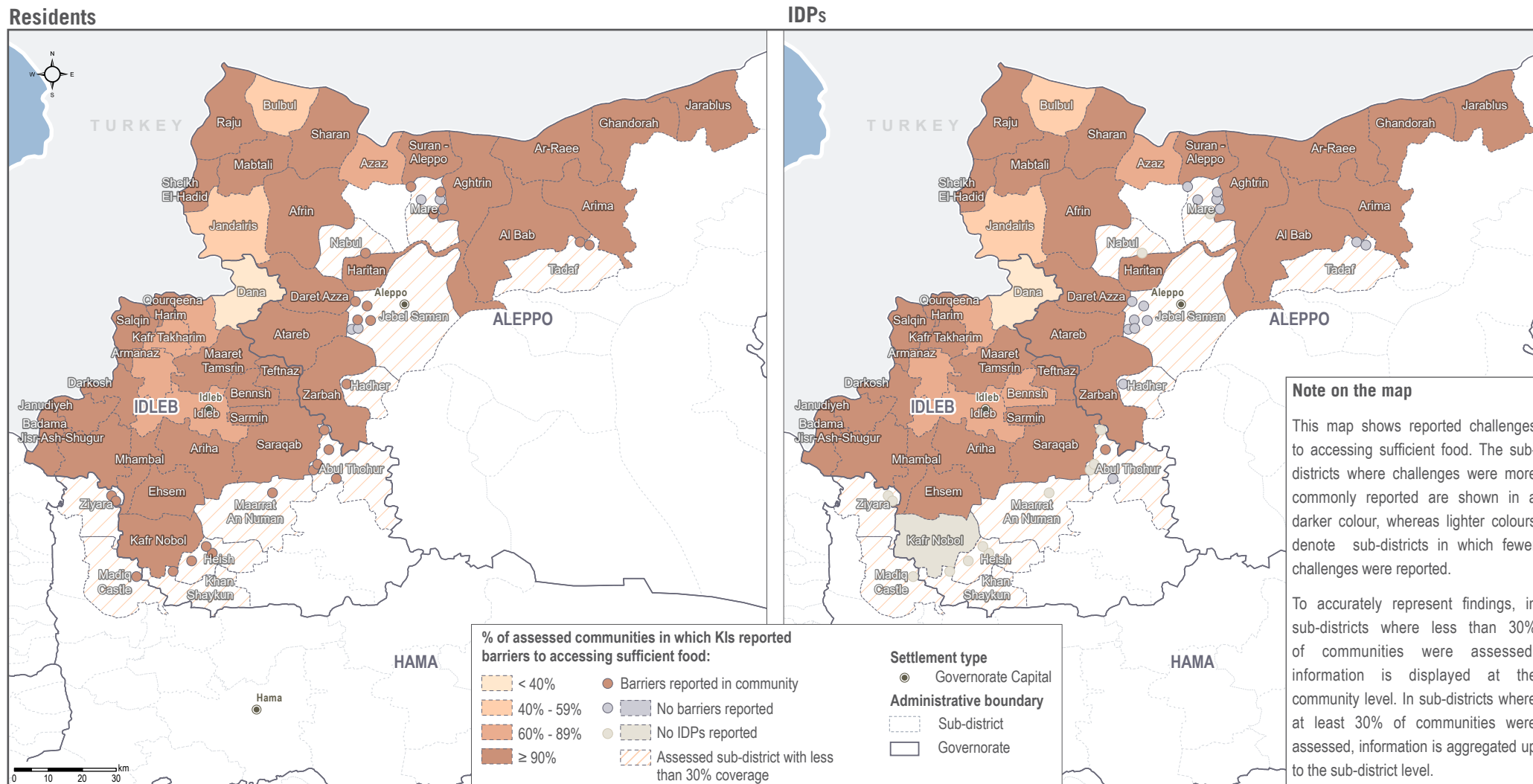
	Under 6 months	6 months - 2 years
No support for non-breastfed babies	92% ①	48%
Breastfeeding difficulties	31% ②	27%
Poor hygiene for feeding non-breastfed babies	6% ③	17%

Most commonly reported coping strategies for a lack of food

(by % of 880 communities where coping strategies reported):⁴

① Purchasing food on credit/borrowing money to buy	51%
② Buying food with money usually used for other things	44%
③ Reducing meal size	44%
④ Skipping meals	37%
⑤ Selling non-productive assets	20%

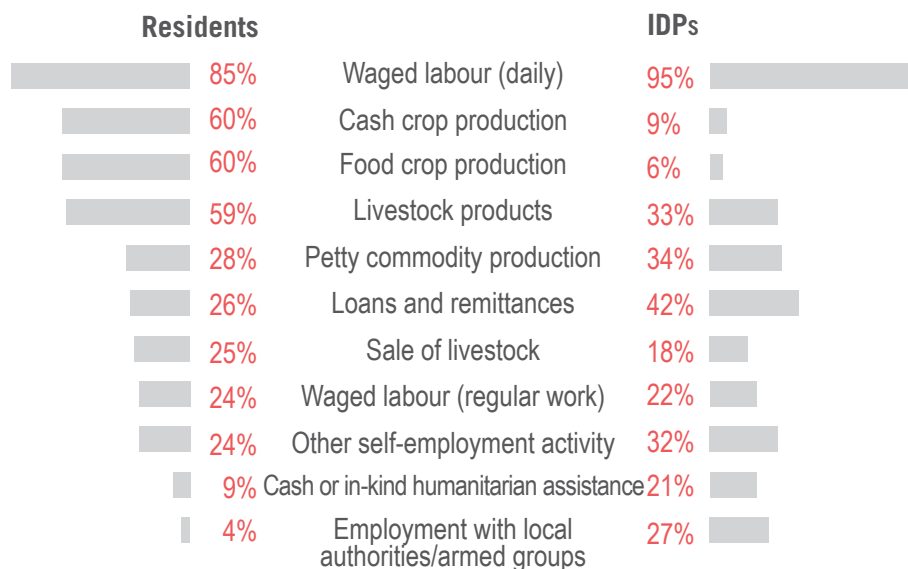
REPORTED BARRIERS TO ACCESSING SUFFICIENT FOOD



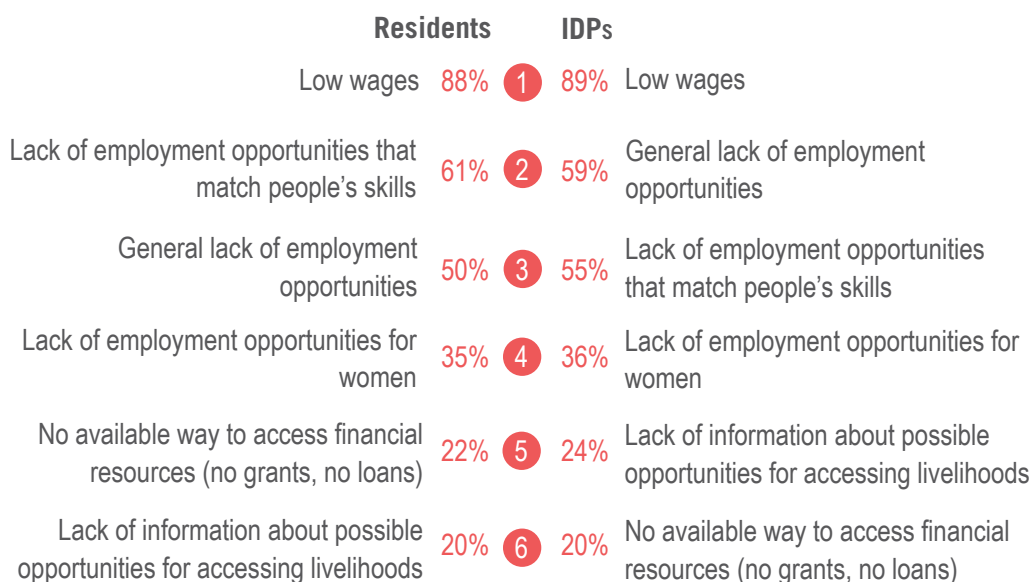
LIVELIHOODS

KIs in 644 (65%) of 990 assessed communities reporting **livelihoods** as the top priority need in NWS. Lack of sufficient livelihoods reportedly affected multiple population groups. KIs in 95% of communities reported that IDPs rely on daily waged labour to meet basic needs. IDP and resident women reportedly faced difficulties finding employment this month, and sending children to work or beg was a coping strategy reported for both residents and IDPs. Low wages remained the most commonly reported barrier for both IDPs and residents, while other barriers for both groups included lack of opportunities that match people's skills and no way of accessing financial resources, including grants and loans.

Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 981 communities where reported for residents and of 907 communities where reported for IDPs):⁵



Percentage of communities where KIs reported the following barriers to accessing livelihoods (by % of 981 communities where barriers reported for residents, and of 907 communities where barriers reported for IDPs):⁴



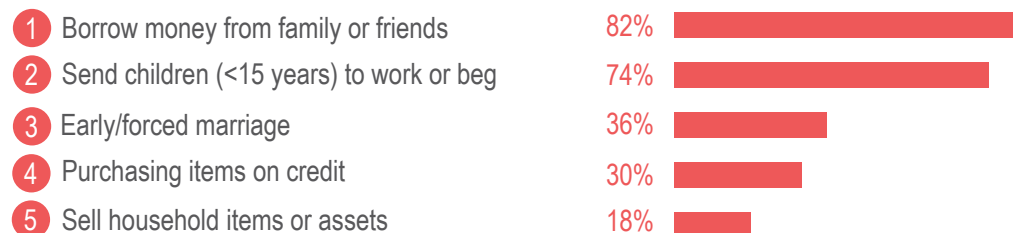
Most commonly reported coping strategies to meet basic needs (residents)

(by % of 981 communities where coping strategies reported):⁴

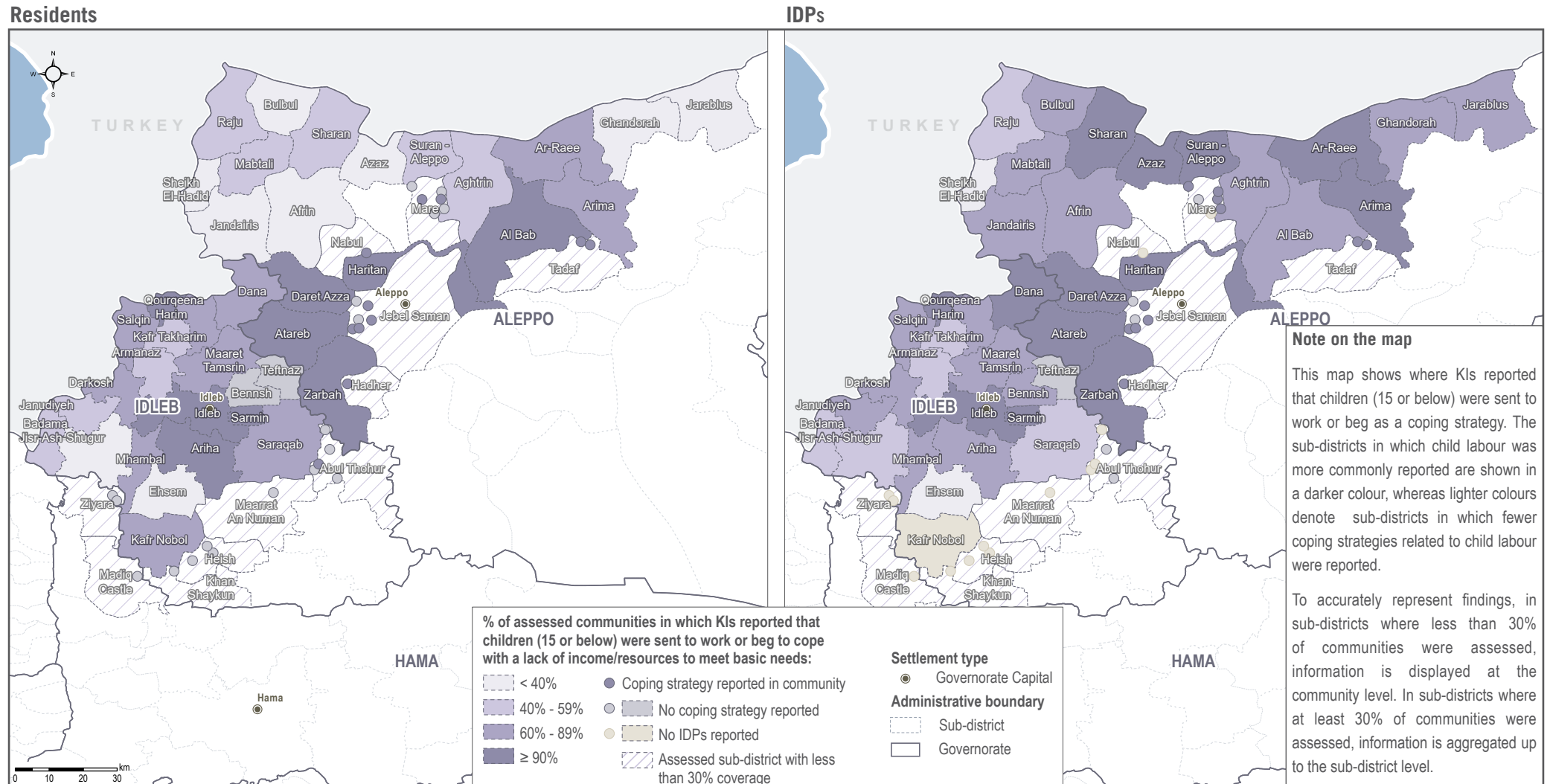


Most commonly reported coping strategies to meet basic needs (IDPs)

(by % of 907 communities where coping strategies reported):⁴



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



HEALTH

KIs in 545 (55%) of 990 assessed communities reported **health** as a priority need. While KIs in 98% of communities reported that health services in other/nearby communities were accessible to households, only 50% of KIs reported accessibility within communities. Pharmacies were the most commonly reported health facility available in both nearby and assessed communities. Relatedly, the coping strategy most commonly reported for lack of healthcare services was going to a pharmacy instead of a clinic. Acute respiratory infections as well as cough and cold fever were among the most commonly reported health problems in communities in December.

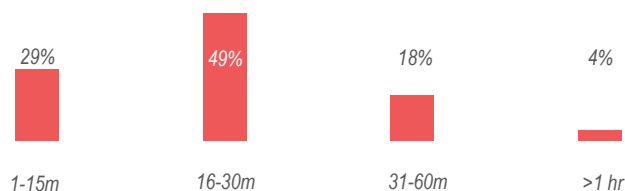
50% In 50% of assessed communities (496/990), KIs reported that **households were able to access health services in their own communities.**

98% In 98% of assessed communities (967/990), KIs reported that **households were able to access health services in other/nearby communities.**

Most commonly reported health facilities available in assessed and other/nearby communities (by % of 496 communities reporting access inside community, and of 967 communities reporting access in other/nearby communities):⁴

In assessed communities	In other/nearby communities
Pharmacies 74% 1	72% Pharmacies
Primary care facilities 36% 2	71% Primary care facilities
Informal emergency care points 20% 3	70% Public hospitals
Private clinics 18% 4	63% Private clinics
Mobile clinics 17% 5	28% Private hospitals

Time it reportedly took households to travel to the most commonly used health facility (by % of 990 communities where travel time reported):



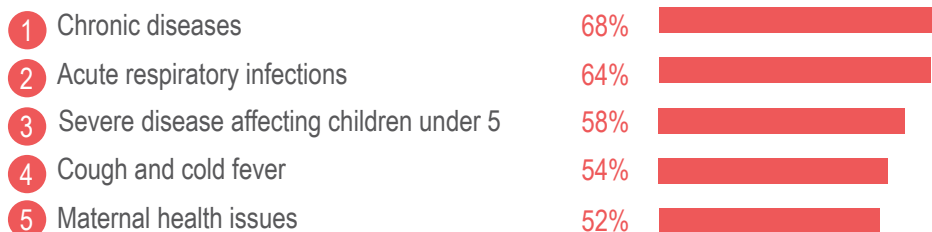
Most commonly reported barriers to healthcare access (by % of 969 communities where barriers reported):⁴



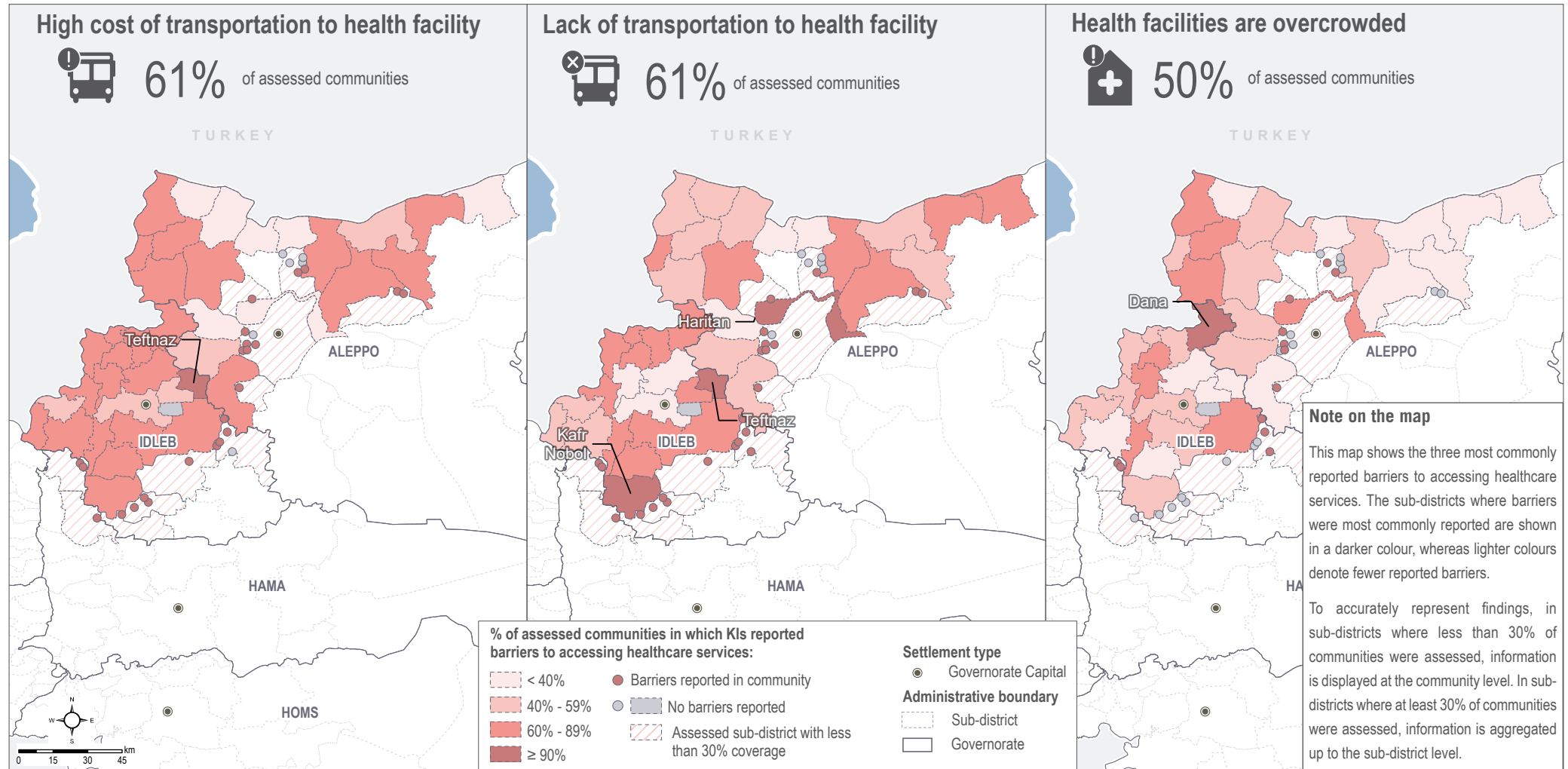
Most commonly reported coping strategy for a lack of healthcare services (by % of 966 communities where coping strategies reported):⁴

1 Going to the pharmacy instead of a clinic **92%**

Most commonly reported health problems (by % of 746 communities where knowledge of health problems reported):⁴



MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS

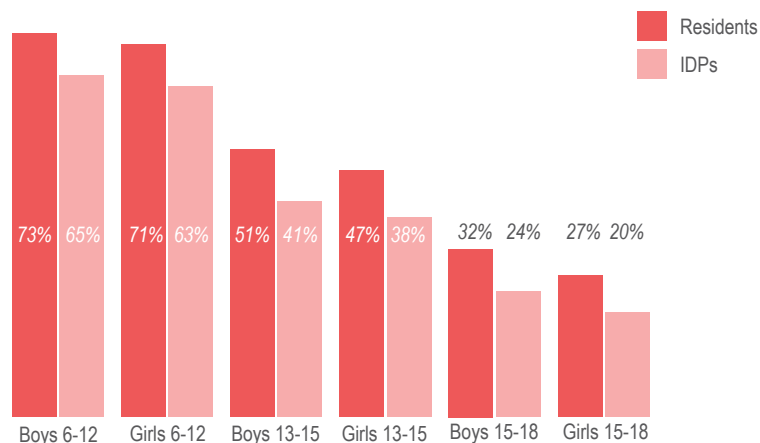


EDUCATION

KIs in 367 (37%) of 990 assessed communities reported **education** as a priority need. Physical access to education facilities appeared to be less prevalent as a barrier to education than lack of income, which is forcing families to send children to work instead of school. KIs in 89% of communities reported that education facilities in their communities were accessible. However, low attendance rates among older children suggest that education for this age group was deprioritised by households. Younger children reportedly had higher reported attendance rates than older children, and resident children had slightly higher reported attendance rates per age group than IDPs, with IDP girls and boys aged 16 to 18 having the lowest reported attendance rate, at **20%** and **24%**, respectively. Additionally, the most commonly reported barrier to accessing education for both IDP and residents was that **families needed children to work**.

89% In 89% of assessed communities (882/990), KIs reported that **children were able to access education facilities within their own communities.**

Average reported attendance rates of children (by average % of each gender/age group reportedly attending school in 976 communities for residents and in 906 communities for IDPs)



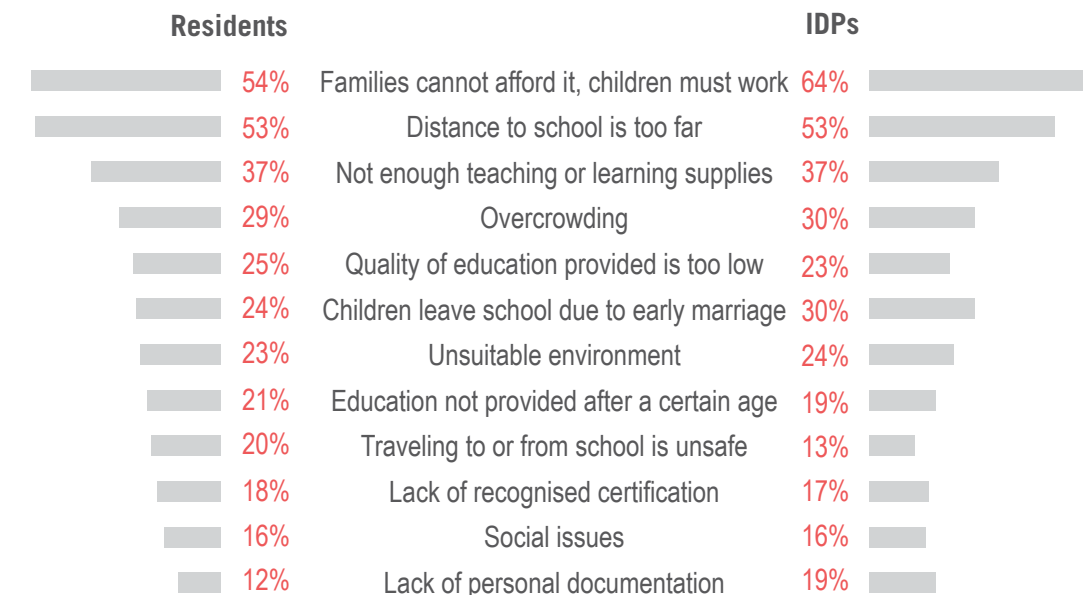
Most commonly reported types of education facilities available to children (3-18) (by % of 882 communities where reported for assessed communities, and of 805 communities for other/nearby communities):⁴

	In assessed communities	In other/nearby communities
Formal primary school	95% ①	88% Formal secondary school
Formal intermediary school	42% ②	78% Formal intermediary school
Formal secondary school	16% ③	46% Formal primary school

KIs in 71 communities reported that schools were not in session all days of December.

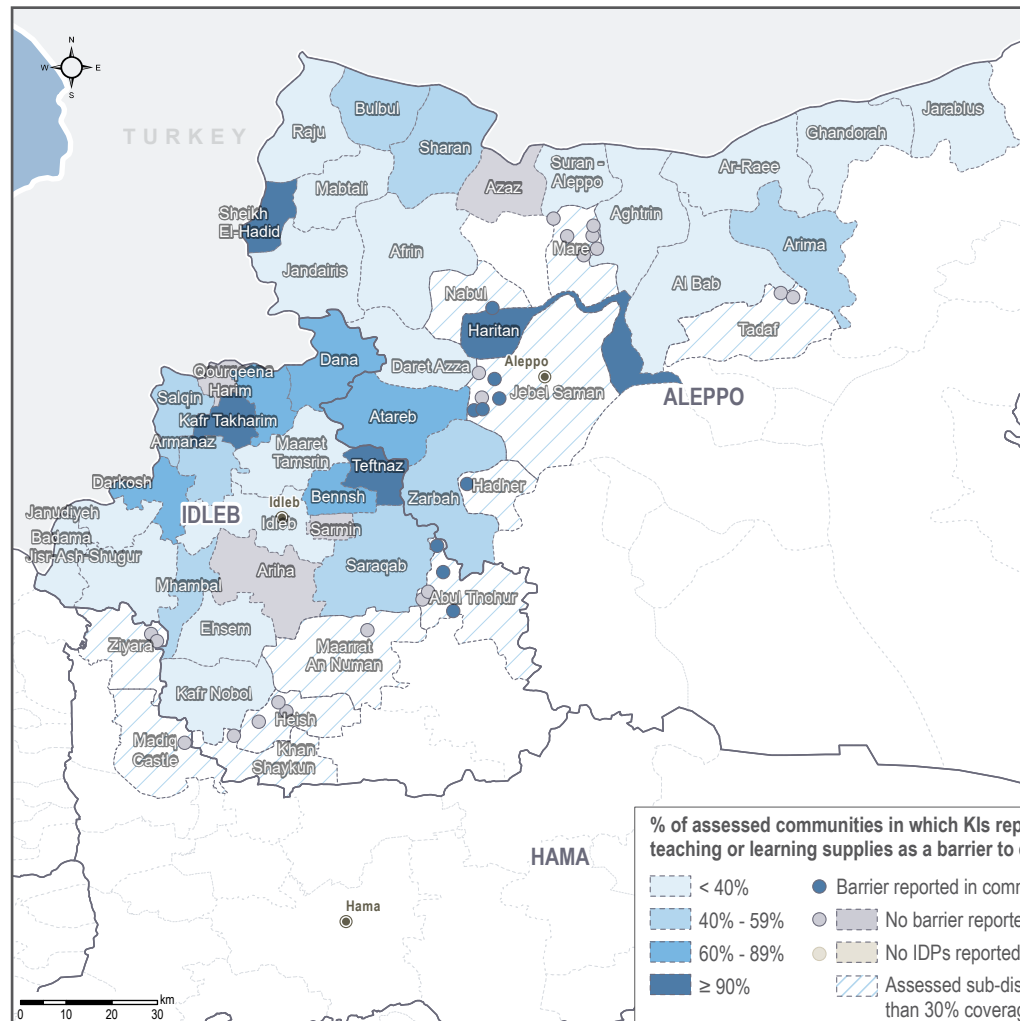
KIs in 38 of those communities cited an **escalation of violence that made schools or travel to school unsafe** as the reasons schools were not in session.

Most commonly reported barriers on access to and quality of education services (by % of 965 communities where barriers reported for residents, and of 899 communities where barriers reported for IDPs):⁴

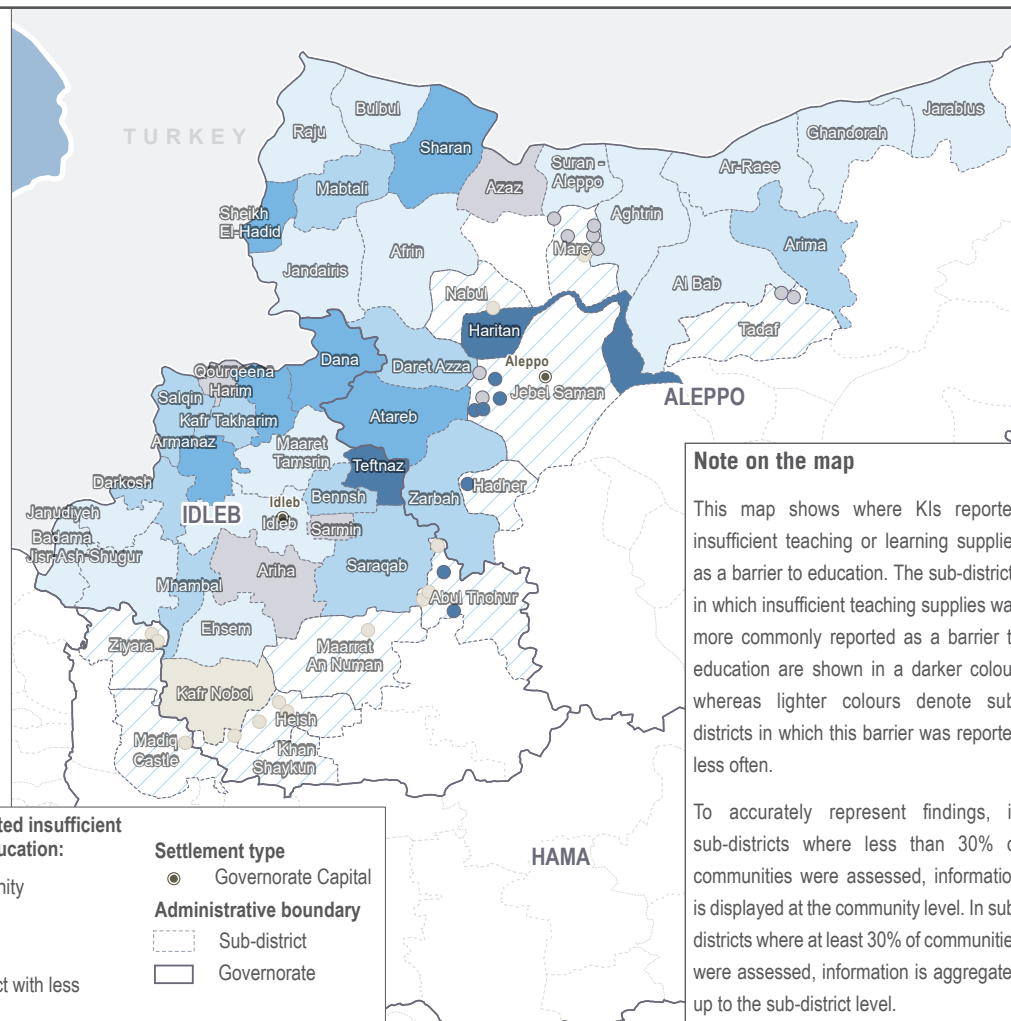


INSUFFICIENT TEACHING SUPPLIES REPORTED AS A CHALLENGE TO EDUCATION

Residents



IDPs



Note on the map

This map shows where KIs reported insufficient teaching or learning supplies as a barrier to education. The sub-districts in which insufficient teaching supplies was more commonly reported as a barrier to education are shown in a darker colour, whereas lighter colours denote sub-districts in which this barrier was reported less often.

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 60 (6%) of 990 assessed communities reported **protection** as a priority need. Child labour was cited as a top protection risk for both resident and IDP children in December, followed by lack/loss of documentation, forced and early marriage, and threats of airstrikes and explosive hazards. The first three of these risks are reported to affect children more often than any other group, with boys under 18 reported as the group most at risk for child labour and lack/loss of civil documentation. Girls under 18 were most at risk for forced/early marriage, and all groups were reported at risk for threat of airstrike and explosive hazards. While the protection risks most commonly reported were the same for resident and IDP groups, KIs in the assessed communities reported the risk of child labour more often for IDPs than residents, at 442 (61%) of 725 communities where risks for IDPs were reported and 358 (47%) of the 759 communities where risks for residents were reported.

Most commonly reported protection risks faced by residents

(by % of 759 communities where risks reported):⁴



1	Child labour	47%
2	Lack/loss of civil documentation	42%
3	Forced and early marriage	34%
4	Threat from airstrikes	25%
5	Threat from explosive hazards	23%

Most commonly reported protection risks faced by IDPs

(by % of 725 communities where risks reported):⁴



1	Child labour	61%
2	Lack/loss of civil documentation	52%
3	Forced and early marriage	43%
4	Threat from airstrikes	21%
5	Threat from explosive hazards	19%

Resident group most commonly reported to face protection risks

(by % of 807 communities where risks reported):⁴

	Risk	Group	
1	Child labour (by % of 358 communities where reported):	Boys (under 18)	99%
2	Lack/loss of civil documentation (by % of 319 communities where reported):	Boys (under 18)	62%
3	Forced and early marriage (by % of 256 communities where reported):	Girls (under 18)	100%
4	Threat from airstrikes (by % of 193 communities where reported):	All groups	90%
5	Threat from explosive hazards (by % of 172 communities where reported):	All groups	96%

IDP group most commonly reported to face protection risks

(by % of 743 communities where risks reported):⁴

	Risk	Group	
1	Child labour (by % of 442 communities where reported):	Boys (under 18)	99%
2	Lack/loss of civil documentation (by % of 406 communities where reported):	Boys (under 18)	53%
3	Forced and early marriage (by % of 275 communities where reported):	Girls (under 18)	99%
4	Threat from airstrikes (by % of 182 communities where reported):	All groups	93%
5	Threat from explosive hazards (by % of 170 communities where reported):	All groups	99%

ENDNOTES

1. The western part of Aleppo where humanitarian response and coordination are 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 charity, local council, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse) and other.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs could select five answers, thus findings might exceed 100%.
6. According to the [REACH Market Monitoring December 2019](#), 1 USD = 843 SYP, so 16,906 SYP = 20.05 USD.
7. Due to differences in what are known to be common shelter types, KIs could choose between 4 answer options (in addition to selecting and specifying "other") for the question related to shelter types of residents, whereas there were 13 answer options related to shelter types of IDPs. The answer option 'tent' was only asked in relation to shelter types of IDPs, therefore comparisons cannot be made between residents and IDPs for this option.
8. Winter items include winter heaters, heating fuel, winter clothes, winter shoes, winter blankets.
9. KIs were asked to report on the presence of occupied shelters in their communities falling under the following damage categories: no damage, minor damage (cracks in walls, leading 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).

ENDNOTES - CONTEXT

- a. World Food Programme. (30 December). North-Western Syria Emergency Situation Report #10. Retrieved from <https://www.reliefweb.int>
- b. UN Office for the Coordination of Humanitarian Affairs. (2 January 2020). Recent Developments in Northwest Syria - Situation Report No. 4 - As of 2 January 2020. Retrieved from <https://www.reliefweb.int>
- c. UN Office for the Coordination of Humanitarian Affairs. (30 December 2019). Recent Developments in Northwest Syria - Situation Report No. 3 - As of 30 December 2019. Retrieved from <https://www.reliefweb.int>
- d. UN Office for the Coordination of Humanitarian Affairs. (23 December 2019). Recent Developments in Northwest Syria - Situation Report No. 1 - As of 23 December 2019. 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 1-10 January 2020, and refers to the situation in December 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](https://twitter.com/REACH_info).