This report provides a complementary analysis from the datasets collected by the Syria Integrated Needs Assessment (SINA) process, which was undertaken in November 2013 by the participating agencies of the Assessment Working Group. The report is intended solely as a complement to those findings in the SINA and for operational usage.

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Highlights

In the assessed areas:

- 7.5 million people are in need of humanitarian assistance within 111 sub-districts (including cities) in the 8 assessed governorates.*
- At least 4.1 million people have been displaced, out of which 1 million are residing in collective or vacated buildings.
- The main humanitarian needs, in order of priority as identified by key informants are access to health, food, water, sanitation and hygiene, shelter, non-food items and education.
- The overall severity has increased compared to 6 months ago, most prominently in the health sector but also noticeably in terms of access to food and safe water.
- At least 40% (6 million) of the current total population in the 111 assessed sub-districts live in areas where health problems are life-threatening, ‘severe to catastrophic’

Sub-districts reporting critical and catastrophic life-threatening problems are affected across all sectors. The lack of access to basic services, their remoteness, lack of humanitarian aid and high IDP numbers as well as on-going conflict are the most prevalent challenges in these areas resulting in high severity of needs.

- The delivery of humanitarian aid is hampered by movement and travel restrictions for relief actors and the affected population, on-going insecurity/hostilities and the magnitude of needs compared to the aid provided, with more than 8.7 million people staying in areas experiencing moderate or severe restrictions on humanitarian access.
- The lack of humanitarian access and availability of aid are the key factors behind the deterioration of the situation, particularly in areas highlighted in the SINA as facing life-threatening challenges.
- Proliferation of unplanned camps and accelerated population growth in camps together with obstructive camp leaders remains the greatest constraint to humanitarian work in camps.
*111 of the 173 sub-districts (64%) in Aleppo, Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Hama, Homs, Idlib and Lattakia were assessed.

Background

Seven months after the last rapid assessment in northern Syria, the conflict continues to reduce access to basic services, cause large-scale displacement; restrict the movement of goods, people and humanitarian assistance, and damage key infrastructure.

The Syria Integrated Needs Assessment (SINA) was undertaken in November 2013 in order to provide an overall description of the affected areas, population groups and needs of the people of Syria, as well as identify IDP and needs hotspots.

Undertaken in a significantly restrictive environment, the SINA covered 111 sub-districts out of the total of 173 (64% covered), and 38 IDP camps in 8 governorates of Syria (out of a total of 272 sub-districts in 14 governorates).

Two indicators are used in this report to describe the magnitude of humanitarian needs: the number of People in Need of humanitarian assistance as reported on sub-district level by key informants and the number of people living in areas reporting severe problems with access to health care, safe water, food and shelter and NFIs (weighted severity).

SINA coverage by Governorate:
Methodology

The assessment aimed to cover as many areas as possible - although 66 sub-districts within the 8 targeted governorates could not be reached due to access constraints and security restrictions.

The main data collection instrument for the fieldwork was a Rapid Assessment Questionnaire which enabled the collection of both quantitative and qualitative data. The questionnaire and methodology was designed to maximise interoperability of results/data with the Joint Humanitarian Assessment (JHA), the DYNAMO, the Area of Origin Assessment (AoO) and the J-RANS II. In the absence of the JHA, DYNAMO and AoO reports, the similar questionnaire design between the J-RANS assessments and the SINA offers the sole available comparison of key indicators and particularly the severity of needs to assess trends.

85 sub-districts covered during the SINA were also covered in J-RANS II and 47 in all three assessments.

The field data collection took place over two weeks in mid-November. A team of 166 enumerators, drawn from participating organisations, were used in the field, working in teams of two or three where possible, although some enumerators worked alone. Data for two sub-districts was collected remotely in Al-Qusair and Lattakia city. Qualitative and quantitative data was gathered through key informant interviews and also through direct observation in different settlements or urban centres in each sub-district. Information was merged into a single data sheet at the end of the field data collection period. Various measures were taken to minimise bias (both on the part of the enumerators and the key informants) including the debriefing of each enumerator either in person or by VoIP\(^2\), and the discarding of unreliable data – where all datasets that were not corroborated by other datasets nor evidenced were discarded\(^3\). Primary data was analysed together with secondary data provided by the sector working groups.\(^4\)

This report has been designed to be complimentary to the SINA report and provide a more operational cross-sector analysis, hotspot identification and urban centre analysis as the assessment had been designed to be analysed and thus provide an evidence base for funding decisions. For more in depth sectoral analysis the SINA sectoral sections should be read. This document in addition highlights trends across the three assessments.

**Classification of affected population**

The SINA methodology structured the affected population data using the following categories:

**People in Need (PIN):** affected population in a sub-district requiring humanitarian assistance, including displaced persons (IDPs) and non-displaced persons. Within the SINA approach, IDPs are categorised into 5 groups:

- IDPs with host families.
- IDPs in collective shelter (schools, etc.)
- IDPs in vacated/unfinished buildings.
- IDPs in open spaces (incl. spontaneous camps)
- IDPs in organised, structured camps.

**Estimation method used for population figures**

The estimate of PIN provided in this document was derived from the highest sectoral people in need figure at the sub-district level. This is to say, the sector (be it WASH, Food, Shelter, or Health) with the highest number of people in need of humanitarian assistance within each sub-district provided the PIN for that sub-district. These sub-district level figures were then aggregated to give an assessed-area wide figure of 7.5 million people in immediate need of humanitarian assistance. As the data was collected at the sub-district level, this was agreed to be the appropriate level for aggregation by the Assessment Working Group as it is known to be the most granular and thus the most accurate approach.

\(^2\) Voice over Internet Protocol
\(^3\) 118 sub-districts were reached, but data was discarded for 7

\(^4\) More detail on the methodology of the SINA is given in the SINA report compiled by the Assessment Working Group
Information on numbers of IDPs in the assessed area was estimated by adding the number of people reported in each of the five categories of displaced people, above. The total number of internally displaced persons in the assessed area was found to be 4.1 million.

It should be noted that the SINA covered only 64% of the sub-districts in the 8 governorates, and the above numbers represent PiN and IDPs in this area.

Limitations

Population figures: the population figures provided in this report are given by key informants and measured against registration lists, beneficiary lists, and local knowledge or secondary data verifications. When using these figures, readers should consider the following:

- Population movement in Syria is highly dynamic and no existing tracking system currently captures displacement patterns in real time.
- The SINA covered 111 (64%) of the 173 sub-districts of 8 governorates of Syria. Generalisations about the situation across the entire country must not be made from this sample. The situation varies significantly by sub-district and is influenced by a number of factors, including security.
- By discarding data judged to be unreliable, the findings from 10 assessed sub-districts (with a population of nearly 200,000) are not included in this report.

These figures should be considered as a rough estimate, but they do provide a sufficiently accurate indication of the major population dynamics in the assessed governorates. Trends were verified by a secondary data review and are consistent with available information.

The SINA methodology focuses on prioritising most affected groups in each sector and across sectors (residents affected, IDPs in collective shelters, with host families, in open spaces, in organised camps or in vacated buildings) however it does not provide in-depth information about each of those affected groups.

The situation in areas visited by the assessment teams is highly dynamic and changes quickly. At times, significant changes can be observed from one week to another. Thus, the more time has elapsed since the issuing of this report, the more the results should be carefully interpreted and used.

Perceived needs: The measures reported in SINA are aggregated from multiple observations at the sub-district level. The methodology is based on perceived need as expressed by several key informants interviewed by enumerators during a two week period of field data collection. Observations were eventually summarised in a single data form. However, the summarisation process does not always reflect the diversity of situations within a sub-district.

Gender: Only 8 (5%) out of 166 were female and this gender imbalance should be kept in mind when interpreting the results of the assessment.

Access: Areas visited for this assessment included those with the greatest secure physical access. Areas not visited due to access constraints can possibly have worse conditions than those areas covered here. Additionally, in two cases (Al-Qusair and Lattakia City) sub-districts were assessed remotely and triangulation through direct observation could not be conducted.

Severity: For this report, the severity of needs ratings used during analysis were population-weighted to consider both the severity of the situation and the size of the assessed population in need.

Information Gaps and Needs

The SINA revealed several notable information gaps, relating to both contextual and operational constraints.

- Due to sensitivities related to protection issues, directly asking protection questions posed potential security risks for both enumerators and key informants. As such, protection was not included as a standalone sector in the assessment tools, however was indirectly streamlined throughout the questionnaire allowing limited preliminary analysis when used in conjunction with the debriefing interview data.
- The accuracy of the IDP figures for Lattakia city (900,000) was difficult to ascertain. The enumerator covering Lattakia city conducted the assessment remotely and as a result, the report was not triangulated with direct observation. Other triangulation methods (consultation with additional key informants, experts and multiple sources of secondary data) provided population figures ranging from 152,000 IDPs5 (in June 2013) to 300,000 (in November 2013) in Lattakia city6 to 1.5 million throughout the governorate7 Secondary sources dating back to July 2013 suggest a gradual increase in IDP presence in Lattakia. The challenge of finding a concrete figure for IDPs in Lattakia presents a clear information gap with

5 IOM, IOM website, June 2013
6 Personal interview (GREMO - Groupe de recherches et d'études sur la Méditerranée), November 2013
7 OCHA 2013/09/09, IOM 2013/08/09, WFP 2013/08/09, Al-Watan2013/11/17
regards to the situation in the governorate, and suggests that further investigations are necessary, particularly given the potentially large numbers involved.

- The SINA revealed reports of populations in IDP camps in governorates not previously known to have camps, such as Deir-ez-Zor, Al-Hasakeh and Lattakia. Although these are camps as defined by the key informants, this still highlights the information gaps relating to the knowledge of camp locations, necessitating further in–depth assessments by the CCCM sector.
- Sector-specific aspects such as: malnutrition, specific injuries, infrastructure status and damage and livelihoods could not be assessed due to time constraints. It should be noted however that some of these areas were alluded to and captured during the debriefing process.
- Certain sub-districts were not covered as they were deemed inaccessible due to security and other logistical constraints. Important information gaps therefore exist for these geographical areas such as Lattakia. As mentioned above, areas not visited due to access constraints may well have worse conditions than those reported here.
- The SINA population data is disaggregated by sex but not by age.

**Recommendation for further assessments**

Given the aforementioned information gaps the following recommendations for further assessments can be expressed:

- **Protection assessments** to explore the prevalence and nature of specific protection issues and the status of additional vulnerable groups.
- **In-depth market analysis** to evaluate the inflow and outflow of goods and supplies and actors influencing these movements.
- **Livelihoods analysis** to explore trends in income-generating activities, coping mechanisms employed and how these may influence changes in other sectors.
- Further sector-specific assessments exploring issues in health, WASH, education, food security, and shelter/non-food items (NFIs).
- Implement a Survey of Surveys to map existing assessment geographical and sectoral coverage. Sharing information will ensure assessment duplication is avoided and reduce levels of assessment fatigue among the affected population.

- In areas already assessed it is a key priority is to establish a dynamic needs monitoring system and to systematise data collection formats (medical records, figures, priority needs per group and location) and ensure regular collection, analysis and dissemination of the data (monthly). This is especially important as the situation is fluid and conditions (especially in IDP camps) and access changes continually.
- Design and establish specific monitoring system for besieged urban centres.
- 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. Standard key indicators for Syria need to be agreed and included in future assessments.
- Ensure, as far as possible (and considering security conditions), gender balance in the assessment teams.
- Establish minimum reporting standards (documentation of methods and data) and design standard data collection tools in sectoral groups to harmonise collected information.
- Crosscutting issues such as protection, child protection, SGBV, etc. need to be mainstreamed into future assessments. Questionnaires format needs to be reviewed accordingly.
People in Need:

7.5 million
People in immediate need of humanitarian assistance
5.5m in need of food assistance
4.3m in need of safe water
3.3m in need of health assistance
1.3m in need of shelter or NFI assistance
Displacement Trends: Before the conflict, economic migration within Syria was common, and this was further fuelled by the four years of drought preceding the conflict. Several informal settlements were in place in Aleppo and Damascus, hosting economic migrants as well as IDPs from the Golan Heights. At the start of the crisis, when the conflict was isolated to certain pockets in the country, most people forced to flee settled in urban areas or areas with family or community ties. However, as the violence spread, secondary and tertiary displacement became more commonplace, and traditional displacement patterns are no longer accurate.

47% of IDPs in collective shelters, vacated/unfinished buildings and open spaces live in Aleppo.

77% of IDPs in camps spaces live in Idleb. Most camps are in the border areas of Idleb, Aleppo and Lattakia.

Priority Groups:
1. Displaced people in collective centres and vacated buildings
2. Displaced people living in host communities
3. Displaced people living in open spaces
Displacement trends:

Over 70% of the IDPs are residing in 13 (of the 111) sub-districts:

<table>
<thead>
<tr>
<th>Sub District</th>
<th>Type</th>
<th>Conflict intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idlib</td>
<td>Urban</td>
<td>400,000</td>
</tr>
<tr>
<td>Menbij</td>
<td>Urban</td>
<td>400,000</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>Rural</td>
<td>22,340</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>Urban</td>
<td>260,000</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>Urban</td>
<td>162,614</td>
</tr>
<tr>
<td>Hama</td>
<td>Urban</td>
<td>150,000</td>
</tr>
<tr>
<td>Quamishli</td>
<td>Rural</td>
<td>125,000</td>
</tr>
<tr>
<td>Jebel Saman</td>
<td>Urban</td>
<td>94,238</td>
</tr>
<tr>
<td>Ar-Rastan</td>
<td>Urban</td>
<td>80,000</td>
</tr>
<tr>
<td>Atarib</td>
<td>Rural</td>
<td>65,000</td>
</tr>
<tr>
<td>Lattakia</td>
<td>Urban</td>
<td>108,633</td>
</tr>
<tr>
<td>Dana</td>
<td>Rural</td>
<td>60,000</td>
</tr>
<tr>
<td>Al Mayadin</td>
<td>Urban</td>
<td>300,000</td>
</tr>
</tbody>
</table>

**Environment:** Urban areas have the highest IDP numbers. In descending order: Lattakia city, Idleb city, Deir-ez-Zor city, Ar-Raqqa city, Al-Hasakeh city, and Hama city. Only a small portion of Aleppo city was researched. The whole of Aleppo City is thus not covered and not included in this analysis. However, secondary data shows that many IDPs have sought shelter in Aleppo City, predominantly in Sheikh Najar industrial city. Although the reasons for fleeing to a specific area have not been assessed under SINAI, it can be assumed that IDPs moved from different governorates into these sub-districts because of kinship to the host-community (Qamishli) or because it is a relatively safe area surrounded by frequent fighting (Dana).

**Displacement pattern:** Throughout all assessed sub-districts, IDPs primarily originate from other districts within the same governorate. The majority of the 25 sub-districts hosting primarily IDPs from other governorates are either areas with large numbers of Kurds and/or areas bordering Turkey. This could indicate that people primarily flee to other governorates to join family or friends or to flee to neighboring countries.

**No IDPs:** There are 10 sub-districts where no IDPs were reportedly residing at the time of assessment. In Saraqib in Idleb for instance, 90% of the original population had fled the area because of heavy fighting and no IDPs have settled in the contested area. There are 21 such sub-districts where more than 50% of the original population fled.

**Conflict:** Two sub-districts, Menbij in Aleppo and Ar Rastan in Homs host a high number of IDPs despite frequent fighting and reported shelling. Menbij, which currently hosts 400,000 IDPs, has been under opposition control since July 2012 and the situation was reportedly relatively calm for long periods of time. This situation, as well as the proximity of the sub-district to the border of Turkey, could account for the high number of IDPs. The influx into Ar-Rastan could be explained by its location along the main route between Homs and Hama. Most IDPs residing in the sub-district originate from Talbisha, a town 10 km south of Ar-Rastan, along the same road between Homs and Hama.
Camps:

Rapid proliferation of camps:

Overall population has increased from 20,000 in Jan. 2013 to 108,000 at present. 66% of the assessed camps reported growing population in the last 30 days. In January there were 7 camps; in April there were 12; in July there were 19; and now there are over 46 camps in northern Syria – predominantly in northern Idlib. It is this definite acceleration of proliferation of camps that affects coordination and provision of services. This acceleration is in part due to IDPs’ and camp leaders’ wishes to arrange themselves in smaller camps, but also in part due to the lack of capacity/space in existing camps. Camps generally start near other larger camps to use their services while humanitarian actors respond.

The unplanned nature of new camps seriously strains humanitarian actors’ ability to respond, and thus the provision of services for IDP new arrivals. The concomitant lack of contingency stocks adds to this gap.

Camp Leadership:

Camp Leaders have been noted to be obstructive to humanitarian intervention. They do not always adhere to humanitarian principles and the lack camp management practices such as site planning, registration, participatory mechanisms and community mobilization have seriously impaired the service provision in other sectors, not least protection. Child recruitment, early marriage, and child labour and kidnapping of women were all reported during the SINA.

Camp IDP movement trends:

IDPs have consistently reported “conflict experienced” over “lack of services” as the main reason for fleeing, showing no pull factor to the camp. Once in the camp areas, IDPs arrange themselves according to their area of origin, citing “friends and family” as their main reason for choosing location/camp. The map to the shows 10% of IDPs in camps moved in a 15 day period, showing the transient nature of the camps. There has been a consistent flee pattern trend throughout the year, whereby IDPs from S. Idleb and rural Hama go to N. Idlib camps and Aleppo IDPs (most recently those from As Safira) flee to a mix of urban centres in Aleppo city, and camps and open spaces in Menbij.
Cross-Sector Priorities and Trends

Lack of Humanitarian Access is a major constraint:

When weighted with the reported current total population in the sub-districts, the severe impact of restriction of movement becomes visible, with more than 8.7 million people currently residing in areas facing moderate and severe restrictions of movement for both humanitarian actors and affected populations. In addition, many of the areas worst affected by the conflict, are the most difficult to reach not only due to live conflict but also because many of the most contested areas (such as those in central Syria) are largely inaccessible to humanitarian actors due to the heavy presence of government forces.

Constraints to humanitarian access were reported in 56 sub-districts. Within these sub-districts, relief actors and affected populations face movement and travel restrictions. Ongoing insecurity/hostilities and denial of needs of existence of humanitarian needs are the most severe problems in humanitarian access. “Denial of needs” includes types of access constraints where assistance and needs of the population in several areas are neglected, overlooked or hidden. This category includes a discrepancy between reported needs and official acknowledgement of existing needs. Humanitarian needs are often invisible or overlooked in areas with high conflict where the need is particularly acute due to the on-going conflict, e.g. high number of injuries and the need for emergency health care provision. With such high levels of need, even if most one-off assistance is delivered in area of high conflict intensity, it is often insufficient.

Main access constraints:

1. Ongoing insecurity/hostilities
2. Restriction of movement for humanitarian actors and affected populations
3. Constraints of access of affected populations to aid

<table>
<thead>
<tr>
<th>Access problem</th>
<th>Low</th>
<th>Moderate</th>
<th>Severe</th>
<th>Population in sub districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted movement</td>
<td>1,282,702</td>
<td>2,712,891</td>
<td>6,019,432</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Interference</td>
<td>3,729,028</td>
<td>4,913,997</td>
<td>1,372,000</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Violence</td>
<td>5,494,273</td>
<td>3,784,752</td>
<td>736,000</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Aid obstructed</td>
<td>4,760,274</td>
<td>3,520,751</td>
<td>1,734,000</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Needs / entitlement. denied</td>
<td>3,834,324</td>
<td>5,009,500</td>
<td>1,171,201</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Active hostilities</td>
<td>4,491,397</td>
<td>3,546,928</td>
<td>1,976,700</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Mines and explosives</td>
<td>8,542,325</td>
<td>1,070,700</td>
<td>402,000</td>
<td>10,015,025</td>
</tr>
<tr>
<td>Physical obstacles</td>
<td>8,963,025</td>
<td>862,000</td>
<td>190,000</td>
<td>10,015,025</td>
</tr>
<tr>
<td><strong>Total weighted population</strong></td>
<td>41,097,348</td>
<td>25,421,519</td>
<td>13,601,333</td>
<td>80,120,200</td>
</tr>
</tbody>
</table>

Table 2: Data indicating populations currently residing in sub-districts reporting problems with humanitarian access.

In addition to on-going hostilities, the restriction of movement and travel in areas subject to intense conflict is the second most severe problem mentioned by key informants. This illustrates the growing trend of policies of besiegement which parties to the conflict are increasingly pursuing as a means of strategic control. Movement and travel restrictions are also likely to be caused by the presence of armed actors such as ISIS in setting up check-points especially along key access points and routes, presumably as part of their campaign to consolidate power in areas of northern Syria.

Violence against relief actors and interference in relief activities are notable problems in areas with low conflict intensity. Acts of violence are partly caused by intra-opposition competition over resources, in-fighting and the establishment of war economies.

Homs, Al-Hasakah, Hama and Lattakia are governorates where movement restrictions are a severe problem due to the fact that significant parts of these governorates are subject to the policies of besiegement or the blockage of humanitarian assistance by armed actors. In other governorates such as Aleppo, blockades are imposed on limited geographical areas but the proliferation of armed actors such as ISIS are further restricting the movement of relief actors.

Areas which reported constraints due to the denial of humanitarian needs include areas which are outside of the coverage of key humanitarian relief networks, these include areas on the borders of Idleb and Aleppo, areas under
siege, as well as areas which traditionally have reported limited access to services.

Many of the constraints reported in Homs related to the desert regions of the governorate. In the contested region of Sokhnhe for instance, live conflict has rendered major supply routes inaccessible and only inadequate desert roads remain to access remote communities, a situation which particularly affects those displaced in the desert

The lack of humanitarian access and availability of aid are the key factors behind the deterioration of the situation, particularly in areas highlighted in the SINA as facing life-threatening challenges.

In Deir-ez-Zor, interference with humanitarian activities is the most severe humanitarian access problem, followed by denial of needs for the affected population. Interference by powerful armed groups who steal shares of the assistance/goods provided in Deir-ez-Zor City is a persistent problem. The Deir-ez-Zor Governorate reported in particular problems with the diversion of aid, nepotism, theft and insufficiency of aid, specifically in Thiban, Ashara and Deir-ez-Zor City sub-districts which reported the highest severity of needs in terms of health and access to safe water. The limited amount of aid, compared to the huge need, is leading to increased tensions between beneficiaries during aid distribution.

In Ar-Raqqa, powerful groups/armed military groups were reported to be stealing and diverting aid supplies and engaging in nepotistic practices. This problem is reported to be especially prevalent also in Idleb, in the sub-districts of Janudeah, Dana, Heish, Kafamobol, Khan Sheikhoun, Ariha, Tamana’a and Ehsem, area which also report the highest severity of need in WASH, Food and Shelter.

Geographical coverage of aid has increased but the quantity remains insufficient

While the geographical aid coverage has somewhat increased since March 2013, aid provided in November 2013 is largely insufficient (91% of assessed sub-districts report that aid is insufficient or largely insufficient) to meet the elevated need and increasingly severe needs of the assessed population.

Assistance has particularly increased in terms of food: 92 out of 119 sub-districts (77%) reported to have received food aid during the SINA up from only 23 of 106 sub-districts (22%) during J-RANS II. Sub-districts reporting life-threatening problems with food access are those subjected to besiegement or severe restrictions to humanitarian access. However, in the majority of sub-districts where aid was provided in the 30 days prior to the SINA, the situation has slightly improved or remained stable compared to the situation during J-RANS II.

Health assistance coverage has increased slightly: from 57% of assessed sub-districts in J-RANS II (60 out of 106) that reported receiving aid in the preceding 30 days to 67% under SINA (80 out of 119). However, health assistance remains overwhelmingly insufficient with 94% of sub-districts reporting health aid as insufficient or largely insufficient. This is particularly so in the governorates reporting life-threatening problems (Deir-ez-Zor, Homs, Al-Hasakeh) where all assessed sub-districts reported insufficient health assistance. This is due to the vast healthcare needs of the population and severe disruption to health services and manufacture/delivery of medical supplies caused by the on-going conflict. In addition conflict intensity has increased in areas that were not assessed during J-RANS II, like Safira, Banan and Al Hajeb, resulting in higher health needs.

WASH assistance coverage has decreased since March 2013: while 88 sub-districts reported receiving aid prior to J-RANS II (83%), only 69 (58%) sub-districts reported receiving assistance in the 30 days preceding the SINA. However, despite the decreased coverage, WASH assistance is reported to be more sufficient when compared to the other sectors (14% of sub-districts reported WASH assistance as sufficient or largely sufficient). The WASH situation in northern Aleppo has particularly improved since March. The severity of needs has decreased in areas reported to have received WASH assistance.

Shelter assistance coverage has decreased since March 2013, with 73% (77 of 106) of sub-districts assessed during J-RANS II and 41% under SINA in November (49 out of 119) receiving shelter assistance. This may be due to the fact that prior to the SINA assessment, less shelter assistance had been needed in the summer months, despite the fact that winterization efforts should have started in October. Targeted winterisation campaigns, as well as shelter and NFI distribution, is currently a priority for the humanitarian actors and will be a priority in the forthcoming months.
Severity of Needs

Elevated needs and growing severity of problems.

During the J-RANS II, the majority of sub-districts reported moderate to major problems (severity 3 “many are suffering”) with high severity (severity 4/5-“many will die soon” / “are dying now” due to lack of access to adequate services and assistance) only reported with regards to health problems. While during the SINA the majority of sub-districts still reported non-life threatening problems, the overall severity has increased, most prominently in the health sector but also noticeably in terms of access to food and safe water.

Some 20% of the current total population in the assessed areas lives in areas reporting severe or critical problems (life-threatening) with access to food and 19% of the current population in the assessed areas experience severe problems with regards to access to safe water.

Health needs however are most severe compared across sectors. A larger proportion of the population lives in areas where severe to catastrophic health conditions (40%) have been reported.

Only 6% of assessed sub-districts reported no problem in all sectors, down from 10% in March (J-RANS II).

### Table 3: Severity of Needs SINA weighted with the current total population in sub-districts. The number refers to the population currently residing in these sub-districts reporting problems in the respective sectors.

<table>
<thead>
<tr>
<th>Severity</th>
<th>Sector</th>
<th>Food</th>
<th>Shelter / NFI</th>
<th>Health</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>No problem</td>
<td>Food</td>
<td>65,600</td>
<td>15,000</td>
<td>15,000</td>
<td>120,500</td>
</tr>
<tr>
<td>Minor</td>
<td>Shelter / NFI</td>
<td>450,497</td>
<td>780,613</td>
<td>328,500</td>
<td>2,875,019</td>
</tr>
<tr>
<td>Moderate</td>
<td>Health</td>
<td>2,175,387</td>
<td>3,831,873</td>
<td>1,798,909</td>
<td>3,812,799</td>
</tr>
<tr>
<td>Major</td>
<td>Water</td>
<td>9,279,959</td>
<td>8,720,554</td>
<td>6,690,654</td>
<td>5,318,023</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td>2,645,609</td>
<td>1,507,602</td>
<td>4,726,287</td>
<td>2,374,101</td>
</tr>
<tr>
<td>Critical</td>
<td></td>
<td>240,590</td>
<td>2,000</td>
<td>1,223,292</td>
<td>357,200</td>
</tr>
<tr>
<td>Catastrophic</td>
<td></td>
<td>0</td>
<td>0</td>
<td>25,000</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>14,857,642</td>
<td>14,857,642</td>
<td>14,807,642</td>
<td>14,857,642</td>
</tr>
</tbody>
</table>

**Hotspots across Sectors**

Those sub-districts reporting critical and catastrophic life-threatening problems are affected across all sectors. The lack of access to basic services, their remoteness, lack of humanitarian aid and high IDP numbers as well as on-going conflict are the most prevalent challenges in these areas resulting in high severity of needs.

Furthermore it needs to be noted that in these sub-districts, particularly in Deir-ez-Zor, life-threatening problems related to health and access to safe water are closely related.

Sub-districts reporting the highest severity of needs in both health and food could be due to the impact of negative coping mechanisms on the population’s health: two out of three sub-districts with critical problems to access food report to have adopted reduced feeding of <2 year olds as a coping mechanism, in addition to reduced size and number of meals.
Health Hotspots and Severity

Damage to and destruction of health facilities, a breakdown of medical supply routes, targeting of health staff and facilities, as well as a decrease in access routes and supply mechanisms have significantly impacted the health status of the population. In 85% of the assessed rural sub-districts the health status of the population is reported to have worsened over the course of the crisis. This breakdown in health services has a direct negative impact on communicable disease control resulting in dramatically increasing numbers of suspected cases of diseases including poliomyelitis and suspected hepatitis/brucellosis/leptospirosis.

According to the SINA data, at least 40% (6 million) of the current total population in the 111 assessed sub-districts live in areas where healthcare service provision is 'severe to catastrophic'. 52 of the 111 assessed sub-districts report life-threatening problems with access to health care, including limited economic resources and logistical constraints such as transport to health facilities.

The most affected group in the sub-districts reporting life-threatening problems relating to health is the resident non-displaced population. This may be due to the fact that the ratio of IDPs compared to the host population is low in addition to the exposure of the populations to moderate to high levels of conflict.

The second most affected group in these sub-districts are IDPs living in vacated and unfinished buildings - particularly in rural sub-districts. IDPs in collective shelters rank third highest.

The health needs of 3.3 million people in the 111 sub-districts assessed, are going unmet. Around 500,000 of these are in acute need. The highest number of people in acute but unmet need of humanitarian assistance was reported in Lattakia City, Hama City, Sarin sub-district in Aleppo and Maarrat An Numan in Idlib.

8 Severe to catastrophic problems are characterised by irreversible damages to health, which can result and are resulting in deaths directly linked to the health conditions if no humanitarian assistance is provided.

Deir-ez-Zor

Due to factors such as the recent outbreak of poliomyelitis, damage to health infrastructure, and an increase in harmful oil refining activities such as exposure to toxins resulting in health hazards, pollution and protection concerns such as the recruitment of children for hazardous work, several sub-districts in Deir-ez-Zor governate saw a dramatic deterioration in the health care situation.

Deir-ez-Zor City, Deir-ez-Zor (Catastrophic Problem)

Current Total Population: 592,000
Total IDPs: 283,300
Health Severity Trend since May: increased, life-threatening
Access problems: Limited access
Conflict: Sporadic
Urban/Rural: Urban (2 neighbourhoods), Rural (2 neighbourhoods)
Main Problems: Logistical and security constraints; lack of staff and functioning health facilities, and lack of vaccinations and medicine
Priority Interventions: 1. Health staff, 2. Medicine, 3. Medical equipment
Assistance Provided: None in rural neighbourhoods; cash assistance and first aid supplies in urban neighbourhoods
Whilst life-threatening problems were reported across all eight assessed governorates, catastrophic problems (severity 6) were reported in Deir-ez-Zor City. The severity 6 indicator denotes both a large number of deaths caused directly by current conditions and also predicts further deaths if no immediate assistance is provided. Of the 11 sub-districts reporting critical problems in health, 5 are situated in Deir-ez-Zor Governorate.

Under the J-RANS II assessment conducted in March, Deir-ez-Zor City was already reporting the highest severity of needs (“many people are dying now”) with regard to access to health care. However, due to the on-going conflict and the lack of access to the affected areas, Deir-ez-Zor City reported receiving no health assistance during both the J-RANS II and six months later the SINA.

- Due to the severe shortages in medicines throughout the Governorate, the priority interventions in Deir-ez-Zor City include delivery of medicines, medical supplies and vaccinations as well as health staff.

<table>
<thead>
<tr>
<th>ASHARA, THIBAN, AND JALAA, DEIR-EZ-ZOR (CRITICAL PROBLEM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Total Population: 302,000</td>
</tr>
<tr>
<td>Total IDPs: 32,000</td>
</tr>
<tr>
<td><strong>Severity Trend since May</strong>: increased from 3 (“many people are suffering”) to 5 (“life-threatening critical problem”)</td>
</tr>
<tr>
<td><strong>Access problems (Thiban)</strong>: Interference in aid, violence against aid workers, denial of needs</td>
</tr>
<tr>
<td><strong>Access problems (Ashara and Jalaa)</strong>: None</td>
</tr>
<tr>
<td><strong>Conflict</strong>: Sporadic (Jalaa and Thiban)</td>
</tr>
<tr>
<td><strong>Urban/Rural</strong>: Rural (Jalaa and Thiban), semi-urban (Ashara)</td>
</tr>
<tr>
<td><strong>Main Problems</strong>: Economic constraints, lack of ambulances, lack of medicines. Also lack of functional medical facilities in Ashara and Thiban</td>
</tr>
<tr>
<td><strong>Priority Interventions</strong>: 1. Medical supplies and vaccinations, 2. Health staff, 3. Ambulances and medical equipment</td>
</tr>
<tr>
<td><strong>Assistance Provided</strong>: Irregular provision of medical supplies only</td>
</tr>
</tbody>
</table>

The severity of needs has significantly increased in those sub-districts assessed during both J-RANS II and SINA and are currently reporting life-threatening problems. Key informants in Ashara, Thiban and Jalaa reported that many people were suffering in March, while currently these sub-districts report critical, life-threatening problems. Thiban reported no humanitarian assistance in March and none in November. The current total population in Thiban is 60,000 people.

The three sub-districts reported polio, measles, direct conflict impact (e.g. injuries), Leishmaniasis and mother & child diseases (including malnutrition) as the most important health concerns.

- The interventions ranked as the highest priority in these sub-districts are particularly related to the direct impact of on-going conflict on the health status of the affected population as well as the spread of communicable diseases. There is an urgent need for medical supplies, vaccinations, health staff, ambulances and medical equipment.

**Ar-Raqqa**

According to the SINA, 14% of the assessed sub-districts in Ar-Raqqa reported critical and severe health problems, which can partly be explained by heavy fighting occurring in parts of the governorate since the start of 2013.

<table>
<thead>
<tr>
<th>EIN ISSA, AR-RAQQA (CRITICAL PROBLEM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Total Population: 80,590</td>
</tr>
<tr>
<td>Total IDPs: 4,000</td>
</tr>
<tr>
<td><strong>Severity Trend since May</strong>: increased from 3 (“many people are suffering”) to 5 (“life-threatening critical problem”)</td>
</tr>
<tr>
<td><strong>Access problems</strong>: None reported</td>
</tr>
<tr>
<td><strong>Conflict</strong>: Sporadic</td>
</tr>
<tr>
<td><strong>Urban/Rural</strong>: Rural</td>
</tr>
<tr>
<td><strong>Main Problems</strong>: Lack of functional health facilities and staff; lack of medicines and ambulances; economic, security and logistic constraints</td>
</tr>
<tr>
<td><strong>Priority Interventions</strong>: 1. Vaccinations 2. Health care facilities 3. Health staff</td>
</tr>
<tr>
<td><strong>Assistance Provided</strong>: None (only vaccinations)</td>
</tr>
</tbody>
</table>

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8 As defined in the J-RANS II methodology
The health situation has further deteriorated in Ein Issa sub-district compared to severity of needs reported in March. Ein Issa has reported severity 5, critical health problems under SINA. The sub-district reported 8-9 cases of polio in November 2013. Skin diseases, respiratory diseases, and malnutrition were reported as main problems. Furthermore the proliferation of illegal and unsafe oil refining practices poses a health hazard increasing the prevalence of related injuries, respiratory diseases and chronic diseases such as cancer. There are currently no operational clinics, no medicine, and no doctors in the sub-district, which had 4 reported clinics prior to the conflict. Currently, some 900 IDPs have settled in these health facilities. The closest hospital is in Tal Abyad, about 30 minutes away, to which transport is difficult; there being no public transportation, no ambulances and private travel is very expensive. To give birth, women are forced to travel to Tal Abyad or to Turkey (around 45km). In March “no health assistance” had reached Ein Issa, while “some health assistance” was reported in the 30 days prior to the SINA assessment.

Affected by severe shortages of medicines and health staff, and damages to health infrastructure due to hostilities throughout the governorate of Ar-Raqq, the priority interventions in Ein Issa include vaccinations, access to health care facilities and provision of health staff.

Idleh

Two sub-districts in Idleh reported severity 5, critical, life-threatening health problems.

<table>
<thead>
<tr>
<th>ARIHA, IDLEB (CRITICAL PROBLEM  )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Total Population: 25,000</td>
</tr>
<tr>
<td>Severity Trend since May: increased, life-threatening</td>
</tr>
<tr>
<td>Access constraints: on-going hostilities, restriction of movement, interference into humanitarian activities</td>
</tr>
<tr>
<td>Conflict: No Conflict</td>
</tr>
<tr>
<td>Urban/Rural: Urban</td>
</tr>
<tr>
<td>Main Problems: Severe lack of medicines, lack of health facilities</td>
</tr>
</tbody>
</table>

| Assistance Provided: None |

Ariha sub-district reported that there is no access to healthcare in the sub-district: no hospitals, no clinics, no medical staff and only 2 pharmacies. The hospitals are destroyed and there is a severe lack of medicines. A spread of skin diseases (Leishmaniasis) was documented. Further problems include polio, fever and conflict injuries. No healthcare assistance has been provided in the 30 days prior to the SINA.

- With reports of logistical constraints affecting access to healthcare and damages to health infrastructure, the priority interventions needed include the provision of health care facilities, ambulances and medical equipment.

<table>
<thead>
<tr>
<th>DANA, IDLEB (CRITICAL PROBLEM  )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Total Population: 178,700</td>
</tr>
<tr>
<td>Total IDPs: 108,700</td>
</tr>
<tr>
<td>Severity Trend since May: increased, life-threatening</td>
</tr>
<tr>
<td>Access constraints: Limited access</td>
</tr>
<tr>
<td>Conflict: No Conflict</td>
</tr>
<tr>
<td>Urban/Rural: Rural</td>
</tr>
<tr>
<td>Main Problems: Lack of medicines, health facilities</td>
</tr>
<tr>
<td>Priority Interventions: 1. Medical supplies 2. Health care facilities 3. Health staff</td>
</tr>
<tr>
<td>Assistance Provided: First aid only</td>
</tr>
</tbody>
</table>

Dana sub-district reported that the 4 hospitals in the sub-district only treat injuries. In the 6 available clinics no professional medical staff are available and there is a severe lack of medicines. Health assistance in the last 30 days was provided by NGOs and LACs[10], and vaccinations are available only irregularly. However, a polio vaccination campaign for polio was carried out a month prior to the SINA assessment. Skin diseases are reportedly spreading due to poor hygiene, and new types of insects have been noticed. Recorded as well are frequent lung and diarrhoeal diseases, while at the same time there is a lack of chronic diseases medicines, ambulances (only 3 operational ambulances), there are no health services for new-born children and pregnant women, and

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[10] Local Administrative Committees
infant formula is unavailable (people are using water and sugar instead). The most affected groups are IDPs in camps, children and women.

- Priority interventions include provision of medical supplies, health care facilities and health staff.

Homs

14% of sub-districts in Homs reported that security constraints contributed to health problems. Main health concerns included communicable diseases such as diarrhoea (15% reported morbidity), Tuberculosis and Typhoid. Pregnancy-related issues and perceived malnutrition cases were the main maternal and child health concerns reported in Homs, and 9% of sub-districts reported that war injuries and disabilities were important issues as well. In Homs communities in opposition held areas are hard to reach for relief actors, as the government has surrounded all these areas. Three assessed sub-districts have reported that the areas were under siege in the last 30 days, including the targeting and confiscation of humanitarian assistance despite calls by the humanitarian community for open access to the affected areas e.g. in Ar Rastan, Talbiseh, Taldu and central opposition hold sub-districts.

**TALDU, HOMS (CRITICAL PROBLEM)**

<table>
<thead>
<tr>
<th>Current Total Population: 50,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity Trend since May: Not assessed previously</td>
</tr>
<tr>
<td>Access problems: Movement restrictions, on-going hostilities, presence of mines/explosives</td>
</tr>
<tr>
<td>Conflict: Frequent fighting</td>
</tr>
<tr>
<td>Rural/Urban: Urban</td>
</tr>
<tr>
<td>Main Concerns: Lack of medical supplies and medicines, lack of health staff and functional health facilities</td>
</tr>
<tr>
<td>Priority Interventions: 1. Medical supplies 2. Vaccinations</td>
</tr>
<tr>
<td>Assistance Provided: None</td>
</tr>
</tbody>
</table>

Taldu sub-district is a besieged area and currently reporting on-going conflict. Therefore the main health problems reported are direct results of the armed conflict (e.g. physical trauma, injuries), as well as mother and child related diseases. The highest priority for humanitarian intervention is the provision of medicines, medical supplies and vaccinations in particular.

An additional 40 sub-districts in the 8 assessed governorates reported life-threatening problems in health, the majority of which in Aleppo.
Severity of health needs and absence of health aid
sub-district assessed in both JRANS II and SINA

J-RANS II
as of 17 April 2013

SINA
as of 25 November 2013
WASH Hotspots and Severity

4.3 million people are in need of access to safe water, of which 869,000 face life-threatening problems.

The highest number of people in acute need of water assistance was found in Hama City with 300,000 people in need of safe water. However, local media reported in early November that the humanitarian organisations such as SARC recently built 12 new wells in various parts of the city of Hama, bringing the total wells used for drinking water in Hama to 64. These wells will be placed in service to feed the water network in Hama during water outages for the cities of Hama and Al Salamiyah from the Orontes river.11

A decrease of access to and availability of piped water and a decrease of water quality, as well as environmental sanitation12 were identified as major concerns under the SINA assessment. Large parts of the population are using unsafe water sources, which were especially noted in areas with high cases of confirmed polio, such as Thiban and Sur sub-districts in Deir-ez-Zor governorate.

Economic access to water has become more difficult as the price of trucked water has increased. Due to reduced access and availability of piped water, the population depends on trucked water, which is sold untreated.

Collection and proper disposal of solid waste has been completely interrupted in many places due to the failure of municipal services. The resulting accumulation has increased the risk of vermin, vectors and diseases.

As a general trend, less assistance is provided in the sectors of Shelter/NFI and WASH, than in education, health, and food support.

Overall, 26% (29) of all assessed sub-districts (111) report life-threatening problems with regards to access to safe water. 21% of the reported current total population lives in areas which reported “severe” to “catastrophic” (life-threatening) problems related to safe water access.

75% of sub-districts reporting life-threatening problems to accessing safe water are located in rural areas, experiencing conflict and humanitarian access constraints due to on-going hostilities, interference with humanitarian activities and restriction of movement.

The most affected groups in these sub-districts are IDPs in unfinished/vacated buildings, followed by IDPs in open space/spontaneous camps, and IDPs living in collective shelter. These groups have the least access to adequate water, sanitation and hygiene facilities due to the lack of WASH infrastructure and overburdened WASH systems.

Access to safe water was estimated to have worsened by 70%, in the 30 days prior to the assessment. It remained stable in 28% of the sub-districts and improved in 2% of assessed sub-districts across all 8 governorates.

Deir-ez-Zor reported the highest rates of serious problems with regards to accessing safe water at the sub-district level (94%), followed by Aleppo (78%), Homs (75%), Al-Hasakeh (72%), Idleb (71%), Ar-Raqqa (57%), Hama (55%) and Lattakia (40%). The most severe problems with life-threatening consequences were reported in Deir-ez-Zor and Aleppo. During J-RANS I, respondents in 7 sub-districts indicated that “many will die soon” if access to safe water did not improve. Of these, 4 sub-districts were classified as “High Conflict Intensity” (HCI) areas in Deir-ez-Zor (Ashara,

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11 Tishreen 2013/11/05

12 Environmental sanitation = sewage. Solid waste = garbage / rubbish
Thiban, Al Mayadin and Deir-ez-Zor) and some of them are still facing critical problems, such as Thiban. In J-RANS II, the two sub-districts that reported that “many will die soon” due to a lack of access to safe water were situated in High Conflict Intensity (HCI) areas (Jisr-Ash Shugur and Saraqab sub-districts). In the 30 days prior to the SINA, both sub-districts reported to have received water assistance and reported only minor problems (severity level 2); however it needs to be noted that a large proportion of the population fled these sub-districts in the last 6 months due to the on-going conflict. None of the 111 sub-districts assessed during the SINA reported deaths as a result of the lack of access to safe water (severity level 6).

**Thiban, Deir-ez-Zor (critical problem 🟢)**

<table>
<thead>
<tr>
<th>Current Total Population: 60,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total IDPs: 15,000</td>
</tr>
</tbody>
</table>

**Severity Trend since May:** increased: severity 3 “mainly suffering” to severity 5 “life-threatening critical problem”

**Access problems:** On-going hostilities, interference with humanitarian activities, denial of needs

**Conflict:** Sporadic fighting and shelling causing damages/injuries/death

**Rural/Urban:** Rural

**Main concerns:** Water quantity, reduction of water consumption per day, lack of treatment of water

**Priority Interventions:** Water and sewage network repairs, water treatment

**Assistance provided in the last 30 days:** No. No Local council or Relief committee for the whole sub-district; equally, no assistance was provided to Thiban in May 2013

Thiban sub-district in Deir-ez-Zor, reported life-threatening problems related to access to safe water, as well as health care. Water was available but in low quantity and of poor quality, caused by pollution resulting from illegal oil extraction in the town and disposal of the oil extraction in the Al Forat river, one of the main water sources that is currently contaminated by oil by-products. The water is currently not treated. Health problems caused by water-related diseases (in particular kidney diseases), were reported in this sub-district. Furthermore, there is a lack of waste management and waste is accumulating. No refuse collection trucks and no sustainable work force are available for solid waste collection. People have begun burning accumulated waste due to which an increased presence of rodents, locust and insects has been observed. No WASH assistance was provided in the 30 days prior to the SINA assessment.

**Sur, Deir-ez-Zor (critical problem 🟢)**

<table>
<thead>
<tr>
<th>Current Total Population: 72,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total IDPs: 12,000</td>
</tr>
</tbody>
</table>

**Severity Trend since May:** increased from severity 3 “many suffering” to severity 5 “life-threatening critical problem”

**Access Problems:** Interference, violence against actors, restriction of movement, hostilities/insecurity

**Conflict:** No conflict

**Urban/Rural:** Rural

**Main Concerns:** Water quality-increase in water prices,

**Priority Interventions:** Network repairs, water treatment, solid waste collection

**Assistance provided in the last 30 days:** No
In rural Tall Ed-daman sub-district (Aleppo), the water and sewage networks were not functioning and the available water insufficient. The main sources for drinking water are wells. Where available, water is untreated. Health problems like diarrhoea and kidney failures are reported due to the lack of access to safe water. IDPs are the most affected group by the lack of access to safe water. To cope with the water shortages, people are buying water. At the same time, solid waste was accumulating. The LAC was providing some assistance, mainly trucks to transport water, but this is insufficient to meet the needs.

AHTRIN, ALEPPO (CRITICAL PROBLEM)

Current Total Population: 115,200
Total IDPs: 25,000
Severity Trend since May: increased from severity 3 “many suffering” to “life-threatening critical problem” (severity 5)
Access Problems: limited access, problems reported in all categories
Conflict: No conflict
Urban/Rural: Urban
Main concern: availability of water
Priority interventions: not reported
Assistance provided in the last 30 days: No

The deteriorating conditions in Aghtrin were reported due to the poor conditions for people living in open spaces and collective centres. The conditions are particularly poor after the sudden influx of IDPs from Safira to the sub-district adding strains to local resources. In addition the amount of humanitarian aid has been reported to have recently decreased due to shrinking humanitarian space in the border regions.
Severity of water needs and absence of water aid
sub-district assessed in both JRANS II and SINA

J-RANS II
as of 17 April 2013

SINA
as of 25 November 2013
Livelihoods and Food Security Hotspots and Severity

An estimated 5.5 million people are in severe and moderate need of food assistance (590,600 in acute need and 4.9 million in moderate need), with the greatest number of people in need identified in Aleppo, Lattakia and Idlib. In Homs, Lattakia and Ar-Raqqa, more than 40% of the population assessed was in acute or moderate need.

<table>
<thead>
<tr>
<th>People in Need In the Food Security Sector</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>1,679,204</td>
</tr>
<tr>
<td>Lattakia</td>
<td>919,700</td>
</tr>
<tr>
<td>Idlib</td>
<td>787,285</td>
</tr>
<tr>
<td>Deir-az-Zor</td>
<td>615,700</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>536,200</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>479,000</td>
</tr>
<tr>
<td>Homs</td>
<td>331,800</td>
</tr>
<tr>
<td>Hama</td>
<td>187,450</td>
</tr>
</tbody>
</table>

The concentration of areas where food insecurity is life-threatening is highest in Homs, where 5 of the 8 sub-districts assessed reported that the lack of access to food is life-threatening. This highlights the urgent need to also assess the remaining 15 sub-districts in Homs that were not assessed during the SINA. At the same time, only 40% of visited sub-districts assessed in Homs received any food aid over the past 30 days, the lowest percentage of all assessed governorates. Armed conflict is closely interlinked with food-insecurity. To illustrate, 22 out of the 27 sub-districts that indicated the life-threatening situation, indicated that sporadic or frequent fighting occurred during the 30 days prior to the assessment.

Some 21% of the assessed current total population live in the sub-districts reporting “severe to catastrophic” problems with access to food.

Bread, infant formula and wheat flour are reported as the most urgently required food interventions. Cash assistance was only mentioned as an urgent need for intervention by two sub-districts, indicating that people prefer food over cash-assistance. Although key informants have stated that food is available on the markets and it cannot be accessed due to the lack of money, the preference for direct food assistance over cash may be explained by Syria’s high inflation and the disproportionately high prices of basic food items.

Over 90 of the visited 111 sub-districts received some humanitarian food aid in the 30 days prior to the conflict, ranging from 100% of the assessed sub-districts in Lattakia, Idlib and Ar-Raqqa to 63% in Homs. Most of this aid is irregular and not sufficient to cover the needs of the population.

The main type of food assistance provided was “food baskets”. This raises concerns about the appropriateness of food aid provided. A significant proportion of such food aid in baskets is usually dry food that requires cooking, while 98 sub-districts reported that there was not enough cooking fuel, a lack of resources to buy cooking fuel, or a combination of both.

However it needs to be noted that the situation has improved since J-RANS II, with the food security situation in 14 sub-districts moving from a life-threatening situation to a non-life-threatening status. During J-RANS II, key informants in 3 sub-districts out of 110 assessed indicated that ‘many will die soon’ because of the severity of the food security situation.

Food Security Severity Level Per Governorate
Since March, the situation has improved in all 3 sub-districts. In Jisr-Ash-Shugur (Idlib) the situation is no longer life threatening, due to an increase in food availability in the markets. In addition, the sub-district received sufficient food support from 2 relief actors in the last 30 days. The other 2 sub-districts with the highest severity score improved as well and both received regular assistance from at least one relief actor.

However, the situation deteriorated in several other areas, with the situation worsening in 6 sub-districts that were assessed in both J-RANS II and SINA. In Zarbah (Aleppo) for instance, the food security situation increased from ‘moderate problems’ (severity 2) to ‘severe problems’ (severity 4). This can be explained by the fact that fighting in and around the area intensified in the summer months and availability of food is currently a problem. In addition, prices in the sub-district increased significantly – from SYP 75 (0.53 USD) for a bag of bread in March, to SYP 150 (1.06 USD) currently.

Of the 111 sub-districts assessed, 70 sub-districts reported a life-threatening problem with food affecting between 50 people in acute and immediate need of humanitarian food assistance in Mabtali and as many as 200,000 in Lattakia sub-district.

The overall food security situation was described as “critical” (severity 5) in three sub-district. The most affected groups in these sub-districts are displaced in vacated/unfinished buildings, displaced in collective shelter as well as resident, non-displaced population.

**TAD-DAMAN, ALEPPO (CRITICAL PROBLEM)**

- **Current Total Population:** 110,000
- **Total IDPs:** 20,000 IDPs
- **Severity Trend since May:** Not previously assessed
- **Access problems:** On-going hostilities, restrictions of movement, denial of needs
- **Conflict:** Frequent fighting and shelling causing damages/injuries/death
- **Rural/Rural:** Rural
- **Main Concerns:** Lack of income, high prices, severe lack of access to food
- **Priority Interventions:** Infant formula, food baskets and fuel for bakeries are the interventions most urgently required.
- **Assistance provided in the last 30 days:** None

**Tall Ed-daman in Aleppo** is one of the areas with population facing the most critical problems to access food. There are currently 110,000 people residing in the sub-district, including 20,000 IDPs. The sub-district faces extensive armed conflict, which resulted in 50,000 people (35% of the pre-crisis population) fleeing the area. Most of the sub-district’s IDPs (11,000) are residing in collective shelters and this group has been identified as most at risk of food insecurity. Tall Ed-daman is one of the 5 sub-districts that report a shortage of cooking utensils, most likely mainly affecting the IDPs.

The main sources of income in the sub-district are food crop production and sales and casual/wage labour. However, crop production has been affected with a shortage of cultivated land and agricultural assets reported. The lack of income, insufficient quantity of food on the markets, coupled with high prices, were the main causes of food insecurity in the sub-district. In addition, the sub-district faces severe problems in accessing food, including constraints to the market. Although food was available, quantities were insufficient. Shortages of food, infant formula and cooking fuel were also reported. Bakeries were functioning in the area but bread prices were high (SYP 175 / USD 1.24). The sub-district was not receiving any aid, possibly because of severe access problems, including on-going insecurity/hostilities affecting humanitarian assistance. Infant formula, food baskets and fuel for bakeries were the interventions most urgently required.

**TALDU, HOMS (CRITICAL PROBLEM)**

- **Population:** 50,000
- **Severity Trend since May:** increased life-threatening
- **Access problems:** severe problems-sub-district besieged
- **Conflict:** Frequent fighting and shelling causing damages/injuries/death
- **Urban/Rural:** Urban
- **Main Concerns:** High prices, access to food
- **Priority Interventions:**
  - **Assistance provided in the last 30 days:** No

Of the 100,000 people in Taldu in Homs, 50,000 have remained. The predominantly urban area is reportedly under siege and food items need to be smuggled in. There were no IDPs residing in the sub-district. As a result of the siege and insecurity, prices were very high (infant formula reportedly costs SYP 1,500 per box / ~USD 11) and there were shortages of (fresh)
food, infant formula and cooking fuel. Due to widespread insecurity and ongoing fighting, roads are often blocked and physical, logistical and security constraints hamper access to markets. No humanitarian food assistance has been provided over the last 30 days.

Livelihoods had been severely affected in the sub-district and the main sources of income were remittances. Reducing the number of meals and limiting the portion of meals were the main coping mechanisms mentioned by key informants. Bread, infant formula and food baskets are urgently needed interventions.

Ein Issa, Ar-Raqqa (Critical Problem)

Population: 80,590

Severity Trend since May: increased from severity 3 “many suffering” to “life-threatening critical problem” (severity 5)

Access problems: no data

Conflict: Sporadic fighting and shelling causing damages/injuries/death

Urban/Rural: Rural

Main Concerns: High prices, access to food

Main Priorities: Food assistance including infant formula and cooking fuel

Assistance provided in the last 30 days: Irregular and insufficient

Ein Issa in Ar-Raqqa, with a current population of around 80,000, including 3,000 IDPs, faces critical food problems as well. The main problem relates to access to markets and high prices of food. Most people do not have a steady income, with humanitarian assistance, remittances and irregular social support reported as the main source of income. In general, food items are available on the markets, apart from products of which shopkeepers know people cannot afford. Some irregular food assistance has been provided, although it is largely insufficient to meet the needs. Food baskets, infant formula and cooking fuel are urgently needed.
Severity of food needs and absence of food aid
sub-district assessed in both JRANS II and SINA

J-RANS II
as of 17 April 2013

SINA
as of 25 November 2013
Shelter and NFI Hotspots and Severity

Throughout the sub-districts assessed, 1.3 million people are in need of shelter assistance, of which around 250,000 are in acute need. The highest numbers of people in need reside in Aleppo and Idlib governorates. The highest proportion of people in need of shelter assistance resides in Hama - 16% of the total population were reported to be in immediate need of humanitarian assistance.

10% of the assessed total current population live in areas experiencing life-threatening problems due to the lack of access to adequate shelter and non-food-items.

The worsening winter weather since the SINA assessment in November 2013 has amplified the need for shelter, heating and fuel to critical levels. Even before the first winter storm at the beginning of December, the shelter problem most often reported (27% of all problems reported) related to the lack of protection from weather conditions.

Electricity shortages are widespread, with 30% of assessed sub-districts reporting to have less than 6 hours of electricity per week. In most of these areas, there is insufficient fuel/gas available.

The majority of issues related to NFIs mentioned refer to a problem with the availability of NFIs, primarily the lack of fuel/gas, bedding items and children’s clothing. The main problem reported with regards to adequate access to NFI items is a lack of income to purchase NFI items. This includes a general lack of bedding items (including blankets and mattresses) and personal hygiene issues (leading to an increased number of cases with skin diseases which were one of the most-mentioned problems related to health under SINA). To address these issues, key informants highlighted the urgent need for bedding items, cooking fuel, and warm clothing.

Across the governorates, the lack of money to rent shelter was mentioned as the main problem, followed by the lack of places available to rent, and lack of collective shelters. In several areas security constraints are restricting access to shelter, particularly in Hama (6 out of the 11 sub-districts assessed) and Deir-ez-Zor (mentioned in 4 out of 16 sub-districts assessed). Over 124,000 people are forced to live in open spaces, with IDPs in at least 2 sub-districts residing in caves (Kafarnbol in Idlib, Kafr Zeita in Hama).

- The main shelter interventions needed were identified as temporary shelter, tents and reconstruction materials, illustrating that most displacement is perceived as temporary.

| People in Need In the Shelter/NFI Sector | | |
|-------------------------------|----------------|
| Aleppo | 351,975 |
| Idlib | 301,651 |
| Ar-Raqqa | 154,500 |
| Homs | 133,721 |
| Deir-ez-Zor | 125,606 |
| Al-Hasakeh | 94,750 |
| Lattakia | 75,350 |
| Hama | 54,030 |

The groups most in need of Shelter/NFI support are displaced people in collective centres, such as schools and factory buildings, followed by displaced people in open spaces, including spontaneous, unstructured camps.
There are large disparities between sub-districts with regards to receiving shelter support, with 86% of assessed sub-districts in Aleppo having received some shelter support in the 30 days before the SINA assessment, compared to only 18% of assessed sub-districts in Hama. Most shelter relief actors provide only NFI support.

The main problems identified during J-RANS II in March 2013 included insufficient money to rent shelter, overcrowded host family houses and a lack of available shelter. Similar to J-RANS II, increased rent prices and overcrowding were the main problems mentioned by key informants under SINA. In addition, with the onset of the winter in November, protection from weather conditions was mentioned as a key problem in one third of sub-districts assessed.

The shelter situation in 21 sub-districts has improved since J-RANS II. Hajin in Deir-ez-Zor for instance faced a population influx at the time of J-RANS II and there were widespread shortages of shelter (severity 4). During the SINA, however, reported the number of IDPs residing in the sub-district to have halved (to around 6,000), of which 5,450 were living in rented accommodation.

Coverage of shelter support in the 7 sub-districts in Ar-Raqqa Governorate assessed during SINA in November has increased significantly when compared to J-RANS II in March, primarily due to the support provided by SARC to several areas, although it was deemed insufficient and irregular by the key informants. The support does not sufficiently cover the needs, as the overall situation has deteriorated, with over 150,000 in urgent need of shelter support, of which 65,000 are located in Ar-Raqqa City. In Ar-Raqqa severe problems with restriction of movement, interference into activities and violence against humanitarian personnel were reported. Powerful groups are reported to actively interfere in the provision and delivery of humanitarian assistance, diverting aid to beneficiaries linked to the armed groups in power reflecting the proliferation of ISIS checkpoints and presence on major access routes and population centres.

Meanwhile the shelter situation had deteriorated in several sub-districts. In the sub-district of Sur in Deir-ez-Zor for instance, the situation deteriorated from a “moderate” to a “severe” shelter problem. During the J-RANS II, the lack of clothing and fuel/gas were the sole problems mentioned. The SINA found the over 9,000 people residing in collective shelters in this sub-district to face a general lack of protection from weather conditions. As there were insufficient collective shelters, more people were residing in rented apartments with increasing rent prices.

- **Shelter materials, heating, clothing and bedding are the main needs.**

75 assessed sub-districts report a caseload of people in “acute and immediate need” of humanitarian shelter assistance, with the highest number in **Maarrat An Numan sub-district in Idlib**, where 40,000 people are in “acute and immediate need” of humanitarian shelter assistance. The overall severity of the shelter situation was ranked as “level 3”, a “major problem”. The majority of those in need of shelter support are resident populations, as a large part of the infrastructure is destroyed (97% of the infrastructure reported as damaged, ranging from 25% slightly damaged to 8% completely destroyed).

- **Tents and bedding were highlighted as the main urgent needs.**

<table>
<thead>
<tr>
<th>HEISH, IDLEB (CRITICAL PROBLEM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population: 50,000</td>
</tr>
<tr>
<td>Severity Trend since May: Not previously assessed</td>
</tr>
<tr>
<td>Conflict: Frequent fighting and shelling causing damages/injuries/death</td>
</tr>
<tr>
<td>Main Concerns: Protection from weather conditions, personal security and safety, increased rent prices, lack of places to rent, a lack of resources and security constraints restricting access to shelter.</td>
</tr>
<tr>
<td>Assistance provided in the last 30 days: No</td>
</tr>
</tbody>
</table>

Similarly, in the sub-district of **Heish in Idleb Governorate**, the general status of access to shelter and NFIs was identified as “life-threatening”. Heavy armed conflict has led to the displacement of over 85% of the sub-district’s population. The 2,000 people that have remained are facing high levels of damage to infrastructure, with 30% of the infrastructure completely destroyed.

- **The main shelter needs reported are shelter materials to address this damage, followed by fuel.**
Shortages of Non-Food-Items, including children’s clothing were highlighted as a problem mostly due to lack of access to markets because of physical constraints, insecurity and a lack of transport or fuel.

- The most urgent NFI needs are clothing and cleaning kits. Relief actors provide some shelter and NFI support to the sub-district but this is largely insufficient to meet the needs.

In two sub-districts assessed under SINA, Salanfa in Lattakia and Deir-ez-Zor City, more than 50% of the infrastructure has been completely destroyed. The 27,500 people residing in these two sub-districts have not received any assistance over the past 30 days before SINA and are in urgent need of heating fuel.
Severity of needs for shelter/NFI assistance
sub-district assessed in both JRANS II and SINA

J-RANS II
as of 17 April 2013

SINA
as of 25 November 2013
Education Hotspots

According to the SINA findings, more than 1.7 million children do not have basic education services. The data shows that, in areas where conflict has been the most intense, education tends to be less available and less accessible and fewer children are in school. For example in March 2013, the average percentage of children regularly attending school in HCI areas overall dropped to 19% from 57% in 2006, and was even worse HCI areas of Idlib (3%) and in Ar-Raqqa (5%). In November 2013, according to the SINA data, at the primary level, attendance rates across the governorates ranged from only 41-64%. Of particular concern are the low rates of secondary school attendance, ranging from 33%-53%.

In the six worst affected governorates, about half of learning spaces are no longer functioning, with Homs having a decrease of 63% of such spaces. There is also a desperate lack of teaching and learning materials. Furthermore, the findings indicate that the financial impact of the conflict has also negatively affected the ability of parents to send children to school. As a result, many of those not attending school are at an increased risk of recruitment into armed groups (boys) or forced early marriage (girls), and there are widespread reports of child labour. Because of their exposure to these and a wide range of protection concerns, children are at increased exposure to harm, both physical and mental in nature.

Severity of needs in the education sector can be identified as:
- Areas with the largest decrease in functioning learning spaces
- Areas with the smallest percentage of children attending primary and secondary school.

Education interventions prioritised by the affected population speak to some of these concerns, and focus on the provision of safe learning spaces, teaching and learning materials, and support to address the psychological impact of the crisis on children.

Overall, Al-Hasakeh governorate has the lowest percentage of primary school attendance with only 41% of the children reportedly going to school, followed by Idlib (44%) and Homs (45%). Secondary school attendance in these governorates is also low with 33% in Idlib, 39% in Al-Hasakeh and 41% in Homs.

This could indicate a significant decrease in school attendance compared to the J-RANS II assessment in March; this supposition can be illustrated by comparing attendance figures from Al-Hasakeh, which was 82%. It should be noted that the J-RANS II assessment did not distinguish between primary and secondary school attendance, but that the figures in the aggregate still provide good indicators of overall access to education.
Example of access limitations:

Thiban is one of the worst affected sub-districts across all sectors and while 65% of children were reported to attend school in March 2013, indications that no children were attending primary education were seen in November 2013.

### Thiban, Deir ez-Zor
- **Current Total Population:** 60,000
- **Total IDPs:** 15,000
- **Severity Trend since May:** increased
- **Access problems:** On-going hostilities, interference with humanitarian activities, denial of needs
- **Conflict:** Sporadic fighting and shelling causing damages/injuries/death
- **Rural/Urbam:** Rural
- **Main concerns:** Priority Education Interventions: Safe learning spaces, teachers, school materials
- **Assistance provided in the last 30 days:** No. No Local council or Relief committee for the whole sub-district; the situation in November in terms of service provision was the same as it was in May 2013.

Example of availability limitations:

Homs reports the highest percentage decrease (63%) of functional learning spaces. The sub-districts where no functional learning spaces were available at the time of data collection were all reported to be besieged areas (Ar-Rastan, Talbiseh, Taldu, Sokhneh) with high levels of destruction of schools, continued shelling and no assistance to educational activities.

### Taldu, Homs
- **Population:** 50,000
- **Severity Trend since May:**
- **Access problems:** Severe problems-sub-district besieged
- **Conflict:** Frequent fighting and shelling causing damages/injuries/death
- **Urban/Rural:** Urban
- **Main Concerns:** Physical constraints, security concerns
- **Priority Interventions:** Safe learning spaces, school materials, teachers

**Assistance provided in the last 30 days:** No assistance has been provided.

In Taldu, about 10% of children were reported to be attending school. The reasons for this low figure can be seen in a few indicators of reduced availability; the majority of the 40 schools that existed prior to the conflict have been completely destroyed. Some 4-5 schools are still open, but their infrastructure is severely damaged.
Deir-ez-Zor City

Since August 2012, parts of the city have been under control of opposition groups, while GoS forces control 3 neighbourhoods in the western part of the city. Heavy fighting has led to the displacement of 335,000 people (about 60% of the pre-crisis population). 260,000 IDPs are residing in the city, primarily with host-families. The city is located on the banks of the Euphrates and the river is the main source of water used by the public water system to provide water to the city. Although there are concerns over the quality of the water, overall, access to water is not perceived as a life-threatening problem (all areas assessed are ranked as severity 3, "major problem", or lower). The health situation, however, is “life-threatening”, and 3,500 people are in “acute and unmet need of health support”. However the alarming health situation is closely linked to the use of unsafe potable water and water-borne diseases. A part of the city was ranked as severity 6 (“catastrophic problem”) – the only assessed sub-district ranked this high under SINA. In one part of the city, as much as 70% of health facilities are destroyed and there is an urgent need for health staff, medical supplies and equipment. The first confirmed polio cases in Syria in October 2013 were in Deir-ez-Zor and key informants highlighted the urgent need for vaccinations. Supply routes to the city are often blocked and there are shortages of food, NFIs and fuel. In addition, prices are high and access to the market is often blocked due to security incidents. As a result, half of the areas assessed face life-threatening food security issues severity 4).
Aleppo City

Much of Aleppo city has been destroyed during what has been some of the fiercest violence during the conflict. Within the 42 neighbourhoods assessed under SINA, as many as 40% of the pre-crisis population have fled, to other parts of the city, the country as well as abroad. The estimated 80,000 IDPs currently residing in the assessed areas have found shelter in abandoned houses, and with host-families. Although all areas assessed under SINA indicate that food is currently available on the markets, security constraints restrict movement of people to these markets. In addition, prices are high, with reported bread prices ranging between SYP 100 and 125 (the average price of un-subsidised bread under SINA was SYP ~104 and SYP 63 for subsidised bread). Although most goods are available, there is a lack of infant formula and this was consistently highlighted as an urgent need. In general the food security situation is severity 3 (“major problem”) in the assessed sub-districts, with the exception of one area (area A in the map), where the situation is “life-threatening” (severity 4), because of the lack of resources to purchase food, security constraints, the shortages of infant formula, and fuel. Electricity cuts are widespread—electricity was non-functional in the 30 days prior to the assessment in 4 out of 6 assessed sectors in Aleppo City. Sector C reported to have electricity 2 to 6 hours per day and sector A between 1 and 2 hours per day. The public water network is the main source of drinking water in the assessed and the lack of electricity to operate the system was the most common problem reported related to water accessibility. As a result, all assessed areas report major problems (severity 3) related to WASH. Assistance is limited, and area B has not received any health, water or shelter support.
## Annex I

### J-RANS II and SINA Severity Scales

<table>
<thead>
<tr>
<th>Severity Category</th>
<th>J-RANS II Severity Score</th>
<th>J-RANS II</th>
<th>SINA</th>
<th>SINA Severity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Concern</td>
<td>1</td>
<td>No concern-Situation under control</td>
<td>Normal situation for <code>&lt;sector name&gt;</code>. Population is living under normal conditions. All <code>&lt;sector name&gt;</code> needs are met.</td>
<td>0</td>
</tr>
<tr>
<td>Situation of Concern (not life-threatening)</td>
<td>2</td>
<td>Situation of concern that requires monitoring: e.g. increased number of diarrheal 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 stabilizes or worsens.</td>
<td>Situation of minor concern for <code>&lt;sector name&gt;</code>, but conditions may turn concerning. Few people are facing problems or shortages in <code>&lt;sector name&gt;</code> but they are not life threatening. Affected population is feeling the strain of the situation but can cope with the current situation with local resources.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Many people are suffering due to the insufficient services. Situation is serious. 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 proportion of the population is affected by this issue.</td>
<td>Situation of concern for <code>&lt;sector name&gt;</code>. Many people are facing <code>&lt;sector name&gt;</code> problems or shortages causing discomfort and suffering, but they are not life threatening. Affected population is feeling the strain of the situation but can cope with the current situation with local resources.</td>
<td>2</td>
</tr>
<tr>
<td>Severe Situation (life-threatening)</td>
<td>4</td>
<td>Many people will die due to insufficient services. Situation is severe. Coping mechanisms are no more efficient. Resources are scarce and beyond the exhaustion levels. Large proportion of the population is at immediate risk of death if no assistance is provided soon.</td>
<td>Severe situation for <code>&lt;sector name&gt;</code>. Affected population faces life-threatening conditions causing high level of suffering and irreversible damages to health, which can result in deaths if no humanitarian assistance is provided.</td>
<td>4</td>
</tr>
<tr>
<td>Critical/Catastrophic Situation (life-threatening)</td>
<td>5</td>
<td>Many people are known to be dying now due to insufficient services. Situation is critical. Deaths are confirmed and directly observed by the enumerators. Evidence is given to the severity of the situation (cemetery visit, lists, hospital visits, 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.</td>
<td>Critical situation for <code>&lt;sector name&gt;</code>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Deaths are already reported, directly caused by the current <code>&lt;sector name&gt;</code> conditions, and more deaths are expected if no immediate <code>&lt;sector name&gt;</code> assistance is provided.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Catastrophic situation for <code>&lt;sector name&gt;</code>. Affected population faces life-threatening conditions causing high level of suffering, irreversible damages to health status and deaths. Large number of deaths are reported directly caused by the current <code>&lt;sector name&gt;</code> conditions and will result in many more deaths if no immediate <code>&lt;sector name&gt;</code> assistance is provided.</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>
Annex II

People in need
% of total population

% of total population
Most severe 76-100
51-75
26-50
Least severe 1-25
No data collected