Executive Summary

As displacements to and within northwest and north Syria continue, there is an increase in the density of IDPs in many communities. This increased density has placed immense strain on access to humanitarian assistance, shelter, basic needs and services.

Security concerns continue to affect freedom of movement; the masculinization of the public sphere as a result of the conflict has disproportionately affected the freedom of movement for boys and girls. Lack of CSD continues to be a barrier to accessing humanitarian assistance. Costs related to transportation and health services, including the costs of medicines and lab tests, are a primary challenge in accessing health. While not common overall, explosive hazard risks are more prevalent in some districts and result in civilian injury and death.

Communities continue to rely on negative coping mechanisms such as children dropping out of school to work and early marriage. Vulnerable groups such as boys and girls at risk, women and girls at risk, older persons, persons with disabilities and persons with serious medical conditions experience higher challenges in accessing basic needs. Approximately half of KIs indicated that their communities have no access to specialized services, which cater to these vulnerable groups. Local councils remain an important institution helping to address the rights and needs of vulnerable individuals in their communities. Local councils can supporting efforts related to social cohesion between members of the host community, older groups of IDPs, and new IDPs. Local councils also support many humanitarian actors in identifying individuals in need. Given the influential role of local councils, continued engagement, including training on humanitarian principles and protection mainstreaming will be useful in ensuring effective service delivery.

This report provides a quick summary of finding for the second quarter of 2019. More comprehensive information regarding PMTF protection findings can be accessed using the PMTF online dashboard at:

**Recommendations**

- The lack of civil status documentation (CSD) should not be a barrier to accessing basic services and humanitarian assistance. In the absence of CSD, NGOs can utilize alternative identity verification methods, such as community validation. Donors should exercise regarding compliance standards to ensure that services are available to individuals who lack CSD.

- Reduce families’ reliance upon children dropping out of school to work by increasing funding and support for school materials, transportation costs, and providing livelihood and community support programs for adults, especially for vulnerable heads of households, including women and persons with special needs.

- Improve availability and access to specialized services, especially for individuals with disabilities. Raise awareness regarding the needs of children with disabilities for appropriate care and access to services. Support efforts to empower individuals with disabilities to claim their rights, make decisions for their lives based on their free and informed consent, and participate as active and equal members of society.

- In order to reduce reliance on negative coping mechanisms, improve access to basic needs, protection programming, and livelihoods, with a focus on vulnerable groups such as boys and girls at risk, women and girls at risk, (including female-headed and child-headed households), older persons, and persons with disabilities. There remains a need for continued inter-cluster cooperation to mainstream access challenges faced by vulnerable groups. Donors should prioritize projects that demonstrate an integrated approach to service delivery.

**Methodology and Overview**

PMTF members conducted key informant (KI) interviews on a monthly basis, using questions that measure protection risks in the areas of: rights, basic needs, vulnerability, movements, and security incidents. In order to achieve statistically significant results, members were encouraged to conduct at least four interviews per community per month. Locations were selected according to member presence and accessibility, keeping in mind the need for referrals and follow-ups. KIs are active and aware residents of the community who are able to assess protection risks and concerns of all community members.
This report is based on data from 2,327 community-level KI interviews conducted by thirteen PMTF members in April-June 2019 in three governorates in northwest and northern Syria: Idleb, Aleppo and Hama (the last accounting for just 4 interviews, or 0.2%). 39% of KIs were female and 61% were male. 35% of KIs identified themselves as IDPs and 65% identified as host community. “Other” was the most common type of KI, followed by teacher and school administrators and local authority. “Other” KIs are most commonly elder community leaders and small business owners.

10% (240) of the interviews conducted during the monitoring period resulted in a protection referral. One interview can result in referrals to one or more type of assistance. Referrals were made to the following types of assistance: health (58%), psycho-social support (29%), child protection (22%), GBV services (21%), legal aid (18%), documentation (13%), specific needs (9%), basic needs (4%), livelihood support (2%), and WASH (1%).
Trends

Civil Status Documentation (CSD)

The ongoing trend expressed by KIs in regards to CSD is that lack of CSD continues to be a barrier to accessing humanitarian assistance and basic services such as education, health services, and employment.

71% of all KIs stated that some community members and 23% stated that most community members are missing CSD. The primary reasons cited are that it was left behind or lost during conflict (84), lost before conflict or never obtained (42%), and confiscated during conflict (15%). Those with marriages, divorces, deaths, and births occurring after the onset of the conflict are especially affected by lack of civil status documentation.

KIs indicated that they are unable to obtain GoS documentation due to difficulty of travel due to security concerns (73%), difficulty of travel due to cost (40%), unaffordable fees (33%), lack of knowledge of procedures (28%), fear of discrimination (27%), lack of prerequisite documents (16%), because there is no need for GoS documentation in non-GoS areas (9%), and other (5%).

The risks encountered as a result of not having CSD are: difficulty in accessing humanitarian assistance (57%), difficulty moving through certain areas (48%), difficulty registering in school (30%), difficulty finding employment (26%), no impact (17%), difficulty accessing medical services (13%), vulnerability to exploitation (3%), and other (2%).

Dispute Resolution

KIs note that when there is a dispute or problem in communities, individuals prefer to resort to family leaders, sharia courts, themselves, and local authorities for conflict resolution. While KIs were more likely to identify family leaders as applied to by women, they were more likely to identify sharia courts and local authorities as entities preferred by men for dispute resolution. Both men and women in communities heavily rely on resolving issues themselves. The trend that women are less likely than men to reach out to local authorities and local councils for dispute resolution persists.
Social Cohesion
The relationship between IDPs and host communities continues to be a primarily positive one. 76% of KIs during this reporting period indicated that the interaction is positive. 17% stated that it is neutral, 4% stated that it is negative, and 3% were unable to answer. The presence of IDPs in the area for a while (65%), connections between IDPs and host community via friends or relatives (37%), and religious reasons (30%) were identified as the primary reasons for the positive nature of this interaction.

Descriptions of IDP-host community relations by KIs indicate that cultural, religious, and political commonalities between the two groups have a positive effect on their interaction and relationships. Cultural, religious, and political differences, as well as competition for resources and employment have a limiting or negative effect on the interaction.

As a result of religious and cultural ties, there were positive relationships among all members of the community (Female KII, IDP, In-Camp, Al Bab District, Aleppo Governorate).

Because of the increase in the cost of living and the lack of employment opportunities for the people of the village and the displaced, there has become a kind of sensitivity and aversion between them (Female KII, IDP, Off-Camp, Teacher, Jisr-Ash-Shugur District, Idleb Governorate).

Community Structures
70% of KIs stated that there is a community structure, organization, association or group of leaders that meets or is organized to discuss and address issues and needs of the community. 89% (1350) of responding KIs indicated this structure to be the Local Council. NGOs (6%), Camp Management (5%), Legal Courts (1%), and Village Committees/Leaders (1%) were also mentioned.

Management of humanitarian assistance (85%) continues to be identified by KIs as the primary purpose of local councils, followed by oversight of access to public utilities (55%), dispute resolution (37%), advocacy for community needs (36%), and public security (19%). 9% of KIs indicate the purpose to be protection of vulnerable community members.

57% of KIs stated that most of the community feels that the structure is legitimate, representative, and useful. It is noted that in Jisr-Ash-Shugur district of Idleb governorate, and Jebel Saman district of Aleppo governorate, 11-12% of KIs stated that no one in the community feels that the structure is legitimate, a much higher percentage for this answer option in comparison to other districts.
Access to Basic Needs

43% of all KIs indicated that some of the community has received humanitarian assistance in the last three weeks preceding the interview. 42% stated that no one in the community received humanitarian assistance, 9% stated most, 4% stated all, and 2% were unable to answer.

KIs indicated that basic needs assistance was the most common type of assistance received by the community in the recent period. This was followed by health, psychosocial support (PSS), Water, Sanitation, Hygiene (WASH), Livelihood Support, Child Protection, and GBV services.

77% of KIs stated that men and boys, and women and girls did not face any challenges in accessing humanitarian assistance, 12-13% indicated that CSD is required to access assistance, 8-9% stated that assistance does not reach people most in need, 6-7% stated that there is discrimination or exclusion. KIs who provided additional details on experienced challenges frequently noted barriers to access due to lack of CSD. This has been an ongoing trend in the data and the PMTF continues to encourage humanitarian actors to utilize alternative methods of identity verification such as community validation in the case of missing documentation (please refer to IRC Community Validation Tool, 2019). The lack of CSD should not be a barrier to accessing lifesaving humanitarian assistance and protection services.

It is also possible that lack of understanding of selection criteria or vulnerability prioritization used by humanitarian organizations results in misunderstandings regarding the reasons for not receiving assistance. Well-coordinated, defined and transparent processes in assistance provision remain important. KIs noted that women were more likely to experience mobility, transportation, and other challenges to accessing distribution points. Humanitarian actors are recommended to consider the unique challenges experienced by women and girls in accessing assistance in order to mitigate these issues and support equal access by men and women. KIs additionally indicated that the following groups experience additional challenges in accessing humanitarian assistance: elderly persons (51%), single women or female headed households (45%), persons with physical disabilities (38%), children heads of households (28%), persons with other serious health conditions (23%), and other (22%).
Access to Education

26-27% of all KIs stated that all boys and girls in the community attend schools. 50-51% stated most, 19-20% stated some, and 4% stated none.

For boys, having to work to support family is the primary reason for not attending school, and for girls, the primary reasons are early marriage and having to stay home to help family.

The cost of school materials also continues to be a reason for not attending school, which humanitarian actors can address through their programming.

For additional information related to this topic, as well as other child protection issues, please also refer to the data collected by the Child Protection Monitoring Technical Working Group at:


Access to Health Services

Around 50% of all KIs stated that no men or women in the community experiences challenges to accessing health. Around 20% stated that some experience challenges, 15% stated that most experience challenges and 12-14% state that all experience challenges. More KIs in districts with a high influx of IDPs, such as Idleb and Harim districts of Idleb and Al Bab district of Aleppo governorate, stated that all community members experience challenges. 38% of all KIs in Al Bab, for example, indicated that all men and women experience challenges in accessing health.
In explaining the challenges for men and women, KIs often cited physical distance and lack of transportation to the nearest available medical facility. Some community members have to travel between 4 and 15 kilometres in order to access a medical facility. Especially IDPs located far away from city centres are affected.

Access to Water

Water for purchase from water trucks is the primary way in which communities access water. 67% of KIs who indicated challenges to accessing water stated that it is too expensive. KIs explain that a family may spend anywhere from 2,000 (9USD) to 10,000 (47USD) Syrian pounds per month on water.

Similar to trends on other types of infrastructure, 96% of KIs stated that no WASH infrastructure has been damaged by conflict, clashes, shelling in the three weeks preceding the interview. While damage to property and basic infrastructure is prevalent in IDPs place of origin from which they fled, IDPs currently residing in areas of northern Idlib and Aleppo governorates far from frontlines are not impacted.

Freedom of Movement

81% of KIs stated that all men and boys in the community are able to move freely and 75% stated that all women and girls are able to move freely. KIs were more likely to indicate fear of airstrikes, fighting, armed groups, fear of arrest and detention, lack of ID, and presence of explosive hazards as restrictions to men and boys’ movement. KIs were more likely to indicate restrictions imposed by family or spouse, fear of gossip and social restrictions, fear of gender-based or sexual violence and harassment in public places as restrictions to women and girls’ movement.
Men and boys are careful about the timing and course of their movement, avoiding movement after evening hours and avoiding areas dense with checkpoints. Families perceive women and girls to be at greater risk of harm or abuse, and experience greater restrictions to movement due to customs and traditions, and are often accompanied by other family members when going outside of the home.

Movement
68% of KIs indicated recent arrivals, 18% indicated recent returnees, and 15% indicated recent departures preceding the interview. More than 80% of KIs identified security concerns (armed conflict) as the cause of recent arrivals and returns. KIs explained that majority of the recent arrivals to their communities are IDPs from rural Idleb and Hama who have fled due to intensified conflict (airstrikes and shelling) in their places of origin.

For recent departures from their community, 59% of KIs stated the reason to be economic hardship, 27% stated lack of humanitarian relief, 22% stated security concerns (armed conflict), 18% “other,” and 15% lack of services/infrastructure. Many departures are caused by IDPs being unable to secure accommodation and shelter in their new locations due to overcrowding and congestion.

KIs also explain that while many IDPs wish they could return to their place of origin, not being able to return due to the areas being under GoS control and due to loss of their property to conflict activity causes them to consider permanent integration in their current locations. Security and safety is the number one priority for IDPs. The amount of time in which they have been displaced, and other factors such as access to assistance, shelter and livelihoods also impact IDPs decisions to integrate or relocate.

Incidents
84% of KIs stated that their community is not contaminated with explosive hazards (mines and other explosive remnants of war). 12% stated some, 2% stated most, and 1% stated all. Similarly, 94% stated that they do not know of any civilians in their community who have been injured or killed by explosive hazards in the last three weeks preceding the interview. 5% stated that they do know of civilians in their community who were injured or killed in the recent period by explosive hazards. 33% of KIs in Ariha, 17% of KIs in Jebel Saman, 16% of KIs in Jisr-Ash-Shugur, 10% of KIs in Al Bab, 10% of KIs in A’zaz, 4% of KIs in Harim, 2% of KIs in Idleb, and 2% of KIs in Afrin stated that they know of civilians in their community who have been injured or killed by explosive hazards in their community in the recent period preceding the interview. Many of the injuries and deaths take place during activities of herding (31%), moving and traveling (31%), farming (28%), and playing with items (25%).

50% of KIs stated that there have not been any security incidents (such as clashes, murder, theft or extortion) in their community in the three weeks preceding the interview. 41% stated that security incidents have occurred sometimes in the recent period. 6% stated that it is common, 1% stated that it is very common and 2% were unable to answer. KIs mention a wide range of security incidents including armed conflict, IED and VBIED explosions often resulting in civilian injury and death, robbery, theft, kidnapping and extortion, murder, and domestic violence.
Coping Mechanisms

Communities continue to rely on negative coping mechanisms like early marriage and children dropping out of school, with about a quarter of KIs indicating that these are common in their communities, and around 10% indicating that they are very common. At the same time, there isn’t enough reliance on positive coping mechanisms such as accessing community services and relying on community support. Around 85-90% of KIs state that this occurs either never or sometimes. Many communities also continue to be reliant on humanitarian assistance, with 16% stating that it is common.
Protection Concerns of Vulnerable Groups

KIs were asked to describe the major risks and concerns experienced by identified vulnerable groups in the three weeks preceding the interview. KIs explained that challenges in accessing basic needs and services place community members’ survival at risk, especially vulnerable groups such as boys and girls, women and girls, elderly persons, and persons with serious medical conditions. Poverty and inability to afford the cost of living is increasing the risk of exploitation for these groups and leading them to rely on negative coping mechanisms such as early marriage. Boys and girls are at risk of exploitation and neglect. Persons with disabilities and serious medical conditions are not able to access the specialized services and health services they need. KIs express that access to sustainable livelihoods and basic needs and services are necessary in order to reduce the risks experienced by vulnerable members of the community.

57% of all KIs stated that no one in the community has access to specialized services. 41% stated that it is available to some, only 5% stated that it is available to all, and 2% were unable to answer. Previous monitoring trends indicate that even in cases where specialized services are available within a community, lack of knowledge about the presence of these services, challenges related to transportation and access, or social stigmas often prevent community members from accessing and benefiting from them. Humanitarian actors must work towards reducing these challenges, as well as increasing the number of available specialized services. In addition to insufficient services, some KIs also noted the high cost associated with specialized services as a barrier to access.
Community members most frequently identified child labor and lack of appropriate care as protection risks affecting children. Child labor was more likely to be identified for boys and lack of appropriate care was more likely to be identified for girls.

Poverty is causing boys to drop out of school in order to work and support their families, exposing them to risk of exploitation. Children often work in jobs that are dangerous or ill-suited for their physical capacity. They are often overworked, underpaid, and exposed to risk of physical and verbal abuse. Similarly, girls are dropping out of school in order to marry early, work to support their families or stay at home to support their families. Many girls work in agriculture for low wages in order to support their families with living expenses. For additional information on child protection issues, please also refer to https://www.humanitarianresponse.info/en/operations/whole-of-syria/child-protection-situation-monitoring-dashboard

71% of KIs stated that they are aware of children with disabilities in their area. There are not only lack of specialized services (indicated by 89% of KIs), and lack of appropriate care (70%), but also lack of access to schools for these children (48%). There are many social stigmas associated with having children (or other family members) with physical, mental, or psychological disabilities. This often results in the isolation and marginalization of these children and family members from society. This not only increases the risk of neglect of these children, but also affects their ability to access services that are available and their integration into society. There is a need for awareness raising and education of families with children with disabilities to improve access to appropriate care and services.