

# HUMANITARIAN NEEDS OVERVIEW

## SYRIAN ARAB REPUBLIC

HUMANITARIAN  
PROGRAMME CYCLE  
2023

ISSUED DECEMBER 2022



# About

## PHOTO ON COVER

23 January 2022 - Aleppo

**Displaced children in the Al-Zaytoun camp stay inside their tent, in which they share with seven other family members, as snow falls in Azaz.**

Credit: Syria Relief

This document is produced on behalf of the Strategic Steering Group (SSG) and humanitarian partners working in Syria. It provides a shared understanding of the impact which the humanitarian crisis in Syria has on the civilian population, including their most pressing humanitarian needs and the estimated number of people who need humanitarian assistance. The Syria 2023 Humanitarian Needs Overview (HNO) aims to provide consolidated humanitarian analysis to inform coordinated, strategic humanitarian response planning for 2023.

The 2023 HNO covers the period from January 2022 through January 2023. Severity analysis and people in need estimations specifically are based on primary data collected mainly during July-August and November 2022. Figures and findings reflected in this document are based on independent analysis of the United Nations (UN) and its humanitarian partners, built on information available to them. Many of the figures provided in this document are best possible estimates, based on sometimes incomplete and partial data sets, using the methodologies for data collection and triangulation of information which were available at the time.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

For further information, please consult:

[www.humanitarianresponse.info/en/operations/whole-of-syria](http://www.humanitarianresponse.info/en/operations/whole-of-syria)

<http://www.unocha.org/syria>

## Get the latest updates



OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

[www.unocha.org/syria](http://www.unocha.org/syria)

[https://twitter.com/OCHA\\_Syria](https://twitter.com/OCHA_Syria)

## Humanitarian RESPONSE

Humanitarian Response aims to be the central website for information management tools and services, enabling information exchange between clusters and Inter-Agency Standing Committee members operating within a protracted or sudden onset crisis.

[www.humanitarianresponse.info/syria](http://www.humanitarianresponse.info/syria)



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response, as well as financial contributions.

<https://hum-insight.info>



The Financial Tracking Service (FTS) is the primary provider of updated data on global humanitarian funding, and is a major contributor to strategic decision-making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

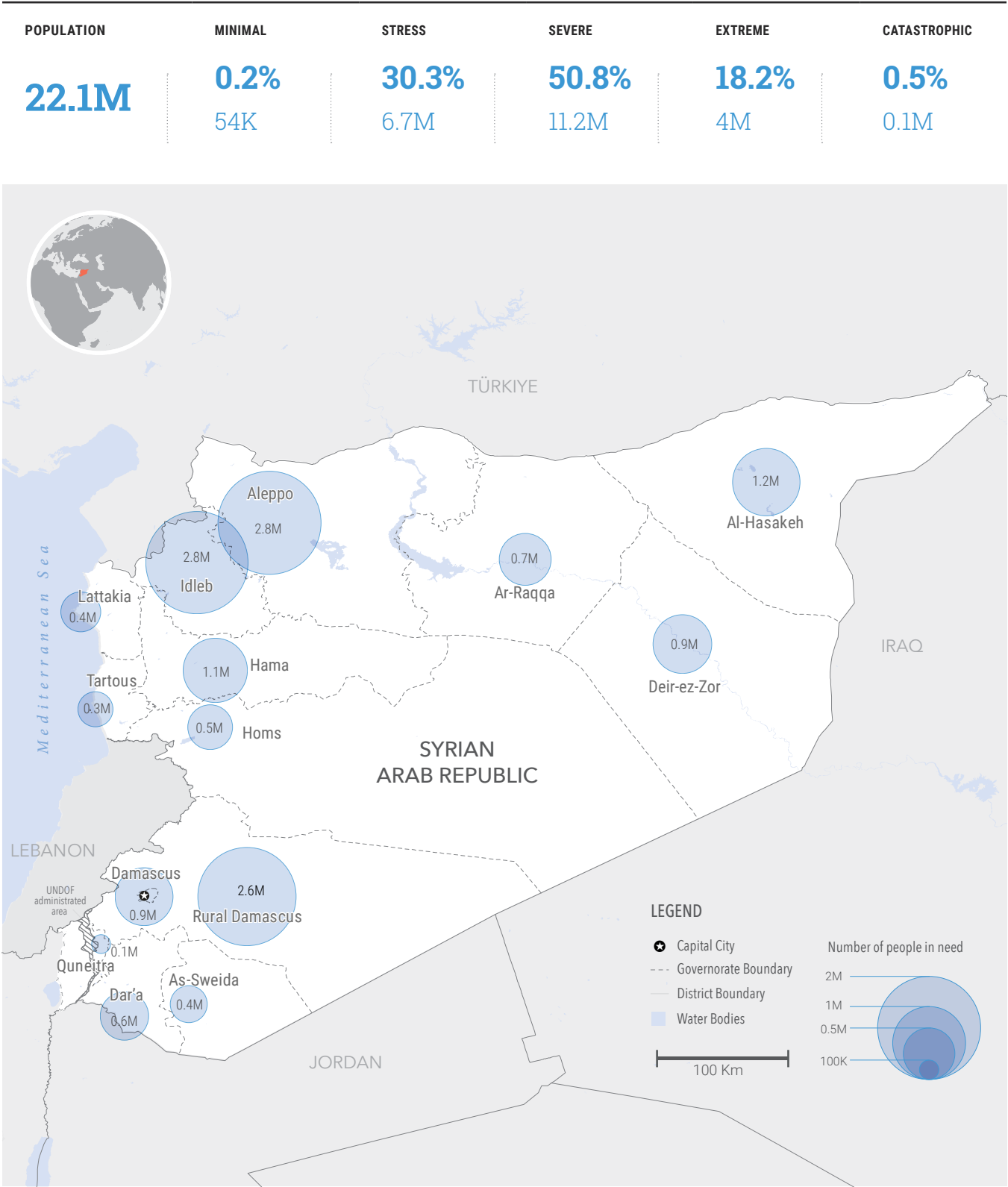
[fts.unocha.org](http://fts.unocha.org)

# People in Need in Syria

by severity classification

PEOPLE IN NEED

15.3M



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Please note that due to rounding of figures, in cases where decimals are not represented, the sum of percentages or numbers throughout the document, may not always add to 100 per cent.

# Table of Contents

---

<b>05</b>	<b>Summary of Humanitarian Needs and Key Findings</b>
<b>07</b>	<b>Humanitarian Context and Impact of the Crisis</b>
<b>09</b>	<b>Humanitarian Conditions</b>
<b>10</b>	<b>Scope of Analysis</b>
<b>11</b>	<b>Part 1: Impact of the Crisis and Humanitarian Conditions</b>
12	1.1 Humanitarian Context and Shocks
17	1.2 Impact of the Crisis
32	1.3 Scope of Analysis
35	1.4 Humanitarian Conditions, Severity and People in Need
63	1.5 People in Need
66	1.6 Beneficiary Satisfaction and Consultation
<b>69</b>	<b>Part 2: Risk Analysis and Monitoring of Situation and Needs</b>
70	2.1 Risk Analysis
72	2.2 Monitoring of Situation and Needs
<b>73</b>	<b>Part 3: Sectoral Analysis</b>
74	3.1 Protection
83	3.2 Camp Coordination and Camp Management
87	3.3 Early Recovery and Livelihoods
92	3.4 Education
95	3.5 Food Security and Agriculture
100	3.6 Health
104	3.7 Nutrition
108	3.8 Shelter and Non-Food Items
112	3.9 Water, Sanitation and Hygiene
<b>117</b>	<b>Part 4: Annexes</b>
118	4.1 Data Sources
119	4.2 Overview of Planned Assessments in 2022
123	4.3 Accountability to Affected People (AAP)/Consultations with Communities
126	4.4 Methodology
131	4.5 Information Gaps and Limitations
138	4.6 Acronyms
139	4.7 End Notes



# Summary of Humanitarian Needs and Key Findings

## Context, impact and humanitarian needs

### CONTEXT AND IMPACT



495 civilian casualties, 123 of whom were children



90% inflation



87% price increase of the average food basket



12.1M people are estimated to be food insecure



More than 2M children are out of school



Over 2M people live in informal settlements and planned camps, a 5% increase since 2021



60% gap between households' income and expenditures



At least 70% of sewage is being discharged untreated



52% of Syrians rely on often unsafe alternatives to piped water



Only 59% of hospitals and 57% of public health care centers are fully functional

### HUMANITARIAN NEEDS



15.3M

PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



#### Living Standards

- 85% of households are unable to meet basic needs in 2022
- Average household income only covers 40% of expenses
- Three-quarters of households have less than 8h of electricity per day



#### Coping Mechanisms

- 69% of households have taken on more debt since mid-2021
- 70% of households rely on buying on credit and 56% rely on borrowing to cover their basic needs
- 36% of households rely on humanitarian assistance, up from 21% in 2021
- 40% of PLW are consuming sub-optimal diets



#### Physical and Mental Wellbeing

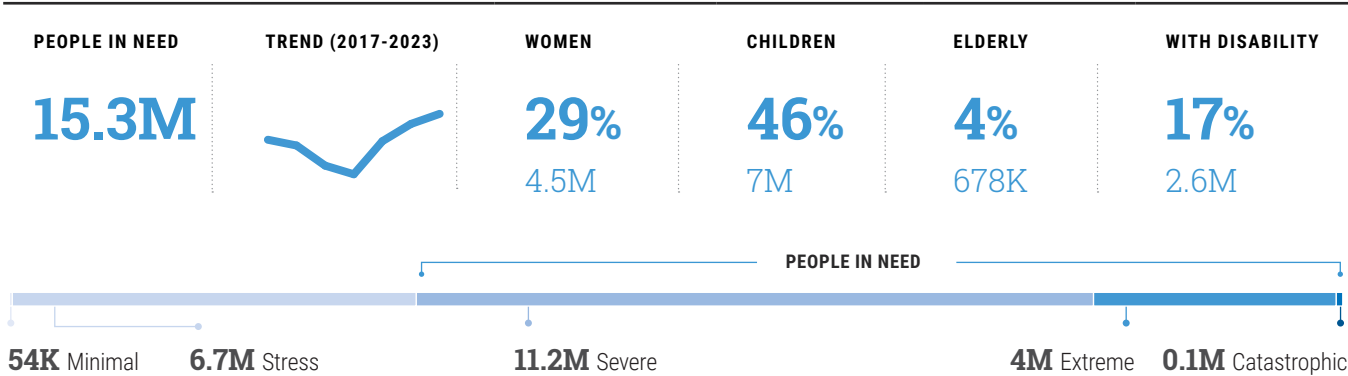
- 92% of people above 59 years report living with a disability
- One in four children under five in some districts in Syria are stunted
- More than 1/4 of households' children show signs of psychological distress

\* Sources for all figures cited are referenced throughout Part 1 of this document.

# People in need



PiN distribution by severity classification



## PiN by age and gender



	PEOPLE IN NEED	% PIN
Women (Over 18 years)	4.5M	29%
Men (Over 18 years)	3.8M	25%
Boys (0-17 years)	3.8M	25%
Girls (0-17 years)	3.2M	21%

## PiN by population group



	PEOPLE IN NEED	% PIN
Residents	9.9M	65%
IDPs out of camps	3.2M	21%
IDPs in camps	2.1M	13.7%
Returnees	52.7K	0.3%

### IDLIB / SYRIA

Photo: Hand in Hand for Aid and Development "HIHFAD"



# Humanitarian Context and Impact of the Crisis

**Waking up in Syria today means looking at a bleak future ahead of you.** Syria faces a multitude of challenges that make it one of the world's most complex humanitarian and protection emergencies. After eleven years of crisis during which the country has lost 42 places on the Human Development Index, most Syrians face a context of continuing humanitarian decline. The country still has the largest number of internally displaced people in the world: 6.8 million people, and the highest number of people in need since the beginning of the crisis. Humanitarian and economic indicators continue to deteriorate, basic services are collapsing, and an ongoing cholera outbreak and climatic shocks compound an already dire situation. As a result of these challenges, in 2023, 15.3 million people will require humanitarian assistance, including 2.1 million IDPs living in last-resort IDP sites, with needs that keep increasing across all sectors.

**For the first time, Syrians living across every sub-district in Syria are experiencing some degree of humanitarian stress.** The protracted crisis in Syria is resulting in 203 sub-districts out of 270 sub-districts now classified as being under severe, extreme, or catastrophic conditions. In 2022, there are no longer any sub-districts classified as being under minimal severity. The Multi-Sector Needs Assessment (MSNA) data suggest a levelling of needs across all governorates, with some clear and specific drivers of need across the four main population groups (IDPs in camps, IDPs out of camps, returnees and vulnerable residents).

**Basic services and other critical infrastructure are on the brink of collapse. Widespread and frequent power outages mean more than half of Syrians need regularly to rely on candles to light their homes. Those who fall sick only have a slim chance of finding a functioning hospital.** Only 59 per cent of hospitals, 57 per cent of primary health care facilities and 63 per cent of specialized centres are fully functioning.

Over 58 per cent of households interviewed reported accessing only between three to eight hours of electricity per day, while almost seven million people only had access to their primary water source between two and seven days per month in June. This situation only increases household reliance on humanitarian assistance and negative coping mechanisms.

**Life is increasingly unaffordable, with the erosion of savings, and price increases for basic commodities that have almost doubled, driving needs severity and new displacement.** The crippled economy, which is characterized by high inflation, currency depreciation and increases in the prices of commodities, remains one of the biggest drivers of need. It drives more people towards poverty, makes them more reliant on humanitarian assistance, increases resort to harmful coping mechanisms and increases the cost of response. It is creating a situation in which some population movements in Syria are triggered by the search for better access to basic services and livelihood opportunities. The economic decline creates additional obstacles for people, especially the most vulnerable and marginalised, to access services.

**The ongoing conflict in several parts of the country continues to leave people in fear of attacks and at risk of new displacement.** While large-scale hostilities have subsided following the March 2020 Idleb ceasefire agreement, localized hostilities and lasting impact from previous clashes have continued throughout 2022. Artillery shelling, air strikes, land mines and unexploded ordnance devastate civilians and humanitarian activities. With ever-increasing pressure in neighbouring countries on refugees to return, the geopolitical context is also creating a climate of fear for millions of Syrians who have known nothing but conflict and displacement. Safety and security concerns remain a gendered issue as women and girls continue disproportionately being affected by various forms of violence.



**Compounding the impact of protracted conflict, Syrians face the added catastrophic consequences of climate-related shocks, with serious drought and flooding creating new uncertainties.** A severe and long-term drought in Syria has created poor vegetation conditions and drier-than-normal precipitation seasons have persisted in 2022. Water deficits have been exacerbated by unusually dry conditions during the wet season and by abnormally high air temperatures. Combined with low water levels in the Euphrates River and damaged water infrastructure,

these conditions have reduced access to water for drinking and domestic use for millions of Syrians, triggered substantial harvest and income losses, an increase in waterborne diseases and malnutrition rates, displacements, and additional protection and gender-based violence (GBV), especially for women and children. In September 2022, a cholera outbreak was declared.

#### ALEPPO / SYRIA

Photo : Syria Relief





# Humanitarian Conditions

As this Humanitarian Needs Overview (HNO) will explain, people's physical and mental well-being, living standards and coping mechanisms have deteriorated steadily since 2021.

**Almost seven out of ten people in Syria need assistance.** All the population groups identified in this HNO are worse off in 2023 than in 2022. The overall People in Need (PIN) has increased from 14.6 million in 2022 to 15.3 million in 2023, including 5.3 million IDPs, 9.9 million residents and 52,700 returnees. According to the intersectoral severity of needs analysis, humanitarian needs are most concerning and are classified as catastrophic need in three sub-districts in two governorates. Things could get even worse if it was not for donors' generosity which allowed humanitarian partners to deliver assistance to 7.7 million people on average per month in 2022.

**As is often the case, many female-headed households, older persons, persons with disabilities and children are affected disproportionately by the compounding drivers of the crisis in Syria.** Behind the number of 15.3 million people in need are 2.1 million IDPs who are living in last resort sites, 75,726 children aged 6-59 months who suffer from severe acute malnutrition (SAM), one in four children under the age of five in the north-west and north-east Syria who are stunted, 2.4 million children who do not go to school, 12.1 million who are food insecure, and 92 per cent of people above 59 years reporting living with a disability.

**People in Syria are sliding deeper into poverty and finding it overwhelmingly difficult to make ends meet.** The inability to meet basic needs is evident across the whole of Syria (including in areas historically less affected by hostilities and displacement), with only minor differences between population groups, and despite 94 per cent of households having an employed head of household. Most often, households cite the combined impact of high prices and lack of income as the main reasons for their inability to meet basic needs. Eight per cent of households – and 16 per cent

of female-headed households- are completely unable to meet their needs compared to six per cent last year, while 77 per cent are not able to meet basic needs sufficiently, up from 70 per cent in 2021. Increasingly, IDPs who had initially been displaced by the conflict report displacing again in search of better livelihood opportunities and a lack of access to basic services where they were residing.

**Humanitarian assistance provides an essential lifeline to a growing number of Syrians, left with few other options for survival.** With fewer savings than before, households across the country rely heavily on purchasing goods on credit, borrowing and remittances. They continue to develop harmful coping mechanisms to meet their needs. Dependence on humanitarian assistance (in kind and cash) has increased since last year, especially for IDPs in camps and newly displaced people. Illegal activities and begging remain widespread, while child labour, child recruitment and child marriage also continue to have a devastating impact, including on children dropping out of school.

**Almost two in three families in Syria are psychologically distressed about their living conditions.** Many households continue to live in fear of conflict and hostilities, displacement, destruction of property, and injury or death of family members. Signs of psychological distress in boys and girls under the age of 18 are reported by more than 27 per cent of households and are highest in female-headed households or when the head of household is living with a disability. Signs of psychological distress are also reported at alarming rates with over 60 per cent of households interviewed reporting signs among male adult household members and 58 per cent among female adult members. The absence of durable solutions only exacerbates this situation.

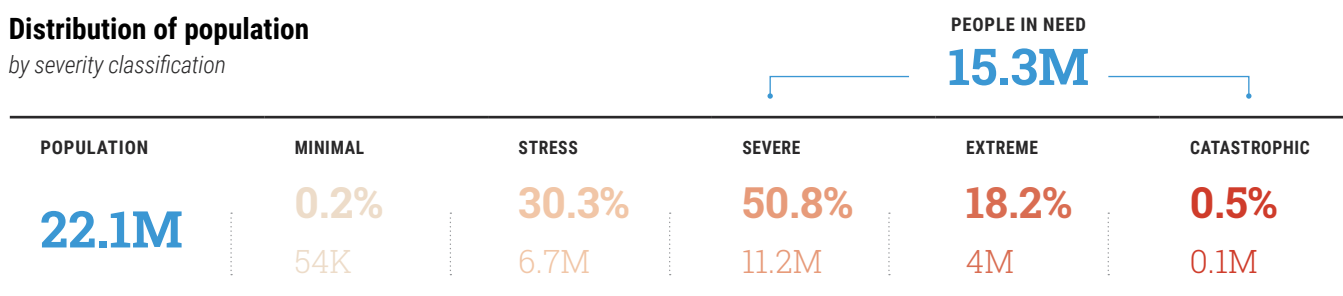
# Scope of Analysis

The 2023 Syria HNO is largely based on the Multi-Sector Needs Assessment (MSNA) conducted in July-August 2022 which collected data from all sub-districts. The assessment was conducted by 495 enumerators who interviewed 34,065 households, including 45 per cent female respondents and 11

per cent female-headed households. The MSNA was complemented by sectoral assessments, notably from the protection sectors, WASH, and the joint Food, Nutrition Security Livelihoods Assessment, in addition to the nutrition SMART surveys.<sup>1</sup>

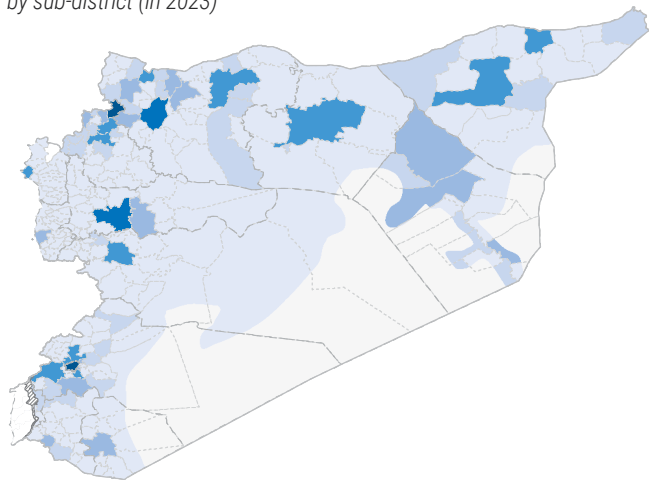
## Distribution of population

by severity classification



## Distribution of People in Need

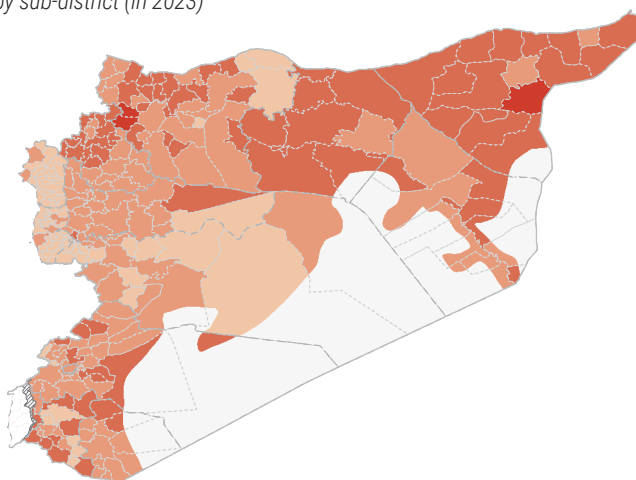
by sub-district (in 2023)



< 50,000 50,001 - 100,000 100,001 - 250,000 250,001 - 500,000 500,001 - 750,000 > 750,000

## Intersectoral Severity of Needs

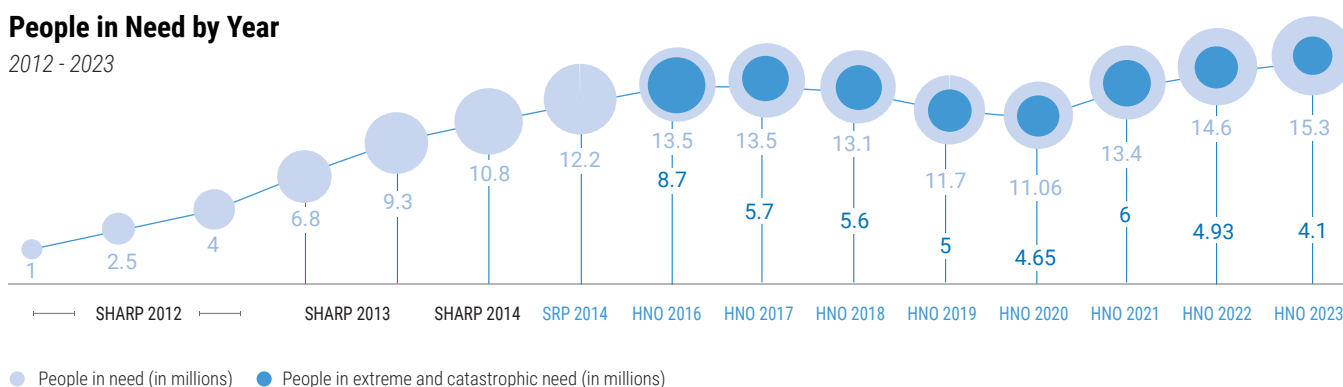
by sub-district (in 2023)



Minimal Stress Severe Extreme Catastrophic

## People in Need by Year

2012 - 2023



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. / Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

Part 1:

# Impact of the Crisis and Humanitarian Conditions

---

ALEPPO / SYRIA

Photo: Hand in Hand for Aid and Development "HIHFAD"



## 1.1

# Humanitarian Context and Shocks

## Hostilities and security environment

In 2022, Syria remains the third least peaceful country in the world according to the Global Peace Index (GPI).<sup>2</sup> Ongoing hostilities, including artillery shelling, air strikes and land mines, continue to threaten the lives of civilians and hamper humanitarian activities. During the first nine months of 2022, 495 civilians were killed and 252 were injured as result of hostilities and violence. Overall, the security situation remains highly dynamic and prone to escalation, particularly in areas of mixed or contested control and in the vicinity of the frontlines. Targeted air strikes against airports and ports in Aleppo, Damascus and Latakia Governorates continue to occur on a regular basis.

In north-west Syria, active armed incidents and clashes are regularly reported around frontline areas and cause civilian casualties. In 2022, this continued to be the case in areas south of the M4 highway in Idleb Governorate, in areas north of Aleppo such as Tal Refaat, Afrin and around Ain Al Arab, Tal Abiad, Ain Eissa, Ras Al Ain and in Tal Tamer in northern Syria. Shelling in those areas has often led to the temporary suspension of humanitarian activities.

In north-east Syria, tensions between parties on the ground continue to have an impact on humanitarian access. The beginning of the year was marked by a large-scale attack against the Al Sina'a prison in Al-Hasakeh by a resurgent Islamic State of Iraq and the Levant (ISIL). ISIL also launched regular lethal attacks in Ar-Raqqa, Hama, Deir-ez-Zor and Homs Governorates. The volatile situation in Al Hol

camp continued to generate violence and affect humanitarian work.

In November, shelling, airstrikes, and clashes in the vicinity of Idleb City destroyed the homes of hundreds of displaced families in three camps supported by humanitarian organizations. At least nine civilians were killed and 75 were injured, including children. More than 400 families were displaced. The recent hostilities in the north-west and north-east of Syria have had a detrimental impact on civilian lives and critical civilian infrastructure. Civilians have fled their homes in both Aleppo and Al-Hasakeh Governorates.

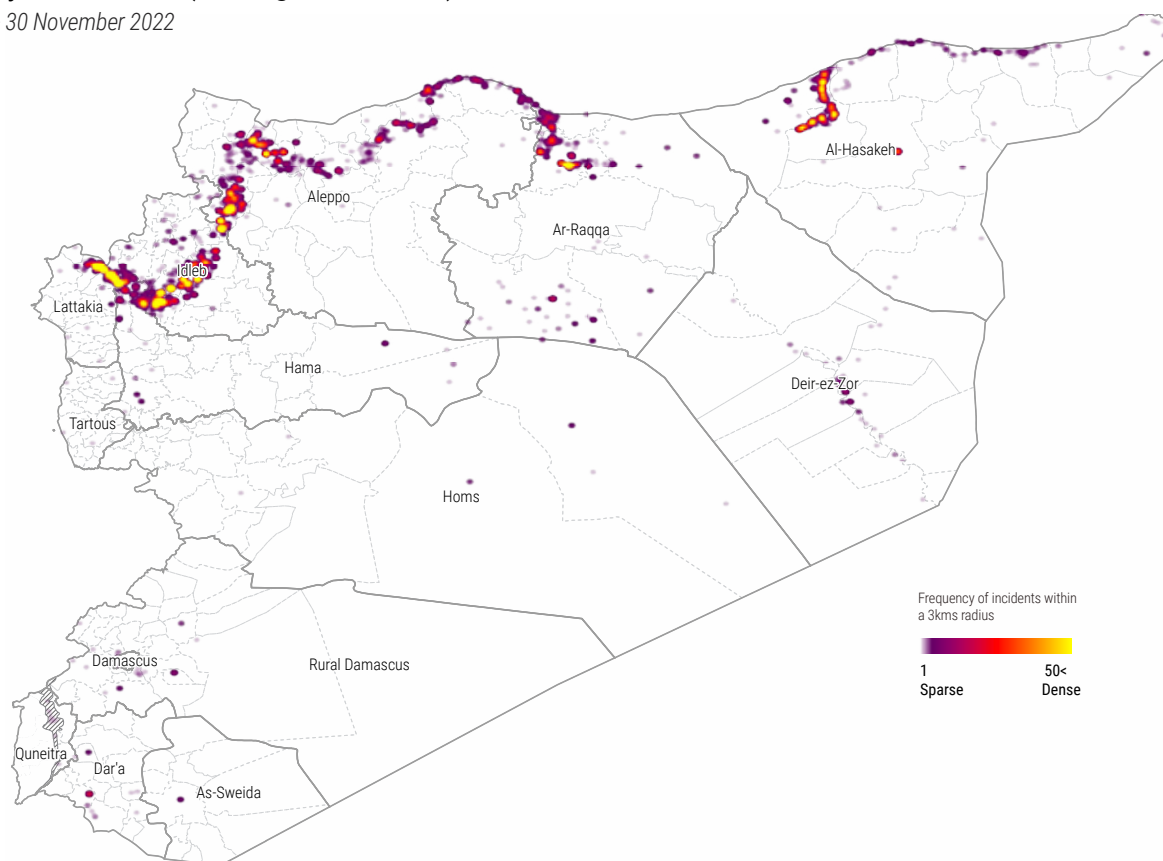
In southern Syria, regular security incidents across Dar'a, Quneitra and As-Sweida Governorates, including IED attacks, targeted killings, kidnappings, exchanges of fire and limited clashes, continued to have an impact on civilians and the movement of people and goods.

Widespread contamination from unexploded ordnances (UXOs) represents a major security concern in most of the country, particularly in Idleb, Homs, Hama, Aleppo, Ar-Raqqa, Deir-ez-Zor, Al-Hasakeh, Damascus, Quneitra and Dar'a Governorates. Contamination is most frequently reported on agricultural land, roads and private property, followed by schools, other public infrastructure and hospitals. It is one of the top access constraints reported to prevent the safe delivery of humanitarian aid and assistance to people in need.<sup>3</sup>



## Intensity of Incidents\* (shelling or air strikes)

January - 30 November 2022



\* Intensity is defined by the number of incidents in a specific area between January and 30 November 2022.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Continuing economic decay

The Syrian economy continued to contract with severe macro-economic deterioration throughout 2022. The combined effects of currency depreciation, soaring prices, reduced fiscal spending and economic sanctions have plunged additional sectors of the population into humanitarian need, including in areas historically less affected by hostilities and displacement. In the case of large-scale, protracted displacement crises that take place in countries with fragile economies, the economic impact of displacement can amount to a significant proportion of the Gross Domestic Product (GDP), in Syria's case around 15 per cent.<sup>4</sup>

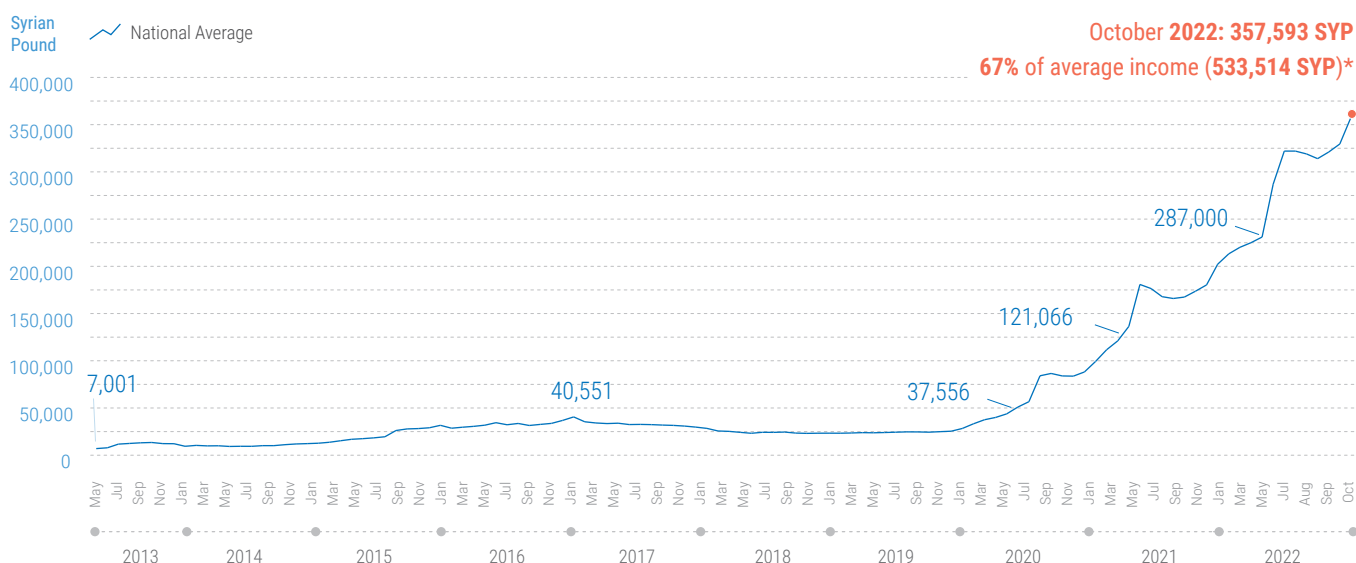
According to the World Bank, the Syrian pound weakened by 26 per cent against the US dollar in 2021, following a previous fall of 224 per cent in 2020.<sup>5</sup> For the second time this year, on 19 September 2022, the Central Bank of Syria devalued the local currency by seven per cent with the broad aim of attracting formal channelled remittances, and creating stability and control, including convergence with the parallel market exchange rates. The exchange rate was set

at SYP3,015 against the US dollar. The World Bank further notes that high inflation has continued due to Syria's heavy reliance on imports and the impact of currency falls, which feed higher domestic prices. It estimated that annual inflation reached 90 per cent in 2021, after hitting 114 per cent in 2020. The World Bank further projects – with some level of uncertainty given the lack of data – that Syria's real GDP will contract by 2.6 per cent in 2022 (to US\$15.5 billion in constant 2015 prices) after declining by 2.1 per cent in 2021, falling to a level not seen since the mid-1990s according to UNICEF.<sup>6</sup>

The Turkish lira, which was adopted as an alternative to the Syrian pound in 2020 in north-west Syria, has devalued to its lowest level against the dollar at 14.634 TRY per dollar in April 2022 and 18.574 TRY in November 2022. The devaluation is felt by communities who have witnessed additional increases in the prices of basic commodities, including food, water and fuel.

## Average monthly price of the standard food basket

May 2013 - October 2022



The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,060 kcal a day for a family of five during a month. The basket includes 37kg bread, 19kg rice, 19kg lentils, 5kg of sugar, and seven litres of vegetable oil. Source: WFP

\* Average income for August 2022, as based on 2022 MSNA.

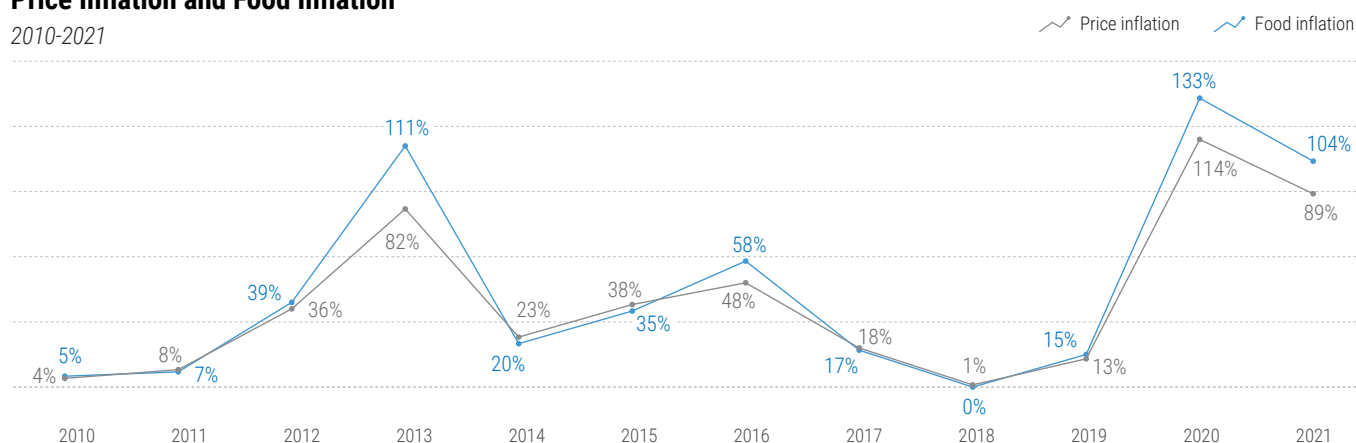
A direct and immediate consequence of the war in Ukraine was uncertainty about the global supply of grain and vegetable oil. As a net food importer, Syria is more susceptible to changing global dynamics. In September, the national average price of WFP's standard reference food basket reached new records since monitoring started in 2013. It increased by 52 per cent since the beginning of the crisis in Ukraine, up 91 per cent compared with the same time last year and reaching SYP 357,593 (\$119 at the official exchange rate of SYP 3,015/\$).<sup>7</sup>

After three consecutive months of mild decline, the Minimum Expenditure Basket (MEB) increased by

five per cent in August 2022, month on month, to SYP 797,030. The food component of the MEB increased by 21 per cent since the beginning of the Ukraine crisis while the non-food moved up by 28 per cent. The crisis in Ukraine has upended the markets for food and energy, contributing to the falling of standards of living.<sup>8</sup> As of November 2022, the Syrian pound's informal exchange rate was SYP 5,210/\$. This is its lowest rate since March 2021, while the official exchange rate remained at SYP 3,015/\$.<sup>9</sup> The Syrian pound's informal exchange rate has depreciated by 25 per cent since November 2021 and by 52 per cent in two years.

## Price Inflation and Food Inflation

2010-2021



Source: UNICEF, The 2022 State Budget in Syria. [www.unicef.org/syria/reports/2022-budget-brief](http://www.unicef.org/syria/reports/2022-budget-brief)

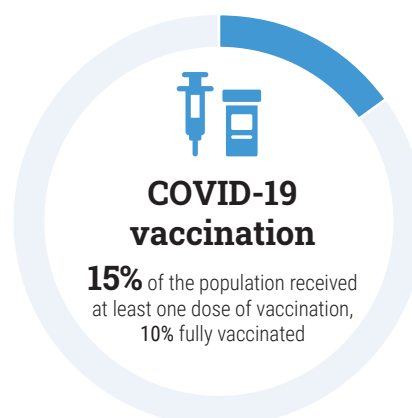
# Public health shocks

The health system functionality, including access to quality integrated basic primary and secondary health services, proper supply chain management, emergency preparedness and response capacities, has been negatively affected by the deteriorating socio-economic conditions, poor infrastructure, lack of electricity and poor WASH conditions in health care facilities. Food insecurity and the water crises have also contributed to an increase in waterborne diseases, and the deteriorating malnutrition status of children and pregnant and lactating women.

More than two years after COVID-19 was declared a global pandemic, Syria remains one of the worst affected countries in the Middle East and North Africa (MENA) region. Cases are still being reported from many parts of the country and there is a very low vaccination rate. By the end of September 2022, 15.4 per cent of the population had received at least one dose of vaccine and only 10 per cent were fully vaccinated. Funding gaps, vaccination hesitancy, infections among frontline health workers, high transmission rates in IDP camps, lack of oxygen supplies in some areas, limitations in cold chain capacity, and limited technical/management capacity are further hampering COVID-19 prevention and response across Syria.

In addition, a cholera outbreak was declared by the Syrian Ministry of Health (MoH) in September 2022. The outbreak is mainly attributed to the deteriorating socio-economic conditions and the water crisis in northern Syria, which triggered a significant increase in

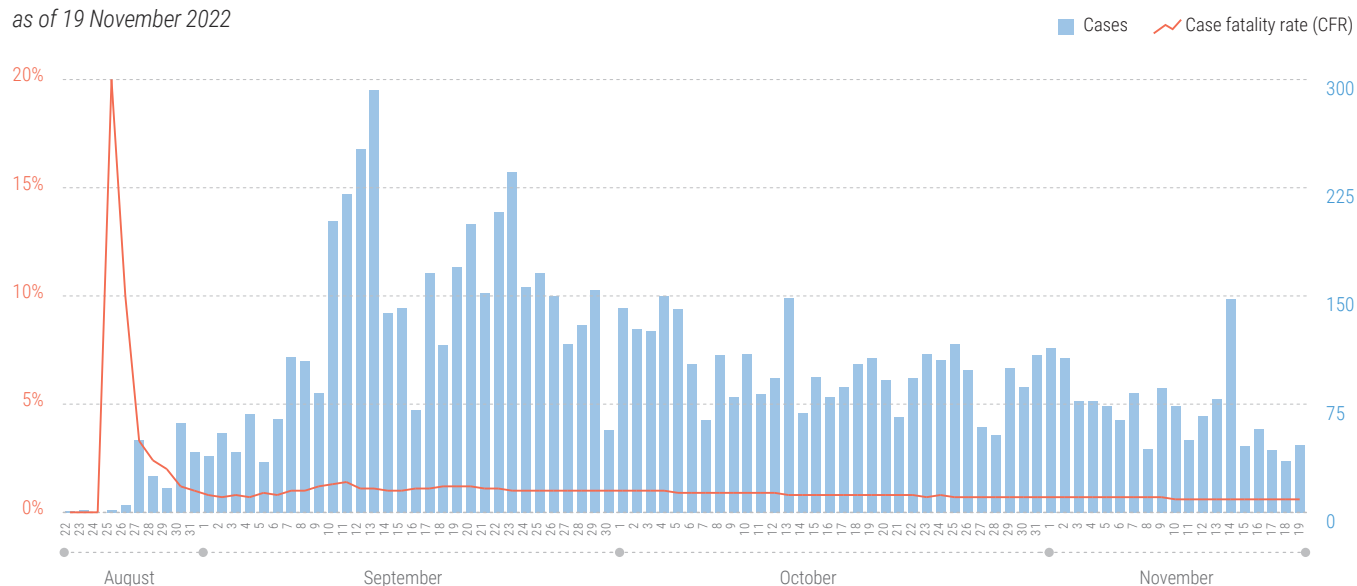
waterborne diseases across the country. Between 25 August and 5 November 2022, 35,569 suspected cases were reported, including 68 deaths (case fatality rate of 0.43 per cent). At the time of writing, the outbreak is spreading fast and has reached all 14 governorates. These additional crises continue to overstretch the already weak health system and have direct consequences on vulnerable communities and patients by increasing morbidities and mortality.



The COVID-19 pandemic, acute watery diarrhoea (AWD)/cholera, and other recurring disease outbreaks such as leishmaniasis, measles, and meningitis, and malnutrition continue to be the leading causes of morbidities and mortalities in Syria. Combined with the deteriorating socio-economic situation, disease outbreaks have a significant impact on the population's ability to access health care.

# Distribution of Suspected Cholera Cases in Syria

as of 19 November 2022



Lastly, resource mobilization constraints have hampered ongoing emergency health response activities and had a negative impact on the continuity of established interventions such as disease surveillance systems, primary care networks, referrals and supply chains on which vulnerable persons increasingly rely.

## Environmental shocks

Syria's geographical location in the eastern Mediterranean basin has made it vulnerable to climate variability and climate change-related impacts in recent decades. This situation is expected to continue or even worsen. According to the Intergovernmental Panel on Climate Change (IPCC), changes in the quantity and seasonality of water due to climate change bring risks to the food security and economic prosperity of many countries, particularly in the arid and semi-arid areas of the world such as Mediterranean countries.

The Mediterranean region has experienced notable changes in drought and aridity, and is one of the global water stress hotspots. As climate change increases air temperatures, this exacerbates drought, and drives evaporation from soil, water reservoirs and rivers, transpiration and heat stress from plants, while simultaneously generating increased water demand. These conditions are projected to deteriorate further and the IPCC Sixth Assessment Report refers to a combination of climatic impact driver changes for the Mediterranean region. For example, by mid-century and at global warming of at least 2°C and above, changes such as warming, more extreme heat events and less precipitation will lead to an increase in hydrological, agricultural, and ecological drought and aridity.

Water scarcity will not eliminate the risk of flooding, and heavy precipitation events and pluvial floods are projected to increase. Other high-impact events expected to escalate in the region are fire risks, severe windstorms, coastal floods and coastal erosion.

The World Meteorological Organization (WMO) Mediterranean Climate Outlook Forum (MEDCOF) statements refer to the drier than average conditions in the last three years in Syria, particularly during the winter. It is important to note that it was during a drought situation that heavy rainfall, flooding and strong winds consecutively affected north-west Syria, first in January 2021 and again in the same month

of 2022 (with heavy snowfall in some parts).<sup>10</sup> This highlights the importance of considering various weather and climate time scales for the anticipation, reduction and mitigation of impacts.

Severe drought is reported in many regions after successive months of failed rainfall. During the wet period<sup>11</sup> from October 2021 to May 2022, only March recorded normal to above-normal precipitation. Water deficits have been exacerbated due to drier than average conditions in the 2020/21 and 2021/22 wet seasons, but also by increasing evaporative demand associated with above-normal air temperatures during the July-September hot and dry season. According to Vegetation Health Index (VHI) products, the vegetation conditions have deteriorated since April 2022 and there was an intensification of drought in most of Syria. The situation in the first week of October 2022 was worse than during the same period of 2021 and VHI high-risk drought classes three and four prevail in large areas of the country.

Low rainfall in combination with low water levels reported in the Euphrates River also increase the concentration of biological and chemical contaminants. The impact on overall water quality both for domestic and drinking use increases public health risks.

The outlook for the November 2022-January 2023 period suggests an increased probability of belownormal precipitation and above-normal temperatures. While forecast uncertainty increases with lead time, i.e. the length of time between the issuance of forecasts and the occurrence of the predicted phenomena, there are consistent signals of below-average precipitation in winter 2022/23.

Other study findings have highlighted that the average temperature has been rising in north-east Syria and the region is now approximately 0.8°C hotter today than it was 100 years ago, with a decreased mean rainfall of about 18 mm per month per century. Despite agricultural input support to farmers, poor rainfall and climate-induced aridity have had a severe impact on wheat grain harvests and have caused cycles of wheat crop failures across north-east Syria. Climate change exacerbates the challenge of crop pests and diseases that reduce wheat crop yields and cause losses in wheat crop production.<sup>12</sup>



## 1.2 Impact of the Crisis

Across the country, the long-standing needs driven by rounds of hostilities remain staggering and have become more deeply entrenched, compounded by multi-layered drivers. Over a decade of the destruction of Syrian infrastructure and loss of lives, layered with a deteriorating socio-economic situation, a global pandemic and climate-induced shocks, have pushed more segments of the population into humanitarian need. Domestic investment in social welfare programmes has reduced significantly and led to the

collapse of the national social protection system, and subsequent lack of support for vulnerable families. For example, domestic resources allocated to the social affairs sector have fallen dramatically from 2011 to 2022 by a factor of about four, from 0.18 per cent of the overall budget to 0.04 per cent. In real terms, allocations to the sector are 89 per cent lower than they were in 2011.<sup>13</sup>

### Grave Violations Against Children in Syria

January-September 2022

## 1,895 Grave violations against children



\*These figures represent a decrease by 27 per cent when compared to the same period of the year 2020. 69 per cent of the grave violations and related violations of concern took place in north-west Syria (NWS).

## 1.2.1 Impact on people

### Protection of civilians

From 1 January to 30 September 2022, the Office of the High Commissioner for Human Rights (OHCHR) documented 450 civilian casualties, including 49 women and 123 children, as a result of hostilities and violence in Syria.

Children continue to be greatly affected by the crisis in Syria. The magnitude of grave violations reported during the first half of 2022 indicates that children across Syria remain exposed to violations in the ongoing hostilities. In addition, large areas of Syria are extensively contaminated by ERWs, which are the leading source of the death and maiming of children

reported during this period. Tensions along northern border areas continue in addition to internal skirmishes in north-western Syria. Children are deprived of liberty and children in detention in Syria are an area of concern to all protection actors.

In 2022, the World Health Organization's (WHO) surveillance system of attacks on health care facilities recorded 17 reported attacks, of which 13 affected health facilities as of the end of September 2022. Between January and September 2022, three civilians were killed and seven were injured, including one health care provider killed and three injured. Compared with 2021, the overall rate of attacks, injuries and deaths appears to be substantially lower but it is noticeable that Deir-ez-Zor had the largest number of 60 per cent of reported attacks. The other attacks were reported in Aleppo, Al-Hasakeh, Dar'a and Idlib Governorates.

### Attacks on Health Care

January-September 2022

**17** Total attacks on healthcare



**3 killed\***

all of whom are health care providers



**7 injured\*** of which

**3** healthcare providers

### Impact of attacks on healthcare ▶



**5** governorates

**60%**

of attacks on Deir-ez-Zor

**40%**

of attacks on Aleppo, Al-Hasakeh, Dar'a and Idlib



**7** attacks impacted personnel



**13** attacks impacted health facilities



**3** attacks impacted supplies

\* Full disaggregation of casualties is unknown

Source: WHO Surveillance System for Attacks on Health care (SSA), January-September 2022



# Protection and Human Rights Violation Overview from OHCHR

**Hostilities** in Syria remain a direct cause of death and injury, displacement, damage to property and destruction of key civilian infrastructure, including schools, hospitals/health facilities and others necessary for daily life. Civilians are killed and injured in the context of hostilities between different parties, including pro-government forces, the al-Qaeda-affiliated Hay'at Tahrir al-Sham (HTS), Kurdish-led Syrian Democratic Forces (SDF), and Turkish army/affiliated armed groups, and particularly as a result of air strikes, ground-based shelling, and explosive ordnance incidents, including improvised explosive devices (IEDs), and explosive remnants of war (EWR) explosions across Syria. Most of these hostilities have occurred in Dar'a, Aleppo, Idleb, Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor Governorates.

Many attacks appeared to be carried out in breach of the obligation to take all feasible precautions to

spare civilians. Serious concerns have been raised regarding respect for the principle of distinction, in particular the prohibition on direct attacks against civilians and indiscriminate attacks under international humanitarian law (IHL).

During the first nine months of 2022, 95 civilians were killed and 252 were injured as result of air strikes and ground-based strikes by different parties to the conflict. Key civilian infrastructure such as schools and hospitals were damaged and destroyed. In addition, 123 incidents involving IEDs, including Vehicle Borne IEDs (VBIEDs) and ERW, were documented during the same period. A total of 128 civilians, including 68 children, were killed and at least 136 civilians, including 83 children, were injured. Compared with the same period in 2021, there was a 84 per cent decrease (17 in 2022 versus 108 in 2021) in the occurrence of IED attacks, while incidents of ERW decreased by 39 per cent versus 2021. As in the previous year, most of the IED attacks were documented in areas under the control of armed groups in Turkish operations in Aleppo, Ar-Raqqa and Al-Hasakeh Governorates, including mainly in residential areas and inside markets. Around 74 per cent of the ERW explosions were documented in agricultural areas and primarily killed, injured or maimed farmers and children playing near the area.

In areas under the control of the Government of Syria (GoS) and of those armed groups exercising government-like functions over parts of the Syrian territory, numerous **incidents of targeted killings, arbitrary deprivation of liberty, ill-treatment and torture in detention, deaths in custody, and involuntary or enforced disappearance and abduction** continued in 2022. In particular, both pro-government forces and non-state armed groups have continued to arbitrarily detain and abduct individuals in areas under their effective control, often omitting reasons for the deprivation of liberty and denying families any information on the fate and whereabouts of their relatives.

During this reporting period, OHCHR documented at least 75 incidents of **arbitrary detention**, including 38 by Kurdish-led armed groups, eight by the GoS, four by HTS and 25 by various Turkish-backed armed groups. People expressing dissent against the government or the de facto authorities, including journalists, humanitarian workers and health care providers, continued to be intimidated and harassed. The arbitrary deprivation of liberty and excessive use of force were used to repress peaceful demonstrations staged to protest about poor economic conditions, the deteriorating security situation, abduction and ill-treatment by the relevant authorities.

**Access to education** continued to be extremely restricted. Teachers and education personnel have been intimidated and harassed, particularly in SDF-controlled areas, with incidents of excessive use of force, the arbitrary deprivation of liberty, low salaries, dismissal and the suspension of work licenses. Students who had to travel across lines of control to undertake national exams have also been exposed to violence resulting in killing and injury in a few instances. In SDF-controlled areas, the de facto authorities imposed measures that included the use of Kurdish curricula which is not accredited or internationally recognized.

A concerning number of **targeted killings** have been documented, particularly in SDF-controlled areas in north-east Syria and in government-controlled Dar'a governorate, against civilians, including former fighters who had reconciled with the government in Dar'a in July 2018. During January-September 2022, 110 people were killed as a result of targeted killings (including shooting incidents and IEDs explosions) by unknown perpetrators. In a few incidents in SDF-controlled areas, ISIL claimed responsibility for attacks but in the vast majority of cases, OHCHR has been unable to attribute the attacks. These recurrent acts signal the failure by the relevant authorities to protect individuals living under their control against the arbitrary deprivation of their lives.



In north-east Syria, particularly Al-Hasakeh Governorate, the situation has remained extremely volatile, and civilians bear the brunt of renewed violence and conflict. On 20 January 2022, ISIL launched coordinated attacks on the Al-Sina'a (Ghweiran) prison, in the Ghweiran neighbourhood of the city of Al-Hasakeh, where around 4,000 male individuals, including approximately 700 children of multiple nationalities were being held. This attempt to free suspected detained ISIL members provoked heavy fighting between ISIL and SDF, including inside residential areas of the city, in addition to air strikes by the US-led International Coalition Forces on targets within the vicinity of the prison. SDF forces regained control of the prison but many of the recaptured prisoners were transferred to unknown locations following the attack.

Despite several reports on the impact of the fighting on civilians, OHCHR was unable to verify civilian casualties as a result of the attack and the SDF-led security operation that followed it.<sup>14</sup> OHCHR remains concerned about the many recaptured prisoners, including children, who were transferred to unidentified locations. OHCHR is also alarmed by the massive arrest campaign that followed the attack and the arrest of men who have been detained under the pretext that they provided support for ISIL members during the attack, including allegedly hiding ISIL members in their homes.

The human rights situation and humanitarian conditions remain dire in Al Hol camp (where family members of ISIL fighters, including women and children, and even those suspected of ISIL family ties have been deprived of their liberty). During January-September 2022, incidents of killings in the camp

by unknown perpetrators continued to be reported at an alarming rate. In the reporting period, OHCHR documented the killing of 41 people, including 10 Iraqi men, six Syrian men, four Iraqi women, 18 Syrian women, one Iraqi boy, one Iraqi girl and one Yazidi (Syrian or Iraqi) girl by unknown perpetrators in Al Hol camp. Family separation, restricted access to humanitarian assistance, restricted freedom of movement and arbitrary deprivation of liberty continue to be enforced in the camp and the population have severe humanitarian needs, particularly women and children. There is a lack of basic social services, education, identification documentation, including registration cards and birth certificates, or access to families/relatives outside.

Across Syria, women and girls continue to bear the direct and indirect brunt of the violence and hostilities. They face human rights violations that include unlawful killings, arbitrary deprivation of liberty, and gender-based violence and discrimination at the hands of various parties to the conflict. Women are also adversely affected by the numerous legal and administrative challenges to accessing key rights, including civil documentation, education, medical care, and effective participation in public and social affairs. For example, on 18 August, five girls were killed and another ten injured as a result of a drone strike, allegedly by the Turkish army/Turkish-affiliated armed groups, in the village of Shamuka near Tel Tamer town in north-western rural Al-Hasakeh. The strike hit a rehabilitation/education centre hosting girls who were reportedly former recruits of the SDF. The centre is funded by an NGO through the UN Action plan to eliminate child recruitment.

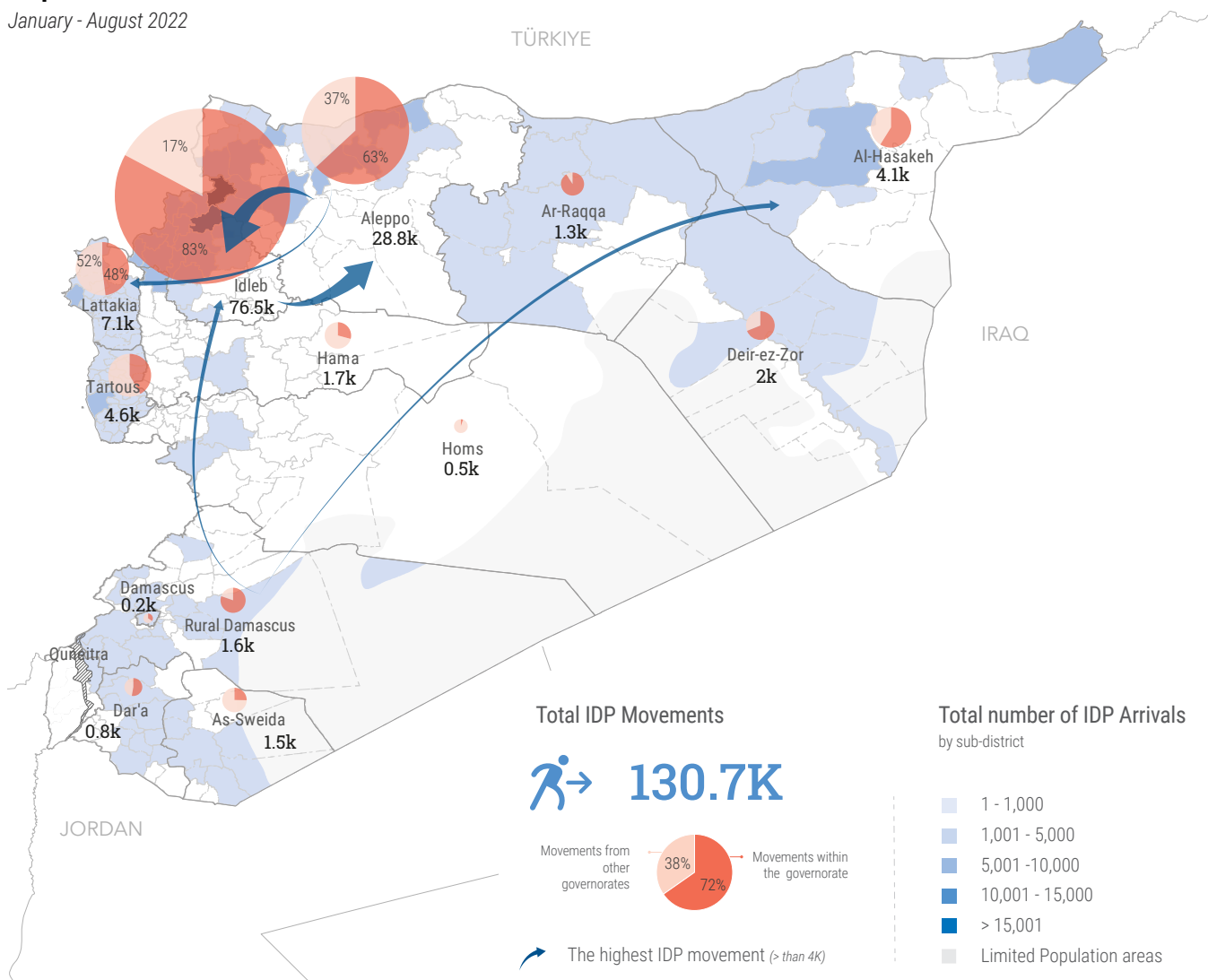
## Population movements

Over a decade of hostilities in Syria has been characterised by massive and protracted displacement. Nearly 80 per cent of IDP households have now been displaced for at least five years. While numbers are still high, in 2022 the total number of IDPs fell slightly from 6.9 million to 6.8 million. Similarly, the number of new displacements decreased significantly compared to last year: 130,724 new displacements were registered from January to August 2022 versus 456,000 for the same period in 2021. New displacements were registered mainly in Aleppo and Idlib Governorates around frontline areas on a continuous basis throughout the year. As in previous years, displaced people remain concentrated geographically, with over half of all IDPs in just 20 of Syria's 204 sub-districts.

Today, almost 2.1 million IDPs live in sites in north-west and north-east Syria. This includes over 1.8 million IDPs living in 1,421 last resort IDP sites in north-west Syria who need assistance in 2023, an increase from 1.7 million in 2022.<sup>15</sup> An additional 276,800 IDPs who reside in over 259 sites in north-east Syria also need assistance. The population in ten camps there with a static camp management has increased by 4,320 individuals since the beginning of 2022. The rate of new arrivals significantly outweighs the departures, with 7,000 individuals on camp waiting lists. In other governorates, 12,000 IDPs live in collective centres, self-settled camps and transit camps/reception areas.

## Displacement Movements

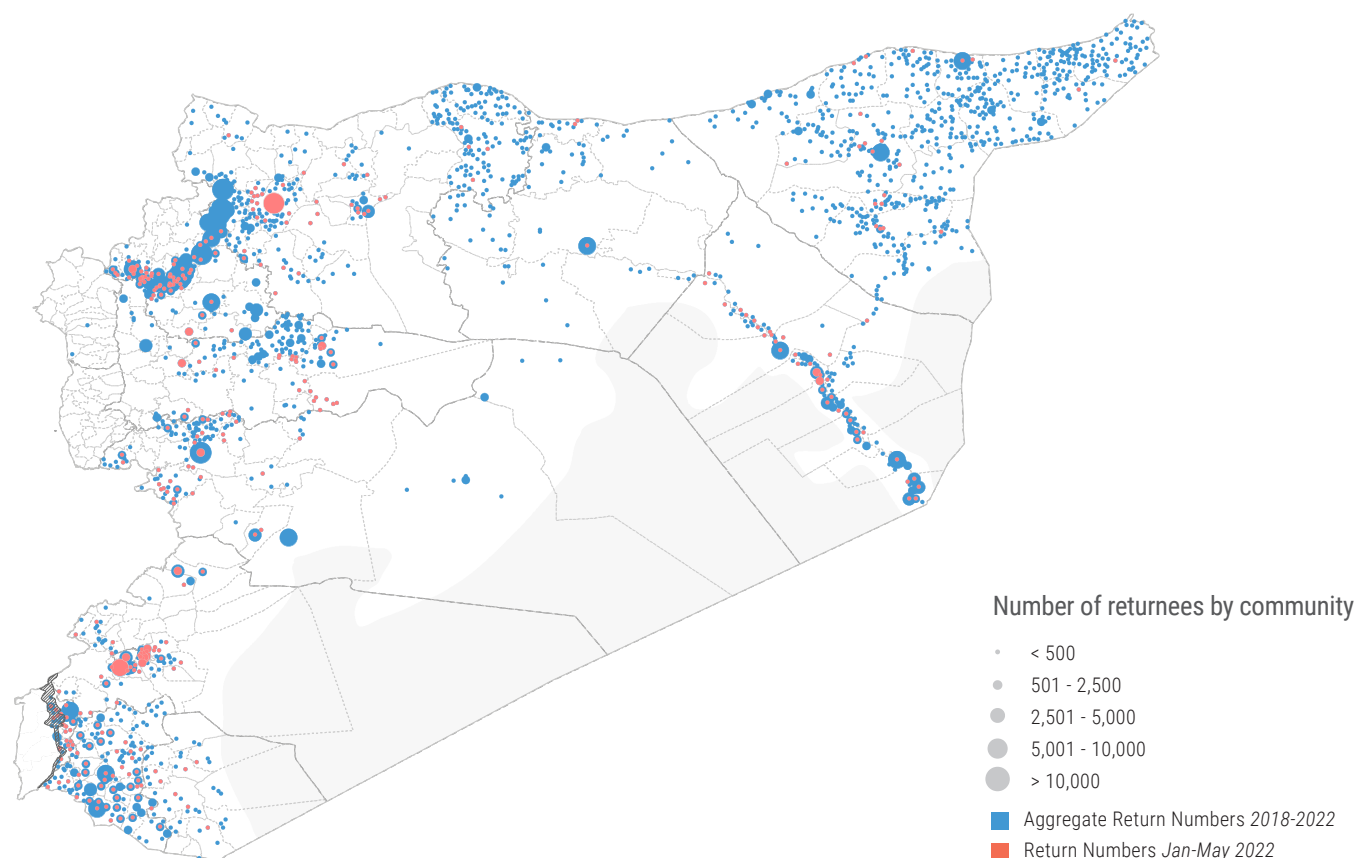
January - August 2022



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Arrows on the map do not depict actual IDP movement paths.

## Overview of IDP Returns

2018-2022



*The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.*





















While an overall lessening of hostilities has contributed to reduced population movements since March 2020, there is some evidence to suggest that the increasingly dire economic situation overall in Syria, combined with often minimal basic services available in areas of return, has affected decisions to move back home. Many IDPs from earlier military campaigns remain displaced, underserved and unable to return to their areas of origin. These factors have also prompted some pre-emptive movement towards camps and sites where there is more likely to be humanitarian assistance. Such may be the case in north-east Syria,

where at least 1,404 households are currently on waiting lists for placement in informal sites.

A total of 97,978 spontaneous IDP return movements were registered between January and August 2022, which is fewer than those reported in 2021 for the same period (107,510). More than half of these returns occurred in only two governorates: Idleb (27,956) and Rural Damascus (22,631). Governorates with the fewest recorded returns include Tartous, Ar-Raqqa and Quneitra.

## Sub-districts Hosting Highest Numbers of IDPs and Returnees

May 2022

SUB-DISTRICT	DISTRICT	GOVERNORATE	RESIDENT POPULATION	RETURNEES	IDPS	POPULATION	% OF IDPS AND RETURNEES OVER POPULATION	
Dana	Harim	Idlib	181,215	-	972,592	1,153,807		84%
A'zaz	A'zaz	Aleppo	65,424	9	231,095	296,528		78%
Jandairis	Afrin	Aleppo	23,305	11	80,448	103,764		78%
Maaret Tamsrin	Idlib	Idlib	74,659	-	247,457	322,116		77%
At Tall	At Tall	Rural Damascus	64,951	2	196,780	261,733		75%
Salqin	Harim	Idlib	73,834	-	137,755	211,589		65%
Afrin	Afrin	Aleppo	74,768	-	113,100	187,868		60%
Al Bab	Al Bab	Aleppo	95,758	36	106,324	202,118		53%
Jaramana	Rural Damascus	Rural Damascus	304,230	175	299,146	603,551		50%
Qatana	Qatana	Rural Damascus	150,533	137	144,114	294,809		49%
Idlib	Idlib	Idlib	155,497	141	145,739	301,377		48%
Atareb	Jebel Saman	Aleppo	100,088	-	90,829	190,917		48%
Lattakia	Lattakia	Lattakia	524,920	48	409,096	934,064		44%
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	165,809	117	126,030	291,962		43%
Damascus	Damascus	Damascus	1,215,856	2,550	600,097	1,818,517		33%
Homs	Homs	Homs	443,210	2,618	189,147	635,030		30%
Qudsiya	Rural Damascus	Rural Damascus	243,346	404	99,476	343,238		29%
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	271,663	27	108,302	379,993		29%
Hama	Hama	Hama	588,112	16	162,317	750,466		22%
Jebel Saman	Jebel Saman	Aleppo	1,481,796	18,860	166,860	1,667,719		11%

### 1.2.2 Impact on systems and services

#### Services and infrastructure under continuous pressure

Over a decade of hostilities has caused immense devastation to the country's critical infrastructure and basic services.

**Housing:** Housing and infrastructural damage resulting from the conflict has severely affected Syria's housing stock and economy. An estimated 328,000 dwellings have either been destroyed or severely damaged and are unable to be reoccupied. A further 600,000 to one million dwellings were moderately or lightly damaged.<sup>16</sup>

**Health:** The impact of hostilities on the health system has been immense, alongside the impact of unilateral coercive measures and a shortage of health workers, 70 per cent of whom have fled the country.<sup>17</sup> According to the WHO, only 59 per cent of hospitals, 57 per cent of primary health care facilities and 63 per cent of specialized centres are fully functioning. Only 59 of 1,559 partially and fully functional health facilities (four per cent) offer renal dialysis services, 24 offer cancer diagnosis/treatment and 377 offer tuberculosis treatment.<sup>18</sup> Electricity shortages force most public and private health facilities in the country to rely on backup generators or on solar energy systems to operate. These energy sources provide the minimum power required to run medical facilities and pose a threat to the continuity of health services. An estimated 30 per cent of functional public hospitals need electrical generators to operate.<sup>19</sup>

**Electricity and Fuel:** Electricity shortages have a multi-sectoral impact on critical services by impeding the availability and quality of education, health and WASH services, including emergency and intensive care units in hospitals, potable water supply systems and wastewater treatment plants. The significant shortage of fuel for power plants, the destruction of the main electricity infrastructure, and the reduced Euphrates River flow that has drastically diminished hydroelectric potential, drive the electricity shortage that further complicates the humanitarian landscape in Syria. In 2021, per capita consumption of state electricity was

approximately 15 per cent of 2010 levels.<sup>20</sup> Access to electricity at a household level was the third top need in the 2021 MSNA but the second most unmet need in the 2022 MSNA for 47 per cent of those interviewed. Seventy-three per cent of respondents noted that they had less than eight hours of electricity per day. According to United Nations Economic and Social Commission for Western Asia (ESCWA), the electricity sector was the sixth most affected sector in terms of damage to physical capital with damage estimated at approximately \$7.3 billion in 2010 dollar terms.<sup>21</sup> Two of the country's 13 major power plants were completely destroyed: the Zeyzoun power plant in Idlib governorate (487 MW installed capacity) and the Aleppo thermal power station in Aleppo Governorate (1,065 MW installed capacity).<sup>22</sup> This reduced the country's electricity generation capacity from 5,800 MW in 2010 (with a full capacity of 9,000 MW) to 2,000 MW in 2021.<sup>23</sup>

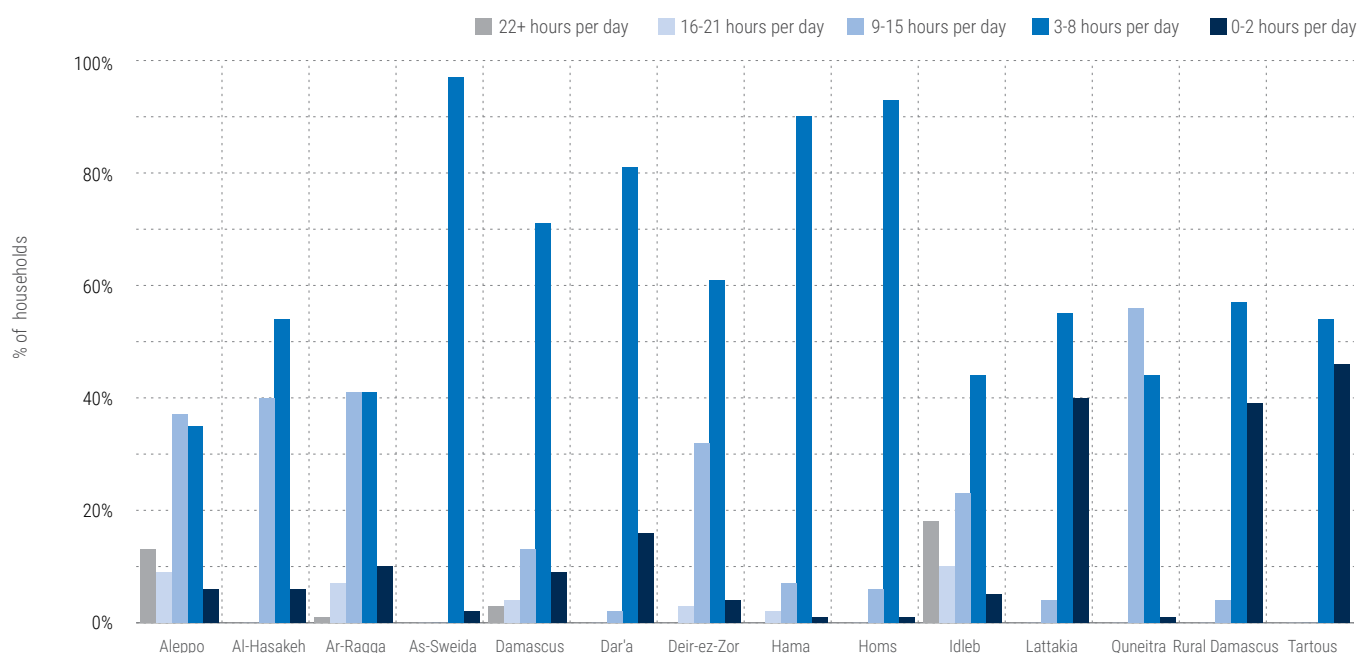
The GoS increased the price of petrol by 130 per cent in August 2022 to 2,500 SYP, while the cost of non-subsidized petrol rose to 4,000 SYP.

**Education:** According to UNICEF, the education system has been devastated by the conflict. Over 7,000 schools have been damaged or destroyed, limiting the ability of children to access accredited educational services, and leaving over two million children out of school and another 1.6 million children at risk of dropping out.<sup>24</sup> Self-reported attendance (MSNA 2022) indicated a slight increase of two percentage points from last year at 88 per cent for 6-17 years of age.<sup>25</sup> Schools and learning spaces continue to be uncondusive<sup>26</sup> to learning due to overcrowding, dilapidated school buildings and classrooms, teacher shortages (especially in rural schools), poor school furniture/school supplies, insufficient lighting and heating within schools and classrooms, and inadequate availability and quality of WASH facilities. In particular, there is a critical shortage of schools after primary level, especially secondary schools and Technical and Vocational Education and Training (TVET). All these issues are detrimental to access and continuation of education, and also jeopardize the delivery of quality education.



## Hours of Electricity per Day

by Governorate



Source: MSNA 2022

## Continuing low agricultural yield and growing food insecurity

Food insecurity had already reached alarming levels in 2021 and continued to deteriorate throughout 2022. In 2021 and 2022, Syria ranked 106 out of 113 countries assessed in the Global Food Security Index.<sup>27</sup>

A severe drought and lower than expected flows of the Euphrates River, coupled with the high cost of fuel and price increases, resulted in a contraction of the harvestable cereal area at a time when 12.6m people are already food insecure. According to FAO, the harvested wheat area is estimated at 787 000 hectares, slightly over half of the area harvested in 2019. The harvested barley area is estimated at 352 000 hectares, about 75 per cent less than last year as large swathes of land were not deemed worthy of harvesting. At 268 000 tonnes, barley production is about 10 per cent of the bumper harvests in 2019 and 2020.<sup>28</sup>

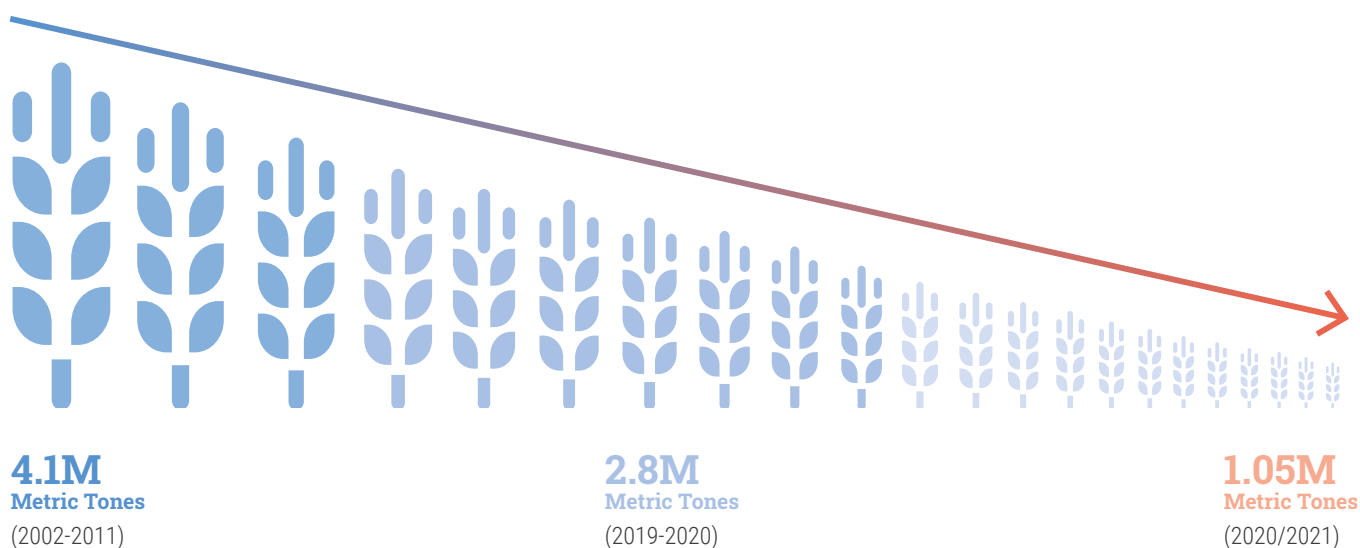
Recurrent price increases for both agricultural inputs and food commodities in Syria have limited access to quality agricultural inputs in local markets, especially for crisis-affected and resource-constrained vulnerable smallholder farmers. The water crisis and drought-

like conditions have also had an adverse impact on output from the agricultural sector, posing risks to food and nutrition security, and to the agriculture-based livelihoods of farmers in Syria.

The shortage of fuel continued to reduce access to energy for production purposes. The shortage, particularly of diesel, affected poultry production during the summer due to the extraordinary heatwaves. It also had a negative impact on most agricultural field operations during the summer, especially irrigation, underground water extraction, food processing and transportation.<sup>29</sup>

In March 2022, food prices increased by 24 per cent in just one month, following an 800 per cent increase over the previous two years, and food prices reached their highest level since 2013. In February 2022, nine out of ten interviewed households in Syria (90 per cent) reported experiencing food access issues that prompted them to adopt at least one food-based coping mechanism to meet their food consumption needs. Overall, 72 per cent of surveyed households bought food on credit due to lack of funds.<sup>30</sup>

## Wheat Production



### Water access and availability under serious strain

Climate-induced and human-caused shocks affecting natural resources, particularly water, have intensified the humanitarian situation in Syria. Water scarcity has been exacerbated by low water levels in the Euphrates River since January 2021, following low water flows into the Syrian portion of the river and the principal water reservoirs in north-east Syria; a severe long-term drought with poor vegetation conditions and below-average precipitation during the 2021/2022 winter season; and disruptions and shortages to power supplies that hamper the water supply system performance.<sup>31</sup> In the north-east, pumping from Alouk water station is regularly interrupted and causes critical shortages in Al-Hasakeh governorate and the surrounding areas, affecting over 460,000 people including IDP sites such as Al Hol and Areesha camp. In north-west Syria, water pumping from Ein Al Beyda has not been available since 2017, forcing 185,000 people to rely on unsafe water sources.

This situation has reduced access to water for drinking and domestic use for millions of Syrians. It has also triggered substantial harvest and income losses, an increase in waterborne diseases and malnutrition rates, increased challenges related to women and girls' menstrual hygiene management, and additional protection and GBV risks, especially for women and girls.

In Syria, nearly two-thirds of water treatment plants, half of all pumping stations and one-third of water towers have been damaged in the conflict. Water networks are unable to provide full water supplies to the population due to the lack of a stable power supply, the high cost of diesel to operate the power generating systems and fixed budgets. Faced with acute shortages of safe, public drinking water, more than half of people in Syria rely on alternative and often unsafe water sources to meet or complement their water needs (vis-à-vis 47 per cent in mid-2021). According to the 2022 WASH household survey, water treatment and distribution networks have continued to degrade; 52 per cent of Syrians now rely on often unsafe alternatives to piped water, up from 47 per cent in 2021.<sup>32</sup> At least 70 per cent of sewage is being discharged untreated and at least half of sewerage systems are not functional, with devastating implications for both public and environmental health. In addition to the structural damage to water networks and the growing economic crisis leading to unaffordable water costs, Syria is a water-scarce country in the MENA region with an average of 675 m<sup>3</sup> of available water resources per capita. The sector has seen a dramatic fall in domestic budget allocations. From 2011 to 2022, the share allocated to the sector has dropped about fivefold from 3.3 per cent of the overall budget to 0.7 per cent. In real terms, allocations to the sector are 90 per cent lower than they were in 2011.<sup>33</sup>

Water insufficiency is forcing households to resort to negative coping mechanisms such as changing hygiene practices or increasing household debt to afford water costs. Affected communities, in particular women and girls, are more vulnerable to GBV risks,

and to sexual exploitation and abuse by humanitarian and non-traditional actors involved in providing humanitarian assistance and who seek to take advantage of the imbalance of power over resources.

**IDLEB / SYRIA**

Photo: OCHA/Mohanad Zayat



### 1.2.3 Impact on humanitarian access

In Syria, humanitarian access is challenged by conflict and military operations, particularly around frontline areas in the north-west (south of the M4), the north (northern Aleppo, Tel Abiad, Ras Al Ain) and southern Syria (Dar'a, As-Sweida, Quneitra Governorates). Other factors such as the deteriorated economic situation, unilateral economic coercive measures, fuel shortages and international bank de-risking practices are frequently reported as major impediments to the humanitarian response and humanitarian access. Poor infrastructure, including road networks, electricity networks and communication networks, restricts the ability of humanitarian partners to implement planned interventions.

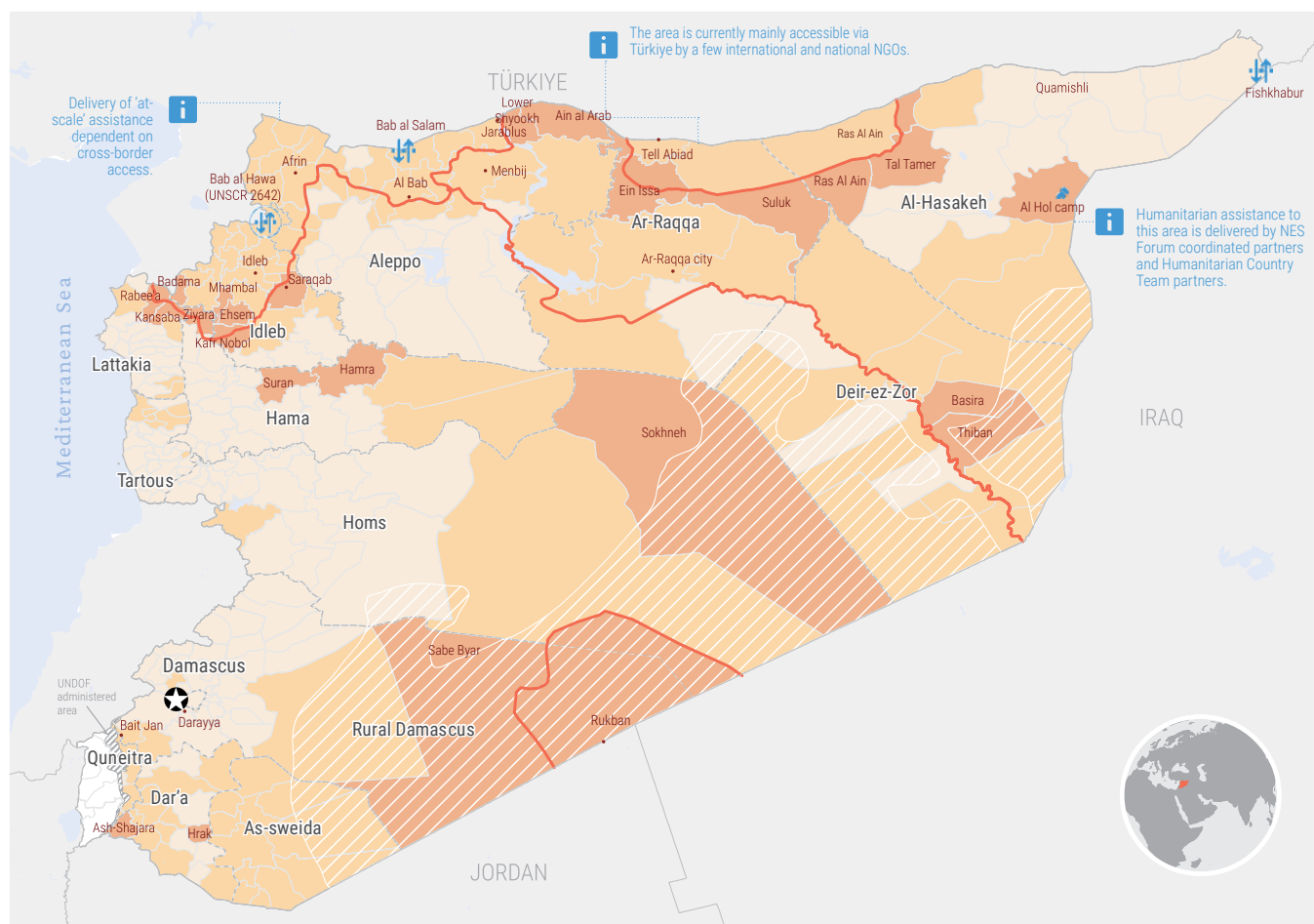
In 2022, the United Nations has continued its efforts to increase the variety of delivery modalities, including

scaling up cross-border deliveries and delivering through cross-line operations. In July 2022, UNSCR 2642 reauthorized, among other things, UN cross-border aid from Türkiye through the Bab al-Hawa crossing point for a period of seven months as opposed to 12 months previously. In addition to cross-border assistance, six cross-line missions have been conducted by the UN from Aleppo to Sarmada between March and November 2022 (nine in total since August 2021). Cross-border assistance remains an essential access modality to reach the 4.1 million people in need in north-west Syria.

Violence continues in the north-west, including air strikes, mutual shelling and clashes. Hostilities continue in the northern part of the country, including but not limited to Tel Refaat and Afrin in the northern Aleppo countryside, Manbij, Ain Eissa and Tall Tamer, often triggering displacements of civilians. In southern

### Consolidated Access Severity Scoring

**Legend** Low access severity Moderate access severity High access severity Areas with no or limited population



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: [Syria Humanitarian Access Severity Overview - October 2022](#)



Syria, the security environment remains volatile and causes temporary interruptions to humanitarian assistance. It was also reported that farmers in Dar'a lost access to their land due to insecurity.

In north-east Syria, the brutal attack on Al Sina'a prison in Al-Hasakeh in January 2022 re-emphasized the presence of the Islamic State (ISIL). The nine-day siege led to dozens of casualties and restricted humanitarian access for several weeks. The security situation at Al Hol Camp in eastern Al-Hasakeh governorate remains a major concern for all humanitarian partners, with high levels of violence, criminality and social tensions among the 50,000 camp residents. Humanitarian partners continue to provide regular assistance but violence against humanitarian personnel and assets, inadequate security apparatus, and restrictions on humanitarian workers accessing areas such as the camp annex are continuously reported. At least two humanitarian workers were killed this year in addition to several civilians.

In general, humanitarian partners observe restrictions on the ability of conflict-affected populations to access services and assistance, including arbitrary restrictions on crossing points between areas under the control of different parties. Bureaucratic impediments are

frequently reported across the country, creating delays in the approval of projects and implementation of humanitarian programs.

Other constraints hamper access to key areas. The Ras Al Ain-Tel Abiad area (RAATA) is only accessible via Türkiye by a few international and national NGOs. In Rukban in southern Syria, humanitarian partners remain without access to the approximately 10,500 people living in dire conditions with limited access to food, WASH-related services, health care or other basic services since September 2019. There has been no access for camp residents to UN services previously provided from the Jordanian side of the border since March 2020.

Widespread contamination by unexploded ordnance continues to be reported in areas that have sustained or continue to experience peaks of intense hostilities such as Idleb, Aleppo, Deir-ez-Zor and Hama Governorates.

The challenging physical environment frequently restricts humanitarian access, particularly during seasons when there are risks of flooding, primarily in north-west regions such as Idleb, Tartous and Latakia Governorates, but also in parts of Aleppo Governorate.

## Timeline of Events

January - November 2022

2022

### JANUARY

On 20 January 2022, groups affiliated to the Islamic State (ISIL) attacked Al-Sina' prison in the city of Al-Hasakeh, in north-east Syria. The attack lasted for nine days and dozens of fighters and detainees were killed, as well as approximately 140 security personnel of the Syrian Democratic Forces (SDF). The clashes also created the temporary displacement of approximately 45,000 civilians.

Severe winter weather with heavy snowfall affected north-west Syria on 18-19 January and 25 January. At least 935 tents were destroyed and 9,562 tents damaged.

### MARCH

On 30 March, a United Nations inter-agency cross-line convoy departing from Aleppo Governorate and composed of 14 trucks carrying humanitarian aid including medical supplies, food rations and non-food items, successfully reached the Sarmada sub-district in Idlib Governorate.

Following the sudden depreciation of currency due to the onset of the war in Ukraine, the national average price of WFP's standard reference food basket increased drastically by 24 per cent in one month to SYP 286,757 (\$115 at the official exchange rate of SYP 2,500/\$).

### MAY

North and eastern areas of Syria were affected by sandstorms, heavy rains and flooding.

In May, 1,039 trucks crossed from the Bab-Al-Hawa crossing point with consignments of food, shelter, health supplies, and other aid for people in need in north-west Syria.

### JULY

The UN Security Council (UNSC) renewed the cross-border aid delivery mechanism in Resolution 2642. This allowed UN assistance to be channelled through Bab Al Hawa crossing point for a further six months.

### SEPTEMBER

The Syrian MoH officially declared a cholera outbreak on 10 September 2022, with most cases reported from Aleppo, Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh Governorates.

On 17 September, security forces concluded a large security campaign in Al Hol camp, launched on 25 August, leading to the arrest of 300 individuals and the discovery of many weapons.

### NOVEMBER

On 6 November, shelling, air strikes and clashes in the vicinity of Idlib city killed at least nine civilians, including four children, injured 75 civilians and led to 400 families being displaced.

On 20 November 2022, the Turkish Air Force launched Operation Claw-Sword, a series of airstrikes against Syrian Democratic Forces and Syrian Army positions in northern Syria (in Aleppo, Ar-Raqqa, Al-Hasakeh) and against Kurdistan Workers' Party (PKK) positions in northern Iraq.

The Syrian pound marked a new lowest record in the informal market at approximately SYP 5,210 to US\$ 1.

### FEBRUARY

In the north-west Syria, artillery shelling killed at least 18 civilians in February, including two women and three children according to the Office of the High Commissioner for Human Rights (OHCHR). At least 40 civilians were injured, including five women and 13 children.

Heavy snowfall continued in north-west Syria resulting in damage to 22 displacement sites in Aleppo governorate (mainly Afrin and Azaz districts) and nine sites in Idlib governorate (mainly Harim district).

### APRIL

In the north-west, a wave of demonstrations took place against high bread prices. Inflation affected the cross-border humanitarian response. Cash vouchers no longer had the same purchasing power as originally intended as value assessments became outdated.

### JUNE

On 10 June, multiple air strikes impacted areas in and around Damascus, also affecting the international airport. UN Humanitarian Air Service (UNHAS) flights were temporarily suspended and later resumed on 23 June.

The head of a local humanitarian NGO was killed as a result of an IED explosion in the city of Al Bab.

### AUGUST

The exchange rate of the Syrian pound dropped to a record low of SYP 4,210 against the US dollar on the informal market.

The water flow from Alouk water station was interrupted on 11 August and contributed to critical water shortages in Al-Hasakeh governorate. This affected 460,000 people including residents of IDP camps.

An uptick in military action in the north that included drone strikes and shelling resulted in civilian casualties. An attack on 18 August in Al-Hasakeh claimed the lives of four women and girls, and injured 11. On 19 August, an attack on a market in Al Bab city reportedly killed 13 civilians, including four boys and one girl, and injured a further 38 people, including nine children.

### OCTOBER

On 27 October 2022, a United Nations cross-line convoy composed of six trucks carrying health care equipment departed from Al-Hasakeh, Qamishli and successfully arrived in Ras Al Ain.

## 1.3

## Scope of Analysis

The MSNA was implemented between July and August 2022 to ensure data collection in all sub-districts. The assessment was based on 34,065 interviewed households and was conducted by 495 enumerators. Efforts were made to ensure equal gender representation of respondents; this year 45 per cent of the respondents were female, up from 35 per cent in 2021. While several sectors implemented specific assessments to inform countrywide needs analysis, the MSNA continued to serve as one of the principal primary data collection tools for a majority of Whole of Syria (WoS) Sectors. The MSNA is structured to capture Syrian households' perceptions of their unmet needs, coping mechanisms and security concerns, among others. The intersectoral severity analysis and subsequent PiN estimation for 2023 was conducted at the sub-district (admin 3) level. Steered by the Joint Intersectoral Analysis Framework (JIAF) guidelines, a severity model based on sectoral severity indicators was established to inform the 2023 HNO and was further refined this year, with the objective to ensure comparability and linkage with sectoral severity/PiN modelling at the sub-district level.

To increase understanding of nuances in humanitarian need across Syria, there were four population groups in the HNO 2023 analysis as in 2022:

- **IDPs inside camps.** Distinct needs and underlying factors are analyzed for each of the major population groups of concern, i.e. IDPs inside camps, with analysis focused on protracted IDPs in areas generally less touched by recent hostilities, and IDPs who have taken refuge in informal settlements/camps, focusing on camp type and the availability or gaps in services.
- **IDPs outside camps.** Analysis focused on particular needs emerging from being internally displaced while not being able to benefit from services

provided to some degree inside camps.

- **Returnees.** IDPs who have returned to their places of origin since January 2022. While a few refugee returnee households were also interviewed, their number are not representative at the national level.
- **Vulnerable residents.** Identified among non-displaced households in Syria with focus on those living in areas hosting large numbers of IDPs and returnees and/or where access to basic services and livelihoods are significantly reduced. It also includes those particularly affected by past displacement, the socio-economic deterioration and growing food insecurity.

Due to the comprehensive impact of the crisis on all population groups across the territory, the 2023 Syria HNO covers all populated areas of Syria. Trends in humanitarian needs are disaggregated among the entire population up to the sub-district level (admin 3). Thematically, as in 2022, data collection and analysis models for the 2023 HNO were adjusted to better capture the increasing complexity of needs and underlying factors, including those related to the deteriorating economic conditions affecting all population groups in Syria.

As data were received and processed, sectors also considered the following three overarching questions to standardize the analytical framework:

- What are the key life-threatening needs or needs and risks which most prevalently lead to loss of life and dignity across different population groups and why? How can they best be addressed and prioritized so that the resulting multi-sectoral household needs in Syria are met?
- What are the key protection risks or needs contributing to negative coping mechanisms across

different population groups and why? How can they best be addressed and prioritized?




self-reliant? How can these be affected positively through the humanitarian response?

- What are the key drivers of deteriorating socio-economic conditions and services that impact people's vulnerability? How do they affect different population groups' access to livelihood opportunities and services and their ability to become more

The 2023 Syria HNO covers the period of January 2023 through December 2023. Needs and severity analysis is mainly based on primary data collected during August and November 2022.

## Scope of Analysis and Assessed Population Groups

by governorate

GOVERNORATE	 RESIDENTS	 RETURNEES (2022)	 INTERNALLY DISPLACED PEOPLE	ESTIMATED POPULATION	
IN SETTLEMENTS/CAMPS					
Aleppo	2,934,620	23,152	1,267,887	468,975	4,226,203
Al-Hasakeh	874,151	499	331,573	131,602	1,206,229
Ar-Raqqa	594,394	73	159,827	105,118	754,295
As-Sweida	307,456	816	70,931	399	379,223
Damascus	1,215,856	2,550	600,097	717	1,818,517
Dar'a	951,987	1,602	68,792	-	1,023,833
Deir-ez-Zor	936,983	5,725	153,814	27,197	1,096,528
Hama	1,265,310	6,037	214,036	1,820	1,485,590
Homs	1,196,677	4,695	299,525	6,964	1,502,706
Idleb	1,022,183	5,859	1,899,350	1,365,684	2,927,392
Lattakia	845,768	1,618	447,947	446	1,295,334
Quneitra	100,421	1,568	3,418	337	105,443
Rural Damascus	2,196,600	29,504	1,083,062	800	3,310,012
Tartous	767,314	225	180,735	-	948,274
Total	15,209,720	83,923	6,780,994	2,110,059	22,087,062

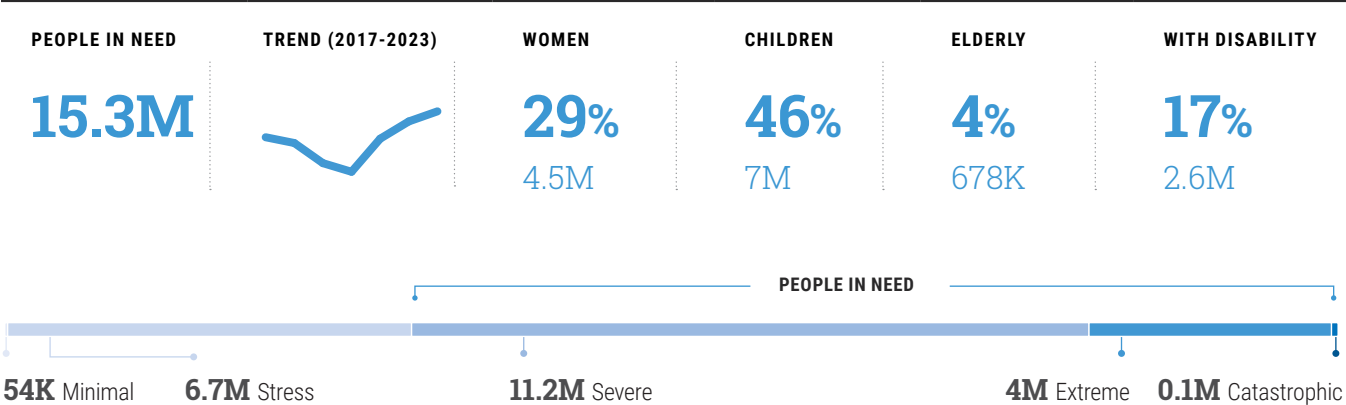
Source: population task force May 2022



## People in need



PiN distribution by severity classification



### PiN by gender



GENDER	PEOPLE IN NEED	% PIN
Male	7.6M	49.8%
Female	7.7M	50.2%

### By age



AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	7M	46%
Adults (18 - 59)	7.6M	51%
Elderly (59+)	678k	4%

### PiN by population group



	PEOPLE IN NEED	% PIN
Residents	9.9M	65%
IDPs out of camps	3.2M	21%
IDPs in camps	2.1M	13.7%
Returnees	52.7K	0.3%

### PiN by age and gender



	PEOPLE IN NEED	% PIN
Women (Over 18 years)	4.5M	29%
Men (Over 18 years)	3.8M	25%
Boys (0-17 years)	3.8M	25%
Girls (0-17 years)	3.2M	21%

## 1.4

# Humanitarian Conditions, Severity and People in Need

The number of people in need of a humanitarian response in Syria has increased from 14.6 million to 15.3 million since 2021.

The ability of people to meet their basic needs has continued to deteriorate in 2022 compared with 2021 and household-reported income gaps have widened further. The deterioration in humanitarian conditions is also increasingly driven by ongoing lack of access to basic services and civilian infrastructure. As a result, households continue to rely on harmful coping mechanisms and have fewer savings to fall back on compared with the previous year. People rely heavily on purchasing on credit, borrowing and remittances, as well as on humanitarian assistance. At the same time, households continue to have various security concerns with a significant increase in reports of arbitrary arrest or detention in comparison with 2021.

This section highlights patterns of humanitarian need across Syria, followed by a specific analysis for each of the four population groups. Notwithstanding the overall deterioration of the humanitarian situation across all governorates, different populations in Syria have different needs and rely on different approaches to respond to these.

**For IDPs in camps,** the main factors determining vulnerability and severity of need are their displacement status, limited livelihood opportunities in camps, and the poor shelter and overcrowded conditions they live in that trigger protection concerns, especially for women and girls.

**For IDPs outside camps,** the main factors determining vulnerability and severity of needs are increased shelter assistance needs and lack of access to NFIs,

combined with limited access to basic services and infrastructure.

**For returnees,** the main factors of vulnerability and severity of need are lack of access to NFIs and electricity, the need for shelter repairs, and HLP concerns arising from the particular security situation that often seem to be associated with return.

**For residents,** the main factors determining vulnerability and severity of need are multiple and widespread. Residents' needs are increasingly linked to the deterioration in the macroeconomic situation, combined with the lack of access to basic services and infrastructure as a result of years of conflict.

From a **gender perspective**, households headed by women were found to have higher economic vulnerability than households headed by men in all four population groups. They have higher food needs and are, on average, more likely to report security concerns, highlighting the gendered nature of the risks faced by households in Syria.

**Households headed by a member with disability** also reported greater difficulties in meeting basic needs and were more likely to report barriers to accessing basic services, a trend prevalent for all population groups across all governorates in Syria.

**Households headed by an older person** over the age of 60 expressed different priority needs than the rest of the population, with 55 per cent reporting the need for health services, medicine and/or disability-specific services. The vulnerability of households headed by older persons is particularly underlined for the 11 per cent of households who remain in unfinished shelters, substandard buildings or tents.

# Inadequate living standards

## Shrinking ability to meet basic needs

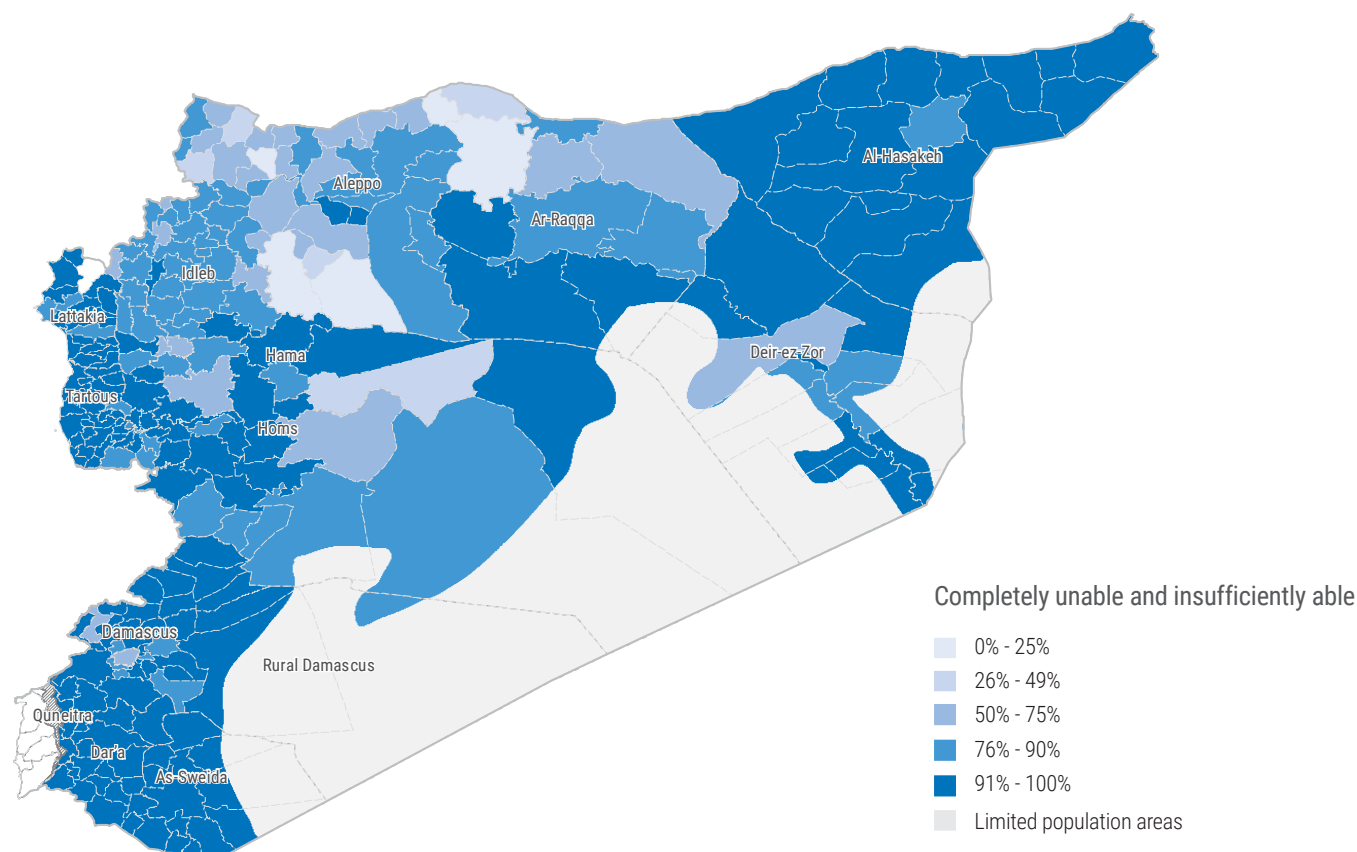
In 2022, people's ability to meet their basic needs worsened further despite 94 per cent of households across all of Syria reporting at least one household member as employed.<sup>34</sup> Overall, 85 per cent of all interviewed households reported being unable sufficiently or completely unable to meet their basic needs, an increase from 76 per cent in 2021. The situation is worse for female-headed households

than male-headed households, with nine out of ten female-headed households reporting being completely unable or insufficiently able to meet their household's basic needs.

Geographically, the impact of the worsening socioeconomic situation is widespread all over Syria. Households in Tartous, Quneitra, Dar'a, As-Sweida and Al-Hasakeh Governorates reported the highest levels of inability to meet basic needs.

## Expressed Ability to Meet Basic Needs

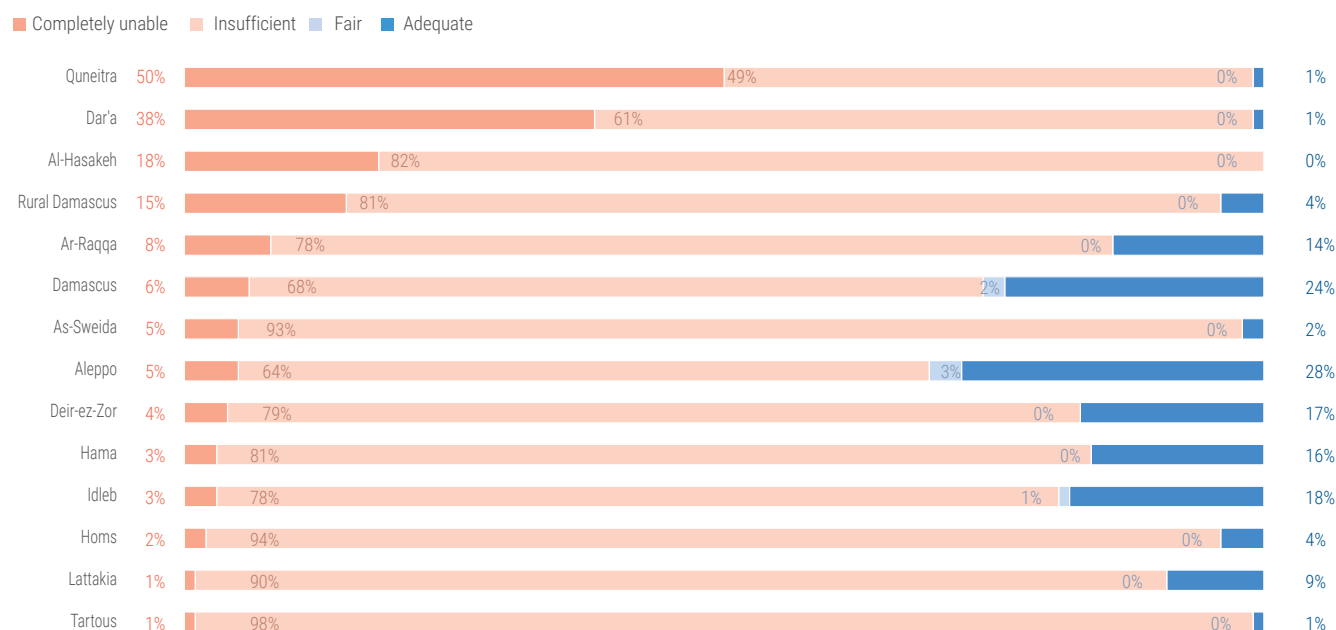
at Sub-district Level



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Households' Perceived Ability to Meet the Basic Needs

by Governorate



## Top Unmet Needs

2022



As reported last year, households confirmed that food, livelihood assistance and electricity assistance were their top three unmet needs.<sup>35</sup> In 2022, the order of these needs changed and electricity became the second most unmet need cited by 47 per cent of all households interviewed compared to 41 per cent in 2021. This expressed need is in line with the MSNA finding that over half of all households interviewed only had access to three to eight hours of electricity a day.

A higher percentage of female-headed households (71 per cent) reported food as an unmet need than households headed by men (58 per cent). This is followed by the need for NFI items (50 per cent) and livelihood opportunities (45 per cent). Another significant finding worth highlighting is that more than 3,000 households (nine per cent) reported disability specific needs as an unmet need.

The need for non-food items (NFIs) (clothing, blankets, sanitation and hygiene items, fuel, and school supplies) is another top unmet need reported by 45 per cent of households compared with 21 per cent last year. While some NFIs are not available, access to NFIs is mainly impeded by lack of affordability of items, largely due to socio-economic circumstances.

Shelter assistance remains a top unmet need, particularly for IDPs in camps and returnees. Almost 18 per cent of households cited shelter assistance as an unmet need. Safe, warm and secure shelter remains out of reach for many vulnerable families across Syria, a consequence of a decade of hostilities which has had a severe impact on housing stock and left over a third of the overall population living in substandard, damaged and inadequate shelters.<sup>36</sup> Households interviewed during the MSNA reported poor insulation from heat/cold as the second highest



shelter inadequacy that limits coping capacity during the winter months. Furthermore, the main shelter inadequacies reported were related to lack of electricity followed by a lack of privacy due to overcrowding. IDP households may be deterred from returning due to considerations about shelter damage at the place of origin.

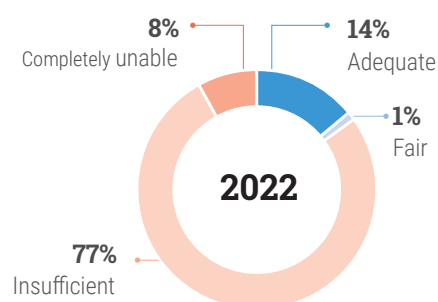
### Growing income-expenditure gap

According to self-reported data collected through the MSNA, by August 2022 average household expenditure<sup>37</sup> (SYP 855,499) exceeded average household income (533,514) by 60 per cent versus 49 per cent in 2021. This gap has grown exponentially over the last few years.<sup>38</sup> Geographically the population in Rural Damascus, Quneitra, Dar'a and As-Sweida Governorates reported the highest income deficit with a gap of more than 100 per cent of the average income. The income expenditure gap seems to manifest itself particularly among female-headed households and in households where the head is living with disability.



### Households' Perceived Ability to Meet the Basic Needs of all Members

#### Overall



Looking at food as the main expenditure, in October 2022, the national average price of WFP's standard reference food basket (SYP 357,593) rose by 91 per cent compared to the same time last year.<sup>39</sup> As noted earlier, rises in prices of goods and services across governorates has affected people's livelihoods and pushed them further into negative coping mechanisms. According to most households interviewed across all 14 governorates, increased prices and lack of income are the main reasons limiting households from meeting

their basic needs, without any outliers by population group or geographical location.

### Limited access to basic services

As described in section 1.2, the state of basic services and infrastructure remains poor in Syria. Last year, unaffordable treatment and consultations were reported as the main barriers to accessing health services. This year, the quality of services and the functionality of the health system were referred to more frequently and could be a sign of depleted capacity and resources linked to limited humanitarian funding for health facilities and services. Overcrowding and/or long waiting times (35.5 per cent), followed by procurement of correct medication<sup>40</sup> (23.5 per cent) and unaffordable treatment costs (22 per cent), were cited as the main issues in accessing health services. Households where the head is living with disability reported the greatest gaps in availability of care and medication for non-communicable disease/ chronic illness.

According to the 2022 WASH household survey, water treatment and distribution networks continued to degrade – 52 per cent of Syrians now rely on often unsafe alternatives to piped water, up from 47 per cent mid-2021 and 38 per cent in mid-2020.<sup>41</sup> In another water mapping assessment from June 2022, 24 per cent of populated communities reported that they rarely had sufficient access to their primary water source, meaning that an estimated 6.9 million people only had access to their primary water source between two and seven days per month.<sup>42</sup> Faced with acute shortages in safe, public drinking water, households must increasingly rely on costly water supplied by private vendors who truck potentially unsafe water to neighbourhoods and communities.







































































Lack of affordability and children needing to work to support the household are the most frequently stated reasons for households not to send their children to school. Nineteen per cent of interviewed families reported that there were no available schools for the child's age group, further illustrating the gap in available essential basic services in Syria.

Lack of civil documentation remains an important barrier in access to basic services. Almost five per cent of households without GoS-issued documentation cited that lack of documentation was preventing them from accessing health care, a constraint that rose to

## Top Unmet Needs

by governorate

 Food/nutrition
  Electricity
  Livelihood opportunities
  Access to safe water
  NFI items
  Shelter Assistance
  Health services

GOVERNORATE	MOST REPORTED	2ND MOST REPORTED	3RD MOST REPORTED	4TH MOST REPORTED	5TH MOST REPORTED
ALEPPO					
AL-HASAKEH					
AR-RAQQA					
AS-SWEIDA					
DAMASCUS					
DAR'A					
DEIR-EZ-ZOR					
HAMA					
HOMS					
IDLEB					
LATTAKIA					
QUNEITRA					
RURAL DAMASCUS					
TARTOUS					

13 per cent for households in Dar'a and 15 per cent in Quneitra. More broadly, registering children in school and accessing health care were the main reasons to seek and obtain official and non-official documentation in Syria. Ultimately, the lack of civil documentation

has overarching and devastating physical and psychological effects for hundreds of thousands of IDPs in Syria, affecting security of tenure, return prospects and the risk of statelessness.

## Coping mechanisms

### Depleted savings

The increase in income-expenditure gaps reported by households has resulted in widespread utilisation of increasingly desperate coping mechanisms. The overwhelming majority of households rely on buying on credit and borrowing to cover their basic needs. While the use of credit can, in some instances, be seen as renewed economic activity, the fact that the income-expenditure gap keeps increasing while many households report employment suggests that it may indicate the household's inability to make ends meet. Reliance on protracted debt is also widening, locking families into cycles of repayment, limiting their ability to afford goods and services required to meet basic

needs, and reducing their financial ability to absorb new shocks. Compared to 2020 and 2021, households now report that they rely on their own savings to a lesser degree, which is a sign that the economic crisis is deepening as people have fewer savings because these were depleted at the beginning of the economic crisis.

Receipt of remittances plays a major role in household capacity to cope with the economic situation in Syria and there is increasing reliance on often sporadic money transfers from abroad. People continue to report that they rely on remittances to cope with the economic situation, in particular in Damascus (66

per cent), Rural Damascus (62 per cent) and Deir-ez-Zor (61 per cent) Governorates. In Idleb, Hama and Al-Hasakeh, more than 15 per cent of households cited the loss of remittances as a key reason limiting their ability to meet basic needs; 29 per cent of households reported that they rely on the support of relatives and family, especially in Aleppo, Ar-Raqqa, Dar'a and Quneitra Governorates.

The MSNA findings show that fewer households reported selling their productive assets as a means to compensate for insufficient income, possibly due to having few assets to sell following an increase reported in 2021. Selling productive assets as a coping mechanism impairs resilience to shocks as it further erodes the capacity to produce and generate income.

Worryingly, there has been an increase in reported reliance on humanitarian assistance.<sup>43</sup> Thirty-six per cent of households reported relying on humanitarian assistance (fourth most cited coping mechanism), up from 21 per cent last year. This seems to be particularly the case for IDPs in Damascus, Hama, Idleb and Quneitra Governorates. For IDPs, reliance on humanitarian assistance is most prevalent for IDPs living in camps. While humanitarian assistance is a lifeline for many vulnerable people in Syria, especially with the myriad of need drivers, it also has the potential of trapping people in chronic dependency. Reliance on assistance over prolonged periods of time may undermine resilience and the ability to cope sustainably.

### **Boys and girls: continuing reports of child labour and child marriage**

In 2022, children continue to drop-out of school to help support their families. Forty-eight per cent of families with children aged six to 17 reported that the reason their child was not attending school was so they could work to support the household. This trend was particularly high among returnees and IDPs out of camps at 58 per cent and 57 per cent respectively, and was highest in families residing in Homs (67 per cent), Al-Hasakeh (65 per cent), As-Sweida (64 per cent) and Ar-Raqqa (61 per cent). According to the protection sector key informant assessment, most child labour cases involve 14 to 17-year-old adolescent boys.

Evidence shows that girls who are married are less likely to be in school. The prevalence of child marriage is widespread, according to the protection sector's key informant assessment; 84 per cent of children live in locations where child marriage is an issue for girls aged 15 to 17 years. Poor economic conditions combined with hostile environments and ingrained cultural norms all contribute to the prevalence of child marriage.

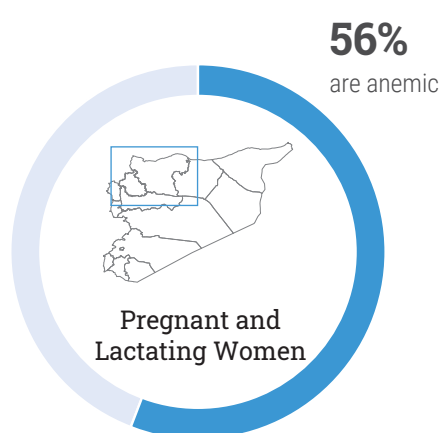
### **Harmful food consumption practices**

The impact of the economic crisis is manifesting itself in reduced access to and consumption of quality diets at the household level. With food reported as the top unmet need, families across Syria are continuously changing daily habits to maintain some level of food consumption; 90 per cent of households reported that they select less expensive or less preferable food at least once a week, and almost half of all households reported that they reduce the size of their meals at least once a week.

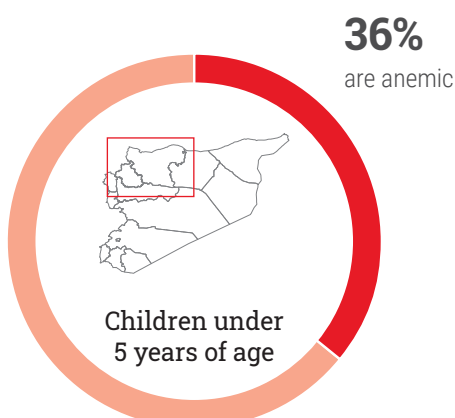
Adopting harmful changes in daily food consumption poses several health risks for all household members, particularly children and pregnant and lactating women (PLW). Conditions reported were particularly poor for female-headed households in which 19 per cent reported at least one household member going to sleep hungry due to lack of food, 93 per cent of female-headed households purchased less expensive food at least once a week, and 63 per cent reduced the meal size at least once a week.

## Increase in malnutrition rates

In conjunction with potentially harmful dietary habits and practices, the prevalence of malnutrition is a major public health concern and has a disproportionate devastating impact on infants, children under the age of five and PLW. The MSNA data showed that 40 per cent of interviewed PLW were consuming sub-optimal diets. Maternal anemia increases the risk of low birth weight, pre-term birth and perinatal mortality, all which require interventions related to improving maternal nutritional status and iron supplementation during pregnancy.



The SMART survey conducted in north-west Syria shows that the rate of Severe Acute Malnutrition (SAM) has doubled to 1.7 per cent since last year. One in four children under the age of five in some districts in north Syria are stunted and are at risk of irreversible damage to their physical and cognitive development, repeated infections, developmental delay, disabilities and death. Millions of children in Syria are suffering from physical and cognitive impairments due to malnutrition.



## Physical and mental well-being

### Safety and security concerns

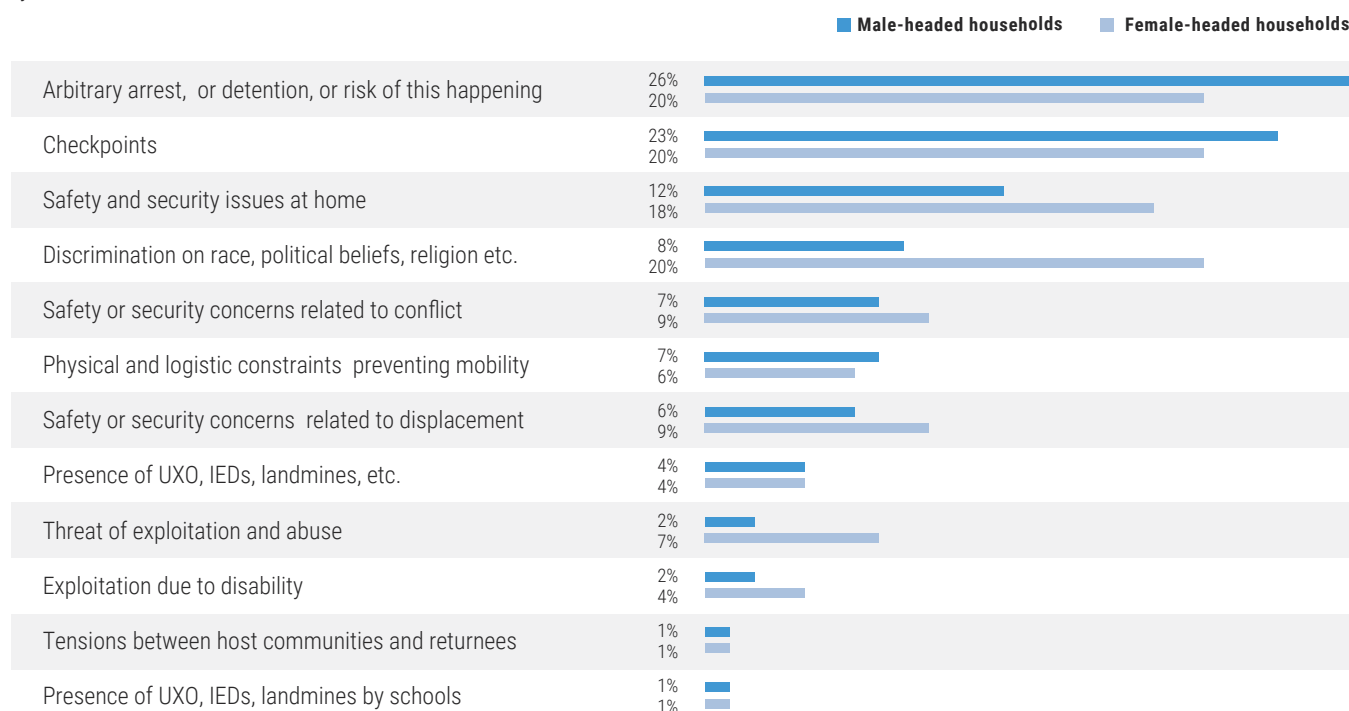
Syria remains a protection crisis and households report various concerns related to their safety and security, with an impact on their physical and mental well-being. The MSNA data show increased reports of arbitrary arrest or detention as a main safety and security concern by households in many areas compared to 2021. Fear of arbitrary arrest or detention is particularly expressed by households in north-east Syria. Checkpoints are a widespread safety and security concern, except in north-west Syria. Households residing in conflict zones express concerns related to the presence of UXO, IED and landmines, and higher safety and security concerns related to conflict.

Populations in Syria experience widespread gender-based violence (GBV) in its different forms, including partner and family violence, technology facilitated violence, sexual violence and harassment, early and forced marriage, and incidents of sexual exploitation and abuse (SEA). Safety and security concerns continue to be a gendered issue as women and girls are disproportionately affected by various forms of violence. The MSNA shows that female-headed households are more likely to express concerns around safety and security at home (18 per cent), and discrimination on the basis of race, political beliefs, religion, class, age, sex, marital status and disability (20 per cent). Female-headed households are also more likely to report safety and security concerns related to displacement (nine per cent), and threats of exploitation and abuse (including sexual) (seven per cent), further highlighting the dangerous nature of the risks they are likely to face.

Overburdened households in Syria facing an ongoing economic crisis on top of years of hostilities are forced to rely on desperate coping mechanisms as outlined above - this has devastating implications on people's mental and physical well-being at an individual level. When asked about discrimination, 17 per cent of all households reported that at least one household member had experienced discrimination because of gender, displacement status, ethnicity, religion or receiving assistance.

## Safety and Security Concerns

by Gender

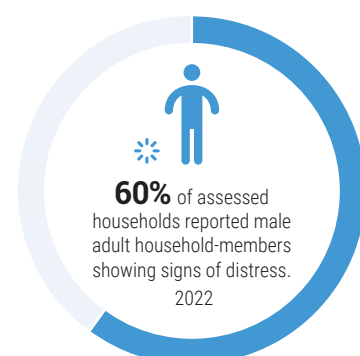
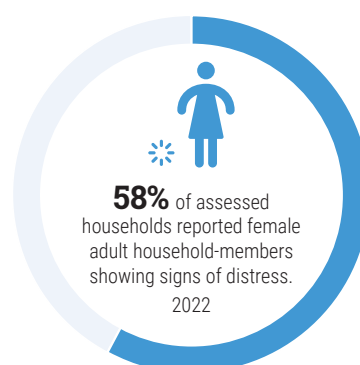


Source: MSNA 2022

## Fear and psychological distress

The humanitarian drivers and needs outlined regarding inadequate living standards and lack of adequate coping mechanisms provide a glimpse into the multiple factors that cause significant stress, and, in many cases, explicit psychological trauma among the population in Syria. Households in Syria live in fear of conflict and hostilities, displacement, destruction of property, and injury or death of family members. Insecurity and economic hardship exacerbate protection and GBV concerns, and fears among the population, especially those at increased risk due to their age, gender, health or social status.

More than a decade of crisis has taken its toll on people's mental well-being; reports of stress and mental health concerns are increasing, including among children and youth. Children are affected by mental trauma, many not knowing anything other than years of crisis. Signs of psychological distress<sup>44</sup> in boys and girls under the age of 18 are reported by more than 27 per cent of households and are the highest for female-headed households or when the head of household is living with a disability. Overall, 26 per cent of households reported that the reason their children do not want to go to school is because the child feels depressed, unhappy or lacks motivation.

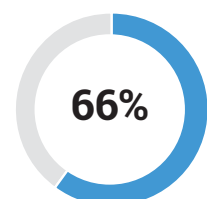




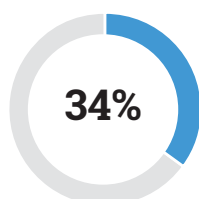
Signs of psychological distress were also reported among men and women at alarming rates. Over 60 per cent of households interviewed reported signs among male adult household members and 58 per cent among female adult members. These figures are significantly higher for divorced and widowed men and women,

suggesting that people's social status is associated with additional vulnerabilities. Divorced and widowed households are twice as likely to report discrimination based on race, political opinion, religion, class, age, gender, marital status or disability.

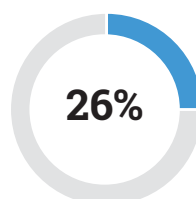
### Top Reasons Children Do not Want to Go to School



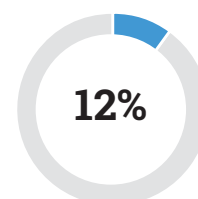
Doesn't feel school is useful / learning not sufficient



No time and/or too tired from helping support the family



Depressed, unhappy, unmotivated



Scared / uncomfortable

Source: MSNA 2022

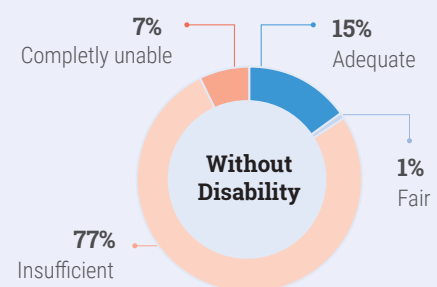
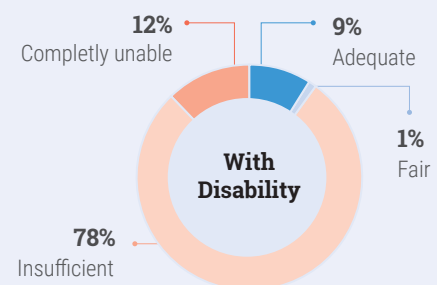


# People living with disability

People living with disability in Syria face particular challenges and have specific needs that too often remain unmet. Recent assessments found that nearly one in four people in Syria live with a disability (24 per cent)<sup>45</sup>, with similar proportions for men and women, and a record geographic prevalence in north-east Syria (40 per cent) compared to other areas.<sup>46</sup> The MSNA also shows that households headed by a member with a disability were more likely to report being unable to meet their basic needs compared with other households, a trend that applies to all population groups in all governorates in Syria.

## Ability to Meet Basic Needs

*Head of household living with or without disability*



In 2022, 69 per cent of households with members with disabilities reported lacking meaningful access to health services, with

ALEPPO / SYRIA

Photo: OCHA/Abdul Aziz Qitaz

people in north-east Syria the most affected (87 per cent lacking access). In addition to insufficient income, households with members with disabilities reported spending 50 per cent more on health care and medical expenses compared to other households, with longer-term negative consequences.<sup>47</sup>

For children with disabilities, barriers to education are created through physical inaccessibility to school, lack of school facilities, lack of specialized teaching and learning, and a non-inclusive culture within schools and communities. All these factors deny the basic right of these children to education. Over 60 per cent of school-age children with severe mental or physical disabilities have never attended school or any other form of education.<sup>48</sup> In addition, 30 per cent of households with members with disabilities reported a lack of specialized education services.<sup>49</sup> This has lifelong implications and deepens inequalities across the life course of children.

Barriers to WASH facilities are also reported, especially by camp populations. Water points are either too far away or premises are not adapted to needs, including slippery ramps or lack of handrails, wheelchair access or ease of use for washing. These are reported to be serious barriers to accessing safe water for 57 per cent of households with a member with disability.<sup>50</sup>

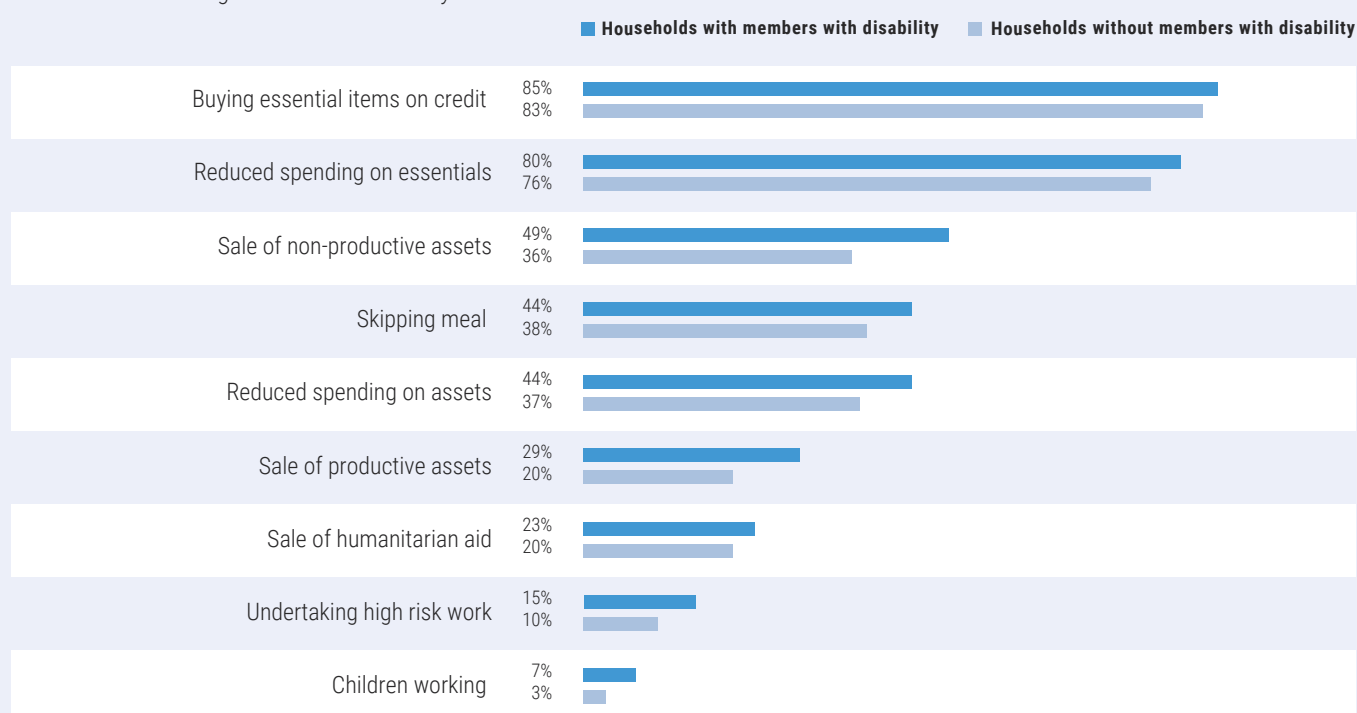
Attitudinal and physical access barriers related to age and disability particularly affect participation by men and women with disabilities in community activities. Stereotyping and discrimination, particularly when combined with other social factors such as marital status - 20 per cent of women with disabilities in Syria are widowed - increase the risk of social isolation and exacerbate challenges in performing daily activities.

As a result of barriers and subsequent inequalities, households with members with disabilities resort to more negative coping mechanisms than other households, as illustrated below.

Compared to other households in Syria, households headed by a member with disability were twice as likely to report safety and security concerns related to discrimination based on personal factors, including disability.<sup>51</sup> Women with disabilities are at least two to three times more likely than other women to experience violence, including from family, partners, caregivers and institutional facilities. Women and girls with intellectual and psychosocial disabilities are at particularly high risk, experiencing violence two to four times more often than women without disabilities.<sup>52</sup>

## Coping Mechanisms

*Head of household living with or without disability*



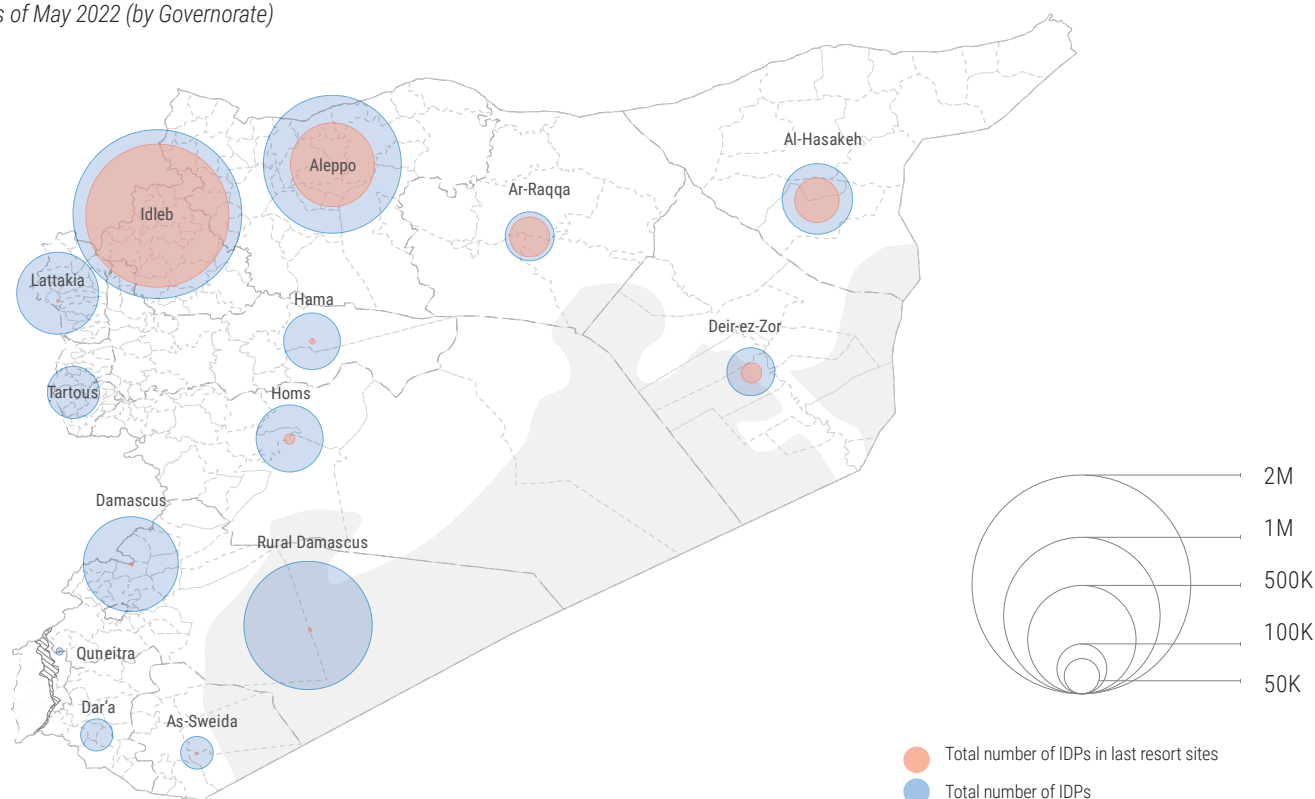
# Internally displaced people in Syria

Syria's internally displaced population constitutes almost 35 per cent of the people in need of humanitarian assistance in 2023; and of the 6.8 million IDPs, 5.3 million are in need of humanitarian

assistance. The cycle of displacement for many IDP households in Syria often requires families to relinquish their former lives entirely as they uproot from their place of origin.

## Internally Displaced People In and Out of Last Resort Sites

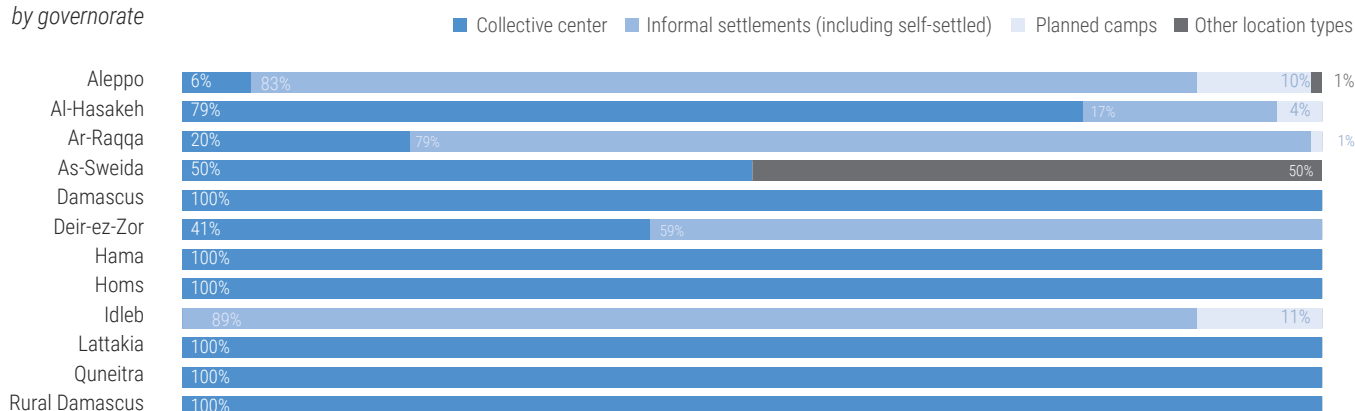
As of May 2022 (by Governorate)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## IDP Settlement Types

by governorate



\* Collective centers are accommodation found in pre-existing public buildings and community facilities, (e.g. in schools, factories etc.)

\* Informal settlements (including self-settled) are open air, spontaneous or self-settled camps in urban or rural areas

\* Planned camps are built and planned to accommodate IDPs in either urban or rural locations, this category includes informal camps in north-east Syria.

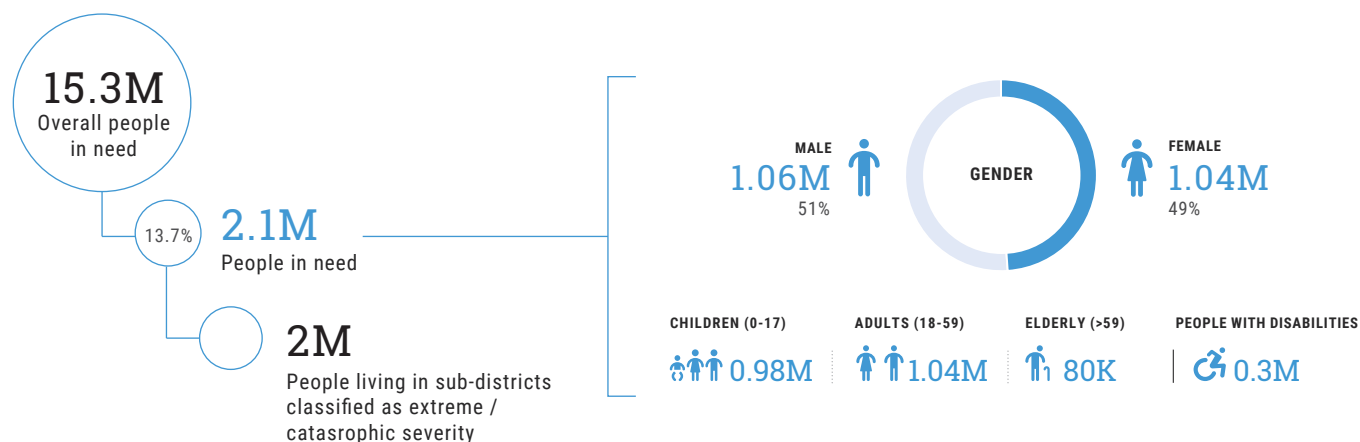
\* Others includes concrete block shelter (provided by NGO), makeshift shelter, non-residential building with one family, container, collective centre (non-residential buildings hosting several families), and other types.

Note that this breakdown do not include reception/transit centers.

Source: ISIMM and HNAP, MSNA/SNFI 2022

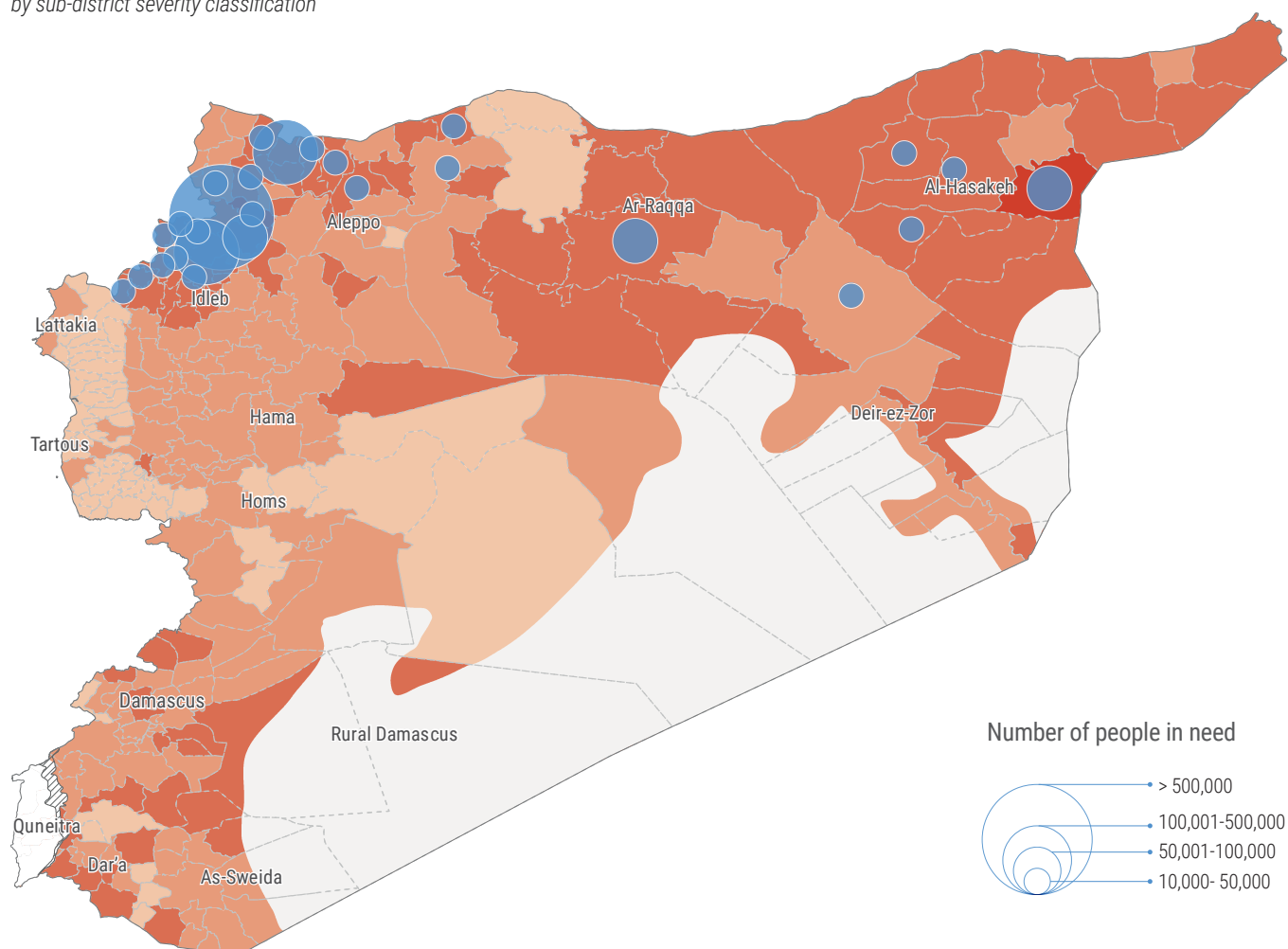
## 1.4.1 Humanitarian Conditions by Population Groups

### Internally Displaced People in Camps



### PiN Distribution

by sub-district severity classification



Inter-sector sub-district severity categorization (1) Minimal (2) Stress (3) Severe (4) Extreme (5) Catastrophic Areas with no or limited population

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

93.1K live in sub-districts classified as severity phase three ('Severe' as per the JIAF methodology)

1.9M live in sub-districts classified as severity phase four ('Extreme' as per the JIAF methodology)

143.7K live in sub-districts classified as severity phase five ('Catastrophic' as per the JIAF methodology)



Despite the temporary nature of IDP sites which are designed to act as a last resort in the short term, over two million IDPs, the majority of whom are women and children, remain in last resort sites with vulnerable shelters, particularly in the face of climactic and epidemiological shocks. Most last resort sites<sup>53</sup> such as informal settlements/camps, planned camps and collective centres are characterized by lack of camp management systems, poor shelter conditions, overcrowding and varying degrees of access to basic services. Additionally, many site populations remain at risk of eviction due to the legal status of the housing land and property (HLP).<sup>54</sup> Notwithstanding the inadequate living conditions prevailing in most IDP

sites, many displaced households are reported to be increasingly trying to access planned camps in search of better living conditions and access to basic services. This is particularly the case for IDPs in north-east Syria, many of whom reside in self-settled IDP sites that frequently lack camp management systems.

Most last resort sites are in Idlib (63 per cent) and Aleppo (23 per cent) Governorates, with three sub-districts, Dana, Maaret Tamsrin in Idlib, and Azaz in Aleppo, alone hosting around 70 per cent of all IDPs in last resort sites, 80 per cent of whom are women and children.

## Main needs and drivers



### Top Three Unmet Needs

*As expressed by IDPs in camps*



**58%**

Food / Nutrition assistance



**53%**

Non-food items assistance



**48%**

Livelihood assistance

With limited livelihood opportunities in camp settings, IDPs in camps expressed to a higher extent the need for livelihood opportunities compared with other population groups. This is particularly the case for IDPs residing in planned camps, where every second household reported livelihood opportunities as an unmet need. More than half of households in camps reported NFI as an unmet need, while 60 per cent of households also reported that they rely on in-kind humanitarian assistance to cover their basic needs. To a higher extent than other population groups, IDPs in camps reported being unable to afford NFIs such as heating fuel (65 per cent), cooking fuel (57 per cent), children's clothing (43 per cent) and winter clothing (34 per cent).

### Access to basic services and infrastructures

IDPs in camps face varying degrees of difficulty in accessing basic services and infrastructure compared to the rest of the population. However, IDPs in planned camps are less likely to report that lack of access to basic services is impeding their abilities to meet their

basic needs. Only four per cent of IDP households in planned camps reported that the unavailability of basic services limited their ability to meet their basic needs, compared to 15 per cent of the overall population. According to the MSNA, IDPs in camps were also more likely to report that all health services were available to them (60 per cent). Despite better reported access to health services than the overall population, households in camps reported overcrowding, long waiting times for services and follow-up appointments for specialised treatment, and not being provided with appropriate medicines.

The situation is different for educational services. Self-reported non-attendance<sup>55</sup> is highest for IDPs in camps, where one in five children is not attending school. According to the IDP Sites Integrated Monitoring Matrix (ISIMM Plus), 57 per cent of IDP sites in north-west Syria do not have access to primary schools and 80 per cent to secondary schools, which severely hinders access to education.

In camps the water supply is still mainly provided by trucks. In north-west Syria, only 21 per cent of all camps are connected to water networks, leaving the majority of IDPs in camps dependent on costly and unsustainable supplies of safe drinking water. According to the WASH sector's household assessment, only 39 per cent of IDP sites are connected to sewage networks, with serious implications for public health and posing an additional risk to the population. Overcrowding and lack of adequate WASH setups put people in camps at higher risk of fast-spreading waterborne diseases such as the current cholera outbreak.

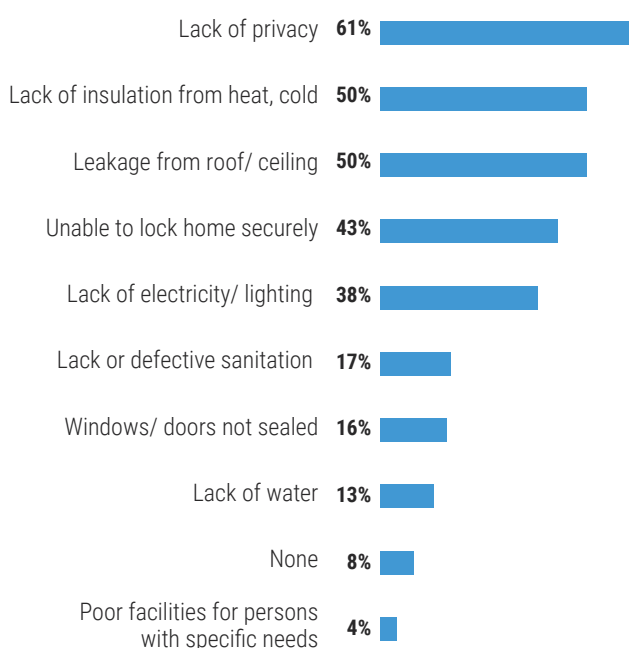
## Shelter inadequacy

More than 57 per cent of households in camps reported living in tents, prefabricated units and makeshift shelters which provide limited protection against environmental elements and require frequent costly replacement and/or repair. More than 90 per cent of households reported a combination of shelter inadequacies such as the inability to lock their home securely (43 per cent), lack of insulation (50 per cent), leakage from roof/ceiling (50 per cent) and lack of privacy/space (61 per cent).

IDP sites suffer varying degrees of vulnerability against weather events. According to the ISIMM, 30 per cent

## Shelter Adequacy Issues as Expressed

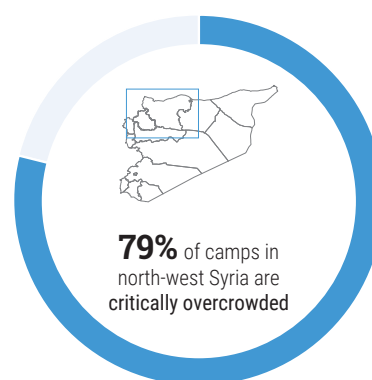
by IDPs in-camps



Source: MSNA 2022

of IDP sites in north-west Syria flooded, and north-east Syria experienced 25 storm events damaging tents and site infrastructure during the past year. Informal settlements/camps are the most vulnerable to extreme weather conditions due to lack of proper site planning, infrastructure and camp management systems.

Overcrowded, unsafe and undignified living conditions in camps affect women and children disproportionately and heighten GBV risks, particularly, in north-west Syria where 79 per cent of camps are critically overcrowded.<sup>56</sup> In north-east Syria, 95 per cent of sites lack adequate infrastructure such as women and girl friendly spaces and gender-segregated WASH facilities that mitigate the GBV risks.<sup>57</sup>



## Safety and security

Although IDPs in camps are less likely to report that they face security and safety concerns related to checkpoints and detention, households face safety and security concerns related to their displacement and to safety risks from living in fragile shelters. Particularly in planned camps, 14 per cent of households cited safety and security concerns related to intra-community tensions, compared with only one per cent of households overall in Syria. Displaced women and girls living in camps continuously report higher levels of GBV risks, including physical, psychological and sexual violence and sexual exploitation.

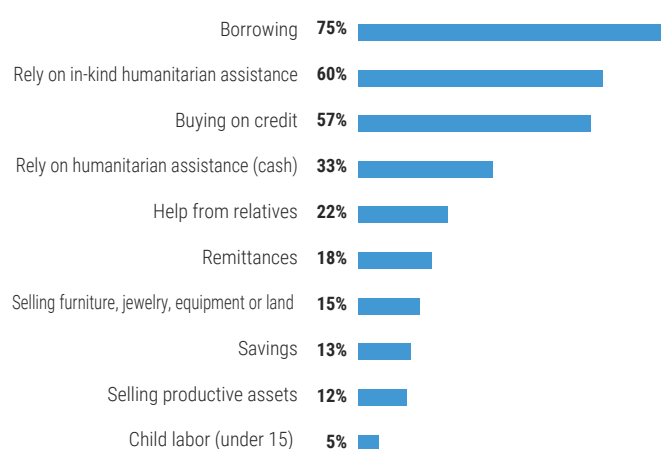
IDPs in camps were also less likely to report that they had GoS-issued documentation. Lack of documentation affects immediate access to services and long-term prospects related to return and repossession of land and property.

## Coping mechanisms

IDPs in camps express similar inability to meet basic needs as the rest of the population, but they adopt different coping strategies in response to the dire economic situation. Given the lack of livelihood opportunities in camps and the diminished possibility of generating income, 60 per cent of IDP households in camps rely heavily on humanitarian assistance, while a third of IDPs residing in planned and informal camps reported that they rely on assistance in the form of cash and vouchers.

### Coping Mechanisms

By IDPs in camps



Source: MSNA 2022

In addition to high reliance on humanitarian assistance, IDPs in camps also rely on more dangerous coping mechanisms such as borrowing and child labour. Five per cent of households living in camps rely on additional income generated by children under the age of 15 compared to an overall country average of three per cent.

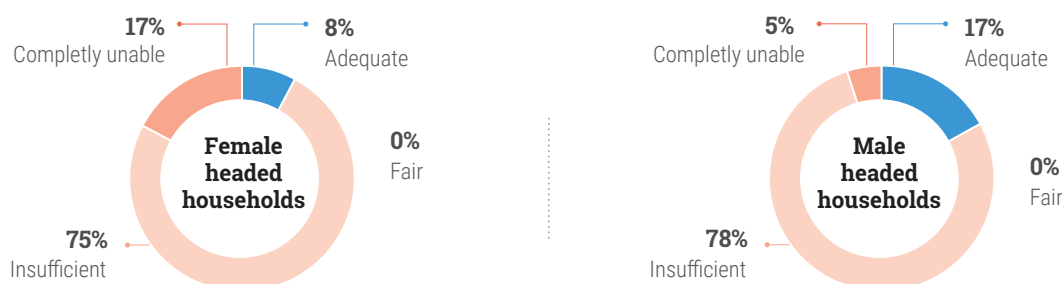
## Compounded vulnerabilities

The main factors shaping the vulnerabilities and severity of needs of IDPs in camps relate to their displacement status, limited livelihood opportunities, and the poor shelter conditions and overcrowding in which they live. These significantly increase protection, GBV and public health risks, especially for IDPs in camps with compounded vulnerabilities. Internally displaced female-headed households living in camps are particularly challenged and 92 per cent reported complete inability or insufficient ability to meet their household's basic needs. Similarly, 94 per cent of households with reported disability expressed complete inability or insufficient ability to meet household basic needs.

Fifteen per cent of households in camps reported that there are areas in their community where women and girls feel unsafe; half reported the latrines and bathing facilities, followed by distribution sites and markets. Girls in particular seem to be exhibiting signs of psychological distress and 31 per cent of households in camps reported that girls within the household are showing signs of distress. In north-west Syria, 64 per cent of shelter set-ups do not accommodate the needs of persons with disabilities, and 93 per cent of camps do not have easy access to basic services.<sup>58</sup> This underlines, once again, that needs and risks in camps are related to the poor shelter and infrastructure conditions, with a heightening negative impact on the physical and mental well-being of the most vulnerable populations.

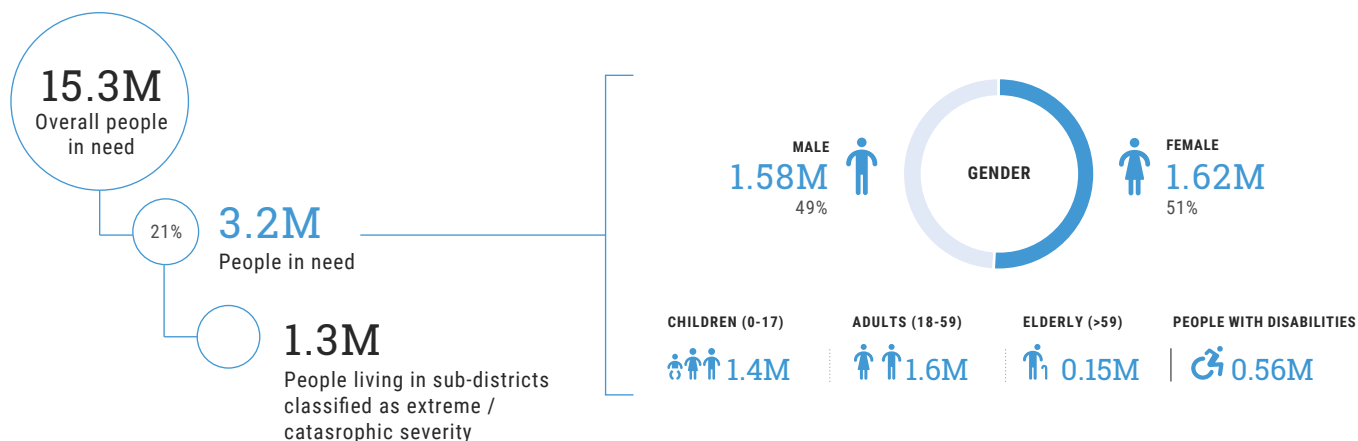
## Perceived ability to meet basic needs

By IDPs in camps



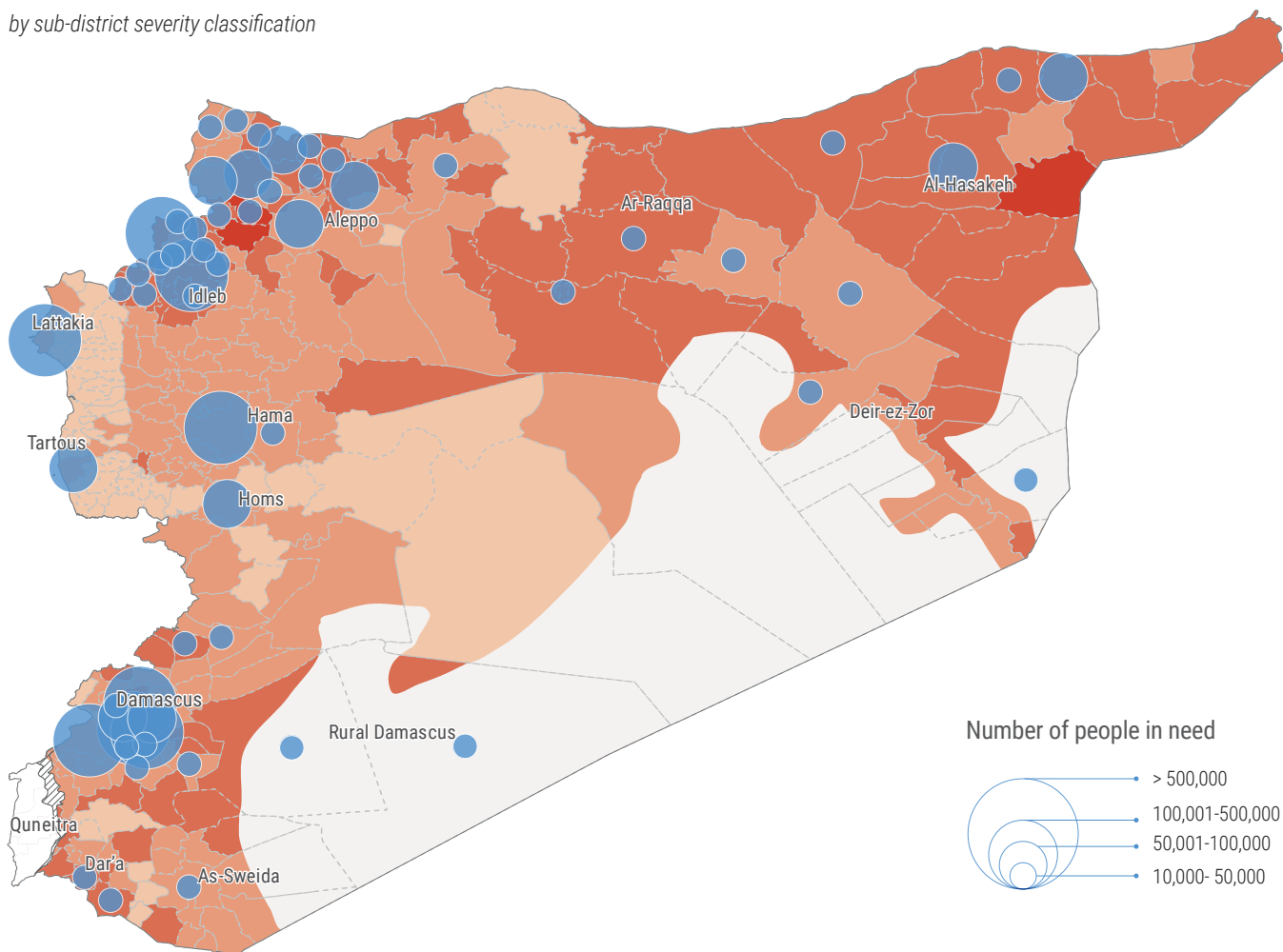
Source: MSNA 2022

## Internally Displaced People out of camps



### PiN Distribution

by sub-district severity classification



Inter-sector sub-district severity categorization (1) Minimal (2) Stress (3) Severe (4) Extreme (5) Catastrophic Areas with no or limited population

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

1.8M live in sub-districts classified as severity phase three ('Severe' as per the JIAF methodology)

1.3M live in sub-districts classified as severity phase four ('Extreme' as per the JIAF methodology)

32.6K live in sub-districts classified as severity phase five ('Catastrophic' as per the JIAF methodology)

Sixty-nine per cent of the 6.8 million IDPs live out of camps across Syria. The vast majority of IDP households out of camps are concentrated in Rural

Damascus (23 per cent), with another 38 per cent living across northern Syria, primarily in Aleppo (18 per cent) and Idlib (12 per cent) governorates.

## Main needs and drivers



### Top Three Unmet Needs

*As expressed by IDPs out of camps*



**58%**

Food / Nutrition assistance



**47%**

Shelter assistance



**43%**

Non-food items assistance

Similar to overall trends, humanitarian conditions and needs for IDPs out of camps are multifaceted, with specific challenges and associated needs remaining unique to this population group. IDPs out of camps reported shelter and NFIs as their top unmet needs, in addition to food. In terms of the availability and affordability of NFIs, 12 per cent of households reported that fuel for heating is not available, while solar panels and/or generators, cooking items and fuel, mattresses and clothing were reported as unaffordable.

### Lack of access to basic services

Around 24 per cent of IDP households out of camps reported that lack of access to and availability of basic services limit their ability to meet their basic needs.

Around half of the households within this population group reported having access to all health services, but 12 per cent of households cited health services as their top unmet need, spending on average ten per cent of their monthly income on health-related expenses.

More than nine per cent of IDP households out of camps express the need for safe water, particularly IDPs hosted in Dar'a (41 per cent) and As-Sweida (29 per cent) Governorates. Furthermore, households reported spending an average of seven per cent of their monthly income on water purchases.

When households were asked about ways in which pre-university education could be improved, around half of IDPs out of camps suggested improving the physical conditions of the school, followed by opening more schools and increasing the number of classrooms.

### Shelter needs

Shelter assistance (such as emergency shelter provision, shelter repairs, rent subsidies) is a top unmet need for many IDPs out of camps. The MSNA shows that 16 per cent of out of camps households live in unfinished houses or apartments, and two per cent reported living in tents (majority in north-east Syria). More than half of households reported a combination of shelter inadequacies such as lack of insulation (27 per cent), lack of electricity (28 per cent), lack of water connections (18 per cent) and lack of privacy/ space (19 per cent). IDPs out of camps spend the highest proportion of their average income on rent (18 per cent), three times more than the overall average in Syria, according to the MSNA.

Shelter inadequacies and unaffordability are not the only challenges facing this population group because IDPs out of camps are less likely to live in an owned structure and report holding weak forms of occupancy agreement, further heightening their risk of eviction. They are also more likely to share their sleeping area with one or more households, particularly in Ar-Raqqa (18 per cent) and Deir-ez-Zor (26 per cent) Governorates. This increases the lack of security and privacy, and poses additional psychological distress on household members.

### Safety and security concerns

IDPs out of camps in Syria face various safety and security concerns. Around 30 per cent of households report detention and arbitrary arrest as a main concern, in particular in Rural Damascus, Dar'a and Ar-Raqqa Governorates, followed by 25 per cent of households that reported checkpoints as a safety and security concern.



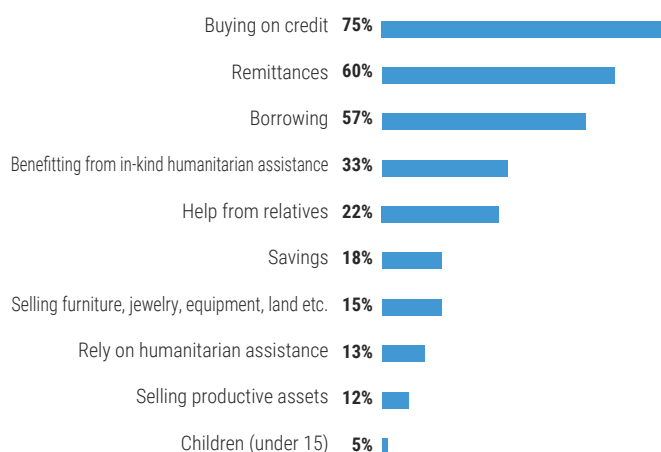
IDPs out of camps are more likely than other population groups to report negative interactions with other members of their community. Eighteen per cent of households reported that interaction with other community members is somewhat negative or very negative. Moreover, 22 per cent of households reported discrimination based on IDP/host tension, especially in Rural Damascus (49 per cent), Quneitra (29 per cent) and Damascus (28 per cent) Governorates.

## Coping mechanisms

IDPs out of camps reported a combination of coping mechanisms similar to the trends seen for the overall population in Syria. With lower-than-average reliance on savings, IDPs out of camps reported the highest reliance on remittances of 59 per cent of households. Despite reporting the same reliance as the overall population on child labour to generate additional income (around three per cent), half of IDP children living outside camps reported that they did not attend school because they were too tired from helping to support the family, an indication that households in this population group are under increased pressure to cope with their economic difficulties.

## Coping Mechanisms

*By IDPs out of camps*



Source: MSNA 2022

## Compounded vulnerabilities

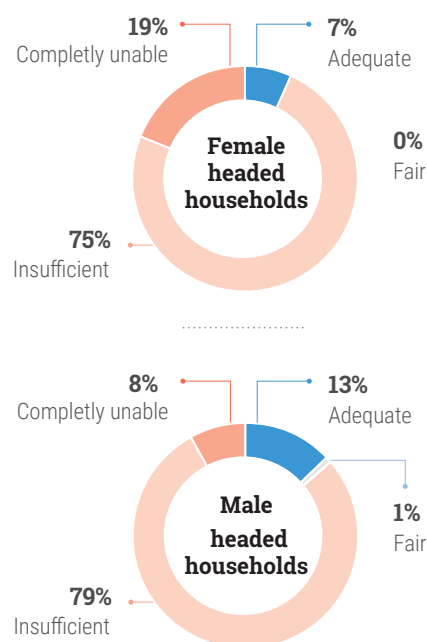
The main factors shaping the vulnerabilities and severity of needs of IDPs out of camps relate to heightened need for shelter support and lack of access to NFIs, combined with limited access to basic services and infrastructure. These factors are exacerbated for IDPs out of camps with compounded vulnerabilities. Internally displaced female-headed

households living outside of camps are more unable to meet their basic needs and 93 per cent report complete inability or insufficient ability to meet their household's basic needs. Similarly, 92 per cent of households with reported disability express complete or insufficient ability to meet their basic needs. Ten per cent of IDP households living outside of camp reported disability specific needs such as medical equipment, medicine and services as being unmet.

The heightened need for adequate shelter forces many households to share their sleeping areas with other households. For female-headed households, widowed and divorced households, this places additional pressure on their mental well-being and exposes them to higher risks of GBV. Furthermore, households headed by women and residing out of camps are more likely to report security and safety concerns at home (18 per cent). IDPs out of camps reported the highest levels of signs of psychological distress (men 68 per cent and women 64 per cent), underlining the pressures connected with being displaced in an increasingly volatile economic environment following years of active conflict.

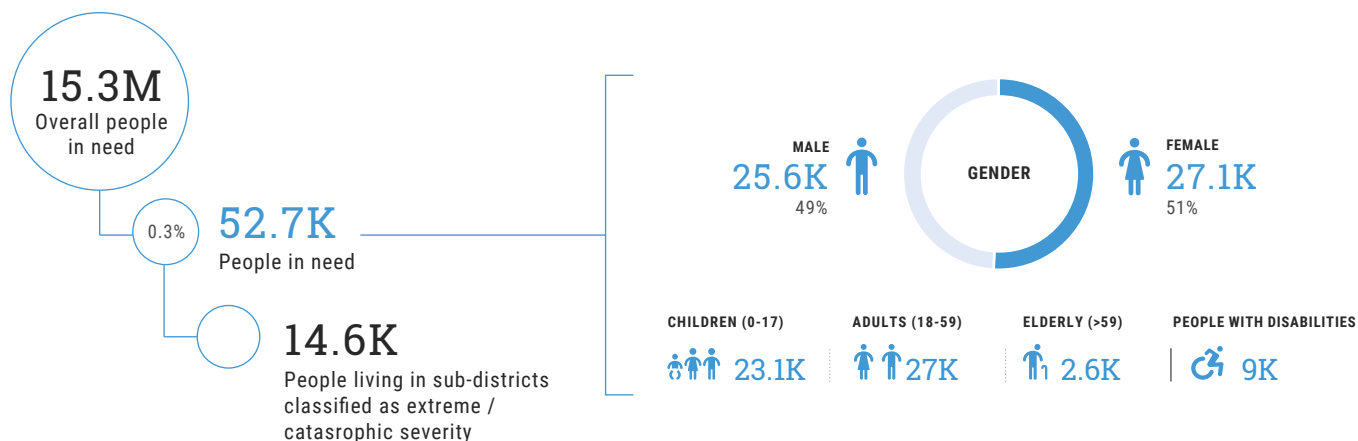
## Perceived Ability to Meet Basic Needs

*By IDPs out of camps*



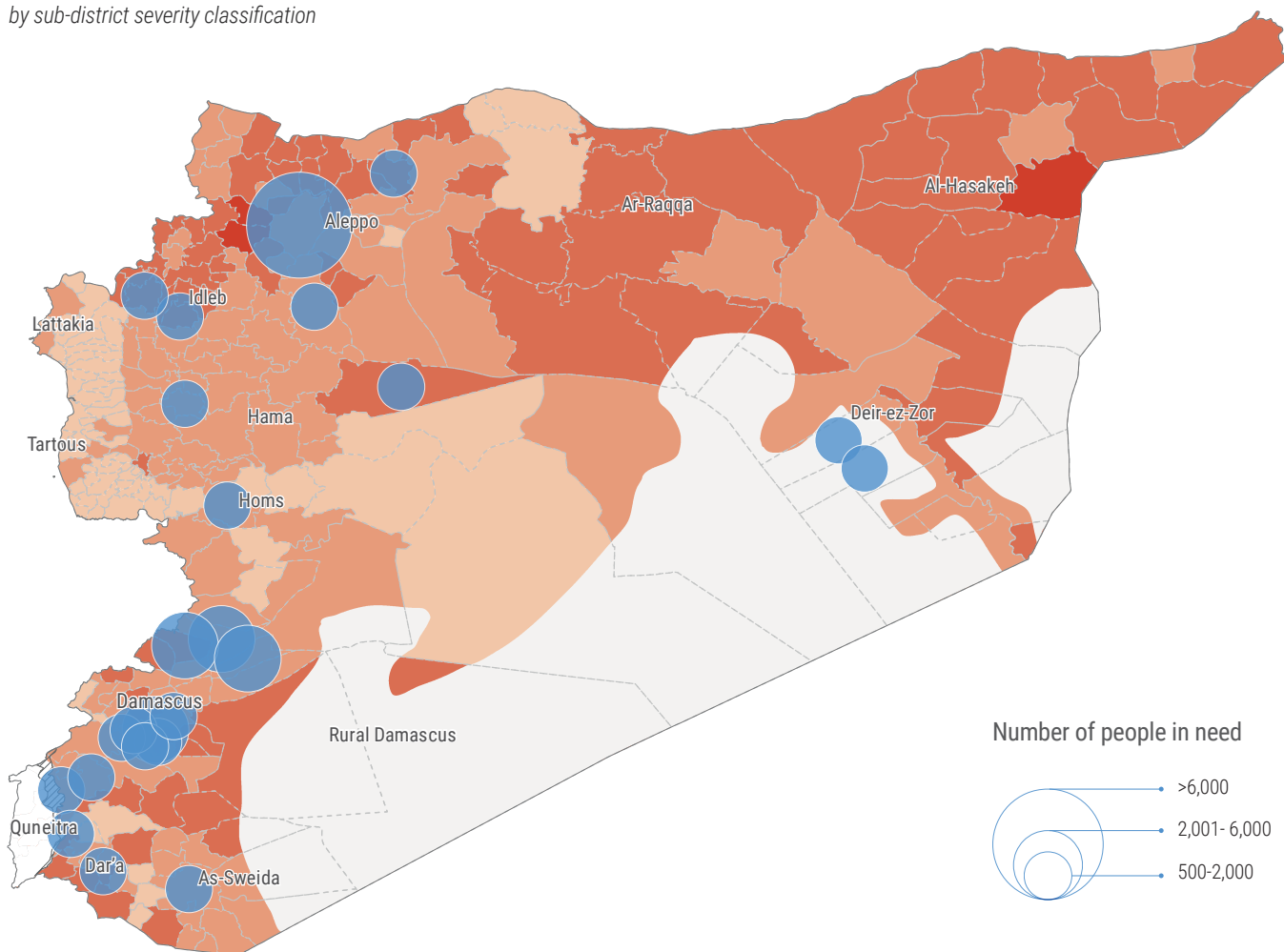
Source: MSNA 2022

## Returnees



## PiN Distribution

by sub-district severity classification



Inter-sector sub-district severity categorization (1) Minimal (2) Stress (3) Severe (4) Extreme (5) Catastrophic Areas with no or limited population

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

37.4K live in sub-districts classified as severity phase three ('Severe' as per the JIAF methodology)

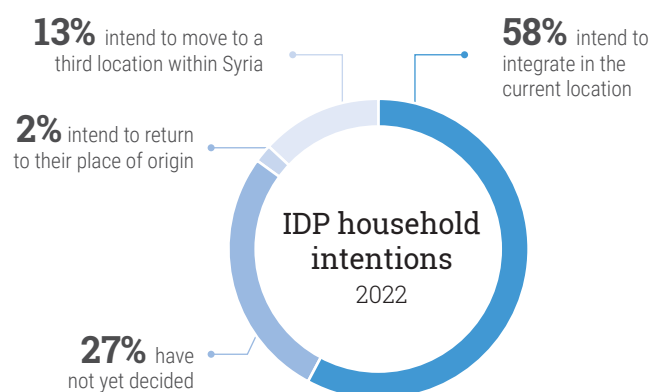
14.6K live in sub-districts classified as severity phase four ('Extreme' as per the JIAF methodology)

four people live in sub-districts classified as severity phase five ('Catastrophic' as per the JIAF methodology)

Of the almost 84,000 people who returned between January and May<sup>59</sup> 2022, an estimated 52,700 are considered to be in need of humanitarian assistance.

Most of the returnee movements have taken place to Idlib and Rural Damascus Governorates. The prime reasons for return are a mixture of push and pull factors related to changes in the security and economic situation in the place of origin and/or area of displacement. The majority of returnee households interviewed during the MSNA reported that their main reason for return in 2022 was to reclaim assets and properties at the place of origin (72 per cent), followed by improvements in the security situation in the place of origin and/or worsening of the economic situation in the location of displacement.

Expressed intention to return remains low among IDPs; two per cent intend to return to their place of origin in the near future but a majority intend to remain



in their current location for the coming 12 months. Findings largely indicate that conditions, whether physical, material, psychosocial or legal safety, are not yet conducive to return anywhere in the country. For those who do not have an opportunity to return in the near future, protection and humanitarian assistance remain critical.<sup>60</sup>

## Main needs and drivers



### Top Three Unmet Needs

*As expressed by returnees*



**66%**

Food / Nutrition assistance



**54%**

Non-food items assistance



**53%**

Electricity assistance

Like the majority of interviewed households in Syria, most returnees in 2022 expressed food as an unmet need, followed by NFI and electricity.

Returnees as a population group have the highest rate of households reporting NFI as an unmet need, with every second household reporting the same. Increased prices and the unavailability of essential items were particularly reported by returnees, with 23 percent of households associating unavailability of essential items (medicines, bread, water, fuel, etc.) as a reason limiting their ability to meet basic needs. Specifically, households reported that cooking fuel was unavailable, and expensive when found. Likewise, fuel for heating,

solar panels and/or generators, winter heaters and clothing were reported as unaffordable items for many returnee households.

### Lack of access to basic services

Functioning and accessible basic services are key for sustainable return, but the MSNA shows that around 23 per cent of returnee households cited lack of access and availability to basic services as direct reasons limiting their ability to meet their basic needs. Returnees is the population group with the highest expenditure on basic services. They pay an average of 114,000 SYP on health, water, education and

electricity services compared to the national average of 106,000 SYP.

Health services were reported as an unmet need by 16 per cent of households, mainly driven by the unaffordability of treatment, consultation and transportation to health services (42 per cent).

More than half of the interviewed returnee households also reported electricity as a top unmet need and 73 per cent of households reported that they only have access to one to eight hours of electricity per day. These figures indicate that lack of electricity provision is a major concern for returnee families and impedes access to education, livelihoods and safety.

## Shelter repairs

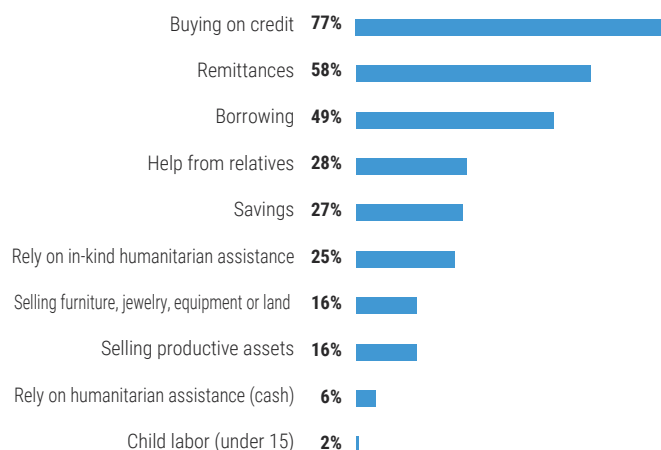
Although most households have returned to the property they own, returnees are the population group with the highest reports of shelter damage; two in five returnee households report varying degrees of damage to their shelter. Increased inability to meet needs and high prices impede households from repairing their shelter, forcing families to live in inadequate shelters.

## Coping mechanisms

Similar to other sectors of the population, returnee households see themselves forced to resort to buying on credit (77 per cent), relying on remittances (58 per

### Coping Mechanisms

as expressed by returnees



Source: MSNA 2022

cent) and/or borrowing money (50 per cent) to provide the basic needs for their families.

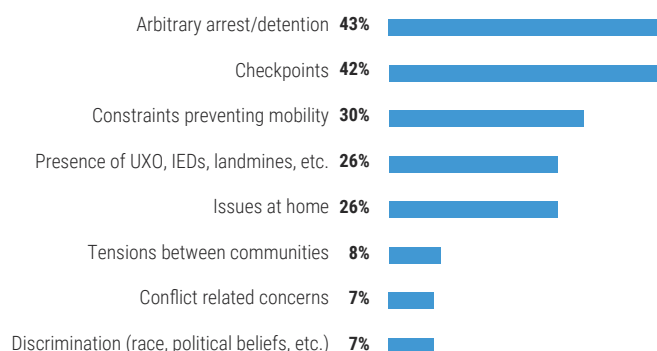
From a food security perspective, returnees reported the highest number of households adopting harmful changes in daily food consumption on almost all measures. Around 93 per cent of households report that they select less expensive or less preferable food at least once a week, and 54 per cent of returnee households report that they reduce the size of their meals at least once a week. These trends are significantly worse for female-headed returnee households where 67 per cent report reducing the size of meals at least once a week, and 22 per cent of households reported at least one household member going to sleep hungry due to lack of food.

## Compounded vulnerabilities

The main factors shaping the vulnerabilities and severity of needs of returnees relate to lack of access to NFIs and electricity, combined with heightened needs for shelter repair, and particular safety and security concerns often connected to their return. Returnees are not immune to the widespread economic crisis in Syria and returnee IDPs is the population group least able to meet basic needs (12 per cent are completely unable compared with eight per cent overall).

## Safety and Security Concerns

as expressed by returnees



Source: MSNA 2022

The situation is even more severe for returnee female-headed households with 93 per cent reporting being completely unable or insufficiently able to meet their household's basic needs. Likewise, 92 per cent of households with reported disability express complete or insufficient ability to meet their household's basic needs. The financial distress in which families find themselves can limit reintegration and ability to secure livelihoods after displacement.

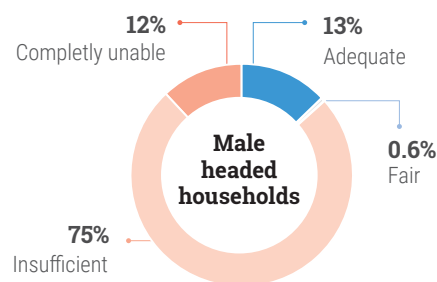
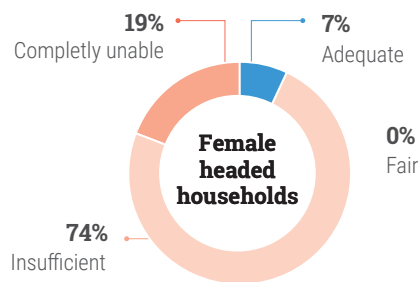
There is evidence that returnee households face several challenges and associated needs unique to their status as returnees. One example is the need for legal advice<sup>61</sup> or clearance services in mined areas.

This matches the majority of returnees who reported that the re-occupation of owned property or assets is their main reason for return, and the finding that there are increased risks related to the presence of UXO, IEDs and landmines in areas of return.

Alarming rates of signs of psychological distress were reported among men and women within returnee households and over 77 per cent of households interviewed reported such signs among female adult household members. Returnees are the population group with the highest reports of safety and security at home, reported by one in four households, with a higher trend in female-headed households.

### Perceived Ability to Meet Basic Needs

*By returnees*







# Refugee Returns

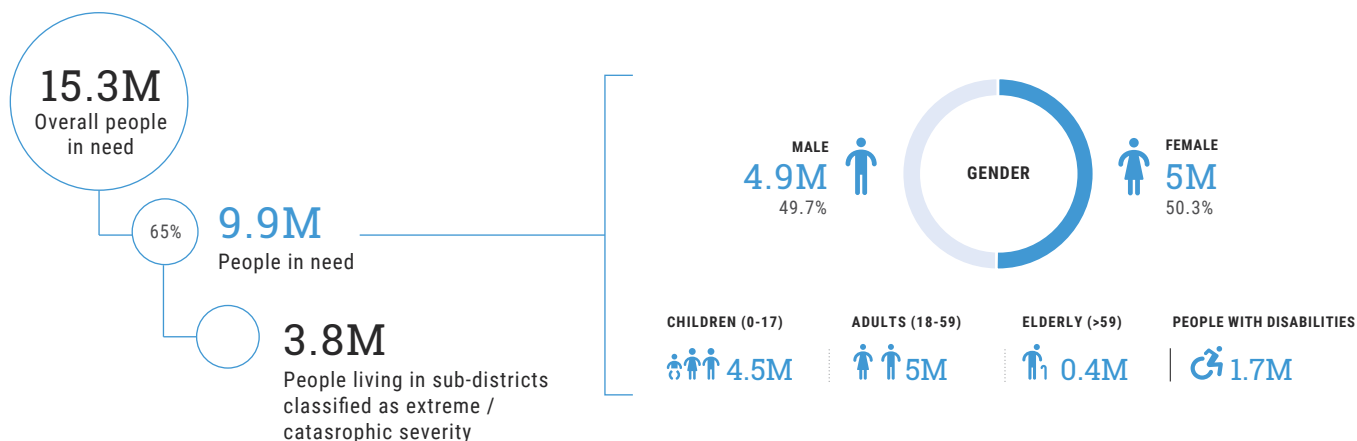
During January and mid-November 2022, the United Nations High Commissioner for Refugees (UNHCR) monitored the return of over 46,000 Syrian refugees from Jordan, Lebanon, Iraq, Türkiye and Egypt to Syria.<sup>62</sup> This figure is comparatively higher than those during the same period in the last two years, but well below the scale of movement in 2019. The main areas of return continue to be Aleppo (34 per cent), Idlib (23 per cent), and Ar-Raqqa (10 per cent) and Al-Hasakeh Governorates (10 per cent). As in previous years, the proportion of males (63 per cent) among returnees continues to increase, particularly among refugees departing from Türkiye (72 per cent).

During the first quarter of 2022, UNHCR conducted its [seventh annual regional perception and intention survey](#) among Syrian refugees. As in 2021, nine out of 10 refugees stressed that they are unable to meet their basic needs in host countries. Most Syrian refugees continue to hope to return one day (58 per cent), although there was a 12 per cent decrease compared to the previous year (70 per cent). Similarly, the intention to return within the next 12 months decreased from 2.4 to 1.7 per cent.

Refugees indicated that a lack of safety and security, livelihoods, basic services and housing are the primary barriers to return. Lack of access to basic services increased in importance compared to the previous round of the survey. Safety and security were cited by more than half of all respondents as the top consideration, closely followed by livelihood opportunities. The intention to return within the coming 12 months was highest among Syrian refugees living in Jordan (2.4 per cent). Most of those intending to return said they would return to their area of origin.

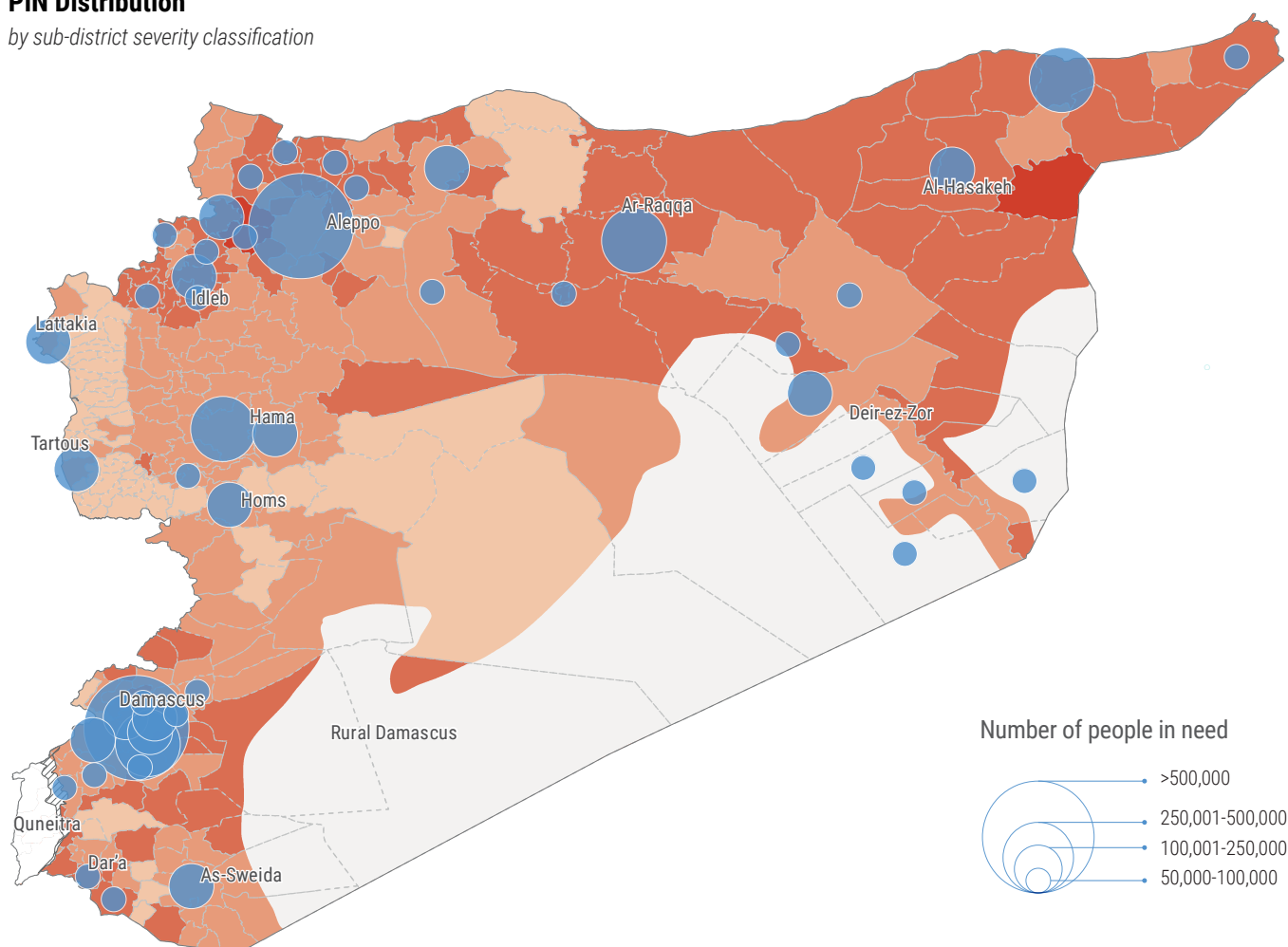
The number of refugees expressing an intention to return has been falling since 2019 but remains higher than the rate of intention recorded in 2017. Overall, hope by refugees to return home to Syria one day remains relatively strong, although a smaller number of refugees intend to return to Syria in the near term. Return intention measured through the survey has been largely consistent with the figures being observed by UNHCR in terms of actual returns. In line with previous surveys, the prevailing situation in host countries does not seem to act as a strong motivating factor. Return trends are likely to remain relatively stable due to the protracted nature of the Syria crisis despite the worsening of socio-economic conditions in some of the host countries. It is yet to be seen how the stronger rhetoric used in Lebanon and Türkiye related to returns will impact intention in the future.

## Vulnerable Residents



## PiN Distribution

by sub-district severity classification



Inter-sector sub-district severity categorization (1) Minimal (2) Stress (3) Severe (4) Extreme (5) Catastrophic □ Areas with no or limited population

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

5.9M live in sub-districts classified as severity phase three ('Severe' as per the JIAF methodology)

3.7M live in sub-districts classified as severity phase four ('Extreme' as per the JIAF methodology)

0.14M live in sub-districts classified as severity phase five ('Catastrophic' as per the JIAF methodology)

In 2022, 9.9 million vulnerable residents are estimated to be in need. This represents a 7.6 per cent increase over the previous year (9.2 million) and highlights the significant impact of the economic deterioration on sectors of the population historically less directly affected by hostilities and displacement.

The resident population, including people who have never been displaced or who returned to their place of origin before January 2022, are increasingly unable to meet the basic needs of their household members. This is an indication of the continuously shifting nature and broadening of the crisis which has gradually seen additional sectors of the population plunge into humanitarian need.

## Main needs and drivers



### Top Three Unmet Needs

*As expressed by residents*



**60%**

Food / Nutrition assistance



**52%**

Electricity assistance



**46%**

Livelihood assistance

Most resident households are equally likely as those displaced or newly returned to report a deterioration in their ability to meet basic needs over the past year due to reduced financial capacity, and the unaffordability of goods and services. This highlights the indiscriminate impact of the protracted conflict beyond the risk of uprooting lives.

The resident population in Syria expressed the need for food (60 per cent) and electricity (52 per cent), followed by livelihood support (46 per cent). Electricity as an unmet need increased in 2022 to 52 per cent of households, up from 47 per cent in 2021. An average of 62 per cent of resident households across Syria reported getting only three to eight hours of electricity per day.

### Lack of access to basic services

Around 22 per cent of resident households reported that lack of access to and availability of basic services limited the ability to meet their basic needs, particularly in Latakia (47 per cent), Tartous (43 per cent) and Homs (33 per cent).

Similar to trends seen for returnee households, 16 per cent of resident households cited health services as their top unmet need, and 39 per cent reported that access to health services (treatment and consultation) is impeded by lack of affordability. The MSNA shows that safe water was particularly reported as an unmet

need for resident households in Dar'a (33 per cent), As-Sweida (26 per cent) and Al-Hasakeh (22 per cent).

### Coping mechanisms

In order to cope with increasing financial distress, residents were more likely to buy on credit (71 per cent) compared to other population groups. Furthermore, residents were more likely than other population groups to rely on their own savings and on the sale of productive assets, furniture, jewellery, equipment and land. The MSNA data show that residents generally resort to less harmful coping mechanisms, a trend that will be severely tested if the situation does not improve.

### Coping Mechanisms

*By residents*



Source: MSNA 2022

Resident households cope differently depending on factors such as past displacements, age and gender. For example, seven per cent of female-headed households rely on children between 15-17 years old to help generate income compared to two per cent for male-headed households. Heads of households over the age of 50 rely to a higher degree on remittances (60 per cent).

## Compounded vulnerabilities

The factors responsible for the vulnerability and severity of residents' needs in Syria are multiple and widespread. Increasingly, these needs are linked to the deterioration in the macroeconomic situation, combined with persistent lack of access to basic services and infrastructure as a result of years of conflict. There are three - possibly overlapping - groups of residents that are particularly affected. Firstly, communities hosting large numbers of IDPs and returnees who also need to access basic services, thus putting additional strain on systems that cannot cope with the demand, and who also seek scarce access to income-generating opportunities and livelihoods in areas such as Idlib, Rural Damascus and Aleppo

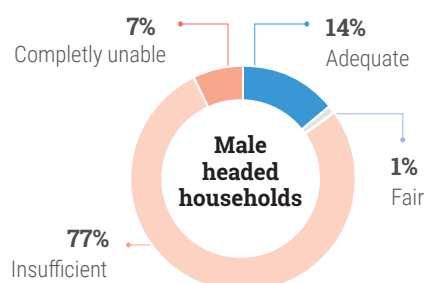
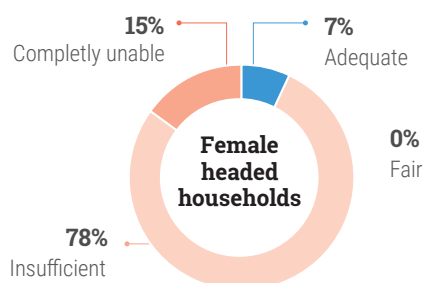
Governorates. Secondly, residents most affected by socioeconomic deterioration who have become food insecure in recent years. Finally, residents displaced before 2022 who returned to their place of origin, for example residents in Aleppo, Ar-Raqqa and Deir-ez-Zor Governorates where more than 50 per cent of households reported being displaced previously.

Among residents, female-headed households are disproportionately affected by the dire economic situation. Ninety-three per cent of households report that they are unable or insufficiently able to meet the basic needs of their household. Similarly, 90 per cent of households with a disability report that they are unable or insufficiently able to meet their household's basic needs.

Residents made a record number of reports of discrimination; 18 per cent of female-headed households reported discrimination on the basis of race, political beliefs, religion, class, age, sex, marital status (widowed/divorced) or/and disability. This was most prevalent in Quneitra (43 per cent), Dar'a (42 per cent), As-Sweida (39 per cent) and Rural Damascus (39 per cent) Governorates.

## Perceived Ability to Meet Basic Needs

By residents



Source: MSNA 2022

# Palestine Refugees

The estimated 438,000 Palestine refugees remaining in Syria continue to endure the impact of the worsening socio-economic situation. The results of the UNRWA Syria Field Office (SFO) socio-economic survey in May 2021 indicated that 83 per cent of Palestine refugees were living on \$1.9 or less per person per day, even after factoring in the emergency cash assistance provided by UNRWA. In addition, 57 per cent of Palestine refugee families reported reducing the number of meals for all family members, and 51 per cent reduced the quantity of food in each meal for all family members.<sup>63</sup> A new survey is currently being conducted and the results are expected to be available at the end of 2022.

The vulnerability of Palestine refugees in Syria has increased with the rapid decline in the economic situation. After multiple psychological shocks and trauma over eleven years of conflict, coping mechanisms are largely depleted and Palestine refugees are increasingly reliant on humanitarian assistance to meet their most basic needs. The impact on refugee mental well-being, particularly of the most vulnerable such as children, women, older persons, persons with disabilities and displaced persons, is devastating. Individuals, families and communities are more and more often resorting to negative coping strategies like child labour and forced marriage. The

risk of injury or death caused by explosive ordnance contamination remains very high as many Palestine refugee camps experienced the direct impact of the hostilities.

According to UNRWA's estimates, about 40 per cent of the Palestine refugee population in Syria remain in protracted displacement. Yarmouk, Dera'a and Ein El Tal camps, previously home to more than 30 per cent of the Palestine refugee population in Syria, have been almost completely destroyed. Palestine refugees have been permitted to return to Yarmouk camp since the end of 2020, subject to government approval (over 8,000 approvals have been granted so far). As of September 2022, 1,000 vulnerable Palestine refugee families had already returned to Yarmouk despite the lack of basic infrastructure and services. Around 126 extremely vulnerable families had returned to Ein El Tal, and a further 622 to Dera'a camp. However, in these three camps, basic infrastructure for the provision of safe water supplies and electricity has not been fully restored, preventing more families from returning and delaying plans for the rehabilitation of UNRWA facilities.

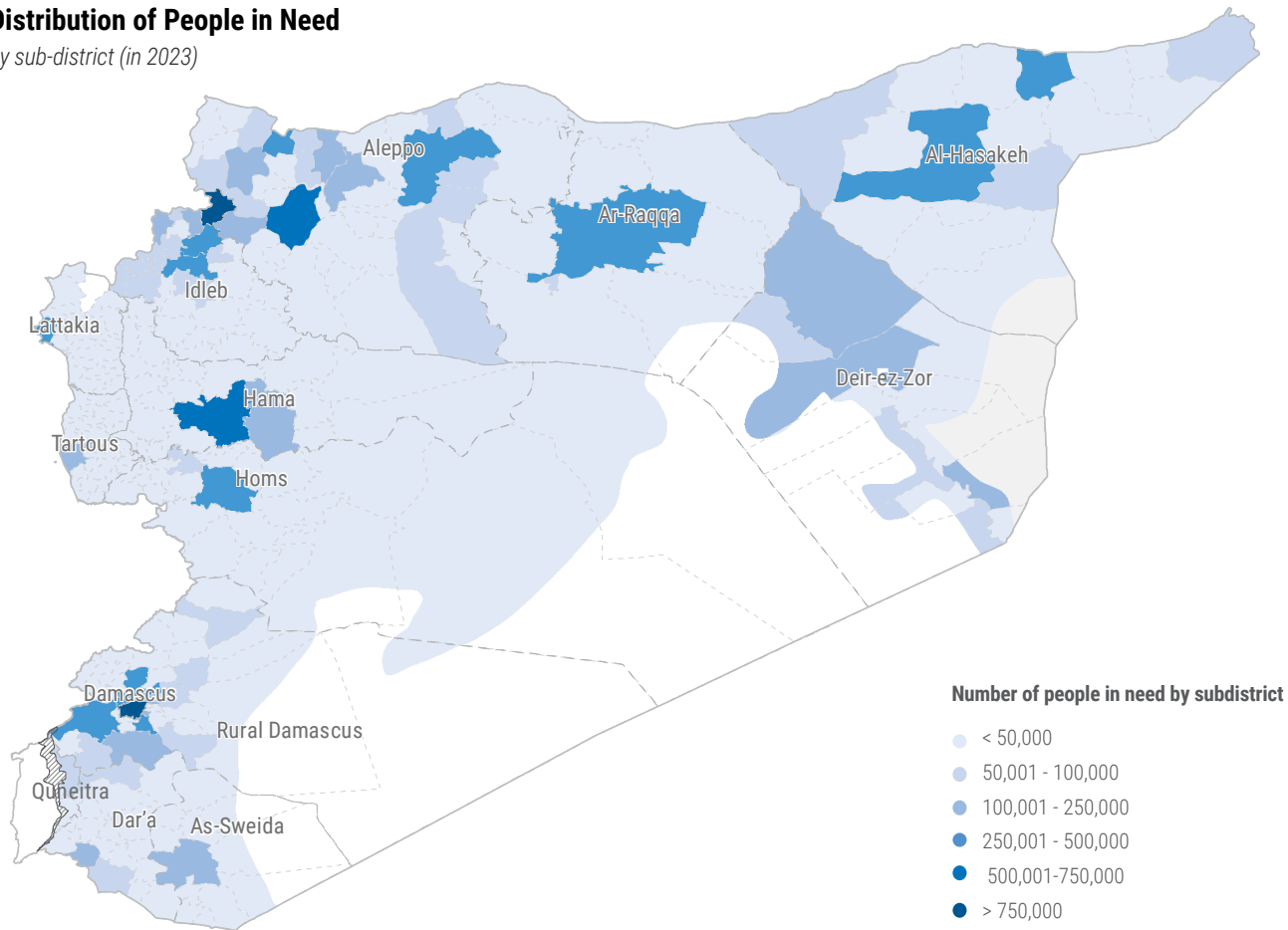


# 1.5

## People in Need

### Distribution of People in Need

by sub-district (in 2023)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

### People in Need by Governorate

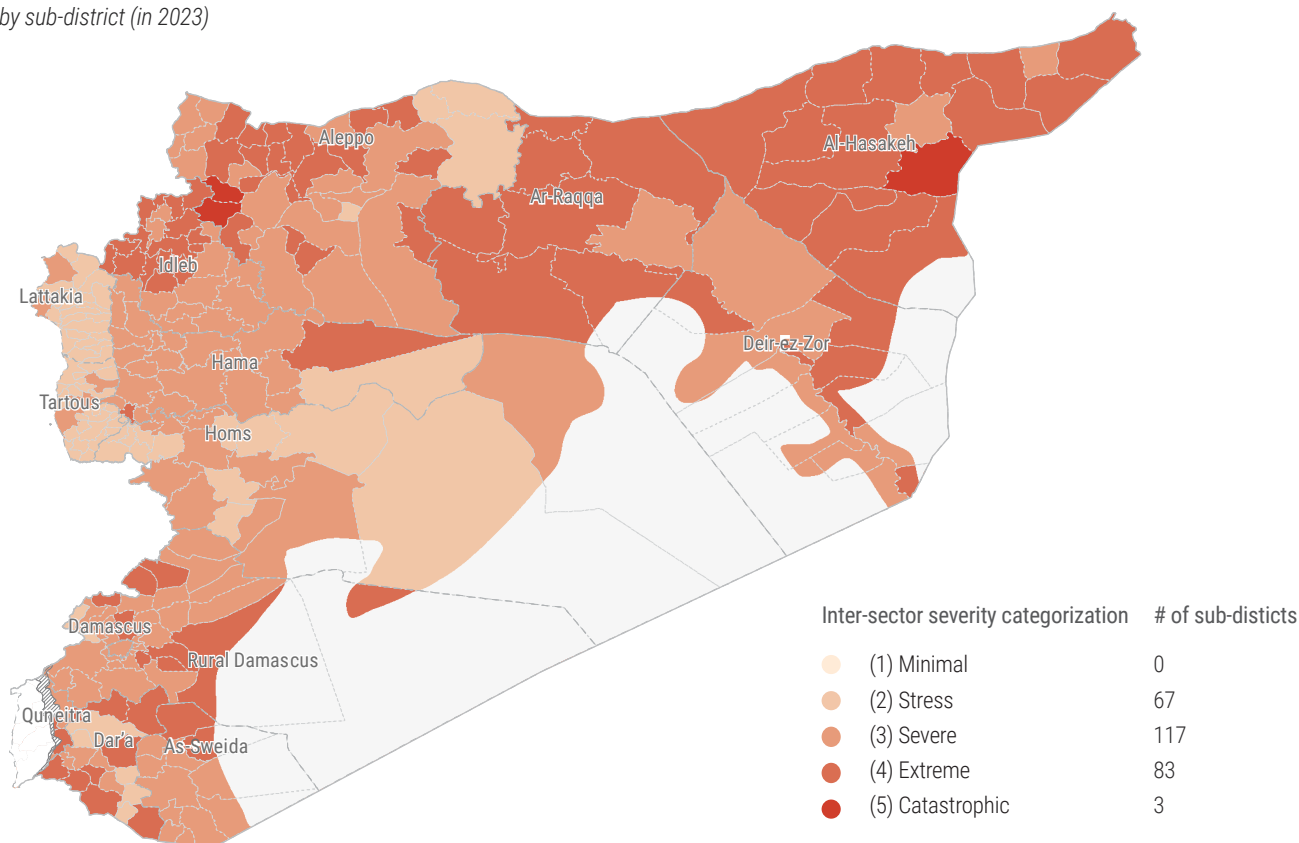
GOVERNORATE	TOTAL POPULATION	PEOPLE IN NEED	PEOPLE IN EXTREME AND CATASTROPHIC NEED	% OF PIN CHANGE COMPARED TO 2022
Aleppo	4.2 M	2.8 M	0.8 M	4%
Al-Hasakeh	1.2 M	1.2 M	0.9 M	25%
Ar-Raqqa	0.8 M	0.7 M	0.4 M	6%
As-Sweida	0.4 M	0.4 M	0.1 M	36%
Damascus	1.8 M	0.9 M	-	-3%
Dar'a	1.0 M	0.6 M	0.2 M	2%
Deir-ez-Zor	1.1 M	0.9 M	0.3 M	0%
Hama	1.5 M	1.1 M	-	6%
Homs	1.5 M	0.5 M	-	-8%
Idleb	2.9 M	2.8 M	0.9 M	4%
Lattakia	1.3 M	0.4 M	-	10%
Quneitra	0.1 M	0.1 M	-	6%
Rural Damascus	3.3 M	2.6 M	0.5 M	6%
Tartous	0.9 M	0.3 M	-	-4%

### Sub-districts with Highest PiN

GOVERNORATE	SUB-DISTRICT	# OF PIN
Dana	Idleb	1.1M
Damascus	Damascus	0.9M
Jebel Saman	Aleppo	0.6M
Hama	Hama	0.5M

## Intersectoral Severity of Needs

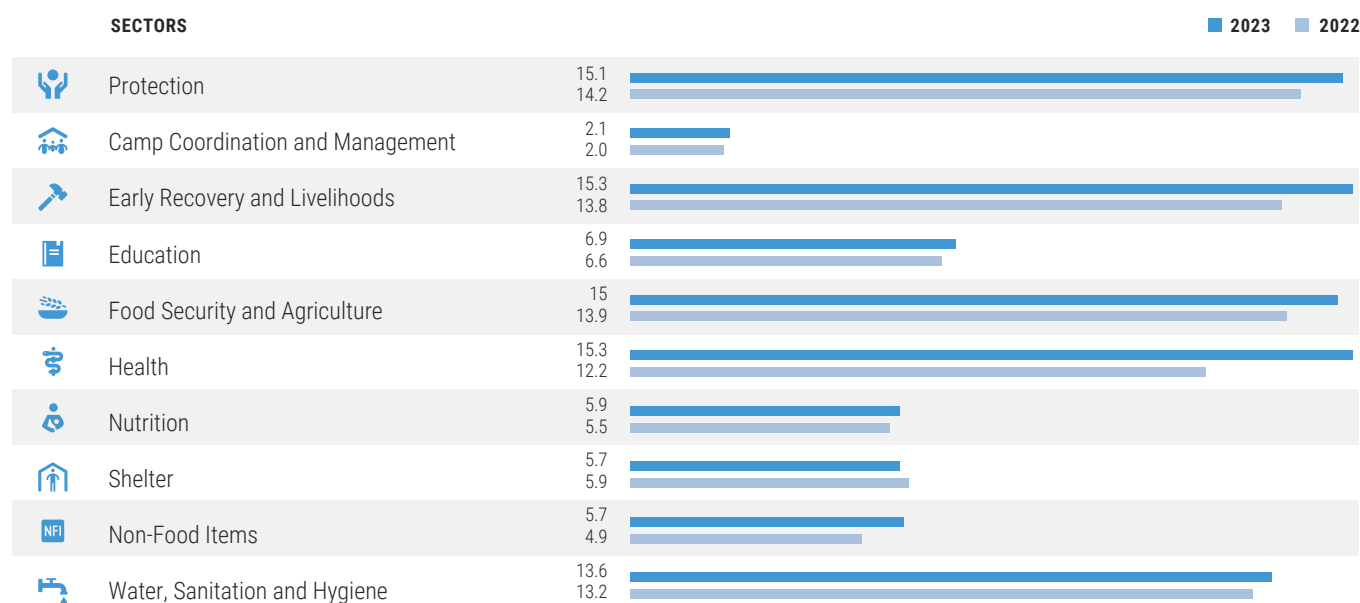
by sub-district (in 2023)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

## Evolution of People in Need by Sector

in millions (2022-2023)



## Sector PiN by Governorate

2023

	 Protection	 CCCM	 ERL	 Education	 Food security	 Health	 Nutrition	 Shelter	 NFI	 WASH	 Inter-sector
Aleppo	3,334,194	468,636	2,071,855	1,128,752	3,045,581	2,759,832	1,293,123	1,178,418	1,330,866	2,407,709	2,819,446
Al-Hasakeh	855,259	129,459	1,071,172	447,433	763,476	1,044,836	337,856	329,344	310,548	1,202,265	1,206,229
Ar-Raqqa	539,213	108,516	544,165	309,924	594,782	681,963	228,499	232,587	177,978	715,483	714,337
As-Sweida	222,026		354,758	108,171	208,168	131,404	97,139	65,604	94,181	357,061	363,265
Damascus	909,259		944,330	679,743	1,124,134	1,363,888	458,403	363,703	545,555	840,119	887,630
Dar'a	749,948		964,130	218,598	582,039	653,784	330,793	239,207	240,463	745,171	620,618
Deir-ez-Zor	846,522	27,438	734,824	481,108	803,160	894,407	361,200	224,941	163,081	684,167	914,912
Hama	877,166		1,049,275	413,374	1,070,030	910,681	384,400	212,919	241,667	260,865	1,096,398
Homs	721,691		1,217,085	365,738	998,256	676,370	307,888	289,661	223,978	157,817	531,507
Idlib	2,715,583	1,365,684	1,853,143	1,060,750	2,392,572	2,572,943	880,555	1,295,237	859,274	2,723,584	2,775,248
Lattakia	615,107		860,131	349,956	743,728	789,917	275,172	195,014	349,360	681,186	423,050
Quneitra	53,483		101,130	12,424	84,758	59,850	33,723	24,159	29,629	78,639	93,941
Rural Damascus	2,273,896		2,712,604	1,017,046	2,149,239	2,377,857	696,231	937,713	935,323	2,315,989	2,560,955
Tartous	423,768		824,714	286,922	484,486	333,252	210,530	107,869	149,328	381,806	326,735
<b>Total</b>	<b>15.1M</b>	<b>2.1M</b>	<b>15.3M</b>	<b>6.9M</b>	<b>15M</b>	<b>15.3M</b>	<b>5.9M</b>	<b>5.7M</b>	<b>5.7M</b>	<b>13.6M</b>	<b>15.3M</b>

< 250,000
250,001 - 500,000
500,001 - 750,000
750,001 - 1,000,000
1,000,001 - 1,500,000
> 1,500,000

## 1.6

# Beneficiary Satisfaction and Consultation

The 2022 MSNA enabled the participation of people affected – IDPs in and out of camps, residents and returnees – in identifying priority needs, concerns and perceptions through 34,065 household interviews in 269 sub-districts across Syria.

## Assistance received and satisfaction

Of the households interviewed, 50 per cent confirmed having received assistance in the three months prior to the assessment in August 2022. This number varies greatly across the country from the highest feedback in Dar'a (98 per cent) and Quneitra (96 per cent), to the lowest in Lattakia (11 per cent) and Tartous (9 per cent).

Over the last three years, beneficiary satisfaction had fallen steadily from 90 per cent (of which 46 per cent were very satisfied) in 2019 to 79 per cent (of which only 17 per cent were very satisfied) in 2020, and finally, to 44 per cent (of which only 16 per cent were very satisfied) in 2021. In 2022, dissatisfaction with the assistance received decreased from 56 per cent in 2021 to 26 per cent; 74 per cent of beneficiaries

reported satisfaction (and nearly twice as many respondents as the previous year were very satisfied).

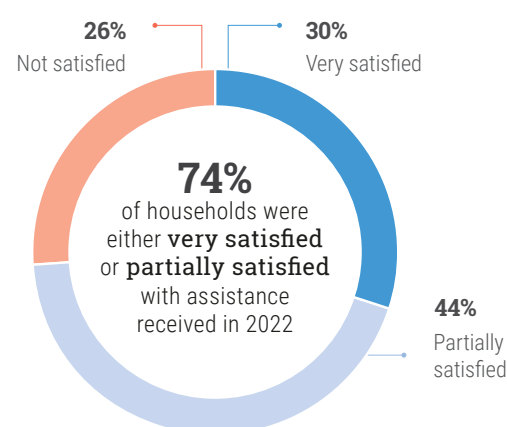
Among the four population groups, IDPs in camps (91 per cent) reported being the most satisfied, while returnees (63 per cent) reported the lowest rate of satisfaction.

## Reasons for dissatisfaction

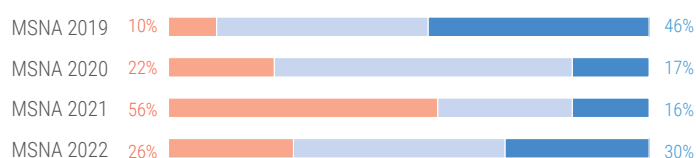
The most commonly cited reasons for beneficiary dissatisfaction with aid received in 2022 included insufficient quantity (72 per cent), insufficient quality (56 per cent) and mismatched modality (42 per cent) or type of aid (38 per cent). One in four households reported the reason for dissatisfaction was that aid was delayed, 14 per cent reported that assistance was difficult to access and eight per cent reported receiving the same assistance several times. Almost one in five households headed by a member of over 60 years of age reported difficulty accessing humanitarian aid as a reason for dissatisfaction with the aid received.

## Beneficiary Satisfaction

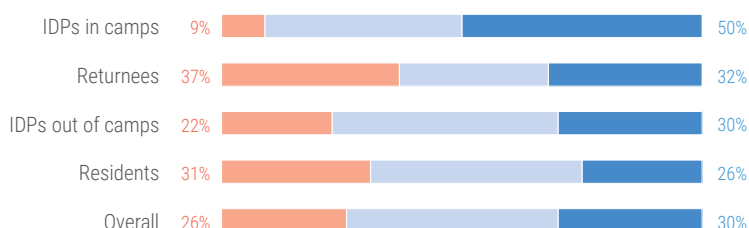
■ No, not satisfied ■ Yes, Partially satisfied ■ Yes, Very satisfied



## % of Households and Level of Satisfaction with the Assistance Received



## Beneficiary Satisfaction by Population Group

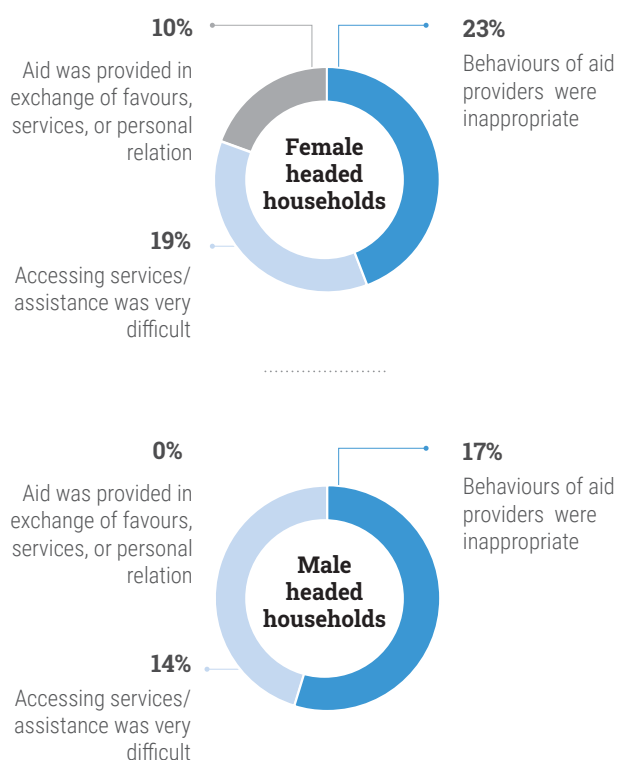


Of particular concern are the number of beneficiaries who identified concerns related to protection from sexual exploitation and abuse (SEA), harassment or fraud:

- Almost one in five beneficiaries indicated dissatisfaction due to inappropriate aid provider behaviour.
- Almost one in 10 beneficiaries indicated dissatisfaction because aid was not free.
- One per cent of beneficiaries were asked to exchange favours to receive the aid.

Notably, female-headed households were more vulnerable to inappropriate aid provider behaviours; 23 per cent of female-headed households were affected versus 17 per cent of male-headed households. The gender of the head of household was a factor associated with several concerning points of dissatisfaction (see below).

### Reasons for Dissatisfaction with assistance received



Households headed by a member living with disability were more likely to face difficulty accessing services or assistance (19 per cent of households with a disability versus 13 per cent without). These households were also more likely to receive aid that did not match their need (43 per cent of households with a disability versus 37 per cent without).

### Information about assistance, consultation and feedback mechanisms

Overall, 44 per cent of households reported receiving adequate information about assistance but this figure varies significantly by population group and geographic area. Households in Idlib (76 per cent) and Aleppo (61 per cent) were most likely to report receiving adequate information about assistance, whereas only nine per cent of households in Al-Hasakeh and 11 per cent of households in As-Sweida reported receiving information. IDPs in camps were the population group most likely to have received information (79 per cent) versus only around 38 per cent of residents.

The MSNA data also show that vulnerable households were less likely to have received adequate information about assistance. For instance, only 60 per cent of IDPs in camp with a disability received adequate information compared to 80 per cent of IDPs without a disability. Female-headed IDP households in camps were less likely to receive adequate information than their male counterparts – notably, only 53 per cent of displaced female-headed households in camps reported receiving adequate information compared to 81 per cent of households headed by men.

Only 15 per cent of households reported being consulted by humanitarian actors. Most population groups reported levels of consultation close to the overall average but IDPs in camps were two times more likely to be consulted (38 per cent). The MSNA data offer adverse findings when it comes to consultation of vulnerable households. For instance, 13 per cent of returnee households with a disability were consulted in comparison to eight per cent of returnee households without a disability. This finding reverses among IDPs in camps where 39 per cent of households without a

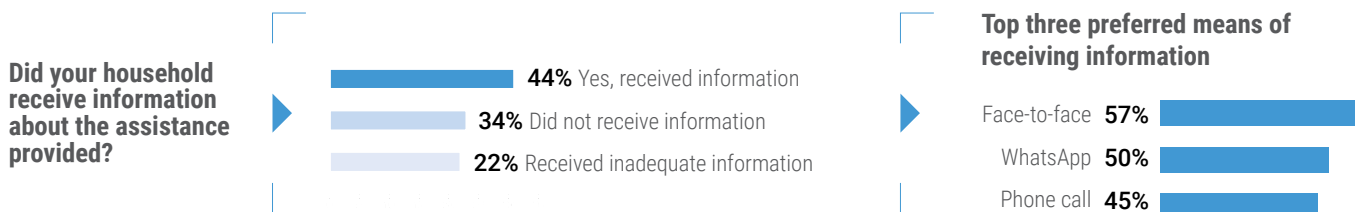


disability were consulted compared to 31 per cent of households with a disability.

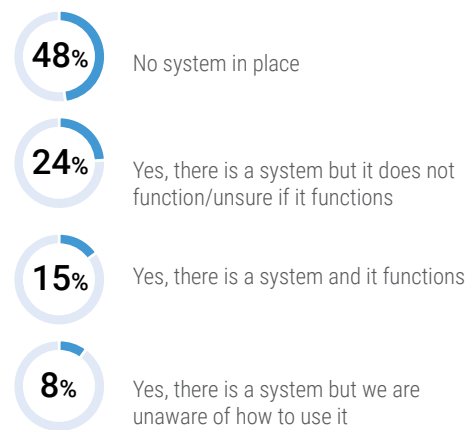
Only 15 per cent of households in Syria reported being aware of functioning complaint and feedback mechanisms (CFMs). This trend was the case for all population groups except for IDPs in camps where 62 per cent of households reported being aware of a functioning CFM.

The MSNA data indicate correlation between successful accountability to affected people (AAP) actions by aid providers and the levels of reported satisfaction with assistance by households. For instance, 49 per cent of households who received information on the assistance provided reported being very satisfied, more than two times as many as households that received no information. Similarly, households that were consulted were almost three times as likely as households that were not consulted to be completely satisfied with the assistance.

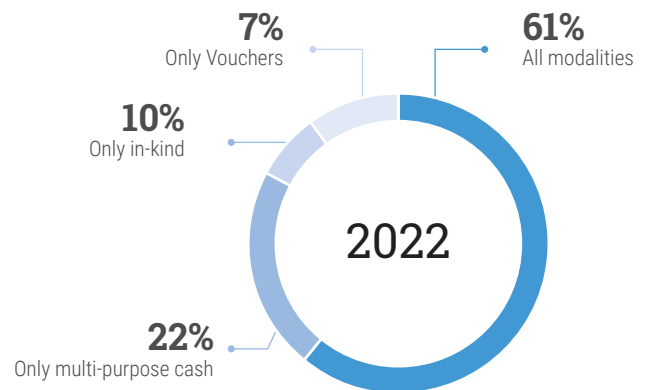
### Community Information Needs, Awareness and Participation



### Available feedback mechanisms



### Households' expressed preferred modalities of assistance



Source: MSNA 2022

## Part 2:

# Risk Analysis and Monitoring of Situation and Needs

---

IDLIB / SYRIA

Photo: OCHA



## 2.1

# Risk Analysis

In 2022, the key drivers of humanitarian need in Syria were related to conflict, economic crisis, the COVID-19 pandemic, and the water crisis and drought-like conditions. In 2023, most of those elements are expected to remain the main drivers of humanitarian need. The COVID-19 pandemic is not expected to remain a main driver, although the low level of vaccination is a concern. In addition, the geopolitical dynamics and push for refugees to return to Syria could have serious implications on needs across the country, as will the recently declared cholera outbreak.

### Risks related to hostilities and geopolitical context

Although hostilities in general have been declining over the last three years in Syria, the security situation remains highly dynamic, active and prone to escalation, particularly in areas of mixed or contested control and in the vicinity of the frontlines. Hostilities are likely to remain one of the key underlying causes of humanitarian need, whether due to new hostilities or protracted needs resulting from hostilities in previous years. A context that is rife with IHL and IHRL violations, and lacking in access to justice mechanisms, will continue to disenfranchise people and limit their ability to address many of the drivers of their needs in a sustainable manner.

The security situation in frontline areas of north-west Syria in northern Aleppo (Tal Refaat), and in north-east Syria, including Ein Issa, Ras Al Ain, and Tal Tamer, is expected to remain particularly unstable, as is the situation in Dar'a in southern Syria despite ceasefire and reconciliation efforts. In the rest of the country, a return to large-scale hostilities is not anticipated in 2023, although there are potential flashpoints, especially in the north-east and the south.

### Risks related to displacement

In 2023, displacement trends are expected to remain similar to those observed 2022, driven mostly by potential military operations and conflict activity in hotspots and frontline areas (particularly in Idleb, Aleppo and Dar'a Governorates). Up to 400,000 people

could be displaced during the year. In addition to hostilities, displacements are increasingly reported to be driven by worsening socio-economic conditions that push individuals and families to seek better employment opportunities and living conditions. Any potential new displacements are likely to result in further inflows to already overcrowded last resort IDP sites, particularly in north-west and north-east Syria, and will exacerbate GBV risks. In parallel, up to 180,000 displaced people could return to their areas of origin in the next year following temporary displacement at the peak of hostilities, with families often returning shortly after leaving their homes. These projections are based on the movement patterns of IDPs and spontaneous returnees over the past years across Syria, as well as trend analysis of hostilities and projections from readiness and response plans.

UNHCR estimates that some 125,000 refugees may return in 2023. Statements from neighbouring countries and organised repatriation movements in 2022 could lead to a higher number of refugees returning in 2023.

### Risks related to the economic situation

Worsening socio-economic conditions are expected to exacerbate needs in 2023. Income insufficiency and degradation of livelihoods, diminished purchasing power, the contraction of the economy, lack of basic services, inflationary trends in key goods and services, widespread low productivity of inputs, and the impact of sanctions on availability and prices of basic commodities, specifically fuel, will continue to affect people's ability to meet their most basic needs. Children, female-headed households, women and adolescent girls, people with disability and the elderly will continue to be disproportionately affected. An increased number of people are likely to be displaced due to economic reasons or poor conditions in places of displacement. This is particularly likely in areas with many self-settled displacement sites where services are often limited, such as north-west Syria and the north-east, and where displacement due to violence or fear of violence is likely to continue.

A parallel economy to respond to the lack of access to basic services may become source of tension, and could increase the risk of sexual exploitation and abuse where private individuals develop a monopoly over specific service delivery such as electricity or water, often at much higher costs.

### **Risks related to the protracted nature of the crisis**

Underlying vulnerabilities linked to sex, age, disabilities and social status, among others, will continue to generate distinct protection needs and risks. Women and girls will continue to face compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion, especially divorced and widowed women, adolescent girls, women and girls with disabilities, older women, and displaced women and girls. Boys below 12 years of age, adolescents and adult men also face distinct protection needs and risks. For example, due to their frequent involvement in farming, herding, moving and travelling, men and adolescent boys account for the vast majority of victims of explosive ordnance.

The limited options for durable solutions will exacerbate protection risks and the inability of IDPs (especially in informal camps) and returnees to meet their basic needs, including concerns related to housing, land and property rights.

### **Risks related to environmental shocks**

In 2022 climatic and human-caused shocks affecting natural resources, particularly water, have intensified and exacerbated the humanitarian impact. Insufficient rainfall and historically low water levels in the Euphrates River have reduced access to water for drinking and domestic use for over five million people, in addition to substantial harvest and income losses, an increase in waterborne diseases, a cholera outbreak and compounded protection risks. A severe and long-term drought persists in Syria and poor vegetation conditions reflect several months of drier than normal precipitation seasons and above normal temperatures. Water deficits caused by unusually dry conditions during the wet period were exacerbated by above normal air temperatures that increased evaporative demand during the hot and dry season (June to September 2022). The outlook for the October-December 2022 period suggests increased probability of below normal precipitation and above normal temperatures. There are consistent signals of below-

average precipitation in winter 2022/23. If confirmed, this forecast will intensify the drought situation and its impact will be felt throughout the country, most seriously on food security. This will be a major concern in 2023 as some 12 million people are estimated to be in need of some form of food assistance.

### **Risks related to access**

Humanitarian access in Syria is challenged by active conflict, geopolitical dynamics, and interference by parties in control and armed groups. In some areas, border crossings are closed periodically and there are armed hostilities or air strikes. In the north-west, cross-border efforts enabled by UN Security Council resolutions continue from Türkiye through the last remaining crossing point of Bab Al Hawa. The current Resolution 2642 will expire on 10 January 2023 and any further extension will be contingent upon a new resolution. The UN has also developed an operational plan for cross-line convoys in an effort to ensure regular and predictable deliveries of multisectoral assistance according to humanitarian principles. While regular cross-line deliveries cannot replicate the size and scope of the cross-border operation, they will be an important complement to the massive cross-border operations, offering another avenue for aid to be delivered to people in need in north-west Syria in 2023.

### **Risks related to public health emergencies**

A health sector risk assessment based on an all-hazards approach and using WHO's Strategic Tool for Assessing Risk (STAR) identified 21 risks for the near to medium-term future. All possible natural and human-induced hazards (based on the tool classification) were discussed in the hazard identification process. Based on the STAR risk ranking classes, the identified hazard risks were distributed as very high risks, high risks, moderate risks and low risks. Very high and high risks include vector-borne diseases (such as leishmaniasis), pandemics (Covid-19), faeco-oral diseases (such as AWD/cholera), armed conflict, IDP/refugees, financial crisis, non-renewal of UN cross-border resolutions, power outages and clean water supply. All these are potential hazards that could overstress the already weak health system and have direct consequences on vulnerable communities, pregnant women and girls, and other patients, increasing morbidities and mortalities.



## 2.2

## Monitoring of Situation and Needs

The humanitarian community in Syria will monitor humanitarian needs, responses and changes in the humanitarian context throughout the year. A sectoral and intersectoral needs analysis will be updated using sector and intersector severity scale indicators as relevant in October 2023 for the 2024 HNO exercise. Sector-specific assessments and the annual, countrywide multi-sectoral needs assessment (MSNA) will continue to serve as key primary sources of data for analysis underpinning the 2024 HNO and serve as an important tool to monitor the evolution of needs through a set of agreed indicators. This analysis will be complemented by secondary sources and ad-hoc assessments.

The UN-led Population Task Force and UN-led Internally Displaced Persons Task Force regularly update population baselines, and monitor displacement movements and trends. The UN-led Population Task Force produces 'best estimates' of the number of people living within the administrative boundaries of Syria at a community level, including estimates of sex and age-disaggregated data, in addition to data on vulnerability groups. The UN-led IDP Task Force generates monthly data and analysis on IDP movements and snapshots at community level to inform the ongoing operational response. It also consolidates analysis underpinning the Periodic Monitoring Reports and HNO. The Camp Coordination and Camp Management (CCCM) cluster-led IDP Sites Integrated Monitoring Matrix (ISIMM) monitors the IDPs living in camps and IDP sites in northwest Syria and provides monthly updates.

Sectors monitor needs such as food, health, WASH, protection risks, livelihoods, nutrition and education. Sectors utilize the IDP Situation Monitoring Initiative (ISMI) to monitor and track displacement in the north-west, and the Health Resources and Services Availability Monitoring System (HeRAMS) collates information on the functionality status, accessibility and availability of health services across Syria.

Cross-sectoral needs monitoring and assessment were strengthened during 2022. The first joint Food, Nutrition Security and Livelihood Assessment (FNSLA) was conducted in October 2022 and is planned for 2023. Health and WASH actors use the Early Warning, Alert and Response System/Network (EWARS/EWARN) to detect disease outbreaks. Specific agencies have their own situation monitoring tools and systems, with many partners undertaking regular situation monitoring and data collection initiatives through field missions.

As part of the Humanitarian Programme Cycle products for 2023, partners are working jointly on a set of intersectoral Specific Objectives under each strategic objective to boost impact through coordinated response efforts. These Specific Objectives will be measured using outcome and needs indicators that will help humanitarian partners to gauge progress against set objectives in areas of key concern as identified in this needs analysis (section 1.4.1), such as reducing malnutrition, improving access to basic services, countering food insecurity, availability of livelihoods, protection, improved shelter conditions and resilience.



## Part 3:

# Sectoral Analysis

---

### ALEPPO / SYRIA

Photo: Hand in Hand for Aid and Development "HIHFAD"

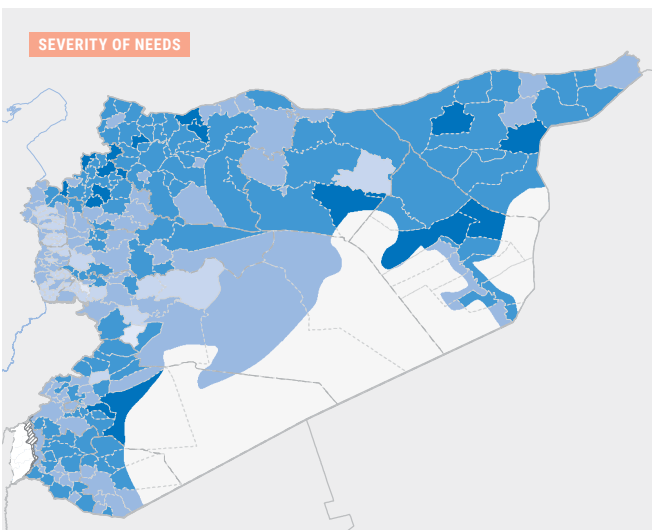
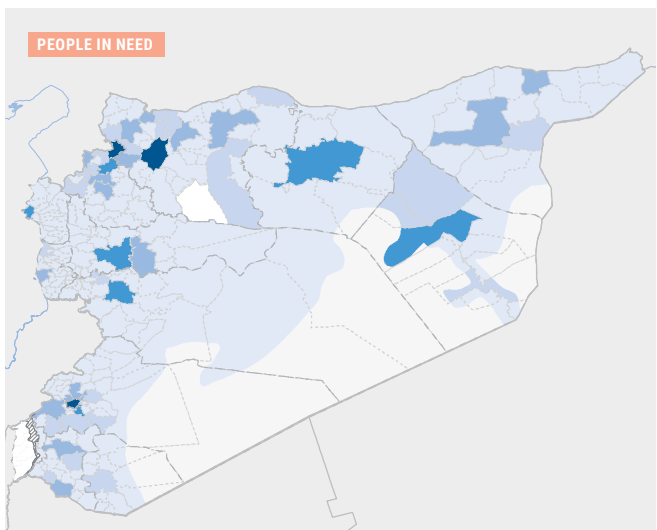
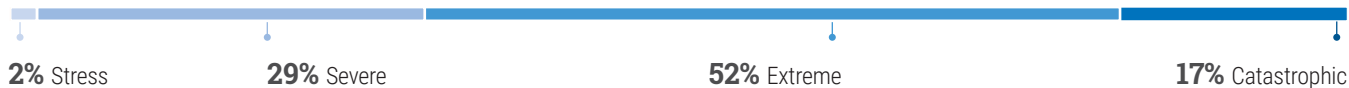


# 3.1 Protection



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
15.1M	51% 7.6M	49% 7.5M	44% 6.7M	51% 7.7M	5% 0.7M	26% 4M

## SECTOR PIN DISTRIBUTION BY SEVERITY



## Key trends

It is estimated that 15.1 million people will need protection assistance in 2023. Violations of international humanitarian law (IHL) and international human rights law (IHRL) in Syria continue to drive humanitarian needs. Civilians remain exposed to hostilities, especially along conflict lines, resulting in casualties<sup>64</sup> and forced displacement.<sup>65</sup> Widespread torture, arbitrary arrest and detention, and forced recruitment continue to be used systematically by all parties to the conflict within a context rife with restrictions on freedom of movement and expression. Grave violations against children,<sup>66</sup> endemic gender-based violence (GBV) and explosive ordnance contamination are key features of the relentless violence against civilians. The deteriorating economy and widespread poverty, lack and loss of livelihoods,

drought and disease outbreaks further exacerbate protection needs and increase reliance on harmful coping mechanisms.

According to the 2022 Multisectoral Needs Assessment (MSNA), lack/loss of civil documentation was reported by 51 per cent of households across Syria. In north-east and north-west Syria, only 13 per cent of households report having all the official documentation they need.<sup>67</sup> The lack of civil documentation hampers freedom of movement (47 per cent of HHs),<sup>68</sup> the ability to sell or rent properties (18 per cent)<sup>69</sup> and access to humanitarian aid (13 per cent).<sup>70</sup> Administration fees, transportation costs and safety are the main obstacles to accessing civil documentation. Prolonged inability to secure civil documentation and officially register key vital events

is particularly detrimental for women in the areas of housing, land and property (HLP). It also increases the risk of a generation of internally displaced children becoming stateless.

Gender-based violence (GBV) continues to increase in the country, affecting women and girls' coping strategies and depleting their resilience.<sup>71</sup> Children continue to be greatly affected by the crisis in Syria, and children and adolescent boys and girls face violence, abuse and exploitation.<sup>72</sup> The magnitude of the grave violations reported indicates that children across Syria remain exposed to violations related to ongoing hostilities. Country-wide, children deprived of liberty and children in detention in Syria remain an area of concern. The presence of explosive ordnance compounds the humanitarian and protection crisis, causes civilian casualties, exacerbates the vulnerabilities of people at risk, and hinders access to humanitarian support, services and livelihoods.

Hostilities have caused widespread damage to housing, land and property across the country. The destruction of land and civil registries has affected real property, land governance and the recording/updating of HLP transactions. Forced evictions of internally displaced people (IDPs) living in host communities, camps and informal settlements continue unabated, along with the seizure, expropriation and confiscation of properties by the authorities in place. The protracted nature of displacement, combined with limited prospects for durable solutions, places increased strain on individuals and communities to secure basic needs and ensure safety.

### **Needs, severity and linkage with other sectors**

The protracted nature of the crisis has weakened the protective environment, undermined resilience and challenged recovery.

Its cumulative impact has created high levels of psychological distress. During the 2022 MSNA, 73 per cent of heads of households interviewed reported that at least one household member had exhibited signs of psychological distress over the previous 30 days.<sup>73</sup> Distress is highest in north-east Syria, and Ras Al Ain and Tal Tamer in northern Syria (respectively 86 and 88 per cent).

The continuing impact of the conflict has depleted the resources and capacity for resilience of the population living in Syria, leading to an increase in harmful coping mechanisms. Seventy-eight per cent of the Syrian population live in communities where begging is reported<sup>74</sup> and is most frequent among women and children in Al-Hasakeh, Ar-Raqqa, Damascus, Rural Damascus, As-Sweida, Hama, Deir-ez-Zor and Lattakia Governorates. Eighty-two per cent of the population live in communities where illegal activities are reported as a coping mechanism for men and 60 per cent live in communities where the same is reported for boys.<sup>75</sup> Seventy-three per cent of people live in communities where reliance on humanitarian aid is used as a coping mechanism, including 31 per cent where reliance is very common. Reliance on humanitarian aid is highest in Damascus, Hama, Homs, Idleb and Quneitra Governorates.

Despite long-standing advocacy by the Protection Sector with authorities and humanitarian actors to facilitate access to humanitarian assistance for people without civil documentation, 70 per cent of the population live in communities where it is reported that lack/loss of civil documentation limits access to basic services and humanitarian assistance.<sup>76</sup> This issue is most common in Al-Hasakeh, Ar-Raqqa, Damascus, Lattakia, Quneitra and Tartous. The absence of necessary documentation not only restricts freedom of movement and the ability to return to area of origin, but also the ability to register for school and access essential services.

HLP challenges include sub-standard living conditions of IDPs; illegal or undocumented HLP transactions; disputes; lack of access to land for livelihoods; land contamination with landmines; and lack of documentation. Displaced women face particular barriers in accessing HLP rights due to persistent discriminatory social norms and practices. Addressing these challenges is fundamental to any early recovery and long-term resilience as it can exacerbate competition over increasingly dwindling resources and reduce opportunities for more vulnerable individuals.

## Population groups most affected

Protection risks in Syria continue to have a multifaceted and differential impact on all population groups. Displaced women, men, girls and boys in camps, collective shelters and informal settlements are particularly vulnerable and live in some of the hardest places to reach. They face heightened movement restrictions and restricted access to their rights. Newly displaced and people who have returned to their home areas encounter additional challenges. As of 2022, almost 20 per cent of IDP households report going through five or more displacement cycles,<sup>77</sup> which overstretch coping mechanisms and reduce resilience.

Disability<sup>78</sup> prevalence is much higher than the global average at 24 per cent for individuals two years and older (and reaching almost 40 per cent in north-east Syria).<sup>79</sup> Ninety-two per cent of individuals older than 59 years have disabilities. Children with disabilities are more likely not to attend or to drop out of school.<sup>80</sup> Households with members with disabilities are likely to have insufficient income to meet their basic needs. Thirty-four per cent report feeling unsafe or very unsafe in their daily life compared to 21 per cent for households without members with disabilities. Persons with physical/mental impairment and injuries, including direct victims of explosive ordnance incidents and their families, face urgent needs and are at greater risk of developing additional acute needs due to lack of sufficient and continuous specific care.

Gender, age, displacement status, disability and marital status have been identified as factors that most expose the population to GBV risks. Together with widows and divorcees, older women and female IDPs are most at risks, especially if combined with disabilities. These risks are compounded for women who are the heads of households and responsible for meeting the financial/material needs of their families.

Adolescent boys are more likely to be killed and injured, separated from family, detained and recruited by armed groups or to be involved in child labour. Adolescent girls are particularly at risk of child marriage, online harassment and other forms of GBV, including sexual

violence. Boys are also at risk of sexual violence, as are men, primarily in the context of detention.

## Projection of needs

The absence of longer-term solutions to displacement, ongoing violations of IHL and human rights law, extensive destruction of infrastructure, and inadequate access to services and to the population in need are likely to continue to influence the protection landscape.

The price inflation of basic commodities, shortages of food and fuel, and depreciation of local currency are expected to worsen, driving increased vulnerability and leading to heavy reliance on humanitarian assistance and harmful coping mechanisms, in particular for women and children, as well as sexual exploitation and abuse.

The continuous deterioration of the protection situation will result in further neglect of persons with disabilities and the elderly. Child protection risks are equally likely to worsen in 2023, with rights violations (child recruitment, detention, neglect, exploitation, sexual violence, abduction, attacks on schools and hospitals, and denial of humanitarian access) continuously on the rise.

Potential escalation in armed violence and natural disasters is expected to contribute to increased displacement. In areas such as north-west Syria where two-thirds of the population (1.8 million people) have already been displaced, there is limited capacity to accommodate new IDPs and provide additional humanitarian assistance in camps. Currently, 1,234 of 1,420 IDP sites are unplanned, self-settled locations with high population density. In north-east Syria, where 278,200 IDPs already reside in over 260 sites, many impoverished IDP households will likely choose to move to camps where they expect a higher level of services and humanitarian assistance.

Many refugee returnees and IDP returnees, whether returning voluntarily or in adverse conditions, are likely to be in need and the number of people in need is set to grow.

## Projected needs

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
June 2023	<b>15.1M</b>	8.1k	261.4k	4.3m	7.9m	2.6m		
December 2023	<b>16.2M</b>	8.6k	279.7k	4.6m	8.4m	2.8m		

## Monitoring

	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	HH/Communities reporting HLP issues	Protection	PMTF/Periodical
2	HH/Communities reporting movement restrictions	Protection	PMTF/Periodical
3	HH/Communities reporting civil documentation issues	Protection	PMTF/Periodical
4	HH/Communities reporting social cohesion issues (and reasons)	Protection	PMTF/Periodical
5	HH/Communities reporting receiving (and challenges in receiving) basic needs & humanitarian assistance	Protection + AoRs	PMTF/Periodical
6	Protection concerns of vulnerable groups and coping mechanisms (including child labour, child marriage)	Protection + AoRs	PMTF/Periodical
7	IDPs reporting forced relocation/returns	Protection	Ad-hoc assessments/ Periodical
8	People with disabilities reporting obstacles in accessing assistance, services	Protection + AoRs	Sector partners/Annual
9	HH/Communities reporting explosive hazard-related injuries	Mine Action	Sector partners/ Periodical



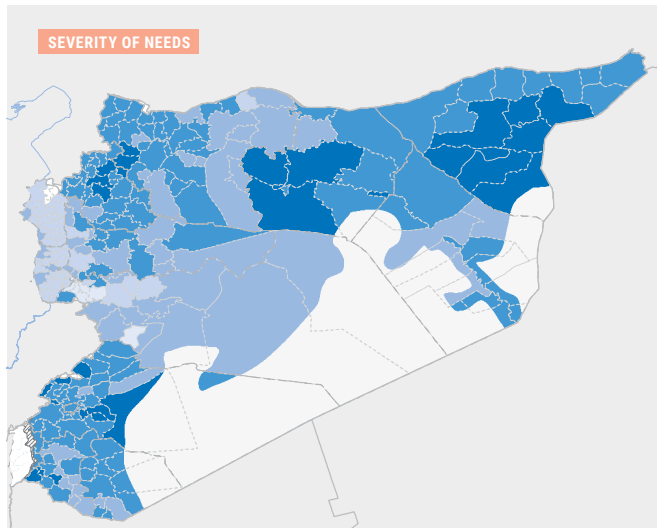
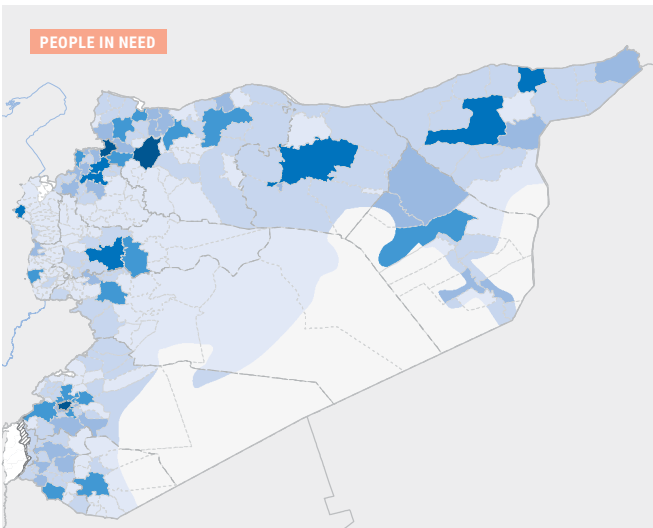
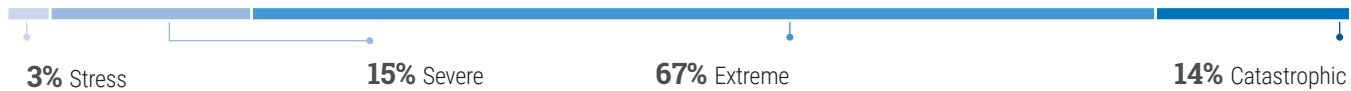
# Expanded analysis for each area of responsibility (AORs)

## Gender Based Violence (GBV)



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
8.5M	93% 7.9M	7% 0.6M	42% 3.6M	53% 4.5M	5% 0.4M	17% 1.5M

### SECTOR PIN DISTRIBUTION BY SEVERITY



< 50,000   50,001 - 100,000   100,001 - 250,000   250,001 - 500,000   500,001 - 750,000   > 750,000   1   2   3   4   5

### Overview and affected population

Approximately 8.5 million people are in need of GBV assistance (a 1.2 million increase from 2022), of which 55.7 per cent are women and 37.5 per cent are girls. Women and girls in Syria are increasingly at risk of GBV. This is exacerbated by the economic and food crises, and reduced opportunities for women and girls to live in a place they consider safe.

Overall, 33 per cent of households (compared to 19 per cent in 2021)<sup>81</sup> stated that women and girls do not feel safe in specific areas of their community (markets, public transportation, checkpoints, and to a lesser

extent distribution points, community centres, and on their way to work or school).

Women and girls are subjected to physical, psychological, emotional, sexual and social (stigma and discrimination) violence, as well as forced and child marriage, denial of rights, resources, opportunities and services. These forms of violence are systematically normalized and justified through patriarchal gender norms and institutions that maintain gender inequality.

Eighty-four per cent of children live in locations where child marriage is an issue for girls aged between 15 and 17 years.<sup>82</sup> Child marriage is the main reason for underage family members to leave the family (cited by 74 per cent of households where only girls left the household). Adolescent girls are exposed to child marriage for traditional mechanisms of protection, financial hardship, social/cultural practices, and sharing shelter with other households to normalize a forced co-living situation due to crowded housing (especially in IDP camps).

The capacity of women and girls to cope with this environment is constantly reducing. They remain silent to cope with GBV, protecting themselves from

further risks of violence and social repercussions. Alternatively, women and girls access GBV and health services and, when possible, women and girls safe spaces, considered a lifeline for safe and confidential support. Fifty-eight percent of households indicate women with signs of psychological distress<sup>83</sup> and suicide is reportedly increasing. Lack of income-generating and work opportunities exacerbate conditions for women and girls. Female-headed households report a complete inability to meet basic needs twice as frequently as male-headed households.<sup>84</sup>

Child Protection



PEOPLE IN NEED

6.3M

FEMALE

46%  
2.9M

MALE

54%  
3.4M

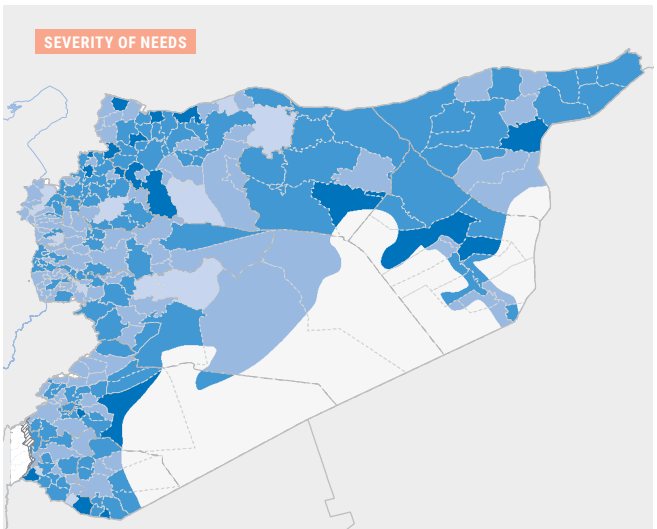
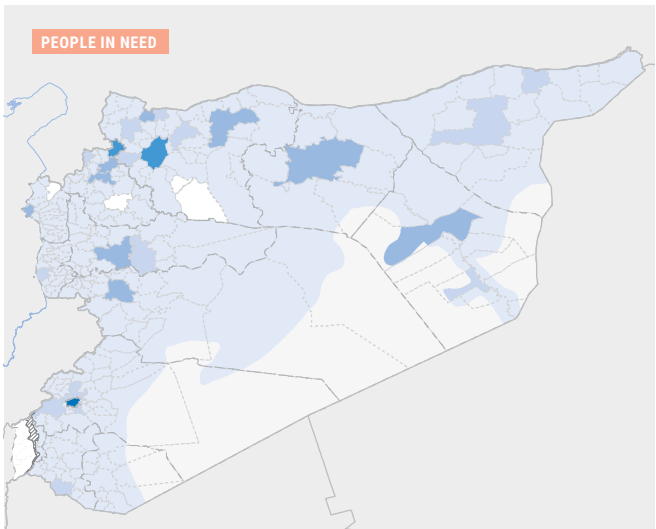
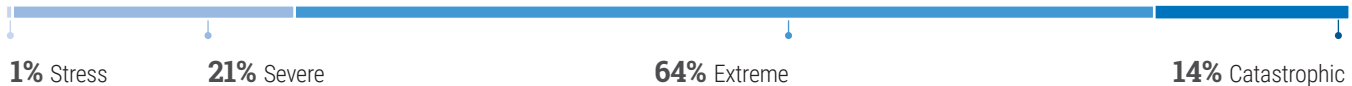
CHILDREN (0-17)

100%  
6.3M

WITH DISABILITY

16.8%  
1M

SECTOR PIN DISTRIBUTION BY SEVERITY



< 50,000 50,001 - 100,000 100,001 - 250,000 250,001 - 500,000 500,001 - 750,000 > 750,000

1 2 3 4 5

## Overview and affected population

More than six million children, including those with disabilities, are at heightened risk of violence, abuse and exploitation, and need critical child protection services. The ongoing hostilities, protracted displacement and limited access to basic services continue to have a significant effect on the physical, mental and social well-being of children and caregivers.

Grave violations against children remain a major concern, including the risk of being killed, injured, used in hostilities, tortured, detained, abducted or sexually abused. By September 2022, 1,895 grave violations were verified by the MRM in Syria. Of those, 1,291 children were cases of recruitment and use of children (69 girls and 1,222 boys).

Insecurity and economic hardship exacerbate child protection concerns and fuel harmful coping mechanisms. Ninety-six per cent of children live in communities where child labour is reported.<sup>85</sup> Another 84 per cent of children live in communities where child marriage is an issue for girls (15 -17 years) and 52 per cent of people live in communities where

family separation is reported.<sup>86</sup> Child protection issues are spread across all 14 governorates at generally increased levels.

Psychosocial distress among children is reported in 28 per cent of surveyed households<sup>87</sup> (2 per cent higher than 2022), demonstrating the increasing cumulative toll on mental well-being with immediate and, if not addressed, lifelong consequences. This situation has been tackled with only limited availability of specialized services, including MHPSS, case management, care options, and reintegration services for children affected by armed forces and groups.

More than 1,000 children with perceived affiliation to armed groups are detained without due legal process in north-east Syria, many awaiting repatriation to Iraq and other countries. There are 8,000 children and 3,000 women from 60 different nationalities,<sup>88</sup> and over 50,000 Syrians and Iraqis (majority women and children)<sup>89</sup> in a few camps. These children and women are subject to arbitrary arrest, extensive violence and forced relocation.

### ALEPPO / SYRIA

Photo: UNHCR/Bassam Diab

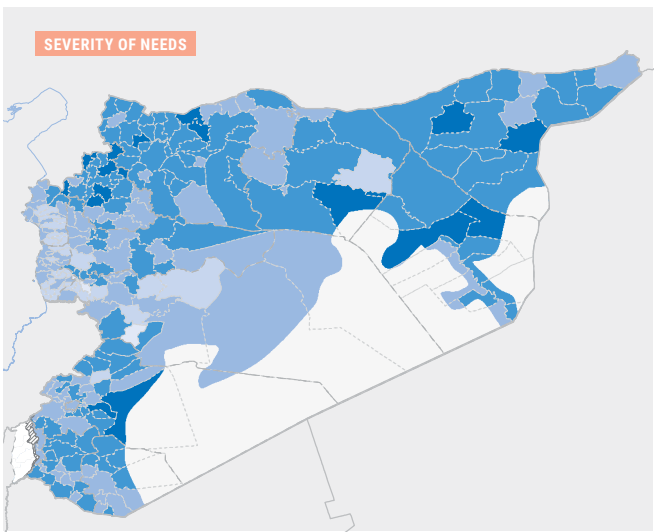
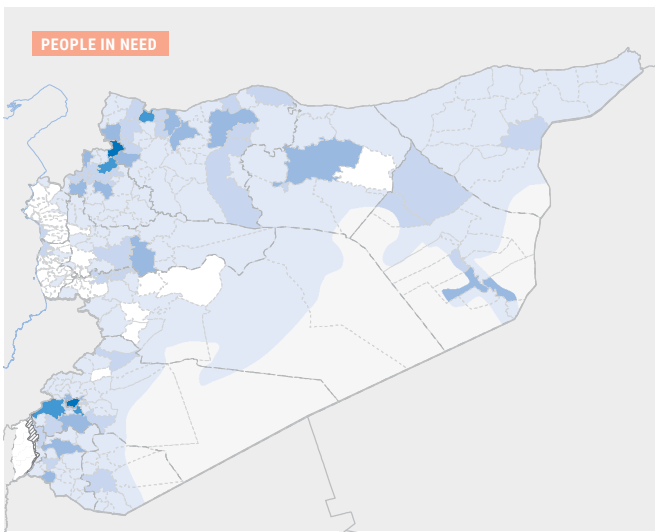


Mine Action



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
11.5M	49.7%	50.3%	47%	49%	4%	19%
	5.7M	5.8M	5.4M	5.6M	0.5M	2.2M

SECTOR PIN DISTRIBUTION BY SEVERITY



< 50,000 50,001 - 100,000 100,001 - 250,000 250,001 - 500,000 500,001 - 750,000 > 750,000

1 2 3 4 5

Overview and affected population

Past and present hostilities result in widespread explosive ordnance contamination throughout the country.

In line with trends identified in previous years, approximately a third of communities across Syria are reportedly affected by some form of explosive contamination,<sup>90</sup> with the highest percentages in Quneitra, As-Sweida, Rural Damascus, Aleppo, Damascus neighbourhoods, Ar-Raqqa and Dar'a. Access to agricultural fields and access roads continues to be compromised by contamination, followed by access to private properties, local markets, schools and other public buildings and hospitals.<sup>91</sup>

Community-based assessment shows that the presence of explosive ordnance is a safety concern for 23 per cent of IDP households.<sup>92</sup> A high proportion of the population<sup>93</sup> has not benefited from explosive ordnance awareness-raising activities.

In addition to risk awareness activities as a preventive tool, economic support, medical care, prosthetic/orthotic services and assistive products/devices are key needs reported by communities.<sup>94</sup> Prohibitive cost, non-existence or remoteness of services are major barriers to assisting survivors of explosive ordnance incidents.<sup>95</sup> Specialized services remain limited and inadequate, particularly in Deir-ez-Zor, Ar-Raqqa, Aleppo and Homs.<sup>96</sup>



To date, the actual scale and scope of the explosive contamination in Syria is still unknown as no comprehensive countrywide survey has taken place. A survey is essential for the effective prioritization of mine action and clearance is the permanent solution to remove the explosive ordnance threat. Yet, survey and clearance activities continue to be

geographically limited and underfunded. In the absence of a comprehensive survey, marking and clearance activities across all governorates, explosive ordnance remains in affected areas and causes injury and loss of life within nearby communities, limiting safe access, land use and infrastructure rehabilitation.

**ALEPPO / SYRIA**

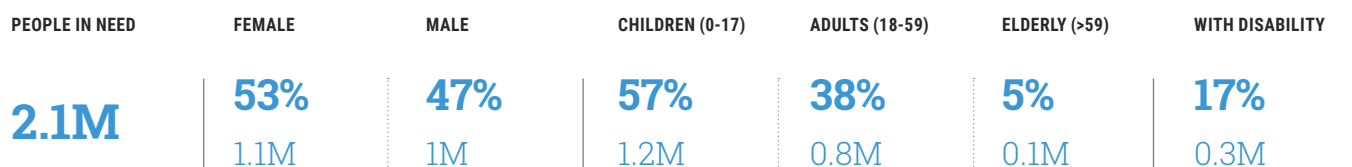
Photo: OCHA



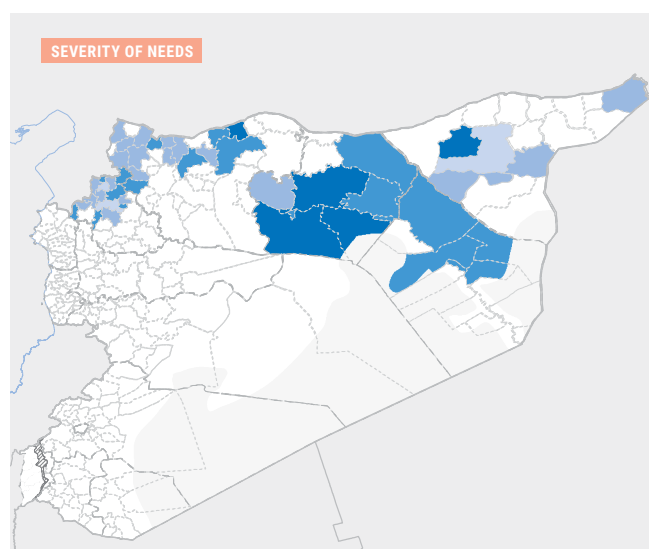
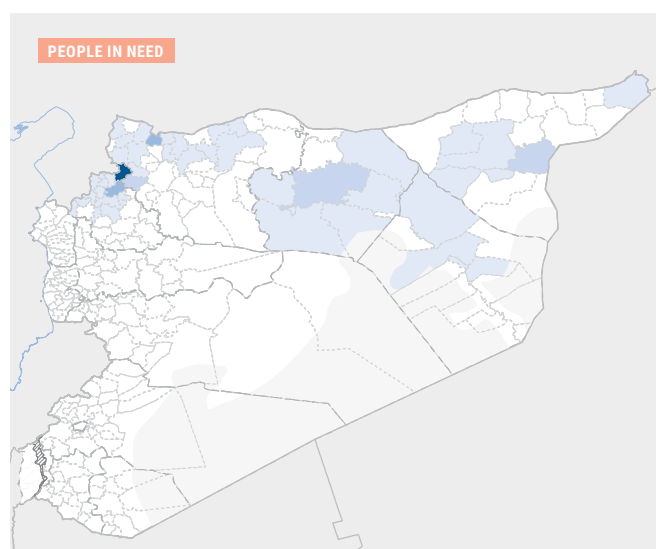


## 3.2

## Camp Coordination and Camp Management



## SECTOR PIN DISTRIBUTION BY SEVERITY



< 50,000   50,001 - 100,000   100,001 - 250,000   250,001 - 500,000   500,001 - 750,000   > 750,000

1   2   3   4   5

## Key trends

Over 1.8 million IDPs living in 1,421 last resort IDP sites in north-west Syria need assistance in 2023, an increase from 1.7 million in 2022.<sup>97</sup> An additional 278,400 IDPs who reside in over 260 sites in north-east Syria also need assistance; the population in ten camps with a static camp management has increased by 4,320 individuals since the beginning of 2022, while the rate of new arrivals significantly outweighing departures, and with 7,000 individuals on camp waiting lists.<sup>98</sup>

Chronic underfunding and access constraints have led to severe gaps in camp management. In north-west

Syria, 76 per cent of IDP sites do not have a camp management system in place<sup>99</sup> and in north-east Syria, only five per cent of sites have a static camp management presence. Without CCCM activities, vulnerable people risk not having predictable access to basic services.

Unplanned, self-settled IDP sites<sup>100</sup> are the most underserved and often lack access to basic services or HLP status; (CCCM can target these sites through mobile modalities). In north-west Syria, 87 per cent are self-settled IDP sites<sup>101</sup> while in north-east Syria, 48 per cent of IDPs live in informal settlements or collective centres.<sup>102</sup>

Overall, 79 per cent of IDP sites are critically overcrowded in north-west Syria,<sup>103</sup> and in the north-east, six of the ten camps<sup>104</sup> are overcrowded. In informal settlements and collective centres, 20 per cent of households share their shelter with at least one other family.<sup>105</sup> This is alarming, specifically for women, girls and persons with disabilities, as living in overcrowded sites in substandard conditions poses increased protection risks such as GBV, exploitation, and exposure to climate-related disasters/ life-threatening incidents and communicable disease outbreaks.

Last year, 30 per cent of IDP sites in north-west Syria flooded, affecting over 540,000 people.<sup>106</sup> Self-settled sites are the most vulnerable to extreme weather conditions due to lack of site planning, infrastructure and camp management systems. In camps in north-east Syria, 71 fires were reported, resulting in injuries, deaths and damage to infrastructure.

### **Needs, severity and linkage with other sectors**

People living in IDP sites are affected by lack of services from multiple perspectives. Strengthened camp management systems will improve access to basic services and have a positive impact on other sectors working in camps.

Unmanaged camps without participatory structures pose major challenges to realising accountability in affected populations. Overall, 91 per cent of IDP sites in north-west Syria do not have women's committees<sup>107</sup> and in north-east Syria, 95 per cent of sites have no participatory structures.<sup>108</sup> Without participatory structures in camps, there are real concerns that communities will not be fully involved or informed, and interventions will not be sustainable.

Economic instability and low livelihood opportunities particularly affect people living in camps. Across the country, the highest need for livelihoods is reported within in-camp populations who are most reliant on humanitarian assistance.<sup>109</sup>

Unsafe, undignified, and congested environments in camps increase protection risks and reduce pathways

towards solutions. The complex HLP landscape exposes the site population to evictions. In north-east Syria, HLP issues remain unresolved in three camps and the status of 137 informal settlements remains unclear; in north-west Syria, the HLP status of 68 per cent of IDP sites is invalid or pending. Without a CCCM presence, this poses a grave risk of sudden evictions and secondary displacement of people who already have limited or no access to basic services.

### **Population groups most affected**

Of the 1.8 million people living in IDP sites in north-west Syria, 23 per cent are women and 56 per cent are children.<sup>110</sup> In north-east Syria, of the 278,200 individuals living in camps, 57 per cent are female and 54 per cent are children.<sup>111</sup>

Children living in IDP sites risk exclusion from basic education rights. In IDP sites in north-west Syria, 57 per cent do not have access to primary schools and 80 per cent to secondary schools.<sup>112</sup> In last resort sites in north-east Syria, 47 per cent of households reported that their children did not receive any form of learning during the 2021-2022 school year - higher than the average of 38 per cent reported across the country.<sup>113</sup>

The entrenched economic crisis and inadequate services in sites force people to resort to negative coping mechanisms. The highest rates of child labour across Syria are reported among in-camp populations.<sup>114</sup>

Overcrowded, unsafe and undignified living conditions in camps and camp-like settings<sup>115</sup> heighten GBV risks. Sixty-five per cent of IDP sites in north-west Syria do not have lighting on the main roads.<sup>116</sup> In north-east Syria, 73 per cent of IDPs in camps indicated there were areas within their location where women and girls felt unsafe, and 65 per cent reported lack of privacy as an adequacy issue in their shelter, an issue that increases to 86 per cent in informal settlements.<sup>117</sup>

### **Projection of needs**

CCCM anticipates the camp crisis in Syria to worsen in 2023. Camps are a last resort option but ongoing

conflict and economic deterioration, lack of shelter and livelihood options create high dependency on camps.

Displacements have continued on a regular basis throughout 2022 and ranged between 7,000 and 11,000 new displacements per month on average in north-west Syria.<sup>118</sup> In the north-east, conflict-driven displacement has continued with new arrivals being moved to expansion areas of camps with already stretched services. During 2022, 3,000 new arrivals were reported in camps. These rates are expected to increase dramatically, especially if military operations increase.

Chronic underfunding in CCCM limits the sector's ability to support people in camps through either static or mobile modalities. In north-west Syria, planned camps face forcible closure due to lack of funds in 2023, and in north-east Syria, underfunding creates the risk that service provision for camp residents may not reach even minimum standards.

The expiration of UN Security Council Resolution 2642 in January 2023 creates uncertainty for CCCM programming, as well as reduced resources and access concerns in case it is not renewed.

Residents of IDP sites are acutely vulnerable to climate-related incidents and disasters. Lack of camp management systems and insufficient maintenance results in poor infrastructure and services to protect against extreme weather events. CCCM's winter weather risk analysis indicates that 838 IDP sites in north-west Syria are now in the "bad", "very bad" and "catastrophic" risk levels.<sup>119</sup>

Populations in last resort sites are likely to be disproportionately affected by disease outbreak. In addition to COVID-19, the recent outbreak of cholera raises concerns about the impact on last resort sites in north-west and north-east Syria where populations are more exposed as they often live in overcrowded settings without adequate water and sanitation facilities.

Infrastructure and basic services in camps are generally not suitable for persons with disabilities. In north-east Syria, 40 per cent of individuals in camps have disabilities. In IDP sites in north-west Syria, 64 per cent do not have shelters to accommodate persons with disabilities and 93 per cent do not have services easily accessible for persons with disabilities.<sup>120</sup>

## Projected needs

		PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
June 2023	<i>north-west Syria</i>	<b>1.9M</b>	-	13.4k	254.3k	1.6m	43.9k
	<i>north-east Syria</i>	<b>292.3K</b>	-	42.6k	86k	44.5k	119.1k
December 2023	<i>north-west Syria</i>	<b>2M</b>	-	14k	266.4k	1.7m	46k
	<i>north-east Syria</i>	<b>307k</b>	-	44.7k	90.4k	46.8k	125.1k

Monitoring

In north-east Syria, CCCM will continue to update its list of last resort sites and report on the situation and gaps in camps through monthly reports; 4Ws and the IDP site monitoring assessments (ISIMM) will continue to be used to measure indicators within sites.

Provided that the UNSCR is renewed, CCCM in north-west Syria will continue to collect camp level data and produce monthly ISIMM analysis, quarterly/biannual

in-depth multi-sectoral IDP sites analysis (ISMM plus), ad-hoc and quarterly reports on incidents (flood, fire, snowstorms and high-speed winds), and displacement tracking reports on a monthly basis.

However, if the UNSCR is not renewed, UN-supported field teams may have to stop their reporting activities in north-west Syria despite these being critical in monitoring the situation in IDP sites, including those related to extreme weather events and sudden internal displacements.

	INDICATORS	SECTORS	SOURCE
1	% of population in sites with minimum site management systems (weight 30)	CCCM	Camp Management tool – monthly. ISIMM plus for north-west Syria. For north-east Syria CM reports, 4Ws, ISIMM.
2	% of population with access to basic services (weight 30)	CCCM	ISIMM & ISIMM plus for north-west Syria. For north-east Syria CM reports, 4Ws, ISIMM.
3	% of population in sites (weight 40)	CCCM	Population record – monthly. ISIMM and MSNA.

ALEPPO / SYRIA

Photo: Syria Relief



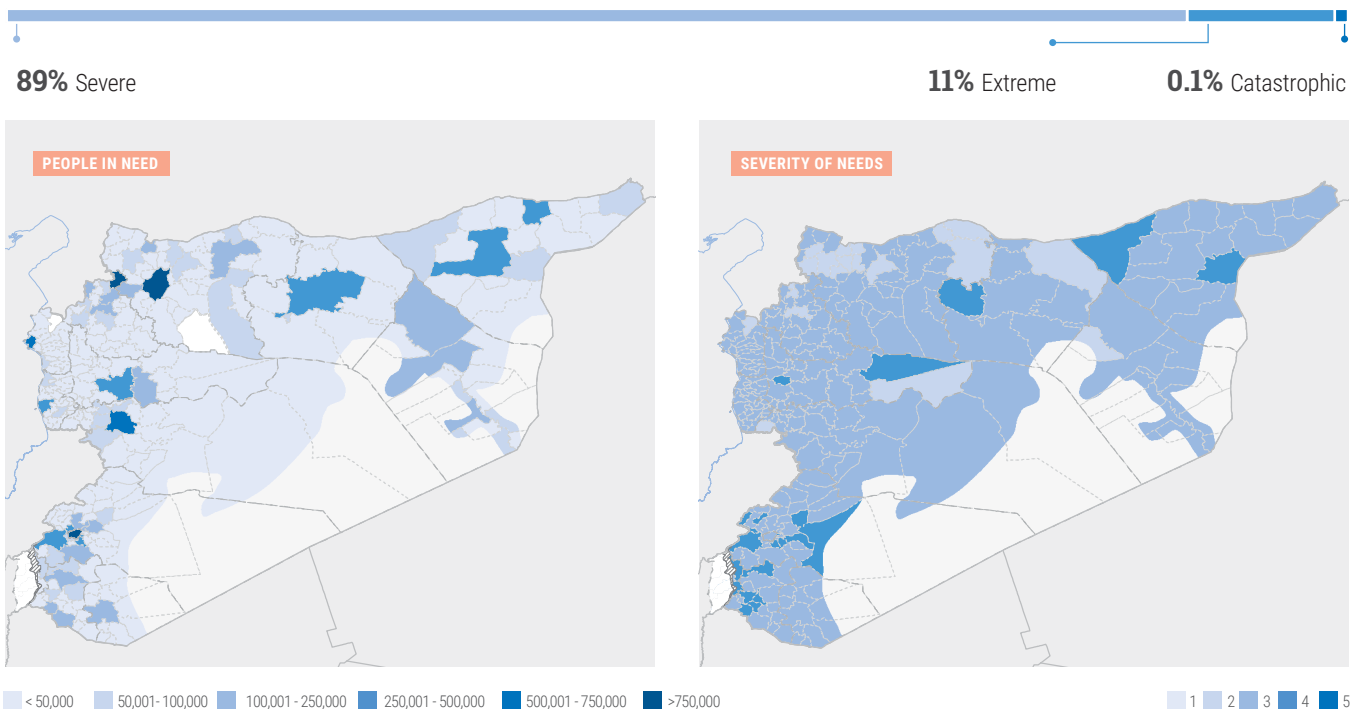
3.3

# Early Recovery and Livelihoods



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
15.3M	51%	49%	40%	56%	4%	17%
	7.7M	7.6M	6.1M	8.5M	0.7M	2.6M

## SECTOR PIN DISTRIBUTION BY SEVERITY



## Key trends

The assessments and analysis carried out across the country continue to show a general deterioration in access to livelihoods, ability to meet basic needs, and the availability and affordability of infrastructure and services. These factors threaten the resilience and social cohesion of households. Inflationary trends on key goods and services, widespread low productivity of inputs, low wages, and lack of employment, among other factors, continue to impact household priority needs and exacerbate the income-expenditure gap across the country. As referred to in chapter one, livelihoods and electricity are consistently reported in the top three priority needs of households across the country. In GoS-controlled areas, 55 per cent of households report electricity as a need and 43 per cent

report a need for livelihoods. Households in north-east Syria report livelihoods (52 per cent) and electricity (35 per cent) as needs. In north-west Syria, 47 per cent of households report livelihoods as a need and 25 percent report needing electricity.

Data on labour force participation at the household level show a marked difference in the various areas of control. In GoS areas, 49 per cent of households have more than one member working. In north-east Syria, the percentage of households with more than one income falls to 33 per cent, and it is 21 per cent in the north-west. This difference is due to higher rates of women's participation in the workforce in GoS areas.



Households across the country face a gap between income and expenditure for essential needs; 77 per cent of households reported that their income was insufficient to cover the cost of basic needs (up from 70 per cent in 2021). To cover living costs, incomes would need to increase by 67 per cent in GoS areas, 53 per cent in north-east Syria and 43 per cent in north-west Syria. This trend further demonstrates the existence and possible expansion of “working poor” households whose aggregated income is insufficient to meet the rising costs of basic needs. This dynamic points to the need for interventions that can raise incomes at the household level in GoS areas and create livelihood opportunities, particularly in the north-east and north-west where employment rates in households are lower.

Regarding access to electricity, 73 per cent of households reported having electricity for less than one third of the day, and 15 per cent of households reported having electricity for less than three hours per day. Among households with access to renewable energy sources, 53 per cent have access to electricity for more than nine hours per day, although it may be reliant on multiple sources such as the main network, generators or batteries to reach this figure.

Data on access to electricity and ability to meet basic needs indicate that households with access to more hours of electricity per day are also better able to meet basic needs, and households receiving fewer hours of electricity per day also report being less able to meet needs.

Regarding social cohesion dynamics, returnees and IDPs out of camps reported the highest rate of discrimination and being perceived negatively within

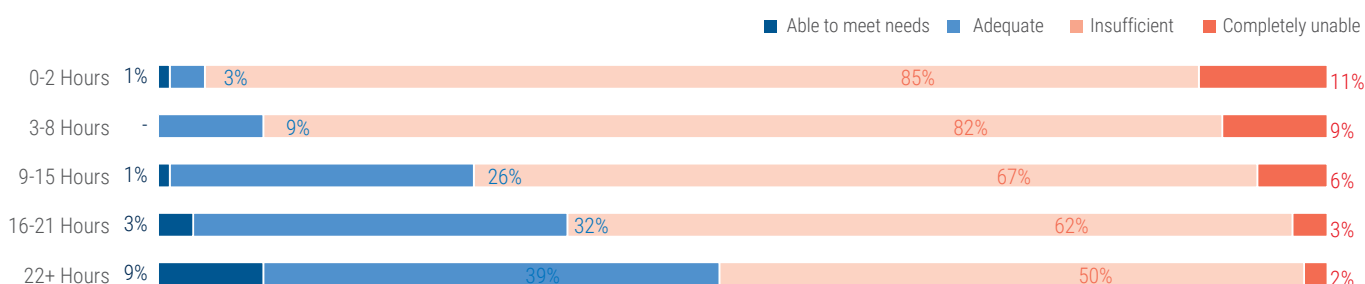
their communities. One of the main reported causes are tensions between IDPs and host communities due to perceived unequal access to humanitarian aid. Discrimination at the community level appears to be highest in north-east Syria and lowest in Tal Refaat and north-west Syria.

## Needs, severity and linkage with other sectors

The depreciation of the SYP and rising costs of goods, combined with the widening gap between incomes and expenditure, have a negative impact on the real and perceived food security of populations across the country, and on reported needs for food and nutrition assistance. Furthermore, the widespread lack of electricity not only affects living standards in households but also the repair of key services that rely on electricity provision such as water systems, health facilities, schools, markets and bakeries, among others. Lack of electricity reduces the production capacity of local businesses and industries, and likely discourages investment in productive industries. In turn, this hinders the potential expansion of local production of essential items and services related to the priorities of other sectors such as Shelter/NFIs, WASH, Health and Education.

Approximately 90 per cent of households in Syria consistently experience a gap between their income earned and the expenditure required to meet basic needs. This severe economic vulnerability poses increasingly higher risks of reliance on negative coping mechanisms such as begging, illicit economic activities, corruption, child labour, the recruitment of men and children by armed groups, and risks of increased GBV.

## Access to Electricity and Ability to Meet Basic Needs



Source: MSNA 2022

Across the country, the inability to afford education and need for children to work to support households are the main reasons for children not attending schools. The figures are higher for female children from female-headed households

### Population groups most affected

Overall, 51 per cent of all households across the country only have one member earning an income. However, unemployment is highest among IDP households living outside of camps, of which 25 per cent have no member in employment. Returnees (12.3 per cent), IDPs in collective centres (19 per cent),<sup>121</sup> and IDPs out of sites (9 per cent) are the population groups with the highest rates of complete inability to meet basic needs, with women and persons with disabilities most affected.

Across all population groups, the two main causes of inability to meet basic needs are the price increases of food items and other essential goods, followed by insufficient income, reported by more than 80 per cent of households. Other causes are unemployment or loss of job, (IDPs living in camps are most affected with 35 per cent); items being unavailable (returnees most affected with 23 per cent); and lack of availability services, including electricity and loss of remittances (IDPs in camps most affected with 17.5 per cent).

Widespread difficulties in meeting basic needs are coupled with an increase in people resorting to a variety of coping mechanisms. Between 65 and 75 per cent of households across all population groups declared that their debts had increased compared to 2021, with IDPs in camps most affected (75.3 per cent). Increased debt affects male and female-headed households in a similar way (68.6 percent and 72.7 per cent respectively). Buying on credit is highest among returnees (76.8 per cent), while borrowing is highest among IDPs living in camps (75 per cent). Remittances are highest among IDPs living out of camps (59 per cent) and returnees (57.6 per cent).

The evidence regarding basic needs and coping mechanisms across all population groups is corroborated by the fact that livelihood support remains the second highest priority for IDPs in and out of camps, and the third highest priority for returnees and residents, with comparably high

percentages across the three groups (overall 44.7 per cent). Electricity provision is the second highest priority for returnees and residents, and third highest priority for IDPs in and out of camps.

Table three shows disaggregated data on electricity as one of the top three unmet needs by population group.

### Household declared that electricity is one of their top three unmet needs per population group

Residents	52% (47% in 2021)
Returnees	53.4% (39% in 2021)
IDPs out camps	37.4% (37% in 2021)
IDPs in camps	32.9% (16% in 2021)

Table 3 - MSNA 2022 analysis - the per cent of households that reported electricity as one of their top three unmet needs during the previous three months.

### Projection of needs

As socioeconomic deterioration continues, Early Recovery and Livelihood needs are expected to rise further. Additional increases in the cost of living are likely due to reductions in subsidies, general price increases, the volatility of the exchange rate, and the global economic outlook affecting remittances and return rates. These will result in a further deterioration in real income and purchasing power across all population groups. The sector foresees that the income/expenditure gap will continue to increase or remain high in the coming year across all population groups.

Livelihood interventions by humanitarian actors will likely be insufficient to change the negative income/expenditure gap significantly in the short term, in the absence of major investment in key sectors to boost economic growth and the productivity of inputs, drive profits up and stimulate higher demand for labour. Measures are also required to raise wages while controlling and reducing inflation.

Considering the current global economic outlook, a period of further economic contraction is to be expected for 2023 with reduced production, additional currency devaluation, severe poverty, and further socioeconomic deterioration affecting IDPs, residents and returnees. Remittances, on which 45.7 per cent of households rely, are expected to be affected. Displacements from areas still facing hostilities to relatively more stable areas are likely to place further

strain on already fragile essential services and the limited employment opportunities available, and may increase the risk of intra- and inter-community tensions involving residents and displaced people. Returnees will require services and infrastructure to be rehabilitated, the resumption of economic activity, and, in parallel, initiatives to foster social cohesion among the returnees and host communities.

## Projected needs

	PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
Current	<b>15.3M</b>	1.7m	5m	13.6m	1.7m	10.9k		2.6m
June 2023	<b>16M</b>	1.7m	4.3m	14.3m	1.8m	11.5k	Inflationary trends on key goods and services, widespread low productivity of inputs, low wages, and lack of employment	2.7m
December 2023	<b>16M</b>	1.7m	4.3m	14.3m	1.8m	11.5k		2.7m

## Monitoring

The ERL sector will participate in the Multi-Sector Needs Assessment (MSNA) in 2023, the MSNA

will inform country-wide needs analysis, the needs assessments at the sub-sector level will continue to serve as one of the principal primary data collection tools for the ERL Sector.

ASSESSMENT NAME	ASSESSMENT METHODOLOGY (HH, KI, SURVEY)	GEOGRAPHIC COVERAGE	TIMING
Local ERL Needs Assessment	Household	Country-wide	Continuous
Thematic and Geographical Context Analysis	Household	Country-wide	Continuous
Livelihood situation analysis in NWS	Household,	Idlib/Aleppo	Ad-hoc

	INDICATORS	SECTORS	SOURCE & FREQUENCY
(1) Employment Rate	1.1 Percentage of people employed and/or Income generating activities in the HH	ERL	MSNA/annual
	1.2 Type of work/jobs in the HH	ERL	MSNA/Annual
(2) Income/Exp Gap	2.1 Household income	ERL	MSNA/Annual
	2.2 Household expenditure	CWG, VAM Unit, REACH	Monthly
	2.3 Copying mechanism to cover expenditures	ERL	MSNA/Annual
	2.4 MEB cost	CWG, VAM Unit, REACH	Monthly
(3) Basic Needs	3.1 Ability of HH to cover basic needs	ERL	MSNA/Annual
	3.2 Reason limiting HH's ability to meet basic needs	ERL	MSNA/Annual
(4) Electricity	4.1 Average daily availability of HH electricity	ERL	MSNA/Annual
(5) Debt	5.1 HH debit change in the last one year	ERL	MSNA/Annual
	5.2 Debt payment from the total expenditure	ERL	MSNA/Annual
(6) Social Cohesion	6.1 HH members experienced discrimination in the community	ERL	MSNA/Annual
	6.2 HH feeling about interacting with members of another group in the community	ERL	MSNA/Annual

**IDLEB / SYRIA**

Photo: OCHA/Anwar Abdullatif

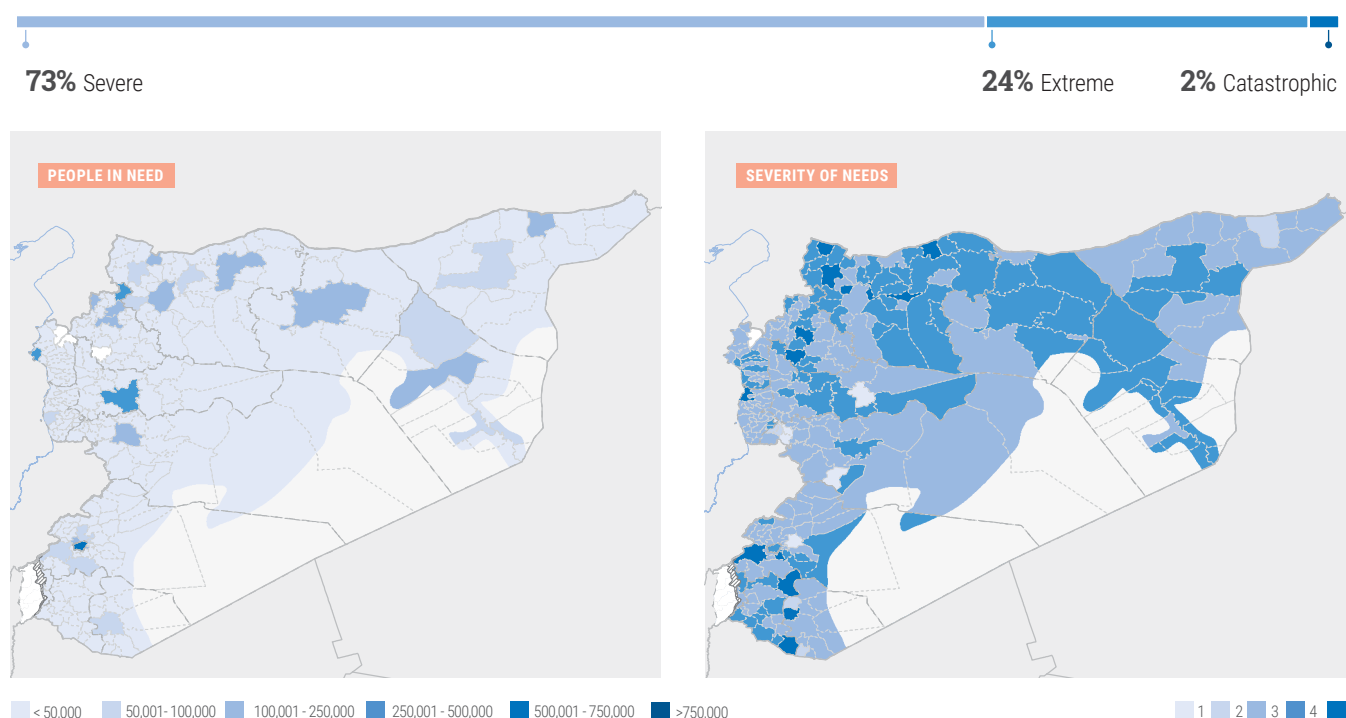


## 3.4 Education



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (3-17)	ADULTS (18-59)	WITH DISABILITY
<b>6.9M</b>	<b>47%</b> 3.2M	<b>53%</b> 3.6M	<b>97%</b> 6.7M	<b>3%</b> 0.2M	<b>15%</b> 1.1M

### SECTOR PIN DISTRIBUTION BY SEVERITY



### Key trends

There has been a four per cent increase in the sector PIN, with 6.9M<sup>122</sup> children and education personnel needing emergency education services. At the national level, the average of self-reported attendance<sup>123</sup> is 88 per cent and an estimated 12 per cent of children do not attend school.<sup>124</sup> Additional data sources estimate that there are over two million children (6-17) are out of school.<sup>125</sup> International assistance is on a declining trend<sup>126</sup>, while at the same time local resources, where available, have significantly reduced.<sup>127</sup>

Attendance rates are similar for boys and girls up to 11 years, after which there is gender disparity with more boys not attending.<sup>128</sup> The transition to secondary school remains a challenge with five governorates

having less than 10 per cent of children aged 6-17 years attending secondary school.<sup>129</sup> This is further exacerbated by a lack of secondary or vocational schools.<sup>130</sup> Only 11 per cent of four-year-olds and 36 per cent of five-year-olds attended any type of learning, which limits school readiness.

Non-attendance rates were highest in Al-Hasakeh (24 per cent), Ar-Raqqa (22 per cent), Deir-ez-Zor (19 per cent), Aleppo (16 per cent) and Idlib (15 per cent).<sup>131</sup> Data show that if a child is displaced more than three times, there is a higher chance of them not attending education (20 per cent), and 42 per cent are less likely to attend in the first three years of displacement. Dropout due to marriage is more of a barrier for IDPs in camps (5 per cent) than other population groups. The



main reason for children not wanting to go to school is that they do not perceive it as useful or insufficient learning is taking place (66 per cent).

The dominant form of education is in-person formal learning (98 per cent), with only two per cent of children attending non-formal education.<sup>132</sup> Schools have limited absorption and retention capacity, and lack flexibility as well as flexibility to accommodate learners of different ability across learning levels. Dilapidated learning environments are un conducive to learning<sup>133</sup> due to overcrowding, lack of school furniture/school supplies, and inadequate heating, lighting and operational WASH facilities. At the national level, 56 per cent of children attending school were dissatisfied with WASH in schools.<sup>134</sup>

The capacity and effectiveness of teachers is constrained.<sup>135</sup> While temporary teachers have been recruited and are in service; there is a lack of continuous professional development support. In addition, teachers are not being paid regularly and/or an adequate amount, which poses a challenge, especially for teachers who need to travel long distances to reach their schools and cover associated transportation costs<sup>136</sup>. This leads to absenteeism, teacher attrition and teacher strikes that disrupt education processes.

### Needs, severity and linkage with other sectors

- Economic factors limit access to education. Working with Livelihoods, Food and Agricultural sectors and Cash including for TVET<sup>137</sup> is critical.<sup>138</sup>
- Improvement and expansion of learning structures (including those with structural damage or winterization needs to retain learners in coordination with Early Recovery). Strengthening referrals to health services and school health interventions with Health are critical to create a safe learning environment.
- Working with WASH to enable students to access safe water, gender and disability sensitive WASH facilities, and mitigate infection transmission risks. Promoting relevant sanitation and hygiene awareness and practices (including menstrual).
- Support is needed for alternative accommodation for IDPs living in schools. Advocacy with Shelter/NFI and CCCM is key.
- Learners face challenges in attending school due to transportation, potential harassment, violence and GBV risks en route and within schools. Hostilities, the use of schools for non-educational purposes and other safety concerns affect the safe use and availability of education services, particularly in the north where there have been five verified attacks on education and 22 verified incidents of military use of schools.<sup>139</sup> Strengthening referrals and case management, integration of UXO awareness, child safeguarding, GBV awareness-raising/education, identifying and mitigating risks of GBV/SEA, ensuring teacher and children training on basic psychosocial support (PSS) provision, psychological first aid (PFA) and mental health and psychosocial support (MHPSS) for children and teachers will be coordinated with Protection and GBV.

### Population groups most affected

- Out of school children are particularly affected, especially adolescents<sup>140</sup> who are exposed to protection and GBV threats such as child labour (mainly for boys) and child marriage (mainly for girls).
- Young learners are not prepared for school.<sup>141</sup>
- Girls and boys with disabilities or who have health challenges. Children with disabilities do not attend schools due to inaccessibility, social stigma, an un conducive learning environment and a lack of pedagogical skills that address their needs.<sup>142</sup>
- Girls and boys who have been displaced.<sup>143</sup> Displacement continues to be a factor in the north regarding access to education.
- Children living in sub-standard buildings, makeshift shelters and collective shelters are less likely (40 per cent) to attend educational interventions.
- Adolescents: limited access to secondary education and a lack of vocational education prevent adolescents who will not return to school to learn skills needed for their future.
- Teachers and other educational personnel need support that is commensurate with the criticality of their role, including training.
- The education needs of Syrian children and adolescents will be constrained by the protracted crisis, economic duress, threat of further attacks,

displacement, water shortage and ongoing cholera outbreak. Unaddressed needs in education weaken resilience and undermine early recovery.

- The education system's inability to build on past investments,<sup>144</sup> and parents' inability to afford education, will lead to an increase in children absent from school and dropouts.
- The shortage of functional school buildings and uncondusive learning environments will contribute to low attendance and low learning outcomes. Overcrowding, limited lighting, lack of ventilation and heating during winter and insufficient/non-functional WASH facilities will not prevent communicable diseases in schools and communities.
- Learning will continue to be disrupted by insufficient support to attract and retain skilled teachers and educational personnel. Poor teacher remuneration

will impact retention and lack of transport support will reduce their ability to reach schools, particularly those in remote areas.

- Limited investment in multiple learning pathways, including formal and non-formal TVET, will limit the availability and quality of education services, especially for adolescents, and creates the risk of a "lost generation".
- Limited access to certification and accredited exams for children in 9th and 12th grades in the north-west and north-east of Syria will continue.
- Reduced funding for the educational sector will lead to a lack of education support and increase the cumulative negative effects of a short-term response to protracted education needs.

## Projected needs

	PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
June 2023	<b>7M</b>	-	-	5m	1.7m	160k
December 2023	<b>7.1M</b>	-	-	5.1m	1.7m	160k

## Monitoring

For 2023, the following are planned Joint Education Needs Assessments (JENA) to be conducted by Education across the three hubs.

	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	% school-aged children attending school	Education	MSNA/Annual
2	Proportion of children out of school	Education	Annual, Educational management information system (EMIS)/Assistance Coordination Unit (ACU), Sector Survey
3	Pupil to teacher ratio	Education	EMIS/ACU/annual

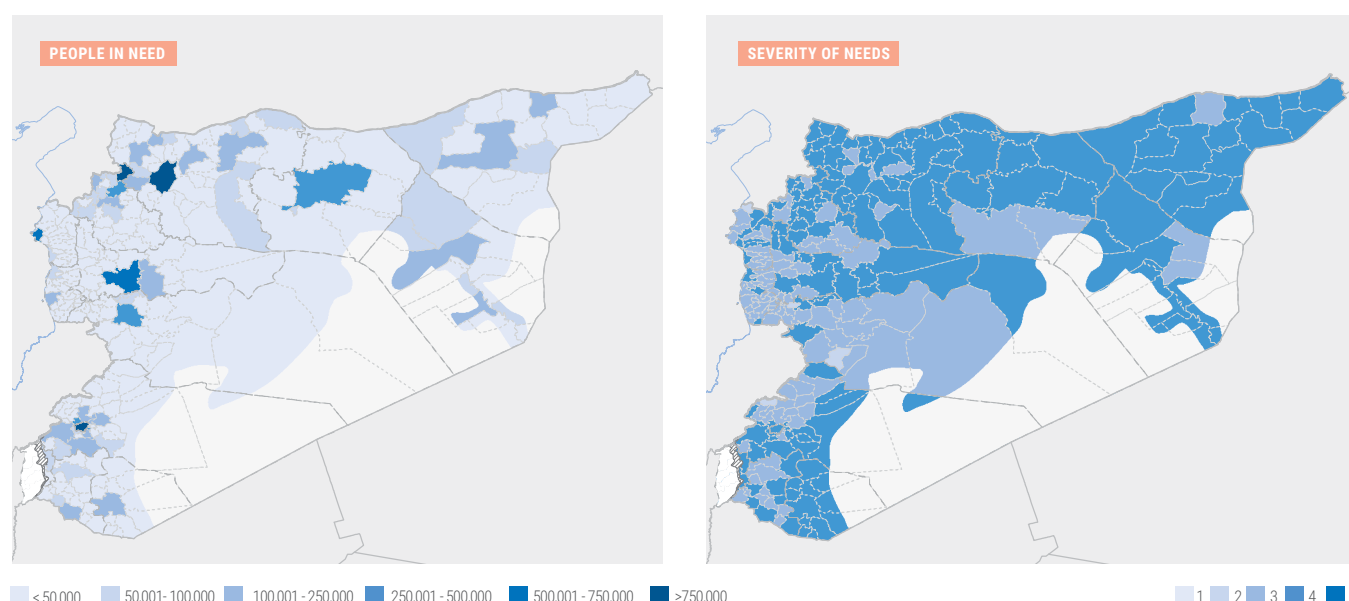
# 3.5

## Food Security and Agriculture



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
<b>15M</b>	<b>50%</b> 7.5M	<b>50%</b> 7.5M	<b>44%</b> 6.5M	<b>51%</b> 7.7M	<b>5%</b> 0.8M	<b>28%</b> 4.2M

### SECTOR PIN DISTRIBUTION BY SEVERITY



### Key trends

The food security situation in Syria has drastically deteriorated since last year. In 2023, an estimated 15 million people will need some form of food and agriculture assistance, representing 68 per cent of the total population. At least 12.1 million people are estimated to be food insecure, including all 2 million people living in camps who are deemed to be 100 per cent food insecure, and 2.9 million people are estimated to be at risk of food insecurity, an alarming increase of people at risk who could shift to become food insecure during 2023 if the crisis continues at same worsening levels.<sup>145</sup>

The impact of Syria's crisis continues to hinder people's ability to meet their immediate food needs and livelihoods, in a context marked by very complex drivers and contributing factors. This includes economic worsening and weakened local currency, soaring food and non-food prices, as well as drought-like conditions and severe agro-climatic fluctuations, water scarcity, and limited energy supply. In addition, food and agriculture commodities prices increase, inflation, lack of purchasing power due to limited livelihood and lack of income sources, population movements that shows no sign of abating, and the Ukraine crisis have had an important economic impact on markets and commodities cost. The needs require the sector and partners to go beyond short-term responses, and to also focus on scaling up early

recovery, restoration, protection, and promotion of livelihoods, over the short-to-medium-term, and to work around the entire food system and its related value chains, including water.

The WFP remote food security monitoring and recent food security and livelihood assessment in Syria (FSA, FSLA) estimates that seven in ten Syrian families is food insecure with the highest concentration in Idlib (74 per cent), Quneitra and Al-Raqqa (68 per cent), Aleppo (61 per cent), Deir-ez-Zor (56 per cent), Al-Hasakeh and Hama (53 per cent) Governorates, as the compounded crises have touched every aspect of people's lives, with access to food as one of the most pressing needs. Idlib Governorate continues to be impacted by the instable security situation and the widespread economic crisis, which hit local communities as well. In Al-Hasakeh, Deir-ez-Zor, Al-Raqqa and Hama Governorates, the high food insecurity rate is heavily impacted by the worsening agricultural situation which the people in the governorate heavily depend on for their livelihoods.

Overall, the unemployment rate has increased sharply, with negative consequences on income sources and purchasing power. With their buying power decimated, families are forced to resort to harmful coping mechanisms to meet their food and nutritional needs. Households, especially female-headed, reported facing food shortages and engaging food coping mechanism to maximize the use of little available resources. For instance, households adopting Integrated Phase Classification (IPC)<sup>146</sup> crisis or beyond food coping mechanisms [rCSI<sup>147</sup> 19+] reached as much as 50 per cent. Furthermore, due to lack of access to food or money to buy food, as many as 15 per cent of households had to withdraw children from school, increasing risks for child labour and related protection concerns. Fifty-two per cent of households made difficult decisions of restricting food consumption for adults in favour of children, while 63 per cent households reported reducing the number of usually accustomed meals. Households borrowing money to buy food reached as much as 58 per cent. Eight per cent of households had to sell assets due to lack of food or money to buy food in addition to more than 80 per cent who reported not having any assets to sell should they have needed to, indicating high levels of depleted means at household level. As many as 90 per cent of households reported relying on markets

as main sources of consumed foods. High food price increases, hyperinflation, and underperforming agriculture seasons resonated with reported coping mechanisms. Lastly, ongoing electricity and fuel rationing compounded with declining economies affected several businesses, resulting in reduced income opportunities for Syrians. For example, in April 2022, as many as 46 per cent of households reported having experienced income loss or reduction (mainly due to reduced working hours or salary cuts).

Syria's multiple crisis have severely affected the agriculture and agri-food sectors and supporting its resilience has become an urgent national priority. It is important to note that the sharp decline in crop production and the entrenchment of food insecurity during the 2021-2022 cropping season was not only driven by weather anomalies, but also a result of issues with water scarcity and availability, damaged infrastructure and productive assets, disrupted services, and scarcity of energy resources, especially diesel and electricity. In addition, the high prices of agriculture production inputs, especially fertilizers, herbicides, and others, continues to limit agriculture input use by farmers and adherence to standard seed and dose rates. This is resulting in reduced actual yields, reduced crop productivity and reduced food availability. The decline in agricultural production output was not only limited to rainfed crops production systems but also to irrigated crops such as cereals, legumes, barley, and vegetables. The national production of wheat for the 2021 – 2022 agricultural season was very close to output from the previous season since it slightly exceeded one million tons. Wheat production output for both seasons was less than 30 per cent of the long-term average in Syria.

Livestock has also not been spared from the impact of the prevailing water shortage and scarcity, limited access to livestock production inputs especially feed, and the generally unfavourable weather conditions. The unfavourable 2021 – 2022 rainfall season resulted in a sharp decline in pasture growth and development, increased demand for fodder, limited supply, and high prices, especially imported feed and this trend is likely to continue if the 2022/2023 rainy season is not favourable. The worsening economic crisis affecting Syria and the inability of small livestock keepers to provide adequate fodder for their herds has also resulted in less efficient animal health services. The

above-mentioned challenges continue to severely undermine the health and nutrition of livestock and reduced the viability of livestock-based food production and livelihood systems.

Substantial harvest losses combined with chronic economic deprivation and displacement have contributed to mounting food insecurity and associated negative food and livelihood coping strategies for vulnerable Syrians. According to the Ministry of Agriculture and Agrarian Reforms, the total area planted with wheat in 2021/2022 was 1.2 million hectares (down 25 per cent compared to 2021). Furthermore, the harvested area is less than 60 per cent of the total cultivated area.

### **Needs, severity and linkage with other sectors**

Import problems for the Middle East, which sources from the Black Sea, the price and availability of fertilizer, and volatile fuel and food prices are anticipated to continue throughout 2023. As fuel, electricity, food and water related inputs/infrastructure have become increasingly unaffordable, the socioeconomic decline can be expected to deepen, which will exacerbate existing vulnerabilities, aggravate food and water insecurity, and could spark social unrest. The impact of the Ukraine crisis is likely to weigh heavily on Syrians' purchasing power.<sup>148</sup> The crisis in Ukraine will likely lead to higher fertilizer, diesel, and power prices for agricultural production, and higher electricity costs for food processing in Syria.

The continued deterioration of the food and nutrition situation and the increased reliance and adoption of negative coping strategies has impacted the resilience of households. As many as 77 per cent of households reported buying less expensive and less preferred foods resulting in poorer diets (72 percent with low and medium diets). According to FSA/FSLA 2022, 64 per cent of households in Syria reported never having consumed "Hlron" rich foods in the 7 days that preceded interviews, further deteriorating the quality of diets as well as increasing risks of nutrient deficiency and increased rates of malnutrition for many Syrians<sup>149</sup> especially children under 5 years and pregnant and lactating women. Lack of employment and income opportunities continues, with the burden driven by eroded purchasing power which creates an increase in household food insecurity and difficulties

to secure minimum food needs. The sector identifies the need of enhancing the integration approach and early recovery to address the challenges deriving from the protracted crisis in Syria. The sharp rise in the exchange rate of the dollar against the Syrian currency – ongoing weakening of the Syrian Pound - continues, and the scarcity of energy resources, especially gasoline and diesel fuel, is negatively affecting food production processes from land preparation, food processing and marketing. The weakening domestic currency is increasing overall production costs in local currency terms. This is increasing the burden of most Syrian families.

There is a need for emergency provision of agriculture production inputs for vulnerable farmers and livestock breeders affected by the decline in agricultural production during the last two seasons, including training on climate-smart agriculture approaches, within the agro-stability zones 2 and 3 with crop inputs and access to irrigation water. There is a similar need of livestock production inputs (fodder and veterinary medicines and vaccination) for the agro-stability zones 4 and 5 across Syria. This support should be combined with early recovery and resilience-building actions, to boost local food production and help vulnerable smallholder crop farmers and livestock keepers to be more self-reliant. Such interventions include support towards own agriculture input production e.g. vegetable seedlings, compost, food etc). Furthermore, there is a need to support early warning systems and Disaster Risk Reduction (DRR) approaches. The rehabilitation of irrigation systems and other important agriculture community assets, restoration and enhancement of the national bread value chain remains fundamentally important.

The continuous burden of food insecurity and the deterioration of economic stability of households is causing an increase in the use of negative coping mechanisms, which impacts children in particular. This is translated in increased withdrawal children from school, which in turn, increases risks of child labour and related protection concerns. These trends and concerns may increase further in 2023.

The effects of economic deterioration and the lack of livelihood opportunities further expose women and girls to the risk of sexual exploitation and other forms of GBV in the effort of accessing food and



job opportunities. On the other hand, where women and girls have less resources, GBV can serve as a driver of food insecurity, preventing women and girls from accessing food and livelihood opportunities. Lastly, mine action risks at agriculture-contaminated lands prevent farmers from accessing their lands and threaten the production, income, and security of their households.

### Population groups most affected

The estimated 15 million PIN is based on the 2022 food security assessment and 2022 food security and livelihoods assessment findings, WFP mobile Vulnerability Analysis and Mapping, WFP food prices data and an analysis of agriculture production data by the Food and Agriculture Organization. Most IDPs and other vulnerable crisis-affected people in Syria remain dependent on humanitarian assistance to meet their basic needs, including food. All population groups have all been affected by the complex and deteriorating socioeconomic challenges that continue to negatively impact the whole country. It is important to note both agriculture and non-agriculture-based livelihoods have been affected by the prevailing economic challenges. However, the constraints in agriculture-based livelihoods will have negative consequences on both incomes for households and national food production.

The Food Security and Agriculture sector was able to reach on average 6.5 million people with regular food assistance and another 2.4 million people with bread and flour distribution in 2022. At least 1,462,056 beneficiaries have been reached with livelihoods interventions during 2022. Despite these efforts, 12.1 million people remain in need of food assistance, which highlights the severity and acuteness of the need across Syria.

Palestine refugees continue to be negatively affected by the protracted crisis, deteriorating economic situation, and the worsening food security situation, as with the rest of the Syrian population. In post-distribution monitoring conducted in October 2021, only 37 per cent of Palestine refugees showed acceptable food consumption patterns, down from 52 per cent in December 2020, 44 per cent showed borderline and 19 per cent poor food consumption patterns. More than half of Palestine refugee households reported using at least one food-based livelihood coping strategy to respond to a lack of food or money to buy food (57 per cent reported reducing the number of meals consumed per day and 51 per cent of families reported reducing the quantity of food within meals). The purchase of food items continues to constitute the highest household expenditure share with 48 per cent of total expenditures being spent on food.<sup>150</sup>

### Projection of needs

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
June 2023	<b>15M</b>	-	31.8k	3.4m	11.6m	-
December 2023	<b>15M</b>	-	31.8k	3.4m	11.6m	-

## Monitoring

As in previous years, the WoS FSS HNO food security PIN and prevalence is based on the food security assessment and food security and livelihoods assessment. These are two identical household-based assessments, which were conducted from August to October 2022 and covered just over 39,694 households (9,420 HHs for the FSLA and 29,957 HHs for the FSA).

The FSS uses the CARI III methodology to determine food insecure prevalence and PIN, which is derived from a Whole of Syria Assessment at household level with results representative at subdistrict level. Subsequently for determination of severity, the CARI III results are combined with 6 more indicators each with their own weights. The average severity score is the summed score of all the indicators in the sub-district divided by the number of indicators used in the sub-district. The CARI food insecurity indicator forms one of the seven (7) indicators in the HNO severity score. The other indicators used in the severity score include the percentage of IDPs and returnees as ratio to the resident population; intensity of hostilities;

WFP standard reference food basket trend over time; agro-climatic (source: FAO); agriculture production and agriculture inputs/shocks.

Since the data from the FSA-FSLA is from household visits through representative random samples and the data is representative at sub-district level, the food insecure indicator takes four times its score in weight due to its high reliability and accuracy factors, while all other indicators take their score once in weight with the exception of agricultural production which takes twice its weight due to the very poor agricultural season in 2021/22. The average severity score is the summed score of all the indicators in the sub-district divided by the number of indicators used in the sub-district. The scores are then rounded up/down to the nearest whole number. Once the score of all sub-districts is analyzed, the process is then completed by filtering the sub-district by the overall severity score to know the PIN figures falling into each of the five severity categories.

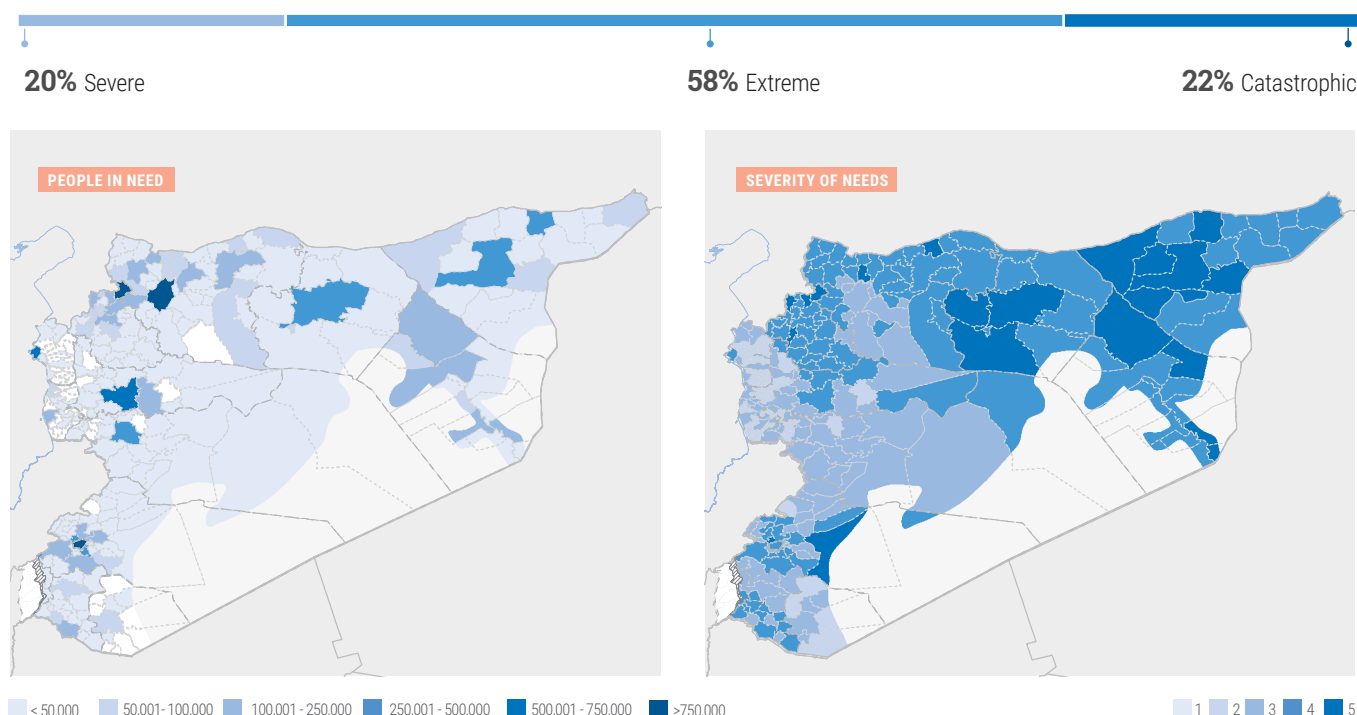
#	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	Food consumption score of beneficiary households	FSS	Monitoring initiatives at least annually
2	r CSI (reduced coping strategy index) of beneficiary households	FSS	Monitoring initiatives at least annually

## 3.6 Health



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
<b>15.3M</b>	<b>50%</b> 7.7M	<b>50%</b> 7.6M	<b>45%</b> 6.81M	<b>51%</b> 7.73M	<b>5%</b> 0.71M	<b>17%</b> 2.7M

### SECTOR PIN DISTRIBUTION BY SEVERITY



### Key trends

More than 15.3 million<sup>151</sup> people are in dire need of lifesaving health assistance in 2023, a 3.2 million increase from 2022.

Weak, fragile and disrupted health systems, with concurrent public health emergencies<sup>152</sup> and numerous challenges,<sup>153</sup> affect not only the access, availability<sup>154</sup> and quality of health services across Syria but also the physical and mental well-being of the vulnerable population.

According to WoS HeRAMS 2022 Q2 analysis, 41 per cent of public hospitals are either not functioning or partially functioning, while 43 per cent of primary

health care (PHC) facilities are either partially functioning or not functioning at all. Compared to Q2 2021, there is a notable decrease in hospitals and health facilities (HFs) providing services of basic emergency obstetric and neonatal care (BEmONC) (-32 per cent), comprehensive emergency obstetric and neonatal care (CEmONC) (-21 per cent), blood bank services (-15 per cent), dialysis (-13 per cent) and tuberculosis diagnosis and treatment (-9 per cent).

The increase in the 2023 PIN is attributed to recurrent disease outbreaks, a change in methodology to be more proactive rather than reactive and focus on service availability, and the deteriorating

socioeconomic status of communities which has resulted in increased displacement and worsened determinants of health, thereby affecting health outcomes.<sup>155</sup> In addition to the ongoing COVID-19 pandemic and recurring infections,<sup>156</sup> a cholera outbreak was declared by Ministry of Health (MoH) Syria in September 2022.<sup>157</sup> The outbreak is spreading fast and as of 5th November 2022, there were 33,567 suspected cases and 2,002 confirmed cholera cases,<sup>158</sup> including 92 associated deaths (CFR 0.3 per cent) reported from all governorates in Syria.<sup>159</sup>

Uncertainties around the renewal of the cross-border resolution, and the impact of regional and global instability such as the Ukraine crisis and economic crisis in Lebanon, have effects on fuel supplies, food and the availability of essential medicines, including cross-line and cross-border efforts. Resource mobilization constraints have hampered ongoing emergency health response activities<sup>160</sup> and the continuity of established interventions such as primary care networks, routine immunization, referrals, and supply chains, upon which vulnerable persons increasingly rely.

### **Needs, severity, and linkage with other sectors**

Poor infrastructure, a lack of consistent power supply and poor WASH conditions in health care facilities have hampered the health system's functionality, including access to quality, integrated primary and secondary health services, including sexual and reproductive health care, proper supply chain management and referral pathways. Food insecurity and WASH crises have contributed to an increase in waterborne and vector-borne disease alongside worsening malnutrition among children, pregnant and lactating women, and other vulnerable populations.

Road traffic accidents, firearms injuries and conflict-related injuries are all on the rise. It is estimated that 25 per cent of the population (males 27 per cent, females 23 per cent), or approximately five million people, have one or more functional limitations, a significantly higher proportion than the global figure of 15 per cent.<sup>161</sup>

There are major gaps in the quantity and quality of health care workers. They require training, equipment and supervision to implement integrated and essential

health service packages, and provide gender-sensitive and comprehensive services. Based on the health sector severity analysis, the number of sub-districts with severe, extreme and catastrophic health needs (severity of 3-5) increased from 181 in 2022 to 223 sub-districts in 2023.

### **Population groups most affected**

Internally displaced persons (IDPs), children, elderly, persons with disabilities, people with non-communicable diseases (estimated to account for 45 per cent of all mortality in Syria<sup>162</sup>), people with mental health and psychological conditions, and those with injuries are the most vulnerable groups in need of emergency lifesaving health services.

Furthermore, 4.2 million women of reproductive age in the health sector PIN require health care assistance to access essential reproductive health services, including antenatal care, safe deliveries, postnatal care, family planning and comprehensive emergency obstetric and newborn care. Of the 501,783 live births expected<sup>163</sup> in 2023, an estimated 75,267 of those women will need assistance to access emergency caesarean sections to save their lives and that of their newborn.

Within the health sector PiN, 2.7 million persons are estimated to have a disability which places them at greater risk of exclusion from health services. According to the 2022 MSNA, households affected by disability<sup>164</sup> were most likely to report living more than one hour from a health facility, paying for health care, non-availability of needed services, and lack of access to a health facility for persons with disability or mobility challenges. It is estimated that approximately one in 10 people in Syria lives with a mild to a moderate mental health condition, one in 10 people needs focused mental health care, and one in 30 is likely to be suffering from a more severe condition.<sup>165</sup>

The Governorates of Al-Hasakeh, Hama, Ar-Raqqa, Deir-ez-Zor, Aleppo and Rural Damascus have experienced greater barriers and service non-availability in comparison with other areas of Syria.<sup>166</sup> Residents in dense urban settings, crowded and overburdened areas, and last resort sites, including camps and camp-like settings,<sup>167</sup> are at particular risk of poor health outcomes due to shortages in water and

hygiene supplies, the risk of communicable disease, and likelihood of overcrowding and long waiting times at health facilities. According to MSNA 2022, 94 per cent of households in Al-Hasakeh, As-Sweida, Dar'a, Ar-Raqqa, Damascus, Deir-ez-Zor and Aleppo report high costs for consultations, lab and diagnostic procedures as a key barrier to health access. This implies significant long-term effects on the health and physical well-being of households, particularly children, elderly people and pregnant women who may need to forgo health services due to non-affordability.

According to the 2023 health sector severity scale, areas of highest severity are located in ten governorates<sup>168</sup> across Syria.

### Projection of needs

The rapidly spreading cholera outbreak in Syria, the ongoing COVID-19 pandemic and low vaccination coverage, combined with deteriorating socioeconomic conditions, increases in poverty across the country, and the water crisis due to severe drought conditions in northern Syria, are expected to further stretch already weak health systems. Access to basic lifesaving health services will be affected negatively and increased morbidities and mortalities may occur among vulnerable communities.

Major projected needs for 2023 are outbreak prevention, control and response measures; access to integrated health services such as sexual and reproductive health and safe delivery; child health, including routine and expanded immunization, nutrition, care for communicable and non-communicable diseases; mental health and psychosocial support; emergency services, including trauma and referral; and physical rehabilitation at every level of the health system.

COVID-19 vaccination coverage, preparedness, contingency planning, community health services, including outreach and engagement on integrated health messages, and management of severe acute malnutrition with medical complications remain essential components of comprehensive health services.

With recurrent disease outbreaks, particularly cholera, the key areas in 2023 that should be addressed throughout Syria, particularly in the north-east, are access to medicines and medical supply shortages, limited health care worker capacities, WASH in health facilities and surveillance systems.

### Projected needs

	PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
June 2023	<b>15.3M</b>	-	-	3.1m	8.8m	3.4m	Continued COVID-19 pandemic, worsening socio-economic situation, political changes, uncertainties and changes to UNSC cross-border resolution, anticipated reduction in donor resources and renewal of hostilities.	<ul style="list-style-type: none"> <li>Health sector expects to remain focused on</li> <li>children under five years (U5),</li> <li>women of reproductive age (WRA, ages 15-49),</li> <li>older persons (60+)</li> <li>persons with disabilities</li> <li>People with chronic health problems</li> <li>IDPs</li> <li>Persons living in areas of restricted access are also vulnerable due to challenges in delivery of humanitarian health services.</li> </ul>



## Monitoring

A number of assessments are planned for 2023 by WoS health sector partners. Some assessments are ongoing such as a health system capacity assessment using the WHO health facility HeRAMS tool, while others will be carried out in accordance with the technical working groups' plans at the hub level. These assessments will include mapping COVID-19 case management; MHPSS and critical care services; a student-based health survey; assessment of the availability and capacity of human resources for health; and assessing infection prevention and control in health facilities.

Health cluster partners at hub level will continue work on existing assessments, including:

- Health information system gaps<sup>169</sup> and improvements in health facilities. A comprehensive KAP survey to assess COVID-19 knowledge, attitudes and practices influenced by risk communication and community engagement (RCCE) activities, including COVID-19 vaccination-related issues.
- Quality of health services (including mental health) provided by health facilities from the perspective of beneficiaries.

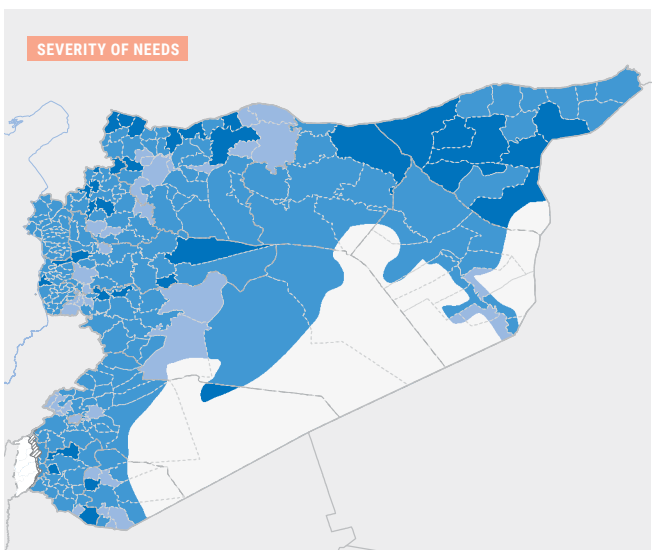
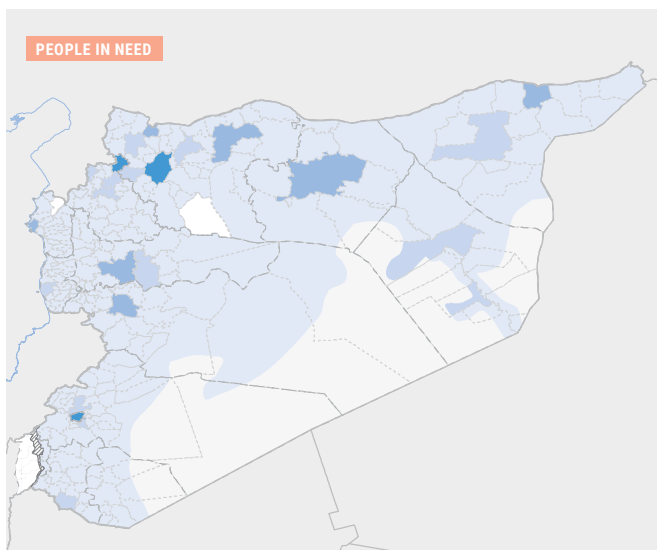
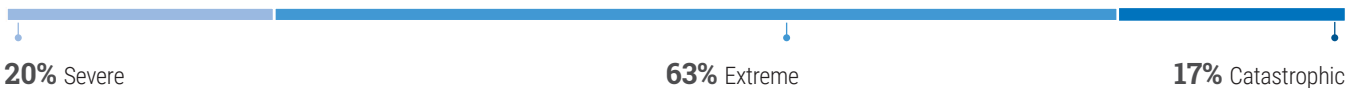
	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	Number of health workers (doctors, nurses, and midwives) per 10,000 population	Health	HeRAMS, quarterly
2	Fully functional Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities per 100,000 population	Health	HeRAMS, quarterly
3	Number of functional Primary Health Care (PHC) Units per 10,000 pop	Health	HeRAMS, quarterly
4	Number of functional public hospital beds per 10,000	Health	HeRAMS, quarterly
5	Progress against immunization targets for measles, Coverage in children under one year (U1) by DPT3	Health	EPI data (WHO, UNICEF, MoH), continuous
6	Proportionate morbidity of diseases of epidemic potential	Health	EWARS, EWARN, continuous

# 3.7 Nutrition



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	WITH DISABILITY
5.9M	74% 4.3M	26% 1.6M	64% 3.8M	36% 2.1M	17% 0.9M

## SECTOR PIN DISTRIBUTION BY SEVERITY



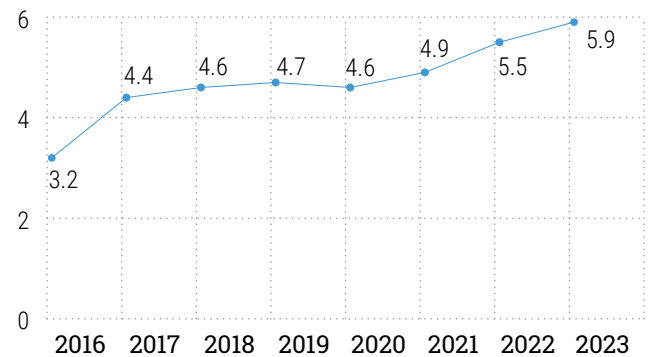
## Key trends

Approximately 5.9 million people including 3.75 million children (2.2 million girls and 1.55 million boys) and 2.1 million women are in dire need of nutritional assistance in Syria, an increase from 5.5 million people in 2022. The PIN figures have shown an increasing trend since 2016 indicative of a fast-deteriorating nutrition situation.

Syria is faced with multiple layers of malnutrition: rising levels of chronic malnutrition evidenced by a high prevalence of stunting; increasing levels of acute malnutrition; and emergency levels of anaemia among children and women of reproductive age. Aggravating factors promoting malnutrition include food insecurity, elevated food prices, devaluation of the Syrian pound, scarce and unsafe water use, the spread of disease

## Nutrition PiN Figures Trend Analysis

2016-2023 (in million)

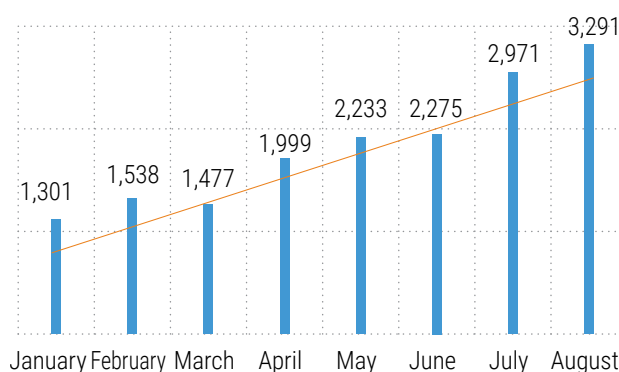


and loss of household income. The high levels of stunting are indicative of the impact of the 11-year long crisis on the nutritional status of young children. An estimated 609,979 children below five years of age are stunted in Syria, with stunting prevalence ranging from 25 per cent to 28 per cent across different geographical areas. Stunting has long-term effects on individuals and societies, including poor cognitive and educational performance, low adult wages, low productivity and when accompanied by excessive weight gain later in childhood, an increased risk of nutrition-related chronic diseases in adult life. About 363,556 children aged below five years suffer from acute malnutrition. Similar to stunting, prevalence of Global Acute Malnutrition (GAM) differs from region to region- whilst north-west Syria and parts of Damascus recorded five per cent wasting prevalence, some geographical areas in north-east Syria have recorded a high of 12 per cent- which is classified as critical in nutrition severity ranking scale, especially in the presence of aggravating factors.<sup>170</sup> The increase in the burden of Severe Acute Malnutrition (SAM) cases among children aged 6-59 months across Syria is concerning, from 51,013 recorded in 2021 nutrition surveys to 75,726 (48 per cent increase) recorded in 2022 nutrition surveys. Of the 363,556 children, about 287,830 are suffering from Moderate Acute Malnutrition (MAM)– an increase of 55 per cent compared to 185,371 recorded in 2021. Maternal malnutrition is also extremely concerning with acute malnutrition prevalence ranging from 11 per cent in north-west Syria and parts of Damascus to 25 per cent in north-east Syria. Approximately 544,752 Pregnant and Lactating Women (PLW) suffer from MAM, including 460,124 PLW suffering from anaemia. Similarly, an approximate 25 per cent (721,388) children under five years suffer from anaemia, compounding to the burden of malnutrition. Emerging evidence from community nutrition surveillance confirm the deteriorating nutrition situation. The double-fold increase in severe and moderate wasting among children is an extremely worrying concern- especially due to the risk of mortality faced by these children. About ten per cent of the SAM cases are expected to have co-existing illnesses requiring hospitalization in the stabilization centres.

The increase in the overall acute malnutrition calls for the need to tackle the underlying factors of undernutrition while further scaling MAM prevention and treatment services.

## Admission Trends for U5 Children

2022 SAM



## Needs, severity and linkage with other sectors

The drivers of malnutrition in Syria are interconnected and multifaceted. There is an urgent need to develop and scale up radically improved solutions to address the fundamental drivers of malnutrition. High levels of food insecurity, both in terms of quantity and nutritive value, is a major driver of increasing malnutrition rates among children and women in Syria. Although food assistance through protective food rations is provided across Syria by the partners, funding shortfalls in 2022 have seen the reduction of the food ration below the recommended SPHERE standards for energy/kilo calories needed for an adequate and nutritionally balanced diets for young children and PLW. Both the Survival Minimum Expenditure Basket (SMEB) and Minimum Food Basket (MFB) should be designed to meet the macro and micronutrient needs of households or individuals, taking into consideration the household composition and specific nutritional needs of vulnerable household members such as PLW and children under two years. Similarly, nutrition-sensitive agriculture and livelihood support including cash assistance can play a role in improving diets – particularly for mothers and young children – through changes in income, and increased availability and accessibility of diverse nutrient-dense foods coming from production or markets. Syria is experiencing a dire water crisis with sub-optimal access to soap and/or handwashing facilities. Children are susceptible to infection by bacteria and viruses found in faecal matter that cause diarrhoea, which is one of the top five leading causes of child malnutrition and death. The staggering prevalence of anaemia among women of reproductive age, including adolescents, highlights the need for a holistic intervention approach in collaboration with WASH, Health, Food Security and

Education sectors. Disease outbreaks are common occurrence including COVID-19, measles, AWD/cholera and leishmaniasis in the context of a challenged and fragile health system. Poor health aggravates or precipitates malnutrition, while malnutrition suppresses the immune response and increases the child's susceptibility to morbidity and mortality. Child marriage compounds the malnutrition burden, adolescent girls often drop out of school after marriage or due to pregnancy and this contribute to increased malnutrition levels among pregnant adolescent girls in Syria. Gender-based Violence (GBV) is common in Syria, exacerbated by poverty and protracted conflict. Girls and women are already disproportionately affected by the impact of emergencies on nutrition, and nutritional insecurity can greatly increase the risk of GBV. GBV, similar to mental health, is a key barrier for uptake of optimal Infant and Young Child Feeding (IYCF) practices and one of the key drivers in the worsening nutrition situation in Syria.

### Population groups most affected

Across all populations, children under five years, adolescent girls and PLW have relatively high nutritional needs and are the most vulnerable groups expected to receive support through the nutrition sector. Infants and children under the age of five are at risk of developing acute malnutrition and iron deficiency anaemia because of their increased requirements for rapid growth and diets that often lack sufficient absorbable iron. Acute malnutrition can lead to serious health issues, including stunted growth, non-communicable chronic illnesses, disability and even death. In recent years and especially since the pandemic, a rising trend is observed in acute malnutrition, underweight, micronutrient deficiencies and poor IYCF practices. Iron deficiency, with or without anaemia, may have important health consequences for young children, including increased perinatal mortality, delayed mental and physical development, negative behavioural consequences, reduced auditory and visual function, and impaired physical performance. Maternal short stature and iron deficiency anaemia can increase the risk of death of the mother at delivery and contribute to at least 18 per cent of maternal deaths globally in low- and middle-income countries<sup>171</sup>. Disability is a cross-cutting vulnerability issue affecting all areas in Syria and including nutrition. Persons living with disability, especially female-headed households, have additional problems caused by reliance on caregivers, transport costs, WASH

issues, poor livelihood opportunities and increased household vulnerability that poses a significant barrier to optimal nutrition.

### Projection of needs

The trends in malnutrition are expected to worsen in the next months as all the determinants and drivers of malnutrition are worsening. The main drivers of the worsening nutrition situation are sub-optimal access to adequate and nutritious diets, health and nutrition services and nutrition sensitive feeding and care practices. The food security sector estimates that at least 12 million people in Syria currently face food insecurity which may further accelerate all forms of under-nutrition among vulnerable children and women. The rising food insecurity will negatively impact on the nutritional status of an existing 2.1 million mothers who are already consuming a poor maternal diet, with an estimated 544,752 PLW currently in need of treatment for acute malnutrition with 460,124 of them being anaemic. The already concerning levels of maternal malnutrition is anticipated to increase among displaced populations. Children with malnutrition are at an elevated risk of mortality and morbidity. Hence, 363,556 young children who are currently suffering from acute malnutrition will require appropriate, timely and sustainable treatment interventions, with almost one million of them being in dire need of robust anaemia treatment and prevention interventions. Cholera outbreak is expected to exert more stress on the fragile health care system and existing challenges faced to access essential health care and nutrition services are anticipated to worsen. Combined with the synergetic relationship between cholera and malnutrition, this situation may lead to the number of children with severe acute malnutrition further increasing exponentially in Syria. Repeated displacements are anticipated and will leave mothers, young children and their caregivers exposed to unsafe living environments. The resultant lack of breastfeeding friendly spaces in IDP camps amidst inadequate WASH and environmental conditions may further constrain uptake of optimal IYCF and care practices. All these factors are expected to continue through 2023 and will drive up rates of acute malnutrition, stunting and micronutrient deficiency. Hence, adequate investment in malnutrition treatment alongside integrated malnutrition prevention services- which have been chronically underfunded is of critical importance to timely mitigate a public health crisis associated with malnutrition.

## Projected needs

	PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
June 2023	<b>5.9M</b>	-	-	1.2m	3.7m	1m	Poverty, Food Insecurity, Sub-Optimal WASH practices, Disease epidemics, Poor IYCF practices, Child marriage , Displacement, GBV	Children 0-59, PLWs, Adolescent girls
December 2023	<b>6.8M</b>	-	-	1.4m	4.3m	1.2m	Poverty, Food Insecurity, Sub-Optimal WASH practices, Disease epidemics, Poor IYCF practices, Child marriage, Displacement, GBV	Children 0-59, PLWs, Adolescent girls

## Monitoring

The nutrition sector monitoring framework is designed to capture the evolving nutrition situation and response progress with complementary monitoring undertaken by other sectors. The nutrition sector utilizes data from Food Security and Agriculture, Health, WASH and Protection sector surveys to inform the drivers and determinants of malnutrition and to adjust the evolving nutrition response accordingly. Nutrition assessments and surveys are scheduled within the same season every year/month to allow for a technical and statistically sound comparison and interpretation of the trends. Children below five years of age, women of reproductive age and caregivers of children aged below two years are the main survey subjects. Routine nutrition programme data are captured on monthly basis, and this is used to monitor program achievements as well as trends in admissions and key programme performance indicators which allows for program adjustment throughout the year.

	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	Chronic malnutrition among children 6-59 months	Nutrition	Surveillance (monthly) / SMART Survey (annual)
2	Severe acute malnutrition among children 0-59 months	Nutrition	Surveillance/monthly/SMART Survey (annual)
3	Moderate acute malnutrition among children 6-59 months	Nutrition	Surveillance/monthly/ SMART Survey (annual)
4	Prevalence of anaemia among children 6-59 months	Nutrition	SMART Survey (annual)
5	Minimum acceptable diets among children 6-23 months	Nutrition	SMART Survey/IYCF KAP/ Nutrition Survey (Annual)
6	Exclusive breastfeeding among children 0-5 months	Nutrition	SMART Survey/IYCF KAP (annual)
7	Acute malnutrition among women of reproductive age (15-49 years)	Nutrition	Surveillance (monthly) / SMART Survey (annual)
8	Prevalence of anaemia among women of reproductive age (15-49 years).	Nutrition	SMART Survey (annual)
9	Women Dietary Diversity	Nutrition	Nutrition Survey (Annual)



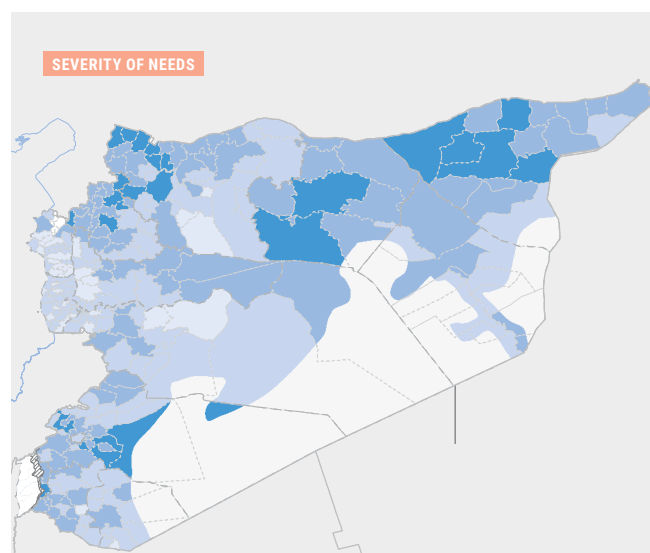
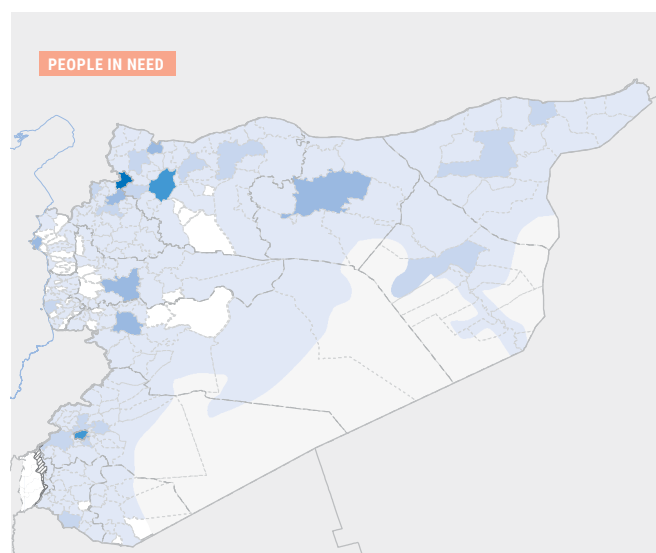
## 3.8 Shelter and Non-Food Items



### Shelter

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
<b>5.7M</b>	<b>50%</b> 2.85M	<b>50%</b> 2.85M	<b>44%</b> 2.5M	<b>51%</b> 2.9M	<b>5%</b> 0.3M	<b>15%</b> 0.8M

### SECTOR PIN DISTRIBUTION BY SEVERITY



< 50,000    50,001-100,000    100,001-250,000    250,001-500,000    500,001-750,000    >750,000

1    2    3    4    5

### Key trends

It is estimated that approximately 5.7 million people in Syria will require shelter support in 2023. In accordance with the MSNA 2022 findings, 34 per cent of the overall population live in 'sub-standard' shelter. Lack of access to electricity/lighting, insulation from heat and cold, deterioration of shelter integrity (notable increase in damages to windows/doors) and lack of privacy are the top shelter adequacy issues identified. In conjunction with these conditions, 38 per cent of the overall population are renting or hold weak forms of occupancy agreement, which hampers eligibility for shelter assistance and/ or heightens the risk of eviction. The significant economic downturn, has increased construction material costs and put

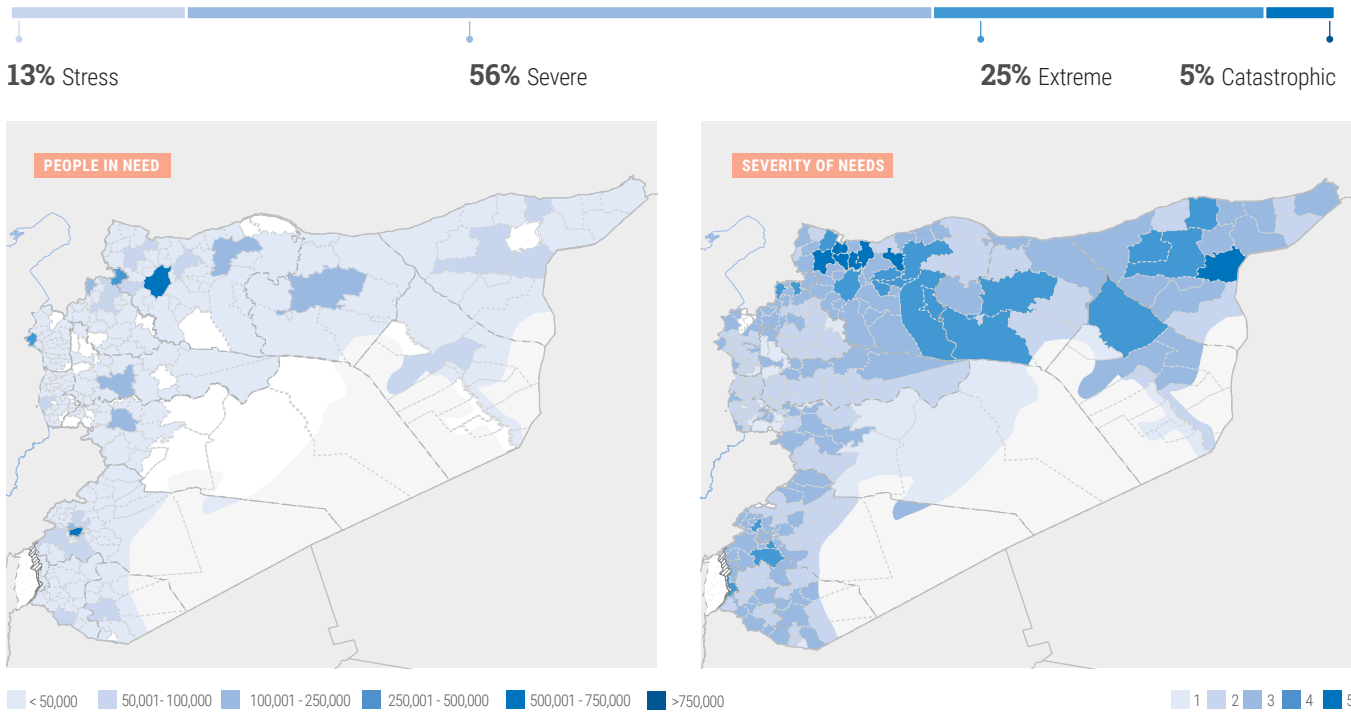
additional strain on households and partner capacity to implement shelter activities, most notably repairs and rehabilitation.

With the security environment remaining somewhat volatile, deterioration in economic conditions and a depreciating Syrian pound, have intensified the severe need for NFI support. As such, the overall NFI PiN has increased by 15 per cent to 5.7 million (from 4.90 million in 2022). Winter clothing, mattresses and blankets have become significantly inaccessible in 2022 compared to the previous year. In particular, clothing expenditure ranks as the highest monthly SNFI expenditure, i.e. three times more than rent and four times more than electricity. Such items are

Non-food Items

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
5.7M	50% 2.83M	50% 2.83M	44% 2.5M	51% 2.9M	5% 0.3M	15% 0.8M

SECTOR PIN DISTRIBUTION BY SEVERITY



What is 'Sub-Standard' Shelter?

Sub-standard shelter refers to shelter which is inadequate to support healthy living conditions. This term is used when referring to residential housing that is unfinished and/or damaged, makeshift shelters, prefabricated units, tents, etc.

What is Shelter Adequacy?

Shelter adequacy refers to the household's ability to attain adequate safety and security, protection from the elements, access to basic services and privacy within their shelter/ housing.

crucial to ensure the well-being of the most vulnerable, particularly during harsh winter seasons when access to basic NFIs is considered lifesaving.

Needs, severity and linkage with other sectors

Nearly 85 per cent of the overall population reported a deterioration in their ability to meet basic needs, demonstrated through a significant increase in the inaccessibility of NFI items, such as clothing, mattresses, and blankets. Coupled with the deterioration of shelter integrity, increasing shelter adequacy issues (i.e. limited electricity/lighting and poor insulation from heat/cold) households are exposed to harsh weather conditions with a high risk of loss of life, particularly during winter. Adequate shelter conditions and access to basic NFIs is vital for maintaining good physical health, mental well-being, and to sustain learning and educational opportunities.

Such issues, when combined with overcrowding, increase the possibility of exposure to protection and GBV risks and promote the spread of respiratory and epidemic prone diseases. The most vulnerable are exposed to significant protection concerns as 18 per cent (nine per cent in the previous year) of households note a 'lack of privacy' and with eight per cent of households sharing their shelter with one or more families.

Thirty per cent of the population rely on either communal or private generators, exposing households to high fuel costs and driving a need for quality winter clothing. Consequently, basic items are out of reach as families' average monthly income 'v' expenditure gap reaches 60 per cent. The number of people in need of NFI support is expected to increase in 2023 with a projected worsening of the economic situation.

### Population groups most affected

Primarily in north-west and north-east Syria, 2.05 million IDPs reside in last resort sites, a marginal increase from 2.02 million in the previous year. These locations lack crucial infrastructure and rely on emergency shelter solutions and continued humanitarian support. The majority of displacement is currently in excess of three years and 37 per cent of households have reportedly been displaced more than three times since 2011.

Across governorates, IDPs are the population group with the highest reported rate of rental occupancy arrangements; 46 per cent of households reported having a written rental arrangement and nine per cent reporting having an oral agreement. This places IDPs at greater risk of eviction as household ability to meet basic needs (such as rent) is diminishing with the deteriorating economic conditions.

Around 44 per cent of returnees live in substandard shelters and nearly 85 per cent reported inability to meet their basic needs, a notable increase from the previous year. Host communities (in 571 communities) across Syria are overburdened and host more IDPs than resident population. Alongside the displaced, nearly 27 per cent of the host community households are living in sub-standard shelters where repair/rehabilitation is needed alongside a multisectoral

response to ensure access and availability of basic services.

### Projection of needs

With some situational displacement expected to continue, and a potential increase in the rate of return (IDP and refugee), the scale and severity of need for shelter support is projected to remain through 2023, with IDPs and returnees being the worst affected by poor shelter conditions. As such, the sector projects the number of 'people in need' to increase in line with the population growth and continued deterioration in economic conditions. Geographically, the number of people requiring shelter support is widespread with some concentration in Aleppo, Idleb and Rural Damascus.

Humanitarian shelter response resources continue to decrease each year and it is expected that the Shelter sector's ability to respond to needs will diminish further in 2023. To date, the Shelter sector has been required to prioritize emergency shelter support for lifesaving purposes, focusing mainly in last resort sites (north-west and north-east Syria). However, with existing needs and a potential increase in the rate of return (IDP and refugee), a comprehensive 'longer term' shelter response is required across response areas to maintain the dignity of the vulnerable and improve privacy.

In 2023, the estimated number of people requiring NFI support has increased by 15 per cent to 5.7 million. With funding shortages currently at a historic low, the limited response of the NFI sector in 2022 is further expected to exacerbate needs as 2023 unfolds. Harsh winter conditions affect the most vulnerable and access to basic NFIs is needed to ensure that health, well-being and protection concerns are met. Key NFI items such as, winter clothing, thermal blankets, and heaters are essential and accessible but are unaffordable for most individuals. According to UNRWA's assessments, 420,000 Palestine refugees will be in need of NFI support in 2023. Heating fuel, a key NFI provision in northeast and north-west rose in cost a significantly after March (a month after the onset of Ukraine conflict), putting an enormous strain on partners to meet the latent need, especially during the winter months.

With the primary driver of displacement reported as a worsening economic situation, and lack of access to livelihood opportunities, household ability to meet basic needs is projected to decline further and will increase the severity and intensity of shelter and NFI needs across population groups. Evidence from 2022

already points to this assumption/expectation, as average monthly shelter and NFI expenditure has risen to 26 per cent and is expected to rise further in 2023, forcing the population to rely more on humanitarian assistance.

### Projected needs (Shelter)

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS
June 2023	<b>5.7M</b>	-	2.3m	1.9m	1.4m	-	Same as 2023
December 2023	<b>5.9M</b>	-	2.4m	2m	1.5m	-	Population growth

### Projected needs (NFI)

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS
June 2023	<b>5.7M</b>	-	1.4m	3.6m	501k	107k	Same as 2023
December 2023	<b>6M</b>	-	1.5m	3.7m	522.7k	11.7k	Population growth

### Monitoring

The sector monitors the following output indicators every month through the data submitted to 4Ws from the respective sector partners. As part of the sectors' accountability to affected populations (AAP) and

external stakeholders, the data submitted via 4Ws by partners is validated through a comprehensive verification mechanism established at sub-national, national and Whole of Syria levels.

	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	# of people whose core NFI needs are met	NFI	4Ws/Monthly
2	# of people whose seasonal and/ or supplementary NFI needs are met	NFI	4Ws/Monthly
3	# of people whose shelter needs are met through emergency shelter solutions	Shelter	4Ws/Monthly
4	# of people whose shelter needs are met through transitional/ dignified shelter solutions	Shelter	4Ws/Monthly
5	# of people whose shelter needs are met through improved housing solutions	Shelter	4Ws/Monthly
6	% of persons (renters) whose tenure security has been enhanced	Shelter	4Ws/Monthly
7	# of people whose basic needs are supported through enhanced access to basic services	Shelter	4Ws/Monthly

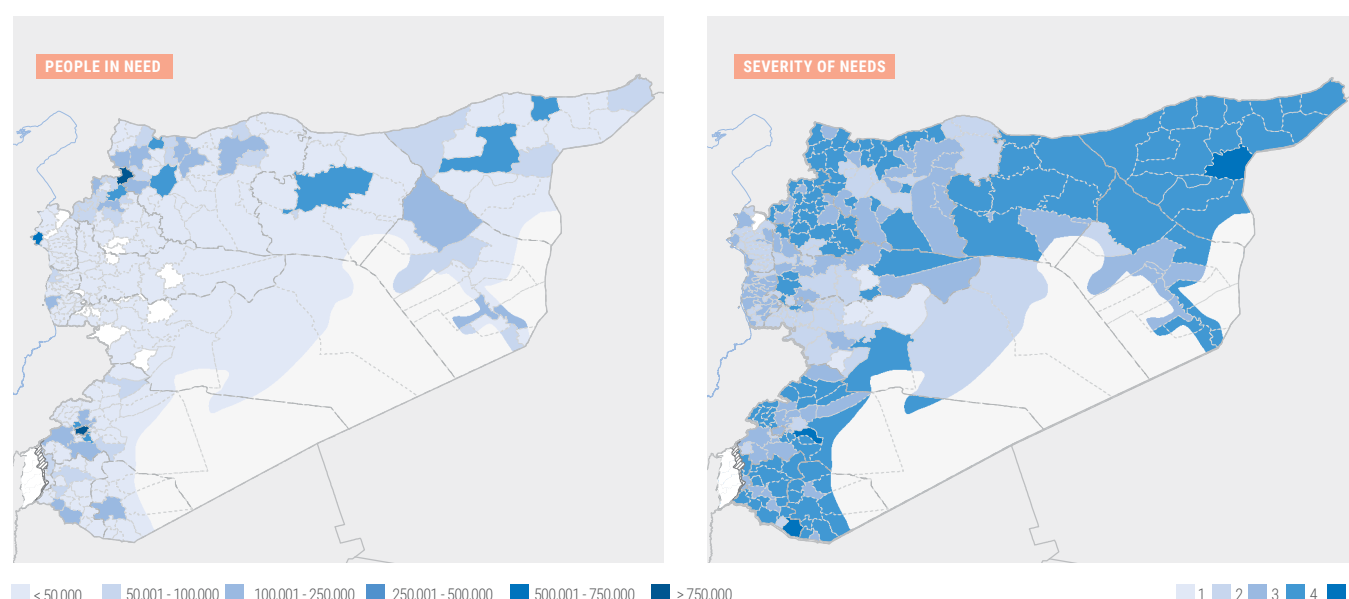
3.9

# Water, Sanitation and Hygiene



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
<b>13.6M</b>	<b>49%</b> 6.6M	<b>51%</b> 7M	<b>44%</b> 6M	<b>51%</b> 6.9M	<b>5%</b> 0.7M	<b>20%</b> 2.7M

## SECTOR PIN DISTRIBUTION BY SEVERITY



## Key trends<sup>172</sup>

Access to WASH services<sup>173</sup> is compromised by the prolonged deterioration of existing systems caused by damage over years of conflict, wear from long-term functioning at high capacity, limited or no maintenance, continuous drain of technical staff, weak system management and poor natural resource management. This is exacerbated by the cascade effect of climate change, economic downturn and imposed coercive measures, putting 13.55 million people in need of WASH assistance, a 2.6 per cent increase over 2022. Almost half a million more people are in acute need and 10 per cent more subdistricts are now in severe need compared with 2021, a further downturn for an already vulnerable population. The 2022 outbreak of

cholera in Syria, the first Syria has seen in decades, is a direct result of the deteriorating water situation.

Lack of or an inadequate quantity of safe water is leading people to revert to unsafe water sources, threatening lives, and resulting in up to 52 per cent<sup>174</sup> of the population relying on often unsafe alternative water supply modalities other than piped water to meet or complement their needs. The lack of power supply remains one of the main barriers that affects the functionality of water systems and the distribution of water to households. Prolonged drought and the extremely low water level of the Euphrates River has led to a second consecutive year of water crisis.<sup>175</sup> This has an onward impact on both water quantity and quality,<sup>176</sup> and overexploitation of the limited aquifers.



Major water systems being torn between different areas of control undermine equitable water access for hundreds of thousands of people. In the middle of an AWD/cholera outbreak, Alouk and Ein Al Beyda water stations, designed to serve more than 600,000 people, including IDPs, in Al-Hasakeh and Al Bab areas, have often been non-operational. The lack of international treaties on water use in transboundary river basins and aquifers, and discrepancies in international water law, also affect the availability of water from the Euphrates River.

Economic conditions remain a challenge for vulnerable communities and households to access safe and equitable WASH services and hygiene items, notably for those who must purchase services like water from private water trucking vendors.<sup>177</sup> Significant numbers of Syrian families continue to reside in overcrowded displacement sites,<sup>178</sup> especially in northern Syria, with deteriorating access to WASH services.

Critically bad sanitation conditions, poor hygiene practices and a deterioration in water quality have a direct impact on increasing public health risks, including the new rise of AWD/cholera, malnutrition and COVID-19, which have an additional impact on the livelihood and protection of households. At least 70 per cent of sewage is discharged untreated and at least half of the sewerage systems are not functional, with implications for both public and environmental health. Deterioration is also observed at the household level where 17 per cent<sup>179</sup> of families reported challenges related to wastewater disposal (16 per cent in mid-2021<sup>180</sup> and 12 per cent in mid-2020<sup>181</sup>). Governorates with a lower sewer connection rate (Ar-Raqqa, Deir-ez-Zor, Al-Hasakeh, Aleppo) are currently the most affected by the cholera/ AWD outbreak, reporting 96 per cent of all suspected cases up to 22nd October 2022. Observations on handwashing practices indicate that 16 per cent of households (32 per cent in IDP sites) did not have soap and/or water at the handwashing facility or did not have handwashing stations at all (vis-a-vis 13 per cent and 23 per cent for IDPs in 2021), and 59<sup>182</sup> per cent of households were not able to access some of the needed hygiene items. A general deterioration in water quality has been registered with 21 per cent<sup>183</sup> of households not drinking chlorinated water. Only 61 per cent<sup>184</sup> of water from water trucking was chlorinated compared to 81 per cent<sup>185</sup> last year, and only 86 per

cent of water from water networks compared to 90 per cent<sup>186</sup> last year.

### **Needs, severity and linkage with other sectors**

The dysfunctionality of water and sanitation systems is closely linked to widespread electricity shortages, among other factors. This requires further collaboration with the ERL sector and stabilization actors to develop more durable, alternative solutions, including system management improvement. Centralized distribution systems are the most equitable, accessible and safer way to provide water to the maximum number of people. Similar to public sanitation systems, despite the initial higher cost of investment in WASH systems, it is more economically beneficial over the mid-term and is crucial for mitigating public health risks, preventing protection incidents, and enhancing equity of service access and poverty reduction. In water-scarce areas where competition over the use of limited water resources is observed, collaboration with FSL on water resource management is key. With over two million people living in IDP sites already, the WASH sector must closely work with CCCM, SNFI and other sectors on ensuring basic services delivery, and invest in WASH infrastructure to minimize the cost of operations and GBV and public health risks. Further collaboration with SNFI sector and Cash Working Group will be useful to address the unaffordability of some key hygiene supplies due to the economic downturn. With the ongoing AWD/cholera outbreak, the COVID-19 pandemic, and higher malnutrition rates affecting especially children and PLW, appropriate WASH and IPC are critical in health care facilities (HCF), outbreak treatment centres and nutrition clinics, alongside general hygiene promotion.<sup>187</sup> WASH needs in schools are growing – 56 per cent<sup>188</sup> of students complained to their parents about WASH-related issues - with poor hygiene conditions affecting overall enrolment, especially the attendance of girls.

### **Population groups most affected**

Women and girls,<sup>189</sup> people living with disabilities,<sup>190</sup> elderly, widows,<sup>191</sup> single mothers, female-headed households and people living in areas of difficult access face more constraints and protection risks in

accessing WASH services. Lack of WASH facilities increases the risk of school-age children to be out of the safer school environment, while high diarrhoea morbidity is a risk for malnourished children and PLW. People living in areas affected by the AWD/cholera outbreak lack appropriate WASH conditions to contain the spread of the disease. IDPs living in last resort sites are fully dependent on humanitarian assistance and those in informal sites often experience worse WASH conditions, making them particularly vulnerable. Newly displaced populations require an emergency WASH response. All population groups in both urban and rural communities may be affected by limitations in the functionality and efficiency of WASH infrastructure and services, especially in overburdened communities hosting a high ratio of IDPs and returnees or facing water scarcity. The living conditions of Palestine refugees are also of concern in terms of access to WASH services.

Access to sufficient and affordable safe water, adequate sanitation, solid waste management and/or hygiene supplies will remain a challenge for more than two million people seeking shelter in IDP sites. They are highly dependent on continued humanitarian assistance, with 95 per cent of interviewed residents of IDP sites having received some kind of WASH humanitarian assistance. Water trucking services are the only source of water for 73 per cent of IDP site residents and only 39 per cent of households are connected to (simplified) sewer networks. This indicates a continued need for medium-term investment in IDP site infrastructure to provide more sustainable, affordable, and safer ways to supply water and dispose of wastewater. Despite the sector assistance, 43 per cent of IDPs in sites could not access one or multiple hygiene items and 32 per cent faced barriers to effective handwashing. Also, 17 per cent of households reported issues with toilet functionality or wastewater disposal. Disruptions and the poor quality of services in IDP sites have direct negative physical and mental well-being and protection consequences, notably on women and girls, and can increase the spread of waterborne disease. Cholera was reported in 65 suspected cases in 10 IDP sites up to 15 October 2022. Based on H NAP, most people with disabilities still face barriers to access WASH facilities because water points are either too far or the space is not adapted to needs, such as slippery ramps or lack of handrails, access for wheelchairs or easy-

to-use washing. Some 57 per cent of households with a person with disability reported a serious obstacle to accessing safe water.

## Projection of needs

WASH needs in affected populations will continue to be high across 2023, with a slight increase of PIN and a large proportion of people in acute need due to a deterioration in the situation as follows:

- Public health crisis, with high prevalence of waterborne and vector-borne diseases (leishmaniosis, cholera/AWD outbreak, COVID-19 pandemic) and high malnutrition rates.
- Escalation of cholera cases, especially during the rainy season due to sewage systems in disrepair and poor sanitation conditions in camps.
- Risk of new displacements in the event of military operations in northern Syria and possible forced returns or other movements to northern Syria due to the political situation.
- Increased pressure on existing WASH systems in communities with high numbers of IDPs and/or returnees, plus demographic growth with the need for additional facilities.
- Worsening economic conditions due to fluctuations in the Syrian pound, the impact of drought on livelihoods and the economic effect of the Ukraine crisis. These factors are detrimental to households meeting their needs, and on authorities to operate and maintain WASH systems.
- Programming implications for the potential non-renewal of the UN Cross-Border Resolution after January 2023, which would have a significant impact on WASH severity needs in north-west Syria.
- Unilateral coercive measures that hamper access to water treatment chemicals, spare parts, and consumables, mechanical and electrical equipment, and payment of contractors.
- Worsening landscape for WASH sector funding with major upcoming gaps and need for longer term flexible funds.
- Negative meteorological projection that may prolong the water crisis.<sup>192</sup>
- No long-term solution is expected in the near term for Alouk and Al-Bab despite ongoing negotiations.
- Dependency on transboundary/ "shared" waters and

transboundary aquifer systems, coupled with the lack of a binding agreement by riparian countries.

- Current power supply crisis.
- Water quality concerns (Euphrates River) due to uncontrolled discharge of untreated sewage into water bodies and an increased turbidity

concentration of pollutants linked to the low level of the Euphrates.

- Sanitation crisis with significant impact on public health and no funding for robust intervention.
- RCCE and hygiene promotion needs to be strengthened.

## Projected needs

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
June 2023	<b>13.6M</b>	-	0.6m	4.1m	8.8m	0.12m	Evolution of water, energy and economic crises. Potential non-renewal of UNSC Resolution. Unilateral coercive measures. New displacements. Population living in IDPs sites. Public health crisis (Covid-19, AWD/cholera, leishmaniosis). High malnutrition rates. Insufficient funding of the WASH sector. Adverse meteorological conditions. Alouk and Al Bab water stations fail to operate.	IDPs. Persons living in areas with limited functionality and efficiency of WASH infrastructure and services. Persons living in areas of restricted access. Most financially vulnerable HHs. School-aged children. Women and girls. People living with disabilities. Elderly. Female headed HHs. People living in areas of difficult access. People in areas affected by AWD/cholera outbreak. Malnourished children under five and PLW.
December 2023	<b>14M</b>	-	0.6m	4.2m	9.1m	0.14m		

## Monitoring

The WASH sector will continue to implement the WASH sector assessment at household level twice

a year (winter and summer round) in 2023. The results will permit follow-up of the needs indicators in the table below.

#	INDICATORS	SECTORS	SOURCE & FREQUENCY
1	Safety of Household Potable Water (HH FRC test result)	WASH	WoS WASH Sector Assessment/Bi-Annual
2	Access to a sufficient quantity of water and related coping strategies	WASH	WoS WASH Sector Assessment/Bi-Annual
3	Availability and affordability of hygiene items	WASH	WoS WASH Sector Assessment/Bi-Annual
4	Household solid waste disposal	WASH	WoS WASH Sector Assessment/Bi-Annual
5	Household issues with sanitation (number of problems reported) and overcrowding of toilets	WASH	WoS WASH Sector Assessment/Bi-Annual
6	Water and sanitation services affordability. (Percentage of household income spent on water and sanitation/septic tank desludging)	WASH	WoS WASH Sector Assessment/Bi-Annual
7	Household access to adequate handwashing facilities	WASH	WoS WASH Sector Assessment/Bi-Annual
8	Reliance on humanitarian WASH assistance	WASH	WoS WASH Sector Assessment/Bi-Annual
9	Waterborne disease proportionate morbidity	Health, WASH	Health assessment / Bi-Annual



## Part 4:

# Annexes

---

### ALEPPO / SYRIA

Syria Relief





## 4.1

# Data Sources

In order to inform analysis related to the first three pillars of the Joint Intersectoral Analysis Framework (JIAF), OCHA and Whole of Syria (WoS) Sectors carried out extensive secondary data review, drawing from several reports, assessments, analysis and situation updates which have been produced and compiled by partners throughout the year. For humanitarian profile-related data, sectors relied on the following sources:

- for IDP figures: UN IDP Task Force;
- for IDPs in camps/sites: CCCM Sector, SSWG, SNFI Sector
- for returnees: UN IDP Task Force

For sex and age disaggregated information, partners relied on the UN Population Task Force data; and for disability data, on UN Population Task Force and HNAP.

Pillar IV of the intersector analysis framework – Humanitarian Conditions – is built around the 2022 MSNA and other complementary sectoral assessments. For the MSNA, 34,065 households were interviewed across the country between July and August 2022. The MSNA sample size ensures data representation at sub-district level for all population groups with a 95 per cent confidence interval and a ten per cent margin of error. Forty-five per cent of all respondents were female respondents. Out of the 19 indicators in the inter-sector severity model, 14 rely on the MSNA household assessment. In complementarity with the MSNA, key-informant interviews were conducted for protection (15,289 KI interviews in 6,336 locations, covering 4,699 populated communities), to capture information that can best be collected and analyzed at the community-level.

Two other large-scale household-level assessments were carried out in 2022 to inform this HNO. The WASH sector implemented two comprehensive country-wide household-level assessments. In total, 46,213 face-to-face interviews were conducted in February and

May/June 2022 with randomly selected households in 269 sub-districts. For the first time a joint Food, Nutrition Security and Livelihood Assessment (FNSLA) was conducted in October 2022, in addition to the usual Food Security Assessment (FSA). These are two household-level assessments, conducted with 34,000 households (20,000 households for the FSA and 14,000 households for the FNSLA). FSA-FNSLA data is from household visits through representative random samples, and the data is representative at the sub-district level.

Between September and October 2021, HNAP conducted a nationwide socioeconomic household survey across all 14 governorates in Syria, surveying IDP households. The survey collected data on key demographic and socioeconomic indicators, which is representative at the country, governorate and sub-district level - also according to central and southern Syria (CSS), northern Syria, north-west Syria and north-east Syria. The sample was stratified at the sub-district level, with a total sample size allocated unequally, targeting at most a ten per cent margin of error in each sub-district. The total sample size of 17,822 households, was distributed proportionally among the 2,693 locations in 231 sub-districts where IDPs are reported. This survey was used to complement the MSNA results to analyse the specific needs of different population groups at a more granular administrative level.

Other data sources include regular surveillance, situation monitoring and survey data, such as the HeRAMS and the SMART surveys, as well as routine field reports, site/project-specific assessments. Detailed sources for both intersector as well as sectoral analysis are provided in the following section.

## 4.2

## Overview of Planned Assessments in 2022

SECTOR	ASSESSMENT NAME	ASSESSMENT METHODOLOGY (HH, KI, SURVEY)	GEOGRAPHIC COVERAGE	PARTNERS INVOLVED	TIMING
CCCM	ISIMM	KI	NWS and NES		Monthly
	ISIMM Plus	KI	NWS and NES		Quarterly/ Biannual
	4Ws	Partner reports	NWS and NES		Monthly
	Incident reports	Hybrid (Observation/KI)	NWS		Ad-hoc/ Quarterly
	Displacement tracker	KI	NWS		Monthly
	SSWG Sites List	Partner reports	NES	REACH	Weekly
	REACH Light profiling	KI	NES (informal settlements + Collective centres)	REACH	Quarterly
	REACH Full Profiling	Household	NES (Camps)	Camp management	Quarterly
	New arrivals questionnaire	Household	NES (Camps)	Operational partners	Ad-hoc
	Intention's survey	Household/KI	NES (informal settlements + collective centres)	Operational partners	Ad-hoc
EARLY RECOVERY	Needs assessment in Rukban second destination	Household	Holaya and Milaja - Khrijet Sleibi (Malaha) in Farqalas sub-district – Homs Governorate	FSA, Health, Nutrition, Education, Protection, Child Protection, GBV, NFIs, ERL, Shelter sub-sectors, SARC, and OCHA	Continuous
	Needs assessment in North-west Hama	KI	Madiq Castle, Tweini and Alshareeah villages – Hama Governorate	OCHA, UNDSS, health, WASH, shelter, protection, NFIs, food and agriculture and ERL sub-national sectors.	Continuous
	Needs assessment in North-west Hama	KI	Jalma and Jbine villages – Hama Governorate	OCHA, UNDSS, health, child protection, shelter, protection, NFIs, food and agriculture sub-national sectors.	Continuous
	Needs assessment in Western rural Aleppo	KI and household	Kafr Naha, Big Orm, Kafr Dael, Andan, and Haritan – Aleppo Governorate	FSA, Education, WASH, NFIs, Nutrition, Shelter, Health, Protection, and CP subnational sectors with INGOs forum representative and OCHA	Continuous
	Needs assessment in Zarbah subdistrict	KI and household	Zarbah subdistrict – Aleppo Governorate	FSA, ERL, Education, GBV, WASH, Nutrition, NFIs, Shelter, Health, Protection, CP, INGOs representative and OCHA	Continuous
	Needs assessment in Ash-Sheikh Maqsoud and Handarat	KI and household	Ash-Sheikh Maqsoud and Handarat – Aleppo Governorate	FSA, ERL, GBV, Nutrition, NFIs, Shelter, Health, Protection, CP, EDUCATION, INGOs representative and OCHA	Continuous
	Needs assessment in Southern part of Tall Refaat enclave	KI and household	Fafin, Tal Sheer Simaan, Telqraq and Maratet Elmosalamiyeh (Ahdath area) – Aleppo Governorate	Shelter, Nutrition, GBV, Education, Protection, Health, NFIs, FSA, CP and ERL, WASH subnational sectors in addition to INGOs representative.	Continuous

	Needs assessment in Haritan and Western rural Aleppo	KI and household	Kafr Naha, Big Orm, Kafr Dael, Andan, and Haritan – Aleppo Governorate	FSA, Education, WASH, NFIs, Nutrition, Shelter, Health, Protection, and CP subnational sectors with INGOs forum representative and OCHA	Continuous
	Needs assessment in Southern rural Aleppo	KI and household	Banan, Hajeb and Ziraa – Aleppo Governorate	OCHA, Protection, WASH, NFIs, Health, Shelter, FSA, GBV, ERL, CP and Nutrition subnational sectors with INGOs forum representative	Continuous
	Needs assessment in Hanano ab Dahret Awad Souq Aleppo City	KI	Hanano ab Dahret Awad Souq - Aleppo Governorate	UNHCR – ERL sector	Ad-hoc
	Needs assessment in Maskana	KI and household	Maskana, Onaiza, Wadihah Al-Jadidah, Khan Elshaar and Kherbet Salib – Aleppo Governorate	OCHA, ERL, CP, GBV, Health, Nutrition, FSA, WASH, Education, NFIs, Shelter and Protection subnational sectors in addition to INGOs forum representative.	Continuous
	Needs assessment in Tall Refaat town and its surrounding	KI and household	Tall Refaat, Sheikh Issa, Deir Jmal and Abin, Efrin – Aleppo Governorate	OCHA and ERL, Health, GBV, WASH, CP, Shelter, Protection, NFI, Nutrition, FSA and Education subnational sectors	Continuous
	Needs assessment in Durin Alkoun in Latakia	KI	Durin Alkoun – Latakia Governorate	UNHCR - UNDP	Continuous
	Needs assessment in Watan al khan, Mrej, Salma in Latakia	KI	Watan al khan, Mrej, Salma – Latakia Governorate	UNHCR - UNDP	Continuous
	Fires report	KI	Al Hara, Ganieh , wata al rwaisa, wadi al Akhadar – Tartous Governorate	ERL Sector	Ad-hoc
	Needs assessment in Hajar Aswad City	KI	Hajar Aswad City - Rural Damascus Governorate	WASH, Nutrition, ER&L, Protection, Shelter/NFIs, Health, FSA, GBV/ (OCHA, UNICFE, WFP, UNHCR, UNDP, UNHABITAT, WHO, UNFPA + representative from DINGO; PUI team.)	Continuous
	Needs assessment in Rukban second destination	Household	Holaya and Milaja - Khrijet Sleibi (Malaha) in Farqalas sub-district – Homs Governorate	FSA, Health, Nutrition, Education, Protection, Child Protection, GBV, NFIs, ERL, Shelter sub-sectors, SARC, and OCHA	Continuous
EDUCATION	Livelihoods situation analysis in NWS	Household	Idlib, Aleppo	HNAP/UNDP/ERL	Annual
	Joint Education Needs Assessment (2021-2022)	Survey	NWS	ACU, Cluster	Annual
FOOD SECURITY	Crop Production Assessment (CPA) CPA 2022 FAO is currently finalizing a limited Crop and Food Security Assessment which will be disseminated once cleared by FAO and relevant authorities.	The evaluation relied on collecting data about the agricultural season and influencing factors (climatic conditions, availability and access to production inputs, agricultural production of the main crops) from the concerned government agencies, KIs, 2-3 discussion groups with the local community in each governorate, in addition to a household survey in order to assess agricultural production at household level	Country-wide	FAO	End of November 2022

	FSA/FSLA 2022 Upon completion of FSA/FSLA, the outcome of assessments of the key 9 FSA indicators will provide findings on the short-term impact for the last quarter of 2022 year on household and farmers' food security scale, with a tentative timeline of November 2022 for the primary findings.	Household	Country-wide	Whole of Syria FSS Cluster, WFP	Mid-January 2022
	Price Monitoring	Trader Survey	Whole of Syria	WFP	Monthly
	Outcome Monitoring Initiative specific objective 1	Household	NWS and NES	FSS Sector and partners	Annually
	Crop Monitoring and Food Security Report	KII, Survey	NES	iMMAP	Biannually
	Wheat to Bread Facility Mapping	KII, Survey, Mapping	NWS and NES	iMMAP	Three time a year
	Commercial Animal Feed Manufacturing Facility Mapping	KII, Survey	NWS and NES	iMMAP	Annually
	Labour Market Assessment	KII, Survey, Mapping	NES	iMMAP	Annually
	Irrigation Infrastructure Mapping	KII, Mapping	NES	iMMAP	Annually
	Humanitarian Situation Overview in Syria (HSOS)	KII	NES	REACH	Monthly
	HSOS household assessment in cities	Household	Al-Hasakeh and Ar-Raqqa cities	REACH	Quarterly
	Water Access and Management Mapping ABAs	KII, FGD, Mapping	NWS and NES (funding pending)	REACH	Q4 2022
	Area-Based Labour Market Assessment	KII	NWS (funding pending)	REACH	Q4 2022
	Value chain studies	KII, survey, and mapping	NWS	iMMAP	Annually
	Impact assessment study (feasibility study)	KII, survey, and mapping	NWS	iMMAP	Annually (one report)
	Seed price tracker	Collect the main prices of main inputs such as wheat and barley seeds, fertilizers, fuel through surveys and partners' focal points	NWS	FSL partner focal points in each sub-district	Monthly
	FAO Agriculture Input and Commodity Bulletin	Assesses agriculture input availability and access on a monthly basis.	Within Syria	FAO	Monthly
	FAO Agriculture and Food Security Monitoring System (AFSMS)	Regularly monitors the agricultural situation, particularly crops, livestock, pasture condition, water supply and other indicators.	Within Syria	FAO	Bi-monthly
HEALTH	HeRAMS	Health facility assessment tool	Country-wide	Health sector partners including UN and NGOs, Ministry of Health, Ministry of Higher Education, private hospitals, SARC,	Quarterly
	Impact of COVID on health system and its users	Survey	Within Syria	MoH	1st and 3rd quarters

	Assessment of quality health services (including mental health) provided through health facilities from beneficiaries view	Representative sample of beneficiaries from sample of public PHCs	Within Syria	MoH	2nd half
	Effectiveness consultation services provided through family wellbeing centres	Survey	Within Syria	NGOs	2nd half
	A set of desk reviews on: Universal health care in private sectorPrimary health care Gender equity	Desk Review	Within Syria	MOH, private sector, Syrian Commission for Family Affairs and Population	Evolving throughout the year
	A set of desk reviews on: Universal health care in private sector Primary health care Gender equity	Desk Review	Within Syria	MOH, private sector, Syrian Commission for Family Affairs and Population	Evolving throughout the year
	Comprehensive KAP survey (assessment of COVID-19 knowledge, attitudes and practices impacted by RCCE activities), inclusive of COVID-19 vaccine topics	KII and survey	Country-wide	RCCE, vaccination TWG and NGOs	1st half
	MHPSS Service mapping assessment	Facility Assessment	Idleb, North Aleppo Governorates	MHPSS WG/ NGOs	Quarterly
	Human Resources for health To better understand the availability of HR, Capacities, and their training needs	Analyses of available data within NWS data platforms Primary data collection via survey	NWS	WHO, HC, and partners (NGOs), HR TWGs (Joint assessment)	1st half
	Critical care services mapping and needs assessment	Facility assessment	Idleb and north Aleppo Governorates (NWS)	WHO and critical technical working group	1st half
	Infection prevention and control (IPC) health facility assessment	Facility assessment	Idleb and north Aleppo Governorates (NWS)	WHO, HWG and IPC technical working group	1st half
	COVID-19 case management services mapping and needs assessment for COVID-19 facilities	Facility assessment	Idleb and north Aleppo Governorates	WHO and COVID-19 case management technical working group	Quarterly
NUTRITION	SMART Survey	Survey	NWS	UNICEF, PAC and Nutrition Sector	June-July 2022
	SMART Survey	Survey	NES	Relief International, ACF Canada, IMMAP and Whole of Syria Nutrition Cluster	June-July 2022
	Food Security, Nutrition and Livelihood Survey	Survey	Country-wide	UNICEF, WFP, NES Forum, NWS, HCT, WoS Nutrition and Food security cluster partners,	August-November 2022
PROTECTION	MSNA	Household	Country-wide	OCHA/REACH	Annually
	KI protection assessment	KI	Country-wide	HNAP	Annually
	Voices of Syria	Focus group discussions	NWS and NES	GBV AoR	Annually
SNFI	MSNA	Household	Country-wide	REACH, HNAP	Annual
WASH	Early-2023 WASH HH Assessment (winter round)	Household	Country-wide	HNAP	January/February 2023
	id-2023 WASH HH Assessment (summer round)	Household	Country-wide	HNAP	June/July 2023
	WASH HH assessment in IDP Sites	Household	NWS and NES	WASH sector partners	November 2022



## 4.3

## Accountability to Affected People (AAP)/ Consultations with Communities

Key data informing the sectoral and intersectoral analysis was gathered directly from affected populations (MSNA, WASH, FSA-FNSLA household assessments). The MSNA included a broad section to capture community and beneficiary perceptions on their ability to meet basic needs, priority needs and perceived changes since the last round of data collection. The 2022 **WASH** sector assessments were based on data gathered through face-to-face interviews. Data collection included enumerators' observations on the conditions of household's WASH facilities in addition to drinking water sampling for free residual chlorine (FRC) testing at the end-user side. To strengthen accountability to affected population, the 2022 WASH assessment questionnaire included questions on satisfaction from received humanitarian assistance where applicable. Data collected showed that over 20 per cent of households received WASH humanitarian assistance (95 per cent in IDP sites) and 17 per cent of households were aware of humanitarian projects supporting community-level WASH infrastructure (54 per cent in IDP sites). Additionally, out of the 12 per cent who benefited from water supply, 58 per cent were fully satisfied with the services, and out of the ten per cent of households who received hygiene items, 50 per cent were satisfied with provided services. The WASH sector also closely collaborates with both the AAP and GBV relevant structures to provide partners with guidelines on beneficiary involvement in all steps of the project design including monitoring, complains mechanisms and issues linked to PSEA, and more.

The **Health** sector strengthens accountability towards affected people by developing tools to analyze feedback from beneficiaries and modify projects accordingly. The Health sector carries out behavioral assessments to understand target audiences, perceptions, concerns, influencers and preferred communication channels. Strengthening

local community organizations and increasing outreach and engagement with communities remain a core pillar of the Health sector's response strategy for 2023. The sector collects information using globally defined standards and regular information management products. Furthermore, the sector also utilizes information and data from agencies such as REACH and HNAP who regularly assess priority needs, unmet needs, knowledge, attitudes, and practices through direct interviews with beneficiaries. The Health sector also utilizes its assessments to guide partners in their implementation and address gaps in services. The annual MSNA offers a regular opportunity to assess beneficiary satisfaction with the delivery of health services. Established community information and feedback mechanisms including the common feedback mechanism and social media monitoring (Facebook and Twitter) are also used to monitor the implementation of AAP. Additionally, the Health sector continues to invest heavily in improved data collection at health facilities to enable improved monitoring of patient outcomes as well as to ensure health system planning is grounded in disease trends and health needs at the facility-level, as well as the community-level.

On behalf of the **Protection** sector, OCHA led the MSNA through a household-level assessment, in addition to a protection specific KI-level assessment. Both were done through direct in-person interviews throughout Syria, carried out by a select number of enumerators trained by the Protection sector and Protection AoRs. The sector also paid close attention to gender parity when selecting enumerators for the KI interviews and 70 per cent were conducted by female enumerators; with 15,829 KI interviews carried out in 6,336 locations (including camps and city neighborhoods) covering 4,699 communities in Syria. The assessment covered key protection issues, including frequency of occurrence of related concerns: general Protection

issues, coping mechanisms, movement restrictions, as well as key issues pertinent to GBV, Mine Action, and Child Protection AoRs. The sector used available data from the MSNA findings informed by 34,065 household interviews. Questions covered issues including civil documentation, housing, land and property issues, explosive ordnance, psychological distress, safety of women and girls, safety of children and family separation. Proxy indicators from other sectors' needs assessments were also used to better understand needs and plan the response. The Protection sector's cross-border and north-east Syria partners conducted focus group discussions with women, girls, boys, and men, including members of the following groups: adolescent girls and boys (aged 12-14 and 15-17), adult women and men (aged 18-64), older women (above 60), women and girls with disabilities and their caretakers, short and long-term IDPs, and host communities. The GBV AoR also conducted focus group discussions (FGD) with GBV experts working in the Syria humanitarian response to get in-depth analysis on prevalent GBV issues. Mine Action AoR has an established mechanism for victim assistance that uses a needs assessment form that is compiled directly by partners in the field, and subsequently analyzed to provide assistance. In addition to that, explosive ordnance risk education sessions are often complemented by pre- and post-tests to measure retention of messages from beneficiaries and collect feedback on usefulness of awareness content.

The **SNFI** sector collects data directly from affected populations in three keyways. First, through formal assessments which include the MSNA, HNAP as well as partner and site-level needs assessments. This data was analysed, shared with the respective response areas, sub-national working groups and sector partners to review and validate. In areas where the data did not match the situation on the ground, hubs/sub-national working groups/partners provided additional assessment data. Second, through post-distribution monitoring and FGDs with community members and leaders which are routinely conducted with beneficiaries by all partners and response areas, in order to assess the impact and reception of provided assistance. Partners adjust their services based on feedback from beneficiaries. Third, site visits, field reports and inter-agency assessment missions enable the sectors to receive inputs from beneficiaries which

are used to directly inform localized or site-specific responses.

For the **CCCM** sector in north-west Syria, data is collected, verified and analysed at camp-level through its ISIMM, ISIMM plus, 4Ws, incident reporting and displacement tracking tools. Information is directly provided by affected people and communities, helping to ensure the data reflects their experiences and needs. CCCM Site Monitoring Teams are deployed by partners to collect data and information, while the Cluster Coordination Team coordinates with other clusters and organisations to analyse and circulate information, which help feed into the broader humanitarian response. Site Monitoring Teams play a critical role in ensuring that the CCCM cluster has a coordinated understanding of the needs, services, and sector coverage in each IDP site and to ensure that gaps are covered in a timely manner. In north-east Syria, ISIMM and IM partner assessments are used to obtain data on camp populations and response gaps. Information management and operational partners are also the primary sources for data provision in north-east Syria for informal settlements and collective centres – providing essential information which feed into advocacy efforts and engagement with authorities.

Within the **ERL** sector assessments, community consultations were carried out while conducting multiple data collection exercises to assess population needs, including MSNA, ERL sector KI-interviews in GoS areas, and context specific household assessment in north-west Syria. The information utilized for the analysis is not limited to the data collected in the ERL questionnaire section, due to the multi-dimensional nature of the crises.

As for the **Education** sector, the sector asked households with school aged children the drivers of sending children to school, not sending children to school and their priorities and preferences for improving education services in their communities. The feedback indicates that education continues to be important and seen to improve economic opportunities for children. Economic duress, lack of available age appropriate facilities and children not wanting to go to school continue to prohibit caregivers sending their children to school. Key household priorities for improvement are improving the physical conditions of schools (54 per cent), improving the performance

of teachers (44 per cent) and off-setting the cost of education (38 per cent). The sector will advocate that these preferences are priorities in the sector's response and prioritized by donors.

The **FSA** sector prioritizes coordinated community engagement to ensure two-way communication and strengthening of accountability to affected populations systems. To inform the needs overview for 2022 presented herein, various sector partners conducted focus group discussions, assessments, analysis of complaints and response mechanism and post-distribution monitoring reports, including the quality and appropriateness of ongoing assistance or risks related to PSEA and GBV. The sector implemented the 2022 FSA/FSLA covering around just over 33,800 households across Syria, which provided important information on key needs and concerns. In identifying the needs, the sector continues to interact with affected populations to ensure an evidence-based humanitarian response for 2022 – 2023. Furthermore, adult women and men are specifically strained and impacted by food insecurity as they frequently engage in adverse coping mechanisms to ensure that their children have enough food to eat. Additionally Syria hosts a significant number of Palestine refugees, the majority of whom continue to be in need of humanitarian assistance. Key information was collected through WFP 2022 mVAM monitoring, FAO focus group discussions during the CFSAM 2021 and UNRWA's survey, and partners' ongoing assessments such as KI interviews. As WFP is the AAP task force co-chair, jointly with UNFPA, ongoing discussions on how to engage and benefit from the technical support that the task force provides. It is envisioned that the task force next year will train all the FSA partners on community engagement and accountability principles, to ensure that partners implement participation of the

affected communities and that they have safe and effective accountability mechanisms in place. The training chain is ongoing for 2022 year.

Finally, the **Nutrition** sector ensures inclusive consultation and engagement of the affected population in the needs analysis process. The sector adopts the utilization of a context analysis of local culture, customs and beliefs, considering the differing needs of women, men, girls and boys, and persons with disabilities. A coherent strategy on targeting, intervention design and selection of affected population for nutritional support has been adopted by the collective. The sector regularly collects information on the nutritional situation of affected children and mothers for analysis. The routine surveillance system and program data also show program coverage against targets and severity across nutrition services. This information will be used to improve program coverage and quality. The sector undertakes focus group discussions as a method of improving engagement among affected populations to obtain rich qualitative data directly from beneficiaries and nutrition staff. The sector plans to operate more effectively by developing joint inter-sector work plans with key sectors notably, WASH, FSL, Protection and Health. This will foster a more integrated response to the benefit of affected populations. Additionally, the Nutrition sector includes disability as one of the data disaggregation points to ensure inclusion during data collection to specifically strengthen the nutrition-disability link. To strengthen nutrition resilience, the sector will use lesson learnt in north-west Syria to harmonize a Whole of Syria approach on cash or voucher assistance to improve access to nutritious diets, services and practices among PLW and young children by alleviating poverty and inability to purchase food among vulnerable families.

## 4.4 Methodology

### 4.4.1 Intersectoral Analysis

The methodology underpinning the 2023 HNO continues to seek closer alignment with the global JIAF methodology; in line with the methodology used to inform the 2022 HNO. The intersector severity estimation in the 2023 HNO is mainly based on humanitarian conditions indicators under pillar four with a few impact indicators under pillar three. The 2023 HNO references these same sources and indicators in pillars 1-3 of the analysis framework and focuses on specific needs indicators to determine the severity of humanitarian conditions under pillar four. Moreover, this year the analysis framework attempted to include as many household-level indicators as possible, in order to allow for data scenario A, where one household level dataset is utilized. In line with 2022 methodology, the 2023 people in need estimations rely on global guidance and includes only severities three, four and five.

The intersector severity model was agreed through a consultative process involving all sectors, areas of implementation, and technical assessment partners such as REACH and HNAP focusing on indicators which

- speak to the three humanitarian conditions, i.e., living standards, coping, and well-being
- lend themselves to intersectoral analysis, while capturing key severity trends at sector level
- most adequately capture needs driven by various factors in Syria, including inadequate protection, lack of access to services and, increasingly important, income insufficiency and unaffordability are based on robust, up-to-date assessments

The indicators included in the 2023 Syria intersector severity framework remained the same as the ones used for 2022 and incorporated only few adjustments

in thresholds where needed. The MSNA household indicators were complemented from household and area-based indicators with sectoral assessments as well as two impact indicators:

- percentage of IDPs and returnees vis-à-vis host population and
- percentage of IDPs living in substandard shelter vis-à-vis total number of IDPs – both of which were selected to adequately reflect the impact of displacement on both IDPs and host populations.

Severity thresholds were set based on global JIAF guidance and adjusted in case these thresholds would not allow for a nuanced analysis in the Syria context. Several indicators in the intersector severity model are perception indicators, hence allowing for integration of the priorities and needs as identified by affected populations themselves.

Last but not least the severity scores at sub-district level were reviewed and verified by inter-sector teams at field level to ensure that model-derived severity ratings for different geographic areas were contextualized, including by considering (recent) contextual developments which the severity model in itself would not have picked up on. This review resulted in the adjustment of a limited number of severity scores and number of people in need at sub-district level.

4.4.2 Syria 2023 InterSector Severity Model

INDICATOR	PILLAR				SEVERITY SCALE / THRESHOLDS				% OF HOUSEHOLDS BY SEVERITY CLASS
INDICATOR NAME/LABEL	JIAF PILLAR	SUB PILLAR	LEVEL	DATA SOURCE	(1) NONE/MINIMAL	(2) STRESS	(3) SEVERE	(4) EXTREME	(5) CATASTROPHIC
Prevalence of anemia Hb <11g/dl in pregnant lactating women	Humanitarian conditions	Physical and Mental Wellbeing	Area	SMART 2022 (NES,NWS) and FNSLA (GOS)	<5%	5-19.9%	20-39.9%	≥40%	-
HH's perceived ability to meet basic needs	Humanitarian conditions	Living Standards	HH	MSNA	Easily able to meet needs	Adequate	Insufficient	-	Completely unable
Income MEB gap and coping mechanisms	Humanitarian conditions	Living Standards	HH	MSNA	HH Income – MEB Cost >= 400,000	HH Income – MEB Cost >= 200,000	HH Income – MEB Cost >= 0	HH Income – MEB Cost < 0 And The resources to cover this difference are the rest of less crucial resources e.g., savings"	HH Income – MEB Cost < 0 And The resources to cover this difference are: "Borrowing" , "Selling furniture, jewelry, equipment, land etc." , "Selling productive assets (sewing machine, vehicles, livestock)"
% of HH with no or diminished access to NFI markets	Humanitarian conditions	Living Standards	Area	MSNA	Sum of unavailable and unaffordable NFIs <=2	Sum of unavailable and unaffordable NFIs = 3	Sum of unavailable and unaffordable NFIs 4-5	Sum of unavailable and unaffordable NFIs 6-7	Sum of unavailable and unaffordable NFIs >7
Reduced Coping Strategies Index	Humanitarian conditions	Coping Mechanisms	HH	MSNA	0 to 2	3 to 6	7 to 11	12 to 19	> 19
% of HH groups reporting signs of psychological distress	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	1: No household groups reported signs of psychological distress	Less than 50%, but more than 0%, of household groups reported signs of psychological distress	50% of household groups reported signs of psychological distress	More than 50%, but less than 100% of household groups reported signs of psychological distress	100% of household groups reported signs of psychological distress
% of people in communities where explosive hazards have been identified	Humanitarian conditions	Physical and Mental Wellbeing	Area	KI	0-20%	21-40%	41-60%	61-80%	>80%
% of people in communities reporting child labor	Humanitarian conditions	Physical and Mental Wellbeing	Area	KI	0%-20%	21%-50%	51%-75%	75%-96%	>96%
% of children attending school	Humanitarian conditions	Living Standards	Area	MSNA	Above or equal 92%	Above 81% - 91%	61% - 80%	40% - 60%	Below 39%
% of HHs whose dwelling enclosure provides adequate safety to the occupants, protection from exposure, and low risk of failure in predictable hazards	Humanitarian conditions	Living Standards	HH	MSNA	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 1 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 2 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 3 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 4 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 5 (if only one severity available, no division).
Chronic nutrition status among under-five children (Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months)	Humanitarian conditions	Physical and Mental Wellbeing	Area	SMART 2022 (NES,NWS) and FNSLA (GOS)	<10%	10-19.9%	20-29.9%	≥30%	-
% of IDPs and returnees vis-à-vis host population	Humanitarian conditions	Living Standards	Area	"Population Task Force"	≥0%, 12.5<	≥12.5%, 25<	≥25%, 37.5<	≥37.5%, 50<	≥ 50%
% of households that reported women and girls in the household feel unsafe in certain areas in the location	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	Women and girls from the HH do not feel unsafe in any areas	Women and girls from the HH consider 1 area unsafe	Women and girls from the HH consider 2 areas unsafe	Women and girls from the HH consider 3 areas unsafe	Women and girls from the HH consider 4 or more areas unsafe
Household handwashing facilities	Humanitarian conditions	Living Standards	HH	MSNA	Both soap and water are available		Soap only observed	No hand washing facility observed OR No water and soap observed OR Water only observed	-
% of IDPs living in substandard (camps, tents, informal settlements) vis-à-vis total number of IDPs	Humanitarian conditions	Living Standards	Area	SNFI/CCCM	≥0%, 10<	≥10%, 20<	≥20%, 30<	≥30%, 50<	≥ 50%
% of HHs having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	Enough water for drinking, cooking, personal hygiene and other domestic purposes	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes	Enough water for drinking AND EITHER cooking OR personal hygiene	Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p	Not enough water for drinking OR Less than 3 l/d/p
% of HH members without valid civil documentation	Humanitarian conditions	Living Standards	HH	MSNA	All Household members have all valid GoS issued documentation including ID card, family booklet, birth certificate, tabou, marriage certificate, divorce record, death certificate, disability card, passport	All household members have most valid GoS issued documentation but some are missing up to two forms of needed documentation	Household members are missing three forms of needed GoS issued documentation OR Syrian ID + 1 forms of documentation	Household members are missing 4 forms of needed GoS issued documentation OR Syrian ID + 2 forms of documentation OR family booklet and 2 forms of documentation OR birth certificate and 2 forms of documentation	Household members are missing 5 or more forms of needed GoS issued documentation OR Syrian ID AND family booklet AND 2 forms of documentation OR Syrian ID AND birth certificate AND 2 forms of documentation
Household Hunger Scale (HHS)	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	0 (none)	1 (slight)	2 or 3 (moderate)	4 (severe)	5 or 6 (severe)
Percentage of population that can access primary healthcare within one hour's walk from dwellings using normal mode of transportation	Humanitarian conditions	Living Standards	Area	MSNA	≥90% of population is within 1 hour of health facility	75-89% of population is within 1 hour of health facility	55-74% of population is within 1 hour of health facility	30-54% of population is within 1 hour of health facility	<30% of population is within 1 hour of health facility



### 4.4.3 Analysis at sector level

Sectors have more closely followed the JIAF approach for their sectoral analysis, drawing on the MSNA and additional sectoral household level assessments, key informant interviews, as well as regular surveys. The data sources for the indicators used to establish sectoral severity and PiN are indicated below.

Sectors have engaged extensively with Global Clusters to right-size and contextualize global JIAF indicators and thresholds to the Syria crisis. Some sector PiN methodologies deviate from JIAF, in that a certain proportion of the population in severity one and two are also counted towards PiN.

#### Analysis at Sector Level

SECTOR	METHODOLOGY	INDICATORS	SOURCES
FSA	The FSA uses the CARI methodology to determine food insecure prevalence and PiN, which is derived from a WoS Assessment at household-level with results representative at sub-district level. Subsequently for determination of severity the CARI results are combined with eight more indicators each with their own weights. The average severity score is the summed score of all the indicators in the sub-district divided by the number of indicators used in the sub-district.	The CARI food insecurity indicator forms one of the nine (9) indicators in the HNO severity score. The other indicators used in the severity score include the percentage of IDPs and returnees as ratio to the resident population; humanitarian access (which looks at the number of times a sub-district has been reached with food assistance in the last 12 months); intensity of hostilities; WFP standard reference food basket trend over time; COVID-19 infection and death rates; Agro-Climatic (source: FAO); Agriculture production; and agriculture inputs/shocks.	FSA/FSL, UNHCR, Protection, Cluster WOS, WFP, FAO, Health, Cluster, WOS, FSS, 5Ws, OCHA
Education	This summary relies on the data received from different sources, enrollment data from EMIS/ACU, the MSNA, the HNAP/WoS-education school survey and the HNAP-WoS-WASH household survey and population data from OCHA. The approach is framed by the JIAF. The sector's analysis follows key principles of the intersectoral analysis to facilitate comparison of results, including considering the same population groups and geographical units of analysis, and using the same five-point severity scale with people in need falling under severity categories three, four and five. The methodology enables the calculation of PiN within each severity class. Following the approach of the intersectoral analysis, the total PiN is the total number of people falling within severity levels three to five. An area-level severity score is then calculated based on the proportion of the severity of people in need in each area.	% school-aged children attending school Proportion of children out of school Pupil to teacher ratio	MSNA/ Annual, Annual, EMIS/ ACU, Sector Survey, EMIS/ ACU/annual
Protection	The overall PiN calculation methodology for the Protection sector is severity-based and takes a % of the population at SD-level as PiN depending on the severity ranking of the SD. Percentages of population taken as PiN are 20% (severity 1), 30% (severity 2), 50% (severity 3), 80% (severity 4), 100% (severity 5). Child Protection AoR applies taking 50% from the overarching Protection Severity Scale and 50% from the additional CP indicators (family separation and safety of children). GBV AoR uses four indicators to determine severity scores by SD including data on child marriage, women and girls feeling unsafe, psychological distress and shelter adequacy issues. The GBV AoR aligns with the aforementioned percentages by severity ranking but applies another set of percentages by population group. 100% of girls and women, 5% of men, and 10% of boys living in the SD. The Mine Action AoR aligns to protection sector for severity scoring, however the AoR has its own methodology to calculate people in need by looking at the total number of populations living in communities reporting some form of explosive contamination.	7 indicators reflecting different AoRs, combining HH level and area level indicators, to calculate (combined) Protection, Child Protection and Mine Action severity. % of HHs without valid civil documentation (HH data, HH level indicator) % of HH that mentions that women and girls feel unsafe in certain areas (HH data, HH level indicator) % of population in communities reporting child labour and/or child marriage as occurring (KI data, area level indicator) % of population in communities reporting explosive hazard contamination (KI data, area-level indicator) % of HHs where at least one family member was reported to show signs of distress (HH data, area level indicator) combined Hostilities Indicator: Past six months': 'since Jan 2015' (OCHA thresholds and weighted 1:4) % of individuals aged twelve years and older with at least one type of disability, according to the Washington Group short set of questions"	May 2022 population data from Population Task Force, OCHA, 2022 HH MSNA and 2022 KI PNA data.

CCCM	<p>PiN is determined by the number of people hosted in IDP sites. Noting that the majority of IDP sites are self-settled, and lack proper site planning, infrastructure and camp management systems thus can be considered vulnerable and in need of support. To calculate the PiN in June 2022 and November 2022 for NES, it has been assumed that potential changes in areas of influence may occur, therefore causing mass displacements.</p>	<p>% of population in sites</p> <p>% of population in sites with minimum management systems</p> <p>% of population in sites with access to basic services</p>	<p>CCCM IM tool for IDPs in sites, IDP Sites Integrated Monitoring Matrix (ISIMM), ISIMM Plus, MSNA</p>
ERL	<p>The sector has developed a new survey methodology focusing on context indicators that reflect the sector's mandate: access to electricity, livelihoods, access to services, infrastructures conditions and social cohesion. A specific forecast data and information has been used based on increase inflation affecting the cost of basic needs while at the same time forecasting a constant deterioration in terms of real income and purchasing power levels.</p>	<p>13 indicators in line with the JIAF severity model, to calculate the severity of needs for all the sub-districts in Syria, using a severity scale. Thereafter, the findings were projected on the population to calculate the people in need.</p>	<p>MSNA and MEB Revision Taskforce</p>
Health	<p>The health sector severity scale and PiN are grounded in emergency standards and robust health data, together with complementary context-specific data. The health sector severity scale is the basis to the overall approach to targeting of sectoral interventions, thereby ensuring a principled approach to humanitarian health interventions in Syria, irrespective of modality. To further align with JIAF's focus on higher severity areas, the health sector total PiN is the aggregate of the PiN of each individual sub-district with health sector severity ranking three and above (50% from population in severity 3, 75% from severity 4, and 100% from severity 5). However, this does not indicate that there are no people in need of health services in sub-districts with severity ranking one or 2. Rather, the current health sector PiN and severity methodology is the reverse of the Global Health Cluster guidance (which suggests calculating PiN and then derive severity). The health cluster for the Syria response has opted to retain this approach for year to-year comparability and continuity of an established, robust methodology established in 2019 that is also well-accepted and understood by stakeholders across the response.</p>	<p>% of population that paid for health services during most recent visit.</p> <p>% of population that can access primary healthcare within one hour from dwellings using normal mode of transportation</p> <p>% of IDPs + returnees present / total population</p> <p>% of the population identified as having disabilities</p> <p># of health workers (doctors, nurse and midwives) per 10,000 population</p> <p># of fully functional Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities per 100,000 population</p>	<p>MSNA and MEB Revision Taskforce, Population Task Force (PTF), HNAP, MoH/WHO, EWARS/N,</p>
WASH	<p>The primary dataset used for the 2023 WASH sector PiN and severity estimation comes from the mid-2022 WASH sector household assessment (countrywide, summer round). Other data sources used are population - countrywide coverage from May 2022 (UN OCHA led population task force and IDP task force); and WASH associated disease proportionate morbidity, covering 239 sub-districts across Syria for a one-year period (August 2021 – July 2022) (EWARS/EWARN datasets from the WoS Health sector). The methodology used for calculation of WASH PiN and Severity is in line with principles recommended by JIAF and GWC, and is conducted through the following steps: 1) Indicator values are classified along a five-point scale (1-5, with five indicating the highest, catastrophic needs) in line with thresholds agreed by the sector to determine individual household severity across eight key WASH parameters (HH level) plus the two external, area level indicator (for which the sub-district severity score was attributed to each assessed household in the sub-district). Indicators selected and used are as follow: 1.1. Safety of Household Potable Water (HH FRC test result); 1.2. Access to a sufficient quantity of water and related coping strategies; 1.3. Availability and affordability of hygiene items; 1.4. Household's solid waste disposal; 1.5. Household's issues with sanitation (number of problems reported) &amp; access to toilets; 1.6. Water and sanitation services affordability (Percentage of household income spent on water and sanitation/septic tanks desludging); 1.7. Household's access to sufficient handwashing facilities (observations); 2.1. Proportionate Water Borne Disease morbidity (Health sector data EWARN/EWARS) (# of WBD per 100k consultations); 2.2. Proportion of IDPs and returnee's vis a vis host population. In addition, two indicators have been used as critical indicators to ensure that the aggregated area severity phase reflects the aid dependency and vulnerability of the location: 1.8. Household receiving humanitarian WASH assistance and 2.3. The proportion of IDPs living in IDP sites (see below step #5).</p>	<p>Safety of Household Potable Water (HH FRC test result)</p> <p>Access to a sufficient quantity of water and related coping strategies</p>	<p>WoS WASH Sector Assessment / Bi-Annual, WoS Health Assessment</p>

	<p>2) Severities of each of the abovementioned parameters are aggregated using 'Mean of Max 50%' to calculate an overall WASH severity score for each household. Note that with a total of nine indicators, it was necessary to make a choice between the mean of the highest four or five indicators. Mean of the maximum four indicators was selected as it yielded results for PIN and severity scores that were more consistent with the results of the 2022 HNO. Severity scores were rounded up to the nearest integer value during this calculation, except the highest severity phase where 4.25 threshold was used to round up to severity 5.</p> <p>3) The number of households with a WASH severity score of 3-5 is summed to determine the proportion of PiN within each sub-district. The proportion of surveyed households within a sub-district classified as PIN, out of the total number of households surveyed in the sub-district, is extrapolated to the overall sub-district population to determine the sub-district PIN.</p> <p>4) WASH Humanitarian Condition scores are classified using the "Rule of 25%" to determine the WASH Severity score for each sub-district. A sub-district is classified according to a specific WASH severity phase when at least 25% of the population in the area are experiencing the conditions related to that phase or more severe phases.</p> <p>5) As the final step, the aggregated sub-district severity phases are compared against the two critical WASH indicators and if appropriate, lead to an override of the aggregated sub-district severity by the severity of critical indicators for the final severity score.</p>		
Nutrition	<p>PiN is calculated out of children under the age of five years, adolescent girls (15-19 years) and the PLW. The total PIN is calculated by adding the number of children 0 to 59 months, the number of adolescent girls 15-19 years and the number of PLW. In order to reflect the multi-sectoral nature of nutrition severity, 22 different quantitative and qualitative nutrition-specific, nutrition sensitive and vulnerability indicators were used in the analysis of severity. Nutrition severity distribution was ranked at 3,4 and 5. The acute severity is calculated out of the PIN distributed across sub-districts with the severity of four and 5. The target of the nutrition sector is calculated based on the 2022-year projected reach against the targeted PIN, which is 70%, therefore the projected target for 2023 will be set at 75% of the total population in need.</p>	<p>10 nutrition-specific indicators: exclusive breastfeeding for infants 0-5 months, Minimum Acceptable Diet in children six to 23 months, Minimum Dietary Diversity in children six to 23 months, Minimum Dietary Diversity in PLWs, Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC) &lt;125mm and/or bilateral oedema among children 6-59 months, Prevalence of Global Acute Malnutrition (GAM) based on Mid-Upper Arm Circumference (MUAC)&lt;210-230 (depending on the contexts) and/or bilateral oedema among Pregnant and Lactating Women (PLW) Prevalence of Global Acute Malnutrition (GAM) based on weight for height Z-score (WHZ)&lt;-2 and/or bilateral oedema among children 0-59 months, Prevalence of anemia Hb &lt;11g/dl in children six - 59 months, Prevalence of anemia Hb &lt;11g/dl in pregnant lactating women, Prevalence of stunting based on height-for-age Z-score (HAZ)&lt;-2 among children 0-59 months</p> <p>7 nutrition sensitive indicators: Access to a sufficient quantity of water and related coping strategies, Availability and affordability of hygiene items, Household's access to sufficient handwashing facilities (observations), Food consumption score, availability of ahild health services, Safety of Household Potable Water (HH FRC test result), AWD</p> <p>5 vulnerability indicators: disability, displacement, unmet needs, information about the assistance provided, beneficiaries consulted about any assistance (although needed)</p>	<p>NES SMART 2022, NWS SMART 2022, Damascus SMART 2019, OCHA Population 2022, MSNA 2022</p>
Shelter	<p>The sector has kept the methodology close to previous years to ensure best possible year-on-year comparability, the Shelter sector modified some of its indicators. Shelter indicators are based on the JIAF guideline. The PIN calculation incorporates population residing in severity two, three, four and five.</p>	<p>Shelter: population severity (area level indicator), including number of IDPs and returnees in a community, conflict severity, shelter adequacy severity, shelter damage severity, shelter type and arrangement severity.</p>	<p>Population task force, OCHA, MSNA</p>
NFI	<p>The sector has kept the methodology close to previous years to ensure best possible year-on-year comparability, NFI sector modified some of its indicators. NFI is not included in the framework and as such the sector used non-JIAF indicators as well. The PIN calculation incorporates population residing in severity two, three, four and five.</p>	<p>NFI: population severity; population living in last resort sites; conflict severity; access to NFI (market severity); NFI need severity; reduced purchasing power including price inflation.</p>	<p>Population task force, OCHA, MSNA</p>

## 4.5

## Information Gaps and Limitations

While the methodology underpinning the 2023 HNO has been carried over from the previous cycle which sought closer alignment with the JIAF methodology, a number of information gaps and limitations remain to be addressed.

- **CCCM:** Insecurity, access constraints, remote management, and information provided from multiple organisations across borders all pose data-related challenges and require CCCM to engage in verification procedures. CCCM observed gaps in knowledge concerning persons with disabilities, especially when identifying less visible disabilities. Continuing lack of data on persons with disabilities at the camp-level presents a challenge when it comes to promoting their inclusion into programming. Within north-east Syria, granular information at the informal settlement and collective centre level is challenging to obtain. North-east Syria CCCM relies on operational partners and information management partners to provide regular updates on these last-resort site typologies, however limitations including the frequency of partner activities, different methodologies on identifying populations and access constraints due to insecurity result in challenges in providing this information. Data on short-term displacements also presents a challenge with the capacity of partners to report these gaps despite regular incidents leading to this displacement. Despite these challenges, the CCCM sector is best placed to monitor the situation in IDP sites on a regular basis to ensure that gaps are reported to the respective clusters and working groups to enable minimal standards of life-saving assistance.
- **ERL:** As the sector relied on household and KI interview data, it was not possible to complement the data collected through focus group discussions. Considering eleven years of crisis, it is logical to assume assessment fatigue among the assessed populations – resulting in responses assumed to generate tangible outcomes and excluding areas where it is believed that humanitarian assistance will not be implemented. While this presumed bias is difficult to account for, the sector continues to strive to address the issue, including by working to ensure that programming is closely aligned with community-identified needs and priorities.
- **Education:** The information presents the situation in the country at the time of data collection as reflected by the data collected. There were some gaps and limitations in data collection, particularly lack of sufficient representative assessments that could feed into indicators that could support further analysis of the learning environment. Attendance data is self-reported, which does not capture issues of double/triple shifting or regularity of attendance.
- **FSA:** Difficulties in obtaining approvals for the food security assessment in 2022 caused delays in providing the results of Whole of Syria FSS required to feed into the FSA related inputs to the 2023 HNO.
- **Health:** As in previous years where data is only available at the governorate level, the resulting severity ranking for the respective components applies to all sub-districts within. To account for the natural inflation of PiN that occurs for these sub-indicators, their overall weight has been reduced. HeRAMS data for north-east Syria is limited to public health facilities only and does not include facilities supported by cross-border actors, including in parts of northern Al-Hasakeh Governorate. This data gap may cause partial inflation of the “services availability” component of severity scores for those 39 sub-districts in north-east Syria that exist wholly or partially outside of the Government of Syria control. Plans to expand HeRAMS in north-east Syria have yet to be realized. Finally, as a cholera outbreak in Syria is still recent, detailed and cumulative data is still not available. Therefore, acute diarrhea is now the only number that has been monitored over the past year in lower administrative levels that can account for cholera-related indicators this year.
- **Protection:** Obtaining approvals for needs assessments from Government of Syria to conduct assessment within their respective areas are increasingly difficult – evidenced by the five consecutive years since such an approval was last

obtained by the protection sector. This has led to an increased reliance on the MSNA for information towards the sector's HNO and subsequent HRP inputs. The protection sector receives a vast amount of data through a protection-specific KI assessment as part of the OCHA-led MSNA process, as well as the household MSNA. North-west, north-east Syria and HCT partners are also able to conduct periodic protection monitoring and assessments with varying limitations on sample sizes and comprehensiveness. The protection sector will continue negotiating with Government of Syria and other non-state actors to carry out assessments including regular and improved protection monitoring in all locations in the country.

- **SNFI:** The main source of data used for the sectoral analysis was the MSNA 2022 and due to delays in approval for the countrywide sector-specific assessment, a few limitations with the available data exist. The limitations in the level of representative data, e.g., population groups, is particularly an issue among returnee data. Damage indicators are limited to simple questions and observations of non-technical enumerators. In addition, the current shelters of interviewees were assessed, not the original one. Thus, the indicator reflects the shelter of respondents who most likely will not live in shelters with a damage level of three and above. With 84 per cent of the assessed shelters reportedly

being undamaged across Syria, shelter and NFI needs might be biased. The MSNA 2022 was conducted in summer, thus, critical seasonal needs, such as winterization might not have been reported as a top priority need by respondents. The severity in few locations has been observed to be either lower or higher than actual, this needs further investigation on the weights being applied to moderate these anomalies.

- **WASH:** First, the WASH severity scores, and PiN calculations are subject to the same limitations as the assessments that collected the data upon which they are based (including secondary sources). Second, by definition, a model that aims at reducing the complexity of reality in order to facilitate decision-making may be subject to inaccuracies. Third, the different thresholds used for the severity classification are based either on global/national standards (when standards are available and relevant to the context) or on expert judgment, which implies some level of bias depending on expert personal experience. Fourth, since household level assessments do not necessarily capture information on the WASH systems and could only be used as proxy indication of the functionality of WASH systems, the sector will continue its advocacy efforts to complement perception-base survey with WASH infrastructure assessment through the government structures.



Estimated Population Composition, Intersector Severity and People in Need  
by sub-district

ADMIN INFORMATION			POPULATION ESTIMATES (MAY 2022, POPULATION TASK FORCE)					IDPS IN INFORMAL CAMPS AND SETTLEMENTS, SELF-SETTLED CAMP, PLANNED CAMPS, COLLECTIVE CENTERS AND RECEPTION CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (AUG 2022)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Aleppo	A'zaz	A'zaz	65,424	231,095	9	296,528	78%	43	160,288	69%	4	296,528
Aleppo	A'zaz	Aghtrín	54,816	46,730	60	101,606	46%	15	14,782	32%	4	101,606
Aleppo	A'zaz	Mare'	29,195	42,124	44	71,363	59%	5	2,581	6%	4	61,372
Aleppo	A'zaz	Nabul	34,174	14,196	-	48,370	29%	-	-		3	36,837
Aleppo	A'zaz	Suran	34,804	62,523	-	97,327	64%	13	22,634	36%	4	97,327
Aleppo	A'zaz	Tall Refaat	13,223	28,586	44	41,857	68%	-	-		4	10,883
Aleppo	Afrin	Afrin	74,768	113,100	-	187,868	60%	54	30,726	27%	4	146,537
Aleppo	Afrin	Bulbul	7,391	25,877	-	33,268	78%	-	-		3	19,181
Aleppo	Afrin	Jandairis	23,305	80,448	11	103,764	78%	26	18,322	23%	3	91,204
Aleppo	Afrin	Ma'btali	15,167	10,967	9	26,143	42%	11	4,737	43%	3	19,139
Aleppo	Afrin	Raju	22,027	25,722	-	47,749	54%	9	1,907	7%	3	47,749
Aleppo	Afrin	Sharan	9,106	46,546	15	55,667	84%	37	18,034	39%	4	55,155
Aleppo	Afrin	Sheikh El-Hadid	8,145	3,575	-	11,720	31%	-	-		3	11,032
Aleppo	Ain Al Arab	Ain al Arab	81,714	4,374	-	86,088	5%	-	-		2	14,260
Aleppo	Ain Al Arab	Lower Shyookh	15,961	-	-	15,961	0%	-	-		2	841
Aleppo	Ain Al Arab	Sarin	49,327	752	74	50,158	2%	-	-		2	10,478
Aleppo	Al Bab	A'rima	33,948	12,220	1,285	47,453	28%	5	3,627	30%	4	46,504
Aleppo	Al Bab	Al Bab	95,758	106,324	36	202,118	53%	30	38,242	36%	4	194,034
Aleppo	Al Bab	Ar-Ra'ee	17,181	7,580	72	24,833	31%	-	-		3	18,566
Aleppo	Al Bab	Dayr Hafir	21,004	168	560	21,737	3%	-	-		2	5,217
Aleppo	Al Bab	Eastern Kwaíres	15,086	-	93	15,221	1%	-	-		3	15,221
Aleppo	Al Bab	Rasm Haram El-Imam	19,327	-	165	19,492	1%	-	-		3	19,117
Aleppo	Al Bab	Tadaf	19,421	140	147	19,708	1%	-	-		3	17,969
Aleppo	As-Safira	As-Safira	39,037	502	102	39,641	2%	-	-		3	36,221
Aleppo	As-Safira	Banan	2,173	-	99	2,272	4%	-	-		4	1,908
Aleppo	As-Safira	Hajeb	559	-	-	559	0%	-	-		4	352
Aleppo	As-Safira	Khanaser	221	-	-	221	0%	-	-		3	149
Aleppo	Jarablus	Ghandorah	17,852	11,858	-	29,724	40%	9	9,275	78%	4	28,611
Aleppo	Jarablus	Jarablus	45,213	43,334	-	88,547	49%	23	40,547	94%	4	88,547
Aleppo	Jebel Saman	Atareb	100,088	90,829	-	190,917	48%	55	78,187	86%	5	179,462
Aleppo	Jebel Saman	Daret Azza	38,849	30,364	-	69,217	44%	14	11,727	39%	5	68,524
Aleppo	Jebel Saman	Hadher	3,592	188	-	3,848	5%	-	-		3	3,014
Aleppo	Jebel Saman	Haritan	4,548	178	205	4,952	8%	-	-		4	4,605
Aleppo	Jebel Saman	Jebel Saman	1,481,796	166,860	18,860	1,667,719	11%	3	485	0.3%	3	583,702
Aleppo	Jebel Saman	Tall Ed-daman	9,381	52	921	10,433	9%	-	-		3	7,827
Aleppo	Jebel Saman	Zarbah	1,180	-	65	1,333	5%	-	-		4	1,119
Aleppo	Menbij	Abu Qalqal	53,260	4,775	-	58,035	8%	-	-		4	50,434
Aleppo	Menbij	Al-Khafsa	85,524	2,425	185	88,134	3%	-	-		3	88,134
Aleppo	Menbij	Maskana	39,250	-	80	39,341	0%	-	-		4	39,341
Aleppo	Menbij	Menbij	251,825	53,475	11	305,311	18%	39	12,874	24%	3	300,739
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	165,809	126,030	117	291,962	43%	49	44,080	35%	4	291,962
Al-Hasakeh	Al-Hasakeh	Areeshéh	27,938	15,080	46	43,064	35%	1	14,487	96%	4	43,064
Al-Hasakeh	Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	8,584	332	-	8,916	4%	-	-		3	8,916
Al-Hasakeh	Al-Hasakeh	Hole	8,517	56,664	-	65,181	87%	1	53,805	95%	5	65,181
Al-Hasakeh	Al-Hasakeh	Markada	15,651	334	10	15,995	2%	-	-		4	15,995
Al-Hasakeh	Al-Hasakeh	Shadadah	34,774	1,722	83	36,579	5%	-	-		4	36,579
Al-Hasakeh	Al-Hasakeh	Tal Tamer	33,338	15,999	150	49,487	33%	49	10,534	66%	4	49,487
Al-Hasakeh	Al-Malikeyyeh	Al-Malikeyyeh	74,023	11,986	3	86,012	14%	2	8,696	73%	4	86,012
Al-Hasakeh	Al-Malikeyyeh	Jawadiyah	24,892	2,505	-	27,397	9%	-	-		3	27,397

ADMIN INFORMATION			POPULATION ESTIMATES (MAY 2022, POPULATION TASK FORCE)					IDPS IN INFORMAL CAMPS AND SETTLEMENTS, SELF-SETTLED CAMP, PLANNED CAMPS, COLLECTIVE CENTERS AND RECEPTION CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (AUG 2022)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Al-Hasakeh	Al-Malikeyyeh	Ya'robiyah	26,711	1,006	1	27,718	4%	-	-		4	27,718
Al-Hasakeh	Quamishli	Amuda	31,663	17,082	4	48,749	35%	-	-		4	48,749
Al-Hasakeh	Quamishli	Qahtaniyyeh	25,873	2,528	-	28,401	9%	-	-		4	28,401
Al-Hasakeh	Quamishli	Quamishli	285,206	62,034	24	347,264	18%	-	-		4	347,264
Al-Hasakeh	Quamishli	Tal Hmis	28,807	23	-	28,830	0%	-	-		4	28,830
Al-Hasakeh	Ras Al Ain	Darbasiyah	34,909	3,490	61	38,460	9%	-	-		4	38,460
Al-Hasakeh	Ras Al Ain	Ras Al Ain	47,456	14,758	-	62,214	24%	-	-		4	62,214
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	271,663	108,302	27	379,993	29%	62	93,822	87%	4	379,993
Ar-Raqqa	Ar-Raqqa	Karama	38,663	13,984	-	52,647	27%	1	128	1%	3	48,273
Ar-Raqqa	Ar-Raqqa	Maadan	14,202	-	1	14,203	0%	-	-		4	14,203
Ar-Raqqa	Ar-Raqqa	Sabka	27,110	1,783	-	28,893	6%	4	1,722	97%	4	28,893
Ar-Raqqa	Ath-Thawrah	Al-Thawrah	58,030	18,320	-	76,350	24%	10	1,552	8%	4	76,350
Ar-Raqqa	Ath-Thawrah	Jurneyyeh	34,929	2,255	-	37,184	6%	1	2,255	100%	4	37,184
Ar-Raqqa	Ath-Thawrah	Mansura	39,156	8,612	20	47,788	18%	10	5,504	64%	4	47,788
Ar-Raqqa	Tell Abiad	Ein Issa	36,406	1,276	-	37,682	3%	-	-		4	29,392
Ar-Raqqa	Tell Abiad	Suluk	35,492	2,534	-	38,026	7%	1	135	5%	4	27,759
Ar-Raqqa	Tell Abiad	Tell Abiad	38,743	2,761	25	41,529	7%	-	-		4	24,502
As-Sweida	As-Sweida	As-Sweida	142,425	48,245	713	191,403	26%	2	399	1%	3	184,249
As-Sweida	As-Sweida	Mashnaf	14,328	73	23	14,424	1%	-	-		3	14,424
As-Sweida	As-Sweida	Mazra'a	19,019	2,010	6	21,035	10%	-	-		3	20,057
As-Sweida	Salkhad	Gharyeh	4,558	270	-	4,828	6%	-	-		3	4,828
As-Sweida	Salkhad	Milh	12,892	477	-	13,369	4%	-	-		3	9,618
As-Sweida	Salkhad	Qarayya	9,564	1,691	2	11,257	15%	-	-		3	10,435
As-Sweida	Salkhad	Salkhad	24,885	2,644	23	27,552	10%	-	-		3	24,425
As-Sweida	Salkhad	Thibeen	6,079	451	32	6,562	7%	-	-		3	6,562
As-Sweida	Shahba	Ariqa	11,742	1,101	-	12,843	9%	-	-		3	12,717
As-Sweida	Shahba	Little Sura	14,418	1,385	-	15,803	9%	-	-		4	15,803
As-Sweida	Shahba	Shahba	29,154	9,852	14	39,020	25%	-	-		3	39,020
As-Sweida	Shahba	Shaqa	18,392	2,732	3	21,127	13%	-	-		4	21,127
Damascus	Damascus	Damascus	1,215,856	600,097	2,550	1,818,517	33%	2	717	0.1%	3	887,630
Dar'a	As-Sanamayn	As-Sanamayn	131,379	1,975	348	133,817	2%	-	-		2	32,226
Dar'a	As-Sanamayn	Ghabagheb	53,341	3,186	86	56,621	6%	-	-		4	51,764
Dar'a	As-Sanamayn	Masmiyyeh	11,454	49	-	11,503	0%	-	-		4	11,503
Dar'a	Dar'a	Ash-Shajara	41,439	-	184	41,623	0%	-	-		4	41,623
Dar'a	Dar'a	Busra Esh-Sham	37,181	5,404	35	42,620	13%	-	-		4	41,847
Dar'a	Dar'a	Da'el	40,228	654	30	41,437	2%	-	-		4	41,437
Dar'a	Dar'a	Dar'a	163,212	29,923	259	193,494	16%	-	-		4	99,552
Dar'a	Dar'a	Jizeh	26,934	2,811	9	29,754	9%	-	-		2	1,086
Dar'a	Dar'a	Kherbet Ghazala	47,204	311	27	48,016	1%	-	-		3	25,580
Dar'a	Dar'a	Mseifra	37,021	2,796	9	39,826	7%	-	-		2	5,139
Dar'a	Dar'a	Mzeireb	97,579	13,096	174	110,854	12%	-	-		4	101,312
Dar'a	Izra'	Hrak	44,931	1,105	88	46,223	3%	-	-		2	1,419
Dar'a	Izra'	Izra'	61,749	3,796	179	65,798	6%	-	-		4	47,532
Dar'a	Izra'	Jasim	36,263	1,371	25	37,659	4%	-	-		2	8,229
Dar'a	Izra'	Nawa	57,442	2,095	87	59,624	4%	-	-		3	49,589
Dar'a	Izra'	Sheikh Miskine	39,377	65	62	39,556	0%	-	-		3	35,372
Dar'a	Izra'	Tassil	25,253	155	-	25,408	1%	-	-		3	25,408
Deir-ez-Zor	Abu Kamal	Abu Kamal	59,177	-	345	59,522	1%	-	-		3	59,522
Deir-ez-Zor	Abu Kamal	Hajin	71,948	33,144	85	105,177	32%	-	-		3	105,177
Deir-ez-Zor	Abu Kamal	Jalaa	16,533	-	-	16,533	0%	-	-		3	16,533
Deir-ez-Zor	Abu Kamal	Susat	25,785	7,041	120	32,946	22%	-	-		4	32,946
Deir-ez-Zor	Al Mayadin	Al Mayadin	83,763	35	1,444	85,242	2%	-	-		3	74,345
Deir-ez-Zor	Al Mayadin	Ashara	150,025	-	392	150,423	0%	-	-		3	83,199
Deir-ez-Zor	Al Mayadin	Thiban	41,876	7,926	2	49,804	16%	-	-		4	49,804
Deir-ez-Zor	Deir-ez-Zor	Basira	36,831	2,179	20	39,030	6%	11	544	25%	4	37,902
Deir-ez-Zor	Deir-ez-Zor	Deir-ez-Zor	216,271	59,201	422	275,894	22%	1	1,275	2%	3	179,944

ADMIN INFORMATION			POPULATION ESTIMATES (MAY 2022, POPULATION TASK FORCE)					IDPS IN INFORMAL CAMPS AND SETTLEMENTS, SELF-SETTLED CAMP, PLANNED CAMPS, COLLECTIVE CENTERS AND RECEPTION CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (AUG 2022)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Deir-ez-Zor	Deir-ez-Zor	Khasham	28,500	1,911	17	30,428	6%	3	469	25%	4	30,428
Deir-ez-Zor	Deir-ez-Zor	Kisreh	74,996	36,436	222	111,654	33%	13	24,849	68%	3	111,654
Deir-ez-Zor	Deir-ez-Zor	Muhasan	14,260	25	2,303	16,588	14%	-	-		3	10,171
Deir-ez-Zor	Deir-ez-Zor	Sur	32,278	5,916	73	38,267	16%	1	60	1%	4	38,267
Deir-ez-Zor	Deir-ez-Zor	Tabni	84,740	-	280	85,020	0%	-	-		4	85,020
Hama	As-Salamiyeh	As-Saan	12,547	-	1,085	13,632	8%	-	-		4	13,364
Hama	As-Salamiyeh	As-Salamiyeh	215,192	24,051	277	239,520	10%	-	-		3	191,804
Hama	As-Salamiyeh	Eastern Bari	21,806	80	460	22,346	2%	-	-		3	22,346
Hama	As-Salamiyeh	Oqeirbat	2,228	-	2,098	4,326	48%	-	-		2	150
Hama	As-Salamiyeh	Saboura	18,208	-	595	18,803	3%	-	-		3	9,936
Hama	As-Suqaylabiyah	As-Suqaylabiyah	33,374	6,633	36	40,043	17%	-	-		3	33,093
Hama	As-Suqaylabiyah	Madiq Castle	8,359	-	-	8,359	0%	-	-		3	3,792
Hama	As-Suqaylabiyah	Shat-ha	15,409	-	7	15,416	0%	-	-		3	9,451
Hama	As-Suqaylabiyah	Tell Salhib	17,060	100	4	17,164	1%	-	-		3	11,978
Hama	As-Suqaylabiyah	Ziyara	2,312	1,324	151	3,787	39%	-	-		3	1,770
Hama	Hama	Hama	588,112	162,317	16	750,466	22%	2	1,500	1%	3	517,821
Hama	Hama	Hamra	11,426	67	31	11,524	1%	-	-		3	6,101
Hama	Hama	Harbanifse	49,607	586	130	50,386	1%	-	-		3	49,419
Hama	Hama	Suran	31,813	18	205	32,037	1%	1	18	100%	3	30,211
Hama	Masyaf	Ein Halaqim	20,660	817	3	21,480	4%	-	-		4	21,480
Hama	Masyaf	Jeb Ramleh	40,014	-	-	40,014	0%	-	-		3	29,864
Hama	Masyaf	Masyaf	65,911	724	3	66,638	1%	-	-		3	36,243
Hama	Masyaf	Oj	39,342	8,212	-	47,554	17%	-	-		3	46,327
Hama	Masyaf	Wadi El-oyoun	19,987	6,946	-	26,933	26%	-	-		3	18,373
Hama	Muhradah	Kafr Zeita	928	-	82	1,016	8%	-	-		3	958
Hama	Muhradah	Karnaz	13,331	751	-	14,083	5%	-	-		3	7,902
Hama	Muhradah	Muhradah	37,684	1,410	854	40,063	6%	-	-		3	34,015
Homs	Al Makhrim	Al Makhrim	44,853	1,256	446	46,579	4%	-	-		2	11,179
Homs	Al Makhrim	Jeb Ej-Jarrah	22,412	-	169	22,608	1%	-	-		2	5,426
Homs	Al-Qusayr	Al-Qusayr	52,270	11,101	581	64,139	18%	-	-		3	33,539
Homs	Ar-Rastan	Ar-Rastan	61,749	850	279	62,962	2%	-	-		3	15,741
Homs	Ar-Rastan	Talbiseh	90,689	2,925	63	94,712	3%	-	-		3	27,942
Homs	Homs	Ein Elniser	32,071	2,158	107	34,336	7%	-	-		2	657
Homs	Homs	Farqalas	15,518	9,833	25	25,376	39%	-	-		3	6,344
Homs	Homs	Hasyaa	37,034	10,062	-	47,096	21%	1	188	2%	3	26,573
Homs	Homs	Homs	443,210	189,147	2,618	635,030	30%	5	6,776	4%	3	273,063
Homs	Homs	Kherbet Tin Noor	73,560	3,183	-	76,743	4%	-	-		2	5,236
Homs	Homs	Mahin	3,630	-	310	3,940	8%	-	-		3	985
Homs	Homs	Qabu	40,405	-	-	40,405	0%	-	-		3	13,235
Homs	Homs	Qaryatein	13,399	-	-	13,399	0%	-	-		3	9,366
Homs	Homs	Raqama	22,526	6,235	-	28,761	22%	-	-		2	7,091
Homs	Homs	Sadad	6,645	416	-	7,061	6%	-	-		2	1,695
Homs	Homs	Shin	30,364	2,850	-	33,214	9%	-	-		2	320
Homs	Homs	Taldu	69,003	795	70	69,874	1%	-	-		3	68,547
Homs	Tadmor	Sokhneh	4,066	-	-	4,066	0%	-	-		3	1,581
Homs	Tadmor	Tadmor	3,667	-	-	3,924	0%	-	-		2	942
Homs	Tall Kalakh	Hadideh	44,044	-	-	44,044	0%	-	-		2	10,571
Homs	Tall Kalakh	Hawash	24,091	20,831	-	45,056	46%	-	-		2	3,021
Homs	Tall Kalakh	Nasra	20,417	36,568	-	56,985	64%	-	-		2	2,695
Homs	Tall Kalakh	Tall Kalakh	41,054	1,315	27	42,396	3%	-	-		2	5,758
Idleb	Al Ma'ra	Heish	987	-	285	1,272	22%	-	-		3	1,050
Idleb	Al Ma'ra	Kafr Nobol	321	134	39	494	35%	-	-		3	247
Idleb	Al Ma'ra	Khan Shaykun	2,595	114	670	3,379	23%	-	-		3	1,596
Idleb	Al Ma'ra	Ma'arrat An Nu'man	996	-	99	1,095	9%	-	-		3	1,055
Idleb	Al Ma'ra	Sanjar	13,665	-	-	13,665	0%	-	-		3	10,112

ADMIN INFORMATION			POPULATION ESTIMATES (MAY 2022, POPULATION TASK FORCE)					IDPS IN INFORMAL CAMPS AND SETTLEMENTS, SELF-SETTLED CAMP, PLANNED CAMPS, COLLECTIVE CENTERS AND RECEPTION CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (AUG 2022)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Idleb	Al Ma'ra	Tamanaah	4,522	-	4	4,526	0%	-	-		3	1,328
Idleb	Ariha	Ariha	81,388	23,156	634	105,178	23%	2	378	2%	4	80,988
Idleb	Ariha	Ehsem	28,890	6,015	2,518	37,423	23%	-	-		4	27,693
Idleb	Ariha	Mhambal	30,463	12,860	290	43,613	30%	3	1,922	15%	4	38,815
Idleb	Harim	Armanaz	41,838	38,459	-	80,297	48%	33	13,888	36%	3	74,326
Idleb	Harim	Dana	181,215	972,592	-	1,153,807	84%	590	966,206	99%	4	1,142,269
Idleb	Harim	Harim	29,011	50,006	-	79,017	63%	22	18,295	37%	4	76,111
Idleb	Harim	Kafr Takharim	20,504	15,674	-	36,178	43%	8	3,776	24%	3	24,456
Idleb	Harim	Qourqeena	39,777	63,659	-	103,436	62%	41	34,442	54%	4	103,436
Idleb	Harim	Salqin	73,834	137,755	-	211,589	65%	42	33,676	24%	4	211,589
Idleb	Idleb	Abul Thohur	2,850	-	-	2,850	0%	-	-		3	713
Idleb	Idleb	Bennsh	23,691	34,809	41	58,541	60%	9	3,294	9%	4	57,370
Idleb	Idleb	Idleb	155,497	145,739	141	301,377	48%	19	11,146	8%	4	265,212
Idleb	Idleb	Maaret Tamsrin	74,659	247,457	-	322,116	77%	215	225,989	91%	4	322,116
Idleb	Idleb	Saraqab	1,456	148	10	1,614	10%	-	-		3	1,364
Idleb	Idleb	Sarmin	15,046	2,740	-	17,786	15%	1	685	25%	4	13,162
Idleb	Idleb	Teftnaz	19,707	4,468	35	24,210	19%	-	-		3	20,458
Idleb	Jisr-Ash-Shugur	Badama	15,452	43,704	156	59,312	74%	36	24,746	57%	4	58,719
Idleb	Jisr-Ash-Shugur	Darkosh	49,141	39,912	-	89,053	45%	31	16,391	41%	4	86,381
Idleb	Jisr-Ash-Shugur	Janudiyeh	28,509	31,558	-	60,067	53%	20	10,850	34%	4	57,665
Idleb	Jisr-Ash-Shugur	Jisr-Ash-Shugur	86,169	28,391	937	115,497	25%	-	-		4	97,017
Lattakia	Al-Haffa	Al-Haffa	23,222	1,290	1,080	25,592	9%	-	-		2	2,395
Lattakia	Al-Haffa	Ein Et-teeneh	4,350	515	-	4,865	11%	-	-		2	341
Lattakia	Al-Haffa	Kansaba	1,663	-	31	1,694	2%	-	-		2	21
Lattakia	Al-Haffa	Mzair'a	9,956	670	-	10,626	6%	-	-		2	521
Lattakia	Al-Haffa	Salanfa	7,789	465	11	8,265	6%	-	-		2	662
Lattakia	Al-Qardaha	Al-Qardaha	42,170	2,735	-	44,905	6%	-	-		2	4,986
Lattakia	Al-Qardaha	Fakhura	17,533	970	-	18,503	5%	-	-		2	1,212
Lattakia	Al-Qardaha	Harf Elmseitra	6,185	400	-	6,585	6%	-	-		2	666
Lattakia	Al-Qardaha	Jobet Berghal	6,513	495	-	7,008	7%	-	-		2	328
Lattakia	Jablah	Beit Yashout	10,509	750	-	11,259	7%	-	-		2	438
Lattakia	Jablah	Dalyeh	11,437	725	-	12,162	6%	-	-		2	356
Lattakia	Jablah	Ein Elsharqiyeh	13,616	980	-	14,596	7%	-	-		2	565
Lattakia	Jablah	Ein Shacaq	12,101	670	-	12,771	5%	-	-		2	743
Lattakia	Jablah	Jablah	70,783	21,301	-	92,084	23%	-	-		2	18,634
Lattakia	Jablah	Qteilbiyyeh	27,471	1,575	1	29,048	5%	-	-		2	1,664
Lattakia	Lattakia	Bahlolieh	10,073	682	18	10,773	6%	-	-		2	823
Lattakia	Lattakia	Ein El-Bayda	12,354	1,218	78	13,650	9%	-	-		2	134
Lattakia	Lattakia	Hanadi	17,000	935	1	17,936	5%	-	-		2	1,228
Lattakia	Lattakia	Kasab	1,787	570	2	2,359	24%	-	-		2	236
Lattakia	Lattakia	Lattakia	524,920	409,096	48	934,064	44%	2	446	0.1%	3	382,967
Lattakia	Lattakia	Qastal Maaf	13,936	1,905	346	16,187	14%	-	-		3	4,130
Lattakia	Lattakia	Rabee'a	400	-	2	402	0%	-	-		2	-
Quneitra	Al Fiq	Fiq	2,322	213	-	2,535	8%	-	-		3	2,377
Quneitra	Quneitra	Al-Khashniyyeh	25,655	2,268	592	28,515	10%	-	-		4	28,367
Quneitra	Quneitra	Khan Arnaba	65,262	565	869	66,717	2%	-	-		3	55,567
Quneitra	Quneitra	Quneitra	7,182	372	107	7,676	6%	2	337	91%	4	7,630
Rural Damascus	Al Qutayfah	Al Qutayfah	51,891	2,694	306	54,891	5%	-	-		3	54,891
Rural Damascus	Al Qutayfah	Jirud	27,707	516	2,130	30,378	9%	-	-		3	30,085
Rural Damascus	Al Qutayfah	Ma'loula	12,956	35	359	13,350	3%	-	-		3	10,078
Rural Damascus	Al Qutayfah	Raheiba	25,830	1,974	-	27,805	7%	-	-		3	23,500
Rural Damascus	An Nabk	An Nabk	33,729	19,335	2,707	55,912	39%	-	-		3	53,117
Rural Damascus	An Nabk	Deir Attiyeh	35,813	8,506	80	44,560	19%	-	-		3	44,560
Rural Damascus	At Tall	At Tall	64,951	196,780	2	261,733	75%	-	-		4	261,733
Rural Damascus	At Tall	Rankus	9,820	130	-	9,950	1%	-	-		3	9,753

ADMIN INFORMATION			POPULATION ESTIMATES (MAY 2022, POPULATION TASK FORCE)					IDPS IN INFORMAL CAMPS AND SETTLEMENTS, SELF-SETTLED CAMP, PLANNED CAMPS, COLLECTIVE CENTERS AND RECEPTION CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULATION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (AUG 2022)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Rural Damascus	At Tall	Sidnaya	12,195	175	-	12,370	1%	-	-		3	10,680
Rural Damascus	Az-Zabdani	Az-Zabdani	21,455	11,352	417	33,226	35%	-	-		3	22,193
Rural Damascus	Az-Zabdani	Dimas	13,074	2,565	15	15,654	16%	-	-		2	3,757
Rural Damascus	Az-Zabdani	Ein Elfijeh	14,236	11,808	-	26,044	45%	-	-		3	23,790
Rural Damascus	Az-Zabdani	Madaya	28,027	2,679	-	30,799	9%	-	-		3	30,799
Rural Damascus	Az-Zabdani	Sarghaya	14,518	355	-	14,873	2%	-	-		4	14,873
Rural Damascus	Darayya	Hajar Aswad	385	-	1	386	0%	-	-		3	386
Rural Damascus	Darayya	Markaz Darayya	81,961	2,084	5,711	89,762	9%	-	-		3	28,960
Rural Damascus	Darayya	Sahnaya	24,121	19,233	12	43,366	44%	-	-		3	36,314
Rural Damascus	Duma	Dhameer	21,284	10,262	48	31,594	33%	-	-		4	31,594
Rural Damascus	Duma	Duma	186,886	8,124	1,468	196,478	5%	-	-		3	68,768
Rural Damascus	Duma	Ghizlaniyyeh	42,860	39,286	126	82,272	48%	-	-		3	82,272
Rural Damascus	Duma	Haran Al'awameed	37,585	324	1	37,910	1%	-	-		4	37,910
Rural Damascus	Duma	Harasta	133,305	71,592	501	205,406	35%	-	-		3	175,051
Rural Damascus	Duma	Nashabiyeh	12,753	1,560	391	14,704	13%	-	-		4	14,704
Rural Damascus	Duma	Sabe Byar	2,394	7,976	-	10,370	77%	-	-		4	10,370
Rural Damascus	Qatana	Bait Jan	7,074	271	54	7,439	4%	-	-		3	7,289
Rural Damascus	Qatana	Qatana	150,533	144,114	137	294,809	49%	-	-		3	284,350
Rural Damascus	Qatana	Sa'sa'	58,564	9,095	647	68,323	14%	-	-		3	67,666
Rural Damascus	Rural Damascus	Arbin	19,734	2,077	165	21,976	10%	-	-		3	19,998
Rural Damascus	Rural Damascus	Babella	300,924	33,741	1,265	335,996	10%	-	-		3	307,580
Rural Damascus	Rural Damascus	Jaramana	304,230	299,146	175	603,551	50%	-	-		3	226,850
Rural Damascus	Rural Damascus	Kafr Batna	57,300	8,313	7,836	73,529	22%	-	-		3	42,420
Rural Damascus	Rural Damascus	Kisweh	93,123	55,200	473	148,802	37%	1	800	1%	3	136,231
Rural Damascus	Rural Damascus	Maliha	17,375	29	1,835	19,261	10%	-	-		4	19,261
Rural Damascus	Rural Damascus	Qudsiya	243,346	99,476	404	343,238	29%	-	-		3	320,663
Rural Damascus	Yabroud	Esal El-Ward	5,538	316	-	5,879	5%	-	-		4	5,819
Rural Damascus	Yabroud	Yabroud	29,123	11,939	2,238	43,416	33%	-	-		4	42,690
Tartous	Banyas	Banyas	89,780	19,478	10	109,268	18%	-	-		2	22,042
Tartous	Banyas	Rawda	12,455	1,173	-	13,628	9%	-	-		2	1,323
Tartous	Banyas	Taleen	8,250	1,011	-	9,261	11%	-	-		2	1,284
Tartous	Dreikish	Dreikish	36,743	12,264	2	49,009	25%	-	-		2	10,769
Tartous	Dreikish	Dweir Raslan	13,455	1,579	1	15,035	11%	-	-		2	292
Tartous	Dreikish	Hamin	8,485	958	-	9,443	10%	-	-		2	939
Tartous	Dreikish	Jneinet Raslan	9,595	1,055	-	10,650	10%	-	-		2	316
Tartous	Qadmous	Anaza	18,225	1,849	-	20,074	9%	-	-		2	1,281
Tartous	Qadmous	Hamam Wasil	11,215	1,054	-	12,269	9%	-	-		2	2,215
Tartous	Qadmous	Qadmous	22,226	4,143	-	26,369	16%	-	-		3	9,861
Tartous	Qadmous	Tawahin	8,495	1,197	-	9,692	12%	-	-		2	1,328
Tartous	Safita	Bariqiyeh	7,120	680	-	7,800	9%	-	-		2	385
Tartous	Safita	Mashta Elhiu	14,255	7,274	2	21,531	34%	-	-		2	3,125
Tartous	Safita	Ras El-Khashufeh	19,190	1,497	-	20,687	7%	-	-		2	813
Tartous	Safita	Safita	55,975	15,147	3	71,125	21%	-	-		2	9,098
Tartous	Safita	Sibbeh	7,190	1,040	-	8,230	13%	-	-		2	1,463
Tartous	Safita	Sisniyyeh	20,305	2,555	-	22,860	11%	-	-		2	221
Tartous	Sheikh Badr	Baramanet Elmashayekh	18,280	2,403	1	20,684	12%	-	-		2	3,762
Tartous	Sheikh Badr	Qumseyyeh	14,365	2,327	-	16,692	14%	-	-		2	1,485
Tartous	Sheikh Badr	Sheikh Badr	28,125	8,776	-	36,901	24%	-	-		3	9,849
Tartous	Tartous	Arwad	5,425	-	-	5,425	0%	-	-		2	554
Tartous	Tartous	Hameidiyyeh	17,135	1,903	12	19,050	10%	-	-		2	564
Tartous	Tartous	Kareemeh	13,564	1,272	-	14,836	9%	-	-		2	427
Tartous	Tartous	Kherbet Elma'aza	18,530	1,490	-	20,020	7%	-	-		2	766
Tartous	Tartous	Safsafa	19,695	1,963	-	21,658	9%	-	-		2	848
Tartous	Tartous	Soda Khawabi	33,661	12,352	92	46,105	27%	-	-		2	11,004
Tartous	Tartous	Tartous	235,575	74,295	102	309,972	24%	-	-		3	230,721



## 4.6 Acronyms

<b>AAP</b>	Accountability to Affected People	<b>NES</b>	North-east Syria
<b>AoR</b>	Area of Responsibility	<b>NFI</b> s	Non-Food Items
<b>AWD</b>	Acute Watery Diarrhea	<b>NGO</b>	Non-Governmental Organization
<b>CCCM</b>	Camp Coordination and Camp Management	<b>NSAG</b>	Non-State Armed Group
<b>CFMs</b>	Complaint and Feedback Mechanisms	<b>NWS</b>	North-west Syria
<b>CP</b>	Child Protection	<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>DRR</b>	Disaster Risk Reduction	<b>OHCHR</b>	United Nations Office for the High Commissioner of Human Rights
<b>EPI</b>	Expanded Programme of Immunization	<b>PHC</b>	Primary Healthcare Centres
<b>ERL</b>	Early Recovery and Livelihoods	<b>PiN</b>	People in Need
<b>EMIS</b>	Educational Management Information System	<b>PLW</b>	Pregnant and Lactating Women
<b>EWARN</b>	Early Warning, Alert and Response Network	<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>EWARS</b>	Early Warning, Alert and Response System	<b>PSS</b>	Psychosocial Support
<b>FAO</b>	United Nations Food and Agriculture Organization	<b>PWD</b>	People with Disabilities
<b>FNSLA</b>	Food, Nutrition Security and Livelihood Assessment	<b>RCCE</b>	Risk Communication and Community Engagement
<b>FRC</b>	Free Residual Chlorine	<b>RAATA</b>	Ras Al Ain-Tel Abiad
<b>FSA</b>	Food Security and Agriculture Sector	<b>rCSI</b>	Reduced Coping Strategy Index
<b>FSA</b>	Food Security Assessment	<b>SAM</b>	Severe Acute Malnutrition
<b>FSLA</b>	Food Security and Livelihoods Assessment	<b>SARC</b>	Syrian Arab Red Crescent
<b>FSS</b>	Food Security Sector	<b>SDF</b>	Syrian Democratic Forces
<b>GAM</b>	Global Acute Malnutrition	<b>SEA</b>	Sexual Exploitation and Abuse
<b>GBV</b>	Gender-Based Violence	<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions
<b>GDP</b>	Gross Domestic Product	<b>SMEB</b>	Survival Minimum Expenditure Basket
<b>GoS</b>	Government of Syria	<b>SNFI</b>	Shelter and Non-Food Item
<b>GPI</b>	Global Peace Index	<b>SYP</b>	Syrian Pound
<b>HCF</b>	Health Care Facility	<b>Syria MRM</b>	Syria Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict
<b>HeRAMS</b>	Health Resources and Services Availability Mapping Systems	<b>TVET</b>	Technical and Vocational Education and Training
<b>HH</b>	Household	<b>UN</b>	United Nations
<b>HLP</b>	Housing, Land and Property	<b>UNFPA</b>	United Nations Population Fund
<b>HNAP</b>	Humanitarian Needs Assessment Programme	<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>HNO</b>	Humanitarian Needs Overview	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>IASC</b>	Inter-Agency Standing Committee	<b>UNICEF</b>	United Nations Children's Emergency Fund
<b>IDP</b>	Internally Displaced Person	<b>UNSC</b>	United Nations Security Council
<b>IED</b>	Improvised explosive device	<b>UNRWA</b>	United Nations Relief and Works Agency for Palestine Refugees in the Near East
<b>ISIMM</b>	IDP Sites Integrated Monitoring Matrix	<b>US\$</b>	U.S. Dollar
<b>IHL</b>	International Humanitarian Law	<b>UXOs</b>	Unexploded Ordnances
<b>IHRL</b>	International Human Rights Law	<b>VBIED</b>	Vehicle-borne improvised explosive device
<b>INGO</b>	International Non-Governmental Organization	<b>VRP</b>	Vulnerable Resident Populations
<b>ISG</b>	Inter-sectoral Group	<b>WASH</b>	Water, Sanitation and Hygiene
<b>ISIL</b>	Islamic State of Iraq and the Levant	<b>WFP</b>	United Nations World Food Programme
<b>ISMI</b>	IDP Situation Monitoring Initiative	<b>WHO</b>	United Nations World Health Organization
<b>IYCF</b>	Infant and Young Child Feeding	<b>WoS</b>	Whole of Syria
<b>JENA</b>	Joint Education Needs Assessments	<b>WRA</b>	Women of Reproductive Age
<b>JIAF</b>	Joint Intersectoral Analysis Framework		
<b>MAM</b>	Moderate aAute Malnutrition		
<b>MHPSS</b>	Mental Health and Psychosocial Support		
<b>MoH</b>	Ministry of Health		
<b>MSNA</b>	Multi-Sector Needs Assessment		

## 4.7

# End Notes

- 1 See page section 1.3 for more details.
- 2 Global Peace Index 2022 <https://reliefweb.int/report/world/global-peace-index-2022>
- 3 Access Severity Analysis April 2022 [To be updated].
- 4 IDMC Global Report on Internal Displacement, 2022.
- 5 World Bank, Syria Economic Monitor, Spring 2022.
- 6 Budget Brief: the 2022 State Budget in Syria, UNICEF, July 2022.
- 7 WFP October 2022 Market Price Bulletin.
- 8 Ibid.
- 9 Ibid.
- 10 Between 18 and 25 January, heavy snow, rain, strong winds and freezing temperatures damaged or destroyed over 10,000 tents in nearly 300 displacement sites, directly affecting 57,000 people and otherwise affecting more than 10,200 people.
- 11 The period of precipitation occurrence in the Syrian Arab Republic normally goes from October to May, with a peak during winter months (December-February).
- 12 NES Food Security and Livelihoods Working Group with iMMAP. The Influence of Climate Change on Wheat Production. A review study on north-east Syria, April 2022.
- 13 Budget Brief, The 2022 State Budget in Syria, UNICEF Syria - July 2022
- 14 SDF reported the killing of around 500 people, including 121 prison staff members and SDF forces, 374 ISIL-affiliated individuals and four civilians as result of the fighting. See, <https://sdf-press.com/en/2022/01/the-sdf-general-command-statement-regarding-the-last-terrorist-attack-on-al-sinaa-prison-by-daesh/>.
- 15 CCCM NWS – ISIMM (August 2022).
- 16 Considerations for a housing sector recovery framework in Syria, UNHABITAT, July 2022.
- 17 <https://reliefweb.int/report/syrian-arab-republic/syria-anniversary-press-release-6-march-2020>, OCHA.
- 18 Snapshot on WoS Health Resources and Services Availability Monitoring System (HeRAMS), June 2022.
- 19 Access to electricity and humanitarian needs, UNDP, March 2022. Needs in 11 governorates.
- 20 European University Institute, "Syria's Electricity Sector After a Decade of War: A Comprehensive Assessment", 2021, accessible at <https://cadmus.eui.eu/bitstream/handle/1814/72182/QM-02-21-984-EN-N.pdf?sequence=1>
- 21 UN ESCWA and University of St. Andrews, "Syria at War: Eight Years On", 2020, accessible at: <https://www.unescwa.org/publications/syria-war-eight-years>
- 22 World Bank, "The Toll of War: The Economic and Social Consequences of the Conflict in Syria.
- 23 Access to electricity and humanitarian needs, UNDP, March 2022.
- 24 As per the analysis of enrolment data against population and comparison of different age groups with the relevant education levels.
- 25 2022 MSNA, while there is a positive trend of more children and adolescents continuing attendance up to preparatory level education than in previous years, this trend has not reached to the secondary level.
- 26 2022 MSNA, households were asked to name key three factors to improve educational services: 54 per cent of households cited the need to improve school infrastructure, 29 per cent the need to open more schools and 27 per cent provision of school supplies/ textbooks.
- 27 Global Food Security Index, The Economist Intelligence Unit, 2022. Available at: <https://cutt.ly/CKAcxUB>
- 28 FAO crop and food supply assessment report, December 2021.
- 29 Agricultural Inputs and Commodity Price Bulletin, FAO, July 2022.
- 30 mVAM Bulletin, WFP, February 2022.
- 31 Ibid.
- 32 The 2022 Whole of Syria – WASH sector assessment – June/July.
- 33 Budget Brief, The 2022 State Budget in Syria, UNICEF Syria - July 2022.
- 34 Employment is defined as employed most of the time within the previous three months.
- 35 The top unmet needs in Syria are the top overall percentages of households reporting a particular need as unmet. Note that under this MSNA question, households are allowed to select up to three needs, therefore the breakdown exceeds 100 per cent.
- 36 World Bank Joint Damage Assessment 2021.
- 37 Expenditures assessed: Rent, Shelter maintenance, Food, Electricity, Other fuel, Education services, Health care, Disability related costs, Clothing, Water hygiene items, Non-Food Items, Transportation, Phone, Debt payment, Agriculture and productive assets.
- 38 2020: 20 per cent - 2021:47 per cent .
- 39 <https://reliefweb.int/report/syrian-arab-republic/wfp-syria-market-price-watch-bulletin-october-2022> WFP, Syria Country Office Market Price Watch Bulletin Issue 94, October 2022.

- 40 This means that the patient could not find the prescribed medication at the health facility visited and had to buy medicines elsewhere, which is an indicator of both the availability and affordability of medicines.
- 41 The 2022 Whole of Syria – WASH sector assessment – June/July.
- 42 HNAP, Water Access Mapping, June 2022.
- 43 In-kind, cash and vouchers.
- 44 Feeling nervous, irritable, worried or sad, hopelessness, difficulties sleeping or performing everyday activities or other signs.
- 45 Globally, older individuals are more likely to have disabilities than their younger counterparts. In Syria, 92 percent of individuals aged 59 years and above have disabilities compared to 21 per cent of those between 18-58 years and 23 percent of individuals aged 2-17.
- 46 Disability Prevalence and Impact 2022 Spring Report, Series.
- 47 Ibid.
- 48 UNICEF, 2022, Post-Distribution Monitoring Surveys, Integrated Social Protection Programme for Children with Disabilities
- 49 Disability Prevalence and Impact 2022 Spring Report, Series.
- 50 Ibid.
- 51 MSNA
- 52 UNFPA: UNFPA guidance note on the rights of women with disabilities.
- 53 Last resort sites are planned and informal camps/sites in addition to collective centres.
- 54 According to SSWG; ISIMM Plus: In the north-east, the HLP status of three camps and 133 informal settlements are invalid or pending; in the north-west it is 68 per cent of IDP sites.
- 55 Self-reported attendance does not capture the number of times a child attends during an academic year and is usually 10 per cent higher than enrolment data.
- 56 ISIMM Plus
- 57 SSWG
- 58 ISIMM plus
- 59 For the purpose of calculation of People in Need, the HNO is using the official population figures as of May 2022. Other sections of the HNO offer more recent data that can be used for trend analysis.
- 60 HNAP, future intentions of Syrian IDPs, 2022 IDP report series, (report drafting is ongoing, data on IDP intentions provided by HNAP)
- 61 Including civil documentation, housing, land and property.
- 62 The numbers reported are only those verified or monitored by UNHCR and do not reflect the entire number of returns, which may be significantly higher.
- 63 UNRWA Syria Crisis Monitoring Survey (May 2021).
- 64 According to OHCHR, from 1 January to 30 September 2022, 450 civilians, including 49 women and 123 children were killed as a result of hostilities and violence in Syria.
- 65 A monthly average of 11,500 people were displaced in 2022 according to HNAP's August "Mobility and Needs Monitoring".
- 66 Over the period January to September 2022, more than 1,895 reports of grave violations affecting children (247 girls, 1,598 boys, 36 sex unknown) were verified by the Syria Monitoring and Reporting Mechanism (MRM).
- 67 2022 MSNA.
- 68 Ibid.
- 69 Ibid.
- 70 Ibid.
- 71 Qualitative data taken from women, girls and service providers.
- 72 Based on MRM data, MSNA HH and KI protection assessment.
- 73 2022 MSNA.
- 74 2022 KI Protection assessment.
- 75 Illegal activities are most frequently used as a coping mechanism by boys in Al-Hasakeh, Ar-Raqqa, As-Sweida, Lattakia and Quneitra in rural Damascus, Aleppo, Idleb, Hama, Damascus and Lattakia Governorates, and frequently used as a coping mechanism by men in Al-Hasakeh, Ar-Raqqa, As-Sweida, Damascus, Dar'a, Hama, Lattakia, Quneitra, Rural Damascus and Tartous Governorates.
- 76 2022 KI Protection assessment.
- 77 2022 MSNA.
- 78 The UN Disability Convention defines "disabled people" as "people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".
- 79 "Disability Prevalence and Impact", HNAP Summer 2022 report series.
- 80 Respectively, 22 per cent and 47 per cent of children with disabilities aged 6-11 and 15-17 are not in education.
- 81 2022 MSNA.
- 82 2022 KI protection assessment.
- 83 2022 MSNA.
- 84 MSNA findings show that 16 per cent of women are completely unable to meet basic needs compared to seven per cent of men.
- 85 2022 KI protection assessment.
- 86 2022 KI protection assessment. The most common events leading to separation were perceived to be economic reasons, death of caregivers, divorce and child marriage.
- 87 2022 MSNA.
- 88 Repatriation media monitoring snapshots.
- 89 Al Hol Coordination forum.
- 90 2022 MSNA.
- 91 2022 KI protection assessment.
- 92 2022 MSNA.
- 93 Around 76 per cent of households surveyed in the 2022 MSNA report had not received explosive ordnance risk education.
- 94 2022 KI protection assessment.
- 95 Ibid.

- 96 Ibid.
- 97 CCCM NWS – ISIMM (August 2022).
- 98 SSWG NES (August 2022).
- 99 CCCM NWS – ISIMM Plus (August 2022).
- 100 Site Typology Definitions
- 101 CCCM NWS – ISIMM (August 2022).
- 102 SSWG NES (August 2022).
- 103 CCCM NWS – ISIMM Plus (August 2022).
- 104 SSWG NES (August 2022).
- 105 MSNA 2022.
- 106 CCCM NWS – ISIMM Plus (August 2022).
- 107 Ibid.
- 108 SSWG NES (August 2022).
- 109 MSNA 2022.
- 110 CCCM north-west Syria – ISIMM (August 2022).
- 111 SSWG north-east Syria (August 2022).
- 112 CCCM north-west Syria – ISIMM Plus (August 2022).
- 113 MSNA 2022.
- 114 Ibid.
- 115 Site Typology Definitions
- 116 CCCM north-west Syria – ISIMM Plus (August 2022).
- 117 MSNA 2022.
- 118 CCCM north-west Syria – Displacement Tracker (January – August 2022).
- 119 CCCM north-west Syria – Winter Weather Analysis (September 2022).
- 120 CCCM north-west Syria – ISIMM Plus (August 2022).
- 121 The number of households in collective centres interviewed during the MSNA, do not comprise a representative sample.
- 122 The Sector PIN is composed of 6.7M children aged 3-17 and 200,000 teachers and education personnel.
- 123 Self-reported attendance does not capture the impact of schools working in shifts, regularity of attendance, and other factors such as total learning time and student retention and learning.
- 124 2022 Multi Sectoral Needs Assessment (MSNA) for self-reported attendance and non-attendance of children aged 6-17 years.
- 125 Consolidated data for children aged 6-17 years from EMIS (Education Management Information Systems) and ACU (Assistance Coordination Unit) data sets. As per other studies namely, JENA (Joint Education Needs Assessment) 2022 data highlights that over 40 per cent of children in NWS are out of school. And according to EMIS 2021/2022 data, there are 2.3 million children of whom 65 per cent are between age 12-17 years of age.
- 126 As per FTS, Education sector funding in 2022 has 13.7 per cent coverage
- 127 According to a Budget Brief, The 2022 State Budget in Syria, UNICEF Syria (July 2022). From 2011 to 2022, the share of the State budget allocated to the sector dropped from 7.1 per cent of the overall budget to 3.6 per cent. In real terms, allocations to the sector have decreased by 78 per cent compared to 2011
- 128 This is concurrent with increased exposure to protection threats such as child labour, predominantly for boys, and child marriage, predominantly for girls.
- 129 At national level, self-reported attendance was 12 per cent for secondary school. The highest numbers of children in secondary schools were reported in Tartous (25 per cent) and Lattakia (24 per cent), with the lowest five reported in Ar-Raqqa (4 per cent), Idleb (6 per cent), Deir -Ez-Zor (7 per cent), Aleppo (8 per cent) and Quneitra (9 per cent).
- 130 The data highlight that 41 per cent of 18–24-year-olds were still in pre-tertiary education, likely due to loss of learning time and lack of secondary learning opportunities.
- 131 Reasons cited for children not wanting to go to school were noticeably high in Lattakia (49 per cent), as was non-accreditation in Al-Hasakeh (44 per cent).
- 132 MSNA (2022).
- 133 MSNA (2022). Households were asked three key factors to improve education services: 54 per cent of households cited improvement to school infrastructure, 29 per cent the need to open more schools and 27 per cent provision of school supplies/textbooks.
- 134 The HNAW-WOS- WASH household survey: It is important to note that adults were asked and not the children themselves. The top three reasons cited included lack of cleanliness of toilets (87 per cent), lack of soap (over 50 per cent) and inadequate facilities/overcrowding (29 per cent). The highest levels of dissatisfaction were reported in Tartous (97 per cent), Al-Hasakeh (94 per cent) and Ar-Raqqa (86 per cent).
- 135 MSNA (2022). Underinvestment in teachers is reflected in the 44 per cent of households with school age children who perceived a need to enhance teacher capacity, 18 per cent cited the need to increase teacher pay and 11 per cent cited the need to hire more teachers to improve educational services.
- 136 This is of particular concern for teachers in north-west and north-east Syria.
- 137 Over 40 per cent of children are not being sent to school due to economic factors (MSNA 2022).
- 138 To enable financially challenged families to access primary production (food or income source incl. agricultural inputs) and markets, which include support for TVET. In addition, provision of CVA is necessary to provide immediate support for children to continue their education. Education can offer distribution centres, primary production locations and trainees.
- 139 MRM4Syria covering the period January – June 2022.
- 140 MSNA, IDP children living in camps (20 per cent) were more likely not to be attending than other population groups.
- 141 Only about 11 per cent of four-year olds and 36 percent of five-year-olds attend some form of learning (MSNA 2022).
- 142 UNICEF 2022, Post- Distribution Monitoring Surveys, Integrated Social Protection Programme for CWD: Over 60 percent of school-age children

- with severe mental or physical disabilities have never attended school or any other form of education
- 143 MSNA. Data show that if a child is displaced more than three times, there is a higher chance of not attending education (20 per cent), with 42 per cent less likely to attend in the first three years of displacement.
  - 144 A budget brief developed by UNICEF, "The 2022 State Budget in Syria, UNICEF Syria - July 2022", highlights that in real terms, allocations to the sector have decreased by 78 per cent compared to 2011.
  - 145 Results are based on a countrywide assessment of 39,694 households and technical reviews and consultations.
  - 146 The Integrated Food Security Phase Classification (IPC) is an innovative multi-partner initiative for improving food security and nutrition analysis and decision-making. By using the IPC classification and analytical approach, Governments, UN Agencies, NGOs, civil society and other relevant actors, work together to determine the severity and magnitude of acute and chronic food insecurity, and acute malnutrition situations in a country, according to internationally-recognized scientific standards.
  - 147 The rCSI is an experience-based indicator measuring the behavior of households over the past seven days when they did not have enough food or money to purchase food.
  - 148 In September, the minimum wage of around 105,000 could only buy one-third of the WFP reference food basket
  - 149 According to WFP RBC's remote food security monitoring, in 2022
  - 150 UNRWA 2021 statistical analysis
  - 151 This includes 5.3 million displaced persons, 2.2 million children under five years – including 501,783 live births expected, 4.2 million women of reproductive age (15-49 years), and more than 700,000 elderly people who will require integrated and lifesaving health services in Syria.
  - 152 Such as COVID-19, renewed hostilities in Dar'a, the water crisis in north-east Syria and the cholera outbreak.
  - 153 Such as human resource shortages, supply chain disruption, socio-economic decline and coercive measures.
  - 154 According to MSNA 2022, overcrowding and long waiting times were the number one barrier to health access.
  - 155 Such as reductions in routine childhood vaccination coverage due to cost-of-transportation barriers and/or worsening of chronic diseases due to unaffordable or unavailable treatment, delays and/or deferment in seeking care. According to MSNA 2022, 94 per cent of surveyed households reported having to pay during their most recent health visit and the cost of treatment and of consultation were two of the three most frequently reported barriers to health access.
  - 156 Including a meningitis outbreak in north-east Syria in May-July 2022, measles, recurrent leishmaniasis, particularly in north-east Syria, and TB.
  - 157 WoS Cholera SitRep # 3, October 14th 2022.
  - 158 Includes laboratory culture and rapid diagnostic tests.
  - 159 Particularly for COVID-19 interventions in last resort sites.
  - 160 WHO Syria, Public Health Situation Analysis (PHSA 2022).
  - 161 Ibid.
  - 162 WHO, 2016.
  - 163 UNFPA November 2021, via MISP calculator <https://iawg.net/resources/misp-calculator>
  - 164 Households where the head of household was reported to have a disability or where at least one member of the household aged four – 24 years was reported to have an injury, disability or other health condition.
  - 165 WHO Syria, Public Health Situation Analysis (PHSA 2022).
  - 166 MSNA 2022.
  - 167 Including more than 800 Palestine refugee families who returned to Yarmouk and Ein El Tal refugee camps – UNRWA Syria, 2021.
  - 168 Aleppo, Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Idleb, Dar'a, Rural Damascus, Hama, Lattakia and Damascus.
  - 169 DHIS2
  - 170 Aggravating factors include crude mortality above 1/10,000/day, epidemic of measles and high prevalence of respiratory or diarrhoeal disease, poor sanitation environment, unreliable food distribution system
  - 171 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6882541/>
  - 172 Note that more comprehensive analysis of needs and severities per sub-district and WASH-related indicators, and visualizations of WASH data, can be found on the links: [WASH PiN and Severity HNO 2023 and WASH Atlas 2022](#).
  - 173 The reliability and efficiency of water systems continued to decrease for the second consecutive year since 2016, with five per cent (over one million people) fewer people using water networks as the only household water supply modality compared to mid-2021. A significant decline in the quantities of water produced has caused water to arrive once every 15 days in many rural areas. The recent outbreak of cholera in Syria is considered a direct result of the deteriorating water quantity and quality.
  - 174 WASH Household Assessments (countrywide) June-July 2022. All data are presented in the WASH Atlas Summer 2022.
  - 175 See the dedicated water crisis response plan for more details about the water crisis.
  - 176 The extremely low water level in the Euphrates not only affects the production of electricity, but also deteriorates the parameters of the river water (turbidity, algae growth etc.). This hinders the treatment process, and in some cases, disables the drawing of water.
  - 177 Around 53 per cent of households that reported using water trucking as the main water supply modality spend more than five per cent of household income on purchasing water compared to the 23 per cent of households using other water sources (data from WASH Household Assessments (countrywide) June-July 2022). The combined costs for water and sanitation services should not exceed five per cent of household income. (The Human Right to Water and Sanitation – Media Brief [https://www.un.org/waterforlifedecade/pdf/human\\_right\\_to\\_water\\_and\\_sanitation\\_media\\_brief.pdf](https://www.un.org/waterforlifedecade/pdf/human_right_to_water_and_sanitation_media_brief.pdf)).
  - 178 Throughout the WASH chapter, the term "IDP sites" refers to IDP camps, informal settlements, and collective centres/shelters in line with a generic IASC term used to describe several IDP settlement types. Population living in IDP sites is referred to in the WASH chapter as "IDP/displacement sites" population, while the rest is referred to as "general population", i.e. those not living in camp-like settings.



- 179 WASH Household Assessments (countrywide) 2016-2021. All data are presented in the WASH Atlas published every six months.
- 180 WASH Household Assessments (countrywide) June-July 2022. All data are presented in the WASH Atlas Summer 2022.
- 181 WASH Household Assessments (countrywide) 2016-2021. All data are presented in the WASH Atlas published every six months.
- 182 Ibid.
- 183 WASH Household Assessments (countrywide) June-July 2022. All data are presented in the WASH Atlas Summer 2022.
- 184 Ibid.
- 185 Ibid.
- 186 Ibid.
- 187 North-east WWG with WHO realised a WASH and IPC in HCF Assessment in June 2022/2nd round. Some results: out of 163 (87 per cent ) HCF assessed in four governorates, 23 did not meet WASH targets; 74 per cent WASH IPC Score – 67 per cent in 2021; Al-Hasakeh and Deir-ez-Zor Governorates scored the lowest.
- 188 WASH Household Assessments (countrywide) June-July 2022. All data are presented in the WASH Atlas Summer 2022.
- 189 Women and girls face challenges in accessing toilets, especially in sites, water points and adapted hygiene kits. The lack of access to safe water has a disproportionate impact on women's and girls' health and reproductive health (Source GBV WG).
- 190 Data from north-west Syria about people living with disability: 64.67 per cent have no access to communal water facilities; 72 per cent have no access to functional latrines (with special design to meet the needs of people with disability); 50.25 per cent of respondents are using private self-made latrines as a coping strategy; almost 31 per cent had no access to hygiene items; 87 per cent were not consulted about the hygiene kit content; 91 per cent were not consulted during the needs assessment. (Source: WASH Cluster field facilitators case by case household assessment on disability inclusion in camps and informal settlements across north-west Syria, started last year - 6,774 disability cases in 452 camps).
- 191 Camps for widows in north-west Syria,(widows and single mothers). These camps have poor WASH conditions and are at high risk of WASH-related disease outbreaks, including cholera.
- 192 Seasonal outlook for the Syrian Arab Republic, WMO, 10 October 2022.

**HUMANITARIAN  
NEEDS OVERVIEW**  
SYRIAN ARAB REPUBLIC

ISSUED DECEMBER 2022