Introduction

The Syria Integrated Needs Assessment (SINA) is a rapid multi-sectoral humanitarian assessment that aims to provide an overall description of the affected areas, population groups and needs of the people of Syria. Nearly three years of conflict, destruction and division have resulted in massive humanitarian needs across Syria. At the same time, access restrictions have progressively reduced the humanitarian space in which aid organizations operate. As a result, reaching the affected population – even just to gather information – is difficult and risky. In this context of poor information and rapidly deteriorating conditions, humanitarian agencies decided to undertake this joint assessment.

Many external factors influenced the methodology of the assessment. Given conditions in the country, 111 sub-districts were accessible in eight governorates of Syria (out of a total of 272 sub-districts in 14 governorates). This assessed area represents a convenience sample, within which the best efforts were made to collect information with minimum bias.

Information was collected through key informant interviews, direct observations in the field, secondary data review and two remote assessments. This report outlines some general findings, but these findings do not necessarily apply to areas where assessment was impossible.

The pace of the assessment process was brisk. Enumerators completed a 1.5-day training, and data collection was carried out over two weeks, followed by a week of debriefings. Secondary data analysis also took place during the data collection period with a separate team, and informed the debriefing process and final report.

To analyse findings, sectors completed sector-specific analysis, which was complemented by a cross-sectoral analysis conducted through the SINA Working Group.

This report is intended to inform operational decisions, highlight areas for deeper analysis and provide information to make funding decisions.
Methodology

The SINA involved the collection of data from primary sources, through multiple key informant interviews and direct observation, as well as secondary sources, such as prior assessments and published commentary. Key informant interviews and observation-based data collection took place in 121 sub-districts and 46 internally displaced persons (IDP) camps in Syria. The final validated data set is 111 sub-districts and 38 camps.

Three data-collection tools were developed through direct consultation with sector representatives and evaluation experts:

- The **Sub-district Key Informant Questionnaire**, which included a general section and sector-specific questions at the sub-district level.
- The **Camp Key Informant Questionnaire**, a version of the sub-district questionnaire adapted to the specific context of IDP camps in Syria.
- The **Direct Observation Checklist**, a structured checklist with both closed- and open-ended questions covering sector-specific and general observations.

Participating agencies selected and recruited 146 enumerators, all of whom were trained over the course of 1.5 days in basic assessment principles, the SINA assessment tools, humanitarian principles, triangulation methodologies and a method for ranking key informant reliability. Twenty additional enumerators participated in a 1-day training focused specifically on the Camp Key Informant Questionnaire used for the parallel camp assessment.

During the training, enumerators were assigned to the sub-district they were to assess. Where possible, teams of two or three enumerators from different organizations were assigned to cover one sub-district; in some instances one enumerator was assigned coverage of two or three sub-districts.
Field data collection lasted two weeks. Upon completion of the Sub-district Key Informant Questionnaire, enumerators were debriefed in one-on-one interviews with trained staff, either in person or via Skype. The debriefing process involved a review of completed questionnaires, entailing clarification and validation of written responses. Enumerators were also questioned about evidence seen, and they were asked to present evidence when possible. Using a semi-structured question guide, debriefers were able to glean additional qualitative information from enumerators. Detailed debriefing notes were taken for each session, which were compiled into another database used for further analysis.

Partners also conducted secondary data reviews to complement SINA primary data results. This involved both the collection of assessment reports, interviews and expert opinions.

The SINA approach

The information from enumerators was triangulated with other sources, whenever possible, before being entered and labelled, per sector, with a reliability ranking on which enumerators were trained. In a second step, this data was screened for their level of confidence based on information coming from the debriefing process and the direct observation checklist.

Due to the challenging context of the conflict and shifting frontlines in Syria, the SINA data collection methodology was based on non-probability, purposive sampling. This involved selecting knowledgeable key informants in areas that could be accessed safely. For added reliability, several key informants were selected per sub-district and their feedback combined into a single report for the sub-district.

The security of enumerators and key informants was paramount in this process. Enumerators were instructed not to put themselves or others in danger in order to collect information and not to carry documents that could put them in danger.

At no time were the names or other personal information of key informants recorded.

Reliability of information

In this context, where conflict and political influences have divided the target population, the SINA took several measures to minimize bias. These included:

- Training enumerators in a method for triangulating data figures;
- Involving the consultation of a maximum number of key informants;
- Using observations in addition to a questionnaire;
- Debriefing enumerators;
- Conducting a secondary data review to inform both the debriefing and the final report;
- Utilizing reliability rankings in the questionnaire and discarding unreliable data.

Enumerators were asked to list the evidence they had seen and to document population figures and figures of people in need provided by each key informant. The enumerators then ranked the information from 1-3 based on the records themselves, other evidence they reviewed, and the perceived reliability of the key informant. Despite these checks and balances, the population figures provided in the SINA report are best interpreted as providing an informed estimate of the number of people, rather than a precise figure. This is because the purposive sampling methodology does not lend itself to precise
measurement and because not all the sub-districts in the visited governorates were assessed (111 were assessed from the 173 total)\(^1\).

**Key informant interviews**

For each sector, enumerators were asked to target key informants through visits to main service delivery centres, such as hospitals, schools and markets, within a sub-district. This enabled them to record observation-based data. Selection criteria for key informants was provided during the training, and in the field depended on enumerators’ accessibility to those key informants and the security situation.

Information on the severity of needs in each sector, as well as the other information collected on the questionnaire, was based on the perceptions of these key informants, coupled with direct observations made at locations visited and evidence cited by the enumerators, such as a list of people present in a location. Multiple key informant interviews and observation visits were conducted whenever possible in each sub-district.

Key informant interviews consisted of a semi-structured conversation with selected individuals, based on the questionnaire. The interviews focused on gathering essential information, secondary data and current concerns based on the perspective of the informant.

Key informants were often prominent members of the community or people in key positions, such as members of local administrative councils or local relief committees.

<table>
<thead>
<tr>
<th>Type of key informants (KI)</th>
<th>%</th>
<th>No. of KI interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Administrative Council</td>
<td>32%</td>
<td>559</td>
</tr>
<tr>
<td>Local Relief Committee</td>
<td>14%</td>
<td>246</td>
</tr>
<tr>
<td>Medical staff/hospitals</td>
<td>14%</td>
<td>238</td>
</tr>
<tr>
<td>SARC</td>
<td>10%</td>
<td>181</td>
</tr>
<tr>
<td>Local Charity</td>
<td>7%</td>
<td>130</td>
</tr>
<tr>
<td>Local Leaders</td>
<td>6%</td>
<td>99</td>
</tr>
<tr>
<td>Civil Society Group</td>
<td>6%</td>
<td>97</td>
</tr>
<tr>
<td>Government of Syria Institution</td>
<td>5%</td>
<td>91</td>
</tr>
<tr>
<td>Camp Management</td>
<td>3%</td>
<td>51</td>
</tr>
<tr>
<td>INGO</td>
<td>2%</td>
<td>31</td>
</tr>
<tr>
<td>Others</td>
<td>1%</td>
<td>23</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100%</td>
<td>1746</td>
</tr>
</tbody>
</table>

**Debriefing**

Due to security risks, the majority of enumerators did not provide physical documentary evidence during their debriefing session. However, in 28 debriefing sessions (23 per cent), enumerators presented evidence such as photographs of destroyed buildings (including hospitals) as well as photographs and photocopies of statistics and registration lists.

Other enumerators indicated they had seen or possessed evidence that could be provided upon request.

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\(^1\) Due to the large population in Aleppo City and in Deir-ez-Zor sub-district, these were split into six sectors and four sectors, respectively, and these were analysed as sub-districts.
Collecting demographic information

Demographic information reported by key informants, when available, was based on viewing records from local authorities, the Syrian Arab Red Crescent (SARC), Local Relief Committees and other similar sources. For sub-district reports to be included in the analysis, information had to be based on estimates available from key informants or evidence from several sources (reliability ranking 1 and 2).

As mentioned above, the data from the SINA questionnaire gives a general indication of people in need. Other population figures gathered in the SINA, including the pre-crisis population, the population that has fled and the IDP population, are also based on documents from the offices visited and reflect the situations in those sub-districts.

In addition to the limitations of using a purposive sampling technique to gather quantitative data, the significant movement of people, the lack of access to some population groups due to conflict, and restrictions placed on gathering data or accessing government population records contributed to the limited precision of the population figures derived from the SINA.

Classification of affected population

Using the IASC guidance on the humanitarian profile2, the SINA methodology structured the affected population data using the following categories:

People in need were defined as the affected population in a sub-district who require humanitarian assistance. This category included five displaced population categories, with the term “displaced” being applied to people being forced to flee their home but remaining within their country's borders.

There are six categories of IDPs in the SINA approach:

- Number of displaced in host families;
- Number of displaced in collective shelters (e.g., schools);
- Number of displaced people in vacated/unfinished buildings;
- Number of displaced people in open spaces (including spontaneous camps);
- Number of displaced people in organized, structured camps;
- Number of displaced people in rented accommodation.

Estimation method used for people in need

The estimate of people in need, according to this assessment, was provided as a range based on different methods of aggregation. In the first method, the highest number of people in need recorded in any sector was taken to be the assessed-area-wide figure. The sector with the highest number of people in need was the Food Security and Livelihoods Sector, with 5.5 million.

In the second method, the total needs figure was based on severity of needs in each sector, as assessed at the sub-district level. Under this approach, the individual sector with the highest number of people in need at the sub-district level was taken in all sub-districts and then aggregated with other sub-districts. This approach produced an estimated total of 7.5 million in need.

These two methods gave a range of people in need from 5.5 to 7.5 million.

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, as listed above. The total number of IDPs in the assessed area was found to be 4.1 million.

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Limitations

Severity

The severity-of-needs ratings were not weighted to take into account the numbers of people experiencing that level of need. Severity levels should be considered with the size of the assessed population in need.

Disclosure

To protect enumerators and key informants, the sources of provided information are not always identified in the report or in the corresponding database. Instead, when possible, the type of organization providing the information is provided.

Access

Areas visited for this assessment included those with the greatest secure physical access. Areas not visited may well have worse conditions than those reported here. Additionally, in two cases, sub-districts were assessed remotely and triangulation through direct observation could not be conducted.

Population figures

The population figures are estimates based on information gathered from key informants who were asked to provide documents to back up their figures.

Dynamics of population movements:

The situation in visited areas changes quickly over time. Significant changes can be observed from one week to another. Thus, the accuracy of the information from the SINA report will deteriorate over time.

Gender

In line with the speed with which the SINA was conducted, the level of detail on gender and age groups is limited to population figures. An effort was made to collect additional information on most vulnerable groups per sector. Only eight (5 per cent) out of 166 enumerators were female. This gender imbalance should be kept in mind when interpreting the results of the assessment. Additionally, the majority of key informants interviewed were male.

Needs

The measures reported are aggregated from multiple observations at the sub-district level. The methodology is based on perceived need as expressed by multiple key informants. Therefore the assessment does not always account for the diversity of situations within a sub-district.

Affected population

Population of assessed area

The reports from all the assessed sub-districts indicated that 14.6 million people lived in the SINA-covered area. The difference between key informant’s reports on pre-crisis and post-crisis population indicated that the population had increased by 2 million since the beginning of the crisis. These pre-crisis and current figures are far higher than the Syrian Government’s pre-crisis figure of 10.8 million living in the same sub-districts.³

Recent population trends

In 45 per cent of the 111 visited sub-districts, the population was reported as “increasing” over the past 30 days, especially in Ar-Raqqa (100 per cent of visited areas), Aleppo (63 per cent) and Deir-ez-Zor (50

³ Syrian Central Bureau of Statistics
per cent). In 27 per cent of the 111 visited sub-districts, the population was reported as “decreasing” over the past 30 days, especially in Hama (64 per cent of visited areas), Lattakia (40 per cent) and Idleb (33 per cent). All of these governorates continue to be affected by ongoing conflict along the major routes and fault lines. In 28 per cent of the visited sub-districts, key informants reported that the population remained the same over the past 30 days.

**Internally displaced persons**

It is clear that respondents felt there had been a large increase in the population overall in their areas due to displacement. In fact, they estimated that there were currently 4.1 million IDPs residing in the visited areas. This compares to 6.5 million IDPs estimated by the United Nations for the whole of Syria.4 Large numbers of IDPs were recorded in all eight governorates, with Idleb, Aleppo and Deir-ez-Zor reported as having the most IDPs based on the sub-districts visited.

**Reported number of IDPs per sub-district**

![Map of Syria with IDP population per governorate]

<table>
<thead>
<tr>
<th>IDP population per governorate</th>
<th>Al-Haakah</th>
<th>Aleppo</th>
<th>Ar-Raqqah</th>
<th>Deir-ez-Zor</th>
<th>Hama</th>
<th>Homs</th>
<th>Idleb</th>
<th>Lattakia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs in rented accommodations</td>
<td>193,135</td>
<td>181,868</td>
<td>147,000</td>
<td>62,709</td>
<td>59,550</td>
<td>51,529</td>
<td>405,137</td>
<td>856,000</td>
<td>1,956,528</td>
</tr>
<tr>
<td>IDPs in host families</td>
<td>63,842</td>
<td>295,230</td>
<td>119,400</td>
<td>284,819</td>
<td>74,000</td>
<td>23,267</td>
<td>106,410</td>
<td>9,300</td>
<td>976,248</td>
</tr>
<tr>
<td>IDPs in collective shelter</td>
<td>60,013</td>
<td>230,963</td>
<td>22,775</td>
<td>72,559</td>
<td>35,790</td>
<td>25,000</td>
<td>61,614</td>
<td>35,500</td>
<td>346,124</td>
</tr>
<tr>
<td>IDPs in vacated/unfinished buildings</td>
<td>1,673</td>
<td>217,779</td>
<td>11,915</td>
<td>69,768</td>
<td>60,000</td>
<td>28,665</td>
<td>40,445</td>
<td>4,100</td>
<td>435,145</td>
</tr>
<tr>
<td>IDPs in open spaces (incl. spontaneous camps)</td>
<td>2,266</td>
<td>67,986</td>
<td>6,500</td>
<td>2,670</td>
<td>3,250</td>
<td>17,056</td>
<td>24,535</td>
<td>600</td>
<td>134,445</td>
</tr>
<tr>
<td>IDPs in organised, structured camps</td>
<td>300</td>
<td>27,665</td>
<td>0</td>
<td>300</td>
<td>0</td>
<td>0</td>
<td>77,216</td>
<td>2,500</td>
<td>108,181</td>
</tr>
</tbody>
</table>

Origin and destination of IDPs

Ninety-three per cent of sub-districts visited were hosting IDPs at the time of the assessment. Most respondents indicated that IDPs in their area originated from other districts in the same governorate (43 per cent), followed by 20 per cent of respondents indicating that the IDPs were from other governorates. Some 2.4 million people were estimated to have fled their sub-districts as a direct consequence of the crisis: 36 per cent left to go abroad, 25 per cent to another district or sub-district in their governorate, and 12 per cent to another governorate. Twelve per cent of the people that left their homes from the visited sub-districts stayed in the same sub-district. In 25 per cent of the total number of visited sub-districts, no people were reported to have left their homes as a direct consequence of the conflict.

Place of origin of IDPs

<table>
<thead>
<tr>
<th>Place of origin</th>
<th>Al-Hasakeh</th>
<th>Aleppo</th>
<th>Ar-Raqqā</th>
<th>Deir-ez-Zor</th>
<th>Hama</th>
<th>Homs</th>
<th>Idleb</th>
<th>Lattakia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other district(s) in same governorate</td>
<td>29%</td>
<td>64%</td>
<td>0%</td>
<td>63%</td>
<td>9%</td>
<td>33%</td>
<td>33%</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>Other governorate(s)</td>
<td>43%</td>
<td>12%</td>
<td>88%</td>
<td>0%</td>
<td>18%</td>
<td>8%</td>
<td>14%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Other sub-district(s) in same district</td>
<td>21%</td>
<td>12%</td>
<td>14%</td>
<td>19%</td>
<td>55%</td>
<td>25%</td>
<td>14%</td>
<td>0%</td>
<td>19%</td>
</tr>
<tr>
<td>From the same sub-district</td>
<td>7%</td>
<td>7%</td>
<td>0%</td>
<td>19%</td>
<td>18%</td>
<td>8%</td>
<td>24%</td>
<td>0%</td>
<td>12%</td>
</tr>
<tr>
<td>No IDPs</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7%</td>
</tr>
</tbody>
</table>

IDP destinations per governorate

<table>
<thead>
<tr>
<th>Destination</th>
<th>Al-Hasakeh</th>
<th>Aleppo</th>
<th>Deir-ez-Zor</th>
<th>Hama</th>
<th>Homs</th>
<th>Idleb</th>
<th>Lattakia</th>
<th>Ar-Raqqā</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abroad</td>
<td>64%</td>
<td>48%</td>
<td>6%</td>
<td>9%</td>
<td>13%</td>
<td>45%</td>
<td>10%</td>
<td>0%</td>
<td>36%</td>
</tr>
<tr>
<td>No People Left the Sub-District</td>
<td>9%</td>
<td>23%</td>
<td>55%</td>
<td>9%</td>
<td>25%</td>
<td>15%</td>
<td>0%</td>
<td>57%</td>
<td>25%</td>
</tr>
<tr>
<td>Other governorate</td>
<td>18%</td>
<td>0%</td>
<td>6%</td>
<td>55%</td>
<td>38%</td>
<td>6%</td>
<td>0%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>Other district in same governorate</td>
<td>0%</td>
<td>15%</td>
<td>13%</td>
<td>27%</td>
<td>13%</td>
<td>15%</td>
<td>0%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Within the same sub-district</td>
<td>9%</td>
<td>15%</td>
<td>13%</td>
<td>0%</td>
<td>0%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Other sub-district in same district</td>
<td>0%</td>
<td>5%</td>
<td>6%</td>
<td>0%</td>
<td>13%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Registration status

Key informants in the 111 sub-districts were asked if the displaced/crisis-affected people had been registered by local authorities. In 60 per cent of the assessed sub-districts, a registration exercise had been completed, and in 21 per cent registration was either underway or scheduled. In 18 per cent of the assessed sub-districts no registration exercise had been carried out or scheduled to date.

All assessed sub-districts in Homs Governorate had completed registration of IDPs. The lowest number of registration exercises has been carried out in the visited sub-districts of Aleppo Governorate (in less than half) and Deir-ez-Zor. The areas where registration has not been carried out are predominantly in Aleppo, Al-Hassakeh and Hama.
IDP registration status over past three months

<table>
<thead>
<tr>
<th>Governorate</th>
<th>District</th>
<th>Sub-district</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homs</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Idlib</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Ar-Raqqah</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>83%</td>
<td></td>
</tr>
<tr>
<td>Lattakia</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Hama</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Aleppo</td>
<td>47%</td>
<td></td>
</tr>
</tbody>
</table>

Relationship between IDPs and the local population

Key informants were asked to describe the relationship between the displaced and the host community. In 63 per cent of the assessed sub-districts where IDPs were located, reports indicated that “host communities are willing to assist, but only for a limited time”, while 30 per cent of sub-districts seemed “willing to assist for as long as necessary”. Tensions between IDPs and local populations were reported in eight of the sub-districts visited (7 per cent). These eight are located in the governorates of Deir-ez-Zor, Hama, Homs and Idlib.

Areas with reported tensions between IDPs and host communities

<table>
<thead>
<tr>
<th>Governorate</th>
<th>District</th>
<th>Sub-district</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deir-ez-Zor</td>
<td>Deir-ez-Zor</td>
<td>Sur</td>
</tr>
<tr>
<td>Hama</td>
<td>As Salamiyeh</td>
<td>Eastern Bari</td>
</tr>
<tr>
<td>Hama</td>
<td>As Salamiyeh</td>
<td>Saboura</td>
</tr>
<tr>
<td>Hama</td>
<td>Hama</td>
<td>Suran</td>
</tr>
<tr>
<td>Homs</td>
<td>Ar Rastan</td>
<td>Ar-Rastan</td>
</tr>
<tr>
<td>Homs</td>
<td>Tadmor</td>
<td>Sokhneh</td>
</tr>
<tr>
<td>Idlib</td>
<td>Idlib</td>
<td>Idlib</td>
</tr>
<tr>
<td>Idlib</td>
<td>Jisr-Ash-Shugur</td>
<td>Badama</td>
</tr>
</tbody>
</table>
Humanitarian access

Access constraints on humanitarian operations

Rampant insecurity and violence across affected areas pose a constant – though unpredictable – challenge to ensuring humanitarian access to affected people. Beyond insecurity and violence, imposed movement restrictions and the denial of humanitarian needs pose the most significant access challenges.

**Reported humanitarian access** (based on responses to eight indicators)

Blockades

All parties in the conflict have imposed blockades on several contested areas, blocking access for humanitarian assistance and commercial goods. Repeated requests by the UN and INGOs to enter towns and neighbourhoods under siege in Damascus, Homs and Aleppo have gone unanswered.\(^5\) A proliferation of non-state actors controlling checkpoints along transit routes is further delaying aid delivery, as aid workers are having to negotiate with an increasing number of armed groups to organize the delivery of assistance\(^6\). The level of organization among armed groups interfering with aid access varies, ranging from unorganized armed groups (not battalions), powerful groups and tribal groups.

Movement restrictions

Reports from high-conflict affected areas cite restrictions on the movement and travel of relief actors. This likely reflects that some of the most strategic areas in Syria are seeing both increased conflict and a blockade policy. The third most severe issue reported in all sub-districts visited is people being denied access to humanitarian assistance. This may reflect the fact that the magnitude of humanitarian need is often highest, relative to population, in the most strategic and contested areas, as a result of intense conflict and blockades. These dynamics, and particularly blockades, leave parts of the population

\(^5\) UN 25/10/2013

\(^6\) AFP 04/11/2013; WFP 20/09/2013; WFP 23/08/2013
particularly neglected by humanitarian actors. Sectoral data also indicates that most one-off, irregular support is delivered to areas of high conflict.

Access problems in open-conflict areas

<table>
<thead>
<tr>
<th>Access problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing insecurity/hostilities affecting humanitarian assistance</td>
<td>25%</td>
</tr>
<tr>
<td>Movement and travel restrictions for relief actors</td>
<td>27%</td>
</tr>
<tr>
<td>Denial of existence of humanitarian needs</td>
<td>21%</td>
</tr>
<tr>
<td>Interference in the implementation of humanitarian activities by powerful groups</td>
<td>16%</td>
</tr>
<tr>
<td>Restrictions on affected population’s Access to services and assistance</td>
<td>13%</td>
</tr>
<tr>
<td>Violence against relief agencies’ personnel, facilities and assets</td>
<td>6%</td>
</tr>
<tr>
<td>Presence of mines and explosives</td>
<td>9%</td>
</tr>
<tr>
<td>Obstacles related to terrain, climate, lack of infrastructure</td>
<td>5%</td>
</tr>
</tbody>
</table>

Non-conflict areas report movement and travel restrictions for relief actors and interference in the implementation of humanitarian activities by powerful groups. This likely reflects the increasing phenomenon of competition among armed actors over resources, infighting among groups that were formerly allied and the emergence of war economies.

Access problems in non-conflict areas

<table>
<thead>
<tr>
<th>Access problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movement and travel restrictions for relief actors</td>
<td>38%</td>
</tr>
<tr>
<td>Violence against relief agencies’ personnel, facilities and assets</td>
<td>17%</td>
</tr>
<tr>
<td>Restrictions on affected population’s Access to services and assistance</td>
<td>11%</td>
</tr>
<tr>
<td>Ongoing insecurity/hostilities affecting humanitarian assistance</td>
<td>10%</td>
</tr>
<tr>
<td>Interference in the implementation of humanitarian activities by powerful groups</td>
<td>9%</td>
</tr>
<tr>
<td>Restrictions on affected population’s Access to services and assistance</td>
<td>9%</td>
</tr>
<tr>
<td>Violence against relief agencies’ personnel, facilities and assets</td>
<td>9%</td>
</tr>
<tr>
<td>Presence of mines and explosives</td>
<td>9%</td>
</tr>
</tbody>
</table>

In Homs, Al-Hassakeh, Hama and Lattakia, movement restrictions are a severe problem. Significant parts of these governorates are subject to blockade policies or blockade of humanitarian assistance by armed actors. In Homs and Hama, the gains of government forces in central Syria have allowed them to surround all opposition-held communities, leading to the confiscation of humanitarian assistance as reported in sub-districts such as Ar Rastan, Talbiseh and Taldu, despite calls for open access. Open conflict and some policies of blockade imposed by armed opposition groups have restricted humanitarian access to areas of northern Al-Hassakeh controlled by the Democratic Union Party (PYD). This has primarily affected sub-districts such as Al-Jawdeh, Al-Malikiyyeh, Ras al-Ein, Amuda, Darbassiya, Tell Tamr and Quamishli. The assessed sub-districts of Lattakia are principally opposition-controlled and subject to front-line conflict, restricting the movement of humanitarian actors. These are also areas that report the highest indication of the denial of humanitarian needs, a category that indicates that the needs of the population are neglected, overlooked or hidden, or denied on a political or communal basis.
For sub-districts in other governorates, such as Aleppo, reports of movement and travel restrictions for relief actors reflect policies of blockade.

Small enclave areas like Afrin, Ayn al-Arab, Nibil and parts of Aleppo City, are affected by the presence of radical armed groups, who have played a particularly strong role in controlling key access points and restricting the movement of relief actors.

Denial of needs and uneven distribution

In some cases, reports of the denial of humanitarian needs may also reflect a broader avoidance of remote areas by relief networks. In particular, Al-Hassakeh, which is remote and has historically been marginalized, reports a severe problem of access due to the denial of needs.

Visited sub-districts in Hama also reported denial of needs, as well as theft, nepotism in the distribution of relief and corrupt practices, which resulted in violent clashes among beneficiaries during distribution. However, sources emphasized that corrupt and nepotistic practices were driven by political rather than communal motivations.

Sub-districts in Aleppo also reported the denial of humanitarian needs as a severe problem, likely connected to the fact that remote communities in rural southern Aleppo report they have been marginalized in terms of humanitarian assistance, last receiving assistance in December 2012. Some sub-districts in Aleppo also reported that aid distribution processes were often chaotic, sometimes due to insecurity and interference into activities.

Physical and infrastructure obstacles

Sub-districts in Homs reported obstacles related to terrain, climate and lack of infrastructure as severe access issues. This likely reflects the access constraints in desert regions of Homs, such as Sokhneh and Tadmor, where routes are contested and many humanitarian actors are forced to use inadequate desert roads to reach remote communities, especially people internally displaced in the desert because of conflict. In addition, these sub-districts have reported blockades.

Interference by armed groups

Local sources have indicated that some radical armed groups have forbidden international aid workers or local female aid workers from carrying out relief activities in areas under their control. In October 2013, one local faction of a radical armed group imposed the following rules on relief work:

- Any aid organization wishing to work in the city must be approved by the group in question;
- Humanitarian projects are subject to prior approval by the group in question;
- Foreign staff are not allowed to enter Syria;
- Local staff will be hired exclusively by the group in question;
- The beneficiaries will be selected exclusively by the group in question;
- All organizations are required to submit a weekly report on project developments to the group in question.7

In other instances, radical armed groups have been known to prohibit sector-specific interventions, such as the provision of education. Interference in the implementation of humanitarian activities by powerful groups is a major issue in Deir-ez-Zor, reflecting widespread complaints of theft, aid diversion and nepotism in aid distribution in the governorate. Enumerators reported that armed groups have confiscated assistance at checkpoints or attempted to direct aid to the families of the members of armed groups, specifically in Thiban, Ashara and Deir-ez-Zor City sub-districts.

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7 Life4Syria 25/10/2013
Violence against humanitarian workers

Relief workers regularly come under attack while attempting to deliver aid or evacuate the wounded. In addition to violence and insecurity, aid workers face arbitrary arrest and threat of kidnapping. Numerous volunteers have been detained.8

Idleb and Homs report some of the highest proportions of severe problems related to violence against humanitarian workers, assets and goods. This likely reflects the strategic focus among armed actors on controlling the Lattakia-Aleppo Highway and Homs-Aleppo Highway, with many of these battles focused inside Idleb Governorate, threatening relief workers. Several assessed sub-districts also reported high levels of insecurity, a high percentage of infrastructure damage, and the theft or diversion of humanitarian assistance by powerful armed groups, particularly in the sub-districts of Janudeah, Dana, Heish, Kafarnobol, Khan Sheikhoun, Ariha, Tamana'a and Ehsem.

In Ar-Raqqa there are severe problems with movement and travel restrictions for relief actors, interference in humanitarian activities by powerful groups, and violence against relief actors. This likely reflects the recent proliferation of radical armed groups and their checkpoints in the governorate, which have restricted or interfered in the distribution of relief; this was reportedly a particularly severe issue in al-Karama sub-district.

Access to services versus availability

Key informants ranked problems related to the availability of goods and services higher than problems of access. The provision of essential services is particularly disrupted in this context, and traders face problems providing goods for sale in the markets. However, the lack of basic services is intimately linked to poor access. For example, traders may be unable to access certain areas to bring goods to market, including in areas where humanitarian partners cannot provide aid programmes.

Access to goods and services is constrained in the Shelter and Food Security and Livelihood sectors. Food appears to be available, but it is more expensive and variety is limited. Household incomes have gone down due to difficulties finding work.

Access to food

Needs in food security were reported as highest in Aleppo, Lattakia and Idleb, but problems were reported across all governorates. Access to food was highlighted as more critical than availability of food because the food available, while in reduced variety, costs more and is harder to afford on a reduced income.

Access to shelter/non-food items

The highest needs for shelter were reported in the governorates of Aleppo and Idleb. Key informants indicated over 600,000 people in the sub-districts visited in these governorates were in need of shelter. A lack of money was noted as the primary barrier to shelter by camp-based respondents, which could reflect a lack of shelter materials in local markets or the expenses associated with living in a camp on private land, where there is a rental fee to be paid, or the strains on finances caused by a disruption of livelihood.

A large percentage of respondents (74 per cent) also noted lack of money as the key constraint to accessing non-food items (NFIs). Some key items, such as bedding, winter clothing and fuel, were recognized as not always available within local markets.

Access to water

Deteriorating availability of and access to safe water, coupled with worsening waste management and hygiene practices, are increasing the risk of disease outbreaks among the population. Irregular maintenance of water and waste management systems will cause equipment to fall into disrepair and is likely to prevent easy restoration in the future.

8 ICRC 29/10/2013; ICRC 19/11/2013; UNRWA 29/10/2013
Access to health services

Limitations in access to health-care facilities and health services are contributing to a notable decline in the health status of the population, particularly in the most affected areas. Deir-ez-Zor was reported as the most severely affected, with 87.5 per cent of the sub-districts reporting moderate to catastrophic problems (severity levels 4 to 6) in terms of health.

Deir-ez-Zor has been subject to infectious disease epidemics, including confirmed polio, reported acute jaundice syndrome (AJS), and respiratory and diarrhoeal diseases. There is a complete breakdown in functional health facilities, and heavy smog caused by oil pollution is likely to have respiratory and carcinogenic effects.

With continuous conflict placing a burden on supplies and services in many locations, the population is likely to suffer from an increase in health concerns and greater challenges in restoring healthcare services to their previous state.

Access to education

School attendance rates across all governorates appear to have plummeted from the pre-crisis levels of near-universal attendance at primary school and over 70 per cent attendance at secondary school to an average of under 50 per cent for both.

Access to functional learning spaces has also declined dramatically, with the worst decreases in functional learning space availability occurring in Homs (63 per cent).

In addition to decreases in the availability of education spaces, the conflict has also negatively affected access to education, with issues such as insecurity preventing children from going to school. The provision of safe learning opportunities is critical in order to prevent the loss of a generation of students.
Humanitarian needs

Number of people in need: 5.5 million to 7.5 million

The number of people in need was reported per sector in each visited sub-district, and then aggregated by sector to give an impression of needs by sector in the governorate. The figures reflect data collection in 111 sub-districts from a total of 272 in Syria.

Seven out of eight governorates had the highest numbers of people in need in the Food Security and Livelihood sector. Hama was the only governorate with the most people in need in the Water, Sanitation and Hygiene (WASH) sector.

To estimate the overall number of people in need, a range was used. At the lower end, the SINA took the total from the sector with the highest number of people in need (Food Security and Livelihoods) as a proxy for all people in need. At the higher end, the SINA aggregated the highest figures of people in need in any sector at the sub-district level across all locations. The resulting range estimates between 5.5 million and 7.5 million people in need in assessed area.

People in need per governorate and per sector

Severity of needs

Severity of needs was assessed by asking key informants to rank severity on a seven-point scale for each sector. The scale ranged from 0, meaning “no problem”, to 6, meaning “catastrophic”.

This information was combined by sector to get an estimation of the relative needs in each sector, and also by sub-district, to get an estimation of the needs in one sub-district relative to another. The severity rankings per sector were combined, producing severity-of-needs rankings across the WASH, Shelter/NFI, Health, and Food Security and Livelihoods sectors. To measure the severity of needs overall at the sub-district level, the severity rankings of all sectors were combined, giving a single severity of needs ranking for each sub-district.

Most vulnerable groups

Displaced people

A large proportion of the population in the assessed sub-districts is displaced and lacks access to basic services. Approximately 4.1 million IDPs are reported in the assessed areas. Of these, approximately 979,000 live in in collective centres or vacated buildings, 124,000 people live in open spaces or spontaneous camp-like settings, and 108,000 live in camps.
A proliferation of IDP camps has further been observed. In January 2013 there were seven camps in the areas of coverage; in April there were 12; in July there were 19; and as of 30 November there were at least 38 camps in northern Syria – predominantly in northern Idlib.

As lands to rank the most-affected groups across all sectors, key informants at the sub-district level ranked displaced population in collective shelters, such as schools and administrative buildings, as the first priority and most severely affected across all 111 sub-districts.

**Most affected groups across sectors**

IDPs in such collective shelters are particularly affected in Al-Hassakeh, Ar-Raqqa and Deir-ez-Zor Governorates, where there are considerable challenges to humanitarian access as a result of high levels of active conflict. Similarly, displaced people living in vacated/unfinished apartments and buildings and those staying with host families ranked among the top three types of affected groups across all sectors.

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9 ACU camp preliminary findings report, April 2013
10 ACU camp preliminary findings report, April 2013
11 ACU camp profile report, July 2013
geographical areas. Urban areas are seeing a trend of more IDPs locating themselves in collective centres and vacated buildings rather than open space and camps.

But IDPs are also settling in open spaces, including spontaneous camp-like settlements. The destruction of homes, the decrease in adequate shelter space, overcrowding and new waves of displacement due to the expansion of conflict may be responsible for this trend. People living in open spaces are especially vulnerable, and they are concentrated in rural areas, which face larger access constraints due to remoteness.

Across all sectors, IDPs in open spaces were ranked by key informants as the fourth priority. However, in health, food and shelter, this group ranks higher, as the second priority for assistance. These populations are particularly exposed to harsh weather conditions, making shelter a particular concern. The first snow storms in the region have already occurred, putting this population at an even higher immediate risk.\textsuperscript{12}

**Children and the elderly**

Children in Syria are highly vulnerable, at risk of violence including injury and death, exploitation, neglect and abuse. Children have been reported as the most vulnerable group across all assessed sub-districts and all sectors. This is particularly so in Aleppo, Al-Hassakeh, Ar-Raqqa, Deir-ez-Zor and Idleb, where hazardous child labour as well as recruitment of children into armed groups were reported.

Child protection actors have observed high levels of psychosocial distress among children. Young children (those under age five) are particularly vulnerable also in terms of communicable diseases and malnutrition. The most vulnerable population groups include adolescent girls and boys, children separated from their families, people with disabilities or chronic diseases, elderly- or female-headed households, households with many children, and widows. Additionally, key informants noted the vulnerability of elderly people.

**Reported level of conflict**

Top priorities

Priority locations

The resilience of the overall population is under strain, and severity of needs is elevated across all geographical areas due to sustained conflict and the resulting large-scale displacement, lack of access to basic services and essential goods. Sufficient access to humanitarian assistance is absent everywhere assessed. Unsurprisingly, the areas with high levels of ongoing open conflict – Aleppo, Deir-ez-Zor, Homs and Idleb – were found to be most affected and to have the highest severity of needs. In these governorates, protection concerns are more pronounced, support systems have broken down and the number of people in need is highest.

Only one sub-district in Lattakia reported sufficient humanitarian assistance received in last 30 days as compared to needs across all four sectors. All other sub-districts assessed reported insufficient humanitarian assistance received at least in one of the four sectors.

One of the sub-districts in Deir-ez-Zor reported “catastrophic” problems in health, making it the only governorate to receive such a ranking in any sector.

Using this approach to look across governorates, Deir-ez-Zor and Homs have the highest concentration of needs rated severe or higher.

Level of needs severity per governorate and sector (darker colour refers to higher severity)

Priority sectors

Protection

Protecting civilians is recognized as a cross-cutting priority by all partners. The threat and use of violence continues to significantly impact the protection of the civilian population, with frequent reports of widespread violations of human rights and international humanitarian law, including indiscriminate attacks on civilians, torture in detention, kidnappings, arbitrary arrests and targeted killings. The priority protection interventions are: advocacy for the immediate cessation of all violations against civilians; provision of psychosocial support and recreation activities, particularly for children and youth; and the identification and management of vulnerable cases in need of specialized support and services.

Health

Key informants across all governorates consistently ranked health needs as the first priority, followed by food security and WASH needs.

Almost three years since the beginning of the conflict, heavy destruction of health facilities' physical infrastructure, a breakdown of medical supply routes, the targeting of health staff and facilities, and a decrease in access routes have resulted in a significant decline in the health status of the population.

In 85% of the rural areas in the assessed sub-districts, the health status of the population is reported to have worsened in the last three months. The breakdown of health services has had a direct impact on communicable disease control, resulting in dramatically increasing numbers of reported cases of disease.
Food security

Food security is the second highest priority sector. The erosion of livelihoods, the lack of access to basic food due to declining incomes, and weakened purchasing power were reported to be the foremost reasons contributing to food insecurity, indicating access to food is a greater challenge than availability of food.

Women and children, accounting for 70 per cent of those reported as food insecure, are the worst affected, particularly children under six months of age, pregnant and lactating women, and single mothers.

Water, sanitation and hygiene

WASH was ranked as the third priority sector. This identified as a major concern because of the state of disrepair of the tertiary distribution network as well as treatment plants/pumping stations. Due to the large-scale destruction of water networks and sewage systems in the visited sub-districts, interventions required include the repair and rehabilitation of infrastructure. Lack of electricity to run water supply and treatment plants and sewerage treatment plants, as well as lack of funds to procure and operate generators, are major constraints to maintaining operations. Without regular maintenance, these systems will further degrade, requiring major rehabilitation efforts in the near future.

Consequently, people are resorting to unsafe water sources. This is especially true in areas with high numbers of confirmed cases of polio. Moreover, the crippled electricity sector and the lack of and rising price of fuel further contributes to the reduced access and availability of safe water and environmental sanitation. Due to the reduced access and availability of piped water, the population is depending on trucked water, which is sold without treatment or regulation.

Further negative developments reported by key informants on the sub-district level include the worsening of pre-existing good hygiene practices, reduced availability and quality of water, the increased costs of sanitation materials (such as soap and laundry detergent) and the accumulation of vectors from garbage.

Key informants in the visited sub-districts of Deir-ez-Zor reported the highest rates of serious problems with water at the sub-district level (94 per cent), followed by Aleppo (78 per cent) and Homs (75 per cent).

Although, there have been efforts focused on supplying local water service providers with equipment and treatment chemicals, without available fuel at affordable costs, alternative, less desirable practices are continuing. This is compounded by unregulated, ad hoc oil extraction and refineries, which are responsible for producing oil waste that is contaminating water sources, particularly in the visited sub-districts of Deir-ez-Zor.

Unregulated oil refineries are reportedly increasing across Syria as an income activity, due to the reduction in livelihoods and in reaction to reduced fuel availability. According to key informants at the sub-district level, it is often children who are working in the oil refineries, which not only pollute water sources but damage the children’s health as well.
**Shelter and NFIs**

Reflecting large-scale, multiple displacements, the lack of adequate shelter and the dropping temperatures, the priority interventions in the Shelter sector include the provision of heating and fuel, shelter materials, tents and temporary shelters. Priority needs reported for NFIs were bedding (blankets and mattresses), clothing (specifically winter clothing and shoes for children) and cleaning kits.

**Education**

In the Education sector, the identified priority interventions include the establishment of safe learning spaces, the provision of school materials, recruiting and training more teachers, and the provision of school materials.

**Comparison of access versus availability of basic services by governorate**

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Accessibility</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Ar. Raqqa</td>
<td>69%</td>
<td>32%</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>67%</td>
<td>32%</td>
</tr>
<tr>
<td>Homs</td>
<td>66%</td>
<td>34%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>66%</td>
<td>35%</td>
</tr>
<tr>
<td>Idlib</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Hama</td>
<td>58%</td>
<td>42%</td>
</tr>
</tbody>
</table>
Humanitarian response and gaps

Response by severity of need and people reached

In the month of October, humanitarian organizations reported their activities and number of beneficiaries reached in each sector. The numbers of beneficiaries reached, and the severity of needs in all sectors are represented in the map below. An “x” indicates that activities were reported but with no figures for assisted beneficiaries. The highest numbers of beneficiaries reported are in the Food Security and Livelihoods, NFI and WASH sectors in the north-west of the country. In many governorates, there were no reports of activities in some sectors.

Severity of needs and beneficiaries reportedly reached by partners (November 2013)

Share of each governorate receiving assistance (orange: received; tan: did not receive)
Perceptions of provided relief among beneficiaries

Humanitarian relief is reportedly provided in all sectors in all of the eight governorates covered under this assessment, but only in 84 per cent of assessed sub-districts. As a general trend, there was less coverage reported in the Shelter/NFI and WASH sectors, compared to the Education, Health, and Food Security sectors. The governorates of Homs and Lattakia are less covered by humanitarian assistance when compared to the other six visited governorates.

Perceived sufficiency of aid received in last 30 days across sectors (darker colour corresponds to less sufficient)

Perceived adequacy of relief

Overall, assistance was reported to be largely insufficient and irregular, and did not reach all sub-districts or all people within a sub-district. However, assistance of any type was reported in 90 per cent of sub-districts, primarily by Local Administrative Committees, Relief Committees, the Syrian Arab Red Crescent and NGOs.

In an overwhelming 91 per cent of all 111 visited sub-districts, key informants for this assessment considered humanitarian assistance provided in the past 30 days, and across all humanitarian sectors, as “insufficient” or “largely insufficient” when compared to humanitarian needs.

There are minor differences between the humanitarian sectors in this regard. The perception of sufficiency of assistance provided is marginally lower in the Shelter/NFI and Health sectors when compared to food support and WASH assistance.

In conflict areas where assistance is deemed sufficient, the only providers are NGOs that reportedly provide 66 per cent of the response; followed by Local Relief Committees at 17 per cent, and the UN at 17 per cent. In low-conflict areas, the Government of Syria, international NGOs and the Syrian Arab Red Crescent are the only actors reported to be providing a sufficient response.

Frequency of relief

Asked about the frequency of assistance provided, key informants reported the least regular provision of support in Deir-ez-Zor, Idleb and Homs, the governorates that were identified as most affected across all sectors. Areas with low levels of conflict in Homs constitute an exception, where 71 per cent of the assessed sub-districts were reported to have received regular assistance in the last 30 days.

Regularity of relief (orange: irregular; tan: regular)
Major gaps by sector

Gaps in coverage were identified in all sectors, with some more extreme gaps noted. In the Health and in the Food Security and Livelihoods sectors, assistance in 101 out of the 111 sub-districts was reported to be insufficient.

Food security

In the majority of the sub-districts in Ar-Raqqa, Al Hassakeh, Deir-ez-Zor, Hama and Homs, the number of beneficiaries reached by food assistance is below 25 per cent of the people in need, while in some sub-districts in Aleppo and Idleb, the response is more consistent, reaching 75 per cent of the beneficiaries in need. However, this is not to say that receiving assistance renders recipients “food secure”; the kilocalorie content of assistance packages varies widely, not always taking into account the Food Security and Livelihoods Working Group recommendation of meeting a gap of 1,600 kilocalories per person per day.

Education

It was reported that in 57 per cent of the surveyed sub-districts, some sort of education services were provided. This indicates that there still remain many unserved areas.

Protection

A response gap exists in the provision of broader protection activities due to limited response capacity, restrictions on humanitarian access and the sensitivities involved in conducting protection programming. At present, partners are engaged in child protection and gender-based violence (GBV) programme interventions, initiated through health and education entry points, in camp and community settings, primarily in the governorates of Idleb and Aleppo.

Shelter

The older, more established camps largely have better services than newer, unplanned camps. However, overcrowding and other factors may encourage residents of established camps to move to new locations. The proliferation of new camps means that even when sector response times are fast, there is still a gap in services. Tents remain in short supply in the shelter sector.

Access versus accessibility problems by sector (orange: availability problem; tan: access problem)
Information gaps

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

Protection

Consistent with the situation in Syria being characterized largely as a protection crisis, the sensitivities surrounding protection inquiries posed potential security risks for both enumerators and key informants. As such, protection was not included as a standalone sector in the assessment tools. Instead, vulnerable group inquiries were streamlined throughout the questionnaires, and a specific question concerning safety concerns was included. The responses allowed for a preliminary analysis of protection issues. However, the extent of protection issues on the whole and the prevalence of certain protection issues in particular were not captured by the SINA. This may be attributed to the sensitivity of these issues in the cultural context as well as the tool design. A clear example of this is the low reporting of GBV as a protection concern despite secondary data suggesting a higher prevalence of this issue.

Other sector-specific limitations

The SINA was a multi-sectoral rapid assessment covering several sectors across an extensive geographic landscape within a very short timeframe. Given these characteristics and the tools used, information could not be collected about certain sector-specific aspects, for example:

- Prevalence of Malnutrition (acute; moderate) and micronutrient deficiencies;
- Specific injuries;
- Infrastructure status and damages;
- Livelihoods.

However, some of these areas were alluded to and captured during the debriefing process.

IDP estimates in Lattakia

The accuracy of the IDP figures for Lattakia City (900,000) was difficult to ascertain. The enumerator covering Lattakia City conducted the assessment remotely; as such, the report was not coupled with the direct observation component. Further attempts were made to triangulate the IDP figures provided, involving consultation with additional key informants, experts and multiple sources of secondary data. The sources consulted provided population figures ranging from 152,000 IDPs\(^\text{13}\) (in June 2013) to 300,000 (in November 2013) in Lattakia City\(^\text{14}\), and to 1.5 million throughout the governorate\(^\text{15}\). Secondary sources dating back to July 2013 suggest gradual increases in the IDP presence in Lattakia. The challenge of finding a concrete figure for IDPs in Lattakia presents a clear information gap with regards to the situation in the governorate, and suggests that further investigations into this are necessary, particularly given the potential large numbers at stake.

Camp locations and new camps

The SINA sub-district assessment revealed reports of populations living in camps in governorates not previously known to have camps, such as Deir-ez-Zor, Al-Hassakeh and Lattakia. The gaps in knowledge of camp locations necessitate further in-depth assessments by the CCCM sector.

Geographic areas not covered

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\(^\text{13}\) IOM, IOM website, June 2013
\(^\text{14}\) Personal interview (GREMO - Groupe de recherches et d'études sur la Méditerranée), November 2013
\(^\text{15}\) OCHA 2013/09/09; IOM 2013/08/09; WFP 2013/08/09; Al-Watan 2013/11/17
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. As mentioned above, areas not visited due to access constraints may well have worse conditions than those reported here.

**Age disaggregation**

The SINA population data is disaggregated by sex but not by age.
Protection

**Highlights**

- **Ongoing conflict has led to frequent, widespread violations** of human rights and international humanitarian law. These violations include indiscriminate attacks on civilians, torture in detention, kidnappings and summary executions. The situation in Syria is fundamentally a protection crisis.

- **Children and youth are most at risk**, and are in constant danger of injury and death. Specific child protection concerns include violence targeting children, hazardous child labour and the association of children with armed forces or groups.

- **Gender-based violence (GBV) is a serious, under-reported concern.** Women and girls are most at risk of gender-based violence.

- **Acute psychosocial consequences of the conflict** risk undermining affected people’s long-term mental health and well-being.

**Sources and scope of analysis**

The SINA included one protection question focused on safety concerns. This limitation was due to sensitivities around protection inquiries and potential security risks to enumerators and key respondents. Results therefore do not provide a detailed analysis of protection needs. Given these limitations, protection analysis draws heavily on secondary data. Sources include public reports, programme assessments, monitoring reports and anecdotal or observational insights shared by the Child Protection Working Group. Secondary data has been used to contextualize SINA findings on protection and child protection. Enumerators’ direct observations and debriefings also inform the analysis.

**Priority activities**

Although the protection environment in Syria remains extremely sensitive, partners have identified a set of core priority actions. Work in these areas is already under way, and more details on the way forward are available in the Syria Humanitarian Assistance Response Plan (SHARP).

- Advocate for the immediate cessation of all violations against the civilian population and reach out to communities to educate them on gender-based violence and risks to children

- Provide safe places for psychosocial support, recreation and life skills activities for children, youth and care-givers.

- Mainstream protection principles across sectors to ensure that services are adequate and accessible to children and other vulnerable groups

- Identify, manage and refer vulnerable cases in need of specialized support and services

**Protection needs**

**Most vulnerable groups**

All conflict-affected people – including IDPs, resident and host communities – require protection. However, the conflict has especially increased the vulnerability of specific groups. Assessment findings and secondary data indicate that children, women, the elderly, people with disabilities, refugees and minorities face the greatest protection risks.

**Children**

Children make up at least half of the affected population in Syria. They were consistently reported as the most vulnerable group across sectors and in almost all locations. Separated and unaccompanied children and children with disabilities are most at risk of various forms of violence, exploitation and abuse. Anecdotal reports indicate that displaced boys and girls – particularly youth older than 12 years
with no access to education – may engage in dangerous forms of labour. Boys are twice as likely to be killed as girls,\textsuperscript{16} and adolescent boys face growing risks of recruitment and use by armed forces or groups.\textsuperscript{17}

\textbf{Women and girls}

Women and girls are at an increased risk of sexual violence, largely due to family separation, a breakdown in community protection mechanisms and the lack of privacy in collective shelters. The introduction of more conservative societal norms and attitudes has also led to restrictions on women’s and girls’ movements outside the home, including for education or employment. Pregnant and lactating women often lack access to reproductive health services.

\textbf{The elderly}

The elderly were among the top three vulnerable groups in all settings, according to key informants. The elderly have specific protection and assistance needs in emergencies and are often unable to flee, leaving them stranded with no support.

\textbf{People with disabilities}

The mentally and physically disabled were identified as a group whose safety and dignity have been threatened, and who face specific difficulties fleeing active conflict zones. The number of people with disabilities is also increasing due to the means of warfare. Amputations figure prominently among war wounds, and the incidence of spinal cord injuries is higher than in other crises.\textsuperscript{18}

\textbf{Minority groups}

Minority groups were not specifically categorized as a potential vulnerable group in the questionnaire due to sensitivities. Yet secondary data indicate that minorities including Alawites, Christians, Armenians and Kurds, are among the most disenfranchised. They are reportedly targeted, subject to discrimination and harassment, and denied passage at checkpoints.\textsuperscript{19}

\textbf{People without documentation}

People who lost their papers or failed to register civil events are exposed to harassment and exploitation at checkpoints. The civil registration system recording births, deaths and marriages has been disrupted, meaning that newborns and recently married couples may be unable to access their basic rights and assistance.

\textbf{Refugees and migrant workers}

Many refugees lack documentation, and consequently experience problems at checkpoints and when crossing borders. Migrant workers face gaps in legal protection and have limited access to basic services.\textsuperscript{20} Palestine refugees in Syria have been disproportionately affected by the conflict. Of 530,000 Palestinians registered with UNRWA, 50 per cent are estimated to have been displaced by the conflict.\textsuperscript{21} Palestinian refugee camps and neighbourhoods in Aleppo and Homs have seen intense armed clashes, resulting in growing casualties, damage and service closures.\textsuperscript{22}

\textbf{Main protection concerns}

A wide range of protection concerns are threatening the basic rights and well-being of affected Syrians and armed violence and insecurity are at the root of many of these concerns.

\textsuperscript{16} Oxford Research Group, Stolen Futures – the Hidden Toll of Child Casualties in Syria, November 2013
\textsuperscript{17} Global Child Protection Working Group, Syria Remote Child Protection Assessment, September 2013
\textsuperscript{18} Human rights Watch, Invisible Victims of the Syrian Conflict – People with Disabilities, 19 September 2013
\textsuperscript{19} Syria Needs Analysis Project, Regional Analysis Syria: Part I – Syria, 30 October 2013
\textsuperscript{20} IOM, More Filipina Migrants return home from Syria, concern grows for those staying on, 01 February 2013
\textsuperscript{21} UNRWA, Syria crisis situation update (Issue 59), 6 September 2013
\textsuperscript{22} UNGA, 67th session Report on Protection of and assistance to IDPs: situation of IDPs in the Syrian Arab Republic, 15 July 2013
Main reported protection concerns

Armed violence

Armed violence constitutes the major threat to civilian safety. Enumerators cited indiscriminate attacks – including widespread use of explosive weapons, shelling and air raids in populated areas – as the most significant concern and cause of displacement in many sub-districts, particularly in Aleppo, Idlib, Homs and Hama. In areas such as Aleppo, Hama, Lattakia, Idleb and Al-Hassakeh observation and anecdotal reports indicate children playing with ERWs, and in dangerous locations where they are, exposed to landmines and incidents such as bombs placed in garbage containers outside schools.23

According to the Syrian Observatory for Human Rights, over 110,000 people have been killed since March 2011, over half of whom were civilians.24 Most have been killed as a result of shelling against civilian populated areas. Civilians, including women and children, have also been deliberately killed by snipers and during raids and massacres. A recent child casualty report indicates that children in older age groups were victims of targeted armed violence more often than younger children. According to this report, boys were twice as likely to be killed as girls, and older boys (aged 13-17) were reportedly the most frequent victims of targeted killing, including sniper fire, execution or torture.25

Law and order

Assessment findings indicate rising crime due to a breakdown in law and order as a widespread concern across all governorates, in particular Homs governorate. Torture and ill treatment of detainees, especially in the early days of detention and during week-long interrogations, and kidnappings were identified as a relatively high protection concern in Aleppo, Hama and Ar-Raqqa. Public reports indicate widespread arbitrary arrests and detention without judicial guarantees.26 Summary executions and enforced disappearances have also been documented in Aleppo, Dar’a, Homs, Idleb and Lattakia.27

Gender-based violence (GBV)

Incidents of sexual violence are often not reported owing to fear of social stigma and reprisals. A shortage of specialized, safe and confidential services exacerbates this tendency and increases survivors’ risk. Sexual violence against women, men, girls and boys most often occurs during house raids, at checkpoints and in prisons.28 Girls are particularly at risk in overcrowded and unsafe shelters,29 and some families are preventing girls from leaving their homes due to concerns for their safety.

23 Direct observation database, SINA, December 2013
25 Oxford Research Group, Stolen Futures - The Hidden Toll of Child Casualties in Syria, November 2013
26 Human Rights Council, 5th report of Independent International Commission of Inquiry on the Syrian Arab Republic, 4 June 2013 para. 91-95
27 Human Rights Watch, ‘You can still see their Blood’, 11 October 2013
Fear of sexual violence has been reported as a trigger in the displacement of families. As a result of displacement and conflict-related distress, intimate partner violence is believed to have increased, and more families are reportedly reverting to early and forced marriages to “protect” girls from abuse. Early marriage is perceived to be on the rise in Ar-Raqqa, Deir-ez-Zor and Aleppo with anecdotal information indicating child marriages as early as 12 years old.

**Child Protection**

Child protection was among the most frequent concerns reported by key informants and enumerators. Concerns chiefly include the following:

*Violence against children*

Enumerator debriefings revealed various understandings of “violence against children”, often referring to the impact of the conflict on children. Children lack safety in areas affected by regular shelling, air strikes and daily insecurity. Kidnapping, particularly of male youth, was also noted as a safety concern. A recent study has confirmed that children face particularly elevated risks of violence, with seven of every 10 child deaths in the conflict caused by explosive weapons. Children also face greater risks of violence in the home when their caregivers are experiencing higher levels of stress.

*Child labour*

A perceived increase in child labour was reported in Deir-ez-Zor, Aleppo, Ar-Raqqa, Al-Hassakeh, and Idleb, including hazardous child labour particularly in the oil fields in Deir-ez-Zor. In some sub-districts of Aleppo, children as young as 10 were reportedly engaged in labour.

*Children associated with armed forces and groups*

Children associated with armed forces and groups – particularly boys between the age of 14 and 18 – were noted in all assessed governorates. Areas affected by growing economic hardship, such as Deir-ez-Zor, reported increased incidence. Children may seek to earn money for their families from this association, or be motivated by a sense of community obligation. Children were observed carrying weapons, controlling checkpoints, and performing support duties.

*Limited basic services for children*

In many assessed conflict- and displacement-affected locations, school-aged boys and girls were observed on the streets during school hours. In areas of high conflict, enumerators noted that many children were not attending school due to safety concerns, including fear of explosives and armed clashes. In addition, in many areas, secondary schools are not operating, leaving adolescents vulnerable to child labour and child recruitment.

*Number of children per camp cluster*

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Children 0-5 Years (Female)</th>
<th>Children 0-5 Years (Male)</th>
<th>Children 6-14 Years (Female)</th>
<th>Children 6-14 Years (Male)</th>
<th>Children 15-18 Years (Female)</th>
<th>Children 15-18 Years (Male)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akrobat cluster</td>
<td>85</td>
<td>80</td>
<td>92</td>
<td>191</td>
<td>80</td>
<td>57</td>
<td>495</td>
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<tr>
<td>Al Karama cluster</td>
<td>2,479</td>
<td>2,162</td>
<td>1,794</td>
<td>1,359</td>
<td>1,107</td>
<td>965</td>
<td>5,662</td>
</tr>
<tr>
<td>Bab Al Hawa ches.</td>
<td>741</td>
<td>857</td>
<td>915</td>
<td>1,381</td>
<td>789</td>
<td>950</td>
<td>4,289</td>
</tr>
<tr>
<td>Bab Al Salamie</td>
<td>815</td>
<td>915</td>
<td>955</td>
<td>1,046</td>
<td>957</td>
<td>1,046</td>
<td>4,776</td>
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<tr>
<td>Janablus cluster</td>
<td>482</td>
<td>430</td>
<td>558</td>
<td>597</td>
<td>369</td>
<td>429</td>
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</tr>
<tr>
<td>Kaffrinsh cluster</td>
<td>431</td>
<td>251</td>
<td>237</td>
<td>182</td>
<td>327</td>
<td>410</td>
<td>2,135</td>
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<tr>
<td>Lattakia cluster</td>
<td>194</td>
<td>253</td>
<td>273</td>
<td>322</td>
<td>276</td>
<td>462</td>
<td>2,052</td>
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<tr>
<td>Mimbij cluster</td>
<td>194</td>
<td>253</td>
<td>273</td>
<td>322</td>
<td>276</td>
<td>462</td>
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</tr>
<tr>
<td>Qah cluster</td>
<td>57</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>568</td>
<td>2,888</td>
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<tr>
<td>Salam cluster</td>
<td>93</td>
<td>844</td>
<td>776</td>
<td>792</td>
<td>844</td>
<td>792</td>
<td>3,878</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>495</strong></td>
<td><strong>5,687</strong></td>
<td><strong>4,580</strong></td>
<td><strong>2,158</strong></td>
<td><strong>1,948</strong></td>
<td><strong>1,165</strong></td>
<td><strong>30,273</strong></td>
</tr>
</tbody>
</table>

31 UNGA, 67th session Report on Protection of and assistance to IDPs: situation of IDPs in the Syrian Arab Republic, 15 July 2013
32 7,557 of the 10,586 children whose cause of death was recorded. Oxford Research Group, Stolen Future The Hidden Toll of Child Casualties in Syria, November 2013
Discrimination

Assessment findings identified discrimination against vulnerable groups as a concern, particularly in Homs and Hama governorates, where there is a religious mix. Discrimination on the basis of religion, ethnicity, political affiliation and gender are key barriers to accessing services.

Psychosocial stress

Psychosocial distress impacts all conflict-affected groups. Displacement, deaths of friends and family, deteriorating living conditions, lack of recreational activities and limited access to basic services all cause enormous stress, exacerbated by exposure to violence and insecurity.

Protection risks in camp settings

Environmental risks and armed violence were ranked among the top safety concerns faced by IDPs in camps. Environmental risks include the presence of wild animals, vermin, dangerous insects, unsafe construction, poor drainage sites, and lack of lighting around communal latrines. The risk of fire due to cooking and using candles in tents was also raised along with concerns regarding shelter options in severe winter weather conditions. The presence of armed actors and increased militarization in and around some camps was also identified as a major safety concern.

All other major concerns identified above are also present in camp settings, where children are also the most vulnerable group. SINA results show that 36,273 children under 18 currently reside in camps, and identified child protection and GBV concerns were observed to pose even more significant risks in camp settings. In most camps, no mechanism for female representation or women’s committees is in place. As a result, women’s concerns are not adequately reflected, and women may have limited knowledge of available services.

Local coping mechanisms

Detailed information on communities’ existing coping mechanisms remains a critical gap. Generally, SINA and secondary data indicate that families facing increasing challenges in their daily lives are resorting to harmful coping strategies impacting on children, including child labour, association of children with armed forces and groups, voluntarily separating children from the family to work or stay with relatives for reasons of safety and economic hardship.

Early marriage of girls may be used by some families as a coping mechanism to better ‘protect’ girls in the absence of male family members. Child marriage may also be used to reduce the financial burden and number of dependents in families as displacement lengthens.33

Caregivers tend to limit children’s mobility outside of home, including keeping them from school, to protect children from armed violence.

Challenges and capacity

Expanding capacity

Protection interventions in terms of both prevention and response are needed across all conflict- and displacement-affected locations. Few actors are engaged in protection activities, recognizing the risks and constraints associated in carrying out such sensitive activities in the present context. Partners currently run broad-based child protection and GBV programmes, mainly through health and education entry points.

Partners have addressed only a small part of the growing protection needs in Syria. Activities are concentrated in the west and must be expanded to areas east of Aleppo, including Ar-Raqqa and Deir-ez-Zor, and eventually to all conflict- and displacement-affected areas. Systematic methods to identify people at risk of violence, abuse, exploitation, discrimination and neglect are needed, as are strengthened referral mechanisms. The vulnerability of adolescent girls and boys to early marriage, child labour and child recruitment highlights the need for expanded and targeted interventions for this sub-

33 Global Protection Cluster, The Hidden Cost of War: Gender-based Violence, July 2013
group of children, to ensure access to safe places for learning, recreation, psychosocial support, and provision of appropriate alternatives to prevent risky coping strategies. Mainstreaming protection concerns across sectors is also essential.

**Access**

Restricted humanitarian access limits information-gathering on the protection needs and capacities of affected communities. Moreover, security, operational and technical capacity constraints impact on the ability to establish a comprehensive protection response.

According to partners who are reporting to the Child Protection Working Group, approximately 20,000 children, youth and families are currently being reached with child protection and GBV activities in camp, rural and urban settings, primarily in the governorates of Idleb and Aleppo.

**Reported partner activities on gender-based violence and child protection**

**Coordination**

A Child Protection Working Group exists, but a broader protection coordination forum has not been established.
Education

Highlights

- **Over 1.7 million children are out of school.** Over half of primary school-aged children and over 60 per cent of secondary-school children no longer attend school regularly. Children in high-conflict areas are less likely to be in school, and reports indicate that only 17 per cent of school-aged children in camps attend school.

- **Many learning spaces are destroyed, and school materials are severely lacking.** In the six worst-affected governorates, about half of available learning spaces are now non-functional. In some sub-districts, nearly all are out of service.

- **Households cannot afford the indirect costs of schooling, putting children at risk.** Economic hardship undermines families’ ability to send children to school. Children out of school face increased risk of child labour, recruitment into armed groups (boys) or forced early marriage (girls).

- **Without safe schools, children face greater risk of physical and emotional harm.** Reports estimate that over 11,400 have been killed in the conflict, and the number is rising. Psychological effects are damaging for children and teachers.

Sources and scope of analysis

This analysis relies primarily on SINA primary data. Secondary data sources include implementing partners and research groups. Sources from the Syrian Ministry of Education and the World Bank were used for pre-crisis data. Information in this section mainly covers the governorates included in the SINA, although some secondary data sources include figures and reports covering all of Syria. The text notes where these sources are used.

Priority activities

The data suggests that three points are identified as focus areas based on the impact of the conflict and the priorities observed by key informants. These are to:

- Establish or rehabilitate safe learning spaces, with an eye to facilitating education as close to children as possible so as to minimize the risks children face when traveling to and from school in an active conflict

- Ensure schools and learning spaces have the resources they need by distributing teaching, learning and play materials, and recruiting, remunerating and training teachers

- Recruiting, remunerating and training teachers

Most sector partners can only rehabilitate damaged schools or set up tents as temporary learning spaces. This often results in learning in two shifts, and activities focus almost exclusively on primary education. The number of children reached, on a monthly basis, inclusive of recurring and one-off services, is approximately 50,000.

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34 Stolen Futures, Oxford Research Group, 2013.
Education needs

Overview findings

SINA and recent findings

According to SINA results, school attendance rates in assessed areas are more than half what they were before the crisis. High-intensity conflict areas have the greatest education needs, and the most affected governorates from an education perspective are Aleppo, Al-Hassakeh, Hama, Idleb and Lattakia.

Key informants reported over 1.7 million children out of school in assessed areas. Falling attendance was in line with the closing of functional learning spaces. According to SINA data, 57 per cent of surveyed sub-districts were receiving some sort of education service. Primary attendance rates range from 41 per cent to 64 per cent, with secondary rates lower: 33 per cent to 53 per cent. These figures were calculated by applying the average percentage of children not attending school regularly per governorate to the estimated number of school-aged children remaining in Syria broken down by governorate. It is important to compare these decreases to pre-conflict figures to understand the severity of needs and the impact of the conflict; pre crisis primary attendance rates approximated 100% on average and pre crisis secondary attendance rates were roughly 76% on average.

The data from the SINA appears to align with the Syrian Ministry of Education figures of 2012 where 72 per cent of children were enrolled in school, but attendance in some governorates, such as Aleppo, has dropped as low as 6 per cent. The Ministry also reports that attendance in other areas has become sporadic.\(^\text{36}\)

Pre-crisis data\(^\text{37}\)

The country had stable gross enrolment ratios for the five years before the crisis (121.47 per cent primary and 73.42 per cent secondary in 2010).

Most vulnerable group: children and youths

In all sectors and all but one governorate, SINA results identify children as the most vulnerable. Older children are especially at risk, with boys ages 15 to 18 at greatest risk due to their vulnerability to recruitment into armed groups or child labour. If these children are out of school, the risk rises even higher, and is higher for all children living in high-conflict zones.

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\(^{37}\) Source: www.quandl.com/demography/syria-all-demographic-indicators and www.quandl.com/education/syria-all-education-indicators
Integrated programming is therefore essential. The Protection section summarizes the major risks: recruitment into armed forces, kidnapping, violence and child labour, among others. These risks are especially high for children out of school. Anecdotal SINA evidence suggests that IDP children are less likely to attend school than host communities, and concerns are rising about the safety of adolescent girls in some areas. A secondary data review confirmed many of these concerns.

**Main education concerns**

**Safe learning spaces**

The number of functional learning spaces has declined significantly since the crisis began, falling between 25 per cent and 63 per cent in assessed governorates. Secondary sources confirm that many of these learning spaces are compromised in terms of quality, with classes taking place in damaged classrooms or other buildings that lack proper facilities.

In governorates where concerns over armed violence are highest (Aleppo, Idlib, Hama and Homs), key informants rated the provision of safe learning spaces as an urgent education sector response. Fittingly, governorates that did not rate armed violence as one of the highest protection concerns (Ar-Raqqa and Al-Hassakeh) had a much higher number of functioning learning spaces (70 per cent and 74 per cent, respectively). Secondary data sources also confirm numerous risks children must take to access education, including travelling long distances or through areas of fighting. This suggests that education should be as localized as possible to minimize the risk of travelling to and from school.

### Decrease in functional learning spaces

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homs</td>
<td>63%</td>
</tr>
<tr>
<td>Lattakia</td>
<td>51%</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>45%</td>
</tr>
<tr>
<td>Hama</td>
<td>48%</td>
</tr>
<tr>
<td>Aleppo</td>
<td>44%</td>
</tr>
<tr>
<td>Idlib</td>
<td>43%</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>26%</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Main issues cited as affecting access to and availability of education**


School materials and teachers

Sufficient amounts of school materials and sufficient numbers of well trained teachers are also in great demand. In this case, SINA data correlates with findings of the UNICEF Rapid Education Assessment of December 2013, which also found these areas to be priorities.\textsuperscript{41}

Security and financial resources

Security and financial concerns are the primary issues that prevent parents from sending their children to school. Lack of money, income or resources was mentioned in 15 per cent of sub-districts as a key reason to keep children out of school. The indirect costs of education are affecting households as the conflict lingers, resulting in school age children being used for income generation purposes. Evidence of certain key child protection concerns – such as forced early marriage and child labour – highlight the potential impact of dwindling financial resources on the choices families make regarding investment in their children’s education. The types of security concerns that children face going to and from, or while inside learning spaces, was also an often noted concern of parents. In some places, this includes having to send children across conflict lines, or putting them at risk of targeted attacks on schools.

Psychosocial well-being

Emotional stress was highlighted as one of the top three safety concerns in 24 surveyed sub-districts. Secondary data sources confirm these results. The UNICEF Education Rapid Assessment found that security and fear were the top concerns affecting access to education in December 2012,\textsuperscript{42} and another report clearly indicates that widespread psychosocial problems\textsuperscript{43} affect children’s ability to take part in

\textsuperscript{41} UNICEF, Rapid Education Assessment Report, Syrian Arab Republic. 4-13 December 2012
\textsuperscript{42} UNICEF, Rapid Education Assessment Report, Syrian Arab Republic. 4-13 December 2012
\textsuperscript{43} Syria: a child protection crisis: A 2013 interagency assessment of child protection trends inside Syria. Ninety-eight per cent of respondents (interview newly arriving refugees in Jordan, Lebanon and Iraq and humanitarian workers) reported the psychosocial well-being of boys and girls had deteriorated substantially.
education and recreation essential for mental health. Furthermore, the evidence base regarding the positive correlation between poor psychosocial well being and poor learning is well established. Qualitative feedback from SINA key informants found that air raids on and around schools are not uncommon, creating a highly stressful environment for students. Given the well-established correlation between psychosocial stress and knowledge retention, it can be posited that even children who attend school are not learning as they should. This evidence all points to the need to focus on teachers’ and students’ well-being.\(^{44}\)

**Education risks in camp settings**

30,031 school-age children currently live in camps in the assessed area.\(^{45}\) Reports indicate that only 17 per cent of school-aged children in camps attend school (33 per cent of primary school-aged children and 2 per cent of secondary school-aged children). Of all school-aged children in camps, 27 per cent live in camps with no functional learning space. Of these children, only 6 per cent somehow manage to access education, likely through home-based learning or travelling to other areas. These figures emphasize why safe learning spaces, school materials and addressing access concerns are urgent priorities.

**Identified education priorities (darker colour indicates higher priority)**

\(^{44}\) Education in emergencies for Syrian educators working in Syria: 26 – 30 August 2013, Sanliurfa, Turkey

\(^{45}\) There are a total of 36,273 children in the ten camp clusters covered by the CCCM sector.
Food Security & Livelihoods

Highlights

- An estimated 5.5 million people are in severe or moderate food-security need in assessed areas (severe: 590,600; moderate: 4.9 million). Women and children, account for 70 percent of those reported as food insecure,

- Overall, Aleppo, Lattakia and Idleb have the highest numbers of people in need (moderate and acute) of food security support. The greatest concentration of people in acute need is in Homs and Ar-Raqqa, followed by Aleppo and Al-Hassakeh.

- Access to food is a greater challenge than availability, and declining purchasing power is a major source of food insecurity. Communities are coping by skipping meals, providing non-age-appropriate meals to children, reducing food variety and borrowing.

- Access to food is the most urgent need. Livelihood support, cooking fuel, and improved infant and young-child feeding practices are also determined to be priorities.

Sources and scope of analysis

Estimates of people in need derive from the SINA, which relies on population estimates provided by key informants in 64 percent of Syria’s sub-districts. Particularly in Lattakia, Homs and Hama many sub-districts were inaccessible to the assessment team and it may be the case that these sub-districts are in greater need than indicated in the SINA.

Partners were requested to provide qualitative feedback and secondary data for triangulation and verification of SINA findings. Given the timeframe, only a small number of partners responded. These responses largely confirm the SINA results outlined in this section, as well as conclusions summarized in the NFIs section.

Priority activities

Food Security and Livelihoods partners have identified a set of core priority actions. Work in these areas is already under way, and more details on the way forward are available in the Syria Humanitarian Assistance Response Plan (SHARP).

- Increase access to and availability of food (staple and fresh foods) and cooking materials

- Increased access to and availability of livelihoods inputs (food production and livestock)

- Create a conducive environment for safe infant and young child feeding, including the promotion of and skilled support for breast feeding and actions to minimize the risks from use of infant formula

Food security and livelihoods needs

Most vulnerable groups

Number of people in need

The SINA estimates that 5.5 million people are food insecure in assessed areas, including 4.9 million in moderate need and 590,600 in acute or severe need. The highest absolute number of people in need is in Aleppo (1.6 million), followed by Lattakia (over 900,000) and Idleb (over 800,000). The absolute number of people in acute need is highest in Lattakia (over 200,000).

All governorates except for Hama registered levels of need ranging from about 30 percent to 60 percent of the total population. Rates of people in acute need are relatively similar (2 percent to 4 percent) in all governorates but Lattakia (10.8 percent) and Hama (1.7 percent).
The most vulnerable groups were identified as displaced people living in collective centres or communal shelters, followed by displaced people in open spaces, vacated buildings and living with host families. Some governorates differ in this regard. In Homs and Lattakia, non-displaced residents are among the most at-risk groups, and in Lattakia returnees are significantly vulnerable.

Overall within these four groups, children accounted for 32.7 per cent, pregnant or lactating women 22.5 per cent, and the elderly 16.2 per cent. Again, this varies across governorates. For example, in Al-Hassakeh, single-headed households are deemed equally at risk as children (both 28 per cent), while the elderly are most vulnerable in Lattakia (33 per cent).

**Communities under siege**

The assessment could not survey areas under siege. According to partners, these communities are also critically affected and at risk due to high prices and limited availability of food.

**Main food security and livelihoods concerns**

**Coverage of FSL needs by location**

![Map showing coverage of FSL needs by location](image-url)
Access to food (staple and fresh foods) and cooking materials.

Almost 40 per cent of key informants report insufficient purchasing power to buy food available in markets, and 21 per cent report unavailability of food, partially due to the loss of local farming and livestock. Bread, infant formula, food baskets, wheat flour and cooking fuel were suggested as priorities.

Access to livelihoods inputs (food production/livestock).

About 22 per cent of key informants reported that people cannot buy production inputs, while 9 per cent reported loss of agricultural land and livestock. Incomes have fallen drastically. 27 per cent of key informants highlighted income reduction as the most important single factor to food insecurity.

Safe infant and young child feeding, particularly breast feeding

Pregnant and lactating women have additional food-and-nutrient needs to ensure their own health and that of their unborn child, but between 64 per cent and 100 per cent of key informants (disaggregated by governorate) reported insufficient food consumption. For children younger than 6 months, only 23.5 per cent of key informants reported a predominance of exclusive breastfeeding. 72.3 per cent reported mixed feedings, and 3.4 per cent exclusively used infant formula. The use of animal milk to feed infants under 6 months was also reported. Key informants called for infant formula as a key priority, but this should be weighted against the proven benefits of breastfeeding for infants' health including the critical protection from disease and infection, and the risks of using infant formula in the current emergency context.

Local coping mechanisms

Affected communities have reduced food variety and quantity, travelled long distances to access better and used uncommon pulses to make bread. All these strategies have potential social and cultural implications for dignity and quality of life. The three main coping mechanisms reported are as follows:

- 27 per cent reported eating less-preferred and cheaper foods.
- 23 per cent reported borrowing or depending on charities or help from relatives.
- 20 per cent reported reducing the number of meals eaten each day.

Challenges and capacity

The current challenges in the sector primarily:

- Predictability of the response (irregularity of assistance, limited standardization in assistance given)
- Insufficient scale of response (sub-districts not covered, not all people in need covered in areas with response). The governorates with the highest need – Aleppo, Lattakia and Idlib – appeared not to be sufficiently covered based on partner reports, despite having the highest levels of response. Estimated absolute needs were lower in the remaining five governorates, but response gaps of 75 per cent or more were seen in Ar-Raqqa, Al Hassakeh, Deir-ez-Zor, Hama and Homs
- A poorly defined strategy for the promotion and management of safe and appropriate infant and young child feeding

Humanitarian access, capacity and information management

Few agencies report presence in governorates outside Aleppo and Idlib, possibly because many partners, particularly local agencies, may not report activities at all. This gap largely persists at the sub-district level. In Menbij, for example, which is one of the sub-districts with the highest number of people in need according to the SINA (390,000 people in need), about 76,000 people - less than one fifth of the population in need - were covered in October according to partner reports. At the very least, this signals a significant information management challenge.
According to SINA key informants, the following share of sub-districts per governorate did not receive food assistance in the past 30 days:

- Homs: 63 per cent
- Al Hassakeh: 45 per cent
- Deir-Ez-Zor: 38 per cent
- Aleppo: 23 per cent
- Hama: 18 per cent

**FSL coverage of districts by governorate**

<table>
<thead>
<tr>
<th>Governorate</th>
<th>All districts covered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>Yes</td>
</tr>
<tr>
<td>Lattakia</td>
<td>Yes</td>
</tr>
<tr>
<td>Idleb</td>
<td>Yes</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>No members in Abu Kamal</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>No members in Quamishli, Al Malika, Ras Al Ain</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>No members in Al-Thwarah District</td>
</tr>
<tr>
<td>Homs</td>
<td>No members in Al Quasir, Ar Rastan, Tadmor, Al Makhrim</td>
</tr>
<tr>
<td>Hama</td>
<td>Unclear if members working in As Salamiyeh &amp; Muhradah</td>
</tr>
</tbody>
</table>

**Reported beneficiaries of FSL sector activities (October 2013)**

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Cooked Meals</th>
<th>Food Basket &gt; 40kg</th>
<th>Mixed Food Items</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>7,467</td>
<td>39,810</td>
<td>6,262</td>
<td>53,539</td>
</tr>
<tr>
<td>Idleb</td>
<td>9,333</td>
<td>37,215</td>
<td>1,188</td>
<td>47,736</td>
</tr>
<tr>
<td>Hama</td>
<td>0</td>
<td>13,524</td>
<td>0</td>
<td>13,524</td>
</tr>
<tr>
<td>Various</td>
<td>0</td>
<td>0</td>
<td>8,696</td>
<td>8,696</td>
</tr>
<tr>
<td>Lattakia</td>
<td>0</td>
<td>0</td>
<td>766</td>
<td>766</td>
</tr>
<tr>
<td>Al-Hassakeh</td>
<td>0</td>
<td>0</td>
<td>255</td>
<td>255</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>0</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Homs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>16,800</td>
<td>90,549</td>
<td>17,185</td>
<td>124,534</td>
</tr>
</tbody>
</table>
Health

Highlights

- Top needs are rooted in the heavy destruction of physical infrastructure of health facilities, a breakdown of medical supply routes, targeting of health staff and facilities, and damaged access routes. The lack of medicine was cited as a major concern in all governorates.

- In 85 per cent of assessed rural areas, the health status of the population has worsened over the course of the crisis. Deir-ez-Zor was reported as the most severely affected, with 87.5 per cent of sub-districts reporting moderate to catastrophic problems. The breakdown in health services has had a direct impact on communicable disease control; all governorates cited communicable diseases as the priority health problem.

- IDPs are most at risk of emergency health needs, and children are the most vulnerable group; the younger the child, the greater the risk. Children are affected by communicable disease (acute respiratory infections and acute diarrhoeal disease). This is exasperated by the breakdown of the expanded programme of immunization (EPI) and the lack of nutrition monitoring for response planning. The elderly and pregnant women are also particularly vulnerable, related to, for example, the breakdown in social structures at community and family level, displacement, and accessibility to services. War injuries remain a priority concern, especially given the shortage in medical supplies and lack of access to health facilities.

Priority activities

Health access and availability concerns by governorate

Health partners have identified a set of core priority actions.

- Ensure availability of medicine and vaccines, and restart the expanded programme of immunization
- Facilitate functional health services by supporting infrastructure, human resources and economic empowerment
- Strengthen surveillance and response to epidemic-prone, vaccine-preventable and communicable diseases
- Ensure drug supply and treatment for chronic conditions
- Support maternal care (emergency obstetric neonatal care – basic and comprehensive) as women are unable to access regular reproductive health services
- Set up or re-equip referral surgery centres for the wounded as the conflict continues and supplies and services are strained
- Nutrition monitoring, including surveillance, incorporating intersectoral indicators
- Promotion and management of safe and appropriate infant and young child feeding
Health needs

Most vulnerable groups

Displaced people

IDPs are the most at risk of emergency health needs in the following order of vulnerability: those living in camp settings, those living in vacated apartments, and those living in collective shelters. Displaced people in open spaces are reported to be most affected in Homs; followed by displaced people in collective shelters in Ar-Raqqa, Al-Hassakeh, and Idleb. The recent cut off around the town and influx of IDPs is putting residents at risk.

Priority groups

Children were reported to be the most vulnerable group, at 33 per cent, followed by the elderly, who are consistently reported as being the second most vulnerable group at 24 per cent. The next affected groups are pregnant women at 21 per cent and the disabled at 14 per cent. Pregnant women were second most at risk in Hama and Idleb (27 per cent); and the disabled were second most at risk in Deir-ez-Zor at 26 per cent.

Main health concerns

Availability of medicine and vaccines

Based on primary data, on average, sub-districts reported lack of medicine as the biggest problem. The issue was most pronounced in Ar-Raqqa, reported by 25 per cent of sub-districts. Hama, Deir-ez-Zor and Aleppo had similar results. According to secondary data sources, 65 to 70 per cent of pharmaceutical plants have been affected. Before the crisis, pharmaceutical plants produced 90 per cent of the country’s medicines. Supply and demand have reportedly led to five-fold increases in medicine costs. Secondary data sources also indicate that there are concerns about the quality of available medicines due to logistical challenges, lack of regulation and smuggling. For example, insulin has been imported without the necessary cold chain. Secondary data also shows that the delivery of medical supplies has been restricted as formal and informal supply routes have been targeted.

Infrastructure

There is substantial damage to health structures, with a 30 per cent decrease in functioning health facilities since June. Debriefing information confirms that hospitals are completely destroyed in Deir-ez-Zor, and heavily affected in Ar-Raqqa. The Ministry of Health reported in October 2013 that 91 public hospitals and 1,724 primary health care centres had been affected across the country. Other secondary data sources report over 70 per cent of health centres in Ar-Raqqa, Deir-ez-Zor and Homs as damaged or out of service. Damage is also heavy in Idleb and Aleppo.

As a result, an increasing number of people are using smaller clinics and informal health posts, which are unaccustomed to the type and level of care for such cases. Patients need referral to other areas which is a challenge with poor security and lack of transport.

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46 Al-Eqtsad 2013/08/28
47 Tishreen 2013/09/17; AFP 2013/08/19; Daily Star 2013/07/01; AFP 2013/08/19; IFRC 01/11/2013; AFP 2013/09/18; UNICEF 2013/08/24; OCHA 2013/08/14
48 IRIN 2013/08/07
49 OCHA 2013/08/14; Al Akhbar 2013/08/06
5 per cent of sub-districts reported that security constraints contributed to health problems. This figure was significantly higher in sub-districts in Homs (14 per cent), and Hama (10 per cent), which are subject to heavy conflict. In Sokhneh, a besieged sub-district in Homs, one key informant reported that the nearest hospital was Ar-Raqqa 150km away, but because of restricted access it was not possible to get there.

**Emergency transport**

11 per cent of all sub-districts reported lack of ambulances as a concern. Concerns were highest in Ar-Raqqa (17 per cent), Idleb (14 per cent) and Aleppo (13 per cent). Secondary sources illustrate that of 520 public ambulances, 93 per cent have been affected, of which over two thirds have been damaged.
stolen or burned.\textsuperscript{51} Key informants report that if ambulances were not available, private transport would be available, although expensive.

\textit{Medical personnel}

According to secondary data sources, only 37,000 doctors remain in Syria, while around 80,000 have fled.\textsuperscript{52} SINA findings show that 11 per cent of sub-districts reported the lack of medical staff as an issue, with the highest rate in Ar-Raqqa: 17 per cent. Debriefings indicated that unqualified staff are providing health services in Ar-Raqqa, Hama, and Idleb.

For remaining staff, security and accessibility issues are frequent constraints limiting their ability to report for work.\textsuperscript{53} Secondary data sources also show that some facilities that relied on Ministry of Health funding no longer receive support, forcing health personnel to look for other means to secure their salary.

\textit{Communicable disease control}

SINA data reports communicable diseases as the largest health problem in all governorates, primarily skin disease, leishmaniasis, respiratory diseases and diarrhoea. Skin disease was consistently reported across sub-districts as the priority health issue at 11 per cent, likely to be a result of crowding, malnourishment, lack of access to healthcare and poor hygiene, among other causes.\textsuperscript{54} This requires further assessment. Leishmaniasis was also reported overall as a major concern (highest in Al-Hassakeh at 12 per cent), largely due to a break down in sanitation services. According to a key informant, 150 new cases are reported per week in one area of Aleppo alone, which suggests that total figures could be much higher than previous estimates. Diarrhoeal diseases were cited as a concern across sub-districts at 10 per cent, ranging as high as 15 per cent in Homs. Diarrhoea can be very common in overcrowded areas with poor sanitation and water supplies. Respiratory disease was reported across the governorates as a concern at 8 per cent, ranging as high as 17 per cent in Ar-Raqqa. Oil refining was mentioned as a cause of respiratory disease in Ar-Raqqa and Deir-ez-Zor. It was mentioned specifically in the key informant debriefing notes from Tal Abyad sub-district in Ar-Raqqa.

\textbf{Health problems per governorate}

Yellow fever was mentioned in one sub-district in Aleppo and Idleb, but yellow fever is not endemic to Syria so this could have been brucellosis, leptospirosis or hepatitis.\textsuperscript{55} A number of suspected hepatitis cases were identified in Al-Hassakeh, Aleppo, Deir-Ez-Zor, Idleb, Hama and Lattakia, due to deteriorating sanitation and hygiene practices. One key informant mentioned two to three new hepatitis cases a day in Idleb. Secondary data sources report a notable spike in cases of brucellosis attributable to reduced coverage of animal vaccinations.\textsuperscript{56}

\begin{itemize}
\item[52] OCHA 2013/09/09, Al Watan 2013/09/11
\item[53] OCHA 2013/09/09), Al Watan 2013/09/11
\item[54] http://www.who.int/bulletin/volumes/87/2/07-047308/en/
\item[56] Syrian Arab Republic Monthly Situation Report Issue No. 18 | Reporting Period: 10 August – 10 September 2013
\end{itemize}
In addition, small numbers of tuberculosis have been reported particularly in Homs. Tuberculosis was a major concern before the crisis, with the last reported prevalence at 18/10,000 in 2010.57 The secondary data review also suggests that cases of meningitis are being seen in Deir-Ez-Zor, Aleppo and Idleb,58 and cases of typhoid are being seen in Aleppo, Idleb, Deir-ez-Zor, Homs and Hama.59

**Chronic disease**

Another major reported problem was chronic disease, at 10 per cent (up to 14 per cent in Deir-ez-Zor). Anecdotal reports across sub-districts refer to a grave shortage of life-saving medicines for non-communicable diseases. The partly functioning pharmaceutical factories have resulted in critical shortages in medical supplies and medicines, especially for treatment of chronic diseases60. The Ministry of Health stated that it has major difficulties in securing medicines for chronic diseases due to depreciation of Syrian currency. A local NGO estimates that 70,000 cancer patients and 5,000 dialysis patients no longer receive treatment61. Management of chronic disease is often left out of a disaster response, but this is a concern especially as the elderly have been reported as the second most vulnerable group.

**Maternal and child health**

The most common illnesses affecting children under 5 were diarrhoea (45 per cent) and pneumonia (31 per cent). The primary data is consistent with ongoing surveillance mechanisms within Syria which report acute diarrhoeal disease and pneumonia among the leading causes of morbidity in 61 reporting sub-districts.62 Key informants, and an INGO also report a lack of paediatricians.

Vaccines were reported on average at 16 per cent across the governorates (up to 19 per cent in Idleb). A secondary review of data found that no vaccination programme exists for infants or children in Lattakia, and immunization rates have declined from 91 per cent in 2010 to 68 per cent in 2012 due to lack of vaccination, non-existent cold-chain supplies, and other reasons. As a result, outbreaks of vaccine-preventable diseases, such as 7,000 cases of measles (in Aleppo, Ar-Raqqa and Idleb,) and polio have occurred.63 Routine surveillance in 61 districts in Syria report that measles cases continue to be seen in Deir-ez-Zor, Ar-Raqqa, Al Hassakeh and Idleb, and to date, 65 AFP cases have been reported in Deir-ez-Zor (52); Aleppo (4); Idleb (6); Hama (1); Ar-Raqqa (1); Al Hassakeh (1). 10 cases have been confirmed as Wild Polio Virus in Deir-ez-Zor and 1 case in Idleb. In addition, many further ‘polio cases’ such as 50 cases in one village in Idleb.

The SINA had only one question on malnutrition, thus, information is limited. Infant feeding was based on expressed needs and not actual needs, therefore this report does not provide an evidence base for nutrition planning. Overall, malnutrition was reported as a serious health issue at 9 per cent, however, from the methodology used it was not possible to determine either the key informant’s ability to identify malnutrition nor the severity of malnutrition (SAM or MAM). Assessment of the prevalence of malnutrition, based on internationally agreed standards and indicators is required, and with the inclusion of related inter-sectoral indicators. In September, 22 per cent of children under 5 years admitted to a medical centre in Aleppo City had either moderate or severe acute malnutrition. A local health agency in Hama reported 30 to 35 cases of malnutrition ranging from anaemia to severe acute malnutrition out of 500 daily patient consultations.64 Reports from the north-east region show growing numbers of children with moderate and severe acute malnutrition.65 Key informants report that infant feeding (< 6 months) predominantly consists of a mixture of breastfeeding, infant formula and other foods.

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58 from 3 June to Syrian Arab Republic Monthly Situation Report Issue No. 18 | Reporting Period: 10 August – 10 September 2013
59 OCHA 2013/04/18; WHO 2013/04/10; WHO 2013/04/09
60 IRIN 2013/08/07
61 http://life4syria.wordpress.com/, November 6th 2013
62 WHO 2013/09/07; UNICEF 2013/09/06; OCHA 2013/09
63 SANA 2013/10/20; BBC 2013/10/21; BBC 2013/10/19; WHO 2013/10/29
64 Ar-Raqqa City Council & Relief Office 2013/09/18; WHO 2013/09/26; Syrian Arab Republic, Jordan, Lebanon, Iraq Monthly Situation Report Issue No. 19 | Reporting Period: 11
In accordance with internationally accepted standards and protocols, donations of infant formula, bottles and teats and other powdered or liquid milk products should not be made during emergencies. Any use and distribution of infant formula should be based on careful needs assessment according to strict protocol, as defined in *The Operational Guidance on Infant and Young Child Feeding in Emergencies* and *The International Code for Marketing of Breast-milk Substitutes*. Creation of an environment and provision of skilled support to protect, promote and support breastfeeding and appropriate complementary feeding are vital life-saving interventions.66

Regarding maternal health, 6 per cent of sub-districts mentioned pregnancy issues as a problem. Pregnancy issues were reported at 11 per cent in Homs, where debriefing notes reported no regular reproductive services, and 8 per cent in Lattakia. Secondary data sources report that only half (51 per cent) of 1,509 primary health care centres provide reproductive health services. Birth via Caesarean section has reportedly increased from 19 per cent of deliveries in 2011 to 45 per cent in 2013.67 Most likely so women can plan the timing of their delivery in the insecure environment, and not have to travel distances towards secure environments close to the timing of their delivery. Data also showed that there were few midwives per area and that midwife birth delivery was not typical for Syrian women pre-crisis. The lack of documentation of newborn children could also be an issue.

**War trauma**

An estimated 575,000 people had been injured as of September 2013, with many injuries resulting in long-term disabilities.68 According to the SINA, disabilities were reported by 6 per cent of sub-districts as a health problem. Injuries were reported to be a problem in 7 per cent of sub-districts, ranging as high as 16 per cent in Lattakia, followed by Deir-ez-Zor, Hama, Homs and Idleb. However, secondary data sources in Atareb, Aleppo report that 40-45 per cent of emergency admissions are related to conflict in both militants and civilians, therefore, SINA numbers may not accurately reflect the full extent of war injuries.

**Psychosocial needs**

Overall, 8 per cent of sub-districts report psychosocial needs as a health issue. Sub-districts in Lattakia and Idlib reported the most psychological trauma at 12 per cent. Worsening conflict has led to increased rate of mental disorders and psychological distress.69 In addition, it was observed that the conditions of the psychiatric patients have worsened, which may be associated with the reported (30-fold) increase in medicine prices due to the decrease in local pharmaceutical production.70

Anecdotal reports suggest that mental health services are more pressing in rural areas. Mobile clinics, and IDP shelters have reported an increase in the number of individuals seeking assistance, including children and adolescents, and women suffering from post-partum depression.71

**Health risks in camps**

The highest priority vulnerable groups reported across the camp clusters are children, followed by the elderly and pregnant women. In Bab Al Salame camp, people with disabilities were the priority vulnerable group.

Health problems are alarming in camps, with 80 per cent of Al Karama reporting communicable disease as the overall priority problem in the camp, followed by 64 per cent of Qah camp reporting it as the priority concern, and 58 per cent at Bab Al Hawa.

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67 Humanitarian Needs Overview 2014 Assessment registry (unpublished data)

68 Health sector estimates, Humanitarian Needs Overview 2014 Assessment Registry (unpublished data); WHO 2013/04/10

69 WHO sitrep. Issue No. 19 | Reporting Period: 11 September – 10 October 2013

70 WHO sitrep Issue No. 19 Reporting Period: 11 September – 10 October 2013

50 per cent of the problems in Bab Al Salame, Akrabat, Atmeh and Menbij were reportedly due to the direct impact of conflict (injuries, disabilities and psychosocial trauma). The camps with the highest priority concerns for maternal and child health were in Kaffrinah (33 per cent), Qah, and Bab Al Hawa. Chronic diseases were reported by 33 per cent of the key informants in Kaffrinah. Vaccinations are reportedly the most available health service, followed by primary health care and emergency and injury management.

**Challenges and capacity**

Health problems are significantly worse than in June 2013. Primary data reported that in conflict areas where assistance is deemed sufficient, the only providers are INGOs who deliver 67 per cent of the response, followed by Local Relief Committees at 17 per cent and the UN at 17 per cent. In low-conflict areas, the Government, INGOs and SARC are the only actors reported to be providing a sufficient response. Overall, the current response is reported to be insufficient in 100 per cent of sub-districts.

**Health services regularly provided in last 30 days**

<table>
<thead>
<tr>
<th>Service</th>
<th>Provided (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency and Injury management</td>
<td>58</td>
</tr>
<tr>
<td>Vaccinations</td>
<td>47</td>
</tr>
<tr>
<td>Reproductive Health including emergency obstetric care</td>
<td>30</td>
</tr>
<tr>
<td>Management of Chronic diseases</td>
<td>21</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
</tr>
<tr>
<td>Growth monitoring / nutrition surveillance</td>
<td>5</td>
</tr>
</tbody>
</table>

Services for reproductive health and nutrition were irregular. Leadership around nutrition intervention is also an urgent need and the figure above shows minimal nutrition intervention in the last 30 days.
Shelter and Non-Food Items (NFIs)

Highlights

- **Timely and comprehensive NGO response to NFI needs is limited** by the decreasing access in Idleb and the lack of access into many parts of Aleppo, Deir-ez-Zor and Ar-Raqqa due to insecurity for local and international staff.

- **Shelter needs are underserved** due to the small number of organizations engaged in shelter activities, particularly tent provision. International organizations working in the sector have little visibility on the capacity of local actors to provide tents, particularly for camp-based populations.

- **Winter weather has worsened** since the date of the SINA, amplifying shelter, heating and fuel needs to critical levels.

- **Severe shelter problems were reported in six out of eight governorates**, while in Idleb, critical shelter problems were found in Al Mara and Heish sub-districts.

- Closure of border crossings and limited, poorly maintained road networks also place logistical constraints on the timely transport of NFI materials.

Priority activities

**Shelter**

Heating and fuel, shelter materials, tents, and temporary shelters stand out as priority interventions for the shelter sector. The prioritisation of cash by SINA respondents indicates the presence of functioning local markets. This matches with anecdotal reports of a highly competitive private construction, service and transport sector within Syria.

**NFIs**

Key informants indicated that bedding is the greatest need, with clothing, including children’s clothing, and cleaning kits the second and third greatest needs. The prioritization of blankets reflects their use during the winter season as insulation from the cold ground and weather conditions.

Shelter and NFI needs

**Number of people in need**

Shelter needs existed across all eight governorates. The number of people in need of shelter reported was estimated to be 1.3 million in the assessed area.

Priority affected groups in shelter and NFI sector (darker colour indicates higher priority)
Most severe needs and most vulnerable groups

The assessment indicated that the group with the highest need for shelter and NFI support were displaced people in collective centres, such as schools, followed by displaced people in open spaces, including spontaneous camps.

Displaced people living in vacated/unfurnished apartments and buildings are considered the group third most in need, followed by displaced people living with host families. In terms of vulnerable groups, key informants in 33 per cent of sub-districts mentioned children, in 19 per cent mentioned pregnant and lactating women, and in 19 per cent mentioned elderly persons over 59 years of age.

Additionally, the SINA Camp Assessment found that shelter was reported as a main concern by 35 per cent of key informants in camp settings. In these locations, rapid influxes of IDPs fleeing insecurity regularly overwhelm the available shelter and the ability of international NGOs to respond.

Geographically, the region of Al-Hassakeh reported a higher number of people facing life-threatening situations from lack of shelter than all other assessed sub-districts. All areas, especially those of Aleppo and Idleb, are difficult to access due to both the ongoing conflict and territorial control by armed groups.

Recent reporting indicates that the harsh winter conditions are increasing the needs for warmth and shelter in the camps.

While camp settings were assessed as less vulnerable than collective centres and open spaces, the recent drop in temperatures has significantly increased the vulnerability of people sheltering in camps.

Issues/Concerns

Shelter

The main concern raised by key informants regarding shelter is lack of protection from weather conditions (in 27 per cent of all sub-districts visited, and in 37 per cent of camps. The weather conditions can vary significantly in Syria, with the main differences noted between the coast and the desert areas. Temperatures range from mid-40°C in the summer to below 0°C in winter.

The results of the assessments varied based on the location of those interviewed. In the camps, protection from fire was the second most important issue relating to shelter (22 per cent). There has been some anecdotal evidence of quick-spreading fires in the camps from the winter of 2012.
In the sub-district assessment, the second most important issue was increased rent prices (19 per cent). In Lattakia, for example, IDPs who can afford it stay in hotels and rented apartments, the prices of which have tripled due to the increase in demand. A local source reports that the rent for a single room in Lattakia city currently is 15,000 Syrian pounds (US$100) per month, compared to $30 before the crisis. Other IDPs have found shelter in schools, but with the start of the school year in September, many communities want to restart education activities and have requested or forced the removal of school-based IDPs to other sites.
Private space for women was listed as the third and fourth most important issues in the sub-district and camp assessments, respectively. The third issue in camp settings is related to the lack of proper latrine and shower facilities. Culturally, separate facilities for women and men are required.

**NFI**
The main NFI issues reported through the sub-district assessment were skin diseases (17 per cent), bedding (15 per cent), personal hygiene (14 per cent), lack of clothing and shoes (12 per cent), and dirty or unhygienic shelter (12 per cent). Some of these issues appear to be closely linked to NFIs that typically support WASH programmes, with items such as hygiene kits. The bedding category, for the purposes of this assessment, includes blankets and mattresses.

In camp settings, issues regarding clothing and shoes were noted as a priority in 22 per cent of camps visited, followed by bedding (20 per cent) and lighting (19 per cent). Cooking and water containers were noted in 12 per cent and 11 per cent of camps, respectively.

### NFI main concerns

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin diseases</td>
<td>17%</td>
</tr>
<tr>
<td>Bedding issues</td>
<td>15%</td>
</tr>
<tr>
<td>Personal hygiene issues</td>
<td>14%</td>
</tr>
<tr>
<td>Clothing, shoes issues</td>
<td>14%</td>
</tr>
<tr>
<td>Dirty or unhygienic shelter environment</td>
<td>12%</td>
</tr>
<tr>
<td>Water containers</td>
<td>12%</td>
</tr>
<tr>
<td>Cooking issues</td>
<td>8%</td>
</tr>
<tr>
<td>Lightning issues</td>
<td>7%</td>
</tr>
</tbody>
</table>

### NFI priority activities

**Availability and accessibility**

In camp settings, the main obstacle to appropriate shelter is lack of income (59 per cent), which results in the lack of resources to rent or buy shelter. Logistical constraints (22 per cent) and physical constraints to access markets (15 per cent) were also noted as important concerns.

In camp settings, the issue of availability of NFIs on the local markets was identified as primarily affecting bedding items (20 per cent), clothing for children (18 per cent) and adult clothing, fuel/gas and water containers (11 per cent). For items that are available, an overwhelming majority of key informants reported that the main obstacle to accessing NFIs was the lack of money (74 per cent), which is linked to the loss of livelihoods among this displaced population.
Key informants outside of the camps reported fuel/gas as the first priority (24 per cent), with bedding items (18 per cent) as second and clothing for children (13 per cent) as third priorities. Following were cleaning items for households (10 per cent), and water containers for storage and collection, female hygiene products (sanitary pads and underwear) and personal hygiene products (9 per cent). Fuel and gas were also mentioned as first priority issues in other sectors, including WASH and Food Security/Livelihoods.

**Main shelter issues reported in camps**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection from weather conditions</td>
<td>37%</td>
</tr>
<tr>
<td>Protection from fire</td>
<td>21%</td>
</tr>
<tr>
<td>Privacy and overcrowding</td>
<td>14%</td>
</tr>
<tr>
<td>Private space for women</td>
<td>8%</td>
</tr>
<tr>
<td>Personal security and safety</td>
<td>8%</td>
</tr>
<tr>
<td>Covered space for essential household activities</td>
<td>8%</td>
</tr>
<tr>
<td>Security of belongings</td>
<td>3%</td>
</tr>
<tr>
<td>Increased renting prices</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Challenges and capacity**

In camp settings, shelter and NFI support in the 30 days before the assessment was rated as insufficient in 47 per cent of camps visited and as largely insufficient in 32 per cent. Coverage is constrained by both the lack of shelter actors and the significant, ongoing barrier to access posed by conflict and armed groups. Access here refers to not only the movement of NGO staff but of humanitarian convoys and goods, which face multiple checkpoints, road blockades and the sporadic closure of key access points.

Since the SINA was conducted, winter weather has worsened, which is anticipated to limit shelter coverage as many roads become impassable due to snow. It should be noted that the road network’s state of disrepair and the lack of civic roadwork services will additionally limit NFI coverage, as many of the small rural roads, particularly in Idleb Governorate, are beginning to fail under the increased volume of traffic associated with NFI distributions.

NFI distributions were indicated to have taken place in 41 per cent of places visited. In 30 per cent of these, assistance was regular. However, key informants in these locations ranked the supplies delivered as largely insufficient (94 per cent).
Water, Sanitation and Hygiene

Highlights

- **The improper disposal of garbage and the disposal of raw sewage into fresh water bodies is causing environmental hazards.** This is most common in Deir-Ez-Zor, where environmental risks were reported to be the biggest safety concern. This could be due to oil refineries discharging contaminants into the Euphrates, the main source of drinking water in the governorate.

- **The production and sale of oil from ad hoc, private and small-scale oil refineries is having an impact on the local environment, sanitation and health.** As a result of decreased incomes, families – and often children – are operating these wells, impacting the health of their communities and leading to protection concerns.

- **Communities are at an increased risk of disease outbreaks** due to worsening hygiene practices, reduced availability and quality of water, the accumulation of vectors from garbage, and the increased costs of personal hygiene materials, such as soap and detergent.

Priority activities

Operation and maintenance support should be provided to safe water and sanitation services. Water networks and plants need service and repairs, as do sewage networks and plants. Treatment chemicals, fast-moving spares and fuel for generators are necessary, and garbage collection and insecticides are required.

Camps require water containers, water reservoirs, water points and water treatment. Rubbish bins should also be provided.

Water, sanitation and hygiene needs

Some 4.4 million people are in acute or moderate need of safe water assistance. Water quality was identified as a major concern because of the state of disrepair of the tertiary distribution network, which affects both treatment and quantity.

The lack of fuel and the rising price of fuel, in the context of a crippled electricity sector, further contribute to reduced access and availability of safe water and environmental sanitation. Due to the reduced access and availability of piped water, the population now depends on trucked water, which is sold without treatment or regulation. Economic access to water has also grown harder as the price of trucked water has increased.

People are resorting to using unsafe water sources. This is especially noted in areas with high cases of confirmed polio.

The collection and proper disposal of rubbish has ceased in many places due to the failure of municipal services. The resulting accumulation has increased the risk of vermin, vectors and disease.

Water: most severe needs and most vulnerable groups

**Most at risk**

The three groups identified as most at risk of not having safe water were displaced people in collective shelters, those living in vacated or unfinished apartments, and people living in open spaces, including spontaneous camp settings. Findings from Ar-Raqqa, Deir-ez-Zor and Homs, respectively, demonstrate the extreme priorities in each of these groups.

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72 Environmental risks in the questionnaire was not specified and could incorporate all hazards, not solely sanitation and sewage.
73 Also 10 out of the 111 respondents stated ‘do not know’ for people in need of water figures. In these locations the total population was reported as 2.2 million individuals.
74 Environmental sanitation = sewage, solid waste = garbage and rubbish
These findings are substantiated by the fact that water in Syria before the crisis was largely supplied by piped water connections to households. Because unfinished buildings and open spaces are without such service, and schools serving as collective shelters cannot accommodate the water needs of high population influxes, groups living in such spaces have reduced access to safe water supplied via this route.

Among these at-risk IDP groups, those facing the greatest risks are, first, children, followed by the elderly (those over 59 years old), and pregnant and lactating women. In cases where water has to be brought from outside the house, children – especially girls — and women usually collect it. According to anecdotal information, this tends to have a direct influence on girls dropping out of school.

In rural areas

Among rural populations, the most at-risk group is displaced people living in open spaces (including spontaneous camp settings), with the highest severity of need being in Homs. Due to the regional nature of water systems, a water treatment plant may be located in a city while the benefiting households are in a village or remote area, with the two areas being controlled by different authorities. Loss of control over the source of pumped water has negatively affected the regularity of the supply, leading to water shortages and unmet water needs.

In urban and semi-urban areas

For urban populations, the most at-risk group is displaced people living in collective shelters, with the highest level of need observed in sub-districts in Al-Hassakeh and Ar-Raqqa. In mixed environments, or semi-urban areas, the most at-risk groups are displaced people living in collective shelters (such as schools) and displaced people in open spaces (including spontaneous camp settings).

Clean water

Despite being relatively scarce in water resources, Syria enjoyed high coverage rates of treated, piped water for domestic purposes: 92 per cent in urban areas and 86 per cent in rural areas. However, by June 2013, the Ministry of Water Resources (MoWR) estimated an overall decline of approximately 50 per cent in clean water availability throughout the country.

Due to fuel shortages and power outages, the water production in some areas has drastically dropped, with production only occurring for a limited number of days or hours at a time. This has further contributed to the overall decline in health as people resort to the use of unsafe drinking water sources. Some areas reported having only two to six hours of water pumped per day. Prior to the crisis, large amounts of high-quality water came from wells (38 per cent), springs (21 per cent), and surface bodies (41 per cent) that required treatment in areas such as Aleppo, Ar-Raqqa and Deir-ez-Zor.

Main problems cited with drinking water (darker colour indicates more frequent problem)

A large number of reports from sub-districts in all governorates noted serious problems with water. The highest rates of serious problems were reported in Deir-ez-Zor (94 per cent), followed by Aleppo (78 per cent), Homs (75 per cent), Al-Hassakeh (72 per cent), Idleb (71 per cent), Ar-Raqqa (57 per cent), Hama (55 per cent) and Lattakia (40 per cent). And the water situation appears to be deteriorating even further. Safe water accessibility in the last 30 days was estimated to have worsened, according to 70 per cent of respondents from all eight governorates.

The current analysis indicates that approximately 4.4 million people are in acute and moderate need of safe drinking water. Out of the assessed sub-districts, the situation regarding access to drinkable water was described as a critical or severe problem in Aleppo (78 per cent), Homs (75 per cent), Al-Hassakeh (73 per cent), Deir-ez-Zor (69 per cent), Ar-Raqqa (57 per cent), Idleb (48 per cent), Lattakia (40 per cent) and Hama (36 per cent). Restricted access to drinkable water was considered life-threatening most frequently in Deir-ez-Zor (12.5 per cent) and Aleppo (5 per cent).

**Water sources**

Piped water networks were reported as the most commonly used water source in Ar-Raqqa (35 per cent), Lattakia (31 per cent) and Deir-ez-Zor (28 per cent). However, prior to the crisis, these governorates used piped water networks at rates of 80 per cent, 86 per cent and 78 per cent of households, respectively.

Wells were reported as the current second most commonly used water source in Homs (33 per cent), Al-Hassakeh (32 per cent) and Aleppo (31 per cent). Prior to the crisis, these governorates used protected and unprotected wells at rates of 3 per cent, 11 per cent and 11 per cent, respectively.

Water trucking was reported as the third most commonly used water source in Idleb (30 per cent), Hama (27 per cent) and Deir-ez-Zor (26 per cent). Prior to the crisis, the governorates used water trucking at rates of 5.1 per cent, 2 per cent and 12.4 per cent, respectively.
The changes to how people are accessing water have been drastic. The use of piped water appears to have fallen by over half, with the network reduction leading people to utilize water trucking and wells at far higher levels than usual.\textsuperscript{77,78} Other reported coping mechanisms included rain water collection (Hama), using poor-quality water from irrigation channels (Aleppo), reducing daily water consumption, sharing between household members, relying on wealthier neighbours, and reducing the amount of water used for hygiene practices and house cleaning.

\textit{Rehabilitation and repair}

Thirty-five per cent of water infrastructure is estimated to be in need of rehabilitation due to damage. This includes many of the 150 water treatment and pumping units, which conveyed 1.3 billion cubic metres of water per year through 70 million meters of supply networks and boosting stations.

Damage due to bombings and clashes was particularly reported in Deir-ez-Zor and Hama. Network losses also pose a major problem in the country, as the network carried an estimated 33 per cent of produced drinking water.\textsuperscript{79} Damage and leaks in the network contribute to contamination due to negative pressures (for example, as a result of power outages and domestic water pumps), which allow stagnant water or raw sewage to infiltrate the system. Where water does not reach villages due to reduced pressure, reports indicate some households are using donkeys for water collection, and for the many people living in apartments, water is carried in buckets.

Prior to the crisis, water quality control and monitoring in Syria was carried out in a highly technical manner. But because of the current crisis, there has been a disruption in quality control and monitoring due to the damage of assets and loss of staff. Clarifying the extent of the disruption to these monitoring systems in order to strengthen them remains a priority for the WASH sector.

\textit{Rising costs and other constraints}

In the last three months, the increase in the price of water was reported as the priority problem across the whole assessed area. It was the highest priority in the governorate of Al-Hassakeh, while a reduction of water consumption per person per day was the highest reported problem in both Aleppo and Homs. In Ar-Raqqa the taste of water was the biggest problem. The use of unsafe water sources for drinking was the second highest priority across all assessed governorates.

Over the same period, the most pressing concerns related to water accessibility were the lack of electricity to operate systems (Al-Hassakeh), lack of fuel for standby generators (Aleppo) and lack of treatment chemicals for networks (Idleb).

Irregular electricity supply and lack of fuel for generators used to operate water systems, in both high- and low-intensity conflict areas, plagues the current state of water provision in the country, particularly as the price of diesel has jumped from 25 to 62 Syrian pounds, an increase of 148 per cent. In addition, the increase in the cost of equipment, including generators, pumps and pipes, further compounds operational costs for water supply systems.

There have been efforts to supply local water service providers with equipment and treatment chemicals, but without fuel available at affordable costs, alternative and less desirable solutions are proliferating. This is the case with unregulated, ad hoc oil extraction and refineries, which are responsible for producing oil waste that is contaminating water sources, particularly in Deir-ez-Zor. Unregulated oil refineries are reportedly increasing across Syria as an income-generating activity, due to the reduction in livelihoods and in reaction to reduced fuel availability. It is often children who are working on the oil refineries, which not only pollute water sources but also damage children’s health.

In the last three months, the main constraints reported for water availability were: the extra economic burden of having to buy trucked water, which is compounded by the reduction in income opportunities and disruption to livelihoods (highest in Lattakia); logistical constraints, including lack of transport and fuel (highest in Hama); and security constraints restricting access to water (highest in Lattakia).

\textsuperscript{77} It is important to note that it is unclear whether the assessment data pertaining to wells considers both protected and non-protected sources.
\textsuperscript{79} Ministry of Water Resources, Syria, June 2013.
Even prior to the crisis, revenues from water supply were not sufficient for operational and maintenance costs nor to generate funds for investment in the system. Currently, the production cost of each cubic metre of piped water ranges from 8 to 45 Syrian pounds across the governorates, while the amount charged to 70 per cent of customers for their basic needs is just 2.5 Syrian pounds. This is now further compounded by the low level of water bill payments (estimated at only 10 per cent of the pre-crisis rate).

An attribute of this cost-recovery system is that it provides greater subsidies to large customers, leaving the poorest customers with an intermittent supply of water, another factor that is forcing them to buy water from tanker trucks at much higher prices.

Sanitation: most severe needs

Main problems in sanitation (darker colour indicates more serious problem)

Wastewater systems

Prior to the crisis, 96 per cent of urban households were connected to sewer lines. This figure was 80 per cent in rural areas, with 46 per cent connected to a sewer and the remainder discharging into septic pits and latrines.

As a result of the crisis, many of the existing 30 sewage treatment plants are currently not functioning or only partially functioning, resulting in the discharge of increased levels of untreated wastewater, particularly along the Euphrates River. Lower treatment efficiency has been particularly severe in Aleppo, Ar-Raqqa, Deir-ez-Zor, Idleb and Homs, resulting in decreased service provision, which is especially noticeable in collective centres and camps hosting IDPs.

However, even prior to the crisis, 25 per cent of wastewater was not treated and was discharged directly to surface and ground water bodies, causing contamination and environmental hazards, only further reinforcing the limited priority that wastewater and sewage coverage received as compared to water supply. In Deir-ez-Zor, environmental sanitation was also noted as a priority protection concern.

Constraints

Regarding sanitation, the most reported problems in the last 30 days, in order of priority, are: garbage accumulation in public places, with the highest percentage reported in Ar-Raqqa; an increase in flies and mosquitoes, with the highest percentage reported in Al-Hassakeh; and environmental pollution, with the highest percentage reported in Al-Hassakeh.

The main constraints to sanitation availability in the last three months were cited as: lack of regular rubbish collection and the cessation of sewage treatment and sludge removal services (all of which were

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rated as worst Ar-Raqqa). Additionally, in the last three months, the main problems regarding access to sanitation services were lack of the money, income or resources needed to access sanitation facilities (highest in Ar-Raqqa).

It has been reported in some areas that people are paying for garbage to be removed, a service that was previously provided by the government. In addition, many communities are gathering their waste and burning it, which is also causing safety and environmental risks. In addition, logistical constraints to sanitation services were reported (highest in Lattakia) and linked to the lack of fuel availability and trucks. Finally, security constraints restricting access to water were also cited in conflict areas (highest in Hama).

**Garbage disposal**

Solid waste disposal and collection has been disrupted across the country, particularly in urban areas, and is becoming a critical concern. Currently, due to asset loss and poor maintenance of collection vehicles, equipment and machinery, systems are poorly equipped to properly collect and dispose of solid waste, leading to random dumping sites and an increase in vermin and vector prevalence.

Uncollected rubbish and dirty water are reportedly accumulating in the streets, alongside where children play. Children are also searching through the rubbish for goods to sell. This has been linked to the increase in skin disease due to breakdowns in vector control.

**Disease prevalence**

Decreasing access to safe water, overcrowded living conditions and lack of hygiene materials to support good practices are heightening the risk of water-borne disease outbreaks. Of reported diseases, diarrhoea ranked as the most reported disease, according to 44 per cent of respondents across the eight governorates. This was cited as being linked to the use of trucked water and wells.

Skin diseases were the second most reported disease, at 38 per cent across governorates. Leishmaniasis is now reaching epidemic proportions, particularly in the northern governorates of the country, with the mass population displacement possibly contributing to the spread of the disease.

Increased skin disease has been both linked to increased garbage and dirty water accumulation in the street, in addition to reduced hygiene and increased costs of personal hygiene materials (such as soap and laundry detergent), despite the high levels of pre-crisis hygiene knowledge. In addition, the most reported problems from NFIs that are most closely related to disease prevalence and hygiene practices were skin diseases, personal hygiene issues, water containers, and dirty or unhygienic shelters or environments.

Eleven cases of wild polio virus (WPV) have been confirmed in Syria, in the governorates of Deir-ez-Zor (10 cases) and Idleb (one case). This is the first time since 1999 that polio has been reported in Syria, which was previously polio-free due to its effective polio eradication programme.85

Of particular note are diseases affecting children, who were cited as the most at-risk group. Diarrhoea was the most reported disease among children, according to 39 per cent to 56 per cent of respondents within all governorates.

**WASH risks in camp settings**

In camps, WASH came as a top priority in Atmeh and Menbij, with children being the most vulnerable group in almost all camps.

**Water**

Based on the 38 sites assessed, the priority water issue across the 11 camp clusters was water quality as opposed to access and availability. In the camp clusters, the main source of drinking water was cited as water trucking (free) followed by wells and, finally, the public pipe network. However, from secondary data, water availability is estimated at 20 litres per capita per day for drinking and personal hygiene, provided by water trucks.

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85 ACU 7 December 2013
In the last three months, and based on answers from 34 out of the 38 sites, 26 reported the water condition to be either stable or better, while eight reported it to be worse. The problems pertaining to water most reported in camps are: insufficient water storage capacity (20 sites), poor-tasting water (14 sites) and reduction of water consumption (10 sites). Lack of chemicals for treatment, lack of fuel for generators and water pollution were perceived as the main problems related to water availability. However, secondary data shows that 80 per cent of the population receives chemicals to support household water treatment.

**Sanitation**

Sewage is deposited in soak pits in a majority of the sites (19), followed by “in the open” (14) and in public networks (10). Secondary data shows 10 sites connected to the public network, with an average ratio of 58 people per latrine. However, 29 per cent of the population accesses latrines with a ratio of more than 60 people per latrine.

Despite the existence of sanitation facilities in camps, it was reported that not enough services were available, particularly in terms of places to wash or bathe and ratio of gender segregated toilets for IDPs. This was cited mainly in Al Karama cluster, Jarablus cluster and Salam cluster. This is confirmed by secondary data showing that more than 100 people use the same bathing facility for 74 per cent of the population.

Serious problems with environmental sanitation were reported in 30 out of the 38 sites, including an increase in rodents, flies and mosquitoes, coupled with odour. This is of particular concern in Al Karama, Salam and Bab al Hawa camp clusters. In addition, environmental risks were ranked as the first safety concern in camps.

Finally, in the last 30 days, water and sanitation support was perceived to be insufficient in 74 per cent of the sites assessed.

**Challenges and capacity**

**Service provision**

During the past 30 days, the primary service provider was recognized as the local administrative council, followed by the government and then relief committees. The Syrian Arab Red Crescent, local charities, international NGOs, water companies and municipalities were also cited as service providers. It is important to note that the majority of aid efforts are facilitated through local administrative councils.

Out of the assessed sub-districts in the eight governorates, 56 per cent received assistance in the last 30 days. Out of those reporting receiving assistance, 55 per cent reported assistance occurred regularly, while 45 per cent reported assistance occurred irregularly. Out of those reporting regular assistance, 83 per cent was reported to be insufficient; in Deir-ez-Zor and Homs, 100 per cent of respondents said assistance was insufficient. Out of those reporting irregular assistance, 83 per cent was insufficient.

**Expanding reach**

Despite the deteriorating security situation, the WASH sector over the past four months expanded its reach geographically. However, there are still huge challenges in achieving systematic and sustained access. Instead, access is often limited in timeframe, resulting in the ad hoc provision of assistance in harder-to-reach areas.

An improvement in geographical reach has been achieved through increased numbers of implementing partners, local organizations and local councils. Organizations in Syria are still challenged by restrictions on key access routes, security issues, and the need to pass through check points and high-conflict areas.

Inside camps, the security and access situation is more stable, resulting in better service provision, in addition to a larger number of organizations and groups supporting camp communities. Outside of camps, however, assistance has been focused on quick-impact projects and ad hoc distributions.

There is a need for improved support for the operation and maintenance of water supply and sewage systems, water quality monitoring and ongoing support for solid waste management through local
councils and organizations. As the map shows, there are many areas that agencies providing WASH services cannot access and where the population is increasingly resorting to negative coping mechanisms.

**Reported number of people in acute need and reports of WASH assistance delivered in last 30 days**
Camp Coordination and Camp Management (CCCM)

Highlights

- 4.1 million IDPs were reported in the assessed areas, including 979,000 in collective centres or vacated buildings, 124,000 in open spaces and 108,000 in camps. People move frequently within and between camps (or home), and the camp population can fluctuate up to 10 per cent every 15 days.

- Food was ranked the highest priority need in the camps, followed by shelter and NFIs, WASH and health.

- Unplanned new camps proliferating mostly in northern Idleb, the lack of camp management capacity, and the lack of vetting of camp leaders seem to have the greatest effect on severity of needs. Lack of planning in emerging camps and the lack of contingency stocks mean new arrivals often must wait weeks for tents.

- Emerging camps often drain resources from more established camps. In established camps, existing services are not the only determinant of severity of needs. Camp management and emerging camps in close proximity may also affect the delivery, availability and quality of services.

- Organized camp management is usually lacking. Few camps have systems to register residents or to involve them in participatory camp management. Site planning, complaints mechanisms and committees are also largely absent.

Sources and scope

The majority of findings are based on SINA primary data. Secondary data sources from sector members and qualitative assessments were used to analyse and contextualize SINA findings. The qualitative assessments have been used in CCCM presentations and validated by sector partners.

Many new camps were emerging during the SINA and could not be included in the assessment, which may have affected overall priorities. Shelter is generally rated the first priority in emerging camps, particularly in winter. Shelter may also have been under-prioritized, as IDPs without shelter often live in surrounding areas or camp mosques, and usually are not considered camp members.

Camp coordination and camp management needs

Most vulnerable groups

Displaced people are clearly the most vulnerable group within the CCCM sector. Conflict remains the primary reason of displacement, and many people have been displaced repeatedly. Secondary displacement also occurs, often due to economic setbacks. According to SINA results, 88 per cent of IDP key informants reported “conflict experienced” as a reason for fleeing, indicating there is not a huge pull factor due to services in camps. This section will outline some of the most relevant features of displacement and discuss the most vulnerable groups within the displaced population.

Children most vulnerable group among IDPs

Children were perceived as the most vulnerable group in the camps, facing safety risks. A high number of children also were not attending school, and serious concerns persist over child recruitment, child labour, and early marriage. Of the 30,031 children living in the camps, only 17 per cent were attending school – far lower than the reported 50 per cent outside the camps and in stark contrast to near universal enrolment before the crisis.

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86 Camps as defined by the key informants.
87 CCCM Assessment, September 2013
**IDP groups per governorate**

- 47 per cent of all assessed IDPs living in collective shelters, vacated buildings or open spaces were in Aleppo Governorate.
- 71 per cent of all assessed IDPs living in camps are in Idleb.
- 44 per cent all assessed IDPs living in rented accommodation are in Lattakia.

**Priority vulnerable groups across sectors in camps** (darker colour indicates higher priority)

**Number of reported IDPs in camp clusters** (36 assessed, organized camps in three governorates)

**Growing IDP population in camps and proliferating number of camps**

Camps remain predominantly in non-urban border areas, with one located in Menbij, Aleppo. 66 per cent of assessed camps reported population growth in the last 30 days. Based on SINA results, the total camp population has risen from 20,000 people in January 2013 to 108,000 people at present. In Idleb and to some extent Lattakia, satellite camps are proliferating around older, larger camps. In January
2013 there were seven camps in the areas of coverage.\textsuperscript{88} By April this had risen to twelve\textsuperscript{89} and by July to nineteen.\textsuperscript{90} As of 30 November, over 46 camps were operating in northern Syria – predominantly in northern Idleb. New satellite camps continue to be established, but these have been omitted from this analysis. Qualitative research conducted by the sector in September showed that in some cases up to half of IDPs in new satellite camps had come from the larger camps, often due to preference for smaller camps, or the lack of capacity in existing camps.

**Settlement patterns reflect IDP origins**

Qualitative research shows that IDPs within large and smaller camps predominantly group together according to the village they are from. This cultural pull factor even overrides proximity to services as a reason for settling in a certain camp or area, and helps explain the consistent flee patterns illustrated in the map above.

**IDP movements to and from organized IDP camps in visited areas** (20 November to 5 December 2013)

![Map showing IDP movements to and from organized IDP camps.](image)

**Main CCCM concerns**

No camp reported life-threatening humanitarian needs, indicating that services are generally better within camps than outside. However, moderate needs persist. Health also dropped from the second-highest concern in June to fourth-highest in the SINA, likely reflecting the increase in medical services in established camps and the growth in new camps that first prioritize food and shelter.

**Identified needs within camps**

Food security was the first priority identified in 45 per cent of assessed camps, followed by shelter and NFIs, WASH, and health. Shelter is often a priority in new camps, particularly in winter, and shelter needs often cannot be met due to a lack of contingency stock among partners. Most people are currently living in tents, with some in caravans. Most camps meet SPHERE standards for water. Water is

\textsuperscript{88} ACU camp preliminary findings report, April 2013
\textsuperscript{89} ACU camp preliminary findings report, April 2013
\textsuperscript{90} ACU camp profile report, July 2013
commonly provided by water trucking, and bore holes and most camps have functioning latrines. Improvements are urgently needed in other sectors.

**Severity of needs across sectors within 11 camp clusters** (darkness indicates severity; number indicates camp population)

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**Camp leadership types and camp management**

Many camp leadership structures cannot provide adequate camp management services, and the nature of these structures varies from camp to camp. Leadership types vary widely, including those led by IDPs, local landowners (especially in Idleb), NGO staff or other local actors. In some camps, no camp management is in place at all.

**Relationship with host communities**

Five camps reported tensions with the host communities, and 10 reported that host communities would assist, but only for a limited time. All other camps reported that the host community would assist for as long as necessary, largely reflecting results found within host communities themselves.

The five camps that reported tensions are in areas that have had camps for the longest time: Azaz and Harim. Tensions are more likely in larger, older camps, particularly as the first camps set up in late 2012 and early 2013 were planned to be temporary and have not paid landowners. In one case – Atmeh – the growing camp is located on olive groves owned by locals, and IDPs continue to cut the wood for firewood.

**Challenges and capacity**

**Gaps in supplies and cross-sector approaches**

The key resource gap in camps is the availability of tents and other contingency stocks for new arrivals. Sector gaps are also linked to proliferation of unplanned camps and inadequate camp leadership structures. Gaps would be reduced if sector-specific services were combined with protection programming and implemented from before the arrival of new IDPs.

**Tracking IDPs and information gaps**

IDP origins are difficult to track due to multiple displacements and Syria’s pre-conflict history of economic displacement and migration. By 2010, drought and ensuing economic migration had already displaced thousands to informal settlements and city centers in Damascus and Aleppo.
# Acronyms

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFP</td>
<td>Acute Flaccid Paralysis</td>
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<tr>
<td>AJS</td>
<td>Acute Jaundice Syndrome</td>
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<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
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<td>CPWG</td>
<td>Child Protection Working Group</td>
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<td>EPI</td>
<td>Expanded Programme of Immunization</td>
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<td>FSL</td>
<td>Food Security &amp; Livelihoods</td>
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<tr>
<td>FSLWG</td>
<td>Food Security &amp; Livelihoods Working Group</td>
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<td>GBV</td>
<td>Gender-based Violence</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>IDP</td>
<td>Internally Displaced Persons</td>
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<td>IEC</td>
<td>Information, Education &amp; Communication</td>
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<td>IFE</td>
<td>Infant &amp; Young Child Feeding in Emergencies</td>
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<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>KI</td>
<td>Key informant</td>
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<td>LNGO</td>
<td>Local Non-Governmental Organization</td>
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<td>MCH</td>
<td>Mother and Child Health</td>
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<td>MISP</td>
<td>Minimum Initial Service Package</td>
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<td>NFI</td>
<td>Non-Food Items</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>OCHA</td>
<td>Organization for the Coordination of Humanitarian Affairs</td>
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<td>PIN</td>
<td>People in Need</td>
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<td>PLW</td>
<td>Pregnant &amp; Lactating Women</td>
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<td>Syrian Arab Red Crescent</td>
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<td>WASH</td>
<td>Water, Sanitation &amp; Hygiene</td>
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<td>Wild Polio Virus</td>
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