Joint Rapid Assessment of Northern Syria

Final Report

A collaborative effort between a range of humanitarian actors, supported by ECHO, DFID and OFDA; facilitated by the Assistance Coordination Unit (ACU)

17 February 2013
Disclaimer

This first joint rapid assessment has not fully assessed all sectors and areas. It does not claim that the findings represent a comprehensive account of the humanitarian situation in the assessed governorates. The report should be interpreted in conjunction with UN/UN-OCHA and NGO reports, other assessment reports, media reports, and registration figures.

Cover photo: Internally displaced family in the village of Najati, Latakia governorate at the Syrian-Turkish border, waiting to cross into Turkey.
© Abdullah F, November 2012
# Table of Contents

Table of Contents ........................................................................................................................................................................................................................................................................................................................................... 3
List of Abbreviations ...................................................................................................................................................................................................................................................................................................................................... 4
A. Executive Summary ......................................................................................................................................................................................................................................................................... 5
   A.1 Summary Findings .............................................................................................................................................................................................................................................. 5
   A.2 Priority Recommendations ......................................................................................................................................................................................................................... 8
B. Introduction ................................................................................................................................................................................................................................................................................. 11
C. Conflict impact .................................................................................................................................................................................................................................................................. 16
D. Sectoral Analysis ...................................................................................................................................................................................................................................................... 25
   D.1 Food security .................................................................................................................................................................................................................................................... 25
   D.2 Health ......................................................................................................................................................................................................................................................... 32
   D.3 Water, Sanitation, Hygiene (WASH) ...................................................................................................................................................................................................... 40
   D.4 Shelter/NFI ................................................................................................................................................................................................................................................. 47
Annexes .............................................................................................................................................................................................................................................................................. 53
   Annex 1. Table of Figures ................................................................................................................................................................................................................. 54
   Annex 2: Questionnaire ......................................................................................................................................................................................................................... 56
List of Abbreviations

ACU  Assistance Coordination Unit  
COD  Common Operational Data Sets (UN-OCHA)  
DFID  Department For International Development  
ECHO  European Commission Humanitarian Office  
FAO  Food and Agriculture Organisation  
GIS  Geographic Information Systems  
HC  Host Communities  
HHs  Households  
IASC  Inter-Agency Steering Committee  
IDPs  Internally Displaced Persons  
INGO  International Non-governmental Organisation  
J-RANS  Joint Rapid Assessment in Northern Syria  
KI  Key Informant(s)  
LNGO  Local Non-governmental Organisation  
MoH  Ministry of Health (Syria)  
NFIs  Non-food Items  
NGO  Non-governmental Organisation  
OFDA  Office For Overseas Development  
PIN  People in Need (INGO)  
SGBV  Sex and gender based violence  
SHARP  Syrian Humanitarian Assistance Response Plan  
SI  Solidarités International  
UN  United Nations  
USAID  United States Agency for International Development  
WFP  World Food Programme
A. Executive Summary

A.1 Summary findings

Summary

This survey covered 45% of the six northern governorates, representing 34% of the total population, and found:

- 3.4 million people in urgent need of humanitarian assistance
- 1.1 million internally displaced people
  - 3.4 million people in need of Food and Livelihood support
  - 3.2 million people in need of Health support
  - 3 million people in need of Shelter/NFI support
  - 2 million people in need of WASH support

Introduction

The Joint Rapid Assessment in Northern Syria (J-RANS) was undertaken over a two-week period in mid-January 2013. The key purpose of the J-RANS was to provide strategic information on needs, key affected populations, priority sectors for intervention and to determine where assistance is reaching people.

The assessment was a collaborative effort between a range of humanitarian actors, supported by ECHO, DFID and OFDA and facilitated by the Assistance Coordination Unit (ACU). International needs assessment and GIS experts provided technical support.

Methodology

The J-RANS process drew on existing secondary data and needs assessments from NGO partners combined with a rapid primary data gathering exercise. 30 enumerators covered 58 sub-districts in six northern governorates (Idleb, Aleppo, Lattakia, Ar-Raqqa, Al-Hassakeh and Deir-ez-Zor), building on an earlier UN analytical model. Qualitative and quantitative data was gathered, using key informant interviews and direct observation. Relief committees, religious leaders, local organisations, heads of household, medical staff and local police were interviewed. Public places such as schools, hospitals, water points, markets or small shops were also visited to complement interviews with direct observation.

Each enumerator underwent a complete debriefing on return and was asked to provide evidence where reported information showed critical trends or severity levels (lists, photos, etc.). Care was taken to mix enumerator teams to reduce bias and to crosscheck findings: enumerators were debriefed separately to verify consistency. Additionally, random verification was performed via telephone (as possible) to judge the accuracy of the information provided. Reliability of sources was also noted in the questionnaires, specifically for quantitative data. Data that did not pass the verification protocols were discarded and are not presented in this report.

Field data was triangulated with general knowledge about the situation in a given area (displacement patterns, conflict period, etc.), compared to baseline information (demographics, health statistics, price trends, socio-economic profile of the population, etc.) and with independent secondary data (partners report and databases). Data that were considered inconsistent, incomplete or contradictory were discarded.

Limitations

Limited sectoral coverage: It is recognised that there are substantial problems in the surveyed area in the sectors of protection and education. The scope of the J-RANS in the initial phase covers only 4 sectors (due to the rapid character of the exercise), and further assessment of these specific sectors is urgently required. To the extent possible, secondary information on protection and education is included in the report (see also the recommendations for further assessments).

Limited geographic coverage: The J-RANS reached 58 (45%) of all 128 sub-districts in 6 northern governorates of Syria. Due to constraints in time, accessibility and security, the city of Aleppo was not covered under this assessment. The population figures provided in this report are estimates made on the ground by observers and verified through existing registration lists, beneficiary lists, and local knowledge or data verifications. While these figures should not be considered precise, the trends reported were verified.

1 Source: Syrian Arab Republic, Central Bureau of Statistics, Civil Affairs Records Status 01/01/2011
Key findings

The J-RANS assessment was able to reach 58 of the 128 sub-districts representing 45% of the area and an estimated 34% of the total population of the six Governorates. It indicated that there are over 1 million internally displaced people, and that over 3.4 million people are in urgent need of humanitarian assistance in the surveyed areas. The numbers of people in need, including IDPs, are likely to rise when areas not yet covered are assessed.

The assessment identified that the humanitarian needs differ significantly between Higher Conflict Intensity (HCI) areas and Lower Conflict Intensity areas (LCI). Amongst other pressing needs, HCI areas have acute medical needs arising from the military operations, whereas LCI areas are providing refuge to large numbers of IDPs.
**Priority Target Groups**

The assessment identified the following affected groups requiring immediate assistance, in descending order of priority:

1. IDPs living in collective accommodation (and in improvised shelter)
2. IDPs living in host families (this represented the vast majority of those who received aid)
3. Households facing financial insecurity, often unable to leave contested areas due to lack of resources
4. Families hosting IDPs who are stretching their resources

**Priority Sectors**

The assessment identified the following priority sectors in descending order of priority:

- **Figure 3: Priority sectors for humanitarian interventions in the survey area**

**Relief actors meeting the needs**

Respondents were asked if they had received regular assistance in the last 30 days. The assessment indicated that local relief groups consistently provide the largest amount of regular assistance and that there are significant gaps, especially in shelter and WASH.
A.2 Priority Recommendations

Summary

1. There is an urgent need to stop indiscriminate bombing and shelling and ensure protection of civilians, especially vulnerable groups such as children, women, older people and the disabled.

2. There is an urgent need to scale-up cross-border as well as cross-lines assistance (including from Damascus) to reach vulnerable groups in the northern governorates, and in particular neglected areas such as Deir-ez-Zor (high priority) and some parts of Ar-Raqqa, Aleppo and Idleb. However, all areas covered in this assessment are in significant need.

3. There are life-threatening gaps in medical, WASH and shelter assistance, and food is increasingly becoming a critical issue. Respondents identified food as their highest priority need overall.

4. There is a need for more comprehensive (sectors of intervention and geographical coverage), systematic and regular assessment to provide an increasingly accurate and timely picture of needs that will allow relief actors to save lives.
Sectoral Recommendations

Needs stated by the affected population in descending order of priority:

**Food Security priorities:**

In 57 out of 58 assessed sub-districts, Food Security was seen as a priority for intervention. Requested assistance is as follows:

1. Delivery of wheat flour, fuel supplies to subsidise bakeries.
2. Supplementary food and powdered milk for children (where needed, and only if safe water is accessible)
3. Food basket/food diversity: In-kind support and cash for work/unconditional cash grant assistance to most vulnerable groups.
4. Fuel for cooking and heating food (stoves, wood and kerosene).

> Findings indicate that the situation is not immediately life threatening for the majority of the affected population, but that a vast majority of the visited sub-districts are borderline food insecure.

> Over 50% of the assessed areas in Al-Hassakeh and Idleb had not received any regular food support over the past 30 days. In the remaining 4 governorates, two-thirds or more have received regular food supplies over the past month, from various actors.

**Health priorities:**

In 51 out of 58 assessed sub-districts, Health was seen as a priority for intervention.

1. Medicines, including medicines for war injuries (anaesthetics), chronic disease medication, and antibiotics.
2. Medical staff in Higher Conflict Intensity areas (especially orthopedic surgeons, anaesthetists and emergency doctors, female staff for reproductive health and sex and gender based violence, SGBV).
3. Extended programme for immunisation (EPI), and vaccination campaigns.
4. Medicines for communicable disease in sufficient stocks to enable swift response to potential outbreaks of communicable disease.
5. Medicines for chronic diseases, especially for older people who can’t afford the cost of their treatment.
6. Referral system of critical cases to hospital, ambulances, access to rehabilitation services (for disabled)

7. Medical equipment and consumables/re-usable supplies, including: orthopedic surgery sets, and disability aids.
9. Nutritional support for vulnerable groups including children and pregnant/lactating women (promoting breast feeding techniques and providing, where needed, and only if safe water is accessible, milk formula), and older people.

> The capacity of first responders to conduct triage and proper case management is limited. This is leading to excess morbidity and mortality on the way to health facilities.

> In the sub-district of Ath-Thawrah in Ar-Raqqa district, key informants are reporting that “many people are dying now” due to the lack of access to health services. In Aleppo, respondents in one eastern sub-district reported that “many will die soon” if no health support is provided. The same is true for two sub-districts in Deir-ez-Zor governorate.

**Water, Sanitation, Hygiene (WASH) priorities:**

In 39 out of 58 assessed sub-districts, WASH was seen as a priority for intervention.

1. Water supply: fuel/electricity for generators
2. Containers to store water, water tubes, fuel for water pumps in rural areas
3. Water piping and products, tubes, pipes, spare parts for damaged pumps, and generators in urban areas
4. Water purification system and tablets, water quality tests in urban areas
5. Distribution of hygiene kits in camps followed by hygiene campaign for children.
6. Improve sanitary conditions (latrines and showers, etc.) for IDPs living in collective accommodation

> Respondents in five assessed sub-districts indicated that “many will die soon” if access to drinking water does not improve.
Shelter and Non-Food Item priorities:

In 29 out of 58 assessed sub-districts, Shelter/NFIs was seen as a priority for intervention.

1. Fuel for heating and gas (fuel is more in demand in areas with large IDP populations).
2. Shelter kits to improve the insulation of the dwellings, especially for IDPs in unfinished buildings/inadequate accommodation.
3. Blankets and mattresses.
4. Warm clothes, especially for children and older people (socks, shawls, winter clothes and jackets for children.
5. Cooking sets (especially for IDPs)

During the cold season over the past month, “many are dying now” in at least one assessed area (Ar-Raqqa governorate) – according to key informants interviewed during this assessment. Findings from Aleppo and Deir-ez-Zor indicate that “many will die soon” if no adequate shelter/NFI support is provided.

Information Gaps and Needs

- **Affected population figures**: Updated and more comprehensive number of IDPs in host families, collective accommodation and unoccupied buildings. Number of people living in high intensity conflict areas. Sex and age disaggregated data including older age groups (60-79 and 80+).
- **Damages**: Updated and more comprehensive status of destroyed and damaged medical facilities and schools.
- **Livelihoods and Food Security**: More comprehensive information required on market prices, availability of products per sub-districts (Emergency Market Mapping Assessment, EMMA).
- **Disease surveillance**: Data records at clinic and field hospital level.
- **Protection**: Cases and locations of SGBV, unaccompanied EVIs (children, older people, disabled), number of cases of psychological trauma, and elderly.
- **Who, What, Where**: of all relief agencies, to increase interagency and sectoral coordination for relief activities; especially needed for coordination between health actors for partnership-forming between health providers with different mandates to increase comprehensiveness of service provision (continuation of care, referral of patients for rehabilitation and provision of disability aids).
- **Nutrition**: Status of children under 5 years old and older people.

**Recommendation for further assessments**

- Based on lessons learnt from the J-RANS, improve and adopt the methodology and tools used and tested for a country-wide needs assessment in order to establish comparable data sets and to contribute to a common operational picture.
- The key priority is to establish a dynamic needs monitoring system and to systematize data collection formats (medical records, figures, priority needs per group and location) and ensure regular collection of the data (monthly).
- Design and establish monitoring system for urban centres besieged.
- Further assessments need to focus on disaggregation of sectoral information (as well as population groups: age, gender) in order to provide a more accurate quantitative sectoral gap analysis.
- Reduce needs assessment fatigue by coupling needs assessment with light distribution mechanisms. Among very popular items that are very frequently required: clothes for children, fuel, flour, and medicines.
- Establish minimum reporting standards (documentation of methods and data) and provide standard data collection tools to partners to enable harmonization of collected information.
- Record P-codes (place codes) for the location of assessed areas (see UN-OCHA COD).
- Crosscutting issues such as protection, child protection, SGBV, etc. need to be included in future assessments.
- Education sector to be included in future assessments.
- Further needs assessment needs to anticipate the likely shifting priorities after the temperature start to rise again.
- It is important to obtain a general picture of the situation and to maintain comparability over time and location. Therefore, it is important to focus on the collection of most relevant information only (avoid extensive questionnaires), especially in areas that will most likely not receive assistance in the coming months due to security or access issues.
B. Introduction

B.1 Background

Two years of intensified conflict, new waves of displacement, restricted humanitarian space and insecurity, combined with the impact of a harsh winter, are all contributing to increased vulnerabilities and reduced access to basic goods and services in Northern Syria. Recently, improved access to the seven northern governorates offers an opportunity to capture humanitarian needs in Northern Governorates and to prioritize most affected groups and geographical areas.

At a meeting between donors and NGOs with the Assistance Coordination Unit on 11 Jan 2013, it was agreed to carry out a Joint Rapid Assessment in Northern Syria (J-RANS). The assessment was carried out in a collaborative effort between a range of humanitarian actors, supported by ECHO, DFID and OFDA, and facilitated by the Assistance Coordination Unit (ACU). A multi-agency assessment working group was formed to agree on the methodology and approach for this exercise. International needs assessment and GIS experts provided technical support. The J-RANS builds on the November 2012 methodology for rapid assessment established by UN agencies to support the mid-term revision of the SHARP. This November assessment was cancelled due to lack of security and access restrictions.

B.2 Joint Rapid Assessment

The purpose of the J-RANS was to:

- Provide timely reliable information at a local level to facilitate the provision of humanitarian assistance
- Identify key affected areas, groups and sectors
- Map severity level for aid sectors
- Identify key priorities as expressed by the population
- Identify information gaps and needs to prepare the foundation for more in-depth assessment
- Establish a phased assessment process and identify potential for on-going monitoring
- Offer a scalable methodology in geographically accessible priority areas, able to be replicated in other areas as the situation evolves

Methodology

The J-RANS builds on three different types of information:

- Primary data collected at the sub-district level in six north Governorates
- Secondary data pre-crisis and in-crisis
- Information shared by key partners operating in Northern Syria

The main data collection instrument for the fieldwork was a rapid assessment questionnaire for quantitative/qualitative data collection. Two days of training were carried out, including a field test and the revision of the Arabic questionnaire. Each team received the responsibility of covering one district. In each district, every accessible sub-district was covered and one questionnaire was issued for each.

Data collection methods included key informant interviews and direct observation. Relief committees, religious leaders, local organizations, heads of household, medical staff, transporters and local police were among the most interviewed. Public places such as schools, hospitals, water points, markets or small shops were also visited to complement interviews with direct observation. Each enumerator went through a complete debriefing on the visited area and was asked to provide evidence in case the reported information showed critical trends or severity levels (evidence included collection of lists, photos, etc.). Care was taken to mix enumerator teams to reduce bias and in order to crosscheck findings. Enumerators were debriefed separately to verify consistency. Additionally, random verification was performed via telephone (where possible) to judge on the accuracy of the information provided. Reliability of sources was also noted in the questionnaires, specifically for quantitative data. Data that did not pass the verification protocols were discarded and are not represented in this report. A total of 58 questionnaires were used for this final report.

Field data was triangulated with general knowledge about the situation in a given area (displacement patterns, conflict period, etc.), compared to baseline information (demographics, health statistics, price trends, socio economic profile of the population, etc.) and with available secondary data (partners report and databases). When convergence of evidence was impossible to meet (field data vs. secondary data), data were discarded.
Population figures were gathered through accessing local registration files or lists established by local relief committee or councils at district or sub-district levels. As an indication, only 17 of visited sub-districts had no formal registration in place, 2 districts had scheduled one soon, 23 sub-districts had completed registration and were updating data regularly and 16 were currently undertaking registration.

When lists or registration logs were formally accessed and not older than one month, the consistency of the data was ranked as “reliable”. In the case no updated list or registration was available, other proxy information was used (beneficiary or distribution lists) and the source reliability was ranked fairly reliable if local councils provided reasonable estimates. In all others cases the data source reliability was identified as non-reliable (3% of provided population figures total).

![Figure 8: Location of assessed districts (blue boundaries) and Population Density (areas included under the J-RANS marked in blue)](image)

The assessment area covers 45% of the 6 governorates by area, and about 34% of the population of the 6 governorates (based on Central Bureau of Statistics/Civil Affairs Records, status 01/01/2011).

**Timeframe**

The Gantt chart below shows the timeframe followed for each key steps or activities of the J-RANS:

![Figure 9: Timeframe of the J-RANS: 11 - 29 January 2013](image)

Interpretation of the findings was performed in collaboration with local and international organizations supporting the assessment. Preliminary findings and reports were presented the 30th of January 2013. The final report was presented on 17 February 2013.
Categorization of geographical areas and analysis

In order to identify specific needs and target groups, the geographic areas in the northern governorates have been categorised using the following criteria:

‘Higher’ conflict intensity (HCI)
- Contested by military forces
- Regular bombing/shelling
- IDPs “trapped”
- High number of civilian casualties, incl. women and children
- Short distance to confrontation lines
- Population generally decreasing
- More dynamic situation
- Difficult access

‘Lower conflict intensity (LCI)
- Currently not contested by military forces
- Currently no bombing/shelling, or rarely
- “Safe haven” in HCIs
- No/low number of civilian casualties
- Longer distance to confrontation lines
- Population increasing (due to IDP influx)
- More stable situation
- Safer/easier access for humanitarian support

Figure 10: Areas by intensity of conflict: 58 sub-districts in 18 districts assessed; incl. 33 sub-districts with “higher intensity of conflict” (HCI) and 25 sub-districts with “lower intensity of conflict” (LCI)

Report Structure

The final report includes a section on conflict impact (displacement, destruction, casualties, etc.) as well as a summary analysis by sector (Health, Food Security, WASH, and Shelter/NFIs). Each analysis suggests priority areas for further, in-depth assessment and for priority interventions.

Within each sector, a summary finding section is proposed with key recommendations, estimation of the number of affected population and a description of key actors delivering support. Details are further provided for areas with Lower Conflict Intensity and areas with Higher Conflict Intensity, including most affected groups, severity and type of organization providing humanitarian assistance.

A large quantity of secondary data and good field assessment coverage allowed us to build two complete governorates profiles (Idleb, Aleppo), which will be made available in Annex 3 of the final report. Additionally, 4 draft governorate profiles (due to absence of secondary information) will be released separately at a later date. All governorate profiles will be updated regularly.

Findings limitations

The J-RANS reached 58 (45%) of all 128 sub-districts in the 6 northern governorates of Syria. Until additional sub-districts are reached, generalizations made from this sample to the entire population of these governorates are only projections, which cannot yet be confirmed.

The population figures provided in this report are estimates made on the ground by observers and verified through local knowledge or data verifications. While these figures should not be considered precise, the trends reported were verified.

When interpreting the available figures on this report, note that:
- Special care has been taken to verify the figures provided by comparing them to other reports, checking with local authorities, and identifying major trends over time. Data from several unreliable or inconsistent informants were discarded.
- After data collection took place, intensive bombing has occurred in some high conflict intensity areas. This has caused additional displacement and casualties not represented in this report.
Areas visited for this assessment included those with the greatest secure physical access. Areas not visited are likely to have worse conditions than those reported here.

For security and safety reasons and in order to protect key informants, sources and enumerators, the data in this report has been aggregated at the governorate level where required. This procedure minimizes the variability of conditions reported. Generally, the differences are largest between densely populated urban centres under siege, compared to sub-urban or rural areas.

A confidentiality agreement was signed with partner organizations who shared information. For this reason, the source organizations are not identified in this report and in the corresponding database. Instead and when possible, the type of organization providing the information is provided.

B.2.4 How to read the charts

In addition to maps, three main types of charts are used to illustrate the findings under this assessment: heat maps to summarize priority questions, horizontal stacked bars to summarize humanitarian support coverage, and vertical stacked bars to summarize severity ranking. The following propose some tips to read and interpret charts in an appropriate way.

Priority or preferences visuals

Heat-maps are used throughout the report to summarize multiple priority responses and their relative importance into a form that is easier to visualise.

The questions from which the heat maps are derived always imply a preference, generally based on top 3 ranking (what is the first most important required intervention, the second most important, the third most important…) or a simple ranking (which of the following is the first most affected group, the second most affected group, the third most affected group).

The calculation is derived from the theory of election systems, the Borda count. Levels of preference are grouped under four sub-headings, and the following classification can be used to interpret correctly the findings:

- **Very high**: correspond to a very high ranking, demand, priority or preference
- **Higher**: correspond to higher ranking, demand, priority or preference
- **Intermediate**: correspond to intermediate ranking, demand, priority or preference
- **Lower**: correspond to lower ranking, demand, priority or preference.

Note that the scale is ordinal. While there is a rank order in the numbers assigned to the categories of the variable, the distance between the preference levels is not equal or known. From such results, we know the order of preference but nothing about how much more one item is preferred to another: In the above example, “Places to live and NFI” in Aleppo Governorate is not 3 times less preferred / needed than “Food security”.

The number of sub-districts visited in each Governorate is noted on each table. Note that, where the total number of responses is small, special care should be taken as small changes in individual preferences can have considerable effects on the ranking of items or groups.

Note also that a “lower” ranking, demand, priority or preference does not imply an “absence of need”. It only means that other items or interventions are requested, preferred and given more importance and that the item does not qualify regularly in the top 3 preferences as expressed by the population. Therefore, the heat maps display only the most frequently mentioned “top 3” items.

Relief providers visuals

The field assessment captured existing humanitarian support in the visited sub-districts and the type of organisation providing the support in the food, health, WASH and Shelter/NFI sectors. Results are presented in the form of a horizontal stacked bar where the type of organization is colour encoded. The questions

---

Footnotes:

2 The Borda count determines the most preferred items of an election by giving each response a certain number of points corresponding to the position in which it is ranked by each respondent. Once all preferences have been counted, the item with the most points is determined as the most preferred. See ACAPS Resources: [http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69](http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69)
intended to record only regular sector support (more than once) in the past 30 days of the field visit.

Findings are available for each governorate. In the sample enclosed, results should be interpreted as follow: In Higher Conflict Intensity areas (HCI), 45% of the visited sub-district reported not having received regular food support in the last 30 days. 52% reported receiving food support. In 3% of visited sub-districts, respondents did not know if regular food support was received over the past 30 days.

The assessment did not quantify the type of support provided nor the beneficiary coverage or the coverage against internationally accepted emergency standards. Those results only intend to map the type of actors currently active in the field as a proxy for humanitarian access, to map the most active type of organizations and to identify potential partners for humanitarian interventions.

### Severity ranking visuals

Severity of health problems - HCI areas

![Severity level graph]

After having asked standard questions regarding the situation in a given sector, the enumerators asked key informants to provide an indication of the gravity/severity of the situation. The severity of the problems (degree of exposure to death) was used as an indication of the need for life-saving assistance and as a proxy for determining the segment of the visited population at risk or acute risk if no assistance is provided.

The severity scale was standardized across sectors and can be summarized or interpreted as follows:

0. **Do not know**: Severity of the situation couldn’t be assessed with accuracy (access problems or lack of evidence)

1. **No concern – Situation under control**

2. **Situation of concern that requires monitoring**: e.g. increased number of diarrhoea cases at the health centre, medical staff and medicines are available but further inquiry or monitoring is required to follow the evolution and see if the situation stabilises or worsens.

3. **Many people will suffer if no [sector] assistance is provided soon**: accessibility or availability issues are ascertained by the assessment. No death case is reported or can be directly linked to the problem but a large portion of the population is affected by this issue (water quality, shelter space, price increase, etc.).

4. **Many people will die if no [sector] assistance is provided soon**. Situation is severe. Coping mechanisms are no more efficient. Resources are scarce and beyond the exhaustion levels. Large portion of the population is at immediate risk of death if no assistance is provided soon.

5. **Many people are known to be dying now because of insufficient [sector] services**. Situation is critical. Deaths are confirmed and directly observed by the enumerators. Evidence is given of the severity of the situation (cemetery visit, lists, hospital visit, photos, etc.). Population can’t face the current situation, and many more will die if no assistance is provided immediately or if the cause of death is not addressed immediately.

In the above sample graph, the results can be interpreted as follow: In Al Raqqa Governorate, 18% of visited sub-districts were categorized in critical situation in the health sector. 62% of visited sub-district were found in a situation of concern that will require appropriate follow up to avoid further deterioration. No concern was reported in 20% of visited sub-districts.

The severity ranking was used to estimate the number of population at risk (level 3) or at acute risk (level 4 and 5) for each sector.
C. Conflict impact

C.1 Demographics

In the 58 visited sub-districts, the assessment provided estimates for the following population categories:

(All figures were collected in the assessed sub-districts. No extrapolations were carried out)

<table>
<thead>
<tr>
<th>Pre-conflict population (2011) assessed</th>
<th>Al-Hassakeh*</th>
<th>Aleppo</th>
<th>Ar-Raqqa</th>
<th>Deir-ez-Zor</th>
<th>Idleb</th>
<th>Lattakia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>237,000</td>
<td>1,605,000</td>
<td>737,000</td>
<td>690,000</td>
<td>588,341</td>
<td>770,000</td>
<td></td>
<td>4,627,341</td>
</tr>
<tr>
<td>No who have fled</td>
<td>56,000</td>
<td>290,120</td>
<td>61,000</td>
<td>350,000</td>
<td>187,000</td>
<td>194,100</td>
<td>1,138,220</td>
</tr>
<tr>
<td>Current population estimates</td>
<td>98,000</td>
<td>1,790,532</td>
<td>1,030,700</td>
<td>359,000</td>
<td>546,092</td>
<td>720,000</td>
<td>4,544,324</td>
</tr>
<tr>
<td>No of IDPs</td>
<td>13,000</td>
<td>374,372</td>
<td>413,650</td>
<td>1,600</td>
<td>113,351</td>
<td>144,150</td>
<td>1,060,123</td>
</tr>
<tr>
<td>No of IDPs in host families</td>
<td>12,000</td>
<td>303,772</td>
<td>323,950</td>
<td></td>
<td>73,799</td>
<td>107,550</td>
<td>821,071</td>
</tr>
<tr>
<td>No of IDPs in public buildings</td>
<td>1,000</td>
<td>25,800</td>
<td>89,700</td>
<td>1,600</td>
<td>39,552</td>
<td>36,600</td>
<td>194,252</td>
</tr>
<tr>
<td>No of IDPs in vacated buildings</td>
<td>-</td>
<td>44,800</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>44,800</td>
</tr>
<tr>
<td>No of people in need of assistance</td>
<td>98,000</td>
<td>1,672,532</td>
<td>908,000</td>
<td>316,000</td>
<td>430,092</td>
<td>32,400</td>
<td>3,457,024</td>
</tr>
<tr>
<td>% of people in need of assistance</td>
<td>100%</td>
<td>93%</td>
<td>88%</td>
<td>88%</td>
<td>79%</td>
<td>5%</td>
<td>76%</td>
</tr>
</tbody>
</table>

*IDP figures in Al-Hassakeh are estimates only, as information received from sources not considered fully reliable was discarded. The number of IDPs is much higher than indicated.

Figure 11: Key-population figures on 58 sub-districts in 18 districts in 6 governorates collected during assessment (as of 26 Jan 2013). Only reliable data used.

The pre-conflict population figures presented in this report relate to the number of people reported living in the visited areas before the start of the conflict (March 2011) and were calculated based on local registry, civil affairs records, and key informant estimates. No accurate pre-conflict sub-district population figures are available for Syria, as the latest population breakdown is from the census 2004 and available projections or civil affairs records on the Syria Ministry of statistics are available only at the governorate level. Unreliable sources were discarded in the analysis.

The number of people who have fled corresponds to the actual number of people who left the sub-district to seek refuge in other sub-districts (generally in Low Conflict Intensity areas) or abroad (mainly Turkey). Unreliable sources were discarded in the analysis.

The current population estimate is the total population currently living in the visited sub-districts and accounts for residents (affected or not, hosting IDPs or not hosting IDPs) plus the total IDP population. The total of pre-conflict population minus the number who have fled plus the total number of IDPs does not equal the total current population in a given Governorate. When unreliable data are discarded, only the corresponding value in the given category is considered as “Do Not Know”. For instance, in Al-Hassakeh governorate, 165,000 people were reported as currently living in Quamishli sub-district, including 70,000 IDPs. As the values could not be verified, those two data points were discarded. Current population estimates represented here are considered reliable or fairly reliable.

The total number of IDPs accounted in the above table is based on reliable or fairly reliable data (obtained through registration lists, key informant estimates, or beneficiary distribution lists) on the following categories: IDPs in Host families + IDPs in public building + IDPs in vacated buildings. Unreliable sources were discarded.

Precise figures (such as 430,092 in Idleb) emerge when some reliable data, based on accurate lists with precise digits, are included in the final figure. This creates an impression of precision; however remember that those figures are aggregated and are only estimates.
Estimated number of people in need of humanitarian assistance: Based on the current population estimates and the severity ranking established by key informants and enumerators, it was possible to estimate the number of people in need. People were considered “at risk” when the severity level was determined as level 3 (Many people will suffer if no immediate assistance is provided). People were considered at acute risk when the severity level was determined as level 4 or 5 (Many people will die soon if no assistance is provided or many people are known to be dying because of insufficient services). People with level 1 or 2 were not accounted as people in need. The following table describes the number of people in need for each sector and governorate, taking into consideration the severity levels reported during the assessment (HCI and LCI combined):

<table>
<thead>
<tr>
<th>Food security</th>
<th>Health</th>
<th>Shelter &amp; NFI</th>
<th>WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At risk</td>
<td>At risk</td>
<td>At acute risk</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>98,000</td>
<td>98,000</td>
<td></td>
</tr>
<tr>
<td>Aleppo</td>
<td>1,672,532</td>
<td>1,601,532</td>
<td>45,000</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>908,000</td>
<td>750,000</td>
<td>80,000</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>316,000</td>
<td>43,000</td>
<td>316,000</td>
</tr>
<tr>
<td>Idleb</td>
<td>430,092</td>
<td>257,592</td>
<td></td>
</tr>
<tr>
<td>Lattakia</td>
<td>32,400</td>
<td>26,600</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3,457,024</td>
<td>2,776,724</td>
<td>441,000</td>
</tr>
</tbody>
</table>

Figure 12: Population in need (at risk vs. at acute risk) on 58 sub-districts in 18 districts in 6 governorates collected during the assessment (as of 26 Jan 2013). Only reliable data used.

C.2 Areas with ‘higher’ conflict intensity (HCI)

The 33 assessed sub-districts in the six governorates with ‘higher conflict intensity (HCI) are currently suffering from regular aerial bombardment, shelling and ground fighting between armed forces at the front lines between FSA and government forces. Consequently, a high number of people have died, were injured, arrested, or are missing. Large parts of the population fled from these areas internally (within the same district and governorate), to other governorates, or abroad (mostly to Turkey).

Population in need for humanitarian assistance (HCI)

In the 33 assessed HCI sub-districts, more than 1.3 million persons are at risk of food insecurity, and over 400,000 people are at high risk (people are dying right now or will die soon if no assistance is provided) especially in the sectors health and WASH. For more sectoral information, see section D of this report.

Figure 13: People in need for humanitarian assistance in HCI areas by sector and governorate (sample: 33 sub-districts)
Casualties (HCI)

The majority of casualties in HCI areas are men that were killed, injured or arrested during the conflict. In the visited 33 HCI sub-districts, more than 6,000 men were killed, over 27,000 injured, 2,566 men were arrested, and 4,250 men are reported missing.

Casualties in HCI areas

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable</th>
<th>Male</th>
<th>Female</th>
<th>Children &lt; 5 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dead</td>
<td>Male</td>
<td>1,543</td>
<td>6,075</td>
<td>1,198</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured</td>
<td>Male</td>
<td>3,025</td>
<td></td>
<td>2,447</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrested</td>
<td>Male</td>
<td>2,566</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>Male</td>
<td>4,249</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 14: Casualties in HCI areas by population groups

Indiscriminate attacks are also resulting in large numbers of civilian casualties (women and children). In the visited 33 HCI sub-districts, about 2,500 children under 5 years of age and about 5,500 women were killed or injured during the conflict. The largest number of casualties in the 33 assessed HCI sub-districts are reported in Deir-ez-Zor governorate, Idleb and Aleppo. It can be projected that the numbers in the table below will rise significantly when more urban areas (especially Aleppo) and other HCI areas are assessed.

Casualties in HCI areas

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Dead Male</th>
<th>Dead Female</th>
<th>Dead Children &lt; 5 years old</th>
<th>Injured Male</th>
<th>Injured Female</th>
<th>Injured Children &lt; 5 years old</th>
<th>Arrested Male</th>
<th>Arrested Female</th>
<th>Arrested Children &lt; 5 years old</th>
<th>Missing Male</th>
<th>Missing Female</th>
<th>Missing Children &lt; 5 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Hassakeh</td>
<td>30</td>
<td>3</td>
<td>6</td>
<td>40</td>
<td>15</td>
<td>20</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aleppo</td>
<td>924</td>
<td>220</td>
<td>105</td>
<td>5,465</td>
<td>1,590</td>
<td>535</td>
<td>274</td>
<td>2</td>
<td>0</td>
<td>85</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>230</td>
<td>19</td>
<td>3</td>
<td>244</td>
<td>26</td>
<td>0</td>
<td>57</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>2,760</td>
<td>446</td>
<td>136</td>
<td>19,027</td>
<td>1,407</td>
<td>606</td>
<td>97</td>
<td>1</td>
<td>0</td>
<td>3,509</td>
<td>1,400</td>
<td>100</td>
</tr>
<tr>
<td>Idleb</td>
<td>1,845</td>
<td>814</td>
<td>943</td>
<td>2,754</td>
<td>607</td>
<td>1,016</td>
<td>1,729</td>
<td>38</td>
<td>20</td>
<td>625</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Lattakia</td>
<td>287</td>
<td>21</td>
<td>5</td>
<td>1,300</td>
<td>280</td>
<td>270</td>
<td>407</td>
<td>10</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td>6,076</td>
<td>1,543</td>
<td>1,198</td>
<td>27,830</td>
<td>3,925</td>
<td>2,447</td>
<td>2,566</td>
<td>51</td>
<td>20</td>
<td>4,249</td>
<td>1,418</td>
<td>119</td>
</tr>
</tbody>
</table>

Figure 15: Casualties in HCI areas by governorate and population groups

Damages (HCI)

In the assessed 33 HCI sub-districts, more than half of all private buildings (including apartment buildings in urban areas) are damaged or destroyed. About one-fifth of all private buildings are heavily damaged or totally destroyed (unrepairable damages).

Destruction level in HCI areas (%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Private Buildings (houses, apartment buildings, etc.)</th>
<th>Public Infrastructure (schools, health centres, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No damages</td>
<td>Slight damages</td>
</tr>
<tr>
<td></td>
<td>No damages</td>
<td>Slight damages</td>
</tr>
<tr>
<td>Private Buildings (houses, apartment buildings, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>6%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Figure 16: Destruction level of private and public buildings in HCI areas

Likewise, about 50% of public infrastructure in the assessed 33 HCI sub-districts is reportedly damaged or destroyed, including schools, health facilities, and other public buildings.

Destruction level in HCI visited areas (%)

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Private Buildings (houses, apartment buildings, etc.)</th>
<th>Public Infrastructure (schools, health centres, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No damages</td>
<td>Slight damages</td>
</tr>
<tr>
<td></td>
<td>No damages</td>
<td>Slight damages</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Aleppo</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>7%</td>
<td>10%</td>
</tr>
<tr>
<td>Idleb</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>6%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Figure 17: Destruction level of private and public buildings in HCI areas

The level of destruction in the 33 assessed HCI sub-districts is the highest in Al-Hassakeh governorate (district of Ras al Ain), where 70% of all private buildings and all public buildings are damaged to various degrees. In Deir-ez-Zor town (Deir-ez-Zor governorate), half of all buildings are reportedly heavily damaged or destroyed.
At the time of the assessment, the lowest average level of destruction was reported in Ar-Raqqa governorate. Please note: After the assessment, heavy destruction took place in the two visited sub-districts of Ath-Thawrah and Jurneyyeh. A new assessment of the areas is required. The numbers in the table above will rise considerably when more urban areas (especially in Aleppo governorate) and other HCI areas are assessed, as well as when a new assessment in Ath-Thawrah is carried out.

Access to electricity (HCI)

In 4 of the 33 assessed HCI sub-districts, electricity has been unavailable for months, especially in rural parts of Aleppo (Jebel Saman district) and Lattakia (Qastal Maaf and Rabee’a sub-districts in the district of Lattakia), and the urban part of Al Hassakeh (Ras al Ain).

On average, one quarter of the assessed HCI sub-districts had no access to electricity over the past months, and more than half had access to electricity for less than 6 hours per day.

Displacement (HCI)

The total number of IDPs currently located in the 33 assessed HCI sub-districts is 142,872 persons (48% women), which is significantly lower when compared to lower conflict intensity (LCI) areas (more than 917,251 IDPs recorded). The majority of these IDPs are residing with host families (68%) or in collective shelter (public buildings (32%).

Please note that these figures are a conservative estimate. All information classified as not fully reliable (i.e. not backed-up by registration records accessible to the assessment team) was excluded from this analysis (about 85,000 more IDPs were reported, but not included in this overview).

The highest number of IDPs in the assessed HCI sub-districts are located in Aleppo and Idlib governates. The figures for Al-Hassakeh are unknown (as the sources were considered not fully reliable). However, it is known from other reports that Al-Hassakeh is hosting a significant (and increasing) number of IDPs, including from Deir-ez-Zor governorate (more than 25,000). Further assessment is required to establish reliable estimates.

Registration of IDPs (HCI)

Key informants on sub-district level were asked if the displaced / crisis-affected people have been registered (by local relief committees). In seven out of the 33 assessed HCI sub-districts (21%) no registration exercise has been carried out. These seven sub-districts are defined by high number of casualties and decreasing population figures (due to exposure to conflict). More than two-thirds of the assessed HCI sub-districts either completed the registration of IDPs or are in the process of registration.
relationship between IDPs and host communities (HCI)

Key informants on sub-district level were asked to describe the relationship between the displaced and the host community. In 73% of the 33 assessed HCI sub-districts, “host communities are willing to assist, but only for a limited time” (“short-term support”), while 27% are “willing to assist for as long as necessary” (“long-term support”).

Most of these 27% communities are located in rural areas, where the coping mechanisms and the capacity to support IDPs are enhanced, when compared to urban/sub-urban areas. Due to the relatively lower number of IDPs in HCI areas, the conflict potential between IDPs and host communities (should the displacement continue for a longer time) is lower when compared to LCI areas (see section C.2 below).

access to information (HCI)

According to key informants in 33 assessed HCI sub-districts, more than half of the affected population is “well informed about humanitarian assistance”, while 36% are “poorly informed” and 9% are “not informed at all” about their ability to access humanitarian aid. HCI areas with such lower levels of awareness are generally identical to those that are receiving no or very limited humanitarian support.

education (HCI)

More assessment is needed to measure the conflict impact on the education system. Preliminary information received from key informants in 33 HCI sub-districts indicate that about 80% of the educational facilities (mainly primary and secondary schools) are currently not functional because buildings are destroyed; teachers are dead/gone; schools are used as shelter IDPs; or simply because parents do not want to take the security risk of sending their kids to school. The figures presented below does not present an account of all schools facilities in visited areas as a lot of data was not available at the time of the field visit, but still is representative of the impact of the conflict on the education sector in HCI areas.

Functioning education facilities before and after the conflict in HCI areas

Figure 22: Relationship between IDPs and host communities in HCI areas

Figure 23: Level of access to information about humanitarian assistance in HCI areas

Case study on education in HCI areas: Aleppo and Idlib governorates

Information received by INGOs in January 2013 indicates that in Aleppo governorate, fewer than 10% of children attend school. For security reasons, education is usually provided outside school and mainly in mosques. However, many parents refuse to send their children to these improvised schools, as they are afraid of bombardments.

In Al-Bab district, 10 of the 24 schools in the city were destroyed or damaged by bombings. All official schools are closed and currently empty. Earlier, schools were used by IDPs. When the aerial bombardments started, IDPs moved to blocks of flats on the outskirts of Al-Bab.

In Idlib governorate, it is reported that some teachers have left due to the conflict while some teachers from the area have returned. Before the crisis books and stationary were provided free – now there are no supplies and the affected population has not the means to buy basic materials, including books, pens etc. for teachers or students.
C.2 Areas with ‘lower’ conflict intensity (LCI)

The assessed 25 districts in the six governorates with ‘lower’ conflict intensity (LCI) are currently not contested between the two sides of the conflict and are under FSA control (except Ein-Issa sub-district in Ar-Raqqa, which is under government control), with the majority of them located close to the Turkish border. The distance to the nearest line of confrontation ranges between 2 km and 110 km.

Most of the LCI areas are providing refuge to large numbers of IDPs from neighbouring HCI areas. Nevertheless, LCI areas under FSA control are subject to occasional aerial bombardment/shelling and armed conflicts between different groups. In Deir-ez-Zor governorate, no LCI sub-district was covered.

Please note that the categorisation of sub-districts as LCI describes the situation in the visited areas during the time of the assessment (mid-January 2013) and can be subject to change over time.

Population in need for humanitarian assistance (LCI)

In the 25 assessed HCI sub-districts, more than 2 million persons are at risk of food insecurity and are lacking access to basic health services, and shelter/NFIs. Up to one million people need improved access to water and hygiene. (For more sectoral information, see section D of this report).

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable</th>
<th>At risk</th>
<th>At risk</th>
<th>At risk</th>
<th>At risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td>Al-Hassakeh</td>
<td>93,000</td>
<td>93,000</td>
<td>93,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Aleppo</td>
<td>1,107,000</td>
<td>1,107,000</td>
<td>1,007,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ar-Raqqa</td>
<td>750,000</td>
<td>750,000</td>
<td>750,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Idlib</td>
<td>174,092</td>
<td>156,592</td>
<td>174,092</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>2,124,092</td>
<td>2,106,592</td>
<td>2,024,092</td>
<td>929,092</td>
</tr>
</tbody>
</table>

Figure 25: People in need for humanitarian assistance in LCI areas by sector and governorate (sample: 25 LCI sub-districts)

Casualties (LCI)

The number of casualties in LCI areas is significantly lower, when compared to HCI areas, because they have never been HCI areas or only HCI for a short period. In the visited 25 LCI sub-districts, about 4,250 men were killed, injured, arrested or are missing during the conflict and at the time of the assessment. Civilian casualties in the assessed LCI areas also include women and children. In the 25 assessed LCI sub-districts, 443 women and 364 children under 5 years of age were killed, injured, arrested, or are missing.

<table>
<thead>
<tr>
<th>Category</th>
<th>Variable</th>
<th>At risk</th>
<th>At risk</th>
<th>At risk</th>
<th>At risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casualties in LCI areas</td>
<td>Dead</td>
<td>Male</td>
<td>1,490</td>
<td>1,552</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>119</td>
<td>119</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children &lt; 5 years old</td>
<td>119</td>
<td>119</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injured</td>
<td>Male</td>
<td>285</td>
<td>224</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>285</td>
<td>224</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children &lt; 5 years old</td>
<td>285</td>
<td>224</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arrested</td>
<td>Male</td>
<td>852</td>
<td>530</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>852</td>
<td>530</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children &lt; 5 years old</td>
<td>852</td>
<td>530</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>Male</td>
<td>396</td>
<td>396</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>396</td>
<td>396</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children &lt; 5 years old</td>
<td>396</td>
<td>396</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 26: Casualties in LCI areas by population groups

The highest number of casualties in the 25 assessed LCI sub-districts in 5 governorates was recorded in Idlib and Aleppo, the lowest number in Al-Hassakeh (district of Quamishli). Most of the casualties were caused by air strikes and shelling (average distance to the nearest confrontation lines is between 2 km and 45 km).

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Dead</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Hassakeh</td>
<td></td>
<td>51</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aleppo</td>
<td>355</td>
<td>37</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>128</td>
<td>3</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>140</td>
<td>10</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Idlib</td>
<td>763</td>
<td>58</td>
<td>60</td>
<td>455</td>
<td>83</td>
<td>96</td>
<td>272</td>
<td>20</td>
</tr>
<tr>
<td>Lattakia</td>
<td>159</td>
<td>12</td>
<td>14</td>
<td>350</td>
<td>45</td>
<td>5</td>
<td>394</td>
<td>6</td>
</tr>
<tr>
<td>Grand Total</td>
<td>1,465</td>
<td>119</td>
<td>119</td>
<td>1,552</td>
<td>285</td>
<td>224</td>
<td>852</td>
<td>30</td>
</tr>
</tbody>
</table>

Figure 27: Casualties in LCI areas by governorate and population groups
**Damages (LCI)**

Limited damage was recorded under this assessment in the visited 25 LCI sub-districts, with the exception of Idleb (Ariha and Harim districts), where previously contested sub-districts are seeing lower conflict intensity when compared to last year, and other areas today.

![Figure 29: Destruction level of private and public buildings in LCI areas](image)

The highest level of conflict damages in the 25 assessed LCI sub-districts was recorded in Idleb, where about one-third of private buildings are damaged or destroyed (29%). The lowest level of conflict damages was recorded in the visited areas of Al-Hassakeh (2% ‘slight damages’ to private buildings, no damages to public buildings).

![Figure 30: Destruction level of private and public buildings in LCI areas](image)

**Access to electricity (LCI)**

Access to electricity in the 25 assessed LCI sub-districts is very similar to the HCI areas. In 5 of the 25 assessed HCI sub-district, electricity has been unavailable for months, especially in rural parts of Aleppo (Al Bab district) and Idleb (Harim).

At average, 80% of the LCI areas have either no access at all to electricity or less than 6 hours per day.

![Figure 28: Availability of electricity in LCI areas](image)

**Displacement (LCI)**

The total number of IDPs currently located in the 25 assessed LCI sub-districts is 917,251 persons (60% women), which is significantly higher when compared to the visited HCI areas (142,872 IDPs recorded). The majority of these IDPs are residing with host families (79%) or in collective shelter (public buildings or camps (16%)).

Additionally, 5% of IDPs (in Aleppo, see figure 32 below) are occupying vacant buildings (buildings vacant because the original owners have left; partly constructed buildings, or other types of shelter such as basements, barns, garages, etc.).

![Figure 31: Number of IDPs located in LCI areas](image)
Figure 32: Number of IDPs located in LCI areas by category and governorate

PLEASE NOTE: IDP figures in Al-Hassakeh are (low) estimates only, as information received from sources not considered fully reliable was discarded. The number of IDPs is higher than indicated (secondary sources estimate the number of IDPs in Al-Hassakeh in the range of 75,000-100,000 persons).

The highest number of IDPs in the assessed LCI sub-districts are located in the governorates of Ar-Raqqa (over 400,000), Aleppo (300,000) and Lattakia (135,000). Further assessment is required to establish reliable estimates for Al-Hassakeh.

Registration of IDPs (LCI)

In ten out of the 25 assessed LCI sub-districts (40%) no registration exercise has been carried out. These ten districts are all witnessing a continuing net influx of IDPs from HCI areas, mainly in Afrin district in Aleppo governorate.

The number of districts where registration of IDPs has been completed or is ongoing is lower than expected.

Relationship between IDPs and host communities (LCI)

In 63% of the 25 assessed LCI sub-districts, “host communities are willing to assist, but only for a limited time” (“short-term support”), while 21% only are “willing to assist for as long as necessary” (“long-term support”).

Due to the high number of IDPs in LCI areas, the conflict potential between IDPs and host communities competing for access to limited resources (should the displacement continue for a longer time) is higher when compared to HCI areas (see section C.1 above).

In 17% of the 25 visited sub-districts, “tensions already exist” between IDPs and host communities, especially in Lattakia, Idlib, and Ar-Raqqa. It can be forecast that tensions between IDPs and host communities will increase with the number of IDPs, and if no adequate assistance is also provided to host communities.

Access to information (LCI)

According to key informants in 25 assessed LCI sub-districts, 60% of the affected population is “well informed about access to humanitarian assistance”, while 36% are “poorly informed” and 4% (Dana sub-district in Idlib) are “not informed at all” about their ability to access humanitarian aid.

LCI areas with lower levels of awareness are generally rural areas with an increasing number of IDPs.
Education (LCI)

Like in the HCI areas, more assessment is needed to measure the conflict impact on the education system in LCI areas. Preliminary information received from key informants in 25 LCI sub-districts indicate that about **36% of the educational facilities (mainly primary and secondary schools) are currently not functional**, mainly because they are occupied by IDPs (see case study below).

Functioning education facilities before and after the conflict in LCI areas

<table>
<thead>
<tr>
<th>Number of functional schools before the conflict</th>
<th>Number of functional schools today</th>
</tr>
</thead>
<tbody>
<tr>
<td>390</td>
<td>250</td>
</tr>
</tbody>
</table>

*Figure 36: Functioning schools before the conflict /at present in LCI areas*

Case study on education in LCI areas: Idleb governorate

According to INGO assessment reports in January 2013, education needs are huge as many education facilities are closed or occupied by IDPs, apart from small initiatives that cover just a small part of the needs. Many children in Idleb, at least 70% according to informal assessments, have been denied their right to education, some for nearly two years due to conflict and displacement. In the LCI areas, some primary and secondary schools are partly open, with some expected to be closing soon as their facilities will be used to host eventual new displaced people.

Other key educational challenges identified by INGOs in January 2013 include:

- Many children have not attended school in 22 months since the conflict started. The longer children are out of school, the less likely they are to return.
- Not attending school means children face protection risks during the day – either through entering into child labour, joining one of the fighting factions, early marriage etc.
- Lack of the routine of school will delay IDP children's recovery – school provides stability and routine, structured activities and interaction with peers.
- Routine of education provides respite for caregivers and parents while children at school.
- Education has been highlighted as a priority by IDPs interviewed in northern Syria, so the next generation are not permanently affected by the conflict.
- Schools which are open lack electricity, water, heating, education materials.
- Many teachers not returned to work due to cessation of salary payments.
D. Sectoral Analysis

D.1 Food security

The most frequently mentioned problem related to food is the high price increase of basic food commodities combined to the reduced purchase power of households (46% of problems frequency).

Lack of access to crops and lack of transportation means also impact accessibility to food staples, especially in rural areas where agricultural production was stopped due to insecurity.

Overall, food insecurity in assessed sub-districts is mainly caused by access issues (financial power, security, disruption of supply routes, etc.) rather than by unavailability of food products.

### Food problems in visited areas

<table>
<thead>
<tr>
<th>Problem</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Price increase of basic food items</td>
<td>29%</td>
</tr>
<tr>
<td>Not enough access to food sources (i.e. markets) due to limited economic resources (income)</td>
<td>17%</td>
</tr>
<tr>
<td>Not enough access to food sources (i.e. markets) due to security constraints</td>
<td>4%</td>
</tr>
<tr>
<td>Agricultural production is disrupted</td>
<td>17%</td>
</tr>
<tr>
<td>There are not enough cooking facilities or utensils or not enough cooking fuel</td>
<td>10%</td>
</tr>
<tr>
<td>Not enough food available (including in markets, etc.)</td>
<td>5%</td>
</tr>
<tr>
<td>Loss of economic assets due to conflict (livestock, machinery, seeds, etc.)</td>
<td>2%</td>
</tr>
<tr>
<td>Not enough diversity in food</td>
<td>3%</td>
</tr>
</tbody>
</table>

### Priority recommendations:

1. Delivery of wheat flour, fuel support to subsidize bakeries
2. Supplementary food and powdered milk for children (where needed, and only if safe water is accessible)
3. Food basket/food diversity: In-kind support and cash for work/unconditional cash grant assistance to most vulnerable groups
4. Fuel for cooking and heating food (stoves, wood gas and kerosene)

### Figure 38: Priorities for humanitarian interventions in 18 districts in 6 governorates

**Legend:**
- Very High
- Higher
- Intermediate
- Lower

**Governorate**
- Aleppo
- Al-Hassakeh
- Ar-Raqqa
- Deir-ez-Zor
- Idleb
- Lattakia
- Average

**Number of sub-districts**
- 23
- 6
- 7
- 4
- 13
- 5
- 58

**Priority food security interventions (All Areas)**
- Flour (2.39)
- Milk for children (2.09)
- Food basket (hydrogenated oil, sugar, tea, rice, canned food, meat) (1.26)
- Cooking Fuel (0.04)
- Water (0.13)
- Animal food (0.00)

Vulnerability among the population is higher for households with lower income prior to the conflict. This factor is further aggravated by the length of displacement and the intensity of conflict. Some local relief committees already established vulnerability criteria around the following parameters:

- IDPs living in collective accommodation (and in improvised shelters)
• IDPs living in host families (this represent the vast majority of those currently receiving aid)
• Resident households facing financial insecurity, often unable to leave contested areas due to lack of resources. Resident population affected by the conflict, resources depletion and low purchase power
• Families hosting IDPs who are stretching their resources

Those criteria are in use in some areas only. The categories above were confirmed by the key informants under this assessment:

Food Security Risk to Vulnerable Groups (All Areas)

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Displaced people in collective accommodation (schools, camps, etc.)</th>
<th>Displaced people in host families</th>
<th>Resident population not hosting displaced persons</th>
<th>Resident population hosting displaced persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Hassakeh</td>
<td>1.43</td>
<td>1.00</td>
<td>3.00</td>
<td>2.25</td>
</tr>
<tr>
<td>Aleppo</td>
<td>1.83</td>
<td>2.20</td>
<td>2.00</td>
<td>1.50</td>
</tr>
<tr>
<td>Ar Raqqo</td>
<td>1.74</td>
<td>1.80</td>
<td>1.33</td>
<td>1.50</td>
</tr>
<tr>
<td>Deir ez-Zor</td>
<td>1.00</td>
<td>0.40</td>
<td>0.33</td>
<td>0.00</td>
</tr>
<tr>
<td>Idleb</td>
<td>2.85</td>
<td>2.20</td>
<td>1.92</td>
<td>1.40</td>
</tr>
<tr>
<td>Lattakia</td>
<td>1.95</td>
<td>1.91</td>
<td>2.20</td>
<td>1.91</td>
</tr>
</tbody>
</table>

* Figures represent the needs in 58 assessed sub-districts in 6 (of 7) governorates in Northern Syria only. They are based on the number of people (Residents affected +IDPs) who have been assessed in combined severity level 3, 4 and 5.

Food relief providers

Estimated number of persons in urgent need of food support

<table>
<thead>
<tr>
<th>Estimated total</th>
<th>3,457,024 people in need</th>
</tr>
</thead>
<tbody>
<tr>
<td>At risk</td>
<td>At acute risk</td>
</tr>
<tr>
<td>Al Hassakeh</td>
<td>98,000</td>
</tr>
<tr>
<td>Aleppo</td>
<td>1,672,532</td>
</tr>
<tr>
<td>Ar Raqqo</td>
<td>908,000</td>
</tr>
<tr>
<td>Deir ez-Zor</td>
<td>316,000</td>
</tr>
<tr>
<td>Idleb</td>
<td>430,092</td>
</tr>
<tr>
<td>Lattakia</td>
<td>32,400</td>
</tr>
</tbody>
</table>

Figure 39: Most food insecure groups in 18 districts in 6 governorates (“Which group in this sub-district is most at risk not having enough food to survive?”)

Figure 40: Percentage of a total of 58 sub-districts in 6 governorates that received regular food supply over the past 30 days (source: key informants on sub-district level)

Key Informants in the assessed districts indicated if people received any regular food support in their sub-district over the past 30 days. In two governorates (Idlib and Al-Hassakeh), over 50% of the assessed areas did not receive any regular food support over the past 30 days (Al-Hassakeh and Idlib). In the remaining 4 governorates, two-thirds or more of sub-districts received regular food supplies over the past month from various actors.

Figure 41: Number of agencies providing food support in 18 assessed districts in 6 governorates
General situation

Availability: Although decreased, cross-border trade is ongoing and most basic food items are still available in the markets in the northern governorates. In areas with a higher intensity of conflict, shortages of food commodities such as bread are common. Shortages of wheat flour have been reported in most parts of the country due to the damage to mills as well as a lack of fuel for delivery, road closures and difficult access. Fuel shortages are impacting transportation, food production and trade (AlertNet 12/12/06, UN 2013/01/08).

Access: Food insecurity is growing due to high inflation and insecurity hampering free movement of people. The availability of cheap food was a cornerstone of domestic policy, but due to the conflict, external sanctions, rise in fuel prices and border closures this system has collapsed. Consequently, prices have increased dramatically. Conflict affected areas are most affected with prices up to 50% higher than in less affected areas (WFP 2012/11/15, AlertNet 2012/12/14, INGO 2012/12).

Migration, both between governorates as well as to neighbouring countries is a common livelihood strategy. Movement is currently hampered and migrant labourers that returned to their places of origin are at serious risk due to lack of employment opportunities and fast depletion of resources (WFP 2012/06/01, SI 2012/12).

Agricultural production, which officially accounts for 20% of Syria’s gross domestic product, continues, but has suffered severely from the conflict. Current estimates indicate a well below-average cereal harvest due to drought conditions, insecurity and rising input and fuel prices. Furthermore, fuel shortages have contributed to a poor harvest, as fuel is used to operate irrigation pumps and other agricultural equipment (USAID 2012/10/12, AlertNet 12/12/14, FAO 2012/09/24).

In January 2013, wheat and barley production dropped to under 2 million MT in 2012 from 4 to 4.5 million MT in normal years. Preliminary results of a joint WFP, FAO and Ministry of Agriculture and Agrarian Reform assessment on food security levels, show that only 5% of farmers sampled have been able to fully harvest winter crops. Around 20% of farmers reported complete inability to harvest their crops due to insecurity, access constraints and poor yield. Increased animal feed prices, limited availability of animal feed and difficulties in marketing livestock and livestock products were identified as the main factors pushing pastoralists to sell animals below market prices (OCHA 2013/01/07, FAO 2013/01/23).

The map above highlights the assessed sub-districts and the level of severity of food needs. The situation is either “of concern” or “many will suffer soon” if the situation does not improve in the near future. These findings indicate that the situation is not immediately life threatening for the majority of the affected population, but that a vast majority of the visited sub-districts are borderline food insecure.

In most cases where there is no regular food aid provided (see districts marked in bold lines) the situation is already at ‘stage 3’, and it can be expected that food insecurity will continue to increase if no immediate food support is provided. Even in districts where food aid has been provided regularly over the past 30 days, it has been reported that the situation will deteriorate and needs will remain unmet.
Situation in areas with ‘higher’ conflict intensity (HCI)

Food availability is becoming increasingly problematic for both items that are usually imported from neighbouring countries, as well as items that are imported from other governorates of Syria. One of the most conflict-affected governorates (in terms of numbers of people affected) is Aleppo governorate. Although food items are reportedly available on the market of Aleppo city and several other towns, prices are high. According to INGO reports, prices for food on average increased by 200% since early 2012. The price of fuel at least quadrupled. Especially in HCI areas, it is generally impossible for the resident population, and even more so for IDPs, to purchase basic commodities to maintain a balanced food diet (SI, 2012/12).

It is widely believed in Aleppo that the bread shortage was caused by armed forces taking flour to sell elsewhere. Hard-line Islamists, especially Jabhat al-Nusra, have now taken over distribution in rebel-held areas. The availability of bread is severely limited at the moment in the HCI districts, owing to the disruption of distribution networks and infrastructure. Next to IDPs and host families, returned migrants have been identified as a specific vulnerable group during an assessment in Aleppo. Migrant workers, who used to work in factories, and their families, were forced to return after factories stopped or decreased production. These returnee migrants often have no employment, income-generating opportunity or property in their places of origin (SI 2012/12).

For the other northern governorates, limited secondary data is available on the access and availability of food. In Idlib, INGOs report a shortage of food supplies; especially wheat flour is the main problem. Other INGO reports emphasise the unmet need for baby food (formula).

Key informants during the field assessment (Figure 43) confirmed the lack of access to food commodities, mostly due to the high price increase, transportation costs, disruption of supply routes and poor harvest.

Another frequently mentioned issue is the lack of fuel necessary to prepare bread and to heat food.

Severity of food needs in HCI areas

Severity ranking provided by the key informants shows a consistent situation across HCI areas, with a few exceptions (Ar-Raqqa, Lattakia). A large majority of visited sub-districts reported the food security situation to be “of concern” or that “many will suffer soon”.

If the situation is not immediately life threatening for the majority of the affected population, most of the visited sub-districts in HCI areas are considered borderline food insecure.

Reduced purchasing power combined to constant and generalized increase of food commodities prices will continue to worsen the food security situation in visited HCI if no regular assistance is provided in the food sector.

Figure 43: Food problems as expressed by the population in HCI areas

Figure 44: Severity of food insecurity in HCI sub-districts in 6 governorates on a scale from 1 (no concern) to 5 (critical)
Key vulnerable groups in HCI areas

In general, IDPs in collective (and improvised) accommodation, also in HCI areas, are considered the most vulnerable groups in terms of food security, followed by resident population and displaced families in host families.

![Figure 45: Most food insecure groups in HCI areas in 6 governorates (“Which group in this sub-district is most at risk not having enough food to survive?”)](image)

Relief providers of food support in HCI areas

![Figure 46: Percentage of HCI sub-districts that received regular food supply over the past 30 days (source: key informants on sub-district level)](image)

45% of the assessed HCI areas did not receive any regular food support over the past 30 days. However, 54% of these areas are receiving food support. The majority of this support comes from Local relief providers (including relief councils and groups, national charity organizations, etc.). 20% of visited sub districts receive support from international relief agencies (including Turkish Red Crescent), and 25% from the Syrian Red Crescent (SARC).

Situation in areas with lower conflict intensity (LCI)

In some LCI areas, supplies including food still reach the area and the economic situation is still somewhat manageable. However, these regions are seeing large-scale influx of IDPs from high intensity conflict (HCI) areas, and the needs for food support are different but urgent. Even in areas where limited or no fighting is taking place, access is often hampered by insecurity in the main communication roads, which create pockets of safety but difficult access for organizations and circulation of goods and services.

Some of those areas have been under fighting for months before the situation changed and stabilized, as confrontation lines are moving constantly. Hence the level of damages and destruction is variable and dependent on the intensity and length of the conflict in a given area.

The common pattern is that a lot of IDPs fled the area during the conflict and a majority have now returned since the situation has stabilized. Additionally, many IDPs are being hosted in those safer areas, fleeing the fighting in their own towns or villages. Therefore a continuous inflow of families seeking safety and shelter is observed in LCI areas. Even if road access resumed in some of the areas, food access and availability remains an issue in low intensity conflict areas, where the incoming flow of IDPs increases considerably the demand regarding basic food commodities.

The main need in terms of food is wheat flour for bread. In some places, where more diversified food rations (flour, rice, beans, lentils, oil) were proposed by relief agencies, the population reiterated its preference for larger quantities of flour rather than more diversified food baskets. Flour is preferred because it is a traditional staple being use to supplement other type of foods, the possibility to store and make reserves is preferred and because distributions can be larger and reach more people.

Other types of food products (vegetables, rice) seem to be available only in limited supplies and food diversity is of concern. Fresh vegetables specially are reported in very small quantities. Meat is beyond the means of most households and is generally avoided because of concerns over the storage and cold chain potential disruption during transportation. The population often mentions lack of baby food as a key need.

IDP Camps: Most of the IDPs residing in camps interviewed by INGOs purchase food within Syria, get food through donations from host communities, or through limited food distributions from various humanitarian actors. However, these mechanisms are unlikely to last through the winter as IDPs are deprived of income sources and are depleting their savings, while the capacities of the host communities are already exhausted.
Food problems - LCI areas

- Price increase of basic food items: 32%
- Not enough access to food sources (i.e. markets) due to limited economic resources (income): 24%
- Agricultural production is disrupted: 15%
- Not enough access to food sources (i.e. markets) due to physical/logistical constraints (transport): 11%
- Not enough food available (including in markets, etc.): 5%
- There are not enough cooking facilities or utensils or not enough cooking fuel: 5%
- Not enough access to food sources (i.e. markets) due to security constraints: 4%
- Not enough diversity in food: 3%
- Loss of economic assets due to conflict (livestock, machinery, seeds, etc.): 1%

Figure 47: Food problems as expressed by the population in LCI areas

Main issues reported in LCI areas are very similar to those mentioned in HCI areas (price increase, low purchase power and, agricultural production disruption).

Due to the large amount of IDPs in LCI areas, financial power is the main determinant to food commodities access. Transportation difficulties are mentioned frequently, especially due to the cost of fuel.

However, Food availability problems rank higher than in HCI and as expected, security issues hampering food supply are less frequently mentioned.

Severity of food problems in LCI areas

Severity ranking provided by the key informants’ shows a consistent situation across LCI areas, with the only exception of Lattakia Governorate which was moderately affected by the conflict and is reported to be regularly supplied with food products.

A large majority of visited sub-districts reported that “many will suffer soon” if no food assistance is regularly provided, mainly due to the large influx of IDPs in LCI areas, overstretching local resources and creating tension between communities. In Idlib and Aleppo Governorate, food insecurity levels differ between areas receiving no external support and areas receiving regular food assistance.

Large population movement, reduced purchasing power combined to constant and generalized increase of food commodities prices will continue to worsen the food security situation in visited LCI. In some situation, some pockets of food unavailability might even be possible, depending on security situation in supply routes and cost of fuel for transportation.
Key vulnerable groups in LCI areas

In general, IDPs hosted by families are considered the most vulnerable group in terms of food security, followed by IDPs in collective accommodation and resident population.

Relief providers in LCI areas

40% of the assessed LCI areas did not receive any regular food support over the past 30 days. However, 60% of these areas are known to receive food support. The majority of this support comes from Local NGOs, private donations, and SARC.

Type of Food Support providers listed by sub-districts

Figure 51: Number of agencies providing food assistance in LCI sub-districts

Figure 49: Most food insecure groups in LCI areas in 6 governorates (“Which group in this sub-district is most at risk not having enough food to survive?”)
D.2 Health

Priority recommendations:

1. Medicines, including: medicines for war injuries (anaesthetics), chronic disease medication, antibiotics
2. Medical staff (especially orthopaedic surgeons, anaesthetists and emergency doctors, female staff for reproductive health and SGBV)
3. EOC - Emergency Obstetrical Care
4. EPI (extended programme for immunization), vaccination campaigns
5. Vaccines and medicines for communicable disease in sufficient stocks to enable swift response to potential outbreaks
6. Referral system of critical cases to hospital, ambulances, access to rehabilitation services
7. Medical equipment, consumables, including: orthopaedic surgery sets, disability aids
8. Repair of health infrastructure
9. Nutritional support for vulnerable groups including children and pregnant/lactating women (promoting breast feeding techniques and providing, where needed, and only if safe water is accessible, is milk formula), and older people

Other priority recommendations from relief agencies (secondary data analysis) include:

- Medical training on triage and quality case management at First Aid level
- Access to health care and drugs free of charge (reproductive health in particular)
- Psychosocial support for children in camps and mental health support for IDPs. SGBV management
- ANC/PNC obstetric care free of charge
- Appropriate health and hygiene promotion
- Improved surveillance (training on WHO case definitions)

Health care problems in visited areas

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of medicines</td>
<td>30%</td>
</tr>
<tr>
<td>Lack of medical staff</td>
<td>20%</td>
</tr>
<tr>
<td>Not enough access to health services due to limited economic resources</td>
<td>20%</td>
</tr>
<tr>
<td>Lack of ambulance services</td>
<td>9%</td>
</tr>
<tr>
<td>Not enough access to health services due to physical/logistical</td>
<td>9%</td>
</tr>
<tr>
<td>Not enough health services available</td>
<td>9%</td>
</tr>
<tr>
<td>Not enough access to health services due to security constraints</td>
<td>4%</td>
</tr>
</tbody>
</table>

Figure 52: Key health status problems in 18 districts in 6 governorates

Health status in visited areas

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerous cases of psychological trauma (anxiety, depression, phobia,</td>
<td>19%</td>
</tr>
<tr>
<td>etc.)</td>
<td></td>
</tr>
<tr>
<td>Numerous cases of chronic diseases (HTN, DM, arthritis, dialysis, etc.)</td>
<td>18%</td>
</tr>
<tr>
<td>Numerous cases of children with nutrition problems</td>
<td>16%</td>
</tr>
<tr>
<td>Numerous cases of respiratory diseases</td>
<td>14%</td>
</tr>
<tr>
<td>Incidents of communicable diseases (measles, tetanus, scabies, cholera,</td>
<td>10%</td>
</tr>
<tr>
<td>etc.)</td>
<td></td>
</tr>
<tr>
<td>Numerous injured</td>
<td>8%</td>
</tr>
<tr>
<td>Numerous cases of diarrhoea</td>
<td>7%</td>
</tr>
<tr>
<td>Numerous disabled</td>
<td>5%</td>
</tr>
<tr>
<td>Numerous cases of pregnancy related diseases</td>
<td>3%</td>
</tr>
<tr>
<td>Numerous cases of fever</td>
<td>1%</td>
</tr>
</tbody>
</table>

Figure 53: Key health care problems in 18 districts in 6 governorates
Figure 54: Priorities for health interventions in 18 districts in 6 governorates

Most vulnerable groups in the health sector

- Highly vulnerable: orphans, children, pregnant and lactating women, elderly, adults and children with disabilities and chronic diseases, single-mother headed households (head of Household died during conflict)
- IDPs living in host families
- Households facing financial insecurity, often unable to leave contested areas due to lack of resources. Resident population affected by the conflict, resources depletion and low purchase power
- Families hosting IDPs who are stretching their resources

According to the assessment findings, the following groups are most in need for health support in the six assessed governorates:

- IDPs living in host families
- Households facing financial insecurity
- Families hosting IDPs
- Elderly and handicapped
- Children
- Pregnant and lactating women
- Orphans
- Single-mother headed households
- Residents affected by the conflict

In some areas, the whole population (IDPs, hosts and residents, and host) is deemed vulnerable and assistance is shared between all. The continuing assault on civilians in this conflict exposes whole communities regardless of gender and age. Communities with lower economic status are disproportionately exposed to health risks (tending to live in crowded IDP settings, with poor nutrition and hygiene), and struggling to pay for health services and expensive drugs. They often do not have the means to seek safety and services outside Syria or even in the camps alongside the Syrian border. Similarly, the elderly tend to be unwilling or unable to leave their place of origin due to poverty, immobility or emotional attachment. The elderly and handicapped also report having specific unattended needs such as incontinence diapres, crutches and wheelchairs.

Estimated number of persons in urgent need of Health support

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Estimated total*</th>
<th>At risk</th>
<th>At acute risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Hassakeh</td>
<td>98,000</td>
<td>98,000</td>
<td>--</td>
</tr>
<tr>
<td>Aleppo</td>
<td>1,601,532</td>
<td>45,000</td>
<td>80,000</td>
</tr>
<tr>
<td>Ar Raqqa</td>
<td>750,000</td>
<td>43,000</td>
<td>316,000</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>257,592</td>
<td>257,592</td>
<td>--</td>
</tr>
<tr>
<td>Idleb</td>
<td>26,600</td>
<td>26,600</td>
<td>--</td>
</tr>
</tbody>
</table>

* Figures represent the needs in 58 assessed sub-districts in 6 (of 7) governorates in Northern Syria only. They are based on the number of people (Residents affected +IDPs) who have been assessed in combined severity level 3, 4 and 5.
Health support providers

A significant number of the assessed areas in 6 governorates did not receive any regular health support over the past 30 days:

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Support Received</th>
<th>No Support Received</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>43%</td>
<td>37%</td>
<td>20%</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>43%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Idlib</td>
<td>54%</td>
<td>46%</td>
<td>0%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>60%</td>
<td>40%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Figure 56: Percentage of sub-districts that received regular health assistance over the past 30 days

Type of Health Support providers listed by sub-districts

<table>
<thead>
<tr>
<th>Governorate</th>
<th>INGO</th>
<th>Local relief provider</th>
<th>SARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>1</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Idlib</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lattakia</td>
<td>9</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Figure 57: Number of agencies providing health assistance in the surveyed sub-districts

General situation

More and more reports indicate that armed forces are targeting hospitals in contested areas and are strategically restricting access to emergency health care services through the destruction and forced closures of hospitals and health care facilities. As a result, people are afraid to seek medical care and are using temporary field hospitals instead (USAID 2013/01/17, OCHA 11/29/12).

Functioning hospitals are overwhelmed and operations are hampered by shortages of medical supplies and electricity blackouts. Reports indicate that a large number of health personnel have left the country. Remaining health workers struggle to get to work due to roadblocks and security issues (WHO 2012/12/20).

INGOs visiting medical facilities also report a chronic lack of technical specialists such as chest surgeons, gynaecologists, obstetricians and anaesthetists. Health staffs in general are not being paid, often forcing them either to stop their medical work in order to earn income in other ways, or to start charging patients for services. Over half of Syria’s ambulances are damaged or out of service, which reduces the capacity to provide referral services. Rural areas are particularly vulnerable due to the increased challenges involved in accessing health facilities due to high transportation costs, lack of communication and limited movement.

The capacity of first responders in conducting triage and proper case management is limited. This is leading to excess morbidity and mortality on the way to health facilities.

Severe shortages of pharmaceutical products and medicines have been reported and prices of medicines are high. Specific concerns remain for the chronically sick. In October 2012, it was estimated that more than half of those chronically ill have been forced to interrupt their treatment. Insulin is no longer available in some of the areas affected by the conflict although there are more than 430,000 registered insulin-dependent diabetics in Syria (of which 40,000 are children) (AJM 2012/10/12, WHO 2012/11/26, WHO 2012/12/20, GoS 2012/12/19).

Priority health needs vary geographically from trauma in higher conflict-intensity (HCI) areas to communicable and primary health needs among the many displaced people in areas with lower conflict intensity (LCI). In some LCI areas, supplies (including food) continue to reach the area and the economic situation is still somewhat manageable. However, these regions are also seeing a large-scale influx of IDPs from HCI areas, with differing but urgent needs for health support. According to INGO reports, the food insecurity outlook for the coming months indicate an increased risk of malnutrition in children under five years of age.
In the town of Ath-Thawrah in Ar-Raqqa district (HCI) (shown in red in map) key informants are reporting that “many people are dying now” due to the lack of access to health services. In Aleppo, respondents in one eastern sub-district (in orange) reported that “many will die soon” if no health support is provided. The same is true for two areas in Deir-ez-Zor governorate.

Situation in areas with ‘higher’ conflict intensity (HCI)

According to INGO assessments in December 2012/January 2013, governorates with the highest conflict intensity such as Homs (not included under J-RANS), Aleppo, Idlib and Deir-ez-Zor, are the most affected by lack of health services accessibility, disease burden, loss of livelihoods, and probability of prolonged deterioration of the situation. While the cities are almost empty after hundreds of thousands of people have fled to the surrounding rural areas, trauma care has become a medical priority for those who remain behind.

Health system: Aleppo governorate is one of the most conflict-affected in terms of numbers of people affected. Of Aleppo’s 11 hospitals, 7 are no longer functioning, and 16% (42 out of 258) of the health centres and units are non-functional, with 6 only partially functioning. The healthcare system in Al-Bab district is reportedly almost entirely dysfunctional but could be partly restored with investment in medical equipment and supplies. Airstrikes and shelling would, however, continue to hamper operations. Many people are unwilling to go to hospital out of fear that they will be targeted by airstrikes, and prefer to seek medical care in clandestine structures. 100 patients of the Ibn Khaldoon psychiatric hospital are without proper care as medical staffs have been unwilling to risk their own safety to travel to work (MoH 2012/12/31, INGO 2013/01/14; AFP 2013/01/10, PIN 2012/11/17).

According to an INGO assessment in the northern governorates in January 2013, addressing chronic disease management is vital to avoid excess morbidity and mortality, but is logistically challenging and very costly. Trauma is the main reason for surgical interventions and the basis for the many field hospitals being opened along the front lines. A number of challenges are affecting the appropriate treatment of war-wounded:

- The facilities frequently operate from inappropriate locations which often move for security reasons;
- A lack of functioning referral structures between place of injury and an adequate medical facility, compounded by first aiders untrained in triage and proper case management;
- A shortage of facilities for post-operative care often leads to the premature discharging of patients leading to infections and complications in the healing processes;
- While some casualties are evacuated for surgery in Turkey, follow-up treatment is expensive and often not covered by the donors funding the evacuation/surgical costs. Patients being returned to Syria receive follow-up treatment in the existing field hospitals that often lack the necessary equipment or medical expertise;
- An absence of sufficient referral capacity (tertiary care) in the vicinity of the front lines, plus health facilities struggling to cater for mass casualties, mean that people must travel in inappropriate vehicles for long distances (e.g. from Homs to Northern Idlib) to receive life-saving trauma care. These journeys are often hampered by check points and detours related to fighting along the road. Referrals are often challenging for security reasons as much as for lack of means of transport;
- Surgeons trained in war surgery are lacking, and the inappropriate management of wounds leads to secondary infections and deterioration of the health of the patient;
- Medical materials, drugs and consumables are in short supply.
Assessment reports confirm the staggering health needs in Aleppo. However, relief agencies are reporting that the better economic conditions and ease of access to an increasing number of health service providers at the Turkish border make Aleppo less vulnerable to health concerns, when compared to rural areas and cities under siege, especially in Deir-ez-Zor and Homs governorates.

In **Idleb** governorate, NGOs report that 6 hospitals are functioning, although many have been damaged by aerial bombing. Many towns have scarce or no health facilities and where they do exist, remaining staff members are not receiving salaries and are overworked. Hospital staffs report a lack of water and electricity, damaged equipment and a lack of medicine for chronic diseases, especially for children. (INGO 2013/01/14, INGO 2012/12, IrishRC 2012/01/08).

In HCI areas in Idleb, INGOs report large numbers of people suffering from war-related wounds (by shelling and gunfire). Field hospitals are often improvised and moved from one house to another by fear of shelling. They generally provide first aid services and refer severe patients to Turkey (PIN 2012/11/17) or larger Syrian medical facilities.

INGOs operating in the area report frequent cases of diarrhoea and some of hepatitis A, which can be attributed to deterioration in sanitation and hygiene. Children in particular are suffering from upper respiratory tract infections and skin rashes have increased in both children and adults.

While doing their best under very difficult circumstances medical practitioners working in HCI areas often do not have the experience to deal with trauma, management of triage systems, recording of statistical information, monitoring drug consumption or the provision of qualitative medical care for primary health care needs.

According to INGO assessment reports, the referral to health facilities in Lebanon, and to lesser extent to Turkey, are hampered by bureaucracy and lack of established referral structures and good communication between different relevant stakeholders.

**Psychological trauma:** Frequently, the affected population, especially children are reported to face psychological trauma. According to INGO reports, stigmatization of the subject lead to massive underreporting of cases of SGBV.
In general, IDPs in collective accommodation are considered the most vulnerable group in terms of health conditions and access to health care, followed by IDPs hosted by families and resident population. IDPs suffer from depleted resources and low income, therefore generally cannot afford medical fees and the cost of medicines.

**Health support providers in HCI areas**

Over half of the assessed HCI areas did not receive any support to the existing health services over the past 30 days. One third of the health support provided originates from international relief agencies:

![Percentage of HCI sub-districts that received regular health assistance over the past 30 days](image)

While many international NGO’s are now starting to operate from the Turkish border and coordination is starting to improve, many international agencies do not communicate their activities. According to recent INGO reports, it remains challenging to assess where and what kind of aid is already being provided, potentially leading to unnecessary duplication of services in some places. From the information gathered for this assessment report it is clear that whatever support is being provided is not sufficient to cover the growing needs.

Some Syrian-organised aid actors within Syria and abroad have successfully established a network of medical facilities across the country. They tend, however, to have limited experience of large-scale aid provision, which hinders the efficiency and effectiveness of aid, the prioritization of needs and identification of the most vulnerable.

**Situation in areas with lower conflict intensity (LCI)**

The common pattern in LCI areas is that many IDPs who previously fled have now returned, and have been joined by IDPs fleeing the fighting in nearby towns or villages. Therefore a continuous inflow of families seeking safety and shelter is observed in low intensity conflict areas. In some LCI areas, supplies (including medicines) still reach the area and the economic situation is still somewhat
manageable. However, a large-scale influx of IDPs from high intensity conflict (HCI) areas means that the needs for health support are different but also urgent.

In a January 2013 INGO assessment report, the INGO concludes that the increased burden on the host population in regions adjacent to HCI areas and the appalling living conditions for many of the IDPs in schools and other public buildings lead to a massive overburdening of the existing rural health infrastructure which needs urgent reinforcement to avoid unnecessary morbidity and mortality.

Clinics or field hospitals are not always available in low intensity conflict areas. The closest health facility is sometimes 20 km away from the villages. Considering that the cost of transportation and fuel has almost doubled or tripled in certain areas, this makes access to health services and consultation impossible for most of IDPs and residents. Some medical staff are present in the area but lack basic medicines to treat patients. Families who can afford it will buy medicines themselves in local markets if available. Caesarean cases are generally referred to more adequate health structures. At the border with Turkey, people in the most urgent medical situations (emergency cases) are mainly coming from fighting frontline in Aleppo and Idlib, and more generally from other bombed/shelled villages or town.

However, the number of trauma cases from Idlib and Aleppo is increasing as facilities in those governorates are overwhelmed in times of increased shelling/fighting. According to INGO reports, this adds to the burden of trauma-related case management in the area and increases the need for rehabilitation services and accessibility to disability aids.

It is reported that patients are often quickly discharged: they either return to their community or are referred to other hospital with specialized services. According to surgeons interviewed in LCI districts, orthopaedic surgery represents more than 70% of surgery treatment, patients in need being mainly young men (between 18 and 40 years old), with lower limb injuries and directly related to gun shots or bombing/shelling. The main difficulty remains to ensure a medical follow up of the patients discharged in the community, as nobody really knows where they are going back to. People in need of physical rehabilitation are often discharged too quickly and those not benefiting from follow-up at community level are very likely to develop complications and/or long-term impairments.

According to INGOs, communicable disease cases are being reported in almost every facility in the assessed districts in northern Syria, including LCI areas. Respiratory tract infections are the leading cause among them, followed by diarrhoea. In some places Hepatitis A (endemic in Syria) cases are increasing. Other illnesses affecting the members of the communities are reported to be cold and fever. An increased number of smallpox, skin rash and impetigo are also recently reported. Some cases of cutaneous *leishmaniasis* were also reported.

**Chronic diseases**: Prior to 2011, chronic illnesses were the lead cause of morbidity and mortality in Syria. Limited or no access to specialized drugs and special services (dialysis, chemo therapy et cetera) lead to rapid deterioration of the health status of the affected including death. Drug prices on the black market have sky rocketed and are not available to a majority of the population, especially in the rural areas where the communities are traditionally economically worse off than in the cities (WHO 2008). Chronic diseases frequently observed include hypertension, hyperglycaemia, diabetes, Wilson disease, cancer, epilepsy, asthma and people dependent on dialysis.

### Health status - LCI areas

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerous cases of children with nutrition problems</td>
<td>20%</td>
</tr>
<tr>
<td>Numerous cases of chronic diseases (HTN, DM, arthritis, dialysis, etc.)</td>
<td>20%</td>
</tr>
<tr>
<td>Numerous cases of respiratory diseases</td>
<td>15%</td>
</tr>
<tr>
<td>Numerous cases of psychological trauma (anxiety, depression, phobia, etc.)</td>
<td>14%</td>
</tr>
<tr>
<td>Incidents of communicable diseases (measles, tetanus, scabies, cholera, etc.)</td>
<td>11%</td>
</tr>
<tr>
<td>Numerous injured</td>
<td>8%</td>
</tr>
<tr>
<td>Numerous cases of diarrhoea</td>
<td>5%</td>
</tr>
<tr>
<td>Numerous cases of pregnancy related diseases</td>
<td>4%</td>
</tr>
<tr>
<td>Numerous cases of fever</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Figure 64: Key health status problems in LCI areas 18 districts in 6 governorates*
Health care problems - LCI areas

- Lack of medicines: 33%
- Lack of medical staff: 22%
- Not enough access to health services due to limited economic resources (lack of money): 22%
- Lack of ambulance services: 11%
- Not enough access to health services due to physical/logistical constraints: 7%
- Not enough health services available: 4%
- Not enough access to health services due to security constraints: 1%

**Figure 65: Key health care problems in LCI areas 18 districts in 6 governorates**

Severity of health problems in LCI areas

<table>
<thead>
<tr>
<th>Severity level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>33%</td>
</tr>
<tr>
<td>2</td>
<td>22%</td>
</tr>
<tr>
<td>3</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Figure 66: Severity of health problems in LCI sub-districts in 6 governorates on a scale from 1 (low)-5 (highest)**

Key vulnerable groups in the health sector (LCI areas)

- Displaced people in host families: Very High (2.20-2.40)
- Displaced people in collective accommodation (schools, camps, etc.): Higher (1.40-1.80)
- Resident population not hosting displaced persons: Intermediate (1.70-1.20)
- Resident population hosting displaced persons: Lower (0.70-0.60)

**Figure 67: Most vulnerable groups in need of Health support in LCI areas in the 6 governorates (“Which group faces the biggest health risks in this sub-district?”)**

In general, IDPs hosted by families followed by IDPs in collective accommodation are considered the most vulnerable group in terms of health conditions and access to health care. IDPs suffer from depleted resources and low income, therefore generally cannot afford medical fees and the cost of medicines.

Health support providers in LCI areas

More than half of the LCI areas covered under this assessment did not receive any regular health support to the existing service facilities over the past 30 days. The majority of support is being provided by local charities and relief organisations.

**Figure 68: Percentage of LCI sub-districts that received regular health assistance over the past 30 days**
D.3 Water, Sanitation, Hygiene (WASH)

Water problems in visited areas

- Not enough access to water due to limited economic resources (paying for water tankering): 32%
- Not enough access to water due to physical/logistical constraints: 22%
- Lack of jerry cans: 17%
- Not enough water/wells available: 14%
- There are not enough recipients (jerry cans, buckets) - not enough water storage capacity: 8%
- The water available is not safe for drinking or cooking: 6%
- Not enough access to water due to security constraints: 1%

Figure 69: Water supply problems in 18 districts in 6 governorates

Priority recommendations

1. Water supply: fuel/electricity for generators
2. Containers to store water, water tubes, fuel for water pumps in rural areas
3. Water tubes, pipes, spare part for damaged pumps, generators in urban areas
4. Water purification system and tablets, water quality tests in urban areas
5. Distribution of hygiene kits in camps followed by hygiene campaign, especially for children
6. Improve sanitary conditions (latrines and showers, etc.) for IDPs living in collective accommodations

Sanitation and Hygiene problems in visited areas

- Not enough access to water or soap due to limited economic resources: 35%
- Not enough access to water, soap or places to wash available on the market: 23%
- Not enough places to wash: 17%
- Not enough access to water, soap or places to wash due to security constraints: 13%
- Not enough toilets available: 12%

Figure 70: Water supply problems in 18 districts in 6 governorates

Other priorities from secondary data suggest solid waste management as an additional priority, including garbage containers and equipment for garbage collection teams through cash-for-work/volunteers.

Figure 71: Priorities for WASH interventions in 18 districts in 6 governorates
Most vulnerable groups

- IDP families staying in schools, rented houses, empty/unfinished buildings, many of whom have experienced multiple displacements since March 2011
- IDP families staying in host families without an income source, adequate access to food, and essential NFIs
- Resident population affected by the conflict, resources depletion and low purchase power
- Host families who, although generally slightly better off, also suffer from the consequences of the conflict and bear the burden of hosting IDPs

Other vulnerable groups include returned ‘migrant’ workers and their families that have returned to their village after loss of employment (especially in Aleppo). They are essentially living as IDPs at their place of origin.

Estimated number of persons in urgent need of WASH support

<table>
<thead>
<tr>
<th>Governorate</th>
<th>At risk</th>
<th>At acute risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Hassakeh</td>
<td>58,000</td>
<td>-</td>
</tr>
<tr>
<td>Aleppo</td>
<td>1,050,500</td>
<td>120,000</td>
</tr>
<tr>
<td>Ar Raqqa</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>-</td>
<td>359,000</td>
</tr>
<tr>
<td>Idleb</td>
<td>422,092</td>
<td>-</td>
</tr>
<tr>
<td>Lattakia</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Figures represent the needs in 58 assessed sub-districts in 6 (of 7) governorates in Northern Syria only. They are based on the number of people (Residents affected +IDPs) who have been assessed in combined severity level 3, 4 and 5.

WASH service providers

Although water supply is one of the top priorities in some of the governorates (see figure 41 below), only three of the six assessed governorates reported support to water supply over the past 30 days.

The WASH service providers

Percentage of sub-districts receiving WASH support

Figure 72: Most vulnerable groups in need of WASH support in 18 districts in 6 governorates (“Regarding the lack of safe water, which group is most at risk?”)
General situation

The escalation of violence has impacted the water and sanitation infrastructure. In urban areas, water networks are affected by frequent power cuts, lack of supplies and staff (limiting maintenance of water infrastructure) and shortages of chlorination products. In some rebel-controlled areas the Government has cut the water supply. Nationally, only 35% of sewage is being treated compared to 70% before the crisis. Inadequate waste management is also an issue and household rubbish is reportedly accumulating in the streets across the country. Knowledge of good hygiene practice is generally good although unavailability of hygiene products in many areas inhibits good practice (ICRC 2012/12/17, INGO 2012/12, OCHA 2012/11/27, OCHA 2012/12/24).

Respondents in seven assessed sub-districts indicated that “many will die soon” if access to drinking water does not improve.

Situation in areas with ‘higher’ conflict intensity (HCI)

Water: Lack of water in HCI areas, especially in urban settings, is a pressing need due to a) the partial destruction of water networks and b) water supply shortages due to frequent and often long power cuts (they can last for several days). In some parts of Aleppo, water rationing is now extending up to 20 hours per day in some neighbourhoods. To overcome power cuts and water scarcity, people store water in containers, collect rainwater, or use tankered water (SI, 2012/12).

Inadequate waste management is also an issue in most towns and cities assessed to date. In some areas, volunteers, through the Local Councils, have taken over solid waste collection.

The provision of hygiene supplies is a priority need. Incidences of diarrhoea, Hepatitis A and observation of poor hygiene practices in the assessed governorates are observed due to a lack of access to hygiene products and sufficient water (WHO 2012/09/11, UNHCR 2012/11/30, OCHA 2012/12/24, SI 2012/12).
It is becoming increasingly difficult to find hygiene items such as diapers and sanitary towels and prices are becoming unaffordable for many. Finally, hygiene practices are often disrupted by the lack of dedicated space for bathing. In rented houses, barns, schools etc., there are no bathrooms and people have to take turn to wash, or go outside in the yard. Given the cold temperatures, this has become increasingly difficult over the past months (SI, 2012/12).

In Idleb, an increasing number of people including children are reported to use open defecation (public space, under the trees and behind the bushes) since flushing toilets are often not working due to lack of water and damages to the sewage system. Toilets in houses hosting IDPs are often overcrowded, but generally still functional. When public toilets are used (schools, hospitals, mosques, etc.), there are generally no separate toilets available for women, with no lighting at night.

In Deir-ez-Zor sub-district, the assessment team reported frequent cases in where ground water is polluted by oil. Apparently, some oil pipelines in this area are damaged. Also, the assessment team reported that some people are attempting to access oil from the pipeline as heating fuel. More research in this area is required, but the pollution of drinking water poses a high health risk for the local population and especially for those that do not have the financial means to buy potable water from water tankers.

Water problems - HCI areas

- Not enough access to water due to limited economic resources (paying for water tankering) 30%
- Not enough access to water due to physical/logistical constraints 24%
- Lack of jerry cans 16%
- Not enough water/wells available 12%
- The water available is not safe for drinking or cooking 9%
- There are not enough recipients (jerry cans, buckets) - not enough water storage capacity 9%

Severity of water access in HCI areas

Respondents in five assessed sub-districts indicated that “many will die soon” if access to drinking water does not improve (Aleppo, Deir-ez-Zor)
Key vulnerable groups in WASH sector (HCI areas)

Figure 79: Most vulnerable groups in need of WASH support in HCI areas in 6 governorates ("Regarding the lack of safe water, which group is most at risk?")

In general, IDPs in collective accommodation and the resident population are considered the most vulnerable group in terms of access to drinking water, sanitation and hygiene items. IDPs in collective accommodation lack proper access to sanitation facilities as well as basic hygiene items.

Relief providers

Figure 80: Percentage of HCI sub-districts that received regular WAASH assistance over the past 30 days

In more than 80% of the visited sub-districts in HCI areas, key informants reported no regular WASH support in the last 30 days. Relief actors providing water mainly include local charities and councils (more than half), and INGOs.

Situation in areas with lower conflict intensity (LCI)

Water: The water situation in the northern governorates varies between rural and urban areas: in villages, many households have access to domestic boreholes. The water supply system is not always working but water remains available through open wells, springs, private boreholes and rainfall. In some instances, water is being purchased but is still sourced from open wells and tanked to houses, stored in tanks previously used for irrigating farming. In some rare cases the water is trucked directly from the rivers.

Before the conflict, most houses were connected to the water system through piped water. This system is now interrupted due to damage to the pumping system, lack of fuel to operate pumping, interruption of the water supply from centralised reservoirs, lack of spare parts and maintenance tools.

Water shortages were not reported during an INGO assessment among villages in four northern districts of Aleppo, although people will soon lack fuel for the water pumps. Some towns located on the top of a hill reported already having water shortages due to lack of fuel for using pumps, and water is being trucked to the town.

Serious concerns remain over the quality of the water when collected from unprotected sources. Very few households practice water boiling.

Garbage Collection: Garbage collection is generally managed locally, where community members and municipal workers collect trash and burn it at a big dumpster out of the village.

Sanitation: Houses are generally well equipped with flushing toilets, but due to the fact numerous families are now living in a same house, the availability of toilets is reported to be low. Public toilets are extensively used, without distinction between female or male facilities and without adequate lighting and security for children. Pit latrines are also available in some areas but are not maintained. In all visited areas, open defecation was also reported.
Water problems - LCI areas

- Not enough access to water due to limited economic resources (paying for water tankering): 34%
- Not enough access to water due to physical/logistical constraints: 21%
- Lack of jerry cans: 19%
- Not enough water/wells available: 17%
- There are not enough recipients (jerry cans, buckets) - not enough water storage capacity: 6%
- Not enough access to water due to security constraints: 2%
- The water available is not safe for drinking or cooking: 2%

Figure 81: Water supply problems in LCI areas in 18 districts in 6 governorates

Sanitation & Hygiene - LCI areas

- Not enough access to water or soap due to limited economic resources: 39%
- Not enough access to water, soap or places to wash available on the market: 18%
- Not enough places to wash: 18%
- Not enough toilets available: 16%
- Not enough access to water, soap or places to wash due to security constraints: 8%

Figure 82: Sanitation and hygiene problems in LCI areas in 18 districts in 6 governorates

Severity of WASH problems in LCI areas

In Al-Hassakeh, Aleppo and Idlib governorates, 50-60% of sub-districts will soon experience widespread suffering due to a lack of water, poor sanitation and hygiene.

In LCI areas, displaced people, either in collective shelter or host families, are most vulnerable to lack of WASH support. Residents that are not hosting displaced are also highly vulnerable. They include the elderly, single mother-headed households, and the poorest families.
Key vulnerable groups in WASH sector in LCI areas

**Figure 84: Most vulnerable groups in need of WASH support**

Water support providers in LCI areas

Almost no WASH support is provided in LCI areas. In the assessed sub-districts, only one WASH provider (SARC) offered regular water assistance over the past 30 days:

**Figure 85: Percentage of LCI sub-districts that received regular WASH assistance over the past 30 days**
D.4 Shelter/NFI

Shelter and NFI problems in visited areas

- Not enough shelter space available: 20%
- Not enough access to heating fuel due to limited economic resources (income): 14%
- Not enough access to heating fuel due to physical/logistical constraints: 13%
- Not enough protection against cold (snow, wind, rain): 13%
- Lack of basic household items in shelters: 10%
- Not enough access to building materials due to physical/logistical constraints: 9%
- Not enough access to building materials due to limited economic resources (income): 9%
- Not enough access to collective shelter space (lack of facilities/overcrowded): 7%
- Not enough access to building materials due to security constraints: 2%
- Not enough access to heating fuel due to security constraints: 2%
- Not enough access to privately rented shelter space: 1%

Figure 86: Shelter/NFI supply problems in 18 districts in 6 governorates

Priority recommendations

1. Fuel for heating and gas (fuel is more in demand in areas with large IDP populations).
2. Shelter kits to improve the insulation of the dwellings, especially for IDPs in unfinished buildings/inadequate accommodation.
3. Blankets and mattresses.
4. Warm clothes, especially for children and older people (socks, shawls, winter clothes and jackets for children.
5. Cooking sets (especially for IDPs)

Other immediate priorities from secondary data suggest the urgent need for warm clothes, especially for children (socks, shawls, winter clothes and jackets for children, baby tissues).

Figure 87: Priorities for Shelter/NFI interventions in 18 districts in 6 governorates

Most vulnerable groups in need of shelter/NFI support

- IDP families staying in schools, rented houses, empty/unfinished buildings, many of whom have experienced multiple displacements since March 2011.
- IDP families staying in host families without income source, adequate access to food, and essential NFIs.
- Households facing financial insecurity, often unable to leave contested areas due to lack of resources. Resident population affected by the conflict, resources depletion and low purchase power.
- Host families who, although generally slightly better off, also suffer from the consequences of the conflict and bear the burden of hosting IDPs.

Other vulnerable group includes returned ‘migrant’ workers and their families that have returned to their village after loss of employment. They are essentially living as IDPs at their place of origin.
Figure 88: Most vulnerable groups in need of Shelter/NFI support in 18 districts in 6 governorates (“Which group is most at risk due to lack of shelter and NFIs?”)

Estimated number of persons in urgent need of Shelter and NFI support

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Estimated total*</th>
<th>At risk</th>
<th>At acute risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Hasakeh</td>
<td>98,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aleppo</td>
<td>1,209,032</td>
<td>244,500</td>
<td></td>
</tr>
<tr>
<td>Ar Raqqa</td>
<td>830,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>200,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Idleb</td>
<td>422,592</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Latakia</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

* Figures represent the needs in 58 assessed sub-districts in 6 (of 7) governorates in Northern Syria only. They are based on the number of people (Residents affected + IDPs) who have been assessed in combined severity level 3, 4 and 5.

Figure 89: Shelter/NFI support in 18 districts in 6 governorates over the past 30 days

Figure 90: Number of agencies providing Shelter/NFI assistance in the surveyed sub-districts
General situation

Fighting, including the use of heavy weaponry has caused widespread damage to infrastructure and houses. Shortages of fuel and disruption to the electricity supply throughout the country have resulted in a lack of heating and means of cooking (OCHA 2012/12/10, GoS 2012/12/19).

IDPs are frequently staying in a) unfinished or vacant buildings; b) living with host families; c) rented accommodation, or d) collective centres and camps. As of 3 December 2013, more than 2,100 schools and other public buildings were hosting IDPs as community shelters in Syria (no statistics available for the northern governorates). Many IDP shelters are overcrowded, lack adequate heating, sanitation and winterisation and offer little or no privacy (OCHA 12/12/03, OCHA 2012/11/26).

Return to areas where fighting is no longer taking place is hampered where former homes have been damaged or destroyed (INGO 2012/12/30).

In January 2013, unusually severe winter weather conditions put displaced and conflict-affected Syrians in all Syria at risk of further deterioration in living conditions. Rising fuel prices across Syria have exacerbated the situation, leaving many people without access to a reliable source of heat (USAID 2013/01/17).

Average temperature conditions are expected to stay below 10°C until the end of January 2013. Average rainfall conditions are expected to rise in January (52mm) before starting to decrease in February 2013 (26mm) (Climate Change Portal).

Priority shelter and NFI needs vary geographically between emergency shelter in HCI areas and NFIs (blankets, mattresses, stoves, etc.) among the many displaced in areas with a lower intensity of conflict (LCI).

During the cold season over the past month, “many are dying now” in at least one assessed area (Ar-Raqqa governorate) – according to key informants interviewed during this assessment. Findings from two other governorates (Aleppo and Deir-ez-Zor) indicate that “many will die soon” if no adequate shelter/NFI support is being provided.
Situation in areas with ‘higher’ conflict intensity (HCI)

**Housing:** Heavy fighting and air strikes have caused widespread destruction of buildings in all HCI areas. The most precarious living conditions are those of IDP families staying in unfinished buildings, barns and basements, inhabited sometimes by more than four families. According to various sources, protection from cold weather including wind, rain, and frost is really poor. Those improvised houses are not equipped to host multiple families, and fuel or electricity is largely unavailable to heat the rooms. Moreover, with more people accumulating in the same space, personal privacy becomes an issue. INGOs report also a high fire risk in overcrowded houses, where people use coal or wood for cooking and heating, with no safety measures in place. Basements of buildings are reserved by Local Councils for residents whose houses are destroyed as well as for contingency purpose (PIN 2012/11/17).

IDPs staying with host families often live in overcrowded conditions (up to five families in one dwelling) resulting in limited privacy and potential protection issues (SI, 2012/12).

Residents who remained in the conflict areas are staying in their own homes or in safer houses of relatives.

**Collective accommodation:** Some towns in high intensity conflict areas host IDPs in collective shelters (schools, mosques, and tents in the outside). Protection from cold weather (lack of insulation, stoves and fuel), privacy of individuals (especially women and children), protection of private belongings is generally very poor in the visited buildings. Large-scale electricity cuts are ongoing and severe shortages of basic supplies such as winter clothes and children’s shoes have been reported. (INGO 2012/12).

**Electricity supply** to the assessed governorates is regularly disrupted, in some areas continuously for the past five months. Heating fuel has become largely unaffordable while most dwellings occupied by IDPs are not equipped with stoves. In all villages and towns surveyed by INGOs, power cuts are frequent (SI, 2012/12).

**Access to NFIs:** Warm clothing and underwear are reportedly extremely difficult to access by the affected population. The same applies for mattresses, pillows and blankets. Cooking utensils and plastic sheets are rarely available on the local markets. Cooking and heating fuel (firewood, kerosene, gas) are either not available or not affordable. Due to the lack of electricity, many communities started cutting down fruit trees, which are one of the main sources of livelihood in some areas, or using plastic waste as fuel for cooking. Especially IDPs, which have fled with few belongings, are suffering from a critical lack of NFIs.

---

**Shelter and NFI problems - HCI areas**

- Not enough shelter space available: 19%
- Not enough access to heating fuel due to physical/logistical constraints: 17%
- Not enough access to heating fuel due to limited economic resources (income): 16%
- Lack of basic household items in shelters: 11%
- Not enough access to building materials due to physical/logistical constraints: 10%
- Not enough access to building materials due to limited economic resources (income): 8%
- Not enough protection against cold (snow, wind, rain): 8%
- Not enough access to collective shelter space (lack of facilities/overcrowded): 6%
- Not enough access to building materials due to security constraints: 4%
- Not enough access to heating fuel due to security constraints: 1%

**Figure 92:** Shelter/NFI problems in HCI areas in 18 districts in 6 governorates

**Severity of shelter/NFI needs in HCI areas**

-Severity level:
  - 1: No concern – situation under control
  - 2: Situation of concern that requires monitoring
  - 3: Many people still suffer if no shelter/humanitarian assistance is provided soon

**Figure 93:** Severity of shelter problems in HCI areas (“Overall, which of the following statements describes best the general status of shelter?”)
Relief providers of shelter/NFI support in HCI areas

Figure 94: Shelter/NFI support in HCI areas in 18 districts in 6 governorates

Key vulnerable groups in need for shelter/NFI in HCI areas

Figure 95: Most vulnerable groups in need of Shelter/NFI support in HCI areas in 6 governorates (“Which group is most at risk because of the lack of shelter/NFI?”)

Situation in areas with lower conflict intensity (LCI)

Housing: Shelter and accommodation situation in LCI areas is complex and dynamic. Overcrowding, limited space and continuous inflow of IDPs is a general pattern in those villages or towns as people fleeing conflict areas seek refuge in safer places.

In many LCI areas, every house is hosting several families. House occupation can range from three to seven families. Host families have taken in voluntarily or been assigned IDP families, either extended family and friends or strangers. In other cases, several IDPs families are occupying empty houses (some were abandoned by families who had been displaced from the area and others are “summer houses” belonging to people living in bigger towns and cities).

If feasible, houses are allocated so that one room is available to each family. If less space is available, families are mixed and one room is allocated to the women, girls and small children and one for the men and older boys, in an attempt to maintain gender division. There were no reports or complaints of robbery of private property.

IDPs who are not hosted by private families or occupying empty accommodations are generally taking shelter in unoccupied houses or in collective accommodation (mosque, schools and clinics). As a result, tensions start slowly to emerge between host community and IDPs. It was reported in one place that the host community asked the IDPs to leave public buildings (mosques and schools) to resume religious or education activities. Those who couldn’t find alternative accommodation were required to leave the village.

Generally, public accommodations are ill equipped to receive such large number of IDPs (lack of baths, showers, toilets, kitchens, etc.).

Cleaning of public accommodation is variable from one place to another, sometimes women IDPs are organized to clean, while men are collecting and cutting wood.

Protection from cold weather including wind, rain and frost is reported to be poor due to the lack of fuel for heating.

Electricity: In some areas electricity has been cut for months. Generators are available in some locations, but the fuel price increase makes them generally unusable. The affected population usually uses candles and gaslights.

NFI: No fuel being available, some specific places have been designated to cut down trees for firewood. Sometimes the place is located several kilometres away from the town or the village. Even when wood is available, most houses lack adequate burning stoves, which would ensure a safer and more calorific use of this source of heat. Jerry cans are also critically missing. In places with large number of families, it was reported than no precautions against risk of fire were respected when using coal and wood to heat the rooms.

Access to warm clothing is also limited and availability of clothing is poor in local markets. IDPs in public accommodation lack mattresses and blankets. According to INGO reports, people can often be found sleeping directly on the floor or on plastic bags. Cooking utensils (pots, spoons, forks, plates, etc.) were reported to be in sufficient quantities, but could rapidly go missing if more IDPs arrive. Plastic sheeting were also reported as lacking, but is not considered as very important by the population.

IDP camps: Most of the IDPs in camps live in poorly insulated shelters in cold temperatures. The extreme living conditions are aggravated by the fact that IDPs left most of their assets behind and are particularly deprived of items which could
improve the insulation of their shelter and protect them from the cold: there is a critical lack of warm clothes, blankets, shoes, mats and mattresses, and materials to improve insulation of their shelter.

**Shelter and NFI problems - LCI areas**

- Not enough shelter space available: 22%
- Not enough protection against cold (snow, wind, rain): 18%
- Not enough access to heating fuel due to limited economic resources (income): 13%
- Lack of basic household items in shelters: 9%
- Not enough access to building materials due to limited economic resources (income): 9%
- Not enough access to building materials due to physical/logistical constraints: 9%
- Not enough access to heating fuel due to physical/logistical constraints: 9%
- Not enough access to collective shelter space (lack of facilities/overcrowded): 7%
- Not enough access to heating fuel due to security constraints: 3%

**Severity of shelter/NFI problems in LCI areas**

![Severity of shelter problems in LCI areas](image)

**Key vulnerable groups in need of shelter/NFI assistance (LCI areas)**

- Displaced people in host families
- Displaced people in collective accommodation (schools, camps, etc.)
- Resident population not hosting displaced persons
- Resident population hosting displaced persons

**Shelter/NFI relief providers (LCI areas)**

![Shelter/NFI support in LCI areas in 18 districts in 6 governorates](image)

**Figure 96**: Shelter/NFI problems in LCI areas in 18 districts in 6 governorates

**Figure 97**: Severity of shelter problems in LCI areas (“Overall, which of the following statements describes best the general status of shelter?”)

**Figure 98**: Most vulnerable groups in need of Shelter/NFI support in LCI areas in 6 governorates (“Which group is most at risk because of the lack of shelter/NFI?”)

**Figure 99**: Shelter/NFI support in LCI areas in 18 districts in 6 governorates
Annexes

1. Table of Figures
2. Questionnaire
### Annex 1. Table of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Severity of need for the food, water, health, and shelter sectors combined</td>
</tr>
<tr>
<td>2</td>
<td>Intensity of conflict</td>
</tr>
<tr>
<td>3</td>
<td>Priority sectors for humanitarian interventions in the survey area</td>
</tr>
<tr>
<td>4</td>
<td>Supply of aid in the four sectors: food, water, health, and shelter</td>
</tr>
<tr>
<td>5</td>
<td>Percentage of sub-districts in the survey area receiving aid over the past 30 days</td>
</tr>
<tr>
<td>6</td>
<td>Total number of relief actors in the survey area providing aid over the past 30 days</td>
</tr>
<tr>
<td>7</td>
<td>Priority sectors identified by each sub-district</td>
</tr>
<tr>
<td>8</td>
<td>Location of assessed districts (blue boundaries) and Population Density</td>
</tr>
<tr>
<td>9</td>
<td>Timeframe of the J-RANS: 11 - 29 January 2013</td>
</tr>
<tr>
<td>10</td>
<td>Areas by intensity of conflict: 58 sub-districts in 18 districts assessed</td>
</tr>
<tr>
<td>11</td>
<td>Key-population figures on 58 sub-districts in 18 districts in 6 governorates</td>
</tr>
<tr>
<td>12</td>
<td>Population in need (at risk vs. at acute risk) on 58 sub-districts in 18 districts in 6 governorates</td>
</tr>
<tr>
<td>13</td>
<td>People in need for humanitarian assistance in HCI areas by sector and governorate</td>
</tr>
<tr>
<td>14</td>
<td>Casualties in HCI areas by population groups</td>
</tr>
<tr>
<td>15</td>
<td>Casualties in HCI areas by governorate and population groups</td>
</tr>
<tr>
<td>16</td>
<td>Destruction level of private and public buildings in HCI areas</td>
</tr>
<tr>
<td>17</td>
<td>Destruction level of private and public buildings in LCI areas</td>
</tr>
<tr>
<td>18</td>
<td>Availability of electricity in HCI areas</td>
</tr>
<tr>
<td>19</td>
<td>Number of IDPs located in HCI areas</td>
</tr>
<tr>
<td>20</td>
<td>Number of IDPs located in HCI areas by category and governorate</td>
</tr>
<tr>
<td>21</td>
<td>Level of access to information about humanitarian assistance in HCI areas</td>
</tr>
<tr>
<td>22</td>
<td>Functioning schools before the conflict / at present in HCI areas</td>
</tr>
<tr>
<td>23</td>
<td>People in need for humanitarian assistance in LCI areas by sector and governorate</td>
</tr>
<tr>
<td>24</td>
<td>Casualties in LCI areas by population groups</td>
</tr>
<tr>
<td>25</td>
<td>Casualties in LCI areas by governorate and population groups</td>
</tr>
<tr>
<td>26</td>
<td>Destruction level of private and public buildings in LCI areas</td>
</tr>
<tr>
<td>27</td>
<td>Number of IDPs located in LCI areas</td>
</tr>
<tr>
<td>28</td>
<td>Number of IDPs located in LCI areas by category and governorate</td>
</tr>
<tr>
<td>29</td>
<td>Level of access to information about humanitarian assistance in LCI areas</td>
</tr>
<tr>
<td>30</td>
<td>Functioning schools before the conflict / at present in LCI areas</td>
</tr>
<tr>
<td>31</td>
<td>Priorities for humanitarian interventions in 18 districts in 6 governorates</td>
</tr>
<tr>
<td>32</td>
<td>Most food insecure groups in 18 districts in 6 governorates</td>
</tr>
<tr>
<td>33</td>
<td>Percentage of a total of 58 sub-districts in 18 districts that received regular food supply</td>
</tr>
<tr>
<td>34</td>
<td>Number of agencies providing food support in 18 assessed districts in 6 governorates</td>
</tr>
<tr>
<td>35</td>
<td>Severity of food needs and absence of food aid in the assessed districts</td>
</tr>
<tr>
<td>36</td>
<td>Severity of food insecurity in HCI sub-districts in 6 governorates</td>
</tr>
<tr>
<td>37</td>
<td>Most food insecure groups in HCI areas in 6 governorates</td>
</tr>
<tr>
<td>38</td>
<td>Percentage of HCI sub-districts that received regular food supply over the past 30 days</td>
</tr>
<tr>
<td>39</td>
<td>Severity of food insecurity in LCI sub-districts in 6 governorates</td>
</tr>
<tr>
<td>40</td>
<td>Most food insecure groups in LCI areas in 6 governorates</td>
</tr>
<tr>
<td>41</td>
<td>Percentage of LCI sub-districts that received regular food supply over the past 30 days</td>
</tr>
<tr>
<td>42</td>
<td>Number of agencies providing food assistance in LCI sub-districts</td>
</tr>
<tr>
<td>43</td>
<td>Priorities for health interventions in 18 districts in 6 governorates</td>
</tr>
<tr>
<td>44</td>
<td>Most vulnerable groups in need of Health support in 18 districts in 6 governorates</td>
</tr>
<tr>
<td>45</td>
<td>Percentage of sub-districts that received regular health assistance over the past 30 days</td>
</tr>
<tr>
<td>46</td>
<td>Number of agencies providing health assistance in the surveyed sub-districts</td>
</tr>
<tr>
<td>47</td>
<td>Severity of health needs, and sector coverage</td>
</tr>
<tr>
<td>48</td>
<td>Severity of health problems in HCI sub-districts in 6 governorates</td>
</tr>
<tr>
<td>49</td>
<td>Most vulnerable groups in need of Health support in HCI areas in the 6 governorates</td>
</tr>
<tr>
<td>50</td>
<td>Percentage of HCI sub-districts that received regular health assistance over the past 30 days</td>
</tr>
<tr>
<td>51</td>
<td>Number of agencies providing health assistance in HCI sub-districts</td>
</tr>
<tr>
<td>52</td>
<td>Priorities for health interventions in HCI sub-districts</td>
</tr>
<tr>
<td>53</td>
<td>Most vulnerable groups in need of Health support in LCI areas in the 6 governorates</td>
</tr>
<tr>
<td>54</td>
<td>Percentage of HCI sub-districts that received regular health assistance over the past 30 days</td>
</tr>
</tbody>
</table>
### A. Damages by Conflict

#### A1. Due to conflict number of persons:

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>% of whom</th>
<th>% of whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dead</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrested</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A2. Due to conflict damages of physical infrastructure (enter in %)

<table>
<thead>
<tr>
<th>Description</th>
<th>Private Buildings (houses, apartment buildings, etc.)</th>
<th>Public Infrastructure (schools, health centres, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No damages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Destruction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### A3. Electricity

- [ ] Fully functional
- [ ] Intermittent
- [ ] Not functional

If intermittent, how many hours per day?
- [ ] 0-6 hrs
- [ ] 6-12 hrs
- [ ] 12-18 hrs
- [ ] 18-24 hrs

#### A4. Education

- Number of functional schools in this sub-district before the conflict
- Number of functional schools today in this sub-district

### B. Demography*

#### B1. Estimated # of population in sub-district:

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
<th>% Female</th>
<th>Source</th>
<th>Reliability**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of pre-conflict population (2011)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of whom # who have fled the sub-district</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Total # of displaced population</th>
<th>- # Displaced people living in collective accommodation</th>
<th>- # Displaced people hosted by local families</th>
</tr>
</thead>
</table>

#### B2. Have the displaced / crisis-affected people been registered in this sub-district?

- [ ] Yes
- [ ] No
- [ ] Under way
- [ ] Not yet, but scheduled

If yes, which organization has conducted the registration in this sub-district?

- [ ] Host community willing to assist for as long as necessary
- [ ] Host community willing to assist, but for limited time
- [ ] Tensions already exist
- [ ] Other

### C. Information

#### C1. In this sub-district, are people generally:

- [ ] Well informed about humanitarian assistance
- [ ] Poorly informed about humanitarian assistance
- [ ] Not at all informed about humanitarian assistance

#### D. Health

#### D1. Health Status: Is there a serious problem regarding physical health in this sub-district?

- [ ] Yes
- [ ] No
- [ ] Do not know

If yes, i am reading a list of possible problems:
- [ ] Select only the three most serious problems

- Numerical cases of psychological trauma (anxiety, depression, phobia, etc.)
- Incidents of communicable diseases (measles, tetanus, scabies, cholera, etc.)
- Numerical cases of chronic diseases (HTN, DM, arthritis, dialysis, etc.)
- Numerical cases of children with nutrition problems
- Numerical cases of diarrhoea
- Numerical cases of fever
- Numerical cases of respiratory diseases
- Numerical cases of pregnancy related diseases
- Numerical injured
- Numerical disabled
- Other:

#### D2. Health Care: Is there a serious problem because people are not able to get adequate health care for themselves in this sub-district?

- [ ] Yes
- [ ] No
- [ ] Do not know

If yes, i am reading a list of possible problems:
- [ ] Select only the three most serious problems

- Lack of ambulance services
- Lack of medicines
- Lack of medical staff
- Not enough health facilities available
- Not enough access to health services due to physical/logistical constraints
- Not enough access to health services due to security constraints
- Not enough access to health services due to limited economic resources (lack of money)
- Other:

#### D3. Which specific health interventions are most urgently required in this sub-district?

- [ ] Do not know

First rank:
### E. Food

#### E1. Is there a serious problem regarding food in this sub-district?
- □ Yes
- □ No
- □ Do not know

If yes, I am reading a list of possible problems: Select only the three most serious problems
- □ Not enough food available (including in markets, etc.)
- □ Not enough diversity in food
- □ Not enough access to food sources (i.e. markets) due to physical/logistical constraints (transport)
- □ Not enough access to food sources (i.e. markets) due to security constraints
- □ Not enough access to food sources (i.e. markets) due to limited economic resources (income)
- □ Price increase of basic food items
- □ Agricultural production is disrupted
- □ There are not enough cooking facilities or utensils
- □ Not enough cooking fuel
- □ Loss of economic assets due by conflict (livestock, machinery, seeds, etc.)
- □ Other: ____________________________

#### E2. Which specific food security interventions are most urgently required in this sub-district?
- □ Do not know

First rank:

Second rank:

Third rank:

#### E3. Overall, which of the following statements describes best the general status of food security in this sub-district?
- □ No concern – situation under control
- □ Situation of concern that requires monitoring
- □ Many people will suffer if no food assistance is provided soon
- □ Many people will die if no food assistance is provided soon
- □ Many people are known to be dying right now due to lack of food

### E4. Which group is most at risk of having not enough food to survive in this sub-district?

| rank top three: 1=first rank, 2=second rank, 3=third rank |
|---------------|------------------|------------------|------------------|
| □ Displaced people in host families |
| □ Displaced people in collective accommodation (schools, camps, etc.) |
| □ Resident population hosting displaced persons |
| □ Resident population not hosting displaced persons |

### E5. Which organizations have been providing regular food support in this sub-district over the past 30 days?

#### F1. Is there a serious problem in your sub-district regarding shelter and non-food items?
- □ Yes
- □ No
- □ Do not know

If yes, I am reading a list of possible problems: Select only the three most serious problems
- □ Not enough shelter space available
- □ Not enough protection against cold (snow, wind, rain)
- □ Not enough access to privately rented shelter space
- □ Not enough access to collective shelter space (lack of facilities/overcrowded)
- □ Not enough access to building materials due to physical/logistical constraints
- □ Not enough access to building materials due to security constraints
- □ Not enough access to building materials due to limited economic resources (income)
- □ Lack of basic household items in shelters
- □ Not enough access to heating fuel due to physical/logistical constraints
- □ Not enough access to heating fuel due to security constraints
- □ Not enough access to heating fuel due to limited economic resources (income)
- □ Others: ____________________________

#### F2. Which specific shelter or NFI interventions are most urgently required in this sub-district?
- □ Do not know

First rank:

Second rank:

Third rank:

#### F3. Overall, which of the following statements describes best the general status of shelter?
- □ No concern – situation under control
- □ Situation of concern that requires monitoring
- □ Many people will suffer if no shelter/winterization assistance is provided soon
- □ Many people will die if no shelter/winterization is provided soon
- □ Many people are known to be dying right now due to lack of shelter/winterization

#### F4. Which group is most at risk due to lack of shelter and NFIs?

| rank top three: 1=first rank, 2=second rank, 3=third rank |
|---------------|------------------|------------------|------------------|
| □ Displaced people in host families |
| □ Displaced people in collective accommodation (schools, camps, etc.) |
| □ Resident population hosting displaced persons |
F5. Which organizations have been providing regular shelter support in this sub-district over the past 30 days?

<table>
<thead>
<tr>
<th>Type (INGO, Local Org, Self-help group, other)</th>
<th>Organisation responsible</th>
<th>Type of regular support (excluding one-offs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Water, Sanitation and Hygiene

G1. Is there a serious problem regarding water in this sub-district?

- Yes
- No
- Do not know

If yes, I am reading a list of possible problems: Select only the three most serious problems:

- Lack of jerry cans
- The water available is not safe for drinking or cooking
- Not enough water/wells available
- There are not enough recipients (jerry cans, buckets) - not enough water storage capacity
- Not enough access to water due to physical/logistical constraints
- Not enough access to water due to security constraints
- Not enough access to water due to limited economic resources (paying for water tankering)
- Others:

G2. Is there a serious problem regarding sanitation and hygiene in this sub-district?

- Yes
- No
- Do not know

If yes, I am reading a list of possible problems: Select only the three most serious problems:

- Not enough places to wash
- Not enough access to water, soap or places to wash due to security constraints
- Not enough access to water, soap or places to wash available on the market
- Not enough access to water or soap due to limited economic resources
- Not enough toilets available
- Not enough access to toilets due to security constraints
- Others:

G3. Which specific water, sanitation, and hygiene interventions are most urgently required?

- First rank:
- Second rank:
- Third rank:

G6. Which organizations have been providing regular water, sanitation or hygiene support in this sub-district over the past 30 days?

<table>
<thead>
<tr>
<th>Type (INGO, Local Org, Self-help group, other)</th>
<th>Organisation responsible</th>
<th>Regular support (excluding one-offs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H. Sector prioritization

After these specific questions, we want to recapitulate. In terms of which sector poses the most serious problems, can you say which is the most serious, second most, third most serious? I read you a list of 4 sectors.

H1. Priority Level. Rank top three: 1=first rank, 2=second rank, 3=third rank. Leave one blank

- Health
- Food Security
- Water, Sanitation, Hygiene
- Places to live and Non-Food Items

H2. Are there any other urgent problems in this sub-district, which I have not yet asked you about? (Please write down bullet points only)

H3. Any further observations from the assessment team on the difficulty to collect information or the situation in the sub-district (Please elaborate as required)