HUMANITARIAN NEEDS OVERVIEW
SYRIAN ARAB REPUBLIC
About

Figures and findings reflected in the 2020 Humanitarian Needs Overview (HNO) for Syria are based on independent analysis of the United Nations (UN) and its humanitarian partners, built on information available to them. The HNO aims to provide consolidated humanitarian analysis to inform coordinated, strategic humanitarian response planning. Many of the figures provided throughout this document are best possible estimates, based on sometimes incomplete and partial data sets, using the methodologies for data collection which were available at the time and triangulation of information. The cut-off date for data and information used is 1 March 2020, including for contextual information as well as data on displacement trends and IDP site conditions in north-west Syria specifically; sectoral and inter-sectoral needs analysis was otherwise completed in November/December 2019, building on multi-sectoral and sectoral assessments/data reviews conducted between July and September 2019. The Government of Syria (GoS) has expressed its reservations over the data sources and methodology of assessments used to inform the HNO, as well as on a number of HNO findings.

This document is produced on behalf of the Strategic Steering Group (SSG) and humanitarian partners working in Syria. It provides a shared understanding of the impact which the humanitarian crisis in Syria has on the civilian population, including their most pressing humanitarian needs and the estimated number of people who need assistance. The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

For further information, please consult:
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https://hno-syria.org/
www.unocha.org/syria

This version was Consolidated in April 2020

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OCHA

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www.unocha.org/syria
https://twitter.com/OCHA_Syria

Humanitarian Response

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

www.humanitarianresponse.info/syria

Humanitarian InSight

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

https://hum-insight.info

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

fts.unocha.org
Syria Reference Map

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
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Part 1
1.1 Summary

The humanitarian consequences for people suffering the crisis in Syria are wide-ranging and profound. Overall, 11.06 million people are in need of some form of humanitarian assistance in 2020. This includes 4.65 million people estimated to be in acute need. As the crisis enters its tenth year, 6.1 million people remain internally displaced. In 2019, over 1.8 million population movements inside Syria were reported. Crucial civilian infrastructure such as schools, water supply systems, health facilities, and housing infrastructure has sustained extensive damage and much of it remains unrestored or in disrepair. In areas where hostilities have subsided, life remains a daily struggle due to limited access to basic services and livelihood opportunities, increasing financial hardship and an eroding capacity to cope. Around ninety per cent of the population is estimated to live under the poverty line. Recent economic shocks stand to further set back the recovery of the Syrian people and render many more vulnerable. Millions of women, children and men continue to rely on humanitarian assistance as a vital life-line and to meet their basic needs.

Key figures at a Glance

### PEOPLE IN NEED*

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total People in Need</td>
<td>11.06M</td>
</tr>
<tr>
<td>People in Acute Need</td>
<td>4.65M</td>
</tr>
</tbody>
</table>

### People living in areas hosting over 30% of IDPs/spontaneous returnees

- 8.8M

### Population movements

- 6.1M internally displaced persons
  - January - December 2019
- 1.4M IDPs in last resort sites
  - February 2020
- 1.8M

### IDPs in last resort sites

- January - December 2020

### Self-organized refugee returns to Syria

- 96K

### Palestinian refugees

- 0.4M

### People with disabilities

- 3.07M

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* People in Need (PiN) refers to people whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted, and whose current level of access to basic services, goods and protection is inadequate to re-establish normal living conditions within their accustomed means without assistance. People in acute need refers to those facing more severe forms of deprivation in terms of their security, basic rights and living conditions and face life-threatening needs requiring urgent humanitarian assistance. PiN and acute PiN have been calculated based on the inter-sector severity categorisation tool.

**Please note that this figure is not calculated as part of the inter-sector people in need.
Humanitarian Consequences related to Physical and Mental Wellbeing

People in Syria continue to suffer from increasingly localized, intensified hostilities which uproot families from their homes, claim civilian lives, damage and destroy basic infrastructure, and limit freedom of movement. Almost 40 per cent of internally displaced families have been displaced more than three times, with every displacement further eroding coping capacity. Repeat displacement numbers are particularly high for internally displaced persons (IDPs) in north-west and north-east Syria, where the majority of the 1.8 million displacement movements were recorded in 2019. More than 400,000 people were displaced in the north-west between May and August 2019, many of these multiple times. Some of those displaced were again uprooted a few months later, forming part of the over 950,000 people who fled escalating hostilities in southern Idlib and moved mostly northwards the Turkish-Syrian border during the period 1 December 2019 and 29 February 2020. In the north-east, more than 250,000 people were forced to flee their home during a two-week period in October 2019, with over 75,000 people remaining displaced after that two-week period. An additional 15,750 Syrians sought shelter and international protection in Iraq.

Many of those displaced sought refuge in and added to an already high number of IDPs living in last resort sites, i.e. mainly informal settlements and collective centres in which shelter and WASH facilities are sub-standard, and health and protection risks are elevated. In total, the number of IDPs in last resort sites and camps increased by 42 per cent in 2019 compared to 2018, and as of February 2020 stands at over 1.4 million.

Based on available data, as many as 11.5 million people live in areas contaminated by explosive hazards, exposing them to significant risks. 57 per cent of those who have survived contact with explosive hazards in 2019 have sustained lifelong impairment. 3.07 million are estimated to be living with a disability. The crisis continues to impact the mental well-being of those affected by new and prolonged displacement, exposure to violence, loss of income and reduced access to basic services, touching the youngest in particular: 42 per cent of surveyed households report signs of psychosocial distress in children – nightmares, lasting sadness and anxiety, amongst others – in the last 30 days, suggesting that many girls and boys are in a situation of prolonged distress.

Half a million children are chronically malnourished and an additional 137,000 children under five years of age are suffering from acute malnutrition, heightening their exposure to preventable morbidity and mortality. Maternal malnutrition rates have increased five-fold compared to 2019, particularly in north-west Syria where acute malnutrition was prevalent in 21 per cent of displaced pregnant and breastfeeding women at the time of publication. Anemia is also on the rise. One out of every three pregnant and lactating women is anemic, leading to poor intrauterine growth, high-risk pregnancies, and childbirth complications. One out of every four children 6-59 months are anemic, and the youngest are most affected with 42 per cent of children 6-23 months suffering from anemia. In 2020, the number of food insecure people has increased by 22 per cent, from 6.5 million in 2019 to 7.9 million people in 2020.

Humanitarian Consequences related to Protection

Multiple grave and often inter-connected protection risks persist. These include actions leading to civilian casualties (death and injuries) which point to violations of International Humanitarian Law (IHL), specifically a disregard for the principles of proportionality, distinction and precaution. Attacks on civilian infrastructure such as health, water supply and education facilities and personnel continue unabated and reduce population’s access to critical services. In 2019, 85 attacks on healthcare facilities and personnel and 157 attacks on schools were recorded.

An estimated 2.45 million children aged five to seventeen are out of school and face elevated protection risks related to, among others, child marriage and engagement in child labour including in its worst forms such as recruitment and use by parties to the conflict. One in three school children are displaced, with the physical and mental impact of displacement affecting individual growth and learning. In 2019, 23 per cent of victims of explosive hazards accidents were children, of whom 42 per cent were injured or killed while playing.

Missing or absent civilian documentation frequently represents a barrier to exercising housing, land and property rights, and freedom of movement and is referenced by affected populations as the top concern for accessing assistance and services. Insecure shelter/housing tenure due to the loss or lack of civil documentation generates additional physical and mental consequences for communities, often leaving them with little choice but to reside in unsafe, sub-standard buildings prone to collapse or in other sites of last resort. Fueled also by increasing economic hardship and a dramatic loss of purchasing power due to the devaluation of the Syrian pound, affected population have little choice but to increasingly resort to harmful coping mechanisms, many of which disproportionately affect women and girls, including child / forced marriage and various forms of gender-based violence.

Meanwhile, 95 per cent of the 438,000 Palestinian refugees in Syria continue to be disproportionately affected by the above factors and will continue to experience extreme vulnerability in 2020.
**Humanitarian Consequences related to Living Standards**

Years of crisis have exacerbated living conditions for most Syrians due to significant reductions in the availability of, and access to essential services, destructions of housing infrastructure, loss of livelihoods and reduced purchasing power as a result of economic decline. Amongst others, only 53 per cent of hospitals and 51 per cent of primary healthcare centres (PHCs) across Syria are estimated to be fully functional. Over eight million people have to rely on alternative and often unsafe water sources to meet or complement their water needs, increasing public health risk, with indicators on water availability and quality being worst for IDPs in north-west and north-east Syria. The number of people requiring shelter assistance has increased by 20 per cent, from 4.7 million in 2019 to over 5.5 million in 2020. This rise is driven by loss of capital, the destruction of housing infrastructure and the deterioration of shelter conditions in 238 out of 272 sub-districts, and compounded by the scale of new displacement in 2019, protracted displacement, return movements and a very limited shelter response.

Over half of all IDPs have now been displaced for over five years, many requiring sustained basic service delivery and livelihood support. A deteriorating economic situation, caused chiefly by the protracted crisis and hostility-induced loss of economic assets, underinvestment, pressure resulting from unilateral coercive measures, and exacerbated by the fiscal crisis in neighbouring Lebanon, has contributed to the continued loss of livelihoods and reduction in household purchasing power. The ongoing devaluation of the Syrian Pound (SYP), which since October 2019 has lost over half of its value on the informal market and reached a low of 1,250 SYP per US dollar (US$) in January 2020, has further reduced families’ purchasing power. These factors combined have contributed, amongst others, to the increase in the number of food insecure people and are likely to lead to further increases in poverty, inflation and price levels for basic food and non-food items in 2020.

**People in need by year**

2012 - 2020
Context and Impact of the Crisis

The crisis continues to have a significant impact on the lives of Syrians, generating significant humanitarian needs and protection risks. Countless civilian lives have been lost due to hostilities and violence, and over 11.7 million people have been uprooted from their homes. In 2019, hostilities in the north-west and north-east escalated, exacerbating the toll on civilians caught between fleeing from frontlines. Essential infrastructure, including schools, health facilities and water supply systems, continue to suffer extensive damage or outright destruction, limiting the availability of and access to essential basic services. A sharply deteriorating economic context is further reducing households’ purchasing power and ability to cover basic needs.

Timeline of Events

Flooding and severe cold compounded the suffering of millions of people in need throughout much of the country, with several camps for IDPs in the north-east and north-west experiencing heavy flooding, resulting in the destruction of shelters and secondary displacement of already extremely vulnerable people.

Timeline of Events in thousands

JANUARY 2019
In the so-called de-escalation area, artillery shelling and clashes between GoS forces and non-state armed opposition groups significantly increased in mid-February. A second convoy with humanitarian assistance reached the Rukban makeshift settlement, following one in November 2018. The convoy involved 116 trucks loaded with essential humanitarian assistance to assist some 41,000 people.

FEBRUARY 2019
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MARCH 2019
In the north-east, military operations against ISIL continued through 23 March, when the Syrian Democratic Forces announced the end of the group’s territorial control in Deir-Ez-Zor governorate. Significant numbers of civilians were reportedly killed and injured in Baghuz and surrounding areas as a result of air strikes and intense fighting. Between December 2018 and March 2019, over 63,500 people were displaced out of the area to Al-Hol camp in Al-Hasakeh governorate, the overwhelming majority of whom are women and children. In addition to the continued humanitarian assistance provided by UN/NGOs, on 7 March, the UN and SARC completed an inter-agency convoy delivering humanitarian assistance to meet the needs of 50,000 people in Menbij and surrounding areas in northeast Aleppo governorate.

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APRIL 2019
The escalation of hostilities in the north-west dramatically increased in late April, with air strikes, artillery shelling and clashes between GoS forces and non-State armed opposition groups in and around the Idlib de-escalation area. The violence severely affected civilians, including many women and children, as well as civilian objects and infrastructure, including healthcare and educational facilities. Self-organized departures from Rukban started in late March and continued throughout April and May. Civilians made their own arrangements though had their movement facilitated to five shelters in and around Homs city.

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JUNE-JULY 2019
In the north-west, the dramatic escalation of violence resulted in multiple displacements, with some families displaced as often as 10 times. Entire towns and villages were reportedly emptied as residents fled their communities in search of safety and basic services. Most of those fleeing were displaced within Idlib governorate, while a smaller number moved to northern Aleppo governorate.

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MAY 2019
Tensions in the south resulted in clashes in As-Sanamayn town, resulting in casualties. Violence in the north-west affected agricultural activities in northern Hama and southern Idlib governorates, where shelling and air strikes led to the destruction of crops and damage to farming equipment. Other fires were reported in the governorates of Ar-Raqqa, Homs, Aleppo, Al-Hasakeh and Deir-Ez-Zor as a result of several factors, such as accident, arson, drought, high temperatures and unexploded ordinance.

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AUGUST 2019
On 31 August, a ceasefire was announced in the north-west, though it remained fragile with civilians impacted by low-intensity clashes and shelling. In the absence of regular humanitarian deliveries, conditions inside Rukban makeshift settlement on the Jordanian border deteriorated; food insecurity reached critical levels and much of the population reported dependence on negative coping mechanisms to meet their needs.

SEPTEMBER 2019
From 6-11 September, a joint UN/SARC mission to Rukban provided urgent assistance with one-month food and nutrition supplies to the full population of 15,000 people.

OCTOBER-NOVEMBER 2019
On 9 October the Turkish Armed Forces (TAF) and allied non-state groups launched military operations (Operation Peace Spring) in northeast Syria. More than 250,000 civilians fled their homes amid the hostilities, with casualties reported, including women and children, many from improvised explosive devices. The 22 October Memorandum of Understanding (MoU) between Turkey and the Russian Federation ended large-scale military operations, though heavy clashes continue in border areas, particularly around Ras Al Ain and Tell Abyad districts.

DECEMBER 2019
From 1 to 29 December, an estimated 284,000 people fled from their homes, mainly from southern Idlib governorate, moving further north away from hostilities. The UN negotiated two unilateral humanitarian pauses with the Russian Federation on 21 and 24 December, enabling thousands of people to leave affected areas under safer conditions.
Hostilities driving civilian casualties and protection risks

The humanitarian context in Syria is currently defined by three broad areas – the north-west, the north-east and the central and southern parts of the country – which experience different levels of conflict intensity, access dynamics and humanitarian needs. From January 2019 to February 2020, hostilities were geographically contained, with areas in the north-west and the north-east witnessing intense levels of hostilities, while areas in central and southern Syria, where administrative control changed in mid-2018, saw relative lack of hostilities. The situation in the south, however, remains volatile. In many other parts of the country, the humanitarian situation was considerably less affected by direct hostilities.

Attacks on healthcare

<table>
<thead>
<tr>
<th>Total attacks on healthcare</th>
<th>Impact of attacks on healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>85</td>
<td>54 killed of which 12 healthcare providers 3 patients</td>
</tr>
<tr>
<td>107 injured of which 33 healthcare providers 19 patients</td>
<td>24 attacks impacted personnel</td>
</tr>
<tr>
<td>24 attacks impacted patients</td>
<td>7 attacks impacted patients</td>
</tr>
<tr>
<td>66 attacks impacted health facilities</td>
<td>13 attacks impacted warehouses</td>
</tr>
<tr>
<td>42 attacks impacted supplies</td>
<td>22 attacks impacted transport</td>
</tr>
</tbody>
</table>


In localized areas of Syria which are affected by hostilities, attacks on civilians, displacement, freedom of movement restrictions, widespread rights violations, including grave violations against children, loss of assets and livelihoods, gender-based violence and contamination by explosive hazards, continued to be observed. Hostilities between GoS Forces and allied parties and non-state armed groups resulted in serious damage and destruction of civilian infrastructure across the country, including objects with special protected status under International Humanitarian Law (IHL) such as health facilities, depriving people of access to critical and essential medical assistance. In 2019, 85 attacks on health care infrastructure, 157 attacks on school and 46 attacks on water facilities were recorded, amongst other (see visuals).

Grave violations against children in Syria*

<table>
<thead>
<tr>
<th>Grave violations against children</th>
<th>Other issues of concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,638 Grave violations against children</td>
<td>218 Detention of children for security reasons</td>
</tr>
<tr>
<td>820 incidents of recruitment and use of children</td>
<td>32 Military use of schools</td>
</tr>
<tr>
<td>1 Incidents of sexual violence against children</td>
<td>3 Military use of hospitals</td>
</tr>
<tr>
<td>17 Cases of abduction of children</td>
<td>1,454 Killing and injuring of children</td>
</tr>
<tr>
<td>157 Attacks on schools and education personnel</td>
<td>897 Killing of children</td>
</tr>
<tr>
<td>105 Attacks on hospitals and medical personnel</td>
<td>557 Injuring of children</td>
</tr>
<tr>
<td>1,454 Killing and injuring of children</td>
<td>46 Attacks on water facilities</td>
</tr>
<tr>
<td>557 Injuring of children</td>
<td>84 Instances of denial of humanitarian access</td>
</tr>
</tbody>
</table>

* Syria Monitoring and Reporting Mechanism on Grave Violations Against Children (MRM4Syria), 2019. The numbers refer to what MRM4Syria was able to capture and verify primary sources only. Due to this high threshold, the numbers do not reflect the full scope of the issues, as the actual numbers are expected to be much higher.
In southern Deir-ez-Zor Governorate, military operations against the Islamic State of Iraq and the Levant (ISIL) continued through March 2019, displacing an estimated 63,500 people to the Al Hol IDP camp in Al-Hasakeh Governorate.

In the north-east, the Turkish Armed Forces and allied non-state groups launched military operations in areas between Tell Abiad and Ras Al Ain in October 2019, temporarily displacing over 250,000 civilians, of whom around 75,000 remained displaced after two weeks. Hostilities reportedly killed at least 92 civilians in Al-Hasakeh, Ar Raqqa and Deir-ez-Zor governorates between 9 October and 5 November 2019. Of 49 verified military uses of schools and other interferences with education, nearly half were reported in Al-Hasakeh Governorate (47 per cent). The increase use of IEDs by non-state armed groups in the north-east also caused civilians casualties.

In the north-west, more than 400,000 people were displaced between May and August 2019 due to hostilities, many of them multiple times. In southern Idleb Governorate, airstrikes and ground shelling by GoS Forces and allied parties intensified in December 2019, particularly in areas in and around Maarat al-Numan and Saraqib, causing the displacement of over 950,000 people between 1 December 2019 and 29 February 2020. While the United Nations and humanitarian actors are unable to comprehensively monitor and report on civilian casualties in Syria, reports indicate that the escalation of hostilities in Idleb, Aleppo and Hama from 29 April 2019 through 6 March 2020 resulted in at least 1,840 civilian casualties including 358 women and 547 children. 85 per cent of all registered attacks on schools were reported in Idlib Governorate, with 76 per cent of these attacks caused by airstrikes or shelling. Forty nine military use of schools and other interferences with education were observed throughout 2019.

**Mass Displacement**

Displacement, both internal and external, remains a reality for more than 11 million Syrians. Over half of all IDPs have now been displaced for more than five years; almost 40 per cent of IDP families have been displaced more than three times, with numbers even higher for IDPs in north-west and north-east Syria. 2019 and early 2020 displacements concentrated in the north-west and north-east
In 2019, the number of registered IDP movements increased by 12 per cent when compared to 2018, from 1.6 million to 1.8 million. Displacement movements were concentrated in the north-west and north-east, areas where hostilities intensified. In the north-west, between May and August 2019, more than 400,000 people were displaced; an estimated 950,000 people were forced to flee their homes in southern Idleb Governorate as ground fighting and airstrikes increased, mainly moving northwards to the Syrian-Turkish border, between 1 December 2019 and the end of February 2020. In the north-east, up to 250,000 people were displaced in a matter of weeks in Al-Hasakeh Governorate in October 2019 due to hostilities. Of these, 75,000 people remain displaced.

### Total number of IDP movements

<table>
<thead>
<tr>
<th>2018 - 2019</th>
<th>1.6 Million 2018</th>
<th>1.8 Million 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>64,450</td>
<td>23,331</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>4,322</td>
<td>10,691</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>3,205</td>
<td>4,985</td>
</tr>
<tr>
<td>As-Sweida</td>
<td>575</td>
<td>775</td>
</tr>
<tr>
<td>Damascus</td>
<td>1,684</td>
<td>2,035</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>3,023</td>
<td>3,397</td>
</tr>
<tr>
<td>Hama</td>
<td>803</td>
<td>5,058</td>
</tr>
<tr>
<td>Homs</td>
<td>400</td>
<td>5,057</td>
</tr>
<tr>
<td>Idleb</td>
<td>104,194</td>
<td>32,257</td>
</tr>
<tr>
<td>Lattakia</td>
<td>1,115</td>
<td>1,795</td>
</tr>
<tr>
<td>Quneitra</td>
<td>355</td>
<td>756</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>80,052</td>
<td>3,203</td>
</tr>
<tr>
<td>Tartous</td>
<td>1,456</td>
<td>1,230</td>
</tr>
</tbody>
</table>

Overview of displacement inside Syria
As of September 2019

6.1M internally displaced persons
Areas where internally displaced persons live

87% In urban areas

13% In rural areas

Urban displacement
Displacement across Syria continues to be heavily concentrated in urban centres – where over 87 per cent of IDPs now reside – compounding the stress on often overstretched resources, infrastructure and services. 75 per cent (4.6 million) of IDPs are located in five out of Syria’s 14 governorates (Idleb, Rural Damascus, Aleppo, Damascus, and Lattakia), the vast majority being displaced for more than five years. An estimated 8.8 million people live in overburdened communities, i.e. locations where more than 30 per cent of the population are IDPs or returnees – with Idleb, Lattakia, Rural Damascus and Deir Ez-Zor being the most affected governorate and Susat (Deir Ez-Zor Governorate), Mahin and Tadmor (Homs Governorate) among the most-affected sub-districts. In these communities, displaced populations frequently confront limited access to water, healthcare, shelter, inadequate sanitation and solid waste management, and an accumulation of debris. Amongst others, these conditions increase the likelihood for infectious diseases to spread, including leishmaniasis, tuberculosis and epidemic-prone diseases.

Displacement inside and outside Syria

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

2019

Total IDP movements in 2019 by sub-district

- 1 - 1,000
- 1,001 - 5,000
- 5,001 - 10,000
- 10,001 - 20,000
- 20,001 - 389,253

Displacement from governorate of origin to governorate of destination
Total number of IDPs arrived

IDP movements less than one thousand are not reflected on the map

Arrows on the map do not depict actual IDP movement paths
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: IDP Task Force
Creation date: 23 March 2020

Total IDP movements
(January - December 2019)
includes displacements from within and outside of Governorate

Departures from Governorate (in thousands)

- Idlib: 1,235.5
- Hama: 194
- Aleppo: 113.7
- Deir-ez-Zor: 105.7
- Al-Hasakeh: 80.7
- Ar-Raqqa: 61.9
- Rural Damascus: 10.8
- Lattakia: 9.3
- Homs: 9.4
- Tartous: 3.8
- Damascus: 3.1
- Dar’a: 0.02
- As-Sweida: 0.02
- Quneitra: 0.04

Arrivals to Governorate (in thousands)

- Idlib: 1,096
- Aleppo: 437.9
- Al-Hasakeh: 136.8
- Ar-Raqqa: 58.1
- Deir-ez-Zor: 51.6
- Lattakia: 16.7
- Homs: 13.4
- Tartous: 9.8
- Rural Damascus: 2.6
- Hama: 2.4
- Damascus: 2.4
- As-Sweida: 0.4
- Quneitra: 0.04
- Dar’a: 0

1.8 million

Total IDP movements
Increased overcrowding of IDPs in sites of last resort

In 2019, the number of IDPs seeking shelter in sites of last resort increased by 42 per cent compared to 2018. As at end February 2020, approximately 20 per cent (1.4 million people) of all IDPs resided in over 1,367 last resort sites, the vast majority (1.1 million IDPs) concentrated in the north-west. Women and children represent 81 per cent of the population in these sites. Similarly, women and children make up the vast majority in the north-east IDP sites and makeshift settlements in Al-Hasakeh and Ar-Raqqa governorates. Factors explaining increased reliance of IDPs on last resort sites as well as multi-sectoral needs of people in these sites are analysed in Section 1.3.

Decrease in self-organized IDP returns, slight increase in refugee returns

The number of IDP return movements decreased by two-thirds in 2019, from 1.4 million in 2018 to 494,000 in 2019. This downward trend is associated with perceptions on personal safety and security conditions, limited livelihood and income opportunities, debilitated infrastructure, including housing, and service availability in areas of return. For more detailed analysis of return motivations and needs in areas of return, see Section 1.3.

The number of self-organized spontaneous IDP returnees in 2019 is estimated at 291,000, with most returns concentrated in southern Dar’a Governorate (mostly to Dar’a and Izra’ subdistricts), north-eastern Deir-Ez-Zor Governorate (Abu Kamal and Al Mayadin sub-districts) and north-western Aleppo Governorate (Jebel Saman sub-district).

In addition, 96,253 refugees are estimated to have spontaneously returned to various locations in Syria in 2019.

IDP spontaneous returns

January - December 2019

Source: Information as reported by UN partners survey and OCHA, for 2019
Creation Date: 30 January 2020
IDP Intentions

Intention surveys show that over half of all IDPs are undecided whether they will remain, return or move again (within or outside Syria) in the three months subsequent to when they were asked. Approximately 19 per cent indicate they wish to integrate into their current communities, 16 per cent intend to return to their place of origin, which is a significant drop from 30 per cent reporting an intention to return home at the same time last year. These numbers indicate growing uncertainty over conditions for return – including safety concerns, movement restrictions, lack of employment opportunities and access to basic services – as well as the extent to which IDPs may have been able to establish a living in their places of displacement, even if ultimately unsustainable.

The following statistics indicate that returns may not be sustainable for many and that, in some cases, returnees become IDPs again: 10 per cent of IDP households have attempted to return to their places of origin, only to be displaced again after less than a month, due to a combination of push and pull factors. In in Dar’a Governorate this figure is 15 per cent; for Idlib Governorate it climbs to 20 per cent.

* Source: UN Partner’s Survey, IDPs Past, Present and Future Intentions, December 2019.
Disrupted Basic Service Delivery and Loss of Infrastructure

In areas particularly affected by past and current hostilities, essential service infrastructure such as hospitals, schools, water supply systems, sewage and power networks are often severely damaged or in a state of disrepair, requiring extensive maintenance and rehabilitation to provide a minimum level of service delivery.

Of 2,184 fixed health facilities assessed, 135 (6 per cent) have been fully damaged and another 420 (19 per cent) are partially damaged since the beginning of the crisis. Only 53 per cent of hospitals and 51 per cent of primary healthcare centres (PHCs) are estimated to be fully functional across Syria.\(^53\) Although damage to health facilities is one important effect of hostilities, acute shortages of health care staff – largely driven by displacement, death and injury to health workers, and the flight of health workers from Syria – has become a chronic issue that is much harder to remedy, even with sufficient financial resources. Over 50 per cent of the health workforce is estimated to have left the country.\(^54\)

Similarly, the destruction or damage to water supply systems, combined with the displacement and drain of qualified technical WASH staff, have decreased communities’ access to safe water. 42 per cent of assessed households rely on alternative and often unsafe water sources to meet or complement their water needs. Districts where less than 10 per cent of the population is served via water networks, hence relying on higher-risk water supply modalities, are: Al Ma’ra and Ariha (Idleb Governorate), Afrin and Al Bab (Aleppo Governorate).\(^55\) Similarly, sanitation systems are not fully functional in many areas affected by hostilities and displacement. In the districts of Afrin, Al Bab, Menbij and Jebel Saman (Aleppo Governorate); Ras al-Ain and Qamishli (Al-Hasakah Governorate); Tell Abiad (Ar-Raqqa Governorate); Duma (Damascus Governorate); As-Sanamayn, Izra’, Dar’a (Dar’a Governorate); Deir ez-Zor (Deir ez-Zor Governorate); As-Salamiyeh (Hama Governorate); Tell Abiad (Ar-Raqqa Governorate); Duma (Damascus Governorate); As-Sanamayn, Izra’, Dar’a (Dar’a Governorate); Deir ez-Zor (Deir ez-Zor Governorate); As-Salamiyeh (Hama Governorate); Tal Tamer (Hasakah Governorate); Al Ma’ra, Arikha and Harmid (Idlib Governorate); and Rural Damascus and Qatana (Rural Damascus Governorate), a high proportion of assessed households report sanitation-related concerns, including blocked sewer connection, septic tanks not being dislodged, sewage overflowing in the neighbourhood – all of which can increase public health risks.\(^56\) Lack of adequate sanitation facilities is also linked to higher GBV risks.

One in three schools is not used for schooling, due to destruction, damage and other use. Hostilities and displacement in north-east and north-west Syria have resulted in at least 219 school buildings being used for education services (e.g. absence of walls, roofs, staircases, windows or heating), elevating health and protection risks. Schools in 212 communities are contaminated by explosive hazards, with assessed communities in the following Governorates reporting the highest level of explosive hazards present in schools: 30 per cent in Rural Damascus, 20 per cent in Ar-Raqqa, 17 per cent in Aleppo, and 14 per cent in Deir-Ez-Zor.\(^57\)

In 2019 shelter conditions deteriorated in 238 out of 272 sub-districts.\(^58\) Estimates suggest that as of early 2017, about a third of the housing stock has been damaged or destroyed, with the highest full destruction occurring in Deir-Ez-Zor (10 per cent) and the highest partial damage in Tadmor (33 per cent).\(^59\) Aleppo is also among the most severely impacted cities with 8 per cent destroyed units and 23 per cent partially damaged.\(^60\)

Electricity is increasingly unreliable across the country, with at least 5.2 million people receiving less than three hours per day compared to 3.8 million in November 2018.\(^61\)

Macroeconomic Decline in 2019

The Syrian economy has been in steady decline since the start of the crisis in 2011, with a continuous loss in gross national income per capita leading to Syria being reclassified as a low-income country in July 2018.\(^62\) In 2019 and early 2020 conditions have, however, significantly worsened, accelerating the depreciation of the Syrian pound, which in turn further reduced households’ purchasing power in a context where an estimated 90 per cent of Syrians already live below the poverty line.\(^63\) In January 2020, the Syrian pound on the informal market fell from 1,000 to 1,250 against the US$ in just six days, a loss of almost 20 per cent, and representing just half of its value from early September when it traded at 690.

While there are multiple causes for this devaluation, significant contributing factors are the financial crisis in neighbouring Lebanon, affecting one of Syria’s principal gateways to the international financial system, and the potential reduction of Iranian financial support to Syria as a result of escalated regional tensions. In the future, there may also be consequences of the recently-adopted US Caesar Syria Civilian Protection Act, otherwise known as the Caesar Act, which will impose secondary unilateral coercive measures on institutions and individuals from other countries that conduct specific business activities in Syria.\(^64\)

The current economic crisis stands to affect the humanitarian context and needs in 2020 in several ways, including decreasing the quality of service provision and ability for infrastructure repairs, as well as challenges with importing critical goods and food. This is further outlined in Section 1.9.
1.3 Humanitarian Consequences of the Crisis

People in Syria experience a range of humanitarian needs, depending on their level of exposure to hostilities; displacement status; the availability and access to basic services; gender, age and disability status, among other pre-existing vulnerabilities; as well as their economic circumstances. Years of crisis have led to people struggling to make ends meet, with many ultimately resorting to harmful coping strategies.

Humanitarian Consequences related to Protection

Syria remains primarily a protection crisis, with significant protection risks arising from direct exposure to hostilities, multiple cycles of displacement and harmful coping strategies. Several factors drive protection risks for specific population groups:

Lack/loss of legal protection and civil documentation

The lack or loss of civil documentation continues to limit affected populations’ access to basic services and humanitarian assistance – on which 53 per cent of assessed communities rely to meet basic needs –, in that delivery of assistance is frequently contingent on showing civil documents. Lack or loss of civil documentation; housing, land and property (HLP) issues as well as freedom of movement remain major and countrywide protection issues. It increases, for example, the vulnerability of women and girls already at risk, such as widows and divorcees, who cannot access inheritance or alimony and have their children often taken away.

In a representative survey, concerns related to civil documentation, including the lack or loss of personal documents such as birth, death and marriage certificates, were reported by respondents as occurring in all 1509 communities assessed. HLP-related problems and restrictions of freedom of movement occur in 60 and 58 per cent of assessed communities, respectively, and can be directly linked to the effects of hostilities and forced displacement. Unavailability of official services or lack of access to them due to safety concerns are cited as the primary reasons for lack/loss of civil documentation, followed by the inability to afford the administration fees or transport costs to access these services, as well as loss of personal documentation during displacement.

Movement restrictions result from a variety of factors, including checkpoints and lack of civil documentation (see infographic), impacting host populations, IDPs and returnees alike. The highest perceived cause of restriction on movement for women is spousal/family/community restrictions, particularly by male relatives who impose harmful cultural norms in some parts of the country.

HLP issues, rental problems (landlord/tenant issues), damage/looting of property and lack of documents are described as major concerns by all population groups. Qualitative sources indicate that HLP issues often arise when shifts of administrative control occur and when exacerbated by lack/loss of civil documentation in particular.

Protection Risks and Harmful Coping

Despite the resilience and resourcefulness of the Syrian people, coping mechanisms of individuals and host communities continue to be increasingly affected by the protracted crisis. 60 per cent of assessed communities mentioned relying on local/community support, while 53 per cent indicated relying on humanitarian assistance to cope. 55 per cent of assessed communities mentioned resorting to illegal activities as per domestic law (such as theft or smuggling) for coping. Harmful coping mechanisms pose specific protection risks for boys and
girls. Incidents of child labour and child marriage are reported in all 14 governorates, in 84 per cent and 69 per cent of assessed communities respectively, depriving many of their childhood and adolescence as well as basic rights, including the right to education. 68

**Specific Protection Risks for Children, Youth and Adolescents**

Children, adolescents and youth are exposed to a range of protection concerns and grave child rights violations. 5.7 million children are in need of protection, with key need drivers including: ongoing exposure to hostilities, specifically in north-west and north-east Syria; limited access to services; and displacement, frequently separating children from family members, including primary caregivers, and disrupting education. 2.45 million children aged 5–17 are out of school, 59 heightening their protection risks, and 1.6 million children are at risk of dropping out. Drivers for high out-of-school rates include displacement, attacks on schools, schools used for other purposes, use of schools as IDP shelters, unsafe learning conditions, costs related to accessing education, psychological stress, shortage of education personnel and harmful coping mechanisms adopted by households, including child labour and child marriage.

While underreporting is a significant challenge, thousands of children have been killed by hostilities since the start of the crisis. At least 897 children are reported to have been killed and 557 injured in 2019, mainly as a result of the persistent use of explosive weapons in the conduct of hostilities, including against schools. At least 820 children are reported to have been recruited by parties to the conflict. 70 Cases of torture, detention, abduction, sexual violence, denial and lack of access to humanitarian assistance due to lack of civil documentation, amongst others, are reported. Incidents of girls and boys being married at young ages or withdrawing from school in order to work, often in dangerous conditions, are also observed. 71

These factors clearly affect the mental well-being of children specifically, with 42 per cent of surveyed households reporting signs of psychosocial distress in children – nightmares, lasting sadness and anxiety, amongst others – in the last 30 days, suggesting that many girls and boys are in a situation of prolonged distress. 72

**Gender-Based Violence (GBV)**

While comprehensive figures are not available for Syria, available information suggests that GBV, especially rape, sexual harassment, early/forced/child marriage, denial of resources, emotional/psychological violence and domestic violence (including intimate partner violence and other forms of family violence against women and girls) continue to impact the lives of women and girls in Syria. 75 Women and girls report that they experience psychosocial stress and limit their mobility due to fear of sexual harassment and sexual violence. 76 The psychological and health consequences for women, men, girls and boys who are survivors of GBV are likely to remain significant for years to come. Women and girls living in IDP sites face specific risks when using shared or communal sanitation and bathing facilities, due to overcrowding, lack of sex segregation, lack of door locks or lights and harassment. Such risks and concerns inhibit women’s and girls’ access to services, humanitarian assistance and ultimately curtails their rights.

**Explosive hazard contamination**

11.5 million Syrians live in the 2,562 communities which reported contamination by explosive hazards – i.e. landmines, explosive remnants of war (ERW), including unexploded ordnance (UXO), and improvised explosive devices (IED) – in the last two years. 75 Reports on communities witnessing explosive hazard contamination increased by 29 per cent in 2019 compared to 2018, with most communities at risk being those close to the frontlines and in densely populated urban areas where the risk of collateral damage from the use of explosive weapons is much greater. 60 per cent of these communities are in just four governorates (Aleppo, Idlib, Ar-Raqq, Hama), corresponding to areas that have seen high numbers of explosive incidents in 2019. 76

While all population groups are exposed to the dangers posed by these hazards, men and boys are more directly at risk – with the former representing 60 per cent of recorded casualties – particularly when engaging in farming, herding, moving or travelling, and rubble removal. Women and girls are more indirectly impacted by the long-term consequences of contamination which can see them deprived of breadwinners, when male family members are injured or killed. IDPs and returnees, often unaware of the dangers in their communities and lacking adequate housing options, are also particularly vulnerable. While all people living in areas contaminated by explosive hazards have specific needs in terms of risk education, these needs are especially acute among children who are more likely to unknowingly pick up suspect items or be playing in a contaminated area.

**Humanitarian Consequences related to Physical and Mental Well-Being**

Life-threatening needs in Syria are driven by a series of direct factors. Among such factors, contamination by explosive hazards and other protection-related needs affect people’s access to humanitarian assistance and coping strategies. The quality of and access to healthcare in parts of the country has contributed to increased morbidity figures for acute and non-communicable diseases, as well as increased levels of acute and chronic malnutrition. Underlying causes for these trends include the reduced availability of critical services – health, water and nutrition in particular – due to infrastructure destruction and flight of technical personnel, combined with reduced livelihood and income opportunities which have negatively affected households’ ability to cover basic needs, including accessing critical services and consuming an adequate quantity and quality of food.
Mortality and Morbidity
A recent study by the Syrian Ministry of Health estimates the mortality rate for children under five at 23.7 deaths per 1,000 live births, seven and half points above the rate of 16.2 deaths per 1,000 live births reported in 2011. The primary causes of death for children under age five are reported to be injury (24 per cent), congenital malformations (21 per cent) and pneumonia at 12 per cent. According to WHO, non-communicable diseases – cardiovascular diseases, injuries, cancer and diabetes, amongst others – and epidemic-prone diseases are the most common causes of morbidity in Syria. 45 per cent of all deaths in Syria are estimated to be related to non-communicable diseases (NCDs) – a 40 per cent increase when compared with 2011 rates. This rise in morbidity rates can be linked to the cumulative damage of health and WASH infrastructure in parts of the country, the lack of qualified personnel, shortages of essential medicines and import restrictions for key supplies and equipment, which combined have reduced the availability and accessibility of health services. Available surveillance data for epidemic-prone diseases indicates that influenza-like illnesses, acute diarrhea and suspected hepatitis are the leading causes of morbidity across all age groups. This is particularly the case for IDP camps and sites where indicators related to access to safe water, sanitation and hygiene services are consistently worse than in resident and host communities.

Multi-sectoral drivers of malnutrition and acute food insecurity
Approximately 1.2 million pregnant and lactating women (PLW), and 3.4 million children under 59 months of age are in need of life-saving nutrition services. Acute malnutrition persists throughout geographical hotspots in Syria, with 137,000 children 6-59 months and 51,000 PLWs acutely malnourished at the end of 2019. Maternal malnutrition has increased fivefold compared to late 2018, leading to poor intrauterine growth, high risks during pregnancy, and childbirth complications. Criticality of acute malnutrition is the highest in sub-districts with large numbers of IDPs, repeated displacements, and areas lacking specialised nutrition services to continually support pregnant women and young children who are the most in need. February 2020 nutrition cluster surveillance data amongst displaced pregnant and breastfeeding women in north-west Syria showed an alarming rate of acute malnutrition at 21 per cent, with a further deterioration highly likely in light of aggravating circumstances (mass displacement, insufficient access to health, nutrition and water supply services as well as food). Acute malnutrition is not only life-threatening for the mother, health implications also impact the unborn child, and will have lifelong effects and be passed on to the next generation.

For in-patient treatment, the rate of malnourished children presenting health complications had increased twofold in some sub-districts by late 2019 compared to one year prior. The number of stabilization centres with trained staff to respond to these cases as well as all malnourished infants 0-6 months is inadequate throughout the country. Micronutrient deficiency is taking its toll on the health of women and children. Almost one in three pregnant women is anaemic, while more than one in four children aged 6-59 months have anaemia as a result of insufficient micronutrient (iron) intake. Iron deficiency increases the risk of post-childbirth hemorrhaging, premature births, childhood infections, learning disabilities, and delayed physical development. Sub-optimal maternal nutrition and infant and young child feeding practices, poor quality of consumption of diverse foods such as locally available fresh fruits and vegetables and animal source foods, and repeated illnesses (due to sub-optimal water, sanitation and health conditions) are drivers of poor nutritional status for large parts of the population.

Explosive hazards in Syria
Accidents and survivors

11.5M people in Syria live at risk of explosive hazards

- Almost 23% of explosive hazard accidents victims were children
- 57% of explosive hazard accident survivors will sustain lifelong impairment
- 50% of accidents occurred in fields and pastoral land
- 42% of whom were hurt or killed while playing
- 74% of whom suffered from amputation
- 25% of accidents occurred near peoples’ homes
Chronic malnutrition rates are at a historic peak, with almost 500,000 children suffering from stunting with likely long-term effects on their physical and cognitive development, including diminished mental ability and learning capacity, increased risks of nutrition-related chronic diseases such as diabetes and obesity, and inter-generational effects. The national prevalence of stunting in children is estimated to be at 12.6 per cent, with emergency thresholds reached in the sub-districts of Deir-Ez-Zor and Al-Hasakeh (one in five children stunted), Idleb and Aleppo (one in six children stunted), and Quneitra. The rise in chronic malnutrition rates is a critical concern for the reasons outlined above, but also given the irreversibility of untreated chronic malnutrition. The first 1,000 days of life, from pregnancy until 24 months of age, is a critical period of physical and cognitive growth but also a unique window to address and reverse stunting. Malnutrition in children and pregnant and lactating women in Syria, in all its forms, requires immediate, comprehensive, and multi-sectoral services.

The number of food insecure people has increased by 22 per cent, from 6.5 million in 2019 to 7.9 million people in 2020. 570,000 people are estimated to be severely food insecure and 7.3 million moderately food insecure. An additional 1.9 million people are at risk of food insecurity. The main drivers of food insecurity in Syria are related to the deteriorating economic environment, loss of livelihoods and limited physical and financial access to food. Despite a large-scale response, populations continue to require food assistance and often resort to harmful coping mechanisms, most frequently (47 per cent of households) by skipping meals, reducing portion sizes – including to provide for younger family members – as well as lowering the quality or diversity of consumed food and buying food on credit.

Particularly affected population groups

The humanitarian consequences related to physical and mental well-being affect all population groups in need, albeit to different degrees and depending on the level of direct exposure to hostilities, functionality of basic services, pre-existing economic vulnerability and conditions of displacement. As a result, the population groups with particular needs related to physical and mental well-being are:

- Acutely malnourished children aged 6-59 months (137,000);
- chronically malnourished children (500,000);
- pregnant and lactating women (PLW) with micronutrient deficiencies (1,180,000)
- People identified as being severely food insecure (570,000)
- IDPs in last resort sites (1.4 million) (see highlight box, p. 23)
- People with disabilities (see highlight box, p. 33)
- People living with injuries, acute and non-communicable diseases in areas of active hostilities and settings without adequate health services, specifically in IDP camps, informal settlements and collective centers with inadequate water, sanitation and hygiene conditions.
Displaced people living in last resort sites and in open areas face severe deprivation and survival needs that cut across all sectors of intervention. They have typically exhausted all other accommodation options and available resources and are highly dependent on humanitarian assistance to meet their basic survival and protection needs.

In 2019, the number of IDPs seeking shelter in last resort site has increased by 42 per cent compared to 2018. As of the end of February 2020, over 1.4 million IDPs resided in over 1,367 last resort sites, with 78 per cent or 1.1 million IDPs concentrated in 706 last resort sites in the north-west.

Women and children represent 81 per cent of the population in these sites. Similarly, women and children comprise the vast majority in the north-east IDP sites and makeshift settlements in Al-Hasakeh and Ar-Raqqa governorates. The gender and age composition of IDPs in last resort sites raises specific needs related to child protection (family separation/reunification, psychological support), education and child clothing. IDPs generally require protection services related to GBV prevention and civil documentation, especially in sites where they are subjected to rigorous security screening procedures and are deprived of civil documents. People with disabilities living in last resort sites are in particular need of tailored assistance and specialized services (see highlight box, p. 33).

Several camps in north-west Syria are severely congested, some by as much as 400 per cent above their intended capacity. Overcrowding, often causing unhygienic and undignified living conditions, poses significant public health and protection concerns. The latter include limited access to latrines, bathing spaces and other common facilities, increasing the exposure of particularly vulnerable IDPs such as women and children to a range of protection risks, including lack of privacy, harassment, child/forced marriage, sexual and other types of gender-based violence.

Around 271,000 people or 24 per cent of IDPs in last resort sites in Idleb and Aleppo governorates live in inadequate shelter conditions. In areas of high displacement, such as in Dana sub-district in Idleb Governorate, last-resort sites or camps are not even an option for many, forcing thousands to live in the open air, exposed to the elements and inclement weather. IDPs living in open areas face aggravated survival needs in the absence of adequate shelter assistance, especially during the cold winter months when temperatures frequently drop below zero degrees.

At least 23 per cent of IDPs in sites in north-west Syria – 258,000 people – lack access to safe water; and at least 59 per cent - around 684,000 people- do not receive minimum food assistance on a monthly basis. February 2020 nutrition cluster surveillance data illustrates the combined effects of this situation on the displaced population, with 21 per cent of displaced pregnant and breastfeeding women in north-west Syria being acutely malnourished and a further deterioration in the nutrition situation likely.

During the 2019/2020 winter, several camps in Idleb, Lattakia and Aleppo governorates were flooded, with damaged and destroyed tents, latrines and lighting installations. In early 2020, over three million IDPs required winterization support, including 1.2 million in sites and approximately two million IDPs outside of camps, many residing in unfinished buildings years after their initial displacement. As an example, more than a third of all IDPs

### Key Needs of IDPs in last resort sites in north-west Syria

**February 2020**

- **78%** or 1.1 million IDPs are located in last resort sites in the north-west

- **81%** of site population are women and children
- **24%** of IDPs live in inadequate shelter conditions*
- **23%** of IDPs do not have access to adequate drinking water*
- **59%** of IDPs do not receive minimum food assistance on a monthly basis*
- **39%** of IDPs do not have adequate access to non-food items and sanitation services*
- **46%** of IDPs do not receive adequate waste removal services*

* Real numbers are estimated to be higher given the significant underreporting
in Jaramana and Qudsiya districts in Rural Damascus (which combined host 7 per cent of all IDPs in 2019) are accommodated in unfinished or damaged buildings.

While acute needs are found throughout the country, the concentration of IDP sites of last resort in the north-west and north-east requires different response modalities than in Government-controlled areas, where a significantly larger proportion of IDPs are hosted in communities or, to a lesser extent, in collective accommodation or shelters.

### Humanitarian Consequences related to Living Standards

The main drivers for inadequate living standards of people in need in Syria include reduced access to shelter and basic services, as well as decreased capacity to cover basic needs due to a lack of income opportunities and loss of livelihoods. All these factors are exacerbated by economic decline which has reduced households’ purchasing power. In particular, where these factors affect (repeatedly) displaced populations and overburdened communities in areas of localized hostilities, they contribute to and exacerbate survival related needs. In most other areas of Syria which have witnessed relative calm and which host a large proportion of people in need, these factors reduce the capacity of populations to make ends meet, favor adoption of harmful coping strategies and elevate people’s vulnerability to future shocks.

#### Increased shelter needs

In 2020, the number of people requiring shelter assistance has increased by 20 per cent, from 4.7 million in 2019 to over 5.7 million in 2020. This increase is driven by a loss of capital, the destruction of housing infrastructure (see previous section) and the deterioration of shelter conditions in 238 out of 272 sub-districts – and compounded by the scale of new displacement in 2019, protracted displacement, return movements and a very limited shelter response.

At least 14 per cent of the population lives in damaged buildings, with IDPs disproportionally affected. An estimated 23 per cent of IDPs live in inadequate shelter conditions, including damaged and/or unfinished buildings, public buildings such as schools, and other non-residential buildings. Geographically, poor shelter conditions are most prevalent in Idleb, Aleppo, Rural Damascus governorates, Ar-Raqqaa city and in camps in the north-east and north-west.

Problems most frequently reported include lack of heating, lack of lighting around and inside the shelter, and lack of insulation from the cold, including no or inadequate doors, windows and electricity.

These conditions increase protection and public health risks, particularly when combined with overcrowding and inadequate access to water, sanitation/waste disposal and health services. This is particularly pronounced in densely populated sub-districts such as Dana, Harim and Atmah along the Turkish-Syrian border – areas which have seen a constant influx of IDPs and increasing pressure on host communities, forcing many displaced people to seek shelter in last resort sites and in the open air. Conditions in these sites enable the spread of respiratory and epidemic-prone and respiratory diseases, including leishmaniasis. Reduced rates of leishmaniasis cases continue to be reported in Idleb, Hama, Aleppo, Al-Hasakeh and Deir-Ez-Zor governorates.

Reduced purchasing power (see further below in this section) negatively affects the capacity of IDP households in particular to acquire essential non-food items such as fuel, blankets and clothing.

### Reduced Access to Critical Services

Extensive hostilities, destruction/damage to crucial civilian infrastructure (see Section 1.2) and its limited restoration, years of under-investment and the flight of technical personnel have significantly disrupted the availability of and access to basic services, especially in areas that have or are experiencing hostilities in combination with high displacement figures. When asked about which specific infrastructure and services need
most affected populations identify their top needs as access to
health services, electricity and water supply as top needs. High levels of health infrastructure damage are correlated with
low levels of health care workers, compounding the effects of
the crisis. Health personnel shortages are particularly acute in
areas affected by recent hostilities and displacement. Of the
top six sub-districts by ratio of fully damaged facilities, Kafr
Zeita and Ziyara (Hama), Eastern Kwaires (Aleppo) and Kansaba
(Lattakia) also face critical human resource shortages, with less
than one clinical health care worker per 10,000 population – a
ratio well below emergency health standards.

It is also worth noting that Hama Governorate contains four sub-districts where

District level estimates of housing damage*

Estimated damage to Syria’s housing sector

- 22% of all housing partially damaged
- 8% of all housing destroyed

Estimated number of damaged housing units
- 3,679 - 7,057
- 7,058 - 12,281
- 12,282 - 17,240
- 17,241 - 30,749
- >30,749

*Data is only available for districts in Idleb, Aleppo, Raqqa, Deir-ez-Zor, and Al-Hasakeh governorates. / Source: World Bank, 2017
over 50 per cent of health facilities have been damaged, while Aleppo and Idlib governorates each contain three. Collectively these 10 sub-districts are home to over 783,000 people in need of health care services.

Distance, overcrowding and long waiting times are top barriers reported by patients to access health services. In areas affected by hostilities, populations often have to rely on mobile services to access healthcare. Insufficient and interrupted provision of electricity severely curtails treatment and diagnostic capacity, affects cold-chain reliant medication and results in a lack of the most basic lighting and communications needed for maternal delivery and emergency procedures. Routine immunization services are available in just 23 per cent of primary health centres (PHCs) in Deir-Ez-Zor, 30 per cent of PHCs in Idlib, and 39 per cent of PHCs in Al-Hasakeh governorates.

In southern Syria, five out of six hospitals are partially damaged and electricity is limited in both Dar’a and Quneitra. Hospitals there depend on generators and solar energy systems, which provide only minimal power requirements. Electricity is only available for 12 hours per day at the Dar’a National Hospital, 13 hours at Izra’ hospital, 6 hours at Busra al-Sham hospital and 3.5 hours at Tafas hospital – with no electricity available at all at Nawa and Jasem hospitals. A shortage of materials and equipment in Al Bassel Heart Hospital – the only one of its kind in Syria – has resulted in a reduction in the number of heart surgeries performed from 50 to four surgeries a week.

Displaced households in camps and sites, as compared to residents, displaced people and returnees living in host communities, are more than twice as likely to receive unsafe drinking water, as measured by a sufficient amount of free residual chlorine detected in drinking water samples (31 per cent in camp/sites vs. 13 per cent in host communities); and are more than three times as likely to lack access to sufficient quantities of water (37 per cent in camp/sites vs. 11 per cent in host communities).

Conditions for displaced populations in camps and sites differ across the north-west and north-east. A higher proportion of IDP households in camps and sites in north-west Syria report water insufficiency, with the worst levels being in Jebel Saman, Harim, Jarablus and Ariha districts, compared with north-east Syria. Most IDP households report being forced to cope by reducing hygiene practices in order to save water - i.e. reducing hand washing, bathing and other activities critical to prevent waterborne diseases and other public health risks. As the primary water supply modality for IDPs in north-west Syria is water trucking, over forty per cent of IDPs in sites in the north-west spend over five per cent of their income on purchasing water, negatively affecting their capacity to financially afford other items, and services critical to cover basic needs.

By contrast, water safety and sanitation conditions in IDP camps and sites throughout north-east Syria are reported to be considerably worse than in north-west Syria. A larger proportion of the population in camps and sites in north-east Syria utilise shared communal toilets that do not meet minimum humanitarian standards and are more likely to be sharing toilets that are not gender segregated, exposing female household members to heightened protection risks.

A large number of Syrian children do not have access to quality education and are forced to study in substandard conditions. There is an overall lack of learning spaces and reduction in the number of teachers, with student to teacher ratios reaching 100:1 in parts of Rural Damascus, Aleppo, Deir-Ez-Zor, Homs and Ar-Raqqa governorates. The availability of safe learning spaces has sharply reduced, with one in three schools being used for purposes other than schooling, due to destruction and damage (with 157 attacks reported on schools in 2019), usage as IDP shelters (at least 219 schools were used as IDP shelters in 2019) or military occupation (32 schools reported in 2019). Explosive hazard contamination of schools by unexploded ordnances poses further significant protection risks and highlights the need for widespread mine risk education and ultimately clearance efforts. Schools in 212 communities are reportedly contaminated by explosive hazards, with assessed communities in the following governorates reporting the highest level of explosive hazards present in schools: 30 per cent in Rural Damascus, 20 per cent in Ar-Raqqa, 17 per cent in Aleppo, and 14 per cent in Deir ez Zor.

Water supply and sanitation services are also interrupted by power cuts and protection risks heightened. Macroeconomic decline has also negatively affected service provision - in addition to the price of basic items- and is further illustrated in the following section.

Reduced purchasing power and access to livelihoods

Syria’s economic decline in recent years has significantly reduced the availability of income generation opportunities. Livelihoods have been lost as a result of reduced public spending, infrastructure damage, mass displacement, hostilities and explosive hazard contamination, and loss of productive and financial assets. Some 60 per cent of the working-age population (18 to 65 years) in Syria does not have access to formal employment - a 85 per cent increase from pre-crisis levels. Daily-paid labour is reportedly the most common household source of income, however, it is often unreliable and low-wage.

Significant price increases have been recorded on essential items such as bread bundles and fuel for transport, power and heat, with heat-related costs driven up further as winter set in late 2019. This is particularly acute in the north-west, where the price of bread, for example, rose by 47 per cent between September and October 2019 alone. Fuel has become less available and accessible due to the devaluation of the Syrian Pound, the military operations by the Turkish Government and allied NSAGs in north-east Syria in October 2019 which interrupted oil production and trade, and the strengthened enforcement of sanctions on oil exports from Iran.
As a result of these dynamics, households’ purchasing power has significantly decreased. An estimated 70 per cent of Syrians spend over 65 per cent of their income on food, followed by spending on healthcare, transportation, and non-food items (NFI). Households report complementing their income to cover basic expenses, primarily by borrowing (74 per cent), remittances (43 per cent) and savings (31 per cent).

Due to these coping behaviours, the rate of household indebtedness is growing. More than a third of assessed households report outstanding debts, with 57 per cent experiencing stress or adopting negative coping strategies to alarming levels of impact/effect (see infograph). In Izra’ district, in Dar’a Governorate, for example, there is a strong correlation between indebtedness and food insecurity. Of families assessed there, 83 per cent report outstanding debts. 35 per cent of these families with outstanding debt are severely food insecure and 40 per cent are moderately food insecure. This is a consistent trend across the south, where limited financial means and high prices – the cost of the food basket in Dar’a is the second highest in Syria, approximately 1,000 SYP higher than the national average – force people to engage in potentially harmful coping mechanisms, such as selling household assets/goods and more non-bearing/male animals than usual, as well as reducing non-food expenses such as health and education.

Lack of income opportunities in combination with reduced purchasing power and increased indebtedness have left people preoccupied with daily survival rather than recovery or rebuilding their lives. An estimated 90 per cent of the population is estimated to live under the poverty line, with recent analyses estimating that at least 27 per cent of the population lives in abject poverty.

Against this backdrop, the most frequently reported need across all population groups is access to income-generating opportunities (45 per cent), which is indicative of people’s desire to enhance their self-reliance and ability to address multiple needs.
needs. The other expressed top needs were food (42 per cent) and health services (32 per cent). Expressed priorities in services/infrastructure were functioning health, electricity and water services.

Top needs as expressed by households
2020

<table>
<thead>
<tr>
<th>Income-generating opportunities</th>
<th>Food</th>
<th>Health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>45%</td>
<td>42%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Internally Displaced Persons

98 per cent of IDPs and 72 per cent of returnee households report that their income is not sufficient to meet household needs, yet both groups cope differently. IDPs are particularly affected by shelter damage and deterioration. The number of IDPs able to access undamaged shelter is estimated to have dropped by 30 per cent compared to 2019. This is mirrored by the increase of IDPs in overcrowded last-resort sites, raising health, protection and safety risks.

An estimated 51 per cent of IDPs live in rented accommodation, with more than three quarters of these IDP households stating that they are unable to afford current levels of rent. Almost 60 per cent spend their income on just two basic needs (food and rent / shelter), leaving little room for other expenses, including education and medical care.

Women, already among the most vulnerable groups, are further at risk when displaced. While 79 per cent of male IDPs are employed, only 20 per cent of displaced women are. Female IDPs in Quneitra report the lowest employment rate (7 per cent), followed by Idleb (8 per cent), and Ar-Raqqa and Deir-Ez-Zor (12 per cent each), due to a range of factors, including lack of access to employment opportunities, childcare responsibilities, obstruction and lack of technical skills.

In line with trends expressed by all population groups in need, IDP households identify the need for income-generating opportunities as well as food as top priorities. Expressed priority needs specifically related to service infrastructure are hospitals/health facilities, electricity and water services. While not per se a humanitarian need, the need for functioning public transport services also ranked high, indicating the level of priority which IDP households attribute to mobility as well as their dependence on functioning transport services, including to access a variety of humanitarian services.

Impact on IDP Returnees:

Some 291,000 IDPs are estimated to have spontaneously returned to various locations in Syria in 2019. Self-organized IDP returns are influenced by a variety of push and pull factors, with primary push factors driving return being:

- the deteriorating economic situation in areas where returnees currently live (top reason mentioned by 29 per cent of respondents);
- lack of access to assistance or basic services (6 per cent);
- deteriorating security in the location of displacement (6 per cent).

Conversely, improved safety conditions, economic and livelihood opportunities, and the presence of family and friends continue to constitute the three most important pull factors conditions informing self-organized IDP returns.

Living conditions in areas of return remain challenging, with IDP returnees facing a series of obstacles in addressing basic needs and rebuilding their lives (see infographic), specifically barriers to access to formal employment opportunities (indicated by 83 per cent of returnees), as well
as lack of access to financial institutions (68 per cent) and legal services (65 per cent). A staggering 92 per cent of returnees lack access to psychosocial services, a significant gap in regards to ensuring long-term mental health and social inclusion/reconciliation.

Returnee households also indicate their income is insufficient to meet basic needs (72 per cent) and as a result most frequently borrow money or buy on credit. 54 per cent of returnee households can rely on savings, more so than IDPs. Returnee households consequently indicate their top priority as meeting their basic needs- ideally via market-based assistance (39 per cent), as well as food (15 per cent) as their top priorities. They further list electricity (32 per cent), healthcare (23 per cent) and water supply (15 per cent) as top needs related to basic services.

Refugee returnees – an estimated 96,000 in 2019 face similar conditions and have similar needs as IDP returnees in terms of access to basic goods and services, livelihood opportunities, civil documentation and Housing Land Property (HLP) issues, including security of tenure. Refugee returnees may also have additional specific needs as a result of having been outside their country for a significant amount of time, including issues related to civil documentation, education, and social reintegration. They also have specific requirements related to their journey back to Syria, including continuity of healthcare.

**Impact on Overburdened Host Communities**

Over 8.8 million people live in communities which host over 30 per cent of IDPs and IDP returnees. Overburdened communities face needs arising from the deterioration or destruction of basic service infrastructure and strain placed on remaining services due to an influx of IDPs and/or self-organized returnees. Key concerns include the lack of or limited access to safe water, healthcare, shelter, sanitation and solid waste management and electricity as well as limited social and protection services. Affected communities also face increased challenges in accessing livelihoods and economic opportunities, which can lead to tensions over access to services and scarce resources.

With more than half of all IDPs displaced for more than five years and most IDPs indicating that they have not yet decided on possible return (58 per cent) or intend to integrate in their current location (19 per cent), enhanced access to basic services such as health, electricity, water and public transport; improved shelter and housing infrastructure; and increased access to livelihood opportunities are core needs in these communities.

### Overburdened Communities

2019

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The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. / Creation Date: 16 Sep 2019
Vulnerability Dimensions
Across all Humanitarian Consequences

Children

Violence, displacement and worsening socio-economic conditions leave children, adolescents, and youth exposed to a range of protection concerns and grave child rights violations. Children continue to be adversely affected by the crisis, with 2.5 million displaced, 5.7 million in need of protection, and 6.6 million in need of education assistance. While underreporting is a significant challenge, at least 897 children were reported to have been killed and 557 injured in 2019, mainly as a result of the persistent use of explosive weapons during hostilities, including against schools. At least 820 children were reported to have been recruited by parties to the conflict. Cases of torture, detention, abduction, sexual violence, denial of and lack of access to humanitarian assistance due to lack of civil documentation, among other factors, were reported. Incidents of girls and boys being married off at young ages and withdrawn from school in order to work, often in dangerous conditions, were also observed. Finally, caregivers themselves – children’s main source of protection – remain affected by a range of protection and other humanitarian needs. The crisis continues to impact children’s mental well-being through prolonged displacement, exposure to violence, poverty and challenges in access to basic services. 42 per cent of surveyed households report signs of psychosocial distress in children – nightmares, lasting sadness and anxiety, amongst others – in the last 30 days, suggesting that many girls and boys are in a situation of more prolonged distress. Finally, many youth and adolescents lack meaningful livelihood opportunities within their communities, with limited access to learning and high rates of unemployment. Vocational training and officially recognised diplomas are key issues to be addressed for the younger generation of Syrians living through the crisis. An estimated 2.45 million children aged 5–17 are out of school and 1.6 million children are at risk of dropping out. One in three school children is displaced. Considerable barriers remain for children to engage and continue their education. These barriers include frequent movements, attacks on education, use of schools as IDP shelters, use of schools for other purposes, unsafe learning environments, psychological stress, shortage of education personnel and harmful coping mechanisms adopted by households such as child labour and child marriage. No Lost Generation’ Initiative

The No Lost Generation Initiative will continue to build upon previous years’ investments and advocate for progress in addressing barriers for children to (re-)engage and continue their education; protection and empowerment of girls and young women; and tackling the exposure to and impact of violence on children, adolescents, and youth:

https://www.nolostgeneration.org/
People with Disability

In Syria, a combination of hostility-related injuries as well as deteriorated availability of and access to specialized health care have resulted in increased rates of disability in areas such as Rural Damascus, Al-Hasakeh, Homs, and Ar-Raqqa governorates. An assessment of functional difficulties in individuals aged 12 and above indicated that up to 27 per cent of those surveyed face some form of functional difficulty (as related to vision, mobility, hearing self-care, cognition, and communication). Reduced mobility and vision were reported most frequently, at 17 per cent and 14 per cent, respectively. People above the age of 40 were disproportionately affected by some form of functional difficulty. In addition, of those surveyed, only 44 per cent of children with disabilities aged 12-17 years were attending schools, underlining that disability impacts access to services. The experience of children with disabilities is often one of marginalisation and disempowerment as many are isolated lives and struggle against stigma, discrimination and social exclusion. Syrians with disability are disproportionately affected by the crisis, with many unable to access specialized health care or work, due to injury and/or attitudinal and physical barriers to access the workplace. Households with at least one member with a disability reported increased costs related to specialized care and difficulty in covering basic needs, including food, water, non-food items and rent/shelter related costs. Displaced households with members with disability are particularly vulnerable, specifically when sheltering in IDP sites where access to specialized sanitation, health and education services is typically inadequate.

Gender

The protracted crisis has impacted women, men, girls, and boys differently. Each of these groups is exposed to different risks and vulnerabilities, while the crisis has triggered shifts in gender roles and responsibilities. Of all households in Syria, 9 per cent are estimated to be headed by females while 8 per cent of IDP households are headed by females. Women have taken on new responsibilities due to men’s absence, disability, loss of livelihood or limited movement outside the home. Employment opportunities have become scarce for both women and men, with some 60 per cent of the population estimated to be without sustained and formal employment. As a consequence, nearly 75 per cent of women and more than 50 per cent of men have less income than they need to meet routine expenses. Female-headed household income remains approximately 40 per cent less than that of male-headed households, with 56 per cent of female-headed households reporting they compromise on food to cover household expenses by skipping meals, buying lower quality food and/or eating smaller portions. Assessments indicate that women living alone, women with a disability, older persons, women-headed households, adolescent girls and divorced and widowed women are reported to be the most at risk of discrimination/exclusion during the delivery of humanitarian assistance.

Men have also been affected by the overall impact and instability generated by the Syria crisis, which has restricted their mobility due to a variety of reasons, including fear from arrest and detention. Men are more likely to be directly exposed to explosive hazards, particularly when engaging in activities such as farming, herding, moving or travelling, and rubble removal, all reported among the most at-risk activities by assessed communities. Due to economic instability, many have lost their livelihoods and traditional breadwinner role in the family, often creating psychological distress. As men often continue to hold decision-making power over many aspects of family life, the changing economic balance of power between men and women may lead to an increased risk of domestic violence. Boys frequently take up roles and responsibilities beyond their age as the primary breadwinner and/or head of household, often engaging in a range of income generating activities, including forms of worst labour, and leading to elevated protection risk, including recruitment.

Women of reproductive age and children under age five make up more than 35 per cent of the affected population and require routine reproductive, maternal, neonatal, child and adolescent health services, which constitute the first-line support for GBV. The socioeconomic situation, lack of livelihood opportunities, and increased poverty are ultimately exposing women and girls to increased vulnerability. Older women, women with a disability, divorced and widowed women, and girls are vulnerable to denial of resources, sometimes linked to the lack of civil documentation or marital status. Evidence suggests that older women, particularly older women with disabilities, are at greater risk of social isolation, with negative consequences for their physical and mental well-being.
Older people

Of the 11.06 million people estimated to be in need in Syria in 2020, 417,000 are above 59 years of age. The majority of older people live in urban areas of Aleppo, Rural Damascus, Damascus, Idleb and Homs governorates. Older people have specific needs during humanitarian crises, being more susceptible to deteriorated physical health, pre-existing health conditions, mental health and nutritional status. Older people, particularly older women with a disability, are also at risk of being physically isolated and experiencing abuse and neglect.

Older people in IDP sites often lack access to adequate sanitation facilities and other WASH services. MSNA results indicated that 18 per cent of interviewed heads of households aged 60 and above reported having WASH needs, 6 per cent more than the average across all age groups. Findings also suggest that older people have increased needs in terms of health services, likely exacerbated by pre-existing health conditions and decreased mobility. Likewise, older people are more likely to experience disability, including mobility, vision, and hearing difficulties, with a recent survey suggesting that over 90 per cent of persons aged 60 and above have a disability. Finally, older people may face specific protection risks, such as family separation and exploitation.

Older people are more likely to have increased difficulties accessing income-generating activities due to traditional carer roles, decreased mobility, damaged infrastructure, and erosion of formal and informal social support systems. For example, 45 per cent of the heads of households aged 60 and above assessed as part of the MSNA indicated income-earning opportunities is a priority need for them, suggesting they are still required to provide for their families. A recent survey suggests that older men are working past their retirement due to dire economic circumstances and continued household reliance on their income. Programmes that address the specific needs and the conditions of older people, therefore, continue to be a critically required in the humanitarian response in Syria.

Palestinian Refugees in Syria

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) estimates that 438,000 Palestinian refugees remain in Syria – a small decrease from the 560,000 individuals registered pre-crisis. Of these, 95 per cent remain in continuous need of humanitarian aid in order to meet their most basic needs. The majority of Palestinian refugees remaining in Syria are believed to have been internally displaced at least once since the beginning of the crisis particularly due to the impact of hostilities on the camps.

Palestinian refugees are expected to continue to experience profound vulnerability in 2020. The vulnerability assessment conducted by UNRWA at the end of 2017 estimated that 91 per cent of the Palestinian refugee population in Syria were in absolute poverty, with over 80 per cent – more than the national average – in extreme poverty. This is exacerbated by large-scale displacement, destruction of Palestinian refugee camps, and restrictions on freedom of movement in certain areas, such as Yalda and Yarmuk. An UNRWA post-distribution monitoring exercise in 2018 found that 60 per cent of the respondents ranked rent as the number one expenditure, while 36 per cent of the respondents indicated food. Furthermore, approximately 30 per cent of the Palestinian households remaining in Syria are headed by a female, persons with a disability or minor, who may require tailored humanitarian assistance and support to meet their specific needs.

Some Palestinian refugee camps have witnessed severe damage and destruction, such as Yarmuk, Ein El Tal and Dar’a camps. Electricity, water and sewage networks in these camps are yet to be re-established in a sufficient level to meet the needs of returning populations. Many installations such as schools or clinics are in urgent need of rehabilitation or reconstruction.
### People affected by the crisis in Syria

People affected by the crisis in Syria can have one or several vulnerability indicators.

#### Background

**Age**
- Children
- Youth and adolescents
- Older people

**Gender**
- Women

**Disability**
- People with disabilities

#### Personal situation

- Chronic illness and injuries
- Socio-cultural status
- Palestinian refugees
- Extreme socio-economic hardship
- Third-country nationals / women and children allegedly associated with former fighters

- Long-term psychosocial stress
- Lack of personal documentation
- Reduced support networks

#### Context

- Areas in proximity to hostilities
- Displacement
- Areas with shifting control
- Areas contaminated with unexploded Ordnance

These vulnerability indicators tend to be present and compound each other in the following context:

**Generally vulnerable groups**

- People living in areas with restricted access or shifting control
- People living in areas that have seen high intensity of hostilities or contamination with explosive hazards
- IDPs living in last resort sites, collective centres and open areas
- Newly displaced populations who are often fleeing hostilities or suffering rapid onset displacement due to natural hazards
- Spontaneous IDP and refugee returnees requiring specific assistance to avoid secondary displacement
- Overburdened communities with large number of IDPs, spontaneous returnees and/or prolonged interruption of basic services

#### Consequences of vulnerability

- Limited or restricted access to and availability of basic services and assistance
- Reduced access to livelihoods and economic opportunities
- Restricted freedom of movement
- Jeopardized rights to property, inheritance and child custody
- Increased exposure to risks and resorting to harmful coping mechanisms
- Exposure to harassment, violence and exploitation
- Risk of further displacement

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*Population groups which are generally most in need of protection, life-saving and life-sustaining humanitarian assistance in Syria:

1. People living in areas with restricted access or in areas of shifting control, where freedom of movement and access to services have been significantly interrupted or remain extremely limited and challenging, including due to the reduced presence of humanitarian actors, or bureaucratic restrictions on humanitarian actors.
2. People currently living in areas that have seen high intensity of hostilities or have high levels of contamination with explosive hazards.
3. IDPs living in last resort sites, collective centres, and/or living in open areas, who have limited or no access to core services and where freedom of movement might be limited—open areas are locations where displaced people are staying without covered shelter for a period of longer than one week.
4. Newly-displaced populations who are often fleeing hostilities or suffering rapid onset displacement due to natural hazards and are therefore likely to face immediate and acute needs during their initial stages of displacement.
5. Spontaneous/self-organized returnees, requiring specific and dedicated assistance to avoid secondary displacement or resorting to harmful coping strategies as a foundation for their return, including in newly accessible areas.
6. Overburdened communities, where, due to the large number of IDPs and/or spontaneous returnees and/or prolonged interruption of basic services, the entire population (including both host communities and IDPs) is exposed to increased challenges in accessing services, livelihoods, and economic opportunities.*
1.4 People in Need

Over 11.06 million people in Syria will require some form of humanitarian assistance in 2020. Of these, 4.65 million - more than 40 per cent - are considered to be in acute need. Needs remain considerable across the entire country. The slight decrease of 6 per cent in the overall number of people in need, from 11.7 million in 2019 to 11.06 million in 2020, can be attributed to a reduction of hostilities in some parts of Syria and some improvements in humanitarian access.

Of the 11.06 million people in humanitarian need, the majority – 61 per cent or 6.8 million people – are located in areas under the control of the Government of Syria; 39 per cent of people in need reside in other areas.

Of the 4.65 million people with acute humanitarian needs, the majority – 57 per cent or 2.7 million people – reside in other areas, most of them concentrated in the north-west (1.8 million) and the remaining in the north-east; numbers are projected to increase in 2020 due to ongoing hostilities and displacement in these areas at the time of publication. 43 per cent of people with acute humanitarian needs are in areas controlled by the Government of Syria.
Breakdown
Of people in need and population

Displacement

- **6.1M** Internally displaced persons
  - July 2019
- **1.8M** IDP movements in 2019
- **1.4M** IDPs living in last resort sites

People in need

**11.06M**
People in need

- **5.83M** Adults (18-59)
- **417K** Older people (>59)
- **4.81M** Children (0-17)
- **3.07M** People with disabilities

% of IDPs and returnees vis-à-vis host population

- **0.29M** Returns
- **0.4M** Refugees
- **8.8M** Host communities

Intensity of hostilities

- **0.75M** Informal settlements
- **0.71M** Collective centers
- **0.64M** Planned camps
- **0.75M** Transit reception centers

Compound index (prices of basic commodities)

- **0.07M**

Access to basic services

- **1.4M**

Inter-sector severity divisions

Self-organized refugee returns to Syria

- **96k**
  - January - December 2019

Palestinian refugees

- **0.4M**

Spontaneous IDP returnees

- **0.29M**
  - January - December 2019
Distribution of people in need

2020

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

Source: OCHA – based on inter-sector PiN data
1.5

**Severity of Needs**

Severe, complex and inter-connected humanitarian needs persist throughout Syria. The inter-sector severity categorization identifies severity of need in geographical areas across the country, accounting for factors such as ongoing hostilities, mass displacement, population density, protracted displacement, self-organized IDP returns, access to essential basic services and the ability of affected communities to afford basic commodities. The below map indicates the locations of people who are in need of some form of humanitarian assistance, and the severity of those needs. It complements sector-specific severity analyses that identify the locations of people who are in need of specific forms of humanitarian assistance and the severity of those needs.

**Distribution of People in Need**
*by severity classification / 2020*

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>MINOR NEED</th>
<th>MODERATE NEED</th>
<th>MAJOR NEED</th>
<th>SEVERE NEED</th>
<th>CRITICAL NEED</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.06M</td>
<td>6%</td>
<td>20%</td>
<td>32%</td>
<td>35%</td>
<td>7%</td>
</tr>
</tbody>
</table>

*The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Source: OCHA – based on inter-sector severity data [https://hno-syria.org/#severity-of-needs](https://hno-syria.org/#severity-of-needs).*
In governorates where hostilities have subsided, acute needs may have become less pronounced and long-term livelihood and service related needs have come to the fore. The most pronounced changes in severity are in north-east Syria, where the number of people in acute need has increased by 30 per cent compared to the same time last year, particularly in Ar-Raqqa and Al-Hasakeh governorates.

**Areas under Government of Syria control**

Areas under the control of the Government of Syria include all areas, except parts of the north-west and north-east, and have seen an overall reduction in hostilities since mid-2018, leading to some degree of stabilization. In these areas, 6.8 million people in areas under Government of Syria control are in need of humanitarian assistance. Of these two million people in acute need, 43 per cent of the two million people in acute need reside in areas under Government of Syria control. 3.6 million people remain in protracted displacement.

Approximately 162,000 self-organized IDP returnees were reported by the end of September 2019, with Dar’a Governorate receiving the majority of returnees. The proportion of IDPs and returnees remained particularly high in Damascus Governorate; IDPs and returnees constitute an estimated 33 per cent of the total population in Damascus, and 51 per cent of the population in Jaramana.

**North-west Syria**

The north-west includes areas under the control of non-state armed groups, including much of Idleb Governorate and parts of Aleppo, Hama, and Lattakia governorates. All of these areas were marked by hostilities and insecurity throughout 2019. Over 70 per cent or 2.8 million people in the north-west are in need of humanitarian assistance, of whom 1.8 million in acute need.

Overall, there are approximately 2.1 million IDPs residing in the north-west Syria, with an estimated 1.1 million IDPs living in 706 IDP sites. Of the four million people residing in the north-west, over two million are children.

In northern parts of Aleppo Governorate, including Afrin district and the A’zaz-Jarablus corridor, specific access, security and administrative dynamics result from the military operations carried out by the Government of Turkey.

**North-east Syria**

The north-east includes areas under the control of non-state armed groups, including Ar-Raqqa, Al-Hasakeh and Deir-Ez-Zor Governorates, as well as parts of Aleppo Governorate and the corridor between Tell Abyad and Ras al-Ain along the Turkish-Syrian border. Of the 2.2 million people residing in the north-east, 1.4 million people are in need, of whom an estimated 850,000 people in acute need. An estimated 497,000 people remain displaced.

In the corridor between Tell Abyad and Ras al-Ain, specific access, security and administrative dynamics result from the military operations carried out by the Government of Turkey.

**Rukban**

In Rukban in the Al-Tanf exclusion zone on the Syrian-Jordanian border an estimated 12,700 people remain in need of humanitarian assistance. In 2019, over 19,000 people left Rukban, most (15,000 persons) to Homs Governorate. Others arrived in Hama, Lattakia, and Rural Damascus, and other locations in north-east Syria. Humanitarian access remains highly constrained, with only two inter-agency missions taking place in 2019.
1.6 Access and Operational Challenges

Despite improvements, the quality and sustainability of humanitarian access – using multiple delivery modalities, both from within Syria and cross-border under UN Security Council Resolution 2504 – remains challenging in some areas due to a range of factors, including localized and ongoing hostilities; administrative regulations; explosive hazard contamination; and restrictions on freedom of movement. Sustained advocacy is required to improve the quality and sustainability of humanitarian access.

Humanitarian Access

Challenges to humanitarian access in Syria, including in areas of comparatively higher quality of access (see visual), include insecurity, shifting frontlines, indiscriminate attacks on civilian infrastructure, damage to logistical infrastructure such as roads and bridges, explosive hazard contamination in many parts of the country, restrictions on freedom of movement, sporadic closure of crossing points, administrative regulations, and multiple parties to the conflict often requiring complex, intensive negotiations on access.

Improvements in access and presence for the UN and humanitarian partners registered with the Government of Syria is highlighted by the number of missions conducted (over 7,500 in 2019) across the country to deliver assistance, assess needs and monitor ongoing interventions. Around 75 per cent of missions conducted in 2019 required only local approval. The number of UN staff has increased to over 1,900 across Syria, plus thousands more from partners present in all governorates of the country, except one. Mission approvals for the UN to move outside of Damascus remain below 50 per cent.

Administrative regulations continue to delay decision-making and timely humanitarian action. Visa issuance also remains unpredictable with certain agencies more affected than others. Finally, despite improvements, the number of NGOs registered with the Government of Syria remains limited. There is a need to further expand operational capacity to meet life-saving, protection, and resilience-oriented humanitarian needs.

In areas that recently shifted control, humanitarian actors from within Syria have been able to increase their access. Access and scaling up assistance in some of these areas, however, remains challenging, due to insecurity, administrative measures or lack of operational capacity. Restrictions on freedom of movement, high levels of destruction of civilian and public infrastructure, explosive hazard contamination, limited access to core essential services, constraints on commercial access, reduced market functionality and protection related issues, including related to housing, land and property rights, are factors contributing to high levels of vulnerability in these locations. For example, in southern Syria where tensions continue to simmer, insecurity and administrative restrictions prevent sustained access to former NSAG-controlled areas, particularly in western Dar’a and Quneitra. In Rural Damascus, administrative restrictions and the presence of explosive hazards continue to hamper access by humanitarian actors in communities such as Duma, Zamalka, Arbin, East Harasta, Kafr Batna, Modira, Nashabieh, Zakeyh, Deir Khabiyeh and the area surrounding Beit Jan.

In the north-west, humanitarian access is generally permissive for cross-border humanitarian actors, with the notable exception of frontline areas in southern Idlib and western Aleppo at the time of publication. Access improvement has been marked by

Access challenges

Civilian population challenges

- Indiscriminate attacks resulting in damage and destruction, to civilian infrastructure
- Restrictions of freedom of movement
- Displacement and forced relocation
- Lack and loss of civil documentation

Humanitarian actors challenges

- Unavailability or unreliability of services, or lack of knowledge or confidence in approaching services
- Insecurity and shifting frontlines
- Explosive hazards
- Targeting of humanitarian workers and facilities
- Sporadic closure of key border crossings
- Access obstructions by parties to the conflict
- Restrictive policies of parties to the conflict vis-a-vis humanitarian actors
- Obstruction of life-saving medical evacuations on political grounds
- Complex regulatory environment for cross-border actors in neighbouring countries
an increasing number of cross-border partners authorized to operate in Afrin, Azaz and Al-Bab districts as of February 2020, compared with the twelve months prior. The degradation of humanitarian infrastructure remains a significant barrier for both humanitarian actors to reach people with assistance, and for affected people to access basic services. In the northern Aleppo countryside, administrative restrictions impact the ability of some humanitarian partners to operate in the area.

In north-east Syria, prior to the adoption of UN Security Council Resolution 2504 in January 2020, the UN and INGOs and NNGOs had access from both within Syria and across the Iraqi border to populations in need. Most NGOs have sustained presence within north-east Syria. Despite initial disruptions to programmes after 9 October 2019 military escalation, NGO cross-border operations continue at scale through their presence in the north-east. Following the adoption of Resolution 2504 (2020), the UN no longer conducts cross-border operations into the north-east, which led to a reduction in overall humanitarian delivery capacity and in affected populations’ access to assistance at the time of publication. The UN and NGOs registered with the Government of Syria have regular and sustained humanitarian access in most parts of Ar-Raqqa and Al-Hasakeh as well as in Deir-Ez-Zor Governorate, west of the Euphrates River. Menbij and Ain Al-Arab remain difficult to access owing to the lack of agreement between parties in control and insecurity. Areas east of the Euphrates in Deir-Ez-Zor Governorate remain difficult to access for some humanitarian organizations, mainly owing to explosive hazard contamination and insecurity. Access constraints also exist along the Syria-Turkey border, in areas under the Government of Turkey following its military operations in October 2019. Populations fleeing from the Ras Al Ain and Tell Abiad corridor as result faced reduced access to timely and adequate assistance, including those living in informal settlements and camps such as Al-Hol and Areesha.

Advocacy and coordination continue to be needed with all parties to the conflict to improve humanitarian access to people in need.

**Humanitarian access**

- **Distinct methodology used to assess access levels from within Syria**
- **Frontline areas**
  - Limited access given proximity to frontlines and insecurity for all response modalities
  - Menbij
  - Agreement by the parties and insecurity (from Aleppo) and capacity constraints (from Qamishli). Unpredictable security environment for cross-border NGOs.
  - Tell Abiad/Ras Al Ain
  - Access subject to agreement by the parties, some NGOs access from Turkey. Response also limited due to ongoing insecurity.
  - Northern Hasakeh
  - Administrative regulations presence of armed actors and insecurity
  - **Distinct methodology used to assess access levels for cross-border humanitarian assistance to north-east Syria**
  - Limited access due to significant security concerns for all response modalities
  - Eastern Deir-ez-Zor
  - Approximate lines of control
  - Higher quality of access (but still subject to access constraints)
  - Moderate quality of access (increased access constraints)
  - Lower quality of access (significant access constraints)

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

Humanitarian response in Syria continues to be delivered by bringing together operations from within Syria as well as cross-border from Turkey and Iraq.

Within Syria, there are approximately 130 Syrian NGOs and 25 INGOs implementing humanitarian programmes, an increase in numbers from 2018/19. Eleven UN agencies are registered with the Government of Syria and operate across ten hubs in Damascus, Aleppo, Qamishli, Homs, Tartous, As-Sweida, Deir-Ez-Zor, Lattakia, Hama and Dar’a. Efforts to decentralize the UN and INGO presence led to an increase in staff presence in Aleppo, Homs, As-Sweida, and Qamishli in 2019.

In the north-west, 34 INGOs, 148 Syrian NGOs, numerous Turkish NGOs operate cross-border from Turkey.

In the north-east, around 160 UN staff are based in Qamishli, with the UN in the process of increasing its presence. The UN staff in Qamishli face restrictions in wider movement outside of camps across the territory of north-east Syria beyond parts under the control of Government of Syria. In total, 9 international and 20 Syrian NGOs registered with the Government of Syria are present. In addition, more than 30 international NGOs and numerous Syrian NGOs are operational in the north-east and conduct cross-border operations. Response is provided across sectors, including health, WASH, nutrition, food security, education, camp management and protection. The majority of this response by the NGOs and INGOs is provided through sustained presence on the ground in north-east Syria.

Operational presence

(Average number of sectors per Community)
1.7 Perceptions of Affected People

Women, men, girls and boys living in Syria who receive humanitarian assistance are the primary stakeholders of the humanitarian response and are often the first responders. Affected populations have a basic right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and voice their concerns if they feel the assistance provided is not adequate or has unwelcome consequences. Through the 2019 MSNA the humanitarian community enhanced its understanding of communities’ expressed priority needs, preferences, levels of satisfaction, means of communication about the conduct of humanitarian workers, and preferred forms of information sharing and communication across the humanitarian response in Syria.

Households perceptions  
August 2019

- 27,952 households assessed
- 41% of households received some assistance in the past three months

Assistance received
- 81% Food
- 45% Health
- 25% Non-food items

Satisfaction level
- Very satisfied 46%
- Partially satisfied 44%
- Not satisfied 10%

Assistance Received and Satisfaction

- Overall, 41 per cent of assessed households report receiving some form of humanitarian assistance in the past three months at the time the assessment was conducted (65 per cent of the assessed self-organized returnees; 48 per cent of IDPs; and 38 per cent of resident populations reported having received some form of humanitarian assistance).
- Forty four per cent of households who had received assistance reported that they were very satisfied with the assistance received; 46 per cent were partially satisfied; and 10 per cent were not satisfied. \(^{118}\)

Information needed from aid providers
- 31% income-earning opportunities
- 23% how to access assistance
- 22% eligibility criteria for receiving assistance

Top three preferred means of receiving information
- Phone call 68%
- WhatsApp 59%
- Face-to-face 55%

Feedback mechanisms
- 40% Of households are aware of humanitarian assistance feedback or complaints mechanism
- 41% Of households know how to make suggestions or complaints about the aid received

Top three preferred means of providing feedback
- Face-to-face 64%
- Phone call 57%
- WhatsApp 54%

Participation in decisions
- 87% Of households have not been consulted on the humanitarian assistance provided by aid organisations
• Of households not satisfied or partially satisfied with the assistance received, 70 per cent reported that the assistance received was of insufficient quantity; while 24 per cent reported that the assistance received was of low quality to meet needs.

A community focal point-based assessment, conducted as part of the MSNA with country-wide coverage, established that 59 per cent of assessed communities reported that, when assistance was delivered, it was received by the most vulnerable groups and those most in need.

Information needs, Communication and Participation

• Assessed households indicate that the top three information needs they require from humanitarian responders are as follows:
  • Information about income earning opportunities (31 per cent);
  • Information about how to access assistance (23 per cent);
  • Information about eligibility criteria (22 per cent).

These information needs were consistently reported by all population groups surveyed, including returnees, resident populations and IDPs.

The below infographic includes information on communities’ preferred means of receiving and providing feedback, awareness of feedback channels, and consultation on assistance received. Of note is the high percentage of households (87 per cent) indicating that they had not been consulted on/participated in the delivery of humanitarian assistance – a clear call for humanitarian responders to strengthen outreach efforts during programme design and implementation.

In an exercise complementing the MSNA, 54 per cent communities in which assistance was received indicated concerns/problems during the delivery of humanitarian assistance. The request for civil documentation to access assistance was by far the greatest concern expressed, followed by concerns over discrimination and harassment (also see text box on PSEA, page 47).

Prevention of Sexual Exploitation and
Abuse by humanitarian actors

Unequal power dynamics between humanitarian aid workers and affected populations can generate risks of exploitation and abuse of affected populations, including sexual exploitation and abuse, with women and girls being particularly vulnerable. Sexual exploitation and abuse, like all forms of Gender-Based Violence (GBV), remains chronically under-reported in all crises.

Findings suggest that sexual exploitation and abuse is an issue of concern for communities, with small numbers of respondents indicating that they have been exposed to exploitation and abuse when accessing humanitarian assistance. Data gathered suggests that groups such as female-headed households, older women, women with disabilities, and divorced or widowed women are vulnerable to discrimination which could lead to exploitation and abuse, with the situation likely to be exacerbated as the crisis continues and affected people resort to increasingly harmful coping mechanisms.

The humanitarian community operating in Syria continues to work on further strengthening the prevention and response to sexual exploitation and abuse across all areas of the response. This includes prevention of sexual exploitation and abuse networks, training and awareness-raising among humanitarian workers at all levels, and the roll-out of inter-agency community-based complaints mechanisms, which allow beneficiaries to safely and confidentially report sexual exploitation and abuse concerns using a wide variety of channels. Of surveyed community respondents in Syria, 32 per cent reported that they were aware of complaint mechanisms to report requests for sexual favours in return for humanitarian aid. An important focus of humanitarian responders therefore is on strengthening local-level prevention and response measures through enhancing awareness, including through distribution of awareness materials, use of social media and television to disseminate information, and through building capacity among frontline humanitarian organizations.
1.8 Outlook for 2020

The humanitarian and socio-economic landscape in Syria is likely to remain complex in 2020. In the absence of a political solution, ongoing localized hostilities are expected to severely impact civilians, most notably in the north-west and north-east. The UN and its humanitarian partners project up to 1.2 million new population movements over the course of 2020; most likely to occur in areas experiencing hostilities. Continued high levels of new and protracted displacement will increase the strain on already overcrowded IDP sites, overstretched services and deteriorating camp infrastructure in some areas.

These trends are expected to particularly affect the north-west, where escalating hostilities in southern Idleb from December 2019 displaced over 950,000 people by the end of February 2020. Needs and response gaps for the north-west were updated in February 2020, complementing analysis presented in this document and informing crisis-wide response and requirement planning. Additional population movements in north-west Syria are expected in 2020.

In areas that have seen a reduction in hostilities, self-organized returns are likely to continue. Humanitarian actors estimate that up to 900,000 self-organized IDP and up to 250,000 self-organized refugee returns might take place throughout 2020, most likely to areas that have seen an absence of hostilities over the course of 2019, specifically those where basic services and infrastructure might improve. According to a recent intention survey amongst IDPs, of those intending to return to their governorate of origin (16 per cent), 40 per cent intend to return to Dar’a, 26 per cent to Homs, 20 per cent to Deir-Ez-Zor, and 19 per cent to Rural Damascus Governorates. Returnees in these areas will require support to achieve durable solutions. Major factors impacting the decision to return for IDPs and refugees will continue to include security, protection concerns, shelter, access to basic services such as education and health, livelihood opportunities, and presence of family and friends.

The scale of expected population movements underscores the need to restore and upgrade destroyed or damaged civilian infrastructure which serves crucial humanitarian functions - including health facilities, water systems, sewage, solid waste management and electricity networks and schools - to improve resilience and prospects for longer-term recovery. This should be accompanied by supporting income and livelihoods opportunities, enhancing households’ capacity to address basic needs in a self-determined manner. Without improving sustained basic service delivery, the safety and protection environment, as well as access to livelihood opportunities in potential areas of return and overstretched host communities specifically, protracted displacement levels are likely to remain considerable in Syria in 2020 and beyond.

Protection risks, including those arising from direct exposure to hostilities and multiple cycles of displacement, will likely continue to have a major impact on people in Syria, particularly the most vulnerable groups. The scale, severity and complexity of the explosive hazard contamination will further compound civilian vulnerability in at-risk areas, limiting affected populations’ access to humanitarian assistance, basic service infrastructure such as schools, water supply systems and hospitals, and reducing the scope for engaging in agricultural/livelihood-related activities. In addition, the use of vehicle-borne improvised explosive devices (VBIED) increased in the second half of 2019 in the Ras al-Ain - Tell Abiad corridor; should this trend continues, it will increase protection concerns in the area in 2020.

The current economic crisis is expected to continue in 2020 - negatively affecting households’ purchasing power, the availability of key items, and access to livelihood opportunities - and stands to impact the humanitarian context, needs and response in the following ways:

• A further decrease in the quality of health, education and other public services is anticipated due to shrinking budgetary allocations, low salaries, import restrictions, and shortages in fuel.
• Lower budget allocation and foreign currency controls may hinder key infrastructure repairs, such as power plants, water and sewage facilities, increasing the need for UN-funded repairs. At the same time, any future enactment of the Caesar Act would also severely limit importation of reconstruction and engineering materials into Syria, thereby depriving the population of the material resources required to restart their lives and livelihoods on their own, and perpetuating a cycle of aid dependency and negative coping strategies.
• Disruptions in pharmaceutical medicine imports – including the raw materials they comprise – baby food and nutrition supplies are likely to increase gaps that need to be filled by humanitarian actors. Limited liquidity in US$ affects all imports but could have a significant impact on those items with a low profit margin and where disincentives exist for commercial actors.
• Unless imports of wheat significantly increase, food insecurity could also rise further. With food insecurity already increasing from 6.5 million people in 2019 to 7.9 million people in 2020, and current agricultural production unable to keep up with domestic requirements – only 2.2 million tons of wheat were produced in 2019 compared to the needed 3.4 million - it is clear that a multi-pronged strategy is required to manage this deficit. This entails both short and medium-term measures, from imports and continued humanitarian assistance to increasing primary production, including the
restoration and conservation of the Syrian wheat varieties. However, even factoring in all possible measures, such as potential government imports (1 million tons), commercial imports (200,000 tons) and food assistance (135,000 tons), a deficit of around 445,000 tons of wheat would persist. This deficit has coincided with a reduction in state subsidies for fuel, oil derivatives and other essential items such as sugar, rice and wheat flour, which has left families with little choice but to find alternative means to pay for these items themselves.

- Increased challenges for cash programming due to currency fluctuations. As the exchange rate fluctuates, so does the real value of humanitarian cash transfers received by families. In other words, the amount of food, medicine, or other essentials households can buy with a determined amount of cash decreases every month.
Part 2
2.1 Monitoring of Situation and Needs

The humanitarian community in Syria will monitor humanitarian needs, response and changes in the humanitarian context throughout the year. Sectoral and inter-sectoral needs analysis will be updated using sector and inter-sector severity scale indicators at least twice in 2020, as reflected in the mid-year and end-year Periodic Monitoring Reports (PMR). Sector specific assessments, as well as the annual, countrywide multi-sectoral needs assessment (MSNA), will continue to serve as key primary sources of data for analysis underpinning the 2021 HNO. This analysis will be complemented by secondary sources and ad-hoc assessments. Humanitarian partners and the UN-led IDP and Population Task Forces respectively, provide information and updates on humanitarian needs throughout the year.

The UN-led Population Task Force and UN-led IDP Task Force regularly update population baselines and monitor displacement movements and trends. The UN-led Population Task Force produces ‘best estimates’ of the number of people living within the administrative boundaries of Syria at a community level, including estimates of sex and age disaggregated data in addition to data on vulnerability. The UN-led IDP Task Force monitors and tracks displacement movements and trends for the purposes of humanitarian needs analysis and planning. The UN-led IDP Task Force generates monthly data and analysis on IDP movements and snapshots at community level to inform ongoing operational response as well as consolidated analysis underpinning the PMR and HNO.

Humanitarian partners in Syria monitor population movements and humanitarian needs continuously. Relevant task forces monitor changes in population movements and displacement while sectors monitor needs such as food, health, water, protection risks, livelihoods, nutrition and education, among other needs. Sectors utilize the IDP Situation Monitoring Initiative (ISMI) to monitor and track displacement in the north-west as well as the Health Resources and Services Availability Monitoring System (HeRAMS) to collate information on the functionality status, accessibility and availability of health services across Syria. In addition, health and WASH actors uses the Early Warning, Alert and Response System/Network (EWARS/EWARN) to detect disease outbreaks. Specific agencies have their own situation monitoring tools and systems, with many partners undertaking regular situation monitoring through field missions.

### Humanitarian Needs Monitoring Timeline

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<th>Event Description</th>
<th>Jan</th>
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<td>IDP Sites Integrated Monitoring (ISIMM)</td>
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2.2 Methodology, Information Gaps and Limitations

The UN has utilized all sources of information available, including official Government of Syria data when available, to inform its analysis of needs, based on methodologically sound and independent needs assessments. Analysis presented in this HNO will inform response planning and decision making under the Humanitarian Response Plan (HRP).

Multi-Sector Needs Assessment (household survey)

The Multi-Sector Needs Assessment (MSNA) process in Syria is a UN-led collaborative effort of the humanitarian community to identify affected populations’ needs across sectors, including the geographic spread and severity of these needs. The MSNA, coordinated by the UN Office for the Coordination of Humanitarian Affairs (OCHA), complements sectoral assessments and includes inter-sectoral and cross-cutting themes, including perceptions and preferences of affected communities. The MSNA in Syria is based on the Inter-Agency Standing Committee (IASC) Multi-Sector Initial Rapid Assessment (MIRA) guidelines, which were adapted to context and enhanced over the years. The MSNA is based on the pillars of ownership, rigorous planning, technical expertise, training, effective coordination, and quality information management.

The 2019 MSNA built on lessons learned during seven years of joint and coordinated needs assessment practice in Syria. This has resulted in improved geographical coverage and more granular data, as well as mature data collection initiatives that provide monthly updates on humanitarian developments to inform the response.

In 2019, the MSNA utilized multiple methods to generate a credible evidence base to inform humanitarian analysis and response in Syria, complementing sectoral assessments and filling information gaps. Key estimates provided in this document were informed by the MSNA, which was conducted in July-August 2019 by humanitarian partners. The household survey approach helped gather granular information on the needs of affected populations, including vulnerable groups such as IDPs, self-organized returnees and host communities. The UN Population and IDP Task Forces and humanitarian partners provided underpinning population estimates and further refined data on sex, age, and disability disaggregation as well as estimates on population movements.

The MSNA utilized a household survey approach with a 95 per cent confidence level and 10 per cent margin of error, based on representative sampling at the sub-district level through a two-stage random sampling approach. In total, 27,952 face-to-face interviews took place with households, covering 265 sub-districts out of 272 sub-districts in Syria (97 per cent). As part of this assessment, data was collected from 171 camps and informal settlements in the north-west and north-east of the country. 33 per cent of interviews were conducted with female respondents, despite efforts to increase the number of female respondents. Even though the 2019 MSNA is not directly comparable to MSNAs from previous years (which relied on information provided by community focal points), the level of female respondents slightly decreased compared to the 2018 MSNA (45 per cent) but represents an increase from previous years (26 per cent in 2017 and 9 per cent in 2016). Random sampling of households in 2019 did not allow for the pre-selection of respondents which was possible in the community focal point-based interview approach adopted in previous years.

Community Focal Point Surveys as part of Multi-Sector Needs Assessment

- A survey (MSNA Community Level Assessment, 2019) amongst community focal points in 1,509 communities was conducted in 268 sub-districts in Syria, informing complementary analysis relative to protection. Community focal points for interviews were identified taking into consideration age, gender, and diversity to ensure representation. 60 per cent of respondents were female.
- The Early Recovery and Livelihoods sector also followed a community focal point-driven approach, with nationwide coverage across all communities.
**Sector-specific Assessments:**

Sector-specific assessments and data sources informing the 2020 HNO include:

<table>
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<th>SECTOR</th>
<th>ASSESSMENT</th>
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<tr>
<td>CCCM</td>
<td>MSNA Household Survey</td>
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<td>IDP Sites Integrated Monitoring Matrix (ISIMM)</td>
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<td>ISIMM Plus</td>
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<td>IDP Tracking, including the IDP Situation Monitoring Initiative (ISMI) project (REACH)</td>
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<td>Education</td>
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<td>MRM4Syria (Attacks on Education)</td>
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<td>UN Partner’s Survey (June-July 2019)</td>
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<td>Secondary Data Review (SDR) of other existing reports</td>
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<td>ERL</td>
<td>MSNA Community Level Survey</td>
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<td>World Bank Report on Mobility of Displaced Syrians</td>
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<td>UNDP, Local Context Analysis (draft) for Rural Damascus, Homs, Aleppo, Dar’a, As-Sweida, Quneitra, Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor governorates, 2019</td>
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<td>Food Security</td>
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<td>Price Monitoring Reports</td>
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<td>Crop and Food Security Assessment Mission (CFSAM)</td>
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<td>Health</td>
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<td>Early Warning Alert and Response EWARS/ EWARN.</td>
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<td>Surveillance System of Attacks on Healthcare</td>
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<td>4Ws and agency Key Performance Indicators (KPI) reports.</td>
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<td>Multi-Sectorial Needs Assessment Household Survey</td>
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<td>Population and IDP task force periodic reports</td>
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<td>Health assessments and surveys conducted by WHO, Inter-Agency missions, and health partners across all regions of the country.</td>
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<td>Shelter and NFI</td>
<td>MSNA Household Survey</td>
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<td>Nutrition Surveillance System</td>
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<td>Protection</td>
<td>Protection community Focus Group Discussions (areas outside the control of the Government of Syria)</td>
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<td>Protection Monitoring (in north-west Syria)</td>
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<td>Mine Action partners Communities Impact Surveys</td>
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<td>GBV Partner Program data (across Syria including areas controlled by the Government of Syria)</td>
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<td>MRM4Syria (Child Protection)</td>
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<td>UNHCR mission reports analysis</td>
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Information Gaps and Limitations:

- Data collection partners supporting the MSNA were not able to access a number of communities in the following sub-districts, due to hostilities or communities being depopulated at the time of the assessment: Al-Butahyah, Rabee’a, Masaada, Hajar Aswar, Khan Sheikhoun. While some data was collected in Heish sub-district, the target number of interviews was not reached, which means findings in Heish are not representative at the sub-district level. Secondary data, as well as data from earlier months, was used to fill the gaps for these locations.

- The Protection sector interviewed community focal points in 1,509 communities, distributed across 268 sub-districts in Syria. The sample of communities interviewed is relatively small. The focal point methodology also has limitations in terms of representativeness.

- In order to inform the 2020 HNO, four sectors (Protection, Food Security, Nutrition, and Shelter/NFI) requested authorization from the Government of Syria to conduct sector-specific assessments with partners. Authorizations were granted for two sector assessments (food security and nutrition). This has meant that, in some sectors, the diversity, quality, and granularity of data informing analysis has slightly diminished compared with previous years. Many sectors relied on MSNA data as their primary data source while also utilizing secondary data sources, localized assessments and focus group-based data.

Several sectors have continued to pursue a dialogue with their respective line ministries to reach an agreement on conducting sector assessments, maintaining the independence of the data collection and analysis process. This, if successfully concluded, may result in some sector assessments being conducted in 2020 to inform the PMR / mid-year review of the 2020 HRP and / or 2021 HNO.
Part 3

Sectoral Needs Analysis
### Protection

#### Key Messages

- Increasingly complex and inter-linked protection needs continue to prevail across Syria, resulting from a variety of situations ranging from direct exposure to hostilities, multiple cycles of displacement, targeted and arbitrary detention, lack / loss of civil documentation, and constraints on freedom of movement.

- Violence, protracted displacement, and extensive destruction of infrastructure and services has steadily eroded coping mechanisms of individuals and communities and disrupted community protection mechanisms. With the still-evolving nature of the crisis, concerted efforts remain needed to promote a safer and more inclusive humanitarian response and explore all possible durable solutions in areas of origin, of displacement, or elsewhere.

- Multiple and complex child protection risks continue to shape the lives of girls and boys throughout Syria. Grave child rights violations remain a critical concern. Repeated and prolonged displacement, exposure to violence, deepening poverty, disintegration of social support structures, and the persistent challenges in access and availability to services continue to take a huge toll on children.

- GBV continues to disproportionally affect the lives of women and girls in Syria, both inside and outside their homes. New and recurring GBV trends confirm that women, adolescent girls, widowed/divorced women and girls, women and girls with disabilities and older women are exposed to a multitude of GBV risks, exacerbating their vulnerability and resulting in very few places where they feel safe.
The scale, severity, and complexity of the explosive hazard threat remains a major protection concern, compounding civilian vulnerability, endangering or limiting access to basic service infrastructure such as schools and hospitals and preventing the safe delivery of humanitarian assistance. One in two people in Syria live at risk of explosive hazards and approximately one third of populated communities in Syria is estimated to be contaminated. Each year adds an additional layer of explosive hazards.

Overview

The Protection issues and needs in Syria should be understood in relation to the impact of nine consecutive years of crisis. The protracted nature of the crisis continues to create increasingly complex and inter-connected protection issues and needs that affect all population groups, in an ever-evolving environment. While the overall protection situation remains dire, protection needs vary across different areas of the country. In some areas of Syria, particularly the north-west and north-east, the civilian population is exposed to ongoing and new hostilities, leading to civilian casualties and forced displacements as people seek safety. The prolonged and widespread use of a range of weaponry has left behind a range of explosive hazards, each posing their own risks. New hostilities in the north-east have resulted in suspension of some protection activities. Sudden disruption in assistance, especially specialised protection services, is likely to lead to enhanced distress and increased risks of GBV and CP especially for women and adolescent girls and children, undo the progress made and can reset or worsen the severity of the associated needs. Reduced services and lack of certainty around continuation/resumption of services is adding to the stress faced by people in need especially those already experiencing restrictions on their freedom of movement.

The number of locations across the country wherein IDPs live in sites or collective accommodations has increased. These individuals are sometimes subjected to security screening procedures and deprived of freedom of movement, while also facing obstacles in accessing services, livelihood opportunities and dignified living conditions. Numerous situations of protracted displacement are reported, including in areas enjoying relative stability, with families living in sub-standard conditions and struggling to find resilience mechanisms. As a result, people recur to harmful coping mechanisms (including child labour, child recruitment, different forms of exploitation and child/forced marriage) while over-dependence on humanitarian aid persists.

In addition to physical destruction, the protracted and multiple cycles of displacement have contributed to a steady erosion of coping/protection mechanisms of individuals and communities, generated high levels of psychological distress, disrupted the availability of support services to the most vulnerable populations, and put a major strain on community support structures. Despite a continued increase in the number of protection interventions over the course of the crisis, the scale and complexity of protection needs of women, girls, men and boys remain a major challenge as the continuation of the crisis compounds both the scale and the complexity of needs, in a context where access and operational constraints are still present. Access and capacities of protection actors remain insufficient in certain domains and locations.

In the absence of a sector-led assessment conducted by protection partners, which is not yet authorized within Syria, a good proportion of the following sector analysis relies on perception-based quantitative data collected through Multi-Sectoral Needs Assessment conducted at community level (2019 MSNA), and therefore should be interpreted as such. Findings are complemented by other qualitative sources available to the sector, which include consultations with affected populations (Focus Group Discussions along with other quantitative sources for limited indicators or geographic coverage like the MSNA Household interviews), protection monitoring initiatives in areas served by cross-border actors and reviews of reports and regular feedback from field missions and operations by the Damascus-based partners.

Affected populations

Girls and boys of all ages still face violence and protection concerns in many life situations. Transition to adolescence signals a time when exposure to new forms of violence increases due to harmful coping mechanisms within the family. Adolescent boys are more likely to be killed and injured, detained or recruited or to be involved in child labour, while adolescent girls are particularly at risk of child marriage, cyber harassment and other forms of gender-based violence including sexual violence. Boys are also at risk of sexual violence, as are men, primarily in the context of detention.171

Women and girls are disproportionately affected by all forms of GBV in Syria. Widowed and divorced women and girls and those with disabilities continue to face stigmatisation, discrimination, sexual violence, and forced marriages. They face specific challenges in accessing assistance including but not limited to shame, and risks of sexual harassment and exploitation. Persons with disabilities are at increased risk of separation from their families, care providers, and the assistive products which support their independence. Relocation to a new environment can impede dignified access to basic services. Girls and boys with disabilities are often at heightened risk of forms of violence, abuse, neglect or exploitation. Many struggle against marginalisation, stigma and discrimination.

Older people, in particular women, continue to have specific protection needs, including in accessing services, in securing personal documentation, and in reuniting with family members; they are prone to verbal violence and are often marginalized within by family members.
Despite the known vulnerabilities of persons with disabilities and older people, their needs are not always adequately taken into account in programming, resulting in barriers in accessing much needed assistance.

People exposed to hostilities and living in areas contaminated with explosive hazards face direct threats to their physical safety and survival. While all population groups are vulnerable, certain groups are at a greater risk in correlation with gender and age, as well as social roles and responsibilities. According to data collected in assessed communities, men and boys are reported to be the most exposed to the direct, immediate threat of explosive incidents, while women and girls are more affected by their indirect impact, such as the deprivation of freedom of movement and the exacerbation of underlying vulnerabilities. People on the move, including IDPs and returnees, who are often unaware of explosive contamination pattern, are among those most exposed to the risk posed by explosive hazards.

A high level of destruction in Palestine refugee camps and gatherings will see ongoing needs for this population in relation to shelter and HLP issues while also restricting the possibility of IDP and return movements. Those facing long-term displacement and those whose movements are restricted will face increased vulnerability to a variety of protection risks.

Analysis of Humanitarian Needs

In 44 per cent of the assessed communities respondents reported presence of at least one of the assessed seven protection issues as very commonly occurring and in 52 per cent of the communities respondents have reported presence of five or more out of the assessed seven protection issues.† Inter-linkages of civil documentation, HLP and freedom of movement

Civil documentation, HLP issues and freedom of movement remain major and countrywide protection issues. Civil documentation was reported by respondents as occurring in all assessed communities and very commonly in a third of these communities. HLP and freedom of movement were reported as occurring in 60 per cent and 58 per cent of assessed communities respectively. The occurrence of these issues derives directly from the effects of hostilities and forced displacement.

Lack / loss of civil documentation continues to be described as a protection issue affecting all population groups with specific vulnerabilities for women and children. For instance lack of civil documentation limits the ability of widowed or divorced women to inherit property, get custody of children, legally remarry, or register children born through subsequent relationships. It compounds a series of existing protection risks and vulnerabilities in terms of freedom of movement and HLP issues including security of tenure and increased risk of statelessness. Unavailability of official/State services or the inability to access those services due to safety concerns in movement are the highest perceived reasons leading to lack / loss of civil documentation, followed by inability to afford the administration fees or transport costs to these services. This is a possible consequence of cases of families reporting challenges in seeking official documentation while residing in areas outside Government control, and the result of shifting lines of control. Additional causes identified were the loss of personal documentation including during displacement. In communities where restrictions on freedom of movement were reported, the most frequently reported causes of restriction were: checkpoints (75 per cent), lack of civil documentation (64 per cent), spousal/family/community restriction (60 per cent); screening procedures (48 per cent); general insecurity (41 per cent); rules imposed by parties in control of territory (28 per cent) and presence of explosive hazards (26 per cent).

Movement restrictions seem to equally impact host populations, IDPs, and returnees. The highest perceived cause of restriction on movement for women is spousal/family/community restrictions (especially by male relatives in line with cultural norms), whereas for men all other causes listed above were seen as high. Qualitative sources also indicate how restricting movements is a prevailing coping mechanism in volatile security environments, especially for women and girls.

Rental problems (landlord/tenant issues), damage/looting of property and lack of documents are described as the major HLP concerns. Additional concerns emerged in several parts of the country, including forced evictions, and where the secondary occupation of vacant properties is considered as an emergency solution for the newly displaced population, as this can lead to demographic changes and disenfranchisement of people’s property rights amongst other concerns. Areas witnessing returns or shifts in control create need for increasing technical capacity of appropriate authorities to provide documents to the additional people that have come under their responsibility.

Constant strain on coping mechanisms

Coping mechanisms of individuals and communities continue to be increasingly affected by the protracted crisis. At the time of the assessment 60 per cent of assessed communities mentioned relying on local/community support. With the protracted crisis, the locally available support mechanisms become increasingly strained, reducing the ability of these communities to rely on it. Fifty five per cent of assessed communities mentioned resorting to illegal activities to cope. Harmful coping mechanisms pose additional protection concerns for children. In 84 per cent of assessed communities child labour is reported. Child marriage is reported in 69 per cent of assessed communities. Reliance on humanitarian assistance remains a significant coping mechanism, reported in 53 per cent of assessed communities, and reinforced by the analysis of secondary sources. Meanwhile, the lack/loss of civil documentation continues to affect access to basic services, as well as access to humanitarian assistance further straining coping mechanisms of affected population.
Children throughout Syria continue to face pervasive violence and a range of protection risks. Grave child rights violations remain a significant concern, including in areas where hostilities have declined, with children at risk of killing and injury, recruitment and use in hostilities, torture, detention, abduction, sexual violence, attacks on schools and hospitals and denial of humanitarian access by parties to the conflict. In the first nine months of 2019, the UN verified 1,792 such violations in 12 of 14 governorates of Syria, illustrating persistent trends of violence though not the full scope of protection concerns affecting children.

The crisis has deepened poverty, fueled harmful coping mechanisms and increased the risk of a suite of child protection concerns such as child labour and child marriage, putting adolescent boys and girls at particular risk. Child labour and child marriage is reported in all 14 governorates of Syria in 84 per cent and 69 per cent of assessed communities respectively, depriving many of their childhood and basic rights, including the right to an education. Access to basic rights and services are further jeopardized for children with disabilities and children that cannot access official birth certificates.

Separation from caregivers continues to be described as a persistent child protection issue in all 14 governorates of Syria. Events leading to family separation indicate the interconnectedness and diversity of vulnerability factors with death (24 per cent for boys and 22 per cent for girls), economic need (20 per cent for boys), child marriage (22 per cent for girls) and child recruitment (14 per cent for boys) among top cited reasons for family separations.

The absence of a continuum of alternative care options puts some children at increased risk of additional protection concerns. Recruitment and use of children by parties to the conflict continues and is alarmingly becoming an accepted practice in some parts of Syria. In the first nine months of 2019, the Syria MRM verified 519 incidents of recruitment and use of children (93 per cent boys), with 96 per cent used in combat roles, and 20 per cent under the age of 15. Financial and material incentives, family and community influence, as well as the need for protection, survival, status and identity are cited as factors of recruitment and re-recruitment.

The crisis environment over the past nine years has strained the capacities of families and communities to care and protect children of all ages. Psychosocial distress is reported in 42 per cent of surveyed households demonstrating the cumulative toll on child and adult mental and physical wellbeing with immediate, and if not addressed, life term consequences.

### Overview and affected population

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### People in need

<table>
<thead>
<tr>
<th>Sector</th>
<th>Female</th>
<th>Male</th>
<th>Children (0-4)</th>
<th>Children (5-11)</th>
<th>Adults (12-17)</th>
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</thead>
<tbody>
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<td>Critical</td>
<td>9%</td>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
<tr>
<td>Major</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor</td>
<td>1%</td>
<td></td>
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</table>
Gender Based Violence

Overview and affected population

GBV, especially child/forced marriage, sexual harassment and sexual violence (including rape), denial of resources, emotional/psychological violence and physical abuse continue to pervade the lives of women and girls, resulting in very few spaces where they feel safe. Perpetrators are often people known to the survivor; in many instances the same people that survivors count on for their protection and support, such as intimate partners or family members. Deep-rooted social norms, compounded by the length of the crisis and mounting lawlessness in some areas, are normalising this violence, severely affecting the detrimental psychosocial wellbeing and continued erosion of women’s and girls’ rights. Sexual harassment, including on the way to school, in the market, and at distribution sites, as well as sexual violence are concerns raised by consulted women and girls that contribute to psychosocial distress and limit their movements. These restrictions inhibit their access to services, humanitarian aid and ultimately curtail their rights. Various means of technology, including social media, are increasingly used to sexually harass, blackmail and exploit, especially targeting adolescent girls and divorced and widowed women. Reported incidents of rape are on the increase, which does not necessarily mean an increase in prevalence but signifies an improvement in the quality of services.183

The socioeconomic situation, lack of livelihood opportunities, and increased poverty are ultimately exposing women and girls to higher risks of all forms of violence, including sexual exploitation and abuse. Girls as young as 11-12 years old are being married by families believing it will protect them and ease the financial burden on the family, whereas working women are often reportedly denied the opportunity to marry to continue supporting their family financially. Forced pregnancies to fill a perceived demographic gap and, in some locations, forced puberty of girls, with a consequent earlier age of marriage and pregnancy, have also emerged. Older women, divorced and widowed women and girls are increasingly exposed to the denial of resources (especially inheritance and alimony) and economic violence, sometimes linked to the lack of civil documentation to prove their identity, marital status or husband’s death.

In the households, women and girls have taken on additional roles traditionally associated with men, including as heads of households and principal breadwinners and although they have more responsibilities, this does not automatically translate into decision making power. This contributes to increased pressure and stress for women to provide for their families, often in absence of any other support from family members. Consequently, they are exposed to increased risks of violence against them within the family and at their workplace. Where gender-based violence services exist, women and girls have confirmed that they have a positive impact on their lives, with Women and Girls Safe Spaces serving as a place to seek safety and to receive essential life-saving services (health, psychosocial and legal support) and other needed services (e.g. vocational and skill training).
Mine Action

PEOPLE IN NEED

<table>
<thead>
<tr>
<th>FEMALE</th>
<th>MALE</th>
<th>CHILDREN (0-4)</th>
<th>CHILDREN (5-17)</th>
<th>ADULTS (18-59)</th>
<th>ELDERLY (&gt;59)</th>
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<tr>
<td>51%</td>
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<td>10%</td>
<td>32%</td>
<td>54%</td>
<td>4%</td>
</tr>
<tr>
<td>5.9M</td>
<td>5.6M</td>
<td>1.2M</td>
<td>3.7M</td>
<td>6.2M</td>
<td>0.5M</td>
</tr>
</tbody>
</table>

Overview and affected population

One in two people in Syria live at risk of explosive hazards. Approximately one third of all populated communities in Syria are estimated to be contaminated. Based on current population estimates, 11.5 million men, women, boys, and girls live in the 2,562 communities reporting explosive hazard contamination in the last two years. These communities are spread throughout the country and correlate to areas that have seen a high intensity of hostilities over the past 12 months. Explosive hazard contamination can have severe socio-economic implications on families and communities, depriving them of livelihoods and sources of income, increasing vulnerabilities. It also prevents the safe delivery of humanitarian assistance, affects population movement and limits the scope for recovery efforts.

High levels of past and ongoing hostilities have contributed to far reaching explosive hazard contamination across both rural and urban areas. Respondents in assessed communities reported that agricultural land, roads, private property were the most frequently contaminated locations, followed by schools, other public infrastructure and hospitals. As the scale of the explosive hazard threat is not yet fully known, prevention and mitigation measures to reduce the impact of the contamination on civilians need to be comprehensive and large-scale.

Explosive hazard accidents can result in serious injury and death, leading to long-term physical and psychological trauma for survivors and their families. The number of casualties from explosive accidents has steadily increased the burden on the health sector, particularly with regards to the provision of specialized services including trauma care, physical rehabilitation, and psychosocial support in the short and long-term. While needs are significant, available resources remain limited.

While all are vulnerable to the threat, men are more likely to be directly exposed to the explosive hazards incidents, particularly when engaging in activities such as farming, herding, moving or travelling, and rubble removal, all reported among the most at-risk activities by assessed communities. Children, often unaware of danger, are also particularly vulnerable to the risks posed by explosive hazards. Women and girls are primarily affected by their indirect impact, for instance through the deprivation of livelihood in cases when explosive incidents have an impact of a family’s source of income and the limitations on their freedom of movements. Risk education remains crucial for providing civilians with greater awareness with basic safety messages. In parallel, the survey of suspected hazardous areas, followed by the marking and clearance of located items is the only way to reduce the risk of injury and death of individuals.

Hostilities in northeast Syria in late 2019 have significantly disrupted mine action activities in the area. Recent and existing contamination, increased displacement and scarce availability of services, in a context of higher risk and lower capacity of actors to safely respond, are exacerbating the severity of needs and pose the necessity for expanding scale and scope of humanitarian mine action efforts to allow for comprehensive geographic coverage, and efficient sharing of expertise and resources.
Outlook for 2020 for Protection and AoRs

2020 is likely to see continued hostilities in north-west and north-east Syria resulting in increased protection needs and risks, and further displacing populations. Needs and vulnerabilities will be further compounded by the continuation of the crisis. Lines of control will continue to shift resulting in disruption of services and access. Different modalities of assistance will continue to be needed for an effective response, as well as increased and flexible funding to allow actors to scale-up and redirect response to assist people in underserved areas or those facing disruptions in assistance.

Constraints on humanitarian actors are likely to disproportionately impact the provision of specialized protection services (possibly increasing distress and risks of GBV and Child Protection, especially for women and adolescent girls and children), and explosive hazard survey and clearance activities. Protection actors will need to overcome new impediments to access to provide assistance including for cases of child separation, and gender-based violence, and address the needs of survivors of explosive hazards, maintain capacity for emergency response, while continuing to address current protection needs and issues with a long-term view where possible.

Humanitarian actors themselves are likely to face increased risks to their safety and of their programmes requiring more robust advocacy to ensure their safety and allow for flexibility in modalities to access people in need and provide assistance.
3.2

Camp Coordination and Camp Management

### Key Messages

- IDP sites (including planned camps, informal settlements, transit/reception centers, and collective centers) continue to provide immediate humanitarian life-saving assistance to the most vulnerable IDPs. Children and women make up 80 per cent of populations living in camps in north-west Syria.

- Services and space are significantly overstretched in most of the existing sites in IDP sites due to overcrowding, in particular in north-west Syria. Some sites are running more than 400 per cent above their actual capacity.

- Although IDP sites are designed to act as an option of last resort, the past year the north-west of Syria has witnessed an increase of 28 per cent in the number of IDPs seeking shelter at these sites in the north-west.

- Apart from funding gaps, there are many other challenges particularly in informal/self-established IDP sites such as HLP, access, and absence of dedicated camp management services and maintenance of facilities continue to contribute to alarming reports of unmet needs in these sites.

### Overview

Large-scale displacement continued in the north-west and north-east in 2019. Hundreds of thousands of IDPs had no choice but to seek shelter in planned camps, informal sites, transit / reception centres, and collective centres. Of the estimated
6.15 million IDPs in Syria, an estimated 1,055,347, or 7 per cent of all IDPs, are living in IDP sites. Of these, 70 per cent or 739,462 IDPs are in the north-west of the country, the majority of whom are located in Idleb Governorate. Between January and October 2019, the CCCM cluster tracked almost one million population movements across northern Syria. Nearly one-quarter of IDPs sought shelter in IDP camps, informal settlements and collective centres in north-west Syria.

Despite large scale humanitarian to vulnerable IDP populations and efforts to identify alternative shelter options, the average number of IDPs moving to last-resort IDP sites has increased to 223,318 between January-October 2019 from 136,973 during the same period in 2018 representing a 63 per cent increase. These indicate increased vulnerability, exhaustion of other options by displaced families and reduced host community capacity to host IDPs given population density and overburdening of services. Lack of sufficient services in IDP sites is identified as a key gap while over-crowding in these sites, in general, is resulting in many protection risks and implications including lack of privacy, and access to latrines and other facilities.

IDPs sites remain highly exposed to weather conditions. more than 130,000 IDPs were directly affected by floods that hit several areas in northern Syria in 2019.

More than 18,000 tents were destroyed partially or completely requiring replacement and further compounding needs of IDPs in these sites.

Affected populations
In 2019, 274,953 IDPs arrived in IDP camps, informal settlements and collective centres in the north-west. As of end September 2019, there are an estimated 945,169 IDPs in these sites. Camps, informal settlements and collective centres have had to adjust to host new arrivals with services coming under stress as a result of population density and overcrowding.

Vulnerability of women, girls, boys and men in the last resort IDPs sites has become protracted over time with no long-term shelter solutions in sight. Due to their temporary nature, IDP sites are designed to remain temporary and equipped with minimum services. IDPs often resort to these sites after exhausting other options such as securing other types of shelter and/or being hosted by friends, relatives or by host families. Women constitute 56 per cent while children represent 39 per cent of the overall last resort IDP site population, which demonstrates the high level of vulnerability in these sites.

IDPs residing in camps, informal settlements and collective centres continue to face challenges in accessing essential services. In particular, IDP households report issues in accessing sufficient water or having access to chlorinated water, electricity provision, sanitation and hygiene issues, lack of heating, and overcrowding. Finally, lack of privacy, discrimination, and harassment are generally reported as protection issues in all types of IDP sites.

Analysis of Humanitarian Needs
In 2019, the CCCM cluster members continued to actively track displacement in north-west Syria, thanks to information provided by humanitarian actors working on the ground and through the IDPs Situation Monitoring Initiative (ISMI). In 2019, CCCM cluster’s displacement tracking activities concentrated on the north-west of the country, which witnessed nearly one million population movements between January-October 2019, with many of these movements indicating the presence of IDPs that had been displaced multiple times.

On average, the cluster tracked over 100,000 population movements on a monthly basis, an increase from 96,000 movements per month reported in the last HNO. The main causes of these displacements in the north-west were renewed hostilities in Idleb, Aleppo and Hama governorates (particularly in May 2019).

The CCCM cluster is activated in north-west Syria only, where it coordinates the response in 426 sites, including 373 informal settlements, 31 collective centres, 18 planned camps and four reception centres. These sites in north-west Syria, regularly monitored through the IDP Sites Integrated Monitoring Matrix (ISIMM,) and host 739,462 people. Compared to 2018, this represents a 37 per cent increase. Basic multi-sectoral life-saving assistance is provided to IDPs living in these sites through humanitarian actors. However, significant gaps exist in the response across all sites in north-west Syria. IDPs living in IDP camps are the most vulnerable and living under difficult humanitarian circumstances which often put them under extreme...
pressure and lead to use of harmful coping mechanisms such as aid dependency, child labor, dropping out of schools and early marriages.

An estimated 35 per cent of the sites’ population, for example, cannot receive minimum food assistance on a monthly basis. One in four individuals residing in these sites does not receive adequate shelter and NFI assistance. 23 per cent of IDP sites population reports facing challenges in accessing sufficient quantities of water and receiving sanitation and waste removal services. 197

A large proportion of IDP sites in Syria are informal settlements, also known as “spontaneous” or “self-established” camps. These usually consist of groups of tents or other shelters that were set up by the IDPs themselves. Crucially, these sites are not managed by anyone and often have no legal claim to the land on which they were established. In these sites, the delivery of dignified protection and multi-sectoral assistance cannot be guaranteed by humanitarian actors, a critical issue for vulnerable groups, and particularly for female- and child-headed households. Planned camps, on the other hand, are managed by humanitarian organizations that are responsible for these services. The same applies to transit and reception centres, which are temporary structures established for very short-term displacements.

Collective centres consist of buildings – usually public buildings, factories or others – that are used to host five or more IDP families. After host communities, these centres play the role of the first recipients of the newly displaced IDPs within a community, which is important given the reduced capacity of hosting communities. 198

Outlook for 2020

IDP sites are meant to be temporary and, as such, they are not designed to host and serve IDPs for extended periods. With the crisis entering its ninth year, these sites have become overstretched and services overwhelmed. Given hosting communities’ capacity to host IDPs is limited and IDPs remain vulnerable with decreasing resilience capacity, the number of IDPs in camps, informal settlements, and collective centers is likely to increase.

Long term solutions are required for IDP sites and populations residing in these sites through the provision of essential services and increased self-reliance and resilience. Humanitarian partners continue to face challenges in identifying long term solutions as hostilities continue in parts of the country.
3.3

Early recovery and livelihoods

PEOPLE IN NEED

FEMALE | MALE | CHILDREN (0-17) | ADULTS (18-59) | ELDERLY (>59)
---|---|---|---|---
9.9M | 49% | 51% | 24% | 43% | 33%
5.1M | 4.8M | 4.2M | 5.3M | 0.4M

SECTOR PIN DISTRIBUTION BY SEVERITY

• 0.01% Minor
• 1.63% Moderate
• 24.56% Major
• 51.14% Severe
• 22.64% Critical
• 0.02% Catastrophic

Key Messages

• More than half of the working-age population are without access to sustained employment leading to poverty and contributing poor living standards. Youth without reliable employment may be exposed to a variety of risks including involvement in crime and trafficking.

• 75 per cent of Persons with Disabilities do not have access to or income to procure medication, prosthetic aids, and/or psychosocial rehabilitation. This strains their physical and mental well-being and increases dependency on other household members.

• 25 per cent of basic and social infrastructure is destroyed, putting stress on communities’ access to water, education, health services, reliable energy and social safety. Lack of access to such services and livelihoods erodes households’ living standards and weakens their capacity to cope with internal and external shocks.

Overview

The crisis in Syria continues to strain the socio-economic foundations of Syrian people, thereby affecting their ability to sustain adequate standards of living, seek decent livelihood opportunities, and access essential infrastructure and services. These factors have deepened poverty and weakened communities’ resilience to cope with internal and external shocks. The World Bank reclassified Syria as a Low-Income Country (LIC) in 2018 implying that the Gross National Income per capita has fallen below US$996. Against this backdrop, there are 9.9 million people inside Syria requiring Early Recovery and Livelihoods support given

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the cumulative impact of crisis on the population and broader macro-economic developments. While areas exposed to active hostilities have shrunk over time, populations continue to experience poor living standards 25 per cent of basic and social infrastructure is destroyed, which strains availability and accessibility of services. For instance, only 50 per cent of surveyed communities have access to less than 12 hours of electricity per day and at least 5.2 million people are receiving less than three hours of electricity per day. Likewise, approximately 60 per cent of males and females who are part of the workforce are without sustained access to employment due to lack of livelihood and income-earning opportunities as well as vocational skills. Such high rates of lack of sustained access to employment is a result of years of crisis with women, female-headed households, people with disability and elderly being particularly vulnerable.

The local context analyses indicate that poor economic conditions, physical destruction of infrastructure, and large-scale displacement have led to competition over scarce livelihood opportunities and overburdening of available social services. A combination of these factors is also responsible for posing a significant hindrance to some of the displaced people wanting to voluntarily return to the places of their origin, forcing them to live in a state of constant uncertainty and to remain dependent upon humanitarian assistance for survival.

**Affected Populations**

Sector analysis shows that some population groups are particularly vulnerable and in need of assistance. The assessment presents the most alarming situation for the Persons with Disabilities (PWD) where the estimated figure of PWD without access to medical, social and economic support is near 75 per cent, with higher rates of incidence in some areas. Prioritisation criteria based on status, severity and access, will support the sector in identifying the most vulnerable groups such as female-headed households, adolescents, persons with disabilities, youth, etc. Vulnerabilities can be attributed to various factors affecting the respective section of the population. These include, among others, physical profile (disability), age (the children and the elderly), gender, poverty, displacement (IDPs, refugees and hosts), barriers to market access (physical and socio-political), and others. The context analysis of various locations informs the approach adopted for interventions under the sector. A further deepening and refinement of these analyses in 2020 will provide support to the sector in addressing the specific vulnerabilities of each group in each area, through targeted programming or mainstreaming across thematic areas.

**Analysis of Humanitarian Needs**

Early Recovery and Livelihoods needs remain concentrated around basic social services and infrastructure; livelihoods, and social cohesion and community safety as in 2019.

**Basic Social Services and Infrastructure**

A key determinant of living standards is the availability of electricity. One in two people has less than 12 hours of electricity supply on a daily basis. Lack of access to sufficient electricity has constrained, for instance, the supply of clean drinking water, management of essential health services and a sense of safety in private and public spaces after sunset, particularly for females. Geographically, 72 sub-districts show a severe shortage of electricity Likewise, the assessment indicates that up to 25 per cent of basic social infrastructure remains destroyed, negatively impacting provision and availability of and sustained access to essential services such as physical access, water supply, sewerage, energy, and solid waste management. Rubble clearance from the newly accessible areas is a pre-requisite for the resumption of livelihoods with millions of people living in contaminated areas and risking their lives on a daily basis. Without rubble clearance and removal of unexploded ordnance, durable solutions to rehabilitate infrastructure including shelters, markets, agricultural land, and services is not possible, which then constraints voluntary returns of displaced populations.

**Livelihoods**

The opportunities and abilities for the affected population to find decent sources of income are highly constrained. According to estimates in 2015, over 83 per cent of Syrians lived below the poverty line and recent indication suggests that poverty has worsened since 2015. Out of around 11 million potential members of the workforce (between 18 and 65 years of age), more than half (3.4 million males and 3.1 million females) are unable to find sustained, reliable and decent work. The assessment also indicates that 55 per cent of total males and 75 per cent of total females report less income from all sources than they need to maintain a moderate living standard. In addition to a lack of working capital to re-establish the household economy, there is a severe lack of access to training for employable skills with ~65 per cent of males and 75 per cent of females, respectively, reporting a need for vocational skills. The economic hardship and scarcity of opportunities to find decent livelihoods may lead populations particularly the youth to resort to harmful coping strategies including but not limited to joining extremist groups, crime, and trafficking etc.

**Social Cohesion and Community Safety**

Households with lost or separated family members due to years of crisis have difficulties finding a functioning system for the redressal of their social, legal and safety issues. Likewise, populations report difficulties in recovering civilian documentation required to re-establish their lives. Finally, the presence of IDPs in host communities has led to overburdened infrastructure, services, and the market, causing stresses for the entire population of the affected areas.

**Outlook for 2020 for Early Recovery and Livelihoods**

Early Recovery and Livelihoods needs are on the rise and the response needs to be scaled up to reduce dependency on humanitarian life-saving assistance and to prevent the prevalence of harmful coping mechanisms. Displacements from areas still facing hostilities to relatively stable areas are likely to increase demand on essential services and employment opportunities. Likewise, returns will require rehabilitation of services and infrastructure and resumption of economic activity.
3.4 Education

Key Messages

- Approximately 6.6 million children (50 per cent girls) are in need of education assistance. Of these children one million girls and one and a half million boys in Syria are out of school. Around 86 per cent of school aged Syrian children live in areas with acute and immediate need of humanitarian education assistance. Poverty, insufficient availability of, protective, quality education, as well as lack of physical safety remain critical barriers to accessing education. (Linked to Living Standards Consequences)

- Children who are out of school are more likely to be exposed to protection risks. These risks are often linked to families adopting negative coping strategies such as child labor and child marriage. (Linked to Protection Consequences)

- Girls and boys across the country remain in need of education services. Children in underserved communities, IDPs in camps, informal settlements have limited or no education services available. (Linked to Living Standards and Protection Consequences)

Overview

After nearly nine years of crisis, insufficient availability of, and access to, protective quality education remains a critical need in Syria. An estimated two million school-aged children have been internally displaced and an additional 2.5 million children have fled to neighboring countries. An estimated 2.45 million children are out of school and 1.6 million students are at risk of dropping out, an increase from last year. 6.8 million people are estimated to be in need of education assistance with an overall increase of 800,000 in the number of people in need when compared to 2019 HNO. This increase is due in part to the increase in estimated population figures for the school aged
population, this year’s inclusion of the three to four year old age group and the change in the teacher to pupil ratio.

Hostilities and safety concerns of households particularly in the north-west and north-east remain a key barrier to accessing education.\textsuperscript{209} Even those who are attending school are exposed to a pervasive culture of violence and bullying which can in turn contribute to dropout rates. Millions of children have been out of school for years and the longer children are out of school the less likely they are to return to school. Being out of school increases protection risks such as child labor, recruitment and child marriage, which can in turn contribute to prolonged toxic stress for children, adolescents and youth.

Over one in three schools from the overall number of schools pre-crisis is not being used for educational purposes due to destruction, damage, sheltering IDPs or being used for other purposes.\textsuperscript{210} This results in an overall lack of learning spaces that can be compounded by displacement. Destruction and damage of school infrastructure results in unsafe school buildings being used for education services. This exposes children and school personnel to danger from structural hazards as well as lack of insulation from the elements. These unprotected learning spaces – often with insufficient and/or dysfunctional WASH facilities - makes it more difficult for children to learn and for teachers to teach. Displacement of families from unsafe areas to areas that are relatively safer puts more pressure on already overstretched facilities in hosting communities and IDP camps, informal settlements and collective center. Assessments indicate that recent displacements in northeastern and northwestern Syria resulted in at least 219 schools, being used to shelter IDPs.\textsuperscript{212} This results in a stoppage of education services and puts further pressure on the education system. Additionally, large-scale longer-term displacement necessitates a realignment of education services to where they are more needed.

Education personnel are members of the communities they serve hence they are affected by the crisis and are part of displacement and return flows. This can be further compounded by fact that significant number of households surveyed reported distress amongst household members.\textsuperscript{213} The 2018 sector assessment found that about a third of surveyed in-service teachers don’t have the university degree required for teaching profession and that only a third had received professional development training on the last year.\textsuperscript{214} In fact, across residents, IDPs and returnees the most frequently sited problems why children are not sent to school is that the quality of education is not sufficient and the primary solution to this is to improve the ability of teachers to teach.\textsuperscript{215}

**Affected populations**

Most families prioritize education, however the compounded and prolonged pressures on households makes it difficult to continually invest in education. School aged children need an education that responds to learning needs in a relevant and timely manner.

Due to years of lost learning, there is a high proportion of overaged learners. Recent assessments indicate that, in the governorates of Aleppo, Dar’a, Deir ez Zor, Al Hasaka, Idleb, Tartus a third or more of secondary school students are over 17 years old with overaged learners accounting for an estimated 58 per cent of Al Raqqa’s learners.\textsuperscript{216}

School-aged IDPs and returnees have lower rates of reported attendance than residents This gap widens as children ascend through the learning levels

### School Attendance Rates

<table>
<thead>
<tr>
<th>POPULATION GROUP</th>
<th>IDPS</th>
<th>RETURNEE</th>
<th>RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Education</td>
<td>65%</td>
<td>68%</td>
<td>76%</td>
</tr>
<tr>
<td>Secondary Education</td>
<td>49%</td>
<td>43%</td>
<td>65%</td>
</tr>
</tbody>
</table>

Additionally, child labor disproportionately results in IDP children not attending school.\textsuperscript{217} Displacement results in further overburdened schools in hosting communities compromising access and quality of education services for residents, IDPs and returnees. Overcrowded and under-resourced mixed-aged mixed-ability classrooms reduce the likelihood that learning can take place and increases the risk that schools will not be able to adequately accommodate children with special needs. Of assessed children between 12-17 years old, children with mobility or self-care difficulties are almost twice as likely to not attend school as children without such difficulties.\textsuperscript{218} This exclusion may be due to many factors including the ability of the education system to provide appropriate services and facilities for specific needs.

Over 80 per cent of the population is estimated to be living under poverty resulting in barriers to education across all population groups. Assessment findings suggest that households often have to complement their income with borrowings, remittances, and savings in order to afford essential needs and services.\textsuperscript{219} This implies that household purchasing power is limited. In absence of sufficient financial resources,
households are forced to focus on their most basic needs and balance the need to have children contribute to household against sending their children to school. Being unable to afford sending children to school was one of the top three reasons cited by interviewed households.209 This problem is heightened in urban areas where the cost of living is higher and there may be more children dropping out or staying out of schools.

As a result of years of crisis there has been a reduction in the overall number of teachers and difficulty in replacing these teachers with sufficiently qualified experienced people. In Rural Damascus, Aleppo and to the lesser Homs, Deir Ez Zor and Raqqa there are teacher to student ratios extending one to 100.221 While investments made in the professional development of teachers and education personnel aim to support effective teaching in an extremely difficult and demanding environment, financial factors can negatively contribute to retaining existing teachers as they may seek job opportunities with better and more dependable remuneration. This undermines the ability to build on investments in capacity building of teachers and other education personnel over time.

Analysis of Humanitarian Needs

The enrollment rate in formal schools is approximately 63 per cent with overall parity between boys and girls at the basic level and an increased rate of enrollment for girls in the secondary level.220 Children generally start school at six with a sharp increase of reported attendance at seven years old. Attendance peaks and plateaus when children are between seven and 11 years old and then sharply declines. Within this overall trend there is a slight comparative increase in the attendance of teenage girls compared to teenage boys and slight comparative increase in the attendance of young men in tertiary education.221 The sharp downward trend in enrollment between primary, secondary and tertiary education221 may highlight difficulties families have investing in their children’s education over time and the increasing pressure for children to contribute to the household as they get older. The downward trend happens once adolescence has started, when children are exposed to increased protection threats such as child labor, child marriage and recruitment by armed groups.

Education needs are highest in areas of the northwest and northeast where conflict and displacement are concentrated and chronically unmet, and under met education needs are now being compounded by increased displacement and conflict and the south where a slow reestablishment of the education system is compounded by returns. Endemic poverty and crisis related stress and loss continues to compel most families to focus on short-term immediate needs. These needs are often balanced against the quality and relevance of the education provided and its likelihood to result in future income and possible risks some children face going to school and being in school.

Insufficient access to protective quality education, insufficient household income, trauma and psychological distress, as well as insecurity in some areas, are significant concerns for affected communities and create key barriers for children to access education. Across resident, IDP and returnee populations the top three reasons for children not attending school are: insufficient quality, unaffordability and children not wanting to attend.222 Furthermore, children’s resilience to cope with violence, fear and uncertainty continues to deteriorate with time. Ensuring that education services are able to provide adequate psychosocial support (PSS) to students, teachers and other education personnel is key to ensuring that services are relevant to needs. The 2018 sector assessment found that 82 per cent of assessed schools did not provide psychosocial support or social and emotional learning for students.226

Syria’s fragmented education system does not have the physical capacity or ability to absorb significant numbers of out of school children, or children with special needs, unless there is investment in establishing and expanding learning opportunities. This is particularly true for IDP camps, overburdened communities and remote rural communities, areas with no or insufficient education infrastructure or where schools are used as IDP shelters, and areas where education services are being realigned with a change in control. Additionally, the multiple curricula taught in some areas limit the certification of learning. This issue was highlighted by households when they were asked why their children were not sent to school.227 Given risks that children and education personnel may face when traveling to and from schools the education services need to ensure that the distance that students are expected to travel ensures that schools are safely accessible for intended users.

Outlook for 2020

The life-sustaining physical, psychosocial and cognitive protection that education offers children and adolescents will continue to be a dire need in 2020. Protection risks will continue to affect school aged children, in particular, adolescents and youth, and their teachers. The lack of available and accessible relevant, protective quality education will therefore continue to be a critical need. Integration of psychosocial support into education services will be crucial to address the high levels of emotional distress.

Protection and socioeconomic barriers that are beyond the education sector will continue to have an accumulative effect. If these barriers are not better addressed in tandem with sufficient support to the formal education system there will be limited ability to reduce the number of out of school children and there may be an increase of children who are out of school or not able to regularly attend school. Displacement as well as short-term and insufficient funding will continue to contribute towards interruptions of learning and dropping out of school. The education response will continue to be increasingly challenging as the longer children are out of school and the further children are behind in their learning the harder it will be to ensure that children stay in school and bring children back to expected learning levels.

To promote positive humanitarian outcomes, education needs to be approached as a longer-term investment with the predictability and funding required to ensure continuity of learning and the ability to build on past experiences.
3.5

Food Security and Agriculture

Key Messages

- 7.9 million people are thought to be food insecure with an additional 1.9 million at risk of food insecurity - Physical and Mental Wellbeing.

Nine years into the crisis, the food security situation in Syria has deteriorated compared to last year, with a total of 9.8 million people in need; of which 569,477 people are estimated to be severely food insecure; 7.3 million estimated to be moderately food insecure while 1.9 million people are estimated to be at risk of food insecurity.

This year the estimated number of people in need has increased by eight percent. The number of food insecure people has also increased from 6.5M (2019) to 7.9 million (2020), approximately 20 percent increase from last year, with a decrease of almost 0.7 million in people at risk compared to last year – those at risk have likely become people in need this year.

Food insecurity in Syria remains to be defined by continued conflict causing mass and prolonged displacement, loss and lack of livelihood opportunities contributing to high poverty levels and reduced production capacity hampering financial and physical access to food, high inflation and soaring currency depreciation have reduced purchasing power and continue to deplete the livelihoods of the most vulnerable populations.

Approximately 6.1 million people are displaced within Syria with as estimated two million people displaced across North West Syria. Within this group, some 760,889 are residing in last resort camps. During recent assessments 82 percent of IDPs surveyed reported being displaced for more than 12 months. In
addition, there are 438,000 Palestinian refugees who are also particularly vulnerable to food insecurity given their status.

In North East the impact of the conflict could affect at least 1.2 million people as a result of the creation of the 32km buffer zone. Currently there are 496,590 displaced people across three governorates with fears of further unrest if Syrian refugees were forced to move into the territory from Turkey.

All population groups have been affected by the protracted crisis. In particular children under 5 and pregnant and/or lactating women face the highest risk in terms of a deterioration of physical and mental well-being as a result of inadequate food and poor dietary diversity.

Humanitarian access continues to be heavily constrained as access to areas that have changed control remain difficult to reach regularly with 57 percent of communities being reached three times or less with food security activities in south and central governorates of Syria.232

Addressing food insecurity in a sustainable manner will require overall improvement in infrastructure and services and greater investment in livelihood programmes at scale targeting all affected populations.

- Persistent and soaring levels of inflation and currency depreciation pose a major threat to food security and livelihoods in Syria - Living standards.

The national average price of a standard reference food basket at USD 77 based on formal exchange rates is more than 8 times higher than pre-crisis levels. In December 2019, the reference food basket had increased by 17 per cent month on month and 43 per cent year on year. By December 2019, the Syrian pound had depreciated by 43 percent on the informal market compared to December 2018 and by 24 percent compared to the previous month. Overall the Syrian pound has depreciated by more than 1700 percent since the crisis began highlighting the overall impact on market prices and reducing purchasing power as food prices remain high.

An estimated 70 percent of Syrians are spending over 65 percent of their expenditure on food with 37 percent of assessed households reporting outstanding debts and 57 percent adopting stress, emergency or crisis negative coping strategies.

Massive depletion of livelihoods infrastructure, high levels of unemployment and poverty coupled with high food prices and inflation have all contributed to low purchasing power, as households struggle to meet their daily food needs.

Some 69 percent of Syrians are believed to be living on less than USD 1.90 a day, more than double since 2011.233 Unemployment rates are believed to be at 50 percent, with only 16 percent of women working in the labor force.234

Increased sanctions on Syria's trading partners has continued to weaken the financial market in Syria and affected the supply of oil consequently having a knock-on effect on imported and locally supplied commodities. With at least 90 per cent of the population obtaining part of their food needs from markets, the impact of the crisis continues to have a direct ripple effect on the purchasing power of the majority of the Syrian population.

- High production costs, damaged essential infrastructure, high transportation costs and low quality agricultural inputs continue to be a concern for the agricultural sector leading to increasing numbers of food insecure people. – Living Standards

Overall cereal production has improved this year in comparison to 2018. However, wheat production estimated to be at 2.2 million tons remains lower than the pre-crisis level of 4.1 million tons (2002-2011) and that of the domestic requirements (food use) of 3.4 million metric tons. However, at two million tons, up from 0.4 million tons in 2018, barley production exceeds pre-crisis levels.235

About 216,000 hectares of wheat and other crops such as barley, fruit trees, vegetables and grazing areas (17 percent of national areas planted) were affected by a number of shocks including floods, fires, frost, hailstorms, high temperatures and plant diseases and pests specifically yellow rust. In Northwest Syria, vaccination of 2.4 million smallholder chickens against Newcastle Disease and of smallholder almost 18,000 dairy cattle against Lumpy Skin Disease has prevented a resurgence of these two devastating livestock epidemics in 2019.

The creation of the 32km Zone is likely to threaten about 370,000 hectares belonging to more than a 36,700 farmers in Raqqa and Hasakeh. Up to date 60 percent of the above is planted with rainfed wheat. The remaining 40 percent are unlikely to be planted as they are still at risk due to the development of military operations in the coming months.

FSS stresses the need to combine medium term approaches through enhancing primary production capacity and incomes, especially for livelihoods based agriculture, and providing inputs to improve the agricultural services sector in order to improve local availability of food (supply) with short term measures through food assistance and imports which remain key to physical and mental wellbeing as well as the living standards of crisis affected people.

Overview

Compared to last year, the PiN for 2020 has increased by 8 percent, demonstrating the continued impact of the protracted crisis on the food security and agriculture situation of the country. Persistent conflict causing on going emergency response has shown minimal progress in terms of addressing the root causes of the crisis while at the same time affecting the economic growth which in turn has negatively impacted the market and livelihood opportunities.

The number of people estimated to be food insecure is 7.9 million or 39 percent of the total population of Syria. Of this at
least 569,477 (6 per cent) are estimated to be severely food insecure. The majority of those are located in Aleppo, Idlib, Rural Damascus and Ar-Raqqah governorates. Additionally, a further 1.9 million people are projected to be at risk, with the governorates of Hama, Homs, Deir Ez Zor and Idlib having the highest proportion of the population being at risk of food insecurity. While there has been a reduction in the number of people who are at risk of food insecurity, the increase in the number of people in need particularly those who are moderately food insecure is largely due to households depleting their savings and assets as well as struggling to find livelihood opportunities to meet their food needs, as the crisis continues into its ninth year. Some 47 percent of all sub-districts in the country are thought to be either severely or moderately food insecure. The governorates estimated to have the highest levels of severity are Aleppo, Idlib, Hasakeh, Deir-ez-zor, and Dara. At least 37 percent of the food insecure population are in Northeast Syria. Of the total PIN, the ratio of total male to female is 51 to 49, with a substantial number of children (at least 42 Per cent) while adults and elders represent 54 and 4 percent of the PIN respectively.

Affected populations

The near one decade crisis in Syria has had an impact on the livelihoods and food security situation of Syrians throughout the country. At least three percent of the total population (6 percent of the PIN) are severely food insecure implying that they are unable to meet their immediate food needs and are having to resort to negative coping strategies. There is still a large number of displaced persons whose livelihoods has been disrupted and continue requiring assistance. Across North West and North East Syria an estimated 760,889 people are living in last resort camps and unofficial sites facing daily challenges to meet their basic needs especially during the winter season. In Northwest Syria approximately two million people rely on monthly food assistance due to persist conflict in Idlib since April 2019. In North East Syria 496,590 people remain displaced with a total of 73,000 people in collective centers and host communities due to the offensive in October, particularly in Al-Hasakeh (48,884), Ar-Raqqah (19,471) and Aleppo (7,083) governorates. In the 17 subdistricts that are impacted by the 32km buffer zone an estimated 376,775 people are thought to be food insecure, however, owing to the current and potential future impact of the conflict, the sector remains concerned with the plight of at least 1.2 million people residing in the affected areas, particularly farmers and livestock keepers in the area who have fled their land. Moreover, fears of forced population displacement, including forced returns of Syrian refugees in Turkey to the territory, would have a detrimental impact on the food security of the affected area and the wider nation. Of the estimated 6.2 million people displaced internally since the beginning of the crisis, Aleppo, Idlib, Rural Damascus and Damascus are the most affected with these governorates hosting a combined total of about 68 per cent of the total number of IDPs.

Conditions in Syria affect the scale and composition of returns in Syria, with only 209,904 returnees mostly from within the country. Insecurity remains a major deterrent to return as well as lack of services, infrastructure and livelihood opportunities. It is important to highlight the varied needs of returnees in relation to livelihoods and access to services. Beyond the high levels of displacement both internally and externally, almost all population groups residing within Syria have been affected in one way or another by the crisis. Some 39 per cent of the total population are food insecure. Households having a person with disability are at slightly more at risk of food insecurity, while women and children are also more likely to suffer the impacts of food insecurity as a population group. The assessment also revealed that a considerable proportion of residents are also food insecure with some 70 percent of assessed resident households showing food insecurity followed by returnees at 60 percent, which demonstrates the impact of the ongoing crisis on all population groups. The susceptibility of resident households to food insecurity further illustrates the impact of the conflict across all population groups and the growing relationship between poverty and food insecurity. Stabilizing and improving rural livelihoods in Northwest Syria through cross-border interventions for agriculture and livestock helps rural populations to remain in the country and contributes towards preventing a mass exodus of refugees from Northwest Syria. Syria also hosts a significant number of Palestinian refugees the majority of who continue to require assistance. Of the 438,000 Palestinian refugees in Syria at least 60 per cent have been displaced at least once. According to UNRWA at least 95 per cent of refugees are in need. In addition, to their refugee status, Palestinian refugees remain equally affected by the broader macro-economic and social conditions affecting Syria as a country.

Analysis of Humanitarian Needs

Ongoing violence and high levels of insecurity after almost a decade of conflict have impacted all aspects of the country and its people, with significant consequences on the pillars of food security. Unprecedented numbers of displacement have meant that almost two thirds of the Syrian population have been forced out of their homes causing a detrimental effect on the availability and access of food. With an increase of eight percent in the people in need since last year, food security and poverty remain deeply intertwined as economic deterioration becomes more persistent over time. Despite being one of the most resilient pillars of the economy and key to the national food security, the agriculture sector has had significant losses since the beginning of the crisis in 2011 affecting both crop and livestock production with a noted decline of 49 per cent and 51 per cent respectively. Widespread damage to irrigation systems and shortages of labor and quality inputs such as seeds, fertilizers and fuel due to imposed sanctions on Syria has affected the country's production. In
the past, Syria was a net producer of wheat 20 years prior the crisis, but now it is unable to meet its domestic requirements of 3.4 million metric tons. This year only 2.2 million tons of wheat were produced. While this is just over 20 per cent improvement from last year’s production, it is still considerably lower than the pre-crisis national average production estimated at 4.1 million tons. An estimated 216,000 hectares of wheat and other crops such as barley, fruit trees, vegetables and grazing areas (17 percent of the national average) were affected by a diversity of shocks in 2019 including climatic conditions. The implication of this is severe on household level, as reports show that these farmers have lost 50 percent to 100 percent of their production. This combined with exhausting of coping strategies is worsening the food security situation. Addressing this deficit requires a multipronged approach focusing on increasing primary production including the restoration and conservation of the Syrian wheat varieties, coupled with short-term measures through imports and humanitarian assistance. A consideration of all measures including potential government imports (1 million tons), commercial imports (200,000 tons) and food assistance (135,000 tonnes) would still leave a deficit of about 445,000 tons of wheat to meet the national cereal requirements. However, barley production has improved at two million tons, exceeding pre-crisis levels although Syria’s livestock economy which has traditionally accounted for 40 per cent of the total agricultural production remains severely affected by the conflict. Over the past year, the overall livestock numbers have stabilized although they remain low. It is estimated that during the first three years of the crisis sheep numbers fell by 45 percent, goat numbers by 30 percent, cattle numbers by 40 percent, and poultry numbers by 55 percent. In addition, slight reduction in sheep and cattle were reported during 2018/19, as compared to the previous year. Furthermore, the General Poultry Association (GPA) estimates that 80 to 90 percent of poultry farmers have left production operations due to lack of operator confidence in the recovery of the sector. The constraints for livestock production include prevalence of common epizootic disease, slow success rate of artificial insemination livestock feed prices and destruction of veterinary services. The overall impact is high prices of livestock and their products which generally show an upward trend compared to previous years.

FSS draws attention to the impact of the 32 km ‘buffer zone’ on the country’s production for the next year. Continued hostilities have significantly impacted the agricultural sector as offensives occurred during the crucial planting season in the heart of Syria’s bread basket where traditionally 50 per cent of the nation’s wheat was produced before the crisis. Satellite imagery shows a drastic decrease in the cultivation of the vegetated areas. An estimated 370,000 Ha- approximately 12 percent of national production of wheat, could lead to a loss of 740,000 tons of wheat produced for the 2019-2020 season. This potential loss in production covers the need of more than 3.7 million people for wheat for a full year or 617,000 households. This loss will affect the food security of the country unless actions are taken to respond to these urgent needs. Additionally barley production and livestock keeping will also be negatively impacted. The most affected areas are Al Hasakah districts (Tal Tamer subdistrict) and Ras al Ain district in Al Hasakah governorate and Tal Abiad district Ar Raqqa governorates. Moreover, the ban on importing Turkish items into North East Syria could potentially have an impact on the quality of flour in the region. The sector recommends continued assistance to displaced persons as well as host communities.

Average Monthly Prices of Food Basket

compared to pre-crisis period national monthly average prices

Source: WFP
With over 50 per cent of Syrians thought to be living in urban areas, physical and financial access to markets is essential for food security. It is believed some 80 per cent of Syrians depend on markets to meet their food needs. Access to food remains constrained due to high transportation and living costs, reduced demand due to high unemployment rates and stagnant wages thus impeding the purchasing power of the Syrian population. Some 69 percent of Syrians are believed to be living on less than 1.90 USD a day, more than double since 2011.24 High levels of unemployment are persistently high estimated at 50 per cent.25 The national average price of a standard reference food basket at USD 77 based on formal exchange rates is more than eight times higher than pre-crisis levels. In December 2019, the reference food basket had increased by 17 per cent month on month and 43 per cent year on year.51 The main causes of the increase is a combination of reduced national production, limited access to land and inputs and devaluation of the currency and the impact of the economic sanctions.

As shown above, although food prices have decreased since their peak in December 2016, over the past 14 months they have been steadily increasing. By December 2019, the Syrian pound had depreciated by 43 percent on the informal market compared to December 2018 and by 24 per cent compared to the previous month.25 Overall the Syrian pound has depreciated by more than one-thousand seven hundred percent since the crisis began highlighting the overall impact on market prices and reducing purchasing power as food prices remain high.294 Purchasing food on credit continues to be adopted by 28 percent of Syrian households, though it is important to highlight that not all households may have access to credit. Approximately 70 percent of Syrians spend more than 65 per cent of their expenditure on food, suggesting high economic vulnerability. More than 37 percent of households assessed reported to have outstanding debts and 57 percent of households are adopting some sort of negative coping strategy to meet their daily food needs.

The inability to access adequate amounts of food for consumption in particular among households facing severe food insecurity is likely to have detrimental effects on household food consumption and nutritional status of the affected households with the potential risk of affecting their physical and mental well-being. Despite relatively low levels of acute malnutrition in children estimated at 1.7 percent, micronutrient deficiency (anemia) in children under 5 and pregnant/lactating women show relatively high prevalence rates at 27.4 percent and 30.6 percent respectively.25 Stunting levels among children estimated at 12.6 percent is also significant in terms of actual numbers and hence warrants attention. This calls for the need to pay particular attention to the vulnerable populations in particular children, pregnant and lactating women and other vulnerable categories such as those suffering from chronic illnesses. In areas facing the highest levels of food insecurity, the need to continue supporting vulnerable households with complementary foods including through cash transfers in order to diversify their diet remains critical.

A key underlying driver of food insecurity in Syria is the disruption of food stability which is critical for the optimum functioning of food supply chains and market systems. For food stability to exist, there is need to address constraints related to availability and macro-economic conditions such as inflation, fuel prices, currency depreciation, infrastructure and services.

**Outlook for 2020**

The overall food security outlook in 2020 will highly depend on a combination of social stability, favorable climate and availability of production inputs and adequate funding to address the immediate food needs of the most vulnerable people as well as support to medium term interventions to increase food supply through increasing food production. In addition, improvement in overall macro-economic conditions in particular in relation to inflation, fuel prices and currency depreciation remains critical to the improvement of the overall food security situation in the country. With no signs in place regarding an improvement in macro-economic conditions, it is likely that high food prices will persist negatively affecting food security. This is likely to be exacerbated by the prevailing deficit in national food production. The operation peace spring is likely to impact overall food production if not addressed. Continued hostilities have significantly impacted the agricultural sector as offensives occurred during the crucial planting season in the heart of Syria’s bread basket where traditionally 50 per cent of the nation’s wheat was produced before the crisis. Satellite imagery shows a drastic decrease in the cultivation of the vegetated areas. The food security situation among displaced persons is expected to remain poor through 2020 due to loss of livelihood assets while returnees are likely to face challenges re-integrating into areas of return due to poor infrastructure and lack of services. If no adequate support is provided to restore basic and essential infrastructure and services, the situation of agriculture production will likely remain the same. This means less food availability. Vulnerable farmers might abandon their lands and migrate to nearby urban areas, if no support is provided.

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>1</td>
<td>% of targeted households with improved food consumption score</td>
</tr>
<tr>
<td>2</td>
<td>% of targeted households not employing reduced and livelihoods coping strategy</td>
</tr>
<tr>
<td>3</td>
<td>% of targeted households with reduced expenditure on food</td>
</tr>
<tr>
<td>4</td>
<td>Proportion of the national food requirements covered by staple food production</td>
</tr>
</tbody>
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3.6

Health

Key Messages

• Sustaining and expanding essential, quality health services at community, primary and secondary care levels remains critical to addressing health needs of affected populations. Likewise, availability and accessibility of routine, emergency, and specialized health services is essential to meeting the needs of the most vulnerable groups.

• In the face of high levels of displacement, destruction of infrastructure and accompanying threats to physical well-being, ensuring robust health data collection as well as disease surveillance, notification and response systems for effective and timely prevention and control of epidemic-prone disease – is key to protecting public health. Immunization services must be reactivated where breaks have occurred, and maintained and strengthened nationally.

• Protracted crisis has left just 53 per cent of hospitals and 51 per cent of primary health care centres (PHCs) fully functional. Of 2,184 fixed health facilities assessed, 135 (6 per cent) have been fully damaged and another 420 (19 per cent) are partially damaged since the beginning of the crisis leaving millions of people living below emergency health standards.

Overview

More than nine years of crisis have heavily disrupted the health system in Syria. According to HeRAMS data, 45

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### Overview

HUMANITARIAN NEEDS OVERVIEW 2020

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### People in Need

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
<th>Children (0-17)</th>
<th>Adults (18-59)</th>
<th>Elderly (&gt;59)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12M</td>
<td>49%</td>
<td>51%</td>
<td>44%</td>
<td>53%</td>
<td>3%</td>
</tr>
<tr>
<td>6M</td>
<td></td>
<td></td>
<td></td>
<td>6M</td>
<td>5.3M</td>
<td>0.4M</td>
</tr>
<tr>
<td>6.4M</td>
<td>0.4M</td>
<td>5%</td>
<td>51%</td>
<td>5%</td>
<td>51%</td>
<td>5%</td>
</tr>
<tr>
<td>0.4M</td>
<td>5%</td>
<td></td>
<td>43%</td>
<td>43%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

### Sector Pin Distribution by Severity

- 1% Moderate
- 43% Major
- 51% Severe
- 5% Critical

---

### Sector Pin Distribution

- **People in Need**
- **Severity of Needs**

---

Map showing distribution of people in need and severity of needs.
administrative districts – home to 15.4 million people – are below emergency standards for hospital beds. More than 70 per cent of health workers are estimated to have left Syria and many others have been injured or killed. 64 per cent (13.2 million) of the population lives below minimum standards for healthcare workers. Health personnel shortages are particularly acute in areas affected by recent hostilities and displacement. Distance, overcrowding and long waiting times are top barriers reported by patients to access health services. Accessibility and cost of transport also impede access to services for persons with disability. Among beneficiaries who received assistance, 94 per cent of those surveyed expressed full or partial satisfaction with humanitarian health services. However, 86 per cent of surveyed households who sought health services in previous three months reported having to pay for care – most often for medication. Availability of medicines and treatment costs are also leading determinants of child mortality in Syria. Finally 85 reported attacks on health facilities in 2019 have caused further deterioration of health system functionality.

In 2019, measles cases declined nationally along with rates of waterborne disease in hotspot areas. Nevertheless, disrupted water networks and waste management, combined with food insecurity and displacement of over 1.1 million people between January and August 2019, leave populations vulnerable to epidemic-prone diseases and exacerbate the risk of severe acute malnutrition in children under five years old.

**Affected populations**

While the disrupted health system impacts the entire population, the health sector utilizes its severity scale to focus its support on sub-districts with a score of three and higher. Areas of highest severity are generally found in the north-west, north-east and parts of southern Syria. Additionally, urban areas – such as Damascus and Aleppo – often rate severity level three or higher as they are home to thousands of IDPs and function as key referral sites for secondary care, thereby placing heavy loads on the health system. Among the 12 million people in need of health services, 1.43 million are children under 5 years of age; 3.22 million are women of reproductive age (15-49) including 483,000 women who are expected to become pregnant in 2020; 336, 369 elderly (65+) and those with early-onset chronic disease; and displaced populations, including 5.54 million IDPs and returnees, are key population groups for the sector. Persons living with disabilities, an estimated 15 per cent of the population (3.07 million people), as well as those with

### Healthcare Workers per 10,000 population

Source: WHO WoS Consolidated HeRAMS, Q4 2019

<table>
<thead>
<tr>
<th></th>
<th>Doctors</th>
<th>Nurses</th>
<th>Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aleppo</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Al-Hasakeh</td>
<td>3</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>1</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>As-Sweida</td>
<td>12</td>
<td>57</td>
<td>4</td>
</tr>
<tr>
<td>Damascus</td>
<td>23</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Dar’a</td>
<td>2</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Deir-ez-Zor</td>
<td>2</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Hama</td>
<td>12</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Homs</td>
<td>8</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Idleb</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Lattakia</td>
<td>18</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>Quneitra</td>
<td>17</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>4</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Tartous</td>
<td>22</td>
<td>47</td>
<td>5</td>
</tr>
<tr>
<td>Syria</td>
<td>8</td>
<td>14</td>
<td>2</td>
</tr>
</tbody>
</table>

*General Practitioners, Specialists, Emergency Physicians, Residents Doctors, and Dentist Doctors

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IASC Standards: health staff ≥ 22
functional difficulties require specialized services and access considerations. Relatedly, persons living in areas with high levels of explosive ordnance contamination are vulnerable to traumatic and complex injury and subsequent long-term impairments. Severe under-funding of response agencies has left Palestinian refugees in acute need. Finally, areas of active hostilities – such as north-west and north-east Syria, IDP camps, collective centres and informal settlements, overburdened hosting communities, and locations without reliable water, sanitation and shelter remain highly vulnerable to epidemic-prone disease.

Analysis of Humanitarian Needs

Health facilities are entry points: humanitarian life-saving and life-sustaining essential health services at primary level – including first-line support for gender-based violence, and coordinated referrals to secondary care, trauma services and specialized care, are vital to addressing population health needs and preventing further harm.

Availability of humanitarian life-saving reproductive, maternal, newborn and child health services is critical in humanitarian settings in humanitarian settings which typically see rises in maternal deaths, unintended pregnancy, sexually-transmitted infections, unsafe abortion, and gender-based violence. Pregnant women will require pre and post-natal care, as well as access to skilled birth attendants. An estimated 15 per cent of deliveries and 15 per cent of newborns will require life-saving emergency intervention. Children under five need routine immunization services – enhanced efforts are needed in areas with low rates of vaccination coverage, such as parts of Aleppo, Deir-ez-Zor, Ar-Raqqa and Idlib. Mothers need outreach support to properly care for the newborn at home, including feeding practices for infants and young children. Finally, adolescent girls are particularly vulnerable in crisis settings and require tailored services.

Functional PHCs per 10,000 population by sub-district

Source: WHO WoS Consolidated HeRAMS, Q4 2019

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

**Functionality and level of damage**

<table>
<thead>
<tr>
<th>Hospital and primary healthcare facilities</th>
<th>Functionality</th>
<th>Level of Damage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>198</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6% Not reported</td>
<td></td>
<td>61% Not damaged</td>
</tr>
<tr>
<td>24% Non-functioning</td>
<td></td>
<td>8% Fully damaged</td>
</tr>
<tr>
<td>18% Partially functioning</td>
<td></td>
<td>26% Partially damaged</td>
</tr>
<tr>
<td><strong>Primary healthcare facilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,807</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1% Not reported</td>
<td></td>
<td>73% Not damaged</td>
</tr>
<tr>
<td>27% Non-functioning</td>
<td></td>
<td>6% Fully damaged</td>
</tr>
<tr>
<td>21% Partially functioning</td>
<td></td>
<td>19% Partially damaged</td>
</tr>
</tbody>
</table>

*Source: WHO WoS Consolidated HeRAMS, Q4 2019*

Recent assessments indicate the need for improved supply of medicines and services within PHCs, particularly for non-communicable diseases (NCDs), which are estimated to account for 45 per cent of all deaths. Mental health and psychosocial support (MHPSS) needs are critical: prolonged exposure to conflict is believed to increase the prevalence of mental health conditions above the WHO global prevalence of 15 per cent, yet stigma and shortages of trained health workers are treatment barriers. Where health structures are damaged or none exist, mobile teams are needed to fill gaps while repairs are addressed. Referral capacity, including ambulances, is needed to overcome gaps in secondary care and connect patients to humanitarian life-saving care. Specialized services are needed for physical rehabilitation, assistive devices, tuberculosis, dialysis, in-patient treatment of severe acute malnutrition with medical complications, and burns.

Surveillance data for epidemic-prone diseases indicate that influenza-like illness, acute diarrhea, cutaneous leishmaniasis, and suspected hepatitis are the most common morbidities. Broad coverage of surveillance activities and response teams, as well as joint efforts with WASH actors to ensure safe water supplies and sanitation, are needed to prevent and control disease outbreaks.

Protection of health care and health care workers remains a priority while repair and re-equipping of health facilities are needed to ensure safe and quality delivery of essential health services. Finally, explosive remnants of war will continue to strain health systems for years to come – victims will require trauma, MHPSS and rehabilitation services.

**Outlook for 2020**

The need for humanitarian health assistance is expected to continue in 2020, though the funding outlook is uncertain. In areas of active hostilities, particularly north-west and north-east Syria, attacks on health care and displacement are likely to persist, thereby demanding emergency health response and efforts to protect health care. Changes in lines of control are likely to trigger disruptions in health services and may affect humanitarian access. Areas with limited access, underserved areas, newly accessible areas, and those that recently changed control will continue to require revitalization of the health system and enhanced linkages with WASH and nutrition actors, while livelihoods opportunities will play a continued role in population health access.

Preventive activities – such as immunization, surveillance and community health promotion – remain essential in all areas of Syria. Further, while capacity-building of institutions at central and local levels may improve availability and quality of key services, chronic shortages in health care workers are unlikely to be resolved through the efforts of humanitarian health actors alone. Finally, the recent global pandemic of coronavirus 2019 (COVID-19) has put additional stress on the health system and health actors to prepare and respond to the outbreak, and exposes the Syrian population and health care workers in particular to risk of illness, with older persons and those with pre-existing health conditions or lack of access to primary and secondary care at highest risk for severe or critical disease or even death.
3.7

Nutrition

**PEOPLE IN NEED**

<table>
<thead>
<tr>
<th></th>
<th>FEMALE</th>
<th>MALE</th>
<th>CHILDREN (&gt;5)</th>
<th>PLW</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.6M</strong></td>
<td>49%</td>
<td>51%</td>
<td>44%</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>2.2M</td>
<td>2.4M</td>
<td>2.1M</td>
<td>2.5M</td>
</tr>
</tbody>
</table>

**SECTOR PIN DISTRIBUTION BY SEVERITY**

- **23%** Major
- **50%** Severe
- **27%** Critical

**Key Messages**

- Chronic malnutrition is at its highest in Syria, with almost 500,000 children suffering from stunting of physical and cognitive development. Chronic malnutrition has intergenerational consequences; it can only be reversed in the first 1,000 days of life. Contributing factors include poor infant and young child feeding (IYCF) practices; lack of psychosocial stimulation, repeated illnesses; and low birth weight.

- Almost 137,000 children under the age of 5 years in Syria are acutely malnourished. These children face life-threatening risks and require immediate treatment. Malnourished children with complications have increased twofold in some sub-districts and more stabilization centers are needed.

- Almost one in three pregnant women are anemic while maternal malnutrition has increased five-fold compared to last year, leading to poor intrauterine growth, high risks during pregnancy, and childbirth complications.

- Malnutrition in all its forms, requires immediate, comprehensive, and multi-sectoral services to fully address the nutritional needs of pregnant and lactating women and children in Syria.

**Overview**

Continued hostilities in the north-west and north-east with large scale displacement has resulted in populations experiencing poor nutrition conditions in 2019. Approximately 1,179,869 pregnant and lactating women (PLW) and 3,443,752 children under 59 months of age need life-saving nutrition services. Of those in need of nutrition assistance, 63 per cent are located in the Government of Syria held areas and 37 per cent in other
areas. Independent Standardized, Monitoring and Assessment of Relief and Transition (SMART) surveys completed in all 14 governorates in 2019 demonstrate that poor nutrition conditions are widespread across the country and are not as concentrated in geographical scope as observed in 2018.

Chronic malnutrition is a problem in Syria. The national prevalence of chronic malnutrition of children is 12.6 per cent, with Deir-ez-Zor, Idlib, Aleppo, Al-Hassakeh and Quinetra governorates either already have reached or almost reaching the WHO high level of stunting classification. Strongly linked to chronic malnutrition are poor infant feeding practices, with a low average exclusive breastfeeding rate of 28 per cent and a minimum acceptable diet of 26.5 per cent. The entire population in Syria is significantly underserved with IYCF interventions, which need to be immediately scaled up. The global acute malnutrition rate for children 6-59 months across Syria is low, at 1.7 per cent, but higher rates of acute malnutrition are spread within various sub-districts, demonstrating the need for close monitoring of the nutrition situation at sub-district level. The national prevalence of acute malnutrition in pregnant and lactating women, based on Mid Upper-Arm Circumference (MUAC), is 4.2 percent. Of note, this rate is 2.5 times higher than children with acute malnutrition, and highlights the vulnerabilities of PLWs in Syria, particularly to poverty, inadequate diet, heavy workload, and harmful coping mechanisms such as prioritization of food for children.

Over 30 per cent of pregnant women are anemic and more than one in four children aged 6-59 months have anemia in Syria. The prevalence of anemia among younger children, 6-23 months (41.6 per cent), is more than double the prevalence among older children, 24-59 months (19.8 per cent). The prevalence for children 6-23 months is considered high based on WHO classification, as it is more than the threshold of 39 per cent. Additionally, anemia may be an indication of other micronutrient deficiencies.

The primary nutrition needs identified for 2020 are based on nation-wide SMART surveys and MUAC assessments in 33 IDP camps, informal settlements and collective centers in north-west Syria. Availability of accurate and timely SMART data across Syria in 2019 as well as a combination of continued hostilities in north-west and north-east and lack of sustained humanitarian access in areas such Manbij, Ain al-Arab, and east of the Euphrates resulted in increased severity. Available data suggests that the nutrition status of populations has become more severe in some sub-districts in Aleppo, Rural Damascus, Idlib, and Deir-Ez-Zor governorates.

The Nutrition sector refined its severity and people in need calculation methodology to reflect the multi-sectoral nature of nutrition. The sector utilized sixteen indicators that are nutrition-specific and nutrition-sensitive for the analysis. Overall, 4,623,622 people (comprising of pregnant and lactating women and children under 59 months of age) in Syria are in need of nutrition assistance in 2020. This is a slight overall decrease of under 100,000 PLWs and children compared to last year, however there is an increase of the number of acute people in need from 3.1 million to 3.7 million. Almost 1.25 million people have ‘critical’ needs while almost three million have ‘major’ nutrition needs, and over one million people have ‘severe’ needs. In addition, it is estimated that half a million children or 11 per cent of the total Nutrition sector PiN are disabled and in need of nutrition assistance.

Across Syria, populations in 263 out of 270 sub-districts have consequential nutrition needs (severity 3-5) and require immediate and comprehensive support. The nutrition status of populations has become more severe in 111 sub-districts when compared with 2018. Sub-districts with a ‘critical’ severity score are located throughout various governorates. In addition, 13 out of 14 governorates have sub-districts with ‘major’ and ‘severe’ nutrition problems. The increase in severity compared to 2018 is due to the introduction of new indicators to the nutrition
severity scale; the latest calculations being based on SMART surveys from 2019 rather than 2016; and the consideration that Northeast and Northwest Syria are the most deprived areas, thus contributing to the increased severity within those regions. In addition, areas with high numbers of IDPs including Al Hole community in Hassakeh (89 per cent), Dana sub-district in Idleb (80 per cent), as well as Tell Rifat and Azaz sub-districts in Aleppo (80 per cent) also contribute to the increase in severity at sub-district level.

**Affected populations**

Pregnant and lactating women are particularly vulnerable due to their specific nutritional requirements and health risks. SMART survey findings and available programming and monitoring data in 2019 shows that malnutrition in PLWs increased at least five-fold from 10,064 in 2018 to 50,998 in 2019. As a result, PLWs are exposed to significantly increased risks of low birth weight as well as pregnancy and childbirth complications. Micronutrient provision, especially iron-folate, ante-natal and post-natal care, maternal and child nutrition support, and access to a diverse diet are required to address the nutritional needs of PLWs.

The younger the child, the more vulnerable he or she is to illness, disease, and death. Throughout Syria, the prevalence of GAM and SAM are higher among younger children (6-23 months) at 2.3 per cent GAM and 0.7 per cent SAM compared to older children (24-59) months at 1.4 per cent GAM and 0.3 percent for SAM, with a statistically significant difference. Acutely malnourished infants who also have health complications are particularly at risk of dying, with a current death rate of 3 per cent. Capacity in Syria is not sufficient to support malnourished children with complications in stabilization centers with appropriate treatment, creating a higher risk of relapse and possible death. According to global projections, the increase in mortality rates could reach between 30-50 per cent. Chronic malnutrition is on the increase among children under 5 years and especially children under the age of 24 months across Syria, which requires specific actions in the earliest life time of a child. The first 1,000 days of life - from pregnancy until 24 months of age - is a critical period of physical and cognitive growth and provides a window of opportunity to address and reverse stunting by improving IYCF practices, maternal nutrition, and access to diverse foods for the youngest children.

Children under 59 months with disabilities are even more vulnerable to chronic and acute malnutrition. An estimated 516,559 children aged less than 5 years old are living with some form of disability and have specific needs.

**Analysis of Humanitarian Needs**

Approximately 137,151 children are malnourished (1.7 per cent GAM), 103,592 children are moderately malnourished (1.3 per cent MAM), and 33,558 are severely malnourished (0.4 per cent SAM). Although the overall GAM rate is low, the rise in acute malnutrition of children 6-59 months at sub-district level reflects deteriorating livelihoods, challenges in accessing health care, and ongoing hostilities in parts of the country. Increasing trends of acute malnutrition has also been observed among internally displaced children and mothers.

The status of maternal malnutrition is worsening with an increase of malnourished pregnant women from 10,064 to 50,998 (4.2 per cent) based on MUAC. Micronutrient deficiency remains a concern with 30 per cent of all pregnant women anemic. Maternal malnutrition is linked to the cycle of chronic malnutrition, lack of access to health services, harmful coping strategies such as reducing meals, and adolescent pregnancy. In a SMART survey in the north-west, 46 per cent of all women interviewed were married before the age of 18, demonstrating that households are resorting to negative coping mechanisms to survive. Such coping mechanisms can result in negative maternal and child health and nutrition outcomes.

In Syria, IYCF practices remain poor with artificial feeding and bottle-feeding identified as common but harmful practices. Only approximately 28.5 per cent of infants aged less than six months are exclusively breastfed, and 26.5 per cent of 6-24-month-old children have a minimum acceptable diet.

After almost nine years of crisis, the intergenerational consequences of malnutrition in Syria are devastatingly apparent by anthropometric data results and requires special attention. As projected in 2019, the rise of chronic malnutrition, measured by stunting, has spread across the country and warrants a stronger focus in the 2020 nutrition response. Although the overall stunting prevalence inside Syria is 12.6 per cent, or one out of eight children, other areas reflect higher numbers. One out of every six children in many areas of the north-west is stunted, and in the north-east, such as Deir-Ez-Zor, the estimation is one out of every five children.

Reoccurring displacements regularly heighten the risks to PLWs and young children and contribute to the short-term and long-term consequences of malnutrition A rapid needs assessment conducted amongst IDPs in Idleb shows how moderate acute malnutrition of pregnant women peaked to over 16 per cent during displacement. A similar hike was seen among acutely malnourished children, reflecting the fragility of the nutritional status of pregnant women and children in situations of rapid movement, increased insecurity, deteriorating household economy, inadequate access to a quality diet, and a rise in the costs of basic commodities.

**Outlook for 2020**

The causes of malnutrition in Syria are multifaceted and complex. Nutrition needs lie at the intersection of all sectors, including food security, WASH, health, MHPSS, and protection. Malnutrition is likely to increase in the short-term and continue into adulthood if the cycle of malnutrition is not broken within the first 1,000 days of life. It is expected that 13,000-17,000 children under 59 months of age could be at risk of death due to acute malnutrition, 3 million pregnant and lactating women would suffer a decline in health, and a half a million children could lose their future due to stunting. All nutritional consequences will have damaging health, cognitive, and economic impact, affecting the current Syrian generation and future generations to come.
3.8

Shelter and Non food Items

Shelter

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>FEMALE</th>
<th>MALE</th>
<th>CHILDREN (0-17)</th>
<th>ADULTS (18-59)</th>
<th>ELDERLY (&lt;59)</th>
</tr>
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<tr>
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<td>44%</td>
<td>44%</td>
<td>53%</td>
<td>5%</td>
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<td>3.2M</td>
<td>44%</td>
<td></td>
<td>2.5M</td>
<td>2.9M</td>
<td>0.3M</td>
</tr>
</tbody>
</table>

SECTOR PIN DISTRIBUTION BY SEVERITY

- 0.02% Minor
- 2.5% Moderate
- 26.48% Major
- 33% Severe
- 33% Critical
- 5% Catastrophic

Key Messages

- Need for humanitarian life-saving and life-sustaining core and seasonal assistance remains crucial as households are still unable to meet basic needs, particularly during harsh weather.
- The shelter situation is worse on most measures for IDPs and returnees; however, pressure on shelter and other basic services has a major impact on everyone in Syria.
- The need for better quality and sustainable shelter integrated with WASH, health, education, and basic services is at a critical level, driven by loss of capital, destruction of infrastructure, and compounded by new displacement, protracted displacement and return movements alongside a very limited shelter response.

Overview

The shelter situation has continued to deteriorate due to the cumulative impact of the crisis. A significant portion of the population continues to experience protracted displacement. At the same time, returns have begun to some areas while new IDPs swell already overburdened communities, resorting to living in unsustainable settlements with poor access to basic services. Meanwhile, improvements to markets and access to non-food items (NFIs) is undermined by the widespread economic vulnerability.

Shelter needs in Syria are widespread and acute resulting in significant living standard consequences and affecting physical and mental well-being and protection of affected populations. Overall shelter severity has increased across Syria, with a corresponding increase in PiN from 2019 by 20 per cent to
5.65 million people. Of this, 3.8 million (69 per cent) are in areas of severity 4 or higher. Geographically, these areas are concentrated in Idleb, Aleppo, Rural Damascus, Raqqa city and camps in the north-east. Up to one million IDPs reside in last-resort informal and spontaneous settlements.

The NFI PiN has declined by 22 per cent from 2019 to 3.42 million people in 2020. This reflects both a continuing but slow improvement in market functionality and the successful efforts of the sector to distribute assistance across the country. However, this progress is fragile as many communities suffer from high prices, unpredictable inflation, and low wages, while populations routinely report need for items outside the core NFI packages. There is still ongoing displacement, with roughly one million people expected to be displaced in 2020 while return movements have increased to some areas and an estimated 64 per cent of communities are underserved.

This is exacerbated by the deterioration of purchasing power resulting in families not able to meet their needs during harsh weather with fuel and power sources remaining in high demand.

Affected populations

Up to one million IDPs are residing in last-resort sites in the north-west and north-east, a significant proportion of whom are in improvised shelters which will need replacement/repair in the next year. In addition, some communities in 23 sub-districts in Al Tal, Tal Rafat, Dana, Sabe Byar and al Hol and Sabe Byar are overburdened as they host more IDPs than resident populations with limited shelter and hosting capacity, where repair or rehabilitation are needed alongside a multisectoral response to ensure access and availability to basic services. Similarly, an estimated 5.3 million (86 per cent) are living in urban areas, where population density is high, damage to shelter and basic services infrastructure is extensive, and livelihoods are limited. According to a recent damage assessment in 17 urban centres in Syria, Aleppo and Eastern Ghouta have the most extensive damage, while the number of IDPs living in undamaged buildings has dropped by 30 per cent in the last year. Finally, spontaneous returnees, who despite other pull factors can be returning to damaged, unsafe, or inadequate
shelters. Within these affected populations, the MSNA data also shows that female-headed households, youth, elderly and people with functional difficulties have reduced access to basic services including shelter, as well as reduced livelihood opportunities and income that supports access to NFIs.

**Analysis of Humanitarian Needs**

MSNA data demonstrates the cumulative impact of the crisis. More than three-quarters of those paying rent are unable to afford it. Shelter adequacy is critical in 238 out of 272 sub-districts. This translates into families not having the security of tenancy while others living in inadequate shelter may be left unprotected from the elements, in insecure situations or overcrowded housing, raising possible risks to personal safety and protection.

IDPs are particularly affected by shelter damage and deterioration - there has been a 30 per cent reduction in the number of IDPs with access to undamaged shelter. However, the overall IDP population has not decreased, while refugee return movements has increased and IDP returns have taken place.

In the north-west, there are critical levels of overcrowding putting significant pressure on overburdened communities, with few if any remaining shelter options available. In north-east Syria ongoing displacement coupled with a lack of safe or adequate shelter, and explosive contamination is a significant obstacle. Across Syria, levels of damage and destruction to shelters have not improved over the last year with 76 per cent of all households listing at least one issue as compared to 2019 where 47 per cent cited adequacy issues, thereby reducing the potential for sustainable return and undermining attempts to restore basic services. This lack of access to basic services including safe and adequate shelter increases the vulnerability of households and forces the adoption of harmful coping mechanisms such as selling assets or keeping children out of education, especially among female-headed households, households including youth, and those with functional difficulties.

NFIs continue to be essential and life-saving particularly for those newly displaced or forced to relocate. While market access appears to be gradually improving, many life-sustaining, basic items continue to be unaffordable for people. NFIs become increasingly important during the cold weather months to ensure families can live in safety and dignity. Families report that they are in need of fuel, clothing, and power/heating sources. Over 60 per cent of people state a preference for receiving assistance in the form of cash or vouchers rather than in-kind as they can select specific items needed for their families.

**Outlook for 2020**

A further intensifying of the crisis in north-west and north-east Syria could result in significant levels of displacement to already fragile areas, with little capacity by humanitarian partners to respond appropriately, due to funding, situational and access constraints resulting in significant numbers of IDPs without shelter or basic means of survival. At the same time, both IDP and refugee returns are expected to continue increasing into 2020.

In addition, ongoing economic limitations will negatively impact household resilience across all aspects of basic living standards, further reducing families’ ability to pay rent, address shelter issues, meet their basic needs – potentially causing households to resort to harmful coping mechanisms. The living conditions of households in Syria may further deteriorate if higher quality, integrated and more sustainable shelter solutions cannot be implemented due to lack of sufficient funding and approval.
3.9

Water, Sanitation and Hygiene

**Key Messages**

- WASH services for newly displaced and IDPs living in IDP sites

Access to sufficient and affordable safe water, adequate sanitation, solid waste management and/or hygiene supplies remain a challenge for newly displaced populations and IDPs living in sites, in particular those in informal or overcrowded sites. Newly displaced populations require a timely and quality response based on sufficient preparedness. IDPs in formal sites and informal settlements are highly dependent on continued humanitarian assistance. Disruptions of services in IDP sites and their quality have direct negative physical and mental well-being and protection consequences, in particular of women and girls.

- WASH infrastructure requires significant support and investments

The WASH infrastructure and service provision in many parts of Syria require significant repair and operational support given almost nine years of crisis. WASH systems have suffered from damages owing to years of functioning at high capacity, limited or no maintenance, displacement of technical staff and effects of climate change and poor water resources management. 42 per cent of the population is relying on alternative and often unsafe water sources to meet or complement their water needs, at least 70 per cent of sewage is discharged untreated while at least half of the sewerage systems are not functional. 26 per cent of garbage is inappropriately disposed within communities. Such factors pose significant public health...
Comparison of WASH conditions in areas with high concentration of IDP sites.

**Overview**

Comprehensive WASH assessments were conducted in June-August 2019 to inform the 2020 HNO, including a country-wide individual household-level survey at sub-district level (25,644 household level interviews from 268 sub-districts across Syria) and a household-level survey focused on IDP sites in north-west and north-east Syria (2,910 household level interviews in 280 IDP sites in 34 sub-districts). Both assessments included water sampling for free residual chlorine (FRC) testing at the end-user side. Prior to the crisis, almost all of the population in Syria was served by well-developed, state-owned, centrally-managed water systems. Assessments indicate an increase in water share received from the water distribution networks, from 52 per cent in 2016 to 74 per cent in 2019. However, assessment findings also indicate that the water chlorination level remains insufficient to ensure the safety of the water in many areas. Lack of regular maintenance, repair and power supply, drain of qualified national technical staff, and unilateral coercive measures that limits import of critical water supply equipment including water treatment and disinfectant products significantly impact water systems’ efficiency and reliability in several areas. As a result, many people are forced to complement water received from the network or solely rely on alternative sources such as unregulated water operators and shallow wells. These often provide poor quality water increasing the risk of contracting water borne diseases. Many communities that are not served through water networks face serious issues regarding water affordability which contributes to poverty and impacts needs in other sectors. Finally, contamination of water stations with explosive hazards have resulted in challenges related to provision of safe water and safety of WASH staff.

Sewage treatment plants and networks require extensive repair and maintenance in order to avoid public health risks. Prior the crisis around 70 per cent of the population had access to 42 built-up sewage treatment plants that served only major cities while other parts of the country relied on simpler technologies. Many wastewater treatment plants are no longer operational due to damage or the non-availability of critical supplies and maintenance leading to significant community-level health risks. As a result, at least 70 per cent of sewage is discharged untreated and at least half of the sewage systems are not functional, exposing communities to significant health risks.

Garbage collection services are primarily provided by municipalities/local authorities in most parts of the country and usually provide a basic level of service. However, due to the lack of comprehensive disposal strategies, and operational challenges including lack of functioning garbage trucks or potential presence of unexploded ordnance contaminated rubble additional efforts are needed in specific communities to strengthen and upgrade the quality and regularity of solid waste management. Solid waste management and sanitation issues are some of compounding factors for significant increase Leishmaniosis cases in northern Syria.

High levels of displacement combined with increase in the number of people seeking shelter in IDP sites (in particular in north west and north east Syria) has contributed to a deterioration of already overstretched and poorly maintained WASH facilities and services. Delivering WASH assistance in IDP site settings is costlier and more complex when compared to response in host communities. In Idleb and surrounding areas high dependency on alternative and often unsafe water sources prevails. This significantly increases the risk of waterborne diseases in these IDP sites. Likewise, continuous drilling of wells in search of water has negatively affected groundwater resources, with a significant depletion of water aquifers observed especially around IDP sites near the Turkish border.

**Key findings**

<table>
<thead>
<tr>
<th>WASH</th>
<th>IDP camps / Sites</th>
<th>Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHs with insufficient free residual chlorine</td>
<td>31%</td>
<td>13%</td>
</tr>
<tr>
<td>HHs reporting being unable to access a sufficient quantity of water</td>
<td>37%</td>
<td>11%</td>
</tr>
<tr>
<td>HHs unable to access one or more essential hygiene items</td>
<td>58%</td>
<td>13%</td>
</tr>
<tr>
<td>HHs reporting the garbage is left in public spaces</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td>HHs reporting sewage is overflowing in the neighborhood</td>
<td>18%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HHs in IDP sites using non sex-segregated communal toilets</th>
<th>NES IDP camps / sites</th>
<th>WNS IDP camps / Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>

**Affected populations**

Based on WASH assessments, 53 per cent of the Syria population requires WASH assistance, with 28 per cent of these people considered in acute need (severity four and five).

IDPs living in last resort sites are highly dependent on humanitarian assistance, and those in informal sites often experience worse WASH conditions making them particularly vulnerable.
Also newly displaced populations face specific WASH needs and require emergency WASH response with new displacement mostly taking place in north-west Syria (northern Hama, Idleb, Aleppo) and in north-east Syria (south Deir ez Zor, Al Hol camp and areas affected by Operation Peace Spring). Meanwhile, of populations living in camps, informal settlements and collective centres, women and girls, people with disabilities and elderly, together with female-headed households face more constrains and various protection risks in accessing WASH services.

All population groups in the community could be affected by limitations in functionality and efficiency of WASH infrastructure and services, in particular those living in over-burdened communities, areas of high return (Jabal Saman district in Aleppo, Abu Kamal and Al Mayadin districts in Deir ez Zoir, Dar’a city and Izraa district in Dar’a) and areas under-served by public services due to limited of access to electricity, high dependency on informal water sources, severe issues with sewage disposal or lack of garbage removal services. Inequality in accessing to WASH services results from direct or indirect damages, lack or limited maintenance, brain drain of technical staff, and years of functioning way above designed capacity. People living in damaged shelters and unfinished buildings (11 per cent) are more likely to face issues with sanitation compared to people living in non-damaged shelters. However, dysfunctionality or lack of WASH services increases risk of violence, abuse and harassment for women and girls, particularly in overcrowded IDP sites.

**Analysis of Humanitarian Needs**

The primary WASH need across Syria remains access to sufficient quantity of safe water, despite efforts to restore or maintain waster systems’ functionality and countrywide support to water treatment processes. Up to 42 per cent of surveyed households are relying on alternative and often unsafe water sources to meet or complement their water needs. Results of free residual chlorine (FRC) testing from drinking water samples at the point of use indicate that overall majority of water was treated with chlorine-based products, with 92 per cent water received from networks and 80 per cent water delivered by trucking showing traces of chlorine. Nevertheless, results vary significantly between areas and water supply modalities and locations. Poor water safety as measured by lack of traces of chlorine treatment was as follows at the time of assessment, for piped networks Dar’a with 36 per cent of samples considered as unsafe and Ar-Raqqa (20 per cent respectively), for water trucking Al-Hasakeh (95 per cent), Hama (89 per cent), Dar’a (56 per cent) or Rural Damascus (35 per cent) and for closed wells Ar-Raqqa (99 per cent), Al-Hasakeh (85 per cent), Hama (84 per cent), Aleppo (68 per cent), Rural Damascus (49 per cent) or Dar’a (39 per cent). Communities not served with public water networks are in general at higher risk of unsafe water consumption, which has direct links with physical and mental wellbeing humanitarian consequences.

Around 20 per cent of interviewed households use less than 50 litres per capita per day. According to the World Health Organization (WHO), between 50 and 100 litres of water per person per day are needed to ensure that most basic needs are met and health risks are minimized. Communities purchasing water predominantly from commercial water trucks usually use less water than people well served via free/low cost water networks, often below WHO minimum recommendations. The costs for water and sanitation services should not exceed 5 per cent of a household’s income, while in Syria 27 per cent of people spend more than this on water only. Households who have no option but to purchase water exclusively from commercial water trucks spend on average 10 per cent of their income on water. In extreme cases, the average expenditure on water (at the sub-district level) could be as high as 19 per cent for Sur, 16 per cent for Kafr Batna or 15 per cent for Abul Thohur and Raju. Given almost nine years of crisis and reduced purchasing power of households in Syria, water expenditure could lead to adoption of harmful coping strategies and exploitation, including of a sexual nature, with implications for hygiene and public health practices and behaviour.

In terms of sanitation, lack of investment in water safety, distribution of raw untreated water and lack of sewage management have contributed to increased public health risks. At least 85 per cent of sewage is untreated due to dysfunctionality of existing wastewater treatment plants and at least half of the sewage systems are either not functional or only partially functional. Assessed household reported at least one sanitation related issue most frequently in relation to blocked sewage (30 per cent) overflowing sewage in the neighbourhood (18 per cent), septic tank not dislodged due to unavailability of services (16 per cent) or financial constraints (13 per cent). A combination of factors including a lack of investment in water safety, the distribution of raw untreated water and the lack of sewage management has contributed to increased community-level health risks. The high proportion of water borne diseases in some communities, including across Idleb (Dana), parts of Aleppo (Menbij), Ar-Raqqa (Mansura), Al-Hasakeh (Ras Al Ain), Deir-ez-Zor (Kisreh) or parts of southern Dara’a (Dara’a) and Rural Damascus (Nashabiyeh, Haran Al’awameed) are examples of some of these public health risks.

The WASH household assessment indicates that at least 10 per cent of garbage is left in public areas with no improvement from 2018 observed and 15 per cent is served with a low frequency collection, potentially contributing to the increase in leishmaniosis cases in some areas of northern Syria observed since the beginning of 2018. There are several compounding factors that increase the incidence of leishmaniosis including but not limited to, rubble, lack of waste management, poor sanitary conditions such as an open sewerage, lack of preventive measures such as indoor residual spraying (IRS).
Continuous Investments Needed in IDP Sites

WASH services in IDP sites require significant and continuous investments. IDPs living in sites across Syria are amongst the most vulnerable groups often solely relying on humanitarian aid. Interviewees in IDP sites very often reported water insufficiency (37 per cent) or having barely enough water (22 per cent). Thirty one per cent of assessed households’ drinking water samples did not show any traces of water treatment at the time of the assessment. Vast majority of IDP sites that are served by humanitarian partners receive no more than 20-30 litres per capita per day, which is significantly lower than the WHO recommended amounts and may put populations at public health and protection risks. 47 per cent of interviewed households in camps, informal settlements and collective centers in north-west and north-east Syria indicated they are forced to purchase often unsafe water to meet or complement their water needs, with 37 per cent of households spending more than five per cent of their incomes on water, and with an average spend of 13 per cent of household’s income. 57 per cent of households in these IDP sites indicated not being able to access one or multiple hygiene items in the previous month at the time of the assessment, including sanitary pads. Sanitation needs are also significantly higher among people living in these IDP sites compared to the rest of the population, with 63 per cent of households reporting issues with sanitation and 75 per cent reporting issues with toilets like over-crowding, lack of sex segregation, cleanliness, lack of locks or lights, and harassment. Substandard conditions of sanitation facilities are particularly concerning for women and girls, due to greater risks of sexual harassment, sexual violence, humiliation, physical violence and exploitation they face and adoption of harmful menstrual hygiene behaviour. Likewise, people with disabilities and older people who constitute 17.5, and two per cent, respectively of assessed IDP sites lack access to adequate sanitation facilities and together with female-headed households (19 per cent) face more constrains in accessing other WASH services.

Affordability and Accessibility of WASH Items

In terms of affordability and accessibility of WASH items, WASH assessment data indicates that hygiene supplies are available in most of the local markets. Nevertheless, in comparison to resident populations it is more difficult for IDPs and returnees, notably for female-headed households, to afford hygiene items with shampoo, washing powder and cleaning liquid reported most frequently as unaffordable with up to 20-25 per cent of households indicating not being able to afford such items. Likewise, families with young children (0-2 years old) have additional financial burden and are more likely to not be able to afford some items.

Hostilities in the north-east increase pressure on WASH systems and services provision

Several critical civilian infrastructures were damaged following military operations in the Tal Abyad-Ras al-Ain corridor. Alouk water station that serves over 400,000 people in Al-Hasakeh governorate and surrounding areas was damaged twice. While the station was repaired, continued hostilities may result in populations not having access to safe water and/or relying on often unsafe water sources to meet their essential needs. Existing alternative water sources in Al-Hasakeh governorate have come under strain as well resulting in a decrease of quality of distributed water and increased demand for water trucking with affordability remaining a challenge for affected populations. There are around fifty WASH structures within the Operation Peace Spring areas serving population groups. Continuing hostilities and potential damage to these structures may result in increased and compounded needs, including for those recently displaced as 80 per cent of them stays with the host communities.

Around 30 per cent of recently displaced populations in Al-Hasakeh and Ar-Raqqa is staying in IDP sites, informal settlements and collective shelters. This has stretched capacities of WASH partners to deliver quality services. There is a need to improve access to sanitation services and facilitate sustained access to water including through a close monitoring of water quality to avoid increase in diarrhoea cases. The plan developed to host over 20,000 of IDPs in new camps would require extensive additional mobilization of humanitarian resources, as preparation of adequate infrastructure, in particular sanitation, is costly and time consuming, and later require regular running cost to deliver WASH services.

Outlook for 2020

The Sector expects WASH needs of affected populations will continue to be high in 2020 with sector partners expected to provide quality emergency WASH services and maintain WASH facilities and infrastructure. Years of crisis and insufficient funding to respond to WASH needs have had cumulative effects on water, waste management and sanitation systems across the country. As a result, the need for supporting water systems (chlorine treatment provision, operation and maintenance, basic rehabilitation), sewerage and solid waste management systems will continue, with focus on overburdened communities, areas with high return ratio and areas highly dependent on water trucking, and attention to GBV risk mitigation and safe access for all groups, including people with disabilities.
Part 4

Annexes
## Inter-Sector Severity Categorization

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>NEED OF HUMANITARIAN ASSISTANCE</th>
<th>ACUTE AND IMMEDIATE NEED OF HUMANITARIAN ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of newly displaced and/or returnees (&lt; 3 months and incl. IDP sites)</td>
<td>MINOR NEED: &lt; 25% newly displaced and/or returns in area given overall displacement</td>
<td>CRITICAL NEED: 61-90% newly displaced and/or returns in area given overall displacement</td>
</tr>
<tr>
<td>% of IDPs and returnees vis a vis host population</td>
<td>MODERATE NEED: 26-30% newly displaced and/or returns in area given overall displacement</td>
<td>CATASTROPHIC NEED: &gt; 91% newly displaced and/or returns in area given overall displacement</td>
</tr>
<tr>
<td>Intensity of hostilities (intensity of hostilities since 2015, intensity of hostilities in the last six months)</td>
<td>MAJOR NEED: 31-40% newly displaced and/or returns in area given overall displacement</td>
<td></td>
</tr>
<tr>
<td>Compound index (% of increase of prices of basic commodities (fuel and flour))</td>
<td>SEVERE NEED: 41-60% newly displaced and/or returns in area given overall displacement</td>
<td></td>
</tr>
<tr>
<td>Access to basic services (access to safe water, NFIs, adequate shelter, health services, availability of electricity, each weighted by 20 %)</td>
<td>ACCESS TO BASIC SERVICES IN AREA IS MINIMAL</td>
<td></td>
</tr>
<tr>
<td>Expert review</td>
<td>ACCESS TO BASIC SERVICES IN AREA IS MODERATE</td>
<td></td>
</tr>
</tbody>
</table>

### Indicators
- **% of newly displaced and/or returnees (< 3 months and incl. IDP sites):**
  - MINOR NEED: < 25% newly displaced and/or returns in area given overall displacement
  - MODERATE NEED: 26-30% newly displaced and/or returns in area given overall displacement
  - MAJOR NEED: 31-40% newly displaced and/or returns in area given overall displacement
  - SEVERE NEED: 41-60% newly displaced and/or returns in area given overall displacement
  - CRITICAL NEED: 61-90% newly displaced and/or returns in area given overall displacement
  - CATASTROPHIC NEED: > 91% newly displaced and/or returns in area given overall displacement
- **% of IDPs and returnees vis a vis host population:**
  - < 10% of the population are IDPs or returnees
  - 11-20% of the population are IDPs or returnees
  - 21-30% of the population are IDPs or returnees
  - 31-40% of the population are IDPs or returnees
  - 41-50% of the population are IDPs or returnees
  - > 50% of the population are IDPs or returnees
- **Intensity of hostilities (intensity of hostilities since 2015, intensity of hostilities in the last six months):**
  - INTENSITY OF HOSTILITIES IN AREA IS MINIMAL
  - INTENSITY OF HOSTILITIES IN AREA IS MODERATE
  - INTENSITY OF HOSTILITIES IN AREA IS MAJOR
  - INTENSITY OF HOSTILITIES IN AREA IS SEVERE
  - INTENSITY OF HOSTILITIES IN AREA IS CRITICAL
- **Compound index (% of increase of prices of basic commodities (fuel and flour)):**
  - 10-20% range of compound index
  - 21-40% range of compound index
  - 41-60% range of compound index
  - 61-80% range of compound index
  - > 100% increase in range of compound index
- **Access to basic services (access to safe water, NFIs, adequate shelter, health services, availability of electricity, each weighted by 20 %):**
  - ACCESS TO BASIC SERVICES IN AREA IS MINIMAL
  - ACCESS TO BASIC SERVICES IN AREA IS MODERATE
  - ACCESS TO BASIC SERVICES IN AREA IS MAJOR
  - ACCESS TO BASIC SERVICES IN AREA IS SEVERE
  - ACCESS TO BASIC SERVICES IN AREA IS CRITICAL
  - ACCESS TO BASIC SERVICES IN AREA IS CATASTROPIC

**4.1**

**HUMANITARIAN NEEDS OVERVIEW 2020**
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AOR</td>
<td>Area of Responsibility</td>
</tr>
<tr>
<td>CCCM</td>
<td>Camp Coordination and Camp Management</td>
</tr>
<tr>
<td>CFSAM</td>
<td>Crop and Food Security Assessment Mission</td>
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<tr>
<td>CP</td>
<td>Child Protection</td>
</tr>
<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme of Immunization</td>
</tr>
<tr>
<td>ERL</td>
<td>Early Recovery and Livelihoods</td>
</tr>
<tr>
<td>ERW</td>
<td>Explosive Remnants of War</td>
</tr>
<tr>
<td>ESCWA</td>
<td>United Nations Economic and Social Commission for Western Asia</td>
</tr>
<tr>
<td>EWARN</td>
<td>Early Warning, Alert and Response Network</td>
</tr>
<tr>
<td>EWARS</td>
<td>Early Warning, Alert and Response System</td>
</tr>
<tr>
<td>FRC</td>
<td>Free Residual Chlorine</td>
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<tr>
<td>FSS</td>
<td>Food Security Sector</td>
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<tr>
<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GNI</td>
<td>Gross National Income</td>
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<td>GoS</td>
<td>Government of Syria</td>
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<td>GPA</td>
<td>General Poultry Association</td>
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<td>GPS</td>
<td>Global Positioning System</td>
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<td>HeRAMS</td>
<td>Health Resources and Services Availability Mapping Systems</td>
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<td>HLP</td>
<td>Housing, Land and Property</td>
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<td>HNO</td>
<td>Humanitarian Needs Overview</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<tr>
<td>ID</td>
<td>Identity Document</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IRS</td>
<td>Indoor Residual Spraying</td>
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<tr>
<td>ISIMM</td>
<td>IDP Sites Integrated Monitoring Matrix</td>
</tr>
<tr>
<td>ISMI</td>
<td>IDP Situation Monitoring Initiative</td>
</tr>
<tr>
<td>IED</td>
<td>Improvised Explosive Device</td>
</tr>
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<td>IHL</td>
<td>International Humanitarian Law</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non-Governmental Organization</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>ISIL</td>
<td>Islamic State of Iraq and the Levant</td>
</tr>
<tr>
<td>ISIMM</td>
<td>IDP Sites Integrated Monitoring Matrix</td>
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<td>ISMI</td>
<td>IDP Situation Monitoring Initiative</td>
</tr>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KPI</td>
<td>Key Performance Indicators</td>
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<td>LIC</td>
<td>Low-Income Country</td>
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<tr>
<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
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<td>MIRA</td>
<td>Multi-Sector Initial Rapid Assessment</td>
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<td>MPI</td>
<td>Multidimensional Poverty Index</td>
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<td>MRM4SYRIA</td>
<td>Syria Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict</td>
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<tr>
<td>MSNA</td>
<td>Multi-Sector Needs Assessment</td>
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<td>MAM</td>
<td>Moderate Acute Malnutrition</td>
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<td>MUAC</td>
<td>Mid Upper-Arm Circumference</td>
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<tr>
<td>NFI</td>
<td>Non-Food Item</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NSAG</td>
<td>Non-State Armed Group</td>
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<td>OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>PHC</td>
<td>Primary Healthcare Centres</td>
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<tr>
<td>Pin</td>
<td>People in Need</td>
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<td>PLW</td>
<td>Pregnant and Lactating Women</td>
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<td>PMR</td>
<td>Periodic Monitoring Reports</td>
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<td>PSS</td>
<td>Psychosocial Support</td>
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<td>PWD</td>
<td>Persons with Disabilities</td>
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<td>Reduced Coping Strategies Index</td>
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<td>SARC</td>
<td>Syrian Arab Red Crescent</td>
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<td>SDR</td>
<td>Secondary Data Review</td>
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<td>SDF</td>
<td>Syrian Democratic Forces</td>
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<td>SDG</td>
<td>Sustainable Development Goals</td>
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<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
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<td>SMEB</td>
<td>Survival Minimum Expenditure Basket</td>
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<td>SSG</td>
<td>Strategic Steering Group</td>
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<td>SYP</td>
<td>Syrian Pound</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDOF</td>
<td>United Nations Disengagement Observer Force</td>
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<td>United Nations Development Programme</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>United Nations Children's Fund</td>
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<td>UNMAS</td>
<td>United Nations Mine Action Service</td>
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<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<tr>
<td>USD</td>
<td>U.S. Dollar</td>
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<tr>
<td>UXO</td>
<td>Unexploded Ordnance</td>
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<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>United Nations World Food Programme</td>
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<td>WHO</td>
<td>United Nations World Health Organization</td>
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<td>WoS</td>
<td>Whole of Syria</td>
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</table>
End Notes

1 Please see sections 1.4 and Annex for methodology on inter-sector people in need calculation.
4 UN IDP Task Force, December 2019.
5 Estimations for poverty figures in Syria vary. In 2016, UN ESCWA estimated that 83.4 per cent of Syrian live below the poverty line. See UN ESCWA, Syria at War: Five Years On, 2016. In 2019, the Syrian Center for Policy Research, Food Security and Conflict in Syria, June 2019.
6 UN Partner’s Survey, IDPs Past, Present and Future Intentions, December 2019, IDP Task Force, December 2019. Over 67 per cent of IDPs in the north-east and 71 per cent of IDPs in the north-west report multiple displacements.
11 Ibid.
12 UN Partner’s Survey: Disability, Prevalence and Impact, 2019.
13 MSNA Household Survey, 2019. Population breakdown: 34 per cent women, 27 per cent men, 11 per cent girls and 9 per cent boys.
15 Nutrition Cluster Turkey, February 2020. 2,005 PLW were screened, the survey was based on Mid-Upper Arm Circumference (MUAC).
17 Food Security and Agriculture Sector, December 2019.
19 Syria Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict (MRM4Syria), January-December 2019. MRM4Syria reports consolidate data on risks and violations. MRM4Syria verifies primary sources only.
20 As per a study conducted by the Ministry of Education, an estimated 1.1 million children aged 6-14 are out of school.
23 World Health Organization (WHO), Whole of Syria consolidated Health Resources and Services Availability Monitoring System (HeRAMS), Q4 2019.
26 UN Partner’s Survey, IDPs Past, Present and Future Intentions, December 2019.
28 World Food Programme (WFP), Syria Market Price Watch Bulletin Issue 60, November 2019. Available at: https://reliefweb.int/report/syrian-arab-republic/syria-country-office-market-price-watch-bulletin-issue-60-november-2019. In 2019, families were exposed to exponential price increases for bread and fuel. In October alone, the national average price of public bread increased by 14 per cent, reaching 67 SYP/bundle. Between April 2018 and April 2019, the price of fuel in the informal market increased from 225 SYP/liter to 600 SYP/liter.
29 The slight decrease of 6 per cent in the number of people in need from 2019 to 2020 can be attributed to a reduction of hostilities in some parts of Syria and some improvements in humanitarian access. See Section 1.5.
30 Explosive hazards or ordnance as per International Mine Action Standards (IMAS 2014, 2014 page 14) are related to all munitions containing or including explosive components, including unexploded or abandoned ordnance, small arms ammunition, all mines, improvised explosive devices and all similar or related items or components explosive in nature. Each hazard poses its own risks and requires different measures for mitigation.
31 OHCHR, November 2019. Please note that figures are not a comprehensive and accurate reflection of casualties in Syria.
32 WHO SSA, December 2019.
33 Syria Monitoring and Reporting Mechanism on Grave Violations Against Children (MRM4Syria), January-December 2019. The numbers refer to what MRM4Syria was able to capture and verify primary sources only. Due to this high threshold, the numbers do not reflect the full scope of the issues, actual numbers are expected to be much higher.
34 OHCHR, November 2019.
35 MRM4Syria, January-December 2019.
36 MRM4Syria, January-December 2019. Twelve verified incidents of other interferences with education were reported in Idlib Governorate.
37 UN Partner’s Survey, IDPs Past, Present and Future Intentions, December 2019.
40 Ibid.
41 Ibid.
42 Ibid.
43 Ibid.
44 Ibid.
45 Ibid.
46 Ibid.
47 Ibid.
48 Ibid.
49 WHO, WOs Consolidated HeRAMS, Q4 2019.
51 WASH Sector, Analysis, 2020. Districts where 10-25 per cent of population is served via water networks: Tell Abiad, Jiblat, Al-Salamiyeh, Jarablus; districts where between 26-50 per cent of population is served via water networks: Jarablus, Al-Hassakeh, Duma, Izra, Al-Sanamayn, Menbij, Ar-Rastan, Deir-ez-Zor and Abu Kamal.
52 Ibid.
55 Shelter/NFI Sector, 2019.
57 Ibid.
58 Ibid.
62 MSNA Community Level Assessment, 2019. Please note that this key informant-based assessment was complementary to the MSNA household-level assessment and only covered 1,569 of Syria’s communities. It was based upon the reported perceptions of respondents.
63 Ibid.
64 Ibid.
65 Ibid.
66 Ibid.
67 Ibid.
68 Ibid.
69 As per a study conducted by the Ministry of Education, an estimated 1.1 million children aged 6-14 are out of school.
70 MRM4Syria, January-December 2019.
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71. MSNA Community Assessment, 2019.
73. Focus Group Discussions, 2019. Gender-Based Violence (GBV) remains consistently underreported in all contexts.
74. Ibid.
75. HNG, 2018 and MSNA, 2019. Communities where contamination was reported in the past two years are likely to be still impacted now if explosive hazard survey and clearance have not systematically occurred.
77. UNICEF, Syria Demographic Indicators, Mortality rate, under-5 (per 1,000 live births). December 2018. Available at: https://data.unicef.org/country/syr/
78. Syria Ministry of Health, The study of the causes of deaths of children under the age of five, 2019.
83. Nutrition Cluster Turkey, February 2020. The survey included 2,005 PLW screened and was based on Mid-Upper Arm Circumference (MUAC).
84. SMART Survey, 2019.
85. Ibid.
86. Food Security and Agriculture Sector, December, 2019.
87. Ibid., January 2020.
88. MSNA Household Survey, 2019; Food Security Sector Analysis, January 2020. According to the third round of the Outcome Monitoring Initiative by the Food Security Sector, the mean Reduced Coping Strategies Index (xCSI) for the north-east and north-west remains high at 18.5 per cent and 15.06 per cent, respectively, a slight deterioration from 2018.
89. CCOMC, Sector, March 2020.
90. IDP Sites Monitoring Matrix (ISIMM), February 2020. Available at: https://unhcr-ibader.turkey.github.io/ISIMM/
91. Ibid.
92. Nutrition Cluster Turkey, February 2020. The survey included 2,005 PLW screened and was based on Mid-Upper Arm Circumference (MUAC).
93. UN Partner’s Survey, Displacement Conditions, December 2019
94. Ibid.
96. Ibid., MSNA, 2019.
97. Ibid.
100. MSNA, 2019.
102. IASC emergency standards are 22 health care workers (doctor, nurse or midwife) per 10,000 population.
103. WHO WoS Consolidated HeRAMS, Q4 2019. Negative correlation between health care workers and mortality (xCSI).
106. WASH Sector IDP Sites Household Survey, 2019. Older people defined as aged 60 and above.
110. Ibid.
111. Ibid.
112. Education Sector, 2019.
113. MR4MSyria, 2019.
114. Mine Action AoR, 2019
115. ERL Sector, 2019.
117. WFP, Market Price Watch Bulletin Number 60, November 2019. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000111576.pdf. The national average price of a standard reference food basket increased by 27 per cent since November 2018 by and by 16 per cent since May 2019 reaching 28,303 (US$55 at the official exchange rate) with higher prices reported in Lattakia, Tartous and Al-Hasakah governorates.
120. Food Security Sector, 2019.
121. UN Partner Assessment in Dar’a, June 2019; Whole of Syria, Food Security and Livelihoods Assessment, 2018. Needs were assessed through community focal points in three sub-distRICTs of Dar’a Governorate: Busra Esh-Sham, Chababeh and Nawa.
122. WFP VAM, January 2020; Syria Center for Policy and Research, Food Security and Conflict in Syria, June 2019. Available at: https://www.scpr-syria.org/lunch-of-food-security-conflict-in-syria-report/ Other sources indicate much higher levels, including up to 60 per cent of extreme poverty.
126. UN Partner’s Survey, June 2019; 13 per cent are able to pay rent.
127. WASH Household Survey (countrywide), 2019.
128. Ibid.
130. UN Partner’s Survey and UNHCR, November, 2019.
131. UN Partner’s Survey, Reasons for Return, November, 2019.
132. Ibid.
133. This figure includes only refugees returned verified by UNHCR. Available at: https://data2.unhcr.org/en/situations/syria_durable_solutions
135. MSNA Community Assessment, 2019.
136. MSNA Household Survey, 2019. Population breakdown: 34 per cent women, 27 per cent men, 11 per cent girls and 9 per cent boys.
137. As per a study conducted by the Ministry of Education, an estimated 1.1 million children aged 6-14 are out of school.
138. No Lost Generation Initiative.
139. UN Partner Survey, Disability: Prevalence and Impact, 2019. This company at least 15 per cent of the global population living with a disability, see WHO and World Bank, 2011.
140. Ibid.
143. ESCWA, Syria at War: Five Years On, 2016. Available at: https://unwescwa.org/publications/syria-war-five-years.
144. MSNA Community Survey, 2019.
148. Ibid.
149. Ibid.
150. WASH Sector IDP Sites Household Survey, 2019. Older people defined as aged 60 and above.
154. The inter-sector number of People in Need (including People in Acute Need) is based on multiplying population estimates at community level by percentage ranges associated with severity indicators (see Annex). Severity indicators relate to needs or contextual issues which cut across several sectors and hence intend to gauge areas of convergence across different sectors. This methodology also implies that some sectoral PIN estimations can be higher than inter-sector PIN.
155. Please see Annex indicators and thresholds used in calculating inter-sector severity.
156. ISIMM, February 2020.
158. The MSNA was conducted in July-August and as a result the three month recall period covered summer holidays when schools were not in session. 49 per cent of assessed resident households, 40 per cent of assessed IDP households, and 43 per cent of self-organized returnee households reported being fully satisfied with the assistance they received in the past three months.
159. Please refer to the methodology and information gaps section on methodologies utilized.
160. MSNA Community Assessment, 2019. The assessment has limited geographical coverage (1,509 communities) and 60 per cent female respondents.
161. This section exclusively relates to the internal processes of the UN and its partners.
162. Ibid.
163. IDP Task Force, September 2019.
165. IDP Task Force, September 2019, UNHCR, September 2019.
166. OCHA, 6 December 2019. Available at: https://www.ocha.org/EN/NewsEvents/ Pages/DisplayNews.aspx?newsID=2595&AOID=E.
168 Syria’s GDP in 2019 is estimated at US$20 billion, 2/3 lower than in 2011. Overall, state subsidies have reduced from an estimated 10 per cent to an estimated 5 per cent of Syria’s GDP.

169 Relevant information products available at: https://www.humanitarianresponse.info/ index-operations/syria


172 Incident reports and MSNA 2019 - Community Level Assessment

173 MSNA 2019 - Community Level Assessment (Seven protection issues assessed: civil documentation, child marriage, family separation, explosive hazards, kidnapping and abduction, child labour, movement restrictions)

174 MSNA 2019, Community Level Assessment

175 MSNA 2019, Household Survey

176 MSNA 2019, Community Level Assessment

177 MSNA 2019, Household Survey

178 MSNA 2019, Community Level Assessment

179 MRM4Syria January-September 2019

180 Numbers provided are not indicative of the overall scale or scope of grave violations against children in Syria, but rather of the number of grave violations it was possible for the Syria MRM to verify based on primary sources during reporting period.

181 MSNA 2019, Community Level Assessment

182 MSNA 2019, Community Level Assessment

183 MRM4Syria January-September 2019

184 MSNA 2019, Community Level Assessment

185 Turkey Cross Border GEU Sub-Cluster and Reproductive Health Technical Working Group, Rape Incident Report, July 2019.

186 MSNA 2019, Community Level Assessment

187 MSNA 2019, Community Level Assessment

188 Sites/camps in CCMM is a generic IASC term used to describe several IDP settlements including formal camps as well as informal or spontaneously established settlements.

189 IASC standards of 22 healthcare workers per 10,000 population

190 IASC standards of 10 beds per 10,000 population

191 MSNA 2019 - Community Level Assessment

192 MSNA 2019 - Community Level Assessment

193 MSNA 2019 - Community Level Assessment


195 FAO/WFP Crop and Food Security Assessment Mission Report - CFSAM (September 2019)

196 WHO WoS Consolidated HeRAMS, Q4 2019.

197 UNICEF and Ministry of Health Smart Nutrition Survey Results (August, 2019)

198 Households interviewed captured children and youth 12-23 years old. Disability, prevalence and impact, 2019 HNAP

199 WOS Education needs assessment, REACH, 2018

200 WOS Education needs assessment, REACH, 2018

201 EMIS, ACU, OCHA Population Task Force 2019

202 As of September 2019, the Monitoring and Reporting Mechanism (MRM) for Syria reported 145 attacks against schools and education personnel, and 20 military use schools. The numbers reflect to what MRM4Syria was able to verify and capture primary sources only. Due to this high threshold, the numbers do not reflect the full scope of the issues, as the actual numbers are expected to be much higher.

203 Mine Action AoR analysis indicates that 212 communities have schools that are contaminated with explosive hazards.

204 MRM4Syria January-September 2019

205 MSNA 2019, Household Survey

206 2019 MSNA Household Survey

207 Population Task Force, August 2019

208 Education Sector analysis. At lower administrative levels there can be variations across ages, sex and geographic area; the lowest rates of female and male enrolment is in Der-Ez-Zor and Raqqa governates with both hovering at about 50 per cent.

209 WOS Education needs assessment, REACH, 2018

210 WOS Education needs assessment, REACH, 2018

211 WOS Education needs assessment, REACH, 2018

212 HNAP 2019 and sector membership

213 MSNA 2019, 44 per cent women, 34 per cent men

214 Ibid.


216 Ibid


218 Syria Centre for Policy Research-SCPR Food Security and conflict in Syria (June 2019).


220 WOS Consolidated HeRAMS, Q4 2019

221 With food, livelihoods and agricultural assistance between January – November 2019.

222 The focus of the assessment is on general non camp populations, though FSS considers all camp residents to be food insecure.


224 UN-SCPR Food Security and conflict in Syria (June 2019).


227 WOS Consolidated HeRAMS, Q4 2019

228 WOS Consolidated HeRAMS, Q4 2019

229 UNICEF and Ministry of Health Smart Nutrition Survey Results (August, 2019)


233 Ibid.

234 Ibid.

235 Ibid.

236 The three new informal sites have been established: Tel Saman, Washokani and Newroz, with a total number of 6,683 individuals across the three sites as of November.

237 Three new informal sites have been established: Tel Saman, Washokani and Newroz, with a total number of 6,683 individuals across the three sites as of November.

238 152 collective sites have been established housing over 32,000 individuals, Site NES Settlement Working Group, November 2019.

239 Ibid.

240 Ibid.

241 Ibid.

242 Ibid.

243 Ibid.

244 Ibid.

245 Ibid.

246 Ibid.

247 Ibid.

248 Ibid.

249 FSAL results, data collection for mentioned areas occurred in September 2019.

250 Ibid.

251 Ibid.

252 Ibid.

253 Ibid.

254 Ibid.

255 Ibid.

256 Ibid.

257 Ibid.

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302 Ibid.

303 Ibid.

304 Ibid.

305 Ibid.

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315 Ibid.

316 Ibid.

317 Ibid.

318 Ibid.

319 Ibid.

320 Ibid.

321 Ibid.

322 Ibid.

323 Ibid.

324 Ibid.

325 Ibid.

326 Ibid.

327 Ibid.

328 Ibid.

329 Ibid.

330 Ibid.
Exclusive breastfeeding is defined as proportion of infants 0-5 months of age who are fed exclusively with breast milk. Minimum Acceptable Diet is defined as proportion of children aged 6-23 months of age who receive a minimum acceptable diet (apart from breast milk). It is a composite indicator composed of the Minimum Dietary Diversity and Minimum Meal Frequency indicators. Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median. WASH Household Survey.: 13 per cent can pay rent.