

HUMANITARIAN NEEDS OVERVIEW

SYRIAN ARAB REPUBLIC

HUMANITARIAN
PROGRAMME CYCLE
2021

ISSUED MARCH 2021



About

PHOTO ON COVER

April 2020 - Binish, Idlib governorate:

Sixteen families, originally from Marret Al-Numan countryside south of Idlib, now live in a damaged school in the town of Binish. They were displaced four months ago and have no other option. They could not obtain a tent in the nearby IDP camps.

Credit: ©OCHA

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 humanitarian assistance. The Syria 2021 Humanitarian Needs Overview (HNO) aims to provide consolidated humanitarian analysis to inform coordinated, strategic humanitarian response planning for 2021.

The 2021 HNO covers the period from January 2020 through February 2021. Need severity analysis and people in need estimations specifically are based on primary data collected mainly during August and November 2020. Figures and findings reflected in this document are based on independent analysis of the United Nations (UN) and its humanitarian partners, built on information available to them. Many of the figures provided in this document are best possible estimates, based on sometimes incomplete and partial data sets, using the methodologies for data collection and triangulation of information which were available at the time.

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.

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For further information, please consult:

www.humanitarianresponse.info/en/operations/whole-of-syria

<https://hno-syria.org/>

<http://www.unocha.org/syria>

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www.unocha.org/syria

https://twitter.com/OCHA_Syria

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www.humanitarianresponse.info/syria



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>



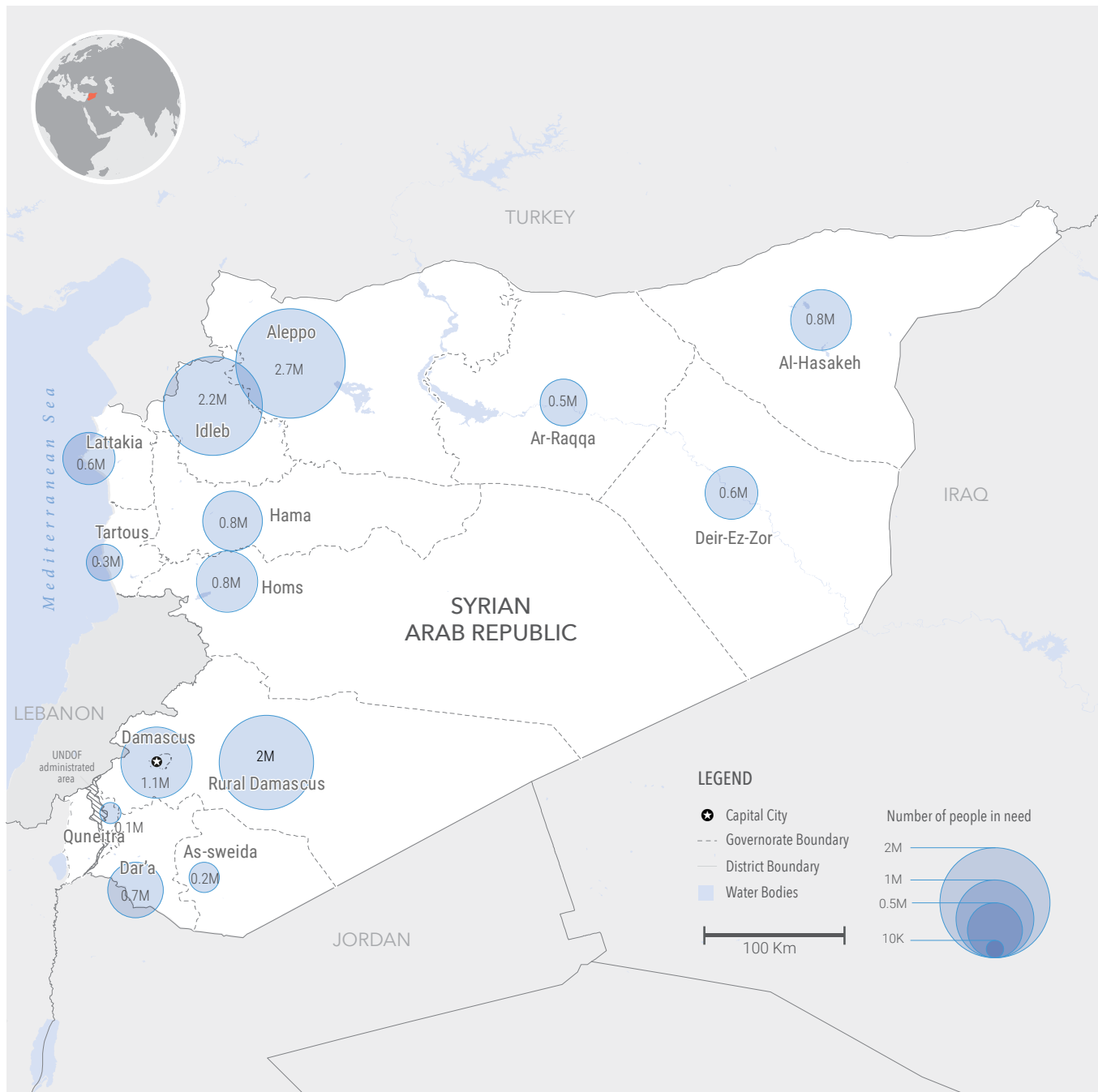
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fts.unocha.org

People in Need in Syria

by severity classification

PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
13.4M	0.1% 0.01M	4.6% 0.62M	50.5% 6.76M	33.7% 4.51M	11.1% 1.48M



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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Summary of Humanitarian Needs and Key Findings

SYRIA


A father and son, bringing home groceries and bread in Hanano, a heavily destroyed city in Eastern Aleppo.
11 June 2019. ©OCHA/Halldorsson




Context, Impact and Humanitarian Needs

CRISIS CONTEXT

 76 explosive incidents per day on average in 2020


 50% of healthcare workers estimated to have fled the country


 47,812 confirmed cases of COVID-19 as of 23 March 2021


 Close to **90%** of the population live below the poverty line. **60-65%** are estimated to live in extreme poverty, up from **50-60%** in 2019.


 78% drop in value of Syrian currency since October 2019


IMPACT


 28 attacks on health facilities and 61 attacks on schools and education personnel in 2020


 2,059 civilian casualties recorded in 2020, more than half of whom were children


 1/3 of populated communities estimated to be contaminated by explosive ordnance


 813 incidents of recruitment and use of children for combat verified by UN in 2020


 Only **58%** of hospitals and **53%** of primary health care centers are fully functional


 2.45M children were out of school in 2020 (number estimated to have increased since)


 6.7M people internally displaced

 1.9M people living in informal settlements and planned camps, a **20%** increase since January 2020

 448,000 spontaneous IDP return movements in 2020, while 38,200 refugees returned to Syria, mainly from Lebanon and Iraq

 300,000 jobs lost since the beginning of the COVID-19 pandemic, approximately **50%** unemployment

 236% price increase of the average food basket between December 2019 and December 2020

 51% of average household income spent on food in September 2020, % proportion estimated to have increased since

HUMANITARIAN NEEDS



13.4M

PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



Living Standards

- **82%** of households indicate decreased ability to meet basic needs since mid-2019
- Growing income gap: average household income now **20%** below expenses
- Increasing unaffordability: households spend **51%** on food, leaving little room to meet other basic needs
- Lack of access to basic services due to non or severely reduced functionality of critical service infrastructure in **almost half** of all sub-districts and increasingly aggravated by reduced affordability



Coping Mechanisms

- **71%** of households have taken on more debt since mid-2019
- Child labour and child marriage reported as frequently occurring in **22%** and **18%** of assessed communities, respectively
- **28%** of households adopt crisis or emergency strategies to cope with increased food prices (including child labour and marriage, selling property, migrating due to lack of food)



Physical and Mental Wellbeing

- **12.4M** people are food insecure, of whom **1.3M** severely food insecure
- **600,000** children are chronically malnourished and **90,000** children acutely malnourished
- **27%** of households report their children show signs of distress
- Almost **one in three** pregnant women is anemic

Context and Humanitarian Impact

Syria remains one of the world's most complex humanitarian emergencies characterized by ongoing hostilities which have killed hundreds of thousands of people, triggered one of the worst displacement crises of our time, and led to the widespread destruction of civilian and agricultural infrastructure, including homes, schools, health facilities, water supply and irrigation systems. Today, 13.4 million people in Syria are in need of humanitarian assistance - a 21 per cent increase compared to 2020 - with needs increasingly being exacerbated by economic decline.

The decade-long crisis has inflicted immense suffering on the civilian population who have experienced massive and systematic violations of international humanitarian and human rights law, including more than 1,350 attacks on education and medical facilities and related personnel,¹ bombardment which has caused over 12 million people to flee their homes, and arbitrary detention, abduction, torture as well as other serious abuses. Almost 12,000 children have been killed or injured since 2011,² and 47 per cent of young people have had a member of their immediate family or close friend die.³ With around half of Syria's children having known nothing but a lifetime of crisis - 2.45 million of whom were estimated to be out of school in 2020 alone - an entire generation is at risk of being lost. Long-standing and deep-rooted trauma, much of which remains unaddressed, means a mental health crisis looms large. While large-scale hostilities have reduced compared to the peak of the crisis, with frontlines not having shifted in a year,⁴ frequent mutual shelling and rocket fire continues to be observed along contact lines, often causing civilian casualties.

The economy has experienced irreparable harm since the crisis began, with the gross domestic product having declined by 60 per cent and the government increasingly unable to raise sufficient revenue to subsidize essential commodities such as fuel and bread on which the most vulnerable families rely. The Syrian pound is in virtual freefall having lost 78 per cent of its value since October 2019, while price increases for staple goods are at an all-time high. More than 90 per cent of the population is now estimated to live below the poverty line.⁵ The COVID-19 pandemic has accelerated this economic downturn by further reducing already sparse income-generating opportunities in a context where 50 per cent of the work age population is now estimated unemployed, and curtailing women and children's access to critical services such as reproductive health and malnutrition screening. Remittances, on which millions of Syrians and particularly IDPs rely are understood to have halved, from US\$1.6 billion in 2019 to US\$800 million in 2020, due to global and regional economic contraction. COVID-19 has also impacted an already debilitated health system in which half of health facilities are partially or non-functional.⁶

Priority Needs

2020

as expressed by heads of household*



* With expressed priorities showing no significant differences between female and male heads of household / Source: Multi-Sector Needs Assessment (MSNA), October 2020.

Humanitarian Conditions and Needs

Continued civilian casualties and forced displacement due to ongoing hostilities, in addition to reduced access to already degraded basic services, limited and inadequate housing and shelter options, and a wide array of specific protection risks and concerns continue to cause and perpetuate humanitarian needs among the population. While hostility-induced displacement in early 2020 generated additional needs amongst the population in Syria for internally displaced persons (IDPs), returnees and host communities, particularly in North-west Syria (NWS), the ripple effects of the economic downturn - including the loss of income and livelihoods, sharply reduced purchasing power and resulting financial unaffordability of food and other basic goods - have exacerbated living conditions for people who were already in humanitarian need, and have tipped previously less affected segments of the population into humanitarian need, including food insecurity, across the country.

The crisis continues to have a gendered impact, with women and adolescent girls paying a high price for harmful and discriminatory gender norms, including gender-based violence, while men and boys face elevated risks linked to arbitrary detention, forced conscription and explosive ordnance, among others.

The economic deterioration has financially squeezed families further. Eighty-two per cent of assessed households in Syria report a significant deterioration in their ability to meet basic needs since August 2019, due mainly to price increases and loss of income.⁷ With the WASH, health and education infrastructure considered poorly or non-functional in 48 per cent of all sub-districts,⁸ access to basic services is severely hampered and increasingly unaffordable. This is particularly the case for over 1.9 million IDPs sheltering in informal settlements, planned camps and collective shelters, which offer inadequate protection against the elements and increase the risk of epidemic-prone diseases among this population. At the same time millions of people across Syria continue to live in damaged housing, particularly along former frontlines, with those paying rent now struggling more than before to do so.

Facing deteriorated living standards, families are increasingly adopting harmful coping mechanisms. Seventy-one per cent of households and 75 per cent of female-headed households have taken on more debt since August 2019.⁹ Twenty-eight per cent of families now adopt 'crisis' or 'emergency' food related coping strategies, including withdrawing children from school to have them work instead, selling property, migrating due to lack of food and early child marriage.¹⁰ Twenty-two per cent of assessed communities report child labour as frequently occurring, while child marriage of young and adolescent girls (12-17 years) is reported by 18 per cent of assessed communities as a very common issue.¹¹

Worsening living standards and an increase in harmful coping strategies have led additional segments of the population to develop life-threatening physical and mental health needs. These include a 57 per cent increase in the number of food insecure people to 12.4 million (up from 7.9 million in early 2020). Of these, 1.27 million people are considered severely food insecure - twice as many as in early 2020.¹² In line with this trend, malnutrition rates continue to peak, with more than 500,000 children under the age of five chronically

malnourished and 90,000 acutely malnourished.¹³ Mental trauma is widespread and under-assessed but certain to have long-term implications across all population groups. Twenty-seven per cent of households report signs of psychological distress in boys and girls, almost double the 2020 figure (14 per cent).¹⁴ Critical protection needs persist and have been aggravated by the COVID-19 pandemic, including gender-based violence (GBV), with women and girls across the country reporting that it has become a feature of everyday life. One in two people in Syria is estimated to be at risk of explosive ordnance; needs for humanitarian mine action interventions,

particularly survey and clearance activities, are therefore significant but currently not met at scale.¹⁵ At the same time, the COVID-19 pandemic continues to affect the country with nearly 47,000 cases confirmed in Syria, including at least 1,972 deaths as of mid-March 2021, further straining the health system and reducing people's access to both emergency and non-emergency care.

In 2021, the increased scope and inter-linked nature of humanitarian needs among the population in Syria requires a comprehensive response across all sectors to save lives, protect people and prevent further deprivation.

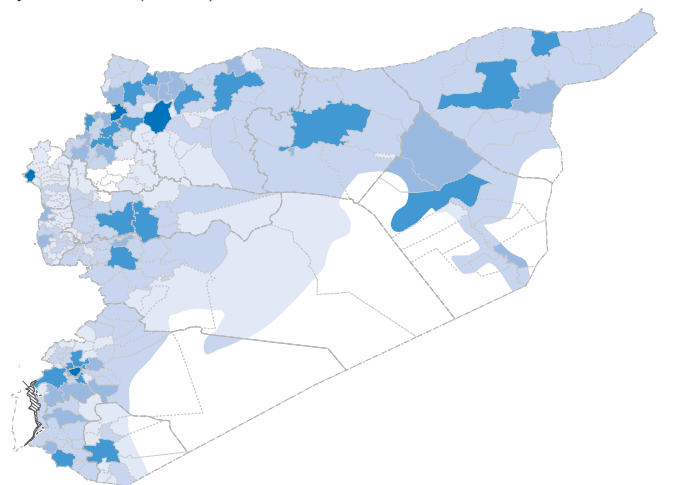
Distribution of People in Need

by severity classification

PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
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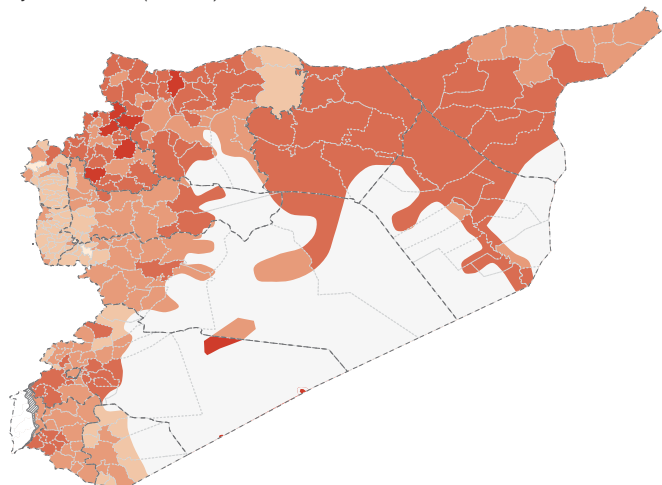
Distribution of People in Need

by sub-district (in 2021)



Inter-sectoral Severity of Needs

by sub-district (in 2021)

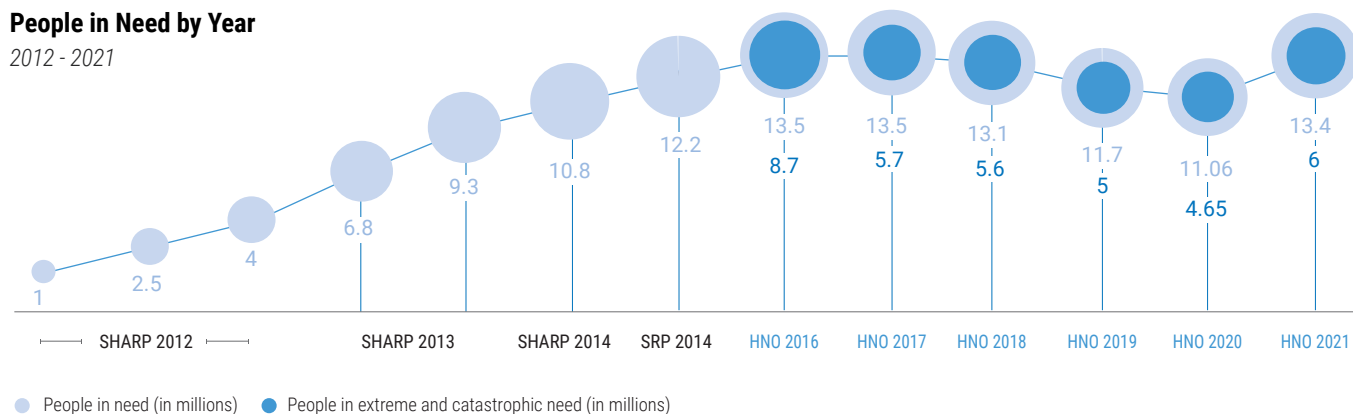


■ < 10,000
 ■ 10,001 - 50,000
 ■ 50,001 - 100,000
 ■ 100,001 - 225,000
 ■ > 500,000

■ Minimal
 ■ Stress
 ■ Severe
 ■ Extreme
 ■ Catastrophic

People in Need by Year

2012 - 2021



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. / Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

Part 1

Impact of the Crisis and Humanitarian Conditions

SYRIA
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1.1

Context

Hostilities

Syria is the second least peaceful country globally according to the Global Peace Index (GPI),¹⁶ although a reduction in active hostilities can be observed following the Russian Federation – Government of Turkey Idlib ceasefire agreement of March 2020 with active fighting having largely subsided compared to the peak of the crisis, and as a result large-scale displacement also slowing. For the first time since the crisis began, areas of control have not shifted in twelve months,¹⁷ while according to monitoring groups casualties are now at their lowest levels since 2011.¹⁸

Despite these trends, the legacy effects of more than a decade of violence, as well as ongoing hostilities in some parts of Syria, continue to harm civilians and compound and generate humanitarian needs. Explosive ordnance contamination¹⁹ is estimated to affect one third of populated communities with those areas which experienced intense hostilities, including Aleppo, Idlib, Ar Raqqa, Deir-ez-Zor, Rural Damascus and Dar'a Governorates, particularly affected.²⁰ In 2020, an average of 76 explosive incidents per day were recorded, equivalent to one explosive incident every 20 minutes,²¹ while in some parts of eastern and western Ghouta

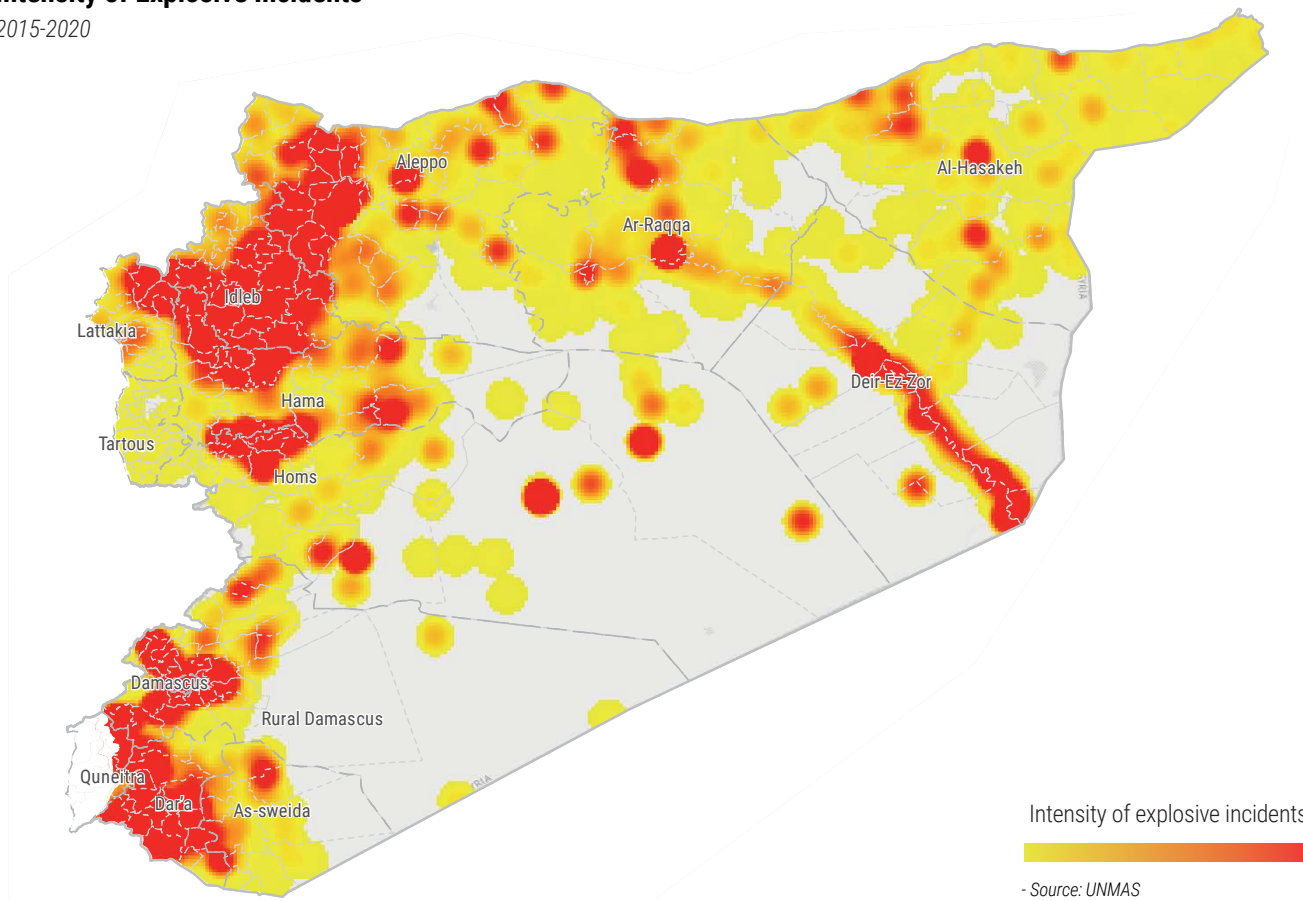
in Rural Damascus Governorate nearly 60 per cent of surveyed land has been confirmed as hazardous. Explosive ordnance incidents also continue to occur with alarming regularity in North-west Syria with devastating impacts on civilians. Explosive ordnance incidents continuing to occur at an alarming pace, with devastating impacts on civilians particularly in North-west Syria.

The security situation remains highly dynamic and prone to escalation, particularly in areas of mixed or contested control and in the vicinity of the frontlines despite an overall lessening in large-scale hostilities. In July and August an average of 13 shelling incidents per day were reported in the areas of southern Idlib, northern Lattakia, northern Hama and western Aleppo Governorates, while in December skirmishes between different parties close to Ein Issa town in Ar-Raqqa Governorate displaced hundreds of families²² to nearby villages. A resurgent Islamic State of Iraq and the Levant (ISIL) has also been at the source of more frequent and lethal attacks in southwestern Ar-Raqqa and north-eastern Hama Governorates, with attacks also continuing in western Deir-Ez-Zor and Eastern Homs Governorates. These attacks, which are being launched increasingly close to population centres and key humanitarian routes, such as Ethrya, in rural Hama, have the potential to disrupt humanitarian deliveries, particularly to the north-east.

Syria's basic infrastructure has sustained massive damage as a result of the crisis with much of it lying unrestored or in a state of disrepair. Around a quarter of the country's housing stock is estimated to have been destroyed or damaged, 26 per cent

Intensity of Explosive Incidents

2015-2020



of all health facilities are non-functional,²³ and around US\$16 billion has been lost in terms of agricultural production²⁴ with the country transitioning from a net-exporter to a net-importer of wheat in that time, and removing a vital safety net from the many millions dependent on the sector for their living.²⁵ Major power plants, including in Aleppo and Idleb Governorates have been disrupted, vandalized and looted, and critical water systems, electricity grids and telecommunications networks, remain out of service or semi-functional due to lack of regular maintenance, continuous drain of technical staff and an inability to import spare parts. Schools have also suffered immensely as a result of both targeted attacks and collateral damage. It is estimated that in Aleppo Governorate alone there are 42 - 55 million tons of rubble.²⁶

As in previous years, Syria remains one of the most dangerous countries for aid workers to operate in, with 35 verified attacks on humanitarian workers, facilities and transportation in 2020, resulting in the killing (nine), injuring (14) and detention/abduction (eight) of at least 30 humanitarian personnel; the majority of attacks occurred in Idleb (22) and Aleppo Governorates (ten).²⁷

Economic decay

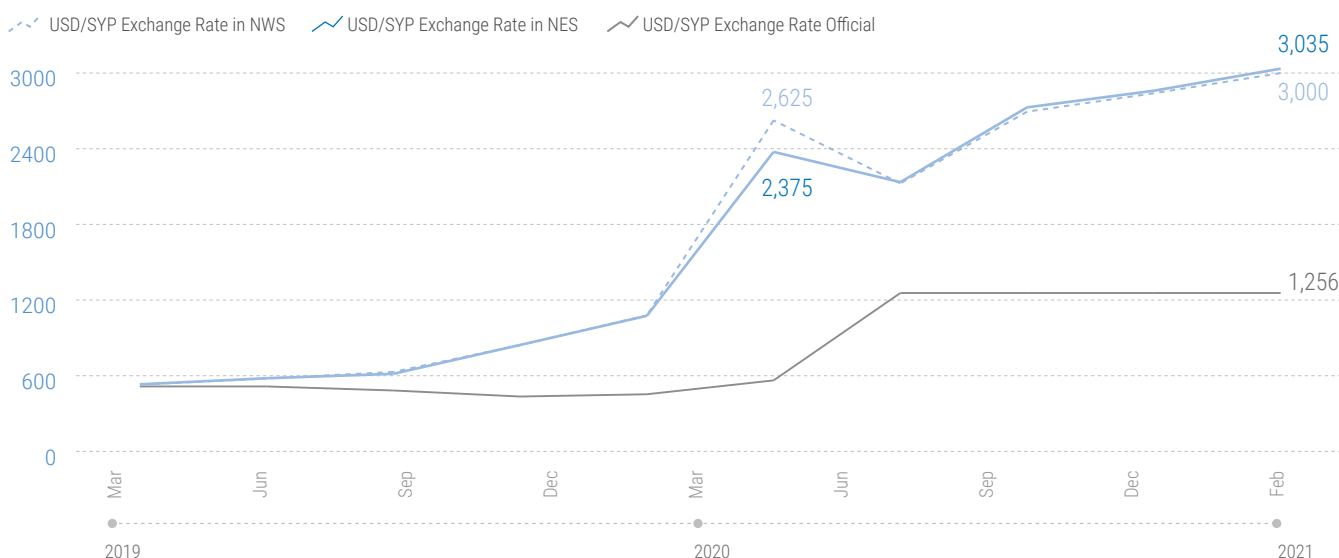
Since 2011, the economy has shrunk by more than 60 per cent²⁸ due to a series of massive and successive shocks brought about by the widespread destruction of infrastructure and housing, disruption of trade, transport and production, and loss of lives and human capital. Recent estimates indicate that 90 per cent of the population now live below the poverty line²⁹ – up from 80 per cent a year ago – with two million people living in extreme poverty.³⁰ The sharp economic decline has manifested itself in significant spikes in the price of basic items including a 236 per cent increase to the cost of the average food basket which

reached SYP 111,676 in December 2020³¹ – the highest cost since prices started being routinely monitored in 2013³² – and 29 times above pre-crisis levels. At the same time, the Syrian Pound has lost at least 78 per cent of its value since October 2019 trading at around SYP 3,900/US\$1 on the informal market at the time of writing dramatically impacting consumer affordability.³³ Even households with regular income have been adversely affected as the cost of living has spiraled. The national average food-basket now exceeds the highest-paid official government monthly salary of SYP 80,240 by 40 per cent and amounts to 70 per cent of the average monthly family income (SYP 147,000).³⁴ Women have been especially hard-hit financially, with almost 30 per cent reporting no income at all to support their family.³⁵

The deepening economic crisis has been accelerated by the COVID-19 pandemic and Lebanon’s banking crisis which has seen capital control measures applied on foreign currency deposits and transactions since late 2019 which have essentially cut Syria off from what was its last remaining financial gateway to the rest of the world, and deprived access to an estimated US\$40 billion in reserves, as well as vital remittances from the Syrian diaspora, which are estimated to have decreased by up to 50 per cent.³⁶ Unemployment, which was estimated at 42.6 per cent of the working-age population at the end of 2019, is understood to have since returned to the 2016 level of 50 per cent as COVID-19 preventive measures have curtailed people’s movement and restricted access to formal and informal labour markets. In total it is estimated that 200,000 – 300,000 jobs have been lost since March 2020 with small and medium-sized enterprises particularly affected; a United Nations (UN) inter-agency socio-economic impact assessment of COVID-19 completed in August 2020 found that 15 per cent of businesses had permanently closed; 40 per cent had paused trading; and 30 per cent reduced their activity.³⁷

Official and Informal Market National Average Exchange Rates in Syria

(1 USD to SYP)



* Source: WFP and REACH Syria Market Monitoring Dataset February 2021, developed by REACH and the Cash Working Groups for north-west and north-east Syria.

A tightening of unilateral coercive measures, including the introduction of the Caesar Syria Civilian Protection Act in June 2020 (also known as the Caesar Act), and the imposition of new measures against the Central Bank of Syria in December 2020 also means it is harder for small businesses and people to import goods, receive remittances or transfer funds including humanitarian partners securing funds from donors. This risks exacerbating humanitarian needs at a time few can ill-afford, all the while moving the goal posts for those wishing to restart, restore and recover their lives even further beyond reach.

Environmental risks

Although Syria is not considered to be among the most vulnerable countries in the world to natural hazards, several environmental risks remain, mainly due to its arid climate, including drought, seasonal flooding and wildfires. With temperatures in the Mediterranean basin predicted to increase in the coming years,³⁸ and water scarcity expected to persist, extreme climatic events are likely to become more frequent and intense. On a global index of 191 countries, Syria ranks seventh in terms of risk of a humanitarian or disaster event that could overwhelm response capacity, due in part to ongoing instability which hinders preparedness measures.³⁹ Changing weather patterns, characterized by longer drier spells during the summer and heavier rain in the winter, are of particular concern in the north-west where 1.6 million people reside in self-settled and informal IDP sites, often on land that is barely habitable due to steep terrain or rocky or dry ground, and with minimal to no drainage. In January 2021, torrential rain and strong winds in Aleppo Governorate has damaged or destroyed at least 25,000 tents in 407 IDP sites, leaving 142,000 people living in increasingly unsanitary and unsafe conditions, including persistent standing water.⁴⁰ One hundred and eighty-two schools in Idlib and 18 schools in Aleppo Governorates, supporting more than 21,200 students and almost 1,000 educational personnel were also affected.⁴¹ A flood susceptibility and hazard assessment conducted in Dana sub-district, in Idlib Governorate in January 2021 found that 2,500 IDP shelters are exposed to a significant flood hazard.⁴²

Poor transboundary water resource management and damaged and partially functional water infrastructure leave Syria further susceptible to the negative consequences of an increasingly unpredictable climate. The area of irrigated planted land – critical for crop and food production – has substantially reduced since the start of the crisis.⁴³ While water shortages in Al-Hasakeh Governorate, traditionally the breadbasket of the country, and where 70 per cent of the country's wheat stock previously originated, especially acute. Of the 122 pumping stations located along the Euphrates river, a quarter are out of service and 50 per cent partially functional.⁴⁴ The persistent threat of drought, as well as potential future crop failures, increases the likelihood of wildfires which, in turn, further endangers food and economic security. In 2020, wildfires across Lattakia, Tartous, Homs and Al-Hasakeh Governorates destroyed over 16,000 hectares of wheat, 12,000 hectares of barley used for animal feed, and more than 8,073 hectares of olive and other tree crops.⁴⁵

1.2

Shocks and Impact of the Crisis

Humanitarian needs in Syria continue to be driven by the impacts of over a decade of hostilities and related deprivation, exacerbated by economic strife, as well as laws and policies that restrict the full enjoyment of rights by people. Escalating violence in North-west Syria between December 2019 and February 2020 resulted in hundreds of civilians killed and injured and one million people displaced. COVID-19 has had a pernicious and multi-dimensional socio-economic impact on people, stripping them of income-generating opportunities, distorting already dysfunctional markets, increasing protection threats and risks, including gender-based violence, especially for women and children, and disrupting access to basic services. The already severe humanitarian situation has been compounded by growing food insecurity – now at historic levels – due to a range of socio-economic constraints at the macro and micro level, and other multi-layered contextual drivers. These include the knock-on effects of COVID-19, the regional economic and banking crisis affecting trade with Syria, the devastating wild fires and other climate-induced shocks, intensified unilateral coercive measures, and annual wheat deficits which can now only be offset by increases to the price of bread.

1.2.1 Impact on people

Protection of civilians

The civilian population continues to suffer extreme physical and psychological harm as a result of the cumulative effects of a decade of violence in addition to ongoing hostilities, despite a reduction in large-scale hostilities since March 2020. In 2020, the Office of the High Commissioner for Human Rights (OHCHR) documented 2,059 civilian casualties (1,036 deaths and 1,059 injuries) as a result of airstrikes, ground-based shelling, armed clashes, perpetrated mainly by pro-government forces in North-west Syria, as well as incidents involving improvised explosive devices (IEDs), explosive ordnance and landmines, with the majority of these incidents occurring in Aleppo, Idlib, Ar-Raqqa, and Deir-Ez-Zor Governorates.⁴⁶ While this represents a 15 per cent decrease in civilian casualties compared to those documented in 2019, there has been an alarming rise in the use of IEDs, especially those which are vehicle-borne and victim-activated, with 194 attacks verified in 2020. Almost two-thirds of these attacks took place in areas under the control of Turkish affiliated armed groups such as Afrin, Jarabulus, Al-Bab and Azaz cities in Aleppo (which accounted for 83 incidents), Ras al-Ain in Al-Hasakeh (29 incidents), and Tell Abiad in Ar-Raqqa Governorates (14 incidents). Children continue to pay a particularly heavy price for indiscriminate violence, representing more than half of all civilian casualties in 2020,⁴⁷ and 25 per cent of all victims of unexploded ordnance. Already in 2021, 14 children are reported

to have been killed following a spate of car bomb attacks in Afrin and Azaz districts in northern rural Aleppo.⁴⁸

In addition to sustaining high levels of casualties, other grave violations against children continue to be documented, including the use and recruitment of children by parties to the conflict⁴⁹ (of which there were 813 verified cases in 2020)⁵⁰ and sexual violence against girls and boys, although these have all reduced in both frequency and geographic scope compared to 2019. Of the 1,565 grave violations and 287 related violations of concern verified between January and September 2020, for example, half occurred in the first quarter of the year and two-thirds in North-west Syria alone.⁵¹

Attacks on educational and health facilities also declined by 62 and 67 per cent in the past year, mainly due to the Russian-Turkish Idlib ceasefire agreement which came into effect in March 2020 and largely held. The World Health Organization's (WHO) surveillance system for attacks on health care also registered a 67 per cent reduction in attacks on health care between 2020 and 2019 with 28 attacks verified in 2020 (of which 18 impacted health facilities) compared to 85 in 2019 (of which 66 impacted health facilities).⁵²

In total, 13 civilians were killed and 42 were injured, including seven healthcare providers in the 28 attacks on health care in 2020. The Syria Monitoring and Reporting Mechanism (MRM) verified 61 attacks on schools and education personnel in 2020, nearly half the 157 attacks verified in 2019.⁵³ Nevertheless, 2020 saw the most recorded attacks of schools in one day – ten, mainly during school hours – that killed and injured students and school personnel.⁵⁴ Seventy-seven per cent of education attacks were in Idlib and 69 per cent of attacks were by airstrikes.⁵⁵

All parties continue to disregard their obligations under IHL, including the principles of distinction, proportionality and precaution. Between 1 November 2019 and 5 March 2020, at least 1,500 airstrikes, predominantly air-to-ground missiles and barrel bombs, were reportedly launched on south-east Idlib and western Aleppo Governorates,⁵⁶ while the placement and use of weapons

in close proximity to densely-populated and residential areas has made it impossible for civilians to avoid hostilities at times, including indirect fire (mortars, rockets, and grenades). Explosive incidents now represent a growing burden on the Syrian population with two out of three survivors experiencing life-changing injuries as a result, including the amputation of a limb (50 per cent of those who have lost a body part or a body function).⁵⁷

Continuing hostility-related trauma needs and the post-operative rehabilitative care required in their aftermath, while less than in previous years, come at the same time as a reduction in the number of hospitals and health facilities offering related services. Between April and June 2020, the number of hospitals providing surgeries and trauma services declined by 11 per cent, and 14 per cent for blood bank services, compared to the same period in 2020,⁵⁸ mainly in the north-west. While these decreases were primarily due to shifts in control which resulted in the loss of some operational hospitals and a deliberate consolidation of service delivery, the high ratio of hostility-related trauma consultations to total population in Haritan district in Aleppo, as well as Saraqeb and Binnsh districts in Idlib Governorate in the first two months of 2020 would seem to suggest that demand outstrips response capacity during periods of active hostilities.⁵⁹

Other violations of IHL as well as serious violations and IHRL have also been verified in areas both under and out of government control in 2020. This includes arbitrary detention, torture and other forms of ill-treatment, enforced disappearances (often at checkpoints), the systematic targeting of individuals (including journalists, healthcare workers and members of local councils in reconciled areas), and housing, land and property seizures (mainly perpetrated by non-state armed groups against civilians who had fled their homes as a result of hostilities in Ras al-Ain).⁶⁰ In 2020, OHCHR documented at least 75 incidents of arbitrary detention, including 59 by Kurdish-led armed groups, 11 by the Government of Syria, nine by Hay'at Tahrir al-Sham and seven by various non-state armed groups backed by Turkey.⁶¹

Attacks on Healthcare

2020

28 total attacks on healthcare






13 killed* of which
 0 healthcare providers 1 patients

42 injured* of which
 7 healthcare providers 0 patients

* Full disaggregation of casualties is unknown

Impact of attacks on healthcare ▶

 12 attacks impacted personnel	 1 attack impacted patients
 18 attacks impacted health facilities	 3 attacks impacted warehouses
 8 attacks impacted supplies	 4 attacks impacted transport

Source: WHO Surveillance System for Attacks on Healthcare (SSA), January-December 2020

Grave Violations Against Children in Syria*

2020

2,140 Grave violations against children



813

Incidents of recruitment and use of children

36 Girls

777 Boys



61

Attacks on schools and education personnel

59 on schools **2** on education personnel

10 incidents of attacks on schools in 1 day on 25 February 2020



28

Attacks on hospitals and medical personnel

22

Instances of denial of humanitarian access



6

incidents of interference with water supplies



7

Incidents of sexual violence against children

1,211

Killing and injuring of children



512 children killed



699 children injured



88 children killed or injured by explosive ordnance

* Syria Monitoring and Reporting Mechanism on Grave Violations Against Children (MRM4Syria), 2020. Figures cited here are only those with MRM4Syria could directly verify with primary sources. Due to this high threshold, actual numbers are expected to be much higher.

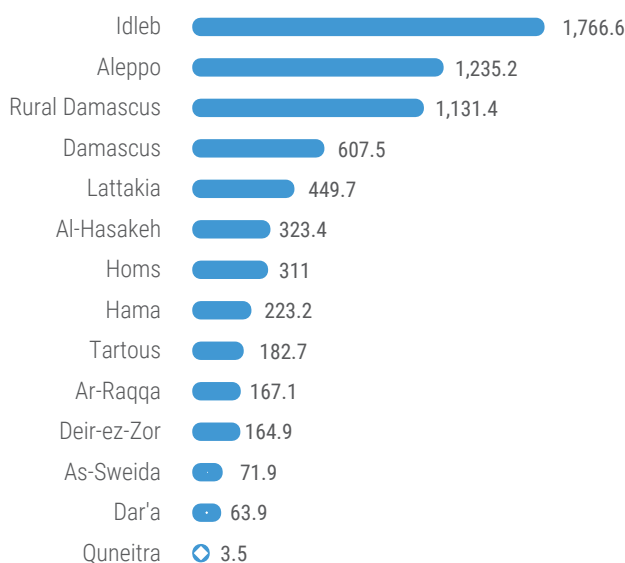
Mass displacement

With conflict having uprooted 12.3 million people from their homes since 2011, displacement remains a hallmark of the Syrian crisis. In the past year the number of IDPs has increased from 6.1 million to 6.7 million – representing a third of the overall population – primarily due to intensified hostilities in and around Maarat al-Numan and Saraqeb in southern Idleb Governorate and western Aleppo countryside (Zarbah, Atareb, and Darret Azza) between December 2019 and early March 2020. Today, 1.93 million IDPs live in last-resort sites: 1.65 million people reside in 1,371 last-resort sites in Aleppo and Idleb Governorates, in addition to around 271,443 IDPs living in five formal camps, five informal camps, 192 informal settlements and 154 collective shelters across Al-Hasakeh, Ar-Raqqa, Aleppo and Deir-Ez-Zor Governorates.⁶² In addition, nearly 30,000 people are accommodated in collective centers in Homs and Hama, many of them unable to return. Almost nine out of ten IDPs – a massive 5.8 million people – have now been displaced for more than three years; more than half have experienced secondary or multiple episodes of displacement (with more than a quarter having been displaced at least four times); and 83 per cent reside in urban centres.⁶³ Similar to previous years, internal displacement remains concentrated in just a few locations, with a mere 20 sub-districts now accommodating more than two-thirds of all IDPs – some 4.6 million people – the majority located in Dana, Damascus,

Lattakia, Jaramana, A'zaz, Maaret Tamsrin, At Tall, Homs, Jebel Saman, Salqin, Hama, Qatana, Idleb, Al-Hasakeh, Afrin, Qudsiya, Ar-Raqqa, Al Bab, Jandairis and Tartous sub-districts.⁶⁴

In 2020, 1.8 million IDP movements were recorded, the same as in 2019, however, with notable differences. Of the total number of IDP movements recorded in 2020, two-thirds took place

IDP Population by Governorate in thousands (Aug 2020)



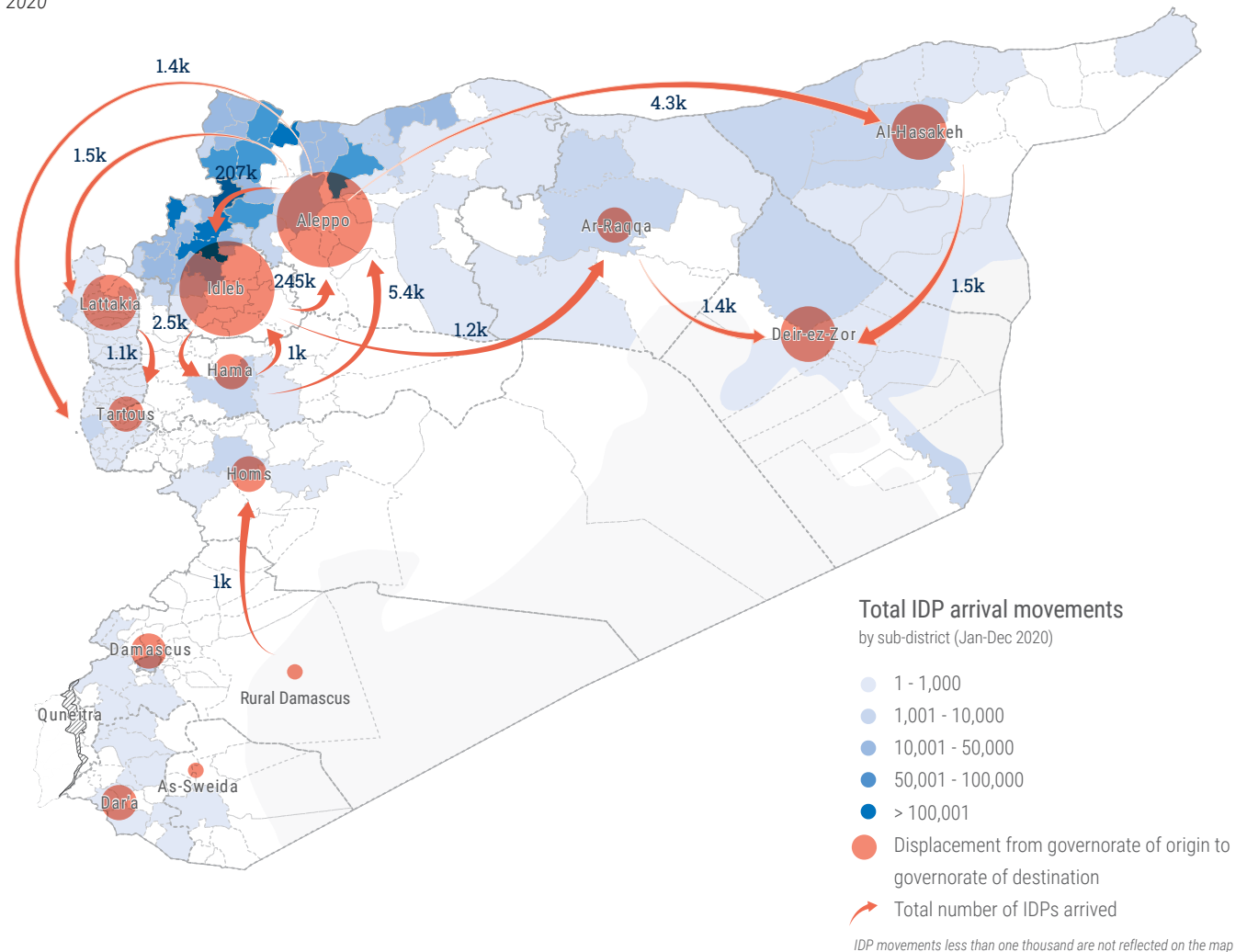
in January and February and exclusively in Idlib and Aleppo Governorates.⁶⁵ Furthermore, while the average number of IDP movements in 2019 and 2020 remained roughly equivalent – at around 5,000 movements per day and 152,000 per month respectively – numbers declined significantly from March.⁶⁶ Between March and December 2020 there was a three-fold decrease in the number of monthly average IDP movements across Syria compared with the same period in 2019 – from 162,123 to 60,501 – with a 19-fold decrease occurring in Al-Hasakeh and Ar-Raqqa Governorates,⁶⁷ demonstrating the extent to which hostility-induced displacement has lessened both in scale and scope. IDP movements still continued across all geographic areas, with Al-Hasakeh and Ar-Raqqa making up the top seven most-affected governorates in 2020 alongside Deir-ez-Zor, Hama and Tartous after Idlib and Aleppo, but

represent a significant decline on the breadth and intensity of displacement seen in previous years.

While an overall lessening in hostilities has contributed to reduced population movement since March 2020, there is some evidence to suggest that the increasingly precarious financial position households find themselves in, combined with the often minimal basic services available in areas of return, has prompted some pre-emptive movement towards camps and sites where the promise of humanitarian assistance exists. At least 3,000 households are currently on waitlists for camps in the north-east. Reports have also recently been received of IDPs departing Al Hol camp for areas of origin or secondary destination in Al-Hasakeh, Ar-Raqqa and Deir-Ez-Zor Governorates, only to immediately approach other camps, such as Areesha and Mahmoudli, for admission.

Displacement Movements

2020



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: 8 March 2021

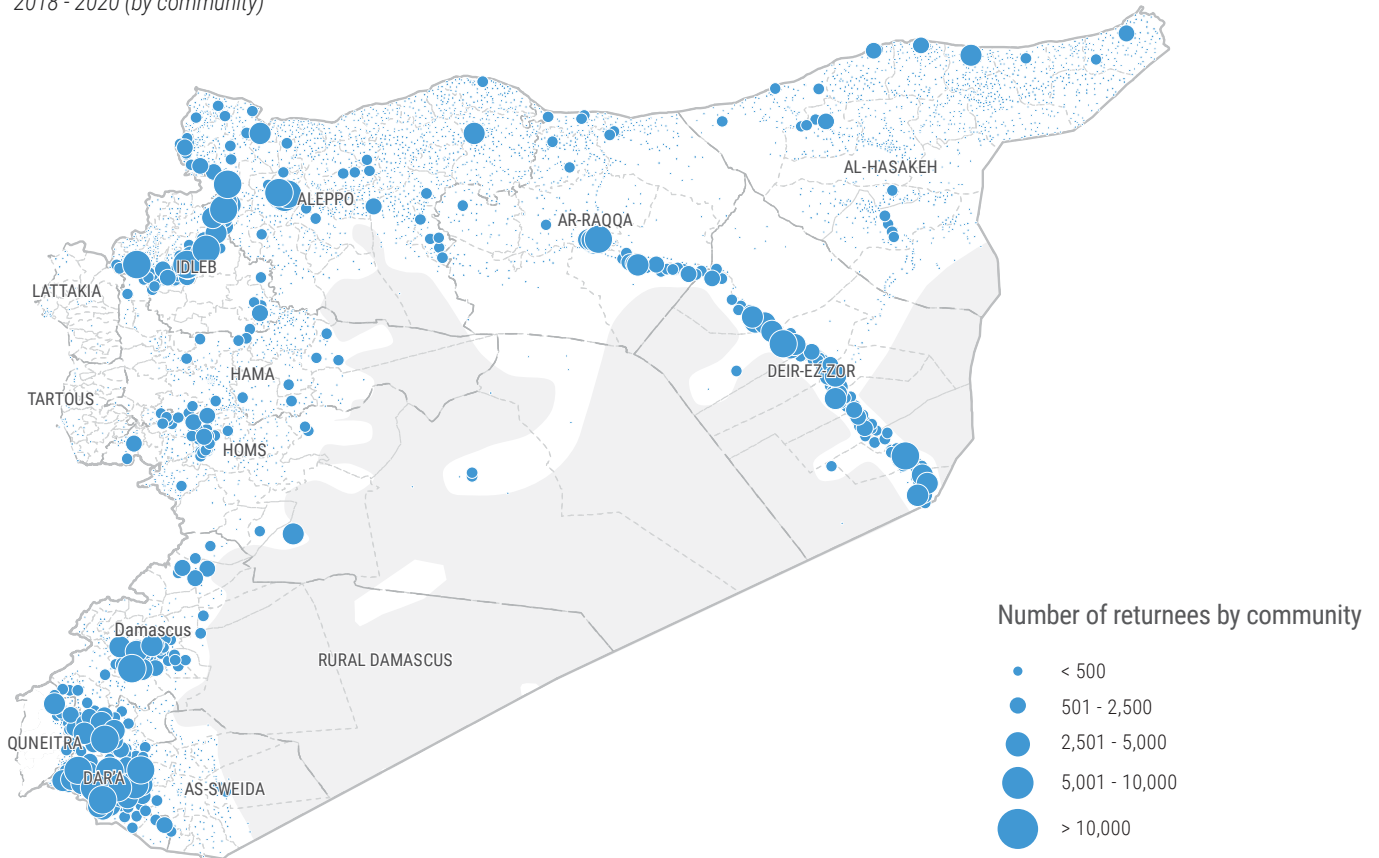
Return dynamics

While the number of spontaneous IDP return movements in 2020 registered a slight increase on those recorded in 2019, at 448,000 and 419,000 respectively, it is likely that the Russian Federation – Government of Turkey Idlib ceasefire agreement in March 2020 was a critical factor. Of the 448,000 spontaneous IDP return movements recorded in 2020, for example, 50 per cent took place between March and May, and 94 per cent of these in Aleppo and Idlib Governorates alone. Overall,

spontaneous IDP return movements in other governorates accounted for just 19 per cent of the total, with Deir-Ez-Zor (five per cent), Homs (three per cent) and Dar'a (three per cent) governorates seeing the next highest inflows.⁶⁸ Limited spontaneous IDP return movements in 2020 were likely also influenced by tighter movement restrictions due to COVID-19, and concerns about the quality and quantity of basic services available in chosen return areas, including potential economic and social deprivation, as well as personal safety and security.

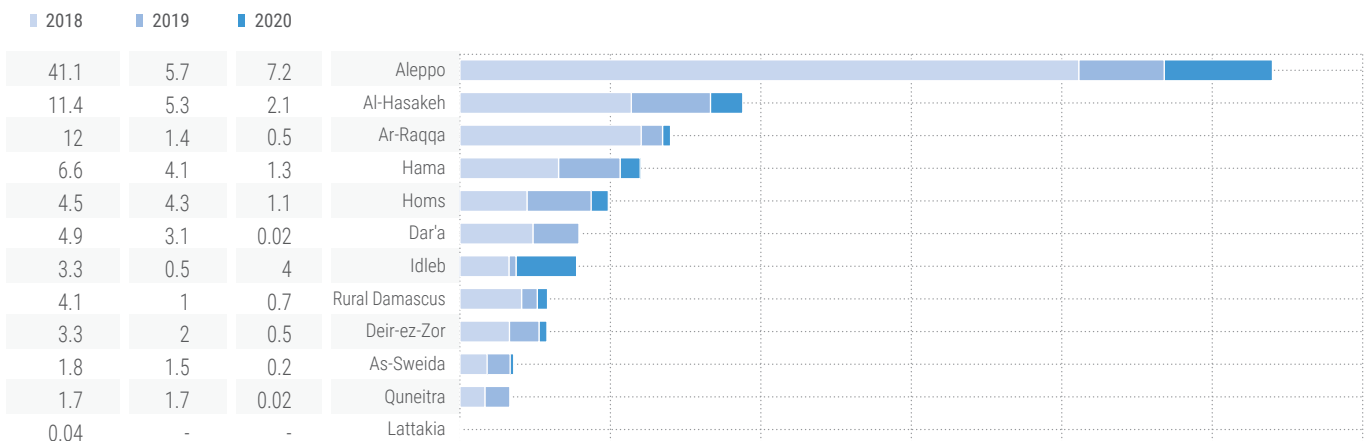
Aggregate Return Numbers

2018 - 2020 (by community)



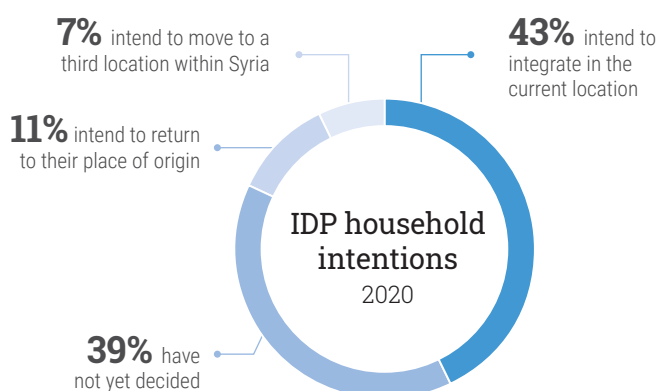
Number of Returnees per Governorate (2018 - 2020)

thousands



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

IDP return intention surveys reveal, for example, that 43 per cent of all IDP households intend to remain in their current location over the next year, with the primary reasons given as improved security in their present location; economic opportunities; and security concerns in their areas of origin.⁶⁹ Only 11 per cent of IDP households intend to return to their areas of origin in the coming 12 months, a five per cent reduction on those stating their intention to do so in 2019 and a 19 per cent reduction in 2018,⁷⁰ indicating that stability is just one factor of many when IDPs are deliberating whether to move again. This would seem to suggest that so long as socio-economic hardships continue to mount and poor living conditions across large swathes of the country persist, so too will protracted and chronic displacement.



* Source: UN Partner's Survey, IDP's Past, Present and Future Intentions, 2020.

Despite the difficult conditions confronting those IDPs who opt to return, including neighbourhoods contaminated with explosive hazards (26 per cent of all direct victims of explosive ordnance recorded in the past five years are IDPs);⁷¹ depleted livelihoods and savings; damaged, destroyed or looted properties; and limited or no access to basic services, under one million self-organized spontaneous IDP return movements have taken place since the beginning of 2018. Two-thirds of these are concentrated in just seven districts across three governorates – Dar'a, Iz'ra and As Sanamayn in Dar'a; Jebel Samen in northwestern Aleppo; and Deir-ez-Zor, Abu Kamal and Al Mayadin in Deir-Ez-Zor respectively.⁷²

COVID-19

While the number of confirmed COVID-19 cases in Syria remained comparatively low for the first five months of the pandemic, cases rose consistently from mid-August onwards, reaching more than 45,000 cases detected by the end of February 2021⁷³, with Idleb, Al-Hasakeh and Damascus Governorates as epicentres. However, the pandemic highlighted the impact of the crisis on public health laboratory capacity and surveillance network and testing capacity remained extremely modest and geographically uneven since the start of the outbreak with only 181,000 tests conducted across all governorates at the time of writing,⁷⁴ although ten laboratories with polymerase chain reaction (PCR) testing capacity have now been established.⁷⁵ Limited testing capacity and supply chain challenges, combined with an individual reluctance to seek testing due to stigma and potential loss of livelihoods, a continuing decrease in risk perception, as well as difficulties

in conducting either active surveillance or effective contact tracing, mean that reported figures likely represent a significant undercount. Positivity rates as high as 52 per cent, 58 per cent and 60 per cent in As-Sweida, Tartous, and Homs Governorates as recently as January would seem to confirm this.⁷⁶

Given Syria's already compromised and over-stretched healthcare system – with insufficient functional facilities and qualified personnel per population – COVID-19 represents an additional challenge. Although patterns in health-seeking behaviour have made it difficult to ascertain the precise level of demand placed upon the system by COVID-19, existing facilities in many urban centres have, at various points, reported difficulties in absorbing all suspected cases, as well as suspensions to non-emergency surgeries and conversion of wards to accommodate additional COVID-19 patients. In 2020, health actors in Government of Syria controlled areas reported a 13 per cent reduction in trauma services compared to 2019. Bed occupancy rates in As-Sweida and Homs Governorates reached 100 per cent in December 2020, while reports were received in January 2021 that 43 per cent of COVID-19 related deaths in parts of North-east Syria were occurring within 48 hours of admission suggesting that patients who require specialized care may not be seeking it in time.⁷⁷

Extremely high case fatality rates among ventilated patients (of 97 per cent), also in the North-east, are further indications that people with the most severe or complicated forms of the illness are seeking treatment too late or ventilation services may not be sufficiently available at the time of admission, negatively impacting their long-term health prospects and survival. Indeed, with only 58 per cent of sub-districts across the country reporting sufficient knowledge of the risks posed by COVID-19,⁷⁸ and minimal-to-zero implementation of population-level mitigation measures in almost all, it is likely that COVID-19 will continue to negatively impact the functionality of the health system and the health of the Syrian population over the next year. This includes indirect and longer-term impacts resulting from delayed diagnosis and deferred or cancelled treatments, as well as COVID-19 patients undergoing long recovery periods. Between quarter two 2019 and 2020, for example, there was a 25 per cent decrease in health facilities providing cancer treatment and diagnosis.⁷⁹

Lastly, COVID-19 has also impacted the quality of service delivery. A recent assessment of infection prevention and control (IPC) measures and triage readiness conducted across 250 health facilities in the north-west revealed that only 16 per cent of facilities had all IPC measures in place, 15 per cent were adequate while needing some improvements, 33 per cent had only implemented a basic triage system and 35 per cent were found to be inadequate, requiring vast improvements.⁸⁰

a primary impact of COVID-19 has been an increase in intimate partner and family violence affecting women and girls (what has globally been referred to "the shadow pandemic"). The restrictions of movement and lockdowns has increased the likelihood of women being forced to live with their abusive partner or family members, with increased levels of violence, while the possibility of accessing in-person services or remote services in a safe and confidential manner has become more and more challenging.

COVID-19 figures

as of 23 March 2021

	TOTAL	ACTIVE	RECOVERED	DEATHS
GoS-controlled areas	17,583	4,715	11,693	1,175
North-east Syria	8,964	6,320	2,201	442
North-west Syria	21,265	1,350	19,278	637
TOTAL	47,812	12,385	33,172	2,254

1.2.2 Impact on systems and services

Loss of and disruption to critical civilian infrastructure

A decade of crisis has devastated the country’s critical civilian infrastructure and public services, including water supply, electricity, schools, and healthcare. More than half of all public hospitals are only partially functional or not at all,⁸¹ and over a third of the population does not have access to piped water.⁸² In almost half of the country’s sub-districts, WASH, health and education services are now considered to be highly dysfunctional – compromised by a combination of hostility-induced damage and destruction, under-investment, an inability to conduct regular maintenance and repair, and chronic human resource shortages – with these disproportionately concentrated in just three governorates; Aleppo (32), Idlib (21) and Rural Damascus (17).⁸³ There is chronic shortage of health care staff driven by displacement, death, injury, and flight of health workers.

Over the past decade, more than 50 per cent of healthcare workers are estimated to have left the country⁸⁴ leaving the remaining cadre well below the recommended level of more than 22 health workers per 10,000 inhabitants, with shortfalls particularly acute in Aleppo, Al-Hasakeh, Ar-Raqqa, Dar’a, Deir-ez-Zor, Idlib and Rural Damascus Governorates.⁸⁵ Aleppo, Hama and Damascus Governorates also fall below the Ministry of Public Health benchmark for two nurses and midwives for each doctor, who are essential to ensure quality of care, particularly in severe and critical care settings, such as those related to the treatment of COVID-19.⁸⁶ Across Syria, there is limited access to specialized mental health services remain due to shortage of qualified mental health professionals. Health actors have adapted to this scarcity by training existing professionals through Mental Health Gap Action Programme (mhGAP)

programming and training of new cadres such as psychosocial workers to help expand service availability.⁸⁷

Human resources challenges are also acute in camp settings, with health partners reporting understaffing and high turnover of medical staff in health facilities supported by them.⁸⁸

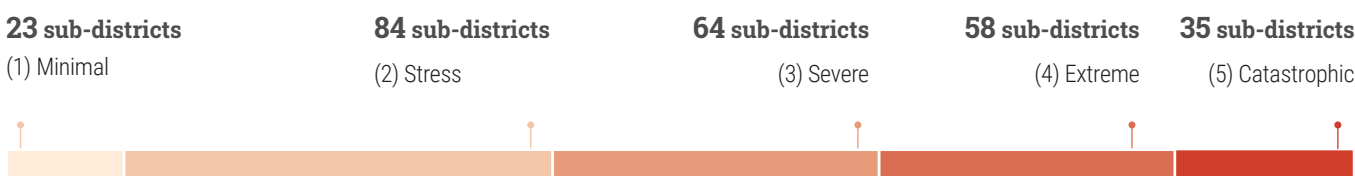
The healthcare workforce has been further depleted by COVID-19 with 4,074 healthcare workers having contracted the disease to date amounting to nine per cent of the total case load.⁸⁹ This has occurred at the same time that demand for health services has heightened due to the pandemic. Absolute numbers of qualified healthcare personnel tell only one part of functionality, however, with COVID-19 having placed a further burden on their mental wellbeing, exposing them to high-rates of emotional and physical exhaustion, psychological stress and burnout, which can further inhibit service delivery.

The education system, which has already suffered immensely as a result of the crisis, remains fractured and under-resourced limiting the ability of children to access education services. Schools and learning spaces have been further impacted by the COVID-19 pandemic with preventive measures resulting in their closure for much of the 2020 academic year. Despite many reopening in September, few are able to enact safe school protocols due to a lack of classrooms and limited or non functioning toilets or handwashing facilities. It is estimated that there is only one functioning classroom for every 53 school aged children, while the combination of devastation and lack of rehabilitation mean that those who do attend have to contend with unsafe, insecure and unsuitable infrastructure, including absent walls, roofs, staircases, windows or heating, as well as severe overcrowding.

The lack of secondary schools continues to limit the ability of students to matriculate to secondary school with Ar-Raqqa (43 per cent), Deir-ez-Zor (27 per cent) having the most severe estimated drops between primary and secondary school attendance.⁹⁰ Congested conditions pose additional health and protection risks to teachers and administrative staff who make up almost 60 per cent of confirmed COVID-19 cases in Ministry of Education-run schools, jeopardizing the delivery of quality education due to illness-induced absence and quarantine requirements which limit the amount and nature of instruction available. Limited network, a lack of electronic devices and an inability to buy credit have further restricted the ability of households to use home-based electronic learning platforms. Eighty-three per cent of families with school aged children in Ar-Raqqa and Quneitra Governorates reported that they did not have sufficient credit; 86 per cent in Ar Raqqa and 69 per cent in Deir-ez-Zor did not have sufficient network, while 78 per cent

Functionality of Health, WASH and Education Infrastructure

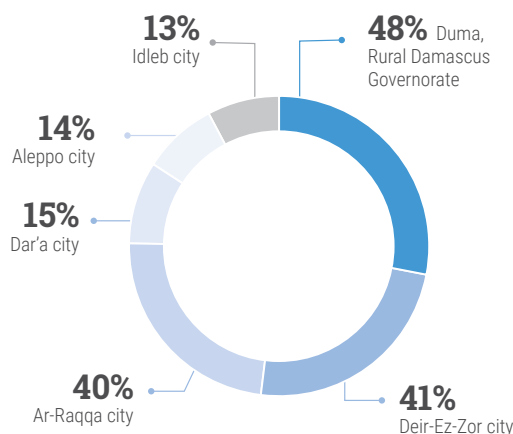
by severity classification



in Ar-Raqqa and 55 per cent in Homs did not have the needed devices for their children.⁹¹

Estimated Destruction to Housing Stock

% of residential properties estimated uninhabitable



Ten years of hostilities have caused untold devastation to the country's housing stock with an estimated 48 per cent of residential properties uninhabitable in Duma, Rural Damascus Governorate, followed by Deir-Ez-Zor (41 per cent); Ar-Raqqa (40 per cent); Dar'a (15 per cent), Aleppo (14 per cent) and Idleb cities (13 per cent).⁹² Across the country, shelter needs remain considerable and in many places are growing. Some 11 per cent of all IDP households live in tents, with this proportion climbing to 28 per cent and 21 per cent in Idleb and Ar-Raqqa Governorates respectively. Around 1.7 million people are accommodated in self-settled IDP sites, primarily in Idleb and Aleppo, which lack the hardware and physical infrastructure necessary to deliver essential services. In addition, there are an estimated 63,000 in collective shelters, which are often abandoned schools with limited alternative shelter options. The presence of IDPs in schools puts further pressure on those schools which continue to operate.

Substantial damage has also been sustained by water systems, sewage networks and irrigation canals. In Deir-Ez-Zor city, around 40 per cent of the entire length of the sewage network has been damaged with access understood to have reduced by up to 40 per cent between 2011 and 2020.⁹³ Similar levels of destruction have been observed in Aleppo and Dar'a cities. Wastewater is hazardous to people's physical health and the environment alike, particularly when combined with inadequate solid waste collection and disposal operations. Indeed, while overall proportionate morbidity of waterborne diseases such as acute bloody diarrhea and suspected hepatitis A remained stable or declined in the first eight months of 2020 compared to the same period in 2019, areas such as Aleppo, Deir-Ez-Zor, Quneitra and Rural Damascus Governorates registered significant increases in rates of acute diarrhea during the same time period.⁹⁴ Frequent leishmaniasis outbreaks caused by debris accumulation and harmful garbage disposal practices also

disproportionately affect adolescents and children who make up two thirds of all cases.⁹⁵

In 2020 electricity supply has also become increasingly inconsistent due to recurrent disruptions in fuel availability and sharp price increases. Communities across many governorates now find that the duration and rate of power outages is longer and more frequent than six months ago and several times greater than in previous years, mainly due to a rationing of supplies and severe load-shedding. Nightlight analysis – which can be taken as a proxy indicator for the availability of electricity – shows that some neighbourhoods in Al-Hasakeh and Qamishli cities have experienced reductions in nightlight of between 30 and 50 per cent in the past year, with communities in Ar-Rastan and Al Qasir cities in Homs; and Azaz, Afrin, and Menbij cities in Aleppo also heavily affected.⁹⁶

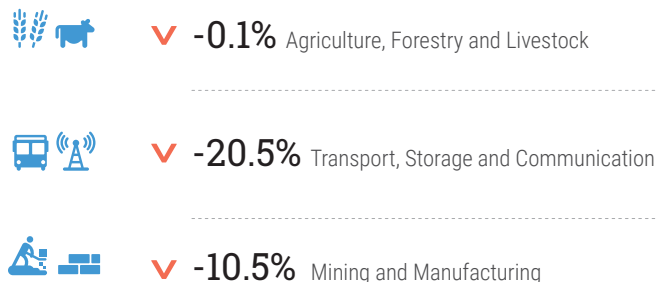
Electricity shortages negatively impact the population at every level - individual, household and community - including health facilities, water systems and the agricultural sector. Negatively impacting the functionality of health facilities, water systems, and the agricultural sector. In the absence of regular and reliable electricity, health facilities are forced to depend on generators and solar energy systems that provide the minimum power requirement, heightening the risks to continuity of health services, including surgery, cold chain storage, sterilization, safe blood storage, and timely and accurate diagnosis. Basics such as lights, anaesthesia machines autoclaves, and imaging equipment become impossible to operate during power cuts. According to the latest Health Resources and Services Availability Mapping Systems (HeRAMS) data, more than a quarter of public hospitals across Syria require generators, with gaps particularly prominent in Quneitra (100 per cent), Aleppo (55 per cent), Al-Hasekeh and As-Sweida (50 per cent) and Hama and Rural Damascus (40 per cent each)⁹⁷, while almost one-fifth of functioning health facilities in the north-west are operating without or with an interrupted electricity supply, with 81 per cent citing private generators as the primary source.⁹⁸ Similarly, Al-Hasakeh national hospital, one of the largest secondary care facilities in the north-east, experiences frequent power cuts while the capacities of its five generators varies and therefore cannot be used as an efficient back-up system – particular for services such as CT scans.⁹⁹

Deteriorating economic situation and growing food insecurity

The plummeting value of the Syrian pound, commercial goods inflation of between 200 to 300 per cent,¹⁰⁰ and negative growth across several key sectors – including agriculture, forestry and livestock (-0.1 per cent); transport, storage and communication (-20.5 per cent); and mining and manufacturing (-10.5 per cent)¹⁰¹ – have all contributed to a fiscal deficit in 2021 estimated at around two trillion Syrian pounds. While the National Budget, approved by the Government of Syria in December, is set at an unprecedented SYP 8.5 trillion – an increase of 112 per cent on 2020's budget – this actually represents a 27 per cent decrease compared to 2019 in inflation-adjusted (real) US dollar terms, and a massive 65 per cent drop when calculated at the informal market rate.¹⁰²

Negative Growth Across Sectors

2020 fiscal deficit



* Source: Framework for the Immediate Socio-Economic Response to COVID-19.

Revenue has been consistently shrinking since 2011 due to the combination of a dramatic decline in non-taxation related income (itself mainly due to a 90 per cent drop in oil production) and imports and exports;¹⁰³ the absence of foreign direct investment (which has reduced from an annual average of US\$1.5 billion between 2005 and 2010 to almost zero); increased money supply in the local market (almost three times as much as pre-crisis levels); and unilateral coercive measures (which have increased the cost of the Syrian imports and raised demand for foreign currencies at a time when less is available).¹⁰⁴ The effect of this economic deterioration on the agricultural sector and, by extension, the population has been palpable. Farmers have been simultaneously hit by the loss of fertilizer imports into Syria, leading to the abandonment of fertilizer use for wheat production, and increased prices for inputs (such as seeds, machinery and labour), resulting in declining annual yields.¹⁰⁵ Recurrent wheat shortfalls have, in turn, resulted in price hikes to the cost of commercial (private) bread as well as reductions in subsidized bread – with the former increasing by 325 per cent (to reach SYP 451/bundle) in 2020 alone.¹⁰⁶ While the Government of Syria has introduced a series of measures aimed at better managing wheat stocks over a longer period – effectively doubling the cost of subsidized bread (from SYP 50/bundle to SYP 100/bundle) and reducing its size (from 1.3kg to 1.1kg in weight), and capping the number of bread bundles that families can buy – the economic costs have essentially been transferred to the Syrian people.

According to recent assessment data, some 71 per cent of households report an increase in their debt burden over the past twelve months, with those in the 18-59 year age bracket pointing overwhelmingly to price increases (98 per cent), as the primary reason.¹⁰⁷ Higher debt prevalence across households increases the likelihood that families will have to resort to harmful coping mechanisms to get by, which can further impact food security. Over 80 per cent of households now rely on harmful coping mechanisms to afford food, while in December nearly one in five households reported poor food consumption, double the level recorded the previous year.¹⁰⁸

1.2.3 Impact on humanitarian access

Hostilities (both active and legacy), increasing stakeholder complexity, regional and global geopolitical dimensions, COVID-19, as well as a range of administrative processes and restrictions on movement, including the periodic closure of internal crossing

points, continue to directly impact the ability of people to access life-saving assistance and services, the ability of humanitarians to access people in need, and the efficiency with which humanitarians can deliver that support in a sustained manner. According to recent assessment data, six per cent of households report the presence of exploded ordnance, IEDs and landmines in their community, with Rural Damascus Governorate accounting for a third of the sub-districts most severely affected – and chief among them Damascus and Al-Zabadani districts.¹⁰⁹ A further 39 per cent of IDPs report a lack of access to basic services as the primary reason for their displacement.¹¹⁰

COVID-19 has also impacted the ability of affected communities to access and use certain forms of assistance in 2020. Eight per cent of households cite movement restrictions related to COVID-19 as the primary reason why they did not receive assistance in the last three months.¹¹¹ High-contact essential health services were also impacted, with health actors operating mainly in Government of Syria controlled areas observing a 15 per cent decrease in immunization during the lockdown period of April and May and an annual reduction of 53 per cent in disability and rehabilitation services as compared to 2019. Women – already facing huge challenges in accessing education, services and jobs – have been further disenfranchised with access to specialized and social services such as malnutrition monitoring and screening, reproductive health and responsive counselling¹¹² falling by as much as 50 per cent before and during lockdown. Despite the gradual easing of preventative measures across the country since then, only marginal improvements have occurred given substantial increases in out-of-pocket expenses for related costs such as transport and medicine.¹¹³ Although families in Hama (37 per cent), Al-Hasakeh (24 per cent), and Rural Damascus Governorates were found to be the most affected by COVID-19 containment efforts overall,¹¹⁴ the uneven application of these measures has meant the impact on humanitarian programmes and – by extension – affected communities has been felt at different intervals. For example, two surveys conducted among partners registered with the Government of Syria between July and September 2020 found that the proportion of those experiencing disruptions to programmes due to COVID-19 related restrictions fell by 68 per cent between the second and third quarters but that activities during the latter were more affected in the north-east where border crossing points were closed as part of precautionary measures in mid-July.

Even where COVID-19 preventive measures have been subsequently relaxed or lifted, monitoring has shown a demonstrable impact on the delivery of protection and community-based services, including child protection and GBV, due to continued restrictions on the number of people who can meet and the physical distancing required when they do. Between 2019 and 2020, the number of protection interventions delivered by partners registered with the Government of Syria reduced by 2.2 million with community-based and specialized services such as awareness-raising (39 per cent), child psychosocial support (29 per cent), and empowerment activities (26 per cent), disproportionately affected, mainly due to limitations imposed on collective gatherings and face-to-face interactions.¹¹⁵ While the introduction of alternative delivery modalities, including media platforms such as Facebook, YouTube and WhatsApp, enabled these programmes to continue

they have also experienced challenges due to poor mobile phone coverage, limited internet connectivity and prolonged power outages. Indeed, with 28 per cent of households citing electricity assistance as among their top three needs, and just four per cent of households spending any income on phone credit and data coverage,¹¹⁶ there is now a considerable gap between the number of people dependent on internet and tele-based services for certain forms of protection support and the financial means available to access it.

Financial barriers, especially when coupled with breaks in supply chains for essential medicines, are barriers to health access. Among patients who reported having to pay for health services in the past three months, medication was cited as the most frequent cost.¹¹⁷ Furthermore, with ratios of functional health facilities to population far below emergency standards in many areas of Syria – particularly in areas of the north-west, north-east, Rural Damascus and Dar'a Governorates¹¹⁸ – patients face transport costs and often-insecure travel routes to reach care. Furthermore, despite critical health needs arising from the COVID-19 pandemic, many have been reluctant to seek in-patient care due to associated stigma, fears of being quarantined, and even negative rumours and misinformation that health facilities and hospitals themselves 'spread' the virus, making it harder to understand the full-scale of the epidemic and potentially contributing to higher fatality rates. In October 2020, a rapid community assessment of COVID-19 in Al Hol camp found that more than a quarter of respondents would not seek testing or treatment for COVID-19 even if they had symptoms for fear of being quarantined or infected, with a slightly higher proportion indicating that they would treat the illness themselves with home remedies rather than go to a health clinic.¹¹⁹ Overall low hospitalization rates in some contexts has occurred despite growing concerns around community transmission and amid rising infection rates. Dedicated COVID-19 Treatment Facilities established in NES have all been chronically under-utilized, experiencing average occupancy rates of just 30 to 40 per cent, and with these falling as low as 11 per cent and five per cent in November 2020 and January 2021 respectively.¹²⁰

Temporary but persistent access disruptions to certain areas and vital civilian infrastructure required to safeguard public health have also been frequently reported. Since February 2020 the Alouk water station in Al-Hasakeh Governorate has been non-functional for at least 67 days and for another 86 days was operating below 75 per cent of its pre-crisis capacity¹²¹, threatening the physical wellbeing of 460,000 people directly dependent on it for regular and safe water supply, including 75,000 IDPs in Al Hol, Areesha formal camps and Tweina/Washokani and Al Talae/Serekaniye sites. Likewise, access to water in Al Bab sub-district in Aleppo Governorate has been compromised by the limited functionality of the Ein El-Bayda station on which 185,000 people rely for potable and agricultural water. These disruptions are the combined result of hostility-sustained damage; technical failures brought about by irregular repair and maintenance, including due to a lack of access for technical staff¹²²; inconsistent electricity supply; and the deliberate interference of parties to the conflict. Additional access challenges have also been reported in some parts of the country due to administrative regulations which require several layers of approvals from multiple stakeholders – including import exemptions, customs clearances, land dispatch requests

and facilitation letters during different stages of transportation – all of which can delay timely implementation. Such issues have been most pronounced in the north-east.

In North-west Syria, physical access constraints have increased following the removal of Bab al-Salam as an authorized border crossing under United Nations Security Council Resolution 2533 in July, leaving Bab al-Hawa as the only point of entry from Turkey to 1.3 million people in northern Aleppo, including an estimated 800,000 IDPs. Efforts have been made to compensate for this loss through a variety of logistical enhancements, including the rehabilitation of the single route connecting Bab al-Hawa to northern Aleppo; the creation of dedicated humanitarian lanes at internal crossing points; and the expansion of the transshipment hub at Bab al-Hawa. While humanitarian actors have been able to progressively increase the number of trucks containing UN assistance passing through Bab al-Hawa between July and December - from 21 to 930 - navigating these new operational realities has been cumbersome and meant that operations have become higher risk and less timely.

In addition to these physical constraints, there has been a reported three-fold increase in the monthly average of reported access incidents in North-west Syria compared to January 2020, including interference in activities, changes to authorization procedures, Non-Governmental Organization (NGO) staff detentions, and violence against humanitarian personnel, although this is likely due in part to increased reporting.

Meeting growing health needs remains a formidable challenge in the north-east, and one that has only increased following the outbreak of COVID-19 and the deauthorization of the Yaroubiah border crossing point for the movement of UN supplied medical items under United Nations Security Council Resolution 2504 in January 2020. While health actors have been able to increase cross-line medical shipments in the intervening period – supporting the delivery of almost 3.5 million treatments (compared to 2.54 million in 2019)¹²³ – health consignments transported both cross-line and cross-border remain currently insufficient to comprehensively address needs.¹²⁴ Ensuring a more predictable health pipeline in 2021 will therefore remain a priority and require continued collaboration between cross-line and cross-border actors, along with sustained funding from donors. This will allow for an agile and comprehensive COVID-19 response and the continuation of existing life-saving health programmes and activities. More concerted efforts are also required to improve humanitarian access to the population living in the Ras al-Ain – Tell Abaid corridor, which is currently limited to a few NGOs based in Turkey.

Despite the extremely complex operating environment, the humanitarian community has continued to expand its operational reach in 2020 to assist more Syrian people in need than ever before. Between January and December 2020, humanitarian actors reached an average of 7.7 million Syrians each month compared to 6.0 million during the same period in 2019 due to a substantial increase in both cross-line and cross-border deliveries to the north-east and north-west respectively. Even accounting for COVID-19 related dips in implementation, the number of communities served with regular, multi-sectoral assistance in 2020 stands at 2,671 communities, demonstrating not just partners' commitment to stay but also to deliver.

Timeline of Events

January 2020 - March 2021

2020

JANUARY

Ground fighting between Government of Syria forces and its allies and non-state armed groups intensified in north-west Syria, and extended to large population centres such as Saraqeb and its vicinity. UN Security Council Resolution 2504 is extended for a further six months reauthorizing Bab al-Hawa and Bab al-Salam crossing points for the cross-border delivery of UN humanitarian supplies but removing the Yaroubiah border crossing point into northeast Syria.

MARCH

In the north-west, a ceasefire was announced on 6 March contributing to a sharp decrease in violence. The first confirmed case of COVID-19 in Syria was announced by the Ministry of Health on 22 March in Damascus Governorate. Various preventive measures aimed at curbing the spread of the virus were imposed throughout Syria, including curfews, lockdowns and movement restrictions, with exemptions for the delivery of humanitarian supplies, and closure of schools.

MAY

WHO delivers a total of 54 MT of health supplies cross-line to north-east Syria by road. The shipments, which contain COVID-19 equipment including ventilators, oximeters, nebulizers, and personal protective equipment, are the first to reach Qamishli by land since 2017.

JULY

On 11 July, UN Security Council Resolution 2533, extended cross-border UN assistance from Turkey through the Bab Al-Hawa border crossing for another 12 months. The Bab Al-Salam border crossing was closed for UN transshipments, while remaining open for commercial shipments. The first COVID-19 cases in north-west Syria are confirmed.

SEPTEMBER

Local authorities in northeast Syria began to relocate IDPs accommodated in 55 collective shelters across Al-Hasakeh Governorate to a new informal site, Al Talae/Serikanye.

NOVEMBER

Shelling in multiple communities across Ariha district, Idlib governorates killed eight civilians, including four children and two local aid workers, and injured at least 13 others. Two separate bomb attacks in Al Bab and Afrin in Aleppo governorate also left at least seven civilians dead and 32 wounded. Cases of COVID-19 quickly increased in north-east and north-west Syria, continuing a trend that started the preceding month.

2021

JANUARY

In Al Hasakeh Governorate, local authorities impose movement restrictions into and out of Government of Syria (GoS)-controlled areas affecting the delivery of humanitarian supplies and commercial goods, including fuel as water; 74 UN trucks containing humanitarian assistance for 200,000 people are held at a checkpoint for two weeks. The Central Bank of Syria issues a new SYP 5,000 Syrian banknote triggering fears of further currency depreciation.

MARCH

The value of the Syrian Pound falls to an all time low of SYP 4,000 to US\$1 on the informal market further reducing purchasing power and triggering price increases for commodities.

FEBRUARY

The situation in north-west Syria continued to worsen. From December 2019 to February 2020, almost one million people were forced to flee from their homes. On 17 February, two hospitals in Daret Azza town were reportedly damaged by airstrikes and put out of service. In the southern governorates, three humanitarian workers were killed in February.

APRIL

On 29 April, local authorities in north-east Syria confirmed two cases of COVID-19 in Al-Hasakeh Governorate.

JUNE

WFP estimates that 9.3 million people – almost half the population – are now food insecure, an increase of 1.4 million people in just six months. The Caesar Syria Civilian Protection Act comes into effect with the authority to impose sanctions on foreign persons implicated in business transactions with the Government of Syria. Humanitarian efforts are scaled up to pre-position assistance in north-west Syria in advance of the renewal of the cross-border resolution, with 1,579 trucks containing humanitarian supplies passing through the Bab al-Hawa and Bab al-Salam crossing points in one month – the most in one month since the establishment of the Resolution.

AUGUST

The Alouk water station stopped pumping water for the thirteenth time since January threatening the direct water supply for 460,000 people in Al-Hasakeh Governorate. Disruptions to the provision of safe and regular water supply take place despite rising COVID-19 cases across the country.

OCTOBER

Fuel and bread shortages are reported across Syria resulting in long waiting hours at gas stations and public and private bakeries. More than 150 fires breakout across Lattakia, Tartous and Homs governorates killing three and injuring 80, and temporarily displacing 25,000 people from their homes. Up to 9,000 hectares of agricultural and forested land are reported destroyed. A VBIED in Al Bab city, Aleppo governorate kills 21 people including four children and injures at least 80 others, including NGO workers.

DECEMBER

Intensifying tensions and skirmishes in and around Ein Issa town close to the Tell Abiad – Ras al-Ain corridor displaced around 650 families to nearby villages and resulted in the temporary closure of the M4 to commercial and civilian traffic.

ISIL attacks and activities in the Syrian desert increased in pace and lethality with one deadly attack on the Palmyra-Deir-ez-Zor highway – the key supply route for humanitarian and commercial movements – killing at least 28 GoS soldiers.

FEBRUARY

WFP estimates that 12.4 million people – 60 per cent of the population – are now food insecure, an increase of 3.1 million people. Increases in food insecurity are most pronounced in Hama, Homs, Lattakia and Tartous Governorates.

A sharp increase in violence among the resident population in Al Hol camp sees 26 IDPs and refugees murdered since the beginning of the year, including a humanitarian worker on 24 February.

1.3

Scope of Analysis

Due to the comprehensive impact of the crisis on all population groups and across the territory, the 2021 Syria Humanitarian Needs Overview (HNO) covers all populated areas of Syria, disaggregating trends in humanitarian needs amongst the entire population up to the sub-district level (admin 3). A Multi-Sector Needs Assessment (MSNA) was implemented in September 2020, ensuring data collection in all sub-districts. While several sectors implemented specific assessments to inform country-wide needs analysis, the MSNA continues to serve as one of the principal primary data collection tools for a majority of Whole of Syria (WoS) Sectors.

Different from previous years, inter-sector severity analysis (and subsequent People in Need (PiN) estimation) for 2021 was done at the sub-district (admin 3) level, no longer at the community (admin 4) level. This change results from efforts to build a revised inter-sector severity model for 2021 on an agreed set of sectoral severity indicators, with the objective to ensure comparability and linkage with sectoral severity/PiN modelling at the sub-district level.

Distinct needs and underlying factors are analysed for each of the major population groups of concern, i.e.

- IDPs, with disaggregated analysis efforts for protracted IDPs in areas less touched by recent hostilities, and IDPs who

have taken refuge in informal settlements/camps, frequently closer to frontlines, may have been displaced multiple times during the past years, and tend to have higher levels of urgent, life-threatening needs;

- spontaneous IDP returnees, i.e. IDPs who have returned to their places of origin within six months after being displaced in 2020; and
- vulnerable residents, defined as those living in areas hosting large numbers of IDPs and returnees and/or where access to basic services and livelihoods are significantly reduced, as well as those particularly affected by the socio-economic deterioration and growing food insecurity in particular.




Wherever possible, analysis for each most affected population group is disaggregated at the sub-district level, supported by focused assessments by technical partners and some sectors. While the MSNA was initially configured to provide representative data for different population groups at the sub-district level, this was ultimately not possible as the sample size and interview length for the MSNA were significantly reduced in order to mitigate COVID-19 related risks.

Thematically, compared to previous years, data collection and analysis models for the 2021 HNO were adjusted to better capture the increasing complexity of needs and underlying factors, including those related to livelihood and income loss as well as non-affordability in a context of sharp economic decline after almost a decade of crisis.

The 2021 Syria HNO covers the period of January 2020 through January 2021. Needs and severity analysis is mainly based on primary data collected during August and November 2020.

Scope of Analysis and Assessed Population Groups

by governorate

GOVERNORATE	 VULNERABLE RESIDENTS	 RETURNEES	 INTERNALLY DISPLACED PEOPLE	ESTIMATED POPULATION	
				IN SETTLEMENTS/CAMPS	
Aleppo	2,680,064	98,886	1,235,179	356,875	4,014,129
Al-Hasakeh	776,416	27,500	323,393	125,731	1,127,309
Ar-Raqqa	537,404	2,985	167,107	99,060	707,496
As-Sweida	308,250	378	71,867	-	380,495
Damascus	1,218,684	1,323	607,494	-	1,827,501
Dar'a	958,237	863	63,890	-	1,022,990
Deir-ez-Zor	584,329	16,107	164,916	35,642	765,352
Hama	1,258,564	5,299	223,211	-	1,487,074
Homs	1,146,451	8,154	311,011	-	1,465,616
Idleb	767,538	157,239	1,766,584	1,308,033	2,691,361
Lattakia	766,231	-	449,697	-	1,215,928
Quneitra	101,304	308	3,512	-	105,124
Rural Damascus	1,886,408	5,259	1,131,443	-	3,023,110
Tartous	746,698	-	182,668	-	929,366
Total	13,736,578	324,301	6,701,972	1,925,341	20,762,851

1.4

Humanitarian Conditions, Severity and People in Need

The impact of the prolonged crisis on people, services and access during the course of 2020 has led to a 21 per cent increase in the number of Syrians in need of humanitarian assistance, from 11 million in 2020 to 13.4 million in 2021. While reduced in intensity, ongoing hostilities and related displacement and violations of IHL and IHRL continue to drive humanitarian needs, exacerbating and generating additional needs for IDPs, host communities and returnees particularly in North-west Syria. At the same time, severe economic deterioration and its knock-on effects on income loss and reduced purchasing power have tipped previously less affected segments of the population into humanitarian need, and exacerbated living conditions for those¹²⁵ with pre-existing humanitarian needs. At the beginning of 2021, people in Syria across all population, gender and age groups prioritize access to food as by far their number one need, followed by livelihood and income support, and NFI and shelter assistance.¹²⁶

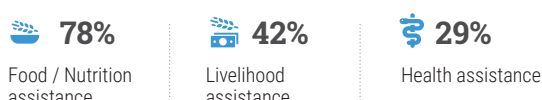
Priority Needs

2020

as expressed by heads of household*



as expressed by people with disabilities



* With expressed priorities showing no significant differences between female and male households

1.4.1. Humanitarian Conditions

Inadequate Living Standards: Needs and Drivers

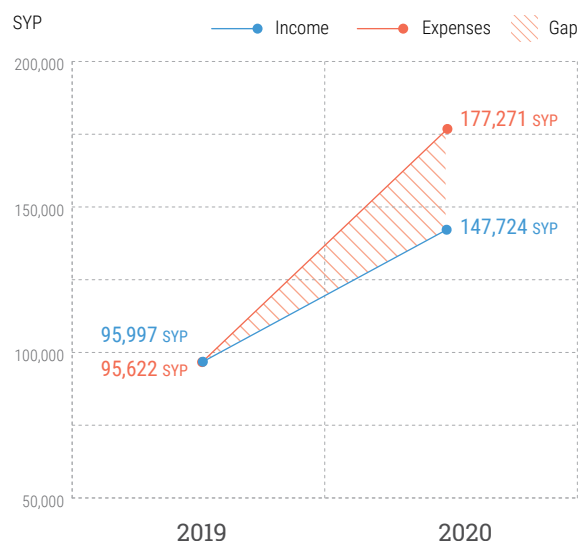
Living standards for the vast majority of the population have substantially worsened in the past year, with 82 per cent of Syrians – and 91 per cent of female-headed households – self-reporting a significant deterioration in their ability to meet basic needs since August 2019, due mainly to price increases and loss of income. These trends have contributed to a 57 per cent increase in the number of food-insecure people and already stretched basic services becoming increasingly unaffordable. Two thirds (65 per cent) of households indicate that they are

currently not able to meet the basic needs of their families in a self-sustained manner, with the population in Quneitra, Dar’a, Tartous, Al-Hasakeh, Ar-Raqqa and Lattakia reporting particularly high limitations of between 86-100 per cent.¹²⁷ Data from December 2020 demonstrates that households with more than one member with a disability are nine per cent less likely to be able to meet their needs. Underlying factors for this trend are depreciation-linked price increases and the unprecedented reduction in purchasing power, with 76 per cent of households citing price increases for food and other basic commodities as the single most important reason for currently not being able to meet their basic needs. The second most significant reason referenced is the loss of household income and livelihoods, with almost half of all households having lost between 75 per cent to 100 per cent of their previous income, and female-headed households more affected by income loss than male-headed households.¹²⁸

Country-wide, the income deficit has grown – people’s salary and income from regular livelihood activities is no longer enough to cover their expenses. While average monthly household income broadly matched expenditures for the majority of Syrians in mid-2019, average household expenditure (SYP 177,271) now exceeds income (SYP 147,724) by 20 per cent, with significant variations across the territory and amongst different population groups.¹²⁹ Geographically, the population in Dar’a Governorate indicates the highest income deficit (only 53 per cent of expenses covered by income), followed by Rural Damascus, As-Sweida, Homs and Quneitra. Demographically, the income deficit of female-headed households is significantly higher (30 per cent) than that of male-headed households (15 per cent). Across different population groups, income insufficiency is generally highest amongst IDPs, with IDPs living in Dar’a, Rural Damascus, As-Sweida, Homs, Quneitra, Idlib, Aleppo, Ar-Raqqa, Al-Hasakeh and Deir-Ez-Zor reporting above-average figures.¹³⁰ As a result, 11.6 million Syrians are estimated to require income and livelihood support in 2021, an increase from 9.9 million in 2020.

Average Household Income and Expenses

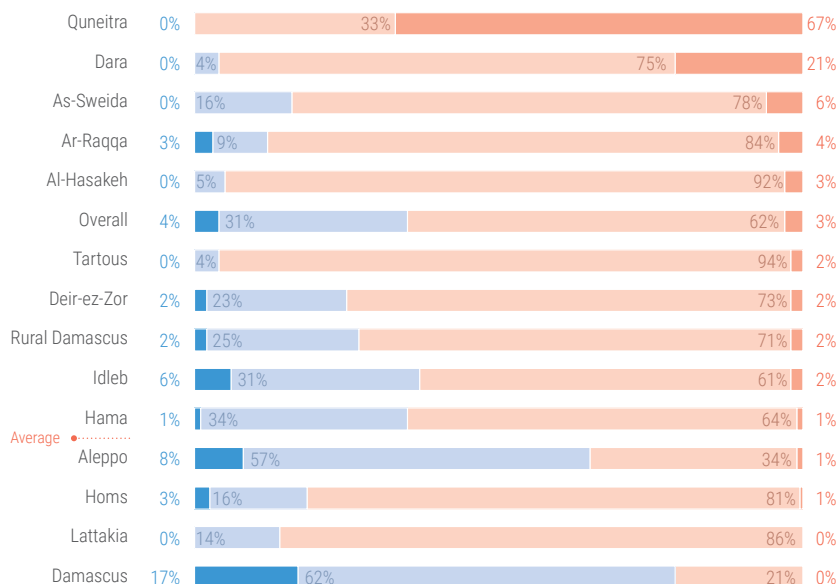
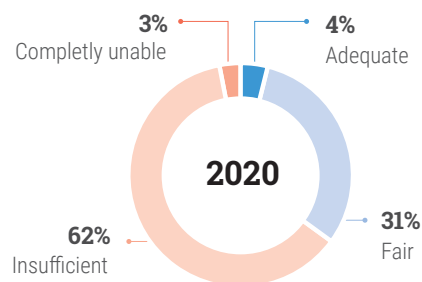
2019-2020





Households' perceived ability to meet the basic needs of all members

■ Adequate ■ Fair ■ Insufficient ■ Completely unable



Over the course of 2020, reduced income and unaffordability have further limited people's (financial) access to basic services. For example, 86 per cent of patients report having to pay for health – with 28 per cent of households reporting a financial problem with accessing health care, an increase from 24 per cent in 2020;¹³¹ this figure climbs to 90 per cent for people living with a disability.¹³² In Governorates such as Dara'a and Quneitra, WASH-related spending (e.g. for water purchase, hygiene items, garbage removal and desludging) makes up 16 per cent of average household expenditures, implying many families spend significantly above that figure and recommended thresholds. High average household expenditures for WASH are also observed in As-Sweida, Rural Damascus, Hama and Deir-ez-Zor (14 per cent), as well as Al-Hasakeh and Idleb (13 per cent).¹³³ Lack of affordability is the most frequently stated reason for households to not send children to school, and school attendance is statistically lower amongst children from lower-income households in Syria.¹³⁴

Apart from increasing unaffordability, the population's lack of access to basic services further stems from non-functionality or reduced operability of the infrastructure required to deliver these services, due to destruction and damage, lack of maintenance, investment the absence of sufficient numbers of trained, technical staff and mass displacement, resulting in higher population density than service infrastructure was established for. Geographically, the WASH, health and education service infrastructure is highly dysfunctional in almost half (131) of the country's sub-districts.¹³⁵ The most severely underserved areas are those which host large numbers of IDPs, including IDPs in camps/sites, and those where high levels of hostilities have damaged infrastructure, including in Idleb, Aleppo, Deir-Ez-Zor, Ar-Raqqa and Rural Damascus Governorates.

A few indicators illustrate these trends: 36 per cent of Syrians rely on alternatives to piped water and unsafe water supply modalities, with rates particularly high in IDP camps/sites in north-east (Deir-Ez-Zor, Ar-Raqqa and Al-Hasakeh Governorates) and north-west Syria (Idleb and Aleppo Governorates), where

69 per cent of households rely on water trucking services.¹³⁶ The lowest secondary school attendance rates are reported in Ar-Raqqa (51 per cent), Idleb (53 per cent), Al-Hasakeh (56 per cent) and Aleppo (59 per cent),¹³⁷ i.e. Governorates which have seen high levels of destruction of education facilities and schools being used as IDP shelters or for other non-educational purposes. The largest ratio of non-functional primary health care centres to population is found in these very same governorates as well as in south-western Dar'a and Rural Damascus Governorates.¹³⁸

There is significant linkage across needs. Safe water supply, sanitary conditions and waste management, for example, are frequently insufficient in education and health facilities, not just posing concerns related to disease control, including COVID-19, but also might be a reason for children dropping out of schools.¹³⁹ The number of people in need of integrated health, WASH and education services in catastrophically under-served areas alone (severity 5) is 3.6 million, disproportionately concentrated in sub-districts of Idleb and northern Aleppo; it climbs to over 11.1 million when including severely under-served areas (severity 4).¹⁴⁰ The absence of or significantly reduced availability of basic services is of significant concern to Syrians, 27 per cent of whom indicate chronic and emergency health care as their fourth highest priority need, followed by electricity (27 per cent), hygiene (22 per cent) and water and sanitation services (12 per cent).¹⁴¹

Destruction and structural damage have also severely affected the housing stock across the country, leading to inadequate housing and shelter conditions for millions of people in Syria. Shelter needs, particularly pronounced during winter, remain high amongst the over 1.9 million IDPs in over 1,300 informal settlements, planned camps and collective shelters ('last resort sites') in North-west and North-east Syria.¹⁴² IDPs in these last resort sites live in particularly inadequate, temporary shelters such as tents and unfinished buildings which provide limited protection against the elements and require frequent exchange and/or repair. Poor shelter conditions, overcrowding and limited access to basic

services such as electricity, education, water, sanitation/waste disposal and health services in informal settlements and camps do not just negatively affect people's living conditions but increase protection and public health risks specifically.

Shelter conditions for IDPs in sites/camps and for the population living in damaged housing in mostly urban areas have been rendered more precarious by the dramatic prices increase for critical items such as heating fuel, blankets and winter clothes – 90 per cent of families surveyed in September 2020 reported that their ability to afford these NFIs has diminished significantly.¹⁴³ While market functionality in itself is generally a less pronounced problem, challenges in accessing markets are reported by 17 per cent of the IDP population in sites/camps in North-west and North-east Syria, as well as by the overall IDP population in Rural Damascus (29 per cent), Idlib (12 per cent), Aleppo (8 per cent) and Ar-Raqqa (7 per cent).¹⁴⁴

Coping Mechanisms: Needs and Drivers

Throughout the crisis Syrians have been left with little option but to adopt harmful coping practices which increase protection risks and exacerbate needs affecting physical and mental wellbeing. This trend has only continued in 2020 as a result of the economic downturn and byproducts of COVID-19 containment efforts.

In order to compensate for reduced or lost income and afford increasing prices for food, other basic goods and services, 71 per cent of households have taken on more debt since mid-2019. Debt increase has been even higher amongst female-headed households (75 per cent) and families with members with a disability (80 per cent). While COVID-19 related mitigation and lay-off measures have reduced employment-related income, annual remittances – another important income stream for many families – are estimated to have halved over the course of one year, from US\$1.6 billion to US\$730 million in early 2020. At present, almost nine out of ten households (87 per cent) borrow money to cover expenses.¹⁴⁵ Protracted debt locks families into cycles of repayment, limits their ability to afford goods and services required to meet basic needs, and reduces their financial ability to absorb new shocks. Whereas debt payment made up three per cent of families' expenditures in late 2019, it has doubled since and is now reported particularly high across all population groups in Deir-Ez-Zor (13 per cent), Dar'a (11 per cent) and Al-Hasakeh (10 per cent) Governorates, respectively. Families further rely on savings and remittances as the second and third most frequent means to compensate for insufficient income, especially households with disabilities given their lack of access to income generating opportunities compared to households without disabilities. Seven per cent of households sell assets, e.g. land or means of transport, further eroding their productive capacity and livelihood base.¹⁴⁶

The population in Syria is forced to make increasingly unacceptable trade-offs to survive, heightening risks to mental and physical health. This includes reduced food intake. Twenty-eight per cent of families now adopt 'crisis' or 'emergency' coping strategies, including consuming less nutritious, cheaper foods, borrowing more money or cutting portion sizes and skipping meals, with rates slightly higher for female-headed households (35 per cent), returnees, IDPs and households with

members living with a disability. Reduced food consumption is particularly high amongst the population of Al-Hasakeh, Dar'a, Tartous, Deir-ez-Zor and Rural Damascus Governorates. The main driver for this trend are increases in food prices and households' inability to afford them.¹⁴⁷

Desperate to generate additional income or reduce household expenses, families also engage in coping mechanisms which increase protection risks, particularly for children and adolescents. 22 per cent of assessed communities report child labour as a means to support household income as frequently occurring, with a slight increase for children 12 years of age and older.¹⁴⁸ Begging is observed in 22 per cent of communities, the majority being children. Assessments amongst IDP households show that five per cent of children work to support household income, with rates more than three times higher for female-headed IDP households (18 per cent). Households having to send children away for economic reasons is amongst the top reasons which community focal points cite for separation from caregivers (25 per cent for boys, 13 per cent for girls). Child marriage, a prevalent form of violence against young and adolescent girls (12-17 years old), is reported in 18 per cent of assessed communities as a very common issue and is in part driven by families seeking to ease their financial burden.¹⁴⁹ Child marriage, specifically of girls, is amongst the top reasons which community focal points cite for why children are separated from caregivers (44 per cent for girls, 11 per cent for boys). The absence of alternative care options, including formal ones, remains a significant concern in this context.¹⁵⁰

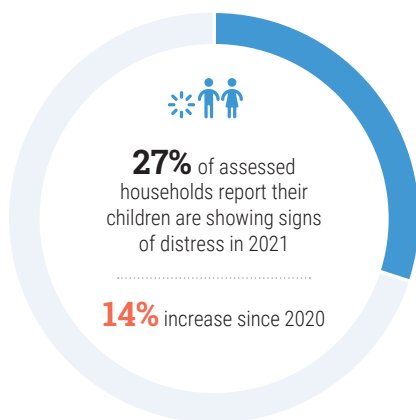
Physical and Mental Well-Being: Needs and Drivers

Ongoing hostilities and violence in Syria, widespread contamination by explosive ordnance (EO), grave violations of IHL and IHRL, hostility-induced displacement and the significant degradation in living conditions and erosion of coping capacity associated with it, continue to drive humanitarian needs which directly affect people's physical and mental health and ultimately threaten their survival, if not addressed in the short term. At the same time, including in areas less directly affected by these drivers, deteriorated living standards and an increase in harmful coping strategies have led to additional segments of the population developing life and health-threatening needs.

2,059 civilian casualties (1,036 deaths and 1,059 injuries) were documented in 2020. Given significantly reduced functionality of health facilities as described in the previous sections, hostility-related trauma, post-operative rehabilitative and long-term, post-surgical care in particular are frequently inadequate. Demand for such services for example outstripped capacity in Haritan district in Aleppo, as well as Saraqeb and Bennis districts in Idlib Governorate in early 2020, when hostilities intensified in north-west Syria.¹⁵¹ The less visible mental strain which a decade of the crisis has placed on Syrians is hard to quantify but deemed to be considerable, with WHO estimating a 22 per cent prevalence of mental health disorders in conflict settings globally.¹⁵² In Syria, almost one in two households (46 per cent) is worried about conflict-related insecurity; 29 per cent are anxious about safety and security issues at home.¹⁵³ These numbers only provide a glimpse of the multiple factors which continue to cause significant stress and, in many cases, explicit psychological trauma amongst the population in Syria, including:

experiencing injury or the loss of family members and friends; being displaced from places of origin; witnessing widespread destruction, including that of owned property and belongings; living through extreme and/or repeated violence, such as in the case of intimate partner or domestic violence; being separated from care givers and family; returning to often destroyed areas of origin; losing jobs and income; and, increasingly, going hungry.

Children are particularly affected by mental trauma, many not knowing anything else but years of crisis. Signs of distress in boys and girls under the age of eighteen are reported by 27 per cent of households – almost double the 2019 figure (14 per cent) – and are highest in children who experience displacement (31 per cent) or have returned to areas of origin (30 per cent). Inter-linkage across humanitarian needs and conditions is evident: children of households with lower income and poor food security status in Syria, for example, show higher levels of distress than children from households not experiencing these problems.¹⁵⁴ Likewise, psychological distress is more frequent in children of families who do not send their kids to school due to safety or security concerns.¹⁵⁵ Safety and security concerns also rank particularly high in the returnee population. Returns frequently take place when hostilities have abated, with those returning taking repossession of (damaged) property and land. Seventy six per cent of returnees are worried about conflict-related insecurity, 39 per cent are concerned about safety and security in their homes, 16 per cent are apprehensive over risks posed by EO, and 12 per cent are anxious about communal tensions.¹⁵⁶



Wide-ranging protection needs in Syria continue to stem from the conduct of hostilities, extensive violations of IHL and IHRL - including detention, disappearances, and inadequate access to justice for past and ongoing rights violations, as documented by OHCHR - lack of protection-specific support services and assistance, as well as the compounded impact of the crisis on people's coping patterns and mental health.

Unmet protection needs have significant spill-over effects and/or exacerbate long-lasting needs in other sectors. The lack of government-issued civil documentation – reported as a severe problem for the population in Idlib, northern Aleppo, Ar-Raqqa, Al-Hasakeh, Deir-Ez-Zor and Rural Damascus,¹⁵⁷ comprised to a significant extent by IDPs – for example limits access to assistance and services provided by authorities, freedom of movement and can generate particular risks for

male adolescents and men. It also limits the ability of widowed or divorced women to inherit property, get custody of children, legally remarry, or register children born through subsequent relationships, increasing their exposure to violence and stigma. This limitation is compounded for females with a disability, who are almost six times more likely to be widowed than females without disabilities. Unregistered children may face difficulties in accessing basic services and rights, including health and education. Ultimately, the lack of civil documentation affects the security of tenure and return prospects for hundreds of thousands of IDPs, not least at a psychological level. Gender-based violence, continuously reported as a wide-spread problem in previous years, is observed to have increased during the COVID-19 pandemic and is now referred to as the "hidden pandemic" (see text box).

One in ten households is worried about threats of sexual exploitation and abuse at the community level.¹⁵⁸ Gender-based violence continues to be predominantly directed against women and girls with or without disabilities, with access to psychological, health and legal support services severely limited.

Explosive ordnance continues to cause life-changing and enduring physical and mental harm for populations living in or returning to contaminated areas, as well as negatively impacting economic security for those communities dependent on agriculture-based livelihoods to survive. Areas contaminated are generally those which have witnessed intense hostilities over the past years, including along (previous) frontlines in Aleppo, Idlib, Ar-Raqqa, Deir-Ez-Zor, Quneitra, Rural Damascus and Dar'a Governorates. Households in Rural Damascus (27 per cent), Aleppo (24 per cent) and Hama (16 per cent) are particularly concerned over EO contamination in their houses, land and property.¹⁵⁹ In some areas of eastern and western Ghouta in Rural Damascus Governorate, nearly 60 per cent of surveyed land has been confirmed as hazardous, highlighting the dangers posed by EO long after active hostilities have ended.

Forty-two per cent of communities surveyed reported agricultural land as contaminated, whereas 24 per cent of assessed communities reported potential contamination of access roads. Contamination also affects the extent to which repairs and rehabilitation of private housing, property and land can be conducted. It is, therefore a particularly high concern for returnees (16 per cent) who, often having fled hostilities, return and seek to rebuild their homes and lives.¹⁶⁰ Men and boys, particularly adolescents, account for the vast majority of EO victims, due to them being frequently involved in farming and herding and/or moving and travelling. One-fourth of recorded victims are children and on average, 40 per cent of recorded child casualties are killed and 60 per cent injured.¹⁶¹ Significant psychological trauma is evident in survivors of explosive incidents seeking mental health and psychosocial support, yet is unreported due to lack of resources to assess and address the specific needs of the population affected by hostilities and their consequences. Victims identify economic support, health care, including prosthetic/orthotic services, and the provision of assistive devices as priority issues but struggle to meet these needs due to financial constraints or unavailability of specialized care. Similarly, needs for mine risk education remain paramount for prevention but are currently not met at scale, with more than

70 per cent of key informants reporting they had not attended mine risk education activities recently.¹⁶²

The food security situation in Syria has steadily worsened over the past three years, the 56 per cent increase in the number of food insecure people from 7.9 million in 2019 to 12.4 million by the end of 2020 is unprecedented. Today, two out of three Syrians are in need of some form of food and agricultural assistance, with an additional 1.8 million at risk of falling into food insecurity. The number of severely food insecure people has more than doubled, from 0.6 million in 2019 to 1.27 million people in 2021 (six per cent of the population). Levels of both moderate and severe food insecurity are particularly high among returnees, female-headed households, households with member/s with a disability, older persons and children.¹⁶³ The increase in food insecurity is indicative of a population that is increasingly vulnerable, with many having exhausted their capacity to cope, and is to be attributed to a range of factors, including increasing socio-economic constraints at the macro and micro level – as evidenced by recurring fuel shortages, the high cost and limited availability of agricultural inputs, and the degradation of livelihoods and increased cost of living. Other

contextual drivers have also played a role, including the knock-on effects of COVID-19, the regional economic and banking crisis affecting trade with Syria, the devastating wildfires and other climate-induced shocks, intensified unilateral coercive measures, and annual wheat deficits which can now only be offset by increases to the price of bread. Needs related to agricultural livelihoods therefore remain considerable. Unilateral coercive measures have contributed to a reduction in the availability of quality agricultural inputs and equipment, adversely affecting productivity for both crop and livestock.¹⁶⁴ Farmers also suffer from limited access to markets due to physical and economic constraints, limited access to finance, damaged infrastructure such as irrigation canals, limited access to relevant early warning information and the impact of COVID-19 on agriculture value chains, especially poultry.¹⁶⁵

Seventy-one per cent of Syrians prioritize food/nutrition as their top need, while only 42 per cent did in 2019. Growing food insecurity in Syria has significant spill-over effects on health – such as reduced immune system functioning and deteriorating maternal, new-born and child health outcomes – as well as on people’s ability to meet other basic needs. With 51 per cent

Number of Food Insecure People

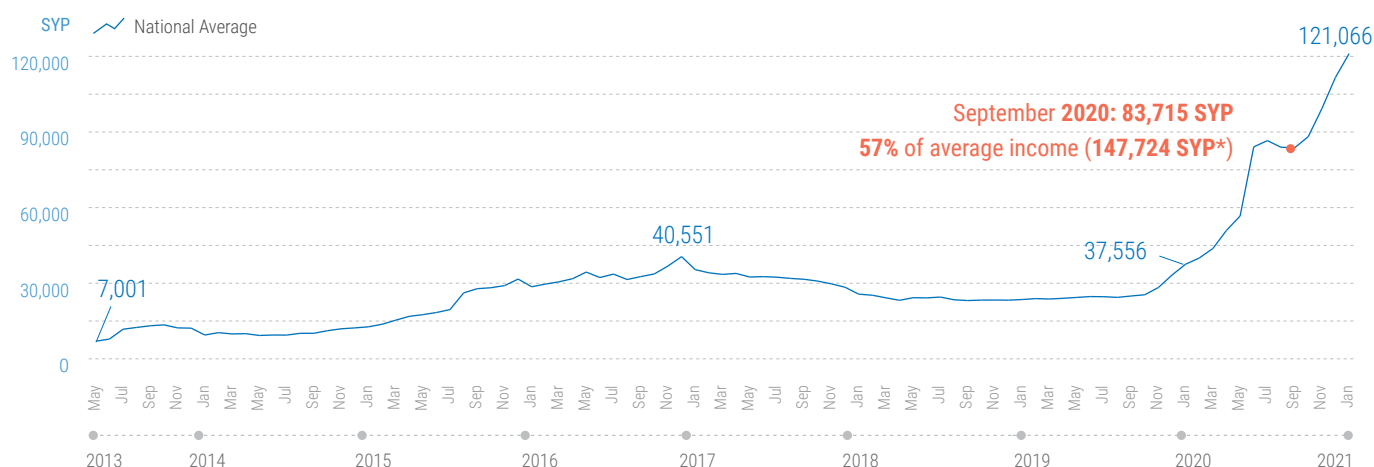
2017 - 2021 (in millions)



Source: WoS Food Security and Agriculture Sector

Average Monthly Price of the Standard Food Basket

May 2013 - January 2020

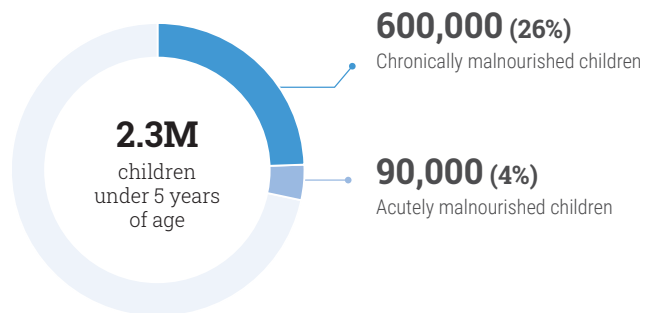


The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,060 kcal a day for a family of five during a month. The basket includes 37 kg bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 litres of vegetable oil. / Source: WFP / * Average income for September 2020, as based on 2020 MSNA.

of average household expenditures going to food¹⁶⁶, families' financial ability to afford other goods – for example, materials to repair shelter, procure safe water and hygiene items or fuel for heating – is dramatically reduced. Families are also more likely to delay or forgo services such as psychological and healthcare, including for children, education or electricity.¹⁶⁷

Malnourished Children

Nutrition Sector, HNO 2021



In line with the rise in severe food insecurity, malnutrition levels have increased. More than 600,000 children¹⁶⁸ under the age of five are chronically malnourished, i.e. suffering from stunting, with an irreversible impact on their physical and cognitive development, as a result of insufficient nutrient intake and feeding practices since their early childhood during times of crisis. In addition, almost 90,000 children are acutely malnourished,

reflecting the compounding impact of the crisis. Children under two years of age and under-five children of IDP households are disproportionately affected by malnutrition, with highest severity levels observed in the sub-districts of north-western Idlib, northern Aleppo, Deir-Ez-Zor, Ar-Raqqa and Al-Hasakeh Governorates. Malnutrition and micro-nutrient deficiency also affect an estimated 1,1 million pregnant and lactating women (PLW), with rates particularly high amongst IDPs in north-west Syria where 11 per cent of mothers were found to be acutely malnourished.¹⁶⁹ In total, 4.9 million PLW and children are in need of life-saving nutrition interventions in 2021, of whom 3.7 million are in extreme and catastrophic need (severity 4 and 5).

Severe food insecurity and all forms of malnutrition, if not addressed, will have a devastating impact on hundreds of thousands of Syrians, both in the short (increased mortality) and long term (irreversible physical and mental health impacts). Chronic malnutrition in particular reflects the cumulative impact of a decade of crisis and the combined effects of needs across sectors, including precarious living conditions, inadequate access to health, nutrition screening/management, and WASH services, particularly for IDPs in overcrowded sites and camps; reduced income and (exhausted) strategies to cope with increased prices for sufficient, diverse and nutritious foods; as well as protection needs, including family separation, loss of caregivers and psychological trauma. If not addressed immediately, each of the more than 600,000 children currently chronically malnourished will see their physical and cognitive development impaired, markedly increasing their risk of developing life-long irreversible disabilities.

COVID-19 Aggravating Protection Needs

While the global economic and physical impacts of COVID-19 are already prominent, the unseen costs have been no less severe, with COVID-19 further exacerbating existing mental pressures. An online survey of protection actors conducted in Government-controlled areas aimed at better understanding the impact of COVID-19 on vulnerable groups found that 76 per cent of respondents cited psychological trauma, stress and anxiety as the main protection issue faced by the population due to COVID, with 56 per cent stating increased gender-based violence against women and girls as the next biggest concern followed by access to health care and other services (43 per cent) which often serve as a critical entry point for GBV survivors.¹⁷⁰ For women and girls specifically, 52 per cent highlighted violence or abuse within the family as a primary protection issue and 48 per cent referred to a lack of safe space and privacy – signalling that increased economic strains, fears over health, and cramped lockdown conditions arising from the pandemic may have exposed them to additional dangers.¹⁷¹ Other COVID-related stressors included limitation of movement (40 per cent), separation/isolation from family and household members (36 per cent), increased negative coping mechanisms (30 per cent) and forced labour or economic exploitation (23 per cent).¹⁷² Remote learning, while critical in preventing children from falling behind educationally, may have also exposed them to social risks which cannot be easily monitored including online bullying and maltreatment. More than a third (39 per cent) of all respondents referred to stigmatization, marginalization and discrimination as being a principal protection concern of children, for instance, with this rising to half in the case of child marriage.¹⁷³ Furthermore, respondents reported that medical personnel (30 per cent), female headed household (29 per cent), people with disabilities (23 per cent) and IDPs (21 per cent) the social groups most impacted by COVID-19.¹⁷⁴

Similar trends have been observed in parts of Aleppo and Idlib countryside where 40 per cent of women surveyed as part of a small focus group discussion reported giving more chores to girls.¹⁷⁵ While under-reporting makes it difficult to quantify, anecdotal information would seem to suggest that COVID-19 related measures – from curfews, to stay-at-home orders, quarantine requirements, and the closure of schools – have reinforced certain gender, age and disability stereotypes which have left women, girls, older people and people with disabilities more susceptible to harm at a time when the avenues to respond to them have become increasingly closed off. For example, at the height of lockdown last May 19 women and girls' safe spaces were closed due to COVID-19 preventive measures; as of October, twelve remained so.

Most Affected Population Groups

AFFECTED GROUP	PEOPLE IN NEED	PIN BY SEVERITY CATEGORY					CRITICAL NEEDS	MOST AFFECTED LOCATIONS
		(1)	(2)	(3)	(4)	(5)		
IDPs	6.7m ¹⁷⁶	0.1%	4.7%	43.1%	33.5%	18.6%		
	IDPs in camps/sites:	1.9m	-	-	-	-	<ul style="list-style-type: none"> effects of recent direct exposure to hostilities, including trauma, loss of care givers and economic assets during recent and multiple displacements IHL/IHRL violations, high protection risks lack of basic services, overcrowded and inadequate shelter conditions lack of access to income and livelihood opportunities 	Idleb (73% of total population in camps/sites, Aleppo (20%), Ar-Raqqa (5%), Deir-Ez-Zor (1%), Al-Hasakeh (1%)
	Out of camps/sites	4.9m	-	-	-	-	<ul style="list-style-type: none"> loss of income, income insufficiency, inability to meet basic needs; impact of protracted displacement and after-effects of exposure to hostilities, including economic deprivation, trauma and protection needs 	Idleb, Aleppo, Rural Damascus, Damascus, Lattakia, Al-Hasakeh, Homs
Returnees	324,300	0%	0.6%	16%	64.6%	18.8%	<ul style="list-style-type: none"> destroyed and frequently EO-contaminated housing and property in areas of return; damaged and inadequate basic services infrastructure and delivery IHL/IHRL violations; high protection risks and safety concerns, particularly in reconciled areas lack of access to livelihoods and income 	Idleb, Aleppo, Al-Hasakeh, Hama, Homs Governorates
Highly Vulnerable Residents	6.4m	0.1%	4.7%	60.2%	32.4%	2.6%	<ul style="list-style-type: none"> loss of income and income insufficiency, unaffordability of food and basic goods overburdened basic services in areas hosting large numbers of IDPs and returnees 	Highest ratio of IDP/Returnees to resident population in sub-districts across Rural Damascus, Aleppo and Idleb Governorates

Individual and household vulnerability in Syria:

The intersectionality of gender, age and disability¹⁷⁷

When gender, age and disability intersect in the Syrian context, individual and household vulnerability is notably compounded. In 2021, it is these social determinants that most accurately indicate humanitarian needs and provide an in-depth understanding of broader geographical factors.

While the population profile by sex, age and disability largely aligned with regional and global averages and trends before the crisis in 2010, by 2021, these demographics and subsequent community dynamics have vastly shifted. While data related to these dimensions is presented throughout the analysis in this HNO, the following critical statistics and findings require highlighting:

In 2021,

- 49 per cent of the total population was male and 51 per cent female;
- 48 per cent are under the age of 20 years old.
- one in ten Syrians was under five years and one in ten Syrians was 59 years and over.
- 25 per cent have disabilities, that is, approximately five million people are currently experiencing one or more limitations in functioning, a significantly higher figure than the global reference figure of fifteen per cent.
- Males are more likely to experience disabilities than females (27 per cent and 23 per cent respectively). However, the inverse is observed in the IDP population specifically, where 36 per cent of all people are considered persons with disabilities, females are much more likely to experience disabilities than males (41 per cent and 30 per cent respectively):¹⁷⁸
- for the in-camp population, 51 per cent of females experience disabilities compared to 29 per cent of males.¹⁷⁹

Out of the 13.4 million people in need, approximately ten million (75 per cent) are women and children; including approximately 2.3 million females and males with disabilities who are 12 years and over.

Traditional gender roles in Syria, specifically in rural areas, often imply that women typically do not engage in income-generating activities and household or community level decision-making and despite the extreme economic challenges the protracted crisis has presented, this has mostly remained the prominent trend with some exceptions in dire familial circumstances.¹⁸⁰ For women with disabilities, the opportunity to participate in decision making is even further reduced, particularly for women with psychosocial and intellectual difficulties. In 2019, 16 per cent of women at working age were engaged in regular paid labour, compared to 50 per cent of men. Further, in August 2020, it was determined that 80 per cent of men had worked over the previous three months compared to only 22 per cent of women,¹⁸¹ underlining that women were more heavily hit by the

impact of the pandemic. For men and women with disabilities combined, particularly IDPs with disabilities, they are near 20 per cent less likely to engage in income-generating activities compared to those without disabilities.

Female-headed households are less likely to be able to meet basic needs (one per cent adequate, 23 per cent fair) compared to overall (four per cent adequate, 31 per cent fair) and have experienced a steeper deterioration of their ability to do so in the past 12 months.¹⁸² Nevertheless, access to information on how to receive assistance is recorded lower than among males.¹⁸³ Proportionally, female-headed households (38 per cent) are almost five times more likely to be asked for physical or emotional relationships in exchange for assistance (SEA) compared to male-headed households (eight per cent).¹⁸⁴

Where 31 per cent of all heads of households in Syria have a disability, 91 per cent of these cited the lack of income opportunities as the main barrier to earning sufficient income to meet basic need. On average, monthly income for households with one member with a disability is marginally higher than the average income for households without impairments (SYP 121, 812 vs. SYP 119, 369) and this is mostly due to remittances from abroad. However, household expenditures are higher than the national average (especially for general health care, shelter and COVID-19 specific expenses), leaving many households with disabilities with a disproportionate income gap and explains why they are more likely to report an inability to meet their basic household needs compared to households without disabilities (77 per cent vs. 68 per cent respectively).¹⁸⁵

Children with and without disabilities comprise 44 per cent, or 6.1 million people of the people in need across Syria. Grave child rights violations remain a significant concern, including in areas where hostilities have declined. Separation from caregivers, risk of physical harm in EO contaminated areas, interrupted access to education, as well as increasing malnutrition rates are putting the lives, both present and future of children with and without disabilities at risk. It is estimated that more than 600,000 children are suffering from stunting and are at risk of impaired physical and cognitive development,¹⁸⁶ and almost 90,000 children under the age of five years in Syria are acutely malnourished.¹⁸⁷ The Syria MRM verified the killing (512) and injuring (699) of 1,211 children in the course of 2020, including 765 boys, 233 girls and 213 children whose sex remained unknown. Nearly one out of four victims of explosive ordnance incidents are children, with four out of ten child victims dying as a result of their fatalities.¹⁸⁸ Twenty-three per cent of families reported signs of psychological distress in children such as anxiety, sadness, extreme fatigue or frequent trouble sleeping in 2020,¹⁸⁹ an increase from 14 per cent since last year.¹⁹⁰

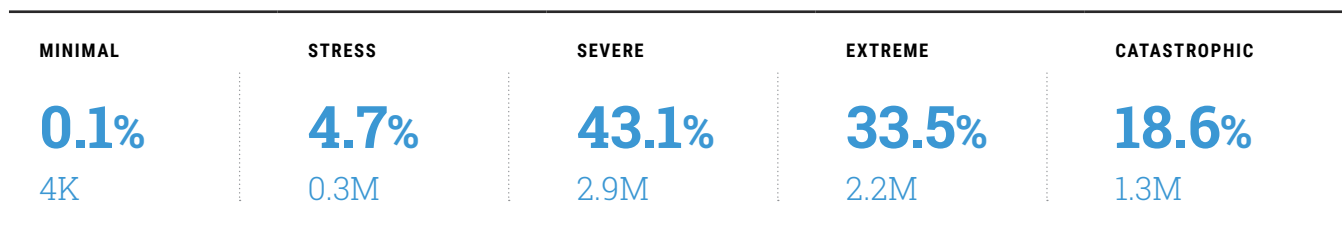
These factors combined significantly increase the risk of acquiring one or more lifelong disabilities during childhood, which compounds protection and other vulnerability related risks for the remainder of their lives, impacting both the individual child and their household. For example, internally displaced children with disabilities are far less likely to access education than internally displaced children without disabilities in Syria (50 per cent vs. 69 per cent respectively), over a quarter (27 per cent) of them due to economic constraints.¹⁹¹

1.4.2. Most Affected Population Groups



Internally Displaced People

 **6.7M**
IDPS IN NEED

PiN distribution by severity classification






PiN by gender 

	PEOPLE IN NEED	% PIN
Male	3.2M 	48%
Female	3.5M 	52%

PiN by Disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	2.4M 	36%

PiN by age 

	PEOPLE IN NEED	% PIN
Children (0 - 17 years)	3.1M 	46%
Adults (18 - 59 years)	3.3M 	50%
Elderly (59+ years)	0.3M 	4%

IDPs constitute half of all people in humanitarian need in Syria in 2021. Of the 6.7 million IDPs in humanitarian need, 52 per cent are in extreme and catastrophic need. Eighty-three per cent of the 6.7 million IDPs in Syria live in residential areas and 75 per cent in finished homes or apartments. An estimated 1,93 million IDPs live in 'last resort sites', including informal settlements and camps, planned camps, collective shelters and transit centres (henceforth 'IDPs in camps/sites'). The vast majority – 68 per cent – of those in camps/sites are concentrated in Idleb Governorate, followed by Aleppo, Al-Hasakeh, Deir-Ez-Zor and Ar-Raqqa Governorates, respectively.

Humanitarian conditions and needs for IDPs depend on a variety of factors, including the type of settlement and shelter they live in, how long and frequently they have been displaced, their income and financial situation, as well as specific vulnerability characteristics related to gender, age and disabilities, amongst others. In comparison with IDPs living outside camps/sites, the population in camps/sites experiences worse living conditions, adopts harmful coping strategies more frequently, and faces more diverse and severe needs that put their physical and mental health at risk. The demographic profile of IDPs, including higher than average disability prevalence (36 per cent, reaching

51 per cent for women in camps)¹⁹² and a higher proportion of women and children among of IDPs in sites/camps (80 per cent) in particular, makes disaggregated analysis particularly important for this population group.

Inadequate Living Standards

IDP's income and livelihoods situation, food insecurity status, settlement and shelter conditions, and access to basic services are inter-related. Similar to overall trends, two-thirds of IDP households report being unable to meet the basic needs of all household members, and the majority of IDPs prioritize access to food and livelihood support. While conflict and insecurity remain the most important reason for displacement, the deteriorating economic situation and lack of access to services have become the second most important reason for people to leave and seek improved conditions elsewhere.¹⁹³ Of all population groups, IDPs have the largest relative income deficit, with income insufficiency reported in all governorates (except Damascus).

A number of segments within the displaced population are particularly vulnerable and in need of income generation and livelihood support:

- Female IDPs /female-headed IDP households: Only 18 per cent of female IDPs of working age report employment during the past three months, compared to 83 per cent of males. Female-headed IDP households earn 33 per cent less than average IDP households and almost nine out of ten (87 per cent) report income insufficiency. This is in part explained by female-headed households reporting higher barriers for accessing income opportunities and employment skills development, increased reliance on informal labour, but also due to demographic composition. While only seven per cent of IDP households are headed by females, 72 per cent of female heads of household are widowed, with significant implications on reduced household income.¹⁹⁴
- IDP households in camps/sites: 84 per cent of IDP households in camps/sites report income insufficiency; household income is 30 per cent less than average IDP households, with the principle livelihood activity being poorly remunerated daily labour, however in sites with freedom of movement restrictions this is further constrained. Their comparatively worse economic situation means IDPs in

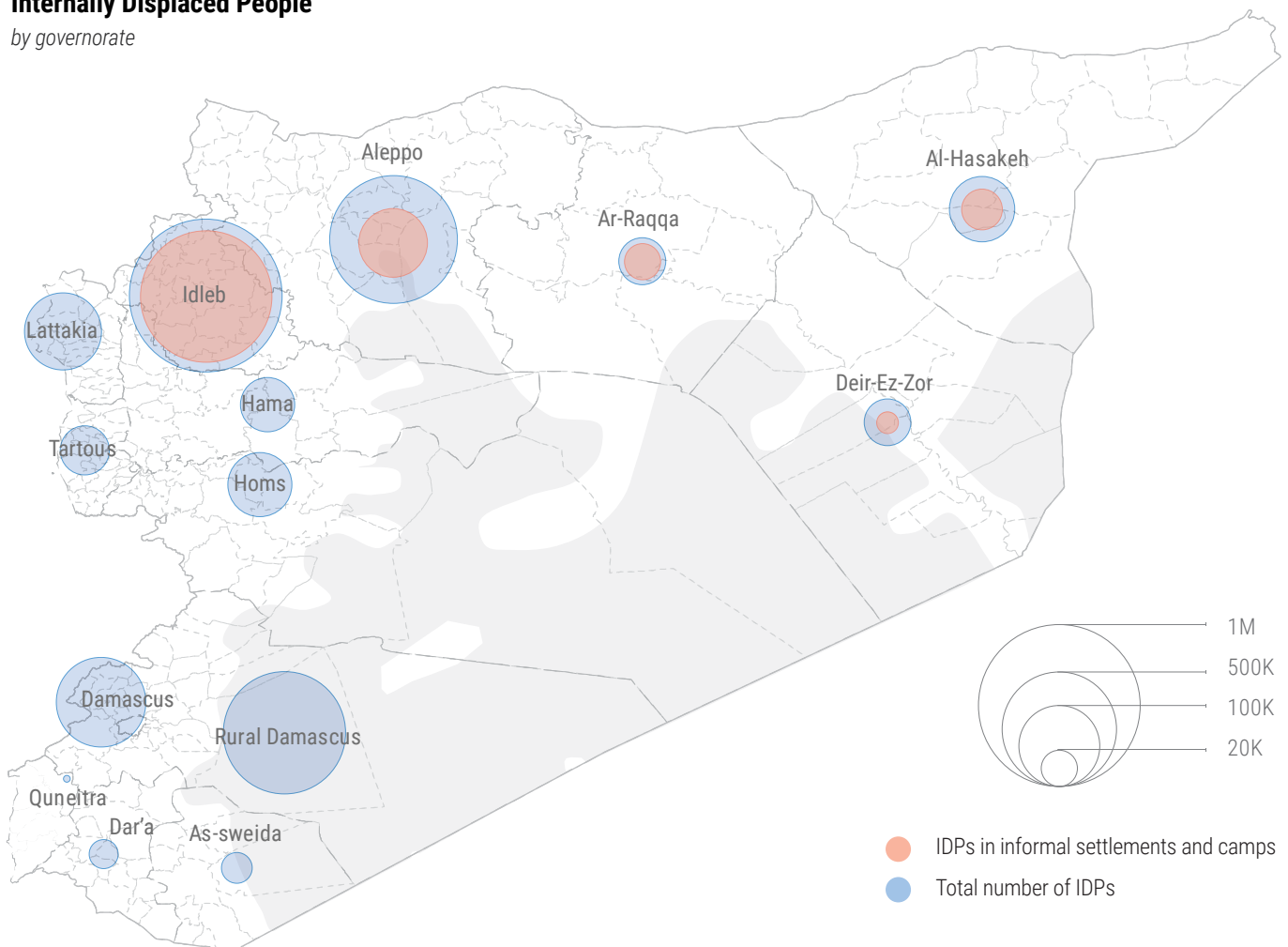
camps/sites not only struggle more than average IDPs to make ends meet, but also makes them less resilient to absorb further shocks.

- Heads of IDP households living with a disability earn 27 per cent less than average and cite the lack of adequate employment opportunities and skills, respectively, much more strongly as the principal barriers for earning sufficient income than heads of IDP households living without a disability.¹⁹⁵
- Generally, recent IDPs who have been displaced during the previous 12 months reported an income that is up to 33 per cent lower than the national average, in part due to challenges with finding work and re-establishing livelihoods in arrival destinations.

Food expenditure is well above 50 per cent for IDPs in Homs, As-Sweida, Quneitra and Lattakia, and reaches up to 63 per cent for IDPs in camps/sites.¹⁹⁶ In most of the Governorates where the income gap for IDPs and food expenditure shares are highest – including Dar’a, Rural Damascus, As-Sweida, Ar-Raqqa, Hama, Tartous and Latakia –, IDPs overwhelmingly rent accommodation and, in addition, food, also spend an important

Internally Displaced People

by governorate



Source: Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.



Top three needs

As expressed by Internally Displaced Persons



65%

Food / Nutrition assistance



48%

Livelihood assistance



37%

Shelter assistance

portion of their expenditures on rent, up to 27 per cent in Hama, limiting their ability to afford other critical services and basic goods. This statistic does not take into account the families that are relying on other arrangements to cover housing, e.g. reduced rent, staying with extended family, residing in unfinished buildings or taking on additional debt. Rental subsidies are the third most frequently priority need identified by IDPs nation-wide.¹⁹⁷

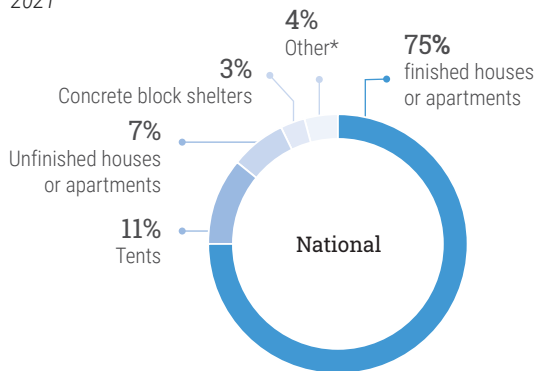
Many of the 1.95 million IDPs living in overcrowded sites/camps have exhausted their (financial) capacity to cope (and afford more adequate shelter), often following repeated episodes of displacement, or have had little choice but to move to these locations due to hostility dynamics. 1.67 million (87 per cent) of 1.93 million IDPs in camps/sites live in 1,116 sites in Idleb

Governorate and Aleppo Governorate, with three sub-districts – Dana and Maaret Tamsrin (Idleb Governorate) and Azaz (Aleppo) – alone hosting two-thirds of all IDPs in last resort sites in the entire country. Less than ten per cent of all IDPs in camps/sites in Idleb and Aleppo live in planned, relatively better-serviced camps; the vast majority resides in informal settlements,¹⁹⁸ where shelter and WASH conditions as well as access to basic services, including health and protection, are inadequate or absent.

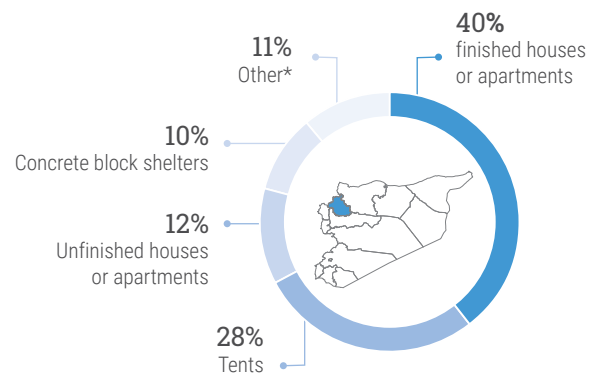
Only 40 per cent of IDPs in Idleb and Aleppo live in finished houses or apartments. An estimated 770,000 IDPs live in tents, 483,000 in unfinished houses or apartments, 305,000 in concrete block shelters, and 77,000 in makeshift shelters – all inadequate shelter types – and therefore have particular high

IDP shelter types

2021

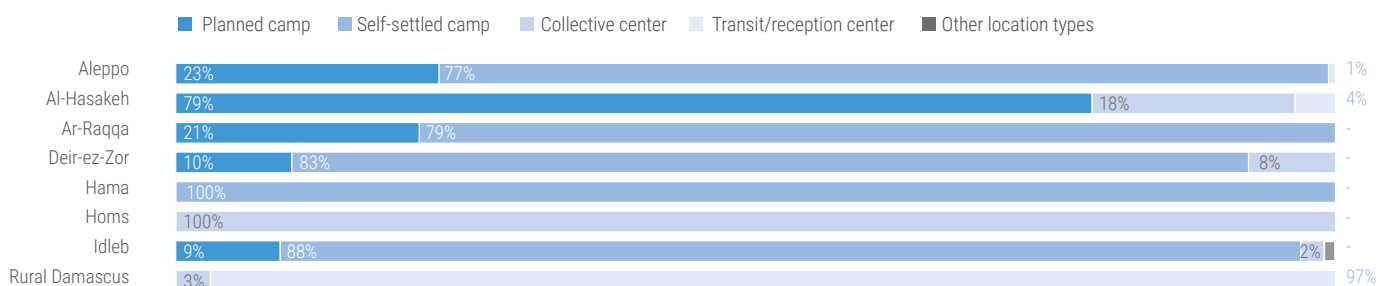


Spotlight: IDP shelter types in Idleb Governorate



IDP settlement types

by governorate



* Others includes concrete block shelter (provided by NGO), makeshift Shelter, non-residential building with one family, container, collective Centre (non-residential buildings hosting several families), and other types

Source: ISIMM and HNAP, MSNA/SNFI

needs for continuous shelter assistance/repair and NFIs to keep them warm than IDPs in general or other population groups.¹⁹⁹

IDPs face both affordability and availability challenges when seeking to access basic services, mainly determined by location, settlement type and household income situation. IDPs across the country prioritize electricity services followed by health services, which is in part explained by a higher disability rate amongst IDPs (36 per cent vs. 25 per cent national average) and higher than average challenges with accessing health care at a reasonable distance and cost.²⁰⁰ For IDPs in camps/sites, frequent non-availability of critical services is a particular concern. For example, as the majority of IDPs in camps/sites lives in informal settlements and rely on expensive water trucking, they prioritize improved access to water supply networks more strongly than IDPs who are not residing in camp/sites IDPs.²⁰¹ In addition to water, sewerage and sanitation systems are frequently inadequate in camps/sites, putting populations at risk for epidemic-prone diseases.

Compared to other population groups, out of school rates are highest for IDP children – one in three (33 per cent) did not attend pre-university schooling during the 2019/2020 school year.²⁰² Attendance rates are particularly low in the northern and north-eastern governorates, with lack of financial affordability the most cited reason for non-attendance. Out of school rates climb to 54 per cent for IDP children in camps/sites, with families citing the lack of age-appropriate schools as the main reason, particularly in the north-eastern and northern governorates. Of particular concern also are IDP households with at least one member with a disability, only 50 per cent of whom attend education, with rates as low as 15 per cent to 25 per cent in the northern and north-eastern governorates. Most IDP households with at least one member with a disability report lack of affordability (27 per cent) and children working to support household income (20 per cent) as principal reasons for non-attendance, underlining the particular socio-economic vulnerability of IDPs.²⁰³

Coping Mechanisms

Over the past year, IDPs have primarily increased debt to cover their growing income gap, with 85 per cent currently buying on credit. Particularly high reliance on debt – and spending on debt payment – is reported by IDPs in North-east Syria. IDPs also rely on remittances (51 per cent) more strongly than other population groups, particularly in the southern and central governorates, with transfer values being affected by depreciation trends. Assessments amongst IDP household in north-west Syria indicated that 53 per cent had taken on more debt since displacement in early 2020, mainly in order to buy food, with an average amount of debt per household of SYP 701,443, four to five times the average monthly income.²⁰⁴

Noteworthy differences are observed for IDPs in camps/sites who incur higher rates of debt, not only as they have less access to income and livelihood opportunities but also because they are less able to rely on remittances (only 27 per cent receive remittances, compared to 51 per cent of all IDPs). IDPs in sites/camps, therefore, also adopt harmful coping strategies more

frequently than any other assessed population group. These include selling household goods/assets (31 per cent) and productive assets/means of transport (9 per cent), particularly frequently in Idleb Governorate. One of the most harmful coping strategies – child labour – is adopted by five per cent of all IDP households.²⁰⁵

Physical and Mental Well-Being

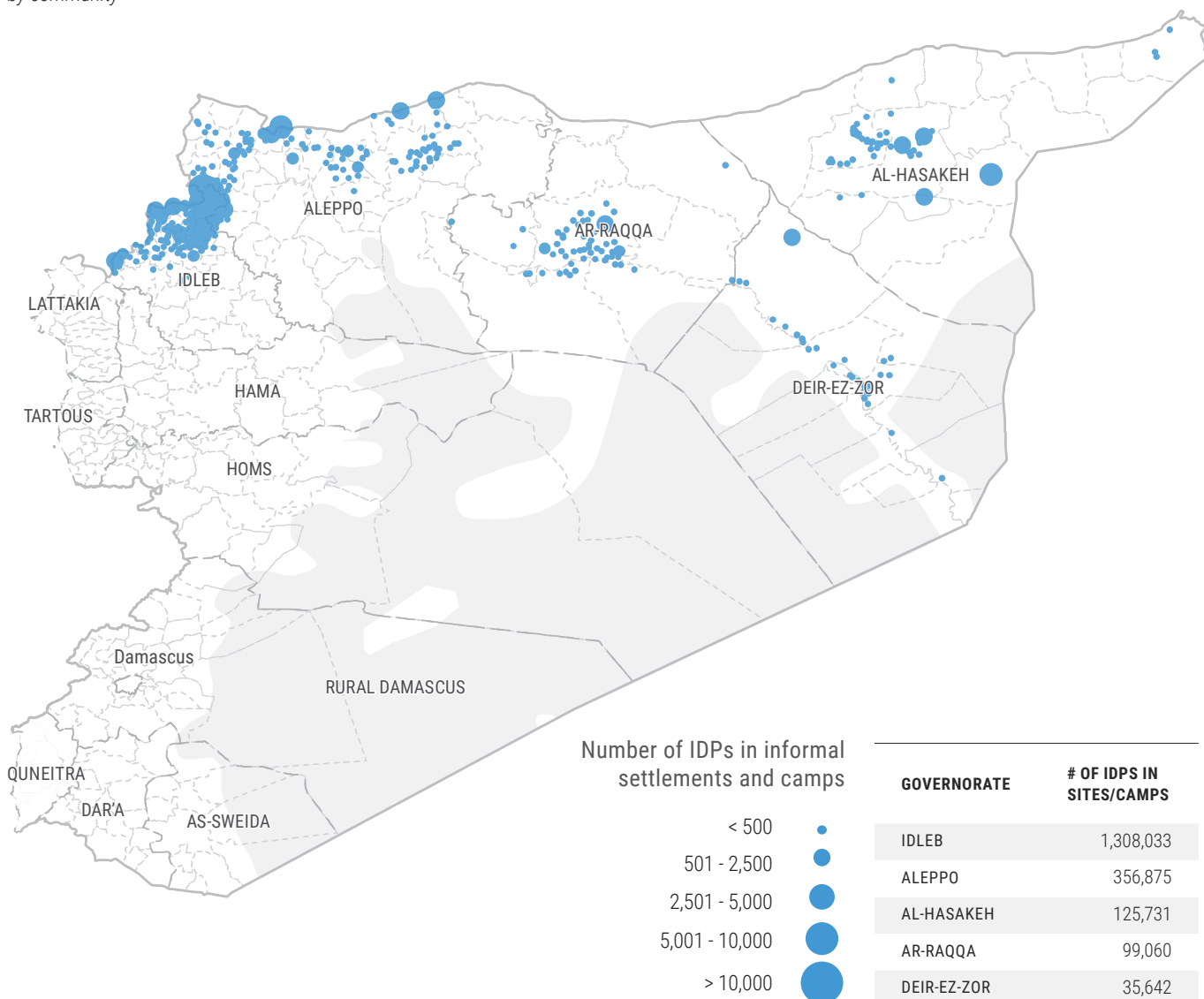
While IDPs in Syria do not form a homogenous or monolithic group, the psychological burden of being uprooted from their homes, being displaced again and again (23 per cent of IDPs estimated to have been displaced four or more times), witnessing destruction, loss of or separation from family members and assets, is shared amongst most. Only 65 per cent of IDPs feel safe in their current location.²⁰⁶ Children of IDP households face elevated mental and physical health risks. Rates of psychological distress amongst IDP children (31 per cent) have almost doubled since 2019 and are highest when compared to children of other population groups.²⁰⁷ More than seven out of ten IDP households report their children are distressed in Nashabiyey, Markaz Darayya, Madaya, Haran Az-Zabdani Al'awameed (all Rural Damascus), Jurneyyeh (Ar-Raqqa) and Nabal (Aleppo) sub-districts, most of which have seen widespread violence and destruction in previous years. Twenty-six per cent of all recorded direct victims of explosive ordnance recorded in the past five years are IDPs.²⁰⁸ While access to socio-psychological assistance is severely limited in most parts of the country, this is particularly the case for the IDP population in camps/sites.²⁰⁹

In addition, five per cent of IDP children work to support household income, missing out on education and frequently engaging in age-inappropriate physical labour. Rates are higher (eight per cent) for children of female-headed IDP households (whose income is a third less than that of average IDP households), and particularly elevated in Ar-Raqqa, Al-Hasakeh and Deir-Ez-Zor Governorates.²¹⁰ In line with decreased income trends, 53 per cent of IDPs are estimated to be food insecure, slightly more than residents (50 per cent), with rates particularly high in As-Sweida (82 per cent), Hama (68 per cent), Tartous (65 per cent), and Deir-Ez-Zor and Rural Damascus (both at 59 per cent). IDP children also have elevated needs related to physical health, with acute and chronic malnutrition rates highest in displaced children under five years of age. Surveys indicate that up to 60 per cent of displaced children under two years of age do not consume a diet of acceptable quantity and diversity.²¹¹

Disproportionally high lack of government-issued civil documentation amongst IDPs, particularly in Idleb, northern Aleppo, Rural Damascus, Ar-Raqqa and Deir-Ez-Zor Governorates, affects immediate access to services and long-term prospects related to return and repossession of land and property. Family separation is particularly high amongst IDPs; one out of three IDP households reports at least one missing household member, with figures particularly high in North-east Syria.²¹² For those experiencing protracted displacement, it becomes increasingly difficult for emergency humanitarian service providers to meet the longer-term needs.

IDPs In Informal Settlements and Camps

by community



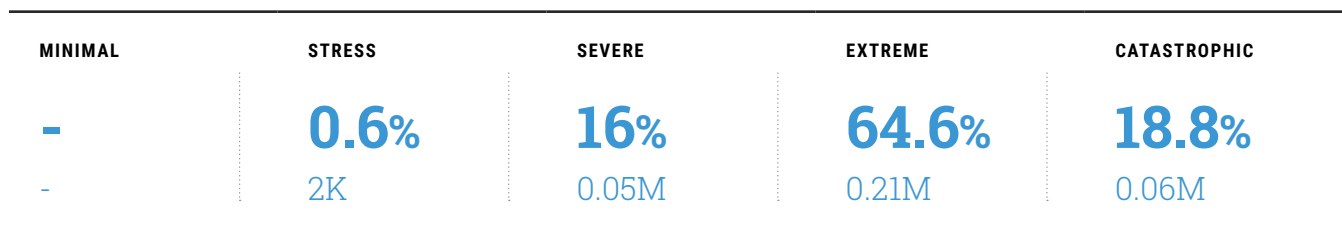
Sub-districts hosting the highest numbers of IDPs in informal settlements and camps

GOVERNORATE	DISTRICT	SUB-DISTRICT	# OF INFORMAL SETTLEMENTS/CAMPS	# OF IDPS IN INFORMAL SETTLEMENTS / CAMPS	% OF IDPS IN INFORMAL SETTLEMENTS/CAMPS COUNTRYWIDE
Idleb	Harim	Dana	576	877,500	46%
Idleb	Idleb	Maaret Tamsrin	260	235,161	12%
Aleppo	A'zaz	A'zaz	32	133,425	7%
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	70	86,379	4%
Aleppo	Jebel Saman	Atareb	50	62,332	3%
Al-Hasakeh	Al-Hasakeh	Hole	1	61,602	3%
Idleb	Harim	Qourqeena	36	37,891	2%
Idleb	Harim	Salqin	38	36,903	2%
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	45	33,405	2%
Aleppo	Jarablus	Jarablus	18	31,991	2%

Returnees

 **324,000**
RETURNEEES IN NEED

PiN distribution by severity classification



PiN by gender

	PEOPLE IN NEED	% PIN
Male	160,000	50%
Female	160,000	50%

PiN by disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	90,000	29%

PiN by age

	PEOPLE IN NEED	% PIN
Children (0 - 17 years)	170,000	52%
Adults (18 - 59 years)	140,000	44%
Elderly (59+ years)	10,000	4%

Whereas returning to the area of origin after extended periods of displacement may be based on or hold the promise of improved safety, economic opportunities and a return to the own property and community, the reality faced by returnees in Syria is challenging. Damaged infrastructure, a lack of basic services, the continued threat of renewed conflict, and rapidly deteriorating economic conditions place continued strain on families in communities of return. As a result, not all return movements are sustainable – 18 per cent of IDPs overall and 33 per cent of those living in camps indicated that they have attempted to return before. At the end of 2020, 11,400 of the people who returned in that year had displaced again.²¹³ Repeated (and failed) return movements do not only place a heavy psychological burden on affected families but also further erode remaining coping capacities. Returnees remain vulnerable and have reported humanitarian needs related to their well-being, living standards and coping capacities. Three hundred twenty-four thousand of those who have returned over the course of 2020 are considered to be in need at the beginning of 2021, 270,500 of which are in extreme and catastrophic need.

Returnees express similar priority needs as other population groups (food/nutrition (73 per cent), livelihood support (50 per cent), and winterization, i.e. shelter and NFI support (39 per cent). In the sub-districts that have reported the highest number of returnees in each year since 2018, disability-specific assistance, food/nutrition assistance and livelihood support are frequently scoring higher than the national average for

top-3 needs.²¹⁴ According to assessments, 23 per cent of returnees over the age of 12 have a disability,²¹⁵ in line with national average figures. However, in North-east Syria, this figure increases significantly to 32 per cent.²¹⁶

1.95 million IDPs have returned between 2018 and 2020, 1.72 million of whom are still estimated to reside in their place of origin and were not forced to or decided to leave again.²¹⁷ These returnees live predominantly in Aleppo, Ar-Raqqa, Dar'a and Idlib, in many places constituting a large part of the population. 2020 Returnees are mainly concentrated in Idlib Governorate (157,200 IDPs) and Aleppo Governorate (98,900 IDPs) in north-west Syria.²¹⁸ A further 11 per cent of people currently displaced across the country intend to return to their place of origin in the future.²¹⁹ For those who do not have an opportunity to return in the near future protection and humanitarian assistance remain critical.

Nearly all returnees (96 per cent) initially displaced due to security concerns.²²⁰ Reasons for return on the other hand are based on a mix of push and pull-factors, primarily the improvement of the security situation in the area of origin (stated by 80 per cent of returnees) and/or a deterioration of the economic situation in the area of displacement (cited by 57 per cent).²²¹ Length of displacement plays an important role, with those displaced for three years or more mainly pulled by improved economic opportunities in areas of return, underlining how economic considerations increasingly inform people's decisions.²²²



Top three needs

As expressed by Returnees



73%

Food / Nutrition assistance



50%

Livelihood assistance



39%

Winterization assistance (e.g. NFI, Shelter)

Inadequate Living Standards

After returning from (protracted or repeated) displacement, returnee households reported the inability to provide for basic needs for all household members more frequently than other population groups. Only four per cent of assessed households consider their ability to do so as adequate, while 78 per cent consider themselves insufficiently or completely unable to provide for their families with basic needs such as food, water, and shelter. On average, the income reported by returnees is slightly higher than the national average; however, it is not enough to cover basic needs in light of rising prices and limited income opportunities: in Dar'a and Hama Governorate, returnee households on average are able to cover just over half of their expenses (52 per cent), in Quneitra and Homs the figure is only marginally higher (59 and 62 per cent)²²³ leaving a critical gap for all household members.

The ability to cover basic needs has deteriorated over the past 12 months for more than two-thirds of all returnees, underlining the difficulties of re-integration and securing a livelihood after a time of displacement. Loss of income was cited more frequently by returnees than by other groups as an important factor in a deterioration of their ability to provide²²⁴, linked to a lack of employment opportunities (83 per cent) and the increasing gap between price increases and wages (74 per cent) which is affecting returnees more severely than other population groups. Returnees also cited the fact that their household is no longer receiving assistance as a reason for the deterioration in their ability to meet basic needs much more frequently than other population groups. Opportunities for income-generating activities are also not equally assessed among returnees: countrywide, only 12 per cent of female returnees were working (regularly or occasionally) compared to 23 per cent of female residents and 20 per cent of IDPs,²²⁵ and are therefore not able to contribute to the household income.

Functioning and accessible basic services can be considered a key factor for a sustainable return. Nevertheless, 37 per cent of returnee households referenced physical and logistic mobility constraints such as damaged roads or buildings as a concern when accessing basic services, compared to 16 per cent across population groups. Physical problems, such as the distance is also cited twice as often by returnees as an obstacle to access health services than other population groups, curtailing their ability to access health services when required.²²⁶ Returnee households report above average needs related to shelter, and returnee households with disabilities report increased shelter expenditure when compared to households without disabilities (182 per cent more than households without disabilities).²²⁷

Coping Mechanisms

As a result of their stated inability to provide for the basic needs for their families, 87 per cent of returnee households see themselves forced to resort to borrowing to secure basic necessities. At the time of the MSNA assessment, three out of four households indicated that they had to resort to borrowing or buying food on credit at least once in the past seven days, 41 per cent of respondents even on three or more days. Consequently, 86 per cent of returnee households stated that debt has increased in the past year, higher than other population groups. The increasing burden of debt is felt even more strongly in households with special needs: returnee households with disabilities reporting 94 per cent more spending on debt repayment than households without disabilities.²²⁸ While taking on debt was associated with a loss of employment by almost half of the respondents, the main reason for increasing debt, cited by almost all respondents, was the rising prices for basic needs, which is further underlining the crushing effect of the economic crisis for all population groups.

Physical and Mental Well-Being

The 2020 Food Security Assessment found that food insecurity was highest among returnees, at a staggering 60 per cent.²²⁹ This dramatic figure mirrors the wide range of needs and challenges faced by families returning to their areas of origin after displacement and underlining their vulnerability. Levels of severe food insecurity are also widely seen among the returnee population and are particularly high (13.8 per cent) compared to all other population groups as per the 2020 Food Security Assessment.²³⁰ At the same time, returning 'home' cannot be associated with a return to safety. Three quarters of the assessed returnee households indicated conflict-related safety and security concerns as prevalent in the three months prior to the MSNA assessment, 37 per cent indicated physical and logistical constraints limiting mobility, and more than one-third of respondents perceived issues at home as a potential security threat – higher than other populations groups. As a result, one-quarter of all interviewed returnee households indicated that their children had shown signs of psychological stress in the past month, such as anxiety, sadness, fatigue or frequent trouble sleeping.²³¹ Tensions with host communities were cited by 12 per cent of respondents, further pointing to the need of ensuring basic services are available to all at a time of growing needs and economic decline. Perceptions of safety will also impact the future intentions of returnee households; data show that those who report not feeling safe in their area of return are more likely to consider moving again in the future.²³²

Assessments indicate that homeownership is driving return intentions of IDPs, and 84 per cent of all returnees own their shelter in the area of origin, however, it is not clear what condition their shelter in the place of origin is and if repairs are required. Nevertheless, over 16 per cent of returnees live in shelter conditions that can be considered inadequate.²³³ Two-thirds noted electricity as their top infrastructure need, and more than half mentioned water supply networks. For more than half of returnees, health facilities were recorded as the third infrastructure priority need.²³⁴

As per the MSNA assessment, 67 per cent of returnees indicate a lack of Government of Syria (GoS) -issued civil documentation.²³⁵ A more nuanced analysis from December

reveals significant regional as well as gender differences: the absence of civil documentation has a more profound effect on female-headed households, as they are more likely to experience hindrances or the inability to register births, marriages and deaths (76 per cent compared to 58 per cent among male-headed households) or register their children at school (29 per cent). Overall, 92 per cent of all respondents in the North-east indicated that they are unable to register births, marriages for deaths due to a lack of civil documentation. Without proper documentation, returnees will face difficulties accessing basic services, humanitarian assistance, organize travel or their sustainable return to their area of origin, further deepening their needs and reliance on assistance.



Refugee Returns

38,200 refugee returnees entered Syria in 2020, predominantly from Lebanon and Iraq. This number represents a significant drop from almost 95,000 in 2019. Although small in numbers, this group has a markedly higher demand for livelihoods (67 per cent), compared to those returning from elsewhere within Syria (57 per cent).²³⁶ As per assessment findings from December, 65 of all returnees from abroad cite a deterioration of their economic situation as the primary reason for return, which underlines economic and social deprivation Syrian refugees experience abroad.²³⁷

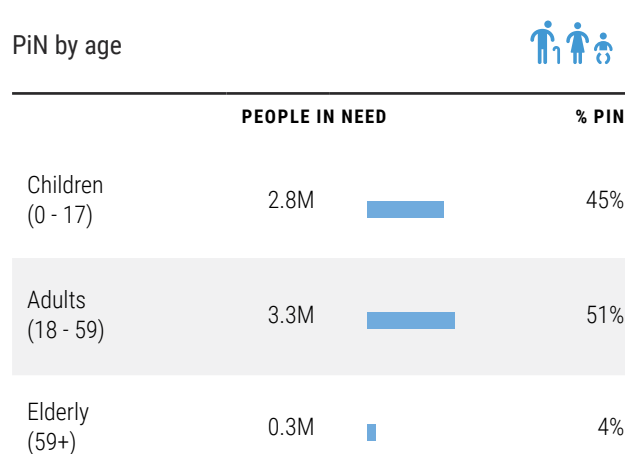
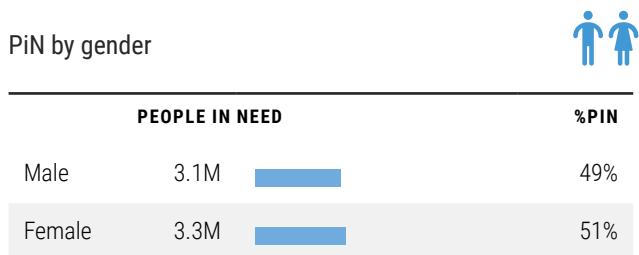
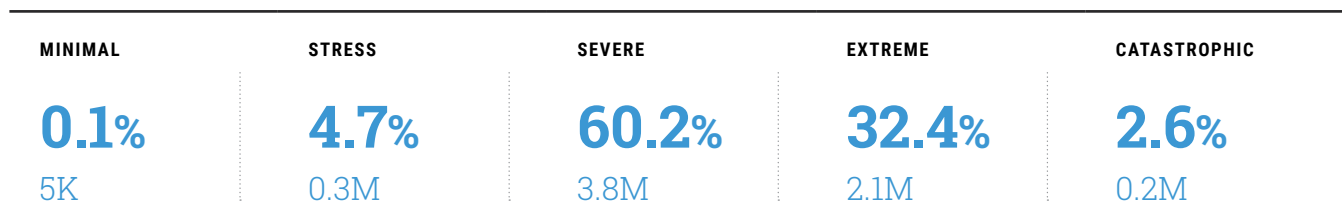
Consultations undertaken in March 2019 as part of the United Nations High Commissioner for Refugees' (UNHCR) fifth intentions survey (excluding Turkey) showed that six per cent of the active refugee population in Egypt, Iraq, Jordan and Lebanon – around 143,000 people – were contemplating to return in the next 12 months. In reality, just under one-quarter of that figure came back in 2020 – with only 38,233 self-organized refugee returns recorded; 60 per cent less than those who actually returned in 2019 (94,971). Perceived barriers and deterrents to return included: apprehension over security conditions, including mandatory military service for men aged 18 to 42 (fear of arrest and detention); the threat of violence and social tensions; low provision of basic services, shelter and livelihoods opportunities in the intended places of return; the inability to pay fines and fees for late documentation of civil events; and the mandatory exchange of US\$100 prior to entry to Syria. COVID-19 related border restrictions and potentially worsening socio-economic conditions in host countries may also have played a role – even if the relationship between push factors and return behaviour is not unambiguous, with a lower quality of life in places of asylum not always translating into increased returns.

Vulnerable Residents



6.4M
RESIDENTS IN NEED

PiN distribution by severity classification



Increasing humanitarian needs amongst the resident population, i.e. people who never displaced or people who have returned to their place of origin before January 2020²³⁸, are indicative of the shifting nature and broadening of the crisis, gradually impacting segments of the population previously less affected by hostilities. Three – partially overlapping – groups of residents are particularly affected: (1) communities hosting large number IDPs and returnees, frequently overburdening basic services and competing for already insufficient access to income and livelihood opportunities in these areas; (2) residents most affected by the socio-economic deterioration and having become food insecure in 2021, amongst others; and (3) residents who have displaced and returned to areas of origin in years prior to 2020.

IDPs and returnees constitute more than 50 per cent of the overall population in 41 sub-districts across the country, most of which are located in Rural Damascus, Aleppo and Idlib Governorates, respectively. The population in these areas is considered to be in severe need across the majority of sectors and shows humanitarian needs related to living standards, coping capacities, and well-being. For example, the five most populous, overburdened sub-districts (Dana, Jaramana, A'zaz,

Idlib, Maaret Tamsrin) show high severity (four or five) in terms of non-functionality of basic infrastructure, reported high levels of distress amongst their children,²³⁹ and are categorized in severity three or higher in terms of availability of functional, safe and secure living space.²⁴⁰

Inadequate Living Standards

Similar to IDP and returnee populations, 81 per cent of all residents cited that their ability to cover basic needs for their family had deteriorated or gotten much worse over the past year as the economic crisis is further broadening and deepening. While this is slightly lower than for other population groups, this figure remains significant, considering that this group did not face the trauma and economic impact of displacement and/or return movements. On average, residents' available income only covers 82 per cent of basic needs, predominantly linked to the depreciation of the Syrian pound (64 per cent) and lack of income (28 per cent) as a result of the worsening economic conditions across the country. If the current situation persists, overall conditions for residents could also significantly deteriorate. Consistent with this trend, compared with other population groups, the resident population has expressed the strongest preference for livelihood support (52 per cent) and



Top three needs

As expressed by Residents



73%

Food / Nutrition assistance



52%

Livelihood assistance



28%

Winterization assistance (e.g. NFI, Shelter)

has flagged improved access to health assistance for chronic diseases as a priority as a more pressing issue (19 per cent) than others.²⁴¹

Similar to returnees in 2020, residents who have returned to their homes before 2020, in general to areas that have witnessed hostilities and some level of destruction, express higher needs for shelter related NFIs and shelter assistance, electricity, emergency health services and WASH, compared to those who have never been forced to displace, again showing that a return movement does not signify a decrease of the need for assistance, but that specific vulnerabilities remain. Nevertheless, only 35 per cent of assessed resident communities reported having received assistance in the three months prior to the assessment, compared to over 70 per cent among IDPs and returnees, and also show the lowest level of satisfaction with the aid received – mainly due to insufficient quantities received.

Coping Mechanisms

Residents are more likely than other groups to use savings to cover their income gap, partly due to more limited access to

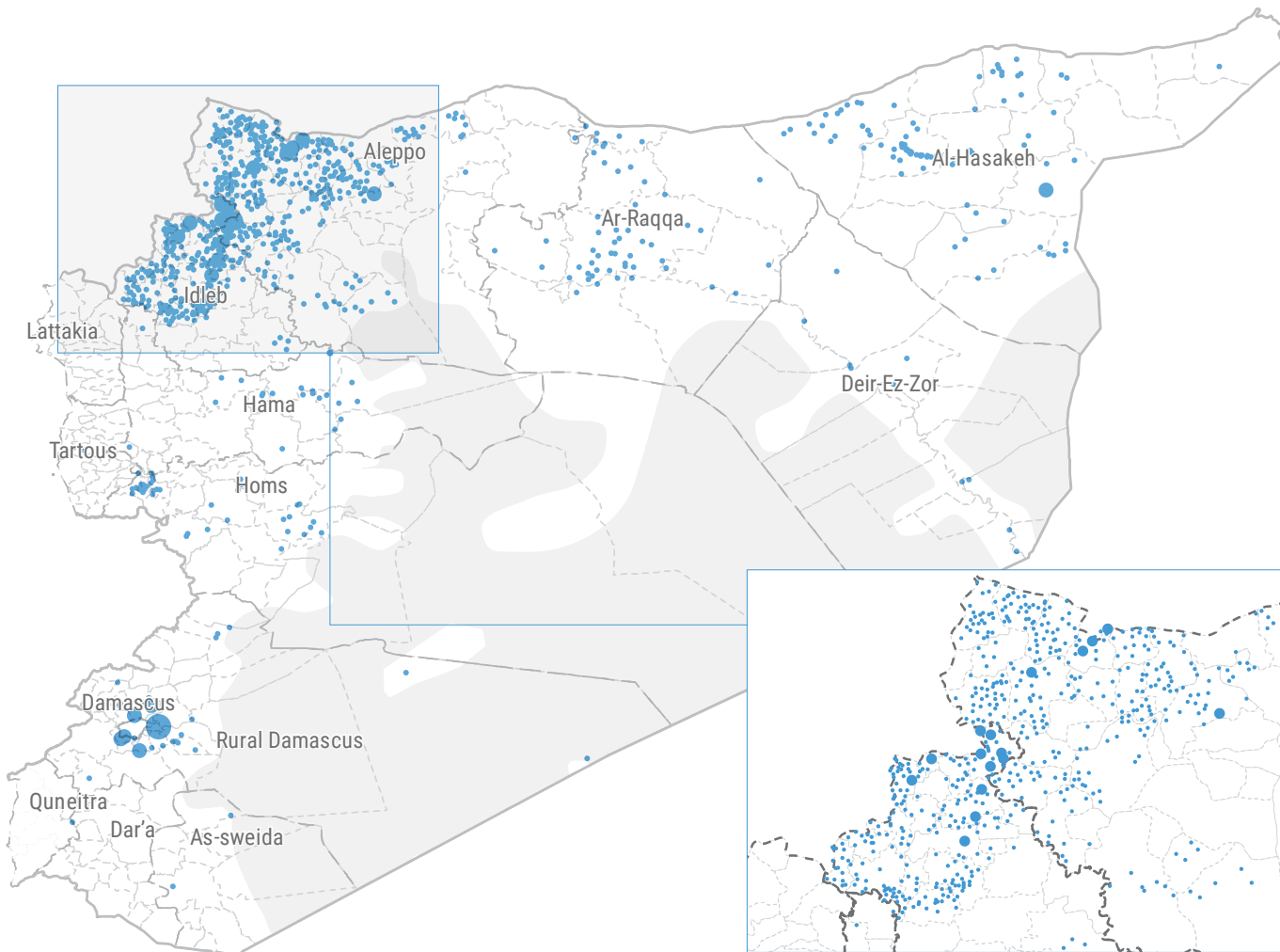
remittances. Nevertheless, 88 per cent of respondents indicated that they rely on borrowing to current meet needs (1 percentage point above national average), and 71 per cent have taken on more debt over the past year predominantly due to price increases and loss of income.²⁴² Given these trends, it is likely to become increasingly more difficult for host communities in particular to support IDPs returnees and the most vulnerable among them.

Physical and Mental Well-Being

Almost half of the resident population is estimated to be food insecure (50 per cent), up from 31 per cent in 2019, underlining the dramatic expansion of humanitarian needs within this population group. The fact that 46 per cent of the resident populations cite concerns related to conflict and 32 per cent are worried about safety and security at their homes indicate the far-reaching mental impact which the crisis has had on all population groups, including those who have not been displaced.

Host Communities with High IDP and Returnee Ratios

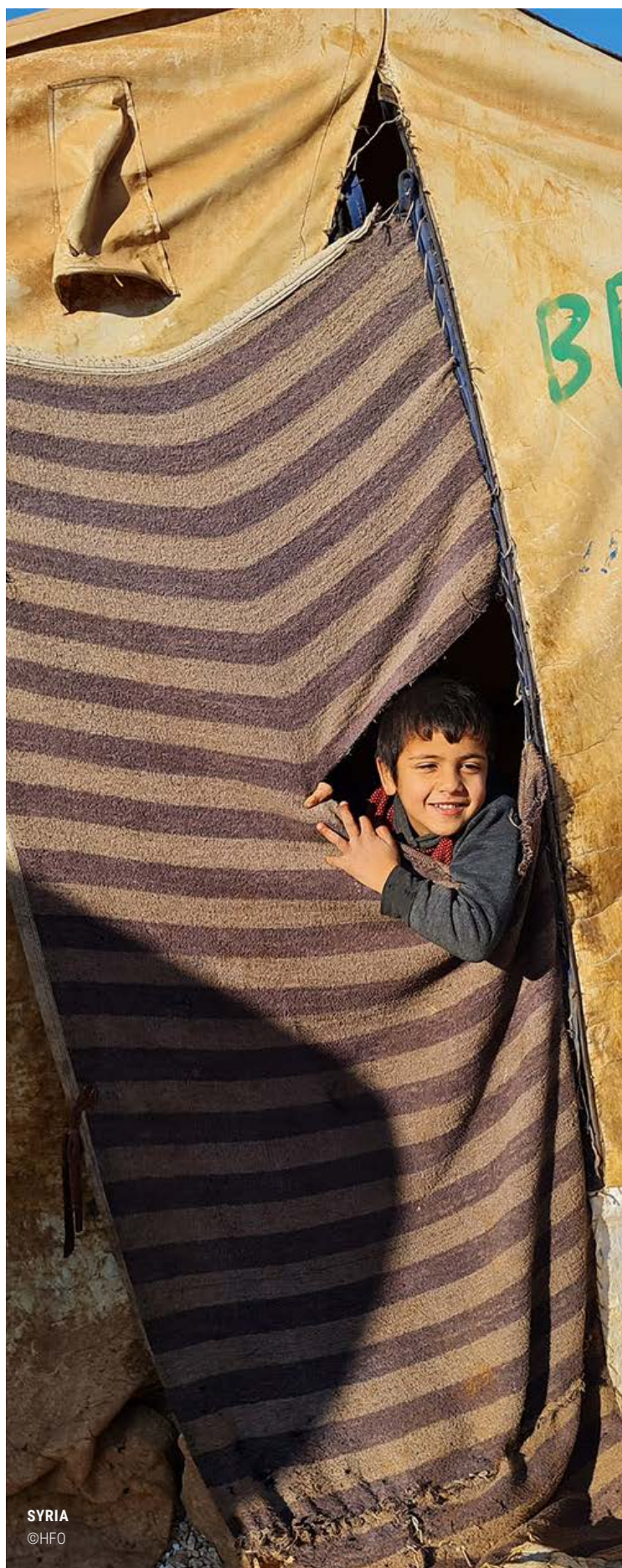
communities in which the total number of IDPs and returnees constitute more than 50% of the host population



Number of returnees by community ● < 50,000 ● 50,001 - 25,000 ● >25,000

Sub-districts hosting highest numbers of IDPs and returnees

GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENT POPULATION	RETURNEES	IDPS	POPULATION	% OF IDPS AND RETURNEES OVER POPULATION
Idleb	Harim	Dana	149,530	-	864,409	1,013,939	85%
Rural Damascus	Rural Damascus	Jaramana	293,327	-	303,065	596,392	51%
Aleppo	A'zaz	A'zaz	59,348	-	238,149	297,497	80%
Idleb	Idleb	Idleb	143,206	6,612	141,627	291,445	51%
Idleb	Idleb	Maaret Tamsrin	72,528	-	214,371	286,899	75%
Rural Damascus	At Tall	At Tall	51,713	-	204,666	256,379	80%
Idleb	Harim	Salqin	72,468	-	177,433	249,901	71%
Aleppo	Afrin	Afrin	73,239	913	111,256	185,408	60%
Aleppo	Al Bab	Al Bab	87,283	20	96,876	184,179	53%
Aleppo	Jebel Saman	Atareb	32,796	60,280	63,822	156,898	79%



SYRIA
©HFO

Palestine Refugees in Syria

Palestine refugees in Syria continue to experience dire humanitarian and protection needs. Based on an assessment conducted by the United Nations Relief and Works Agency in the Near East (UNRWA) at the end of 2017, 91 per cent²⁴³ of the 438,000 Palestine refugees²⁴⁴ estimated to remain in the country live in absolute poverty, and 40 per cent remain displaced. The three Palestine refugee camps of Yarmouk, Dera'a and Ein El Tal, previously home to large numbers of Palestine refugees, remain largely destroyed by the hostilities. While a few hundred Palestine refugee families have returned to these camps, in particular to Dera'a, basic services and infrastructure still need to be restored fully or in part. Many Palestine refugees struggle to secure basic shelter and NFI needs. COVID-19 and the on-going economic crisis have added to these challenges, and the vulnerability of Palestine refugees in Syria is increasing. According to an assessment conducted by UNRWA in August 2020, close to 40 per cent of Palestine refugee households had faced health challenges due to COVID-19 measures implemented in Syria, out of which the majority was due to high prices of medicines (79 per cent). The mental health of Palestine refugees was of particular concern, with over 70 per cent of respondents mentioning that the spread of COVID-19 had negatively impacted the psychosocial and mental health of individuals in their household.²⁴⁵

In July 2020, UNRWA assessed the socio-economic impact of COVID-19 on Palestine refugees in Syria and found that close to 80 per cent had reduced the number of meals or quantity of food consumed, and over 90 per cent were consuming food that was cheaper and/or less nutritious since March 2020. Ninety-nine per cent of Palestine refugee households surveyed reported that they struggled to purchase food and other basic items due to the increasing market prices, with many going into debt to meet their basic needs.

Palestine refugee women and girls are particularly vulnerable: 60 per cent of refugees categorized as most vulnerable by UNRWA are women, who face multiple constraints in accessing a survival minimum expenditure basket of food and other staples. Protection threats, including Gender-Based Violence (GBV) are also on the rise due to deteriorating socio-economic conditions and the disruption of pre-existing protection mechanisms due to the COVID-19 pandemic. Nearly 50 per cent of Palestine refugee households surveyed by UNRWA in July 2020 indicated increasing levels of GBV. In GBV cases reported to UNRWA from quarter one to quarter three 2020, 87 per cent were women and girls, with numbers rising in quarter two and quarter three as COVID-19 spread.²⁴⁶

1.4.3. Severity and Drivers

While there are differences by geography and population group, the immediate, often inter-linked drivers of need severity in Syria at the start of 2021 are hostility and violence induced physical and mental injury, displacement and associated protection needs and economic deprivation income and livelihood loss; unaffordability of food, basic commodities and services; non-functionality/reduced operability of critical basic services, including health care and psychological assistance, safe water provision, education and protection; a wide array of specific protection risks and needs; and damaged, inadequate and unaffordable shelter and housing conditions.

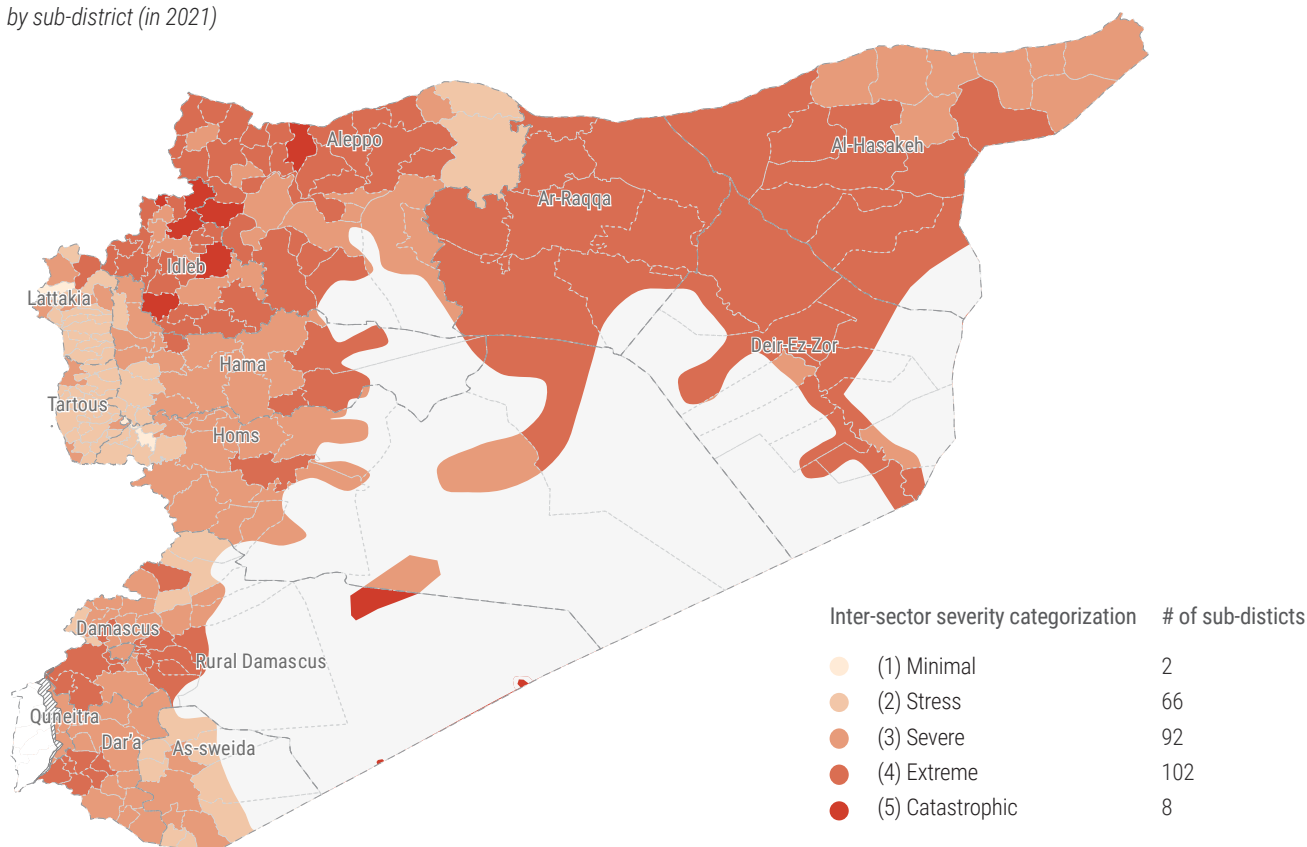
In three out of four sub-districts in Syria, need severity is considered extreme (92), severe (102) and, in a few cases, catastrophic (8). Across different sectoral indicators, the population in the following locations is considered to live in most severe humanitarian need:

- the majority of sub-districts of Idleb and Aleppo Governorates, respectively, in north-west/northern Syria where the overwhelming majority of IDPs in camps/sites are concentrated and most communities host a disproportionate number of IDPs.
- of particular note are the following seven (of eight) sub-districts where an estimated 1.5 million people are considered to live in catastrophic need: Saraqab, Maaret Tamsrin, Kafr Nobol, Harim and Dana (Idleb); and Atareb and Aghtrin (Aleppo), including a disproportionately high number of IDPs;

- in these sub-districts, key drivers of need severity relate to vastly insufficient and overwhelmed critical services, including health, WASH and protection services, as well as vastly inadequate shelter conditions in camps and informal settlements. These factors combined lead to particularly pronounced life and health-threatening needs amongst IDP in camp/sites specifically, including disproportionately high levels of acute malnutrition, acute food insecurity, psychological distress and critical protection needs.
- almost all sub-districts in Deir-Ez-Zor and Ar-Raqqa, as well as most sub-districts of Al-Hasakeh Governorates, respectively, in north-eastern Syria. Severity in these areas is mainly driven by dysfunctional basic services, including low functionality of health services, destroyed or damaged housing/shelters and a variety of protection and mental health needs.
- half of all sub-districts in Rural Damascus and several sub-districts in Dar'a, Hama and Homs Governorates, respectively, in southern and central Syria. Key drivers of need severity for the population in these locations relate mainly to sharply reduced income due to loss of livelihoods and particularly pronounced price increases, tipping previously less affected population groups into humanitarian need and food insecurity specifically, decline in basic services functionality, but also protection, mental health and shelter needs which are pronounced in areas having seen intense hostilities and destruction, and subsequent change in control in previous years.

Inter-sectoral Severity of Needs

by sub-district (in 2021)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

1.5

People in Need

At the start of 2021, the number of people in need of humanitarian assistance and protection in Syria has increased by 21 per cent compared to one year ago, from 11.1 million to 13.4 million. While in 2020, 42 per cent (4.65 million) of overall PiN were considered to be in severe and catastrophic need, this proportion has risen to 45 per cent (6 million) in 2021. The increase for inter-sector PiN correlates with a similar PiN increase at the sector level, with the exception of an even more dramatic (60 per cent) increase in the number of food-insecure people specifically.

Out of all people in humanitarian need, 6.7 million are IDPs who exhibit a wide range of needs, many associated with long-term displacement, while 1.93 million IDPs in camps/sites face elevated levels of life and health-threatening needs; 324,000 are Syrians who have returned to their places of origin in 2020, often to context having seen widespread destruction and violence, and frequently require support to render returns sustainable and to re-integrate into their communities; and 6.4 million are residents who have seen dramatic economic impoverishment throughout 2020 and are now facing food insecurity in particular, and/or live in areas where basic services delivery is particularly dysfunctional.

A number of methodological adjustments were undertaken as part of the 2021 HNO process, including to better capture socio-economic drivers of need and, by extension, the share of people unable to financially afford basic household needs,

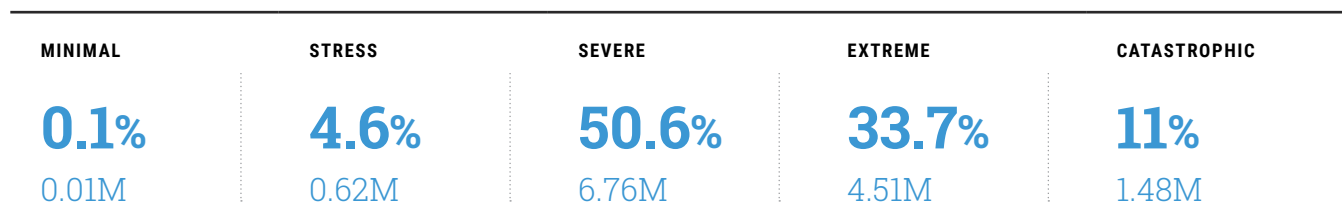
People in Need



13.4M

PEOPLE IN NEED

PiN distribution by severity classification



PiN by gender



	PEOPLE IN NEED	% PIN
Male	6.51M	48.7%
Female	6.87M	51.3%

PiN by disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	3.34M	24.9%

PiN by age



	PEOPLE IN NEED	% PIN
Children (0 - 17 years)	6.08M	45.4%
Adults (18 - 59 years)	6.74M	50.4%
Elderly (59+ years)	0.56M	4.2%

PiN by age and gender



	PEOPLE IN NEED	% PIN
Men (Over 18 years)	3.36M	25%
Women (Over 18 years)	3.95M	29%
Boys (0-17 years)	3.15M	24%
Girls (0-17 years)	2.93M	22%

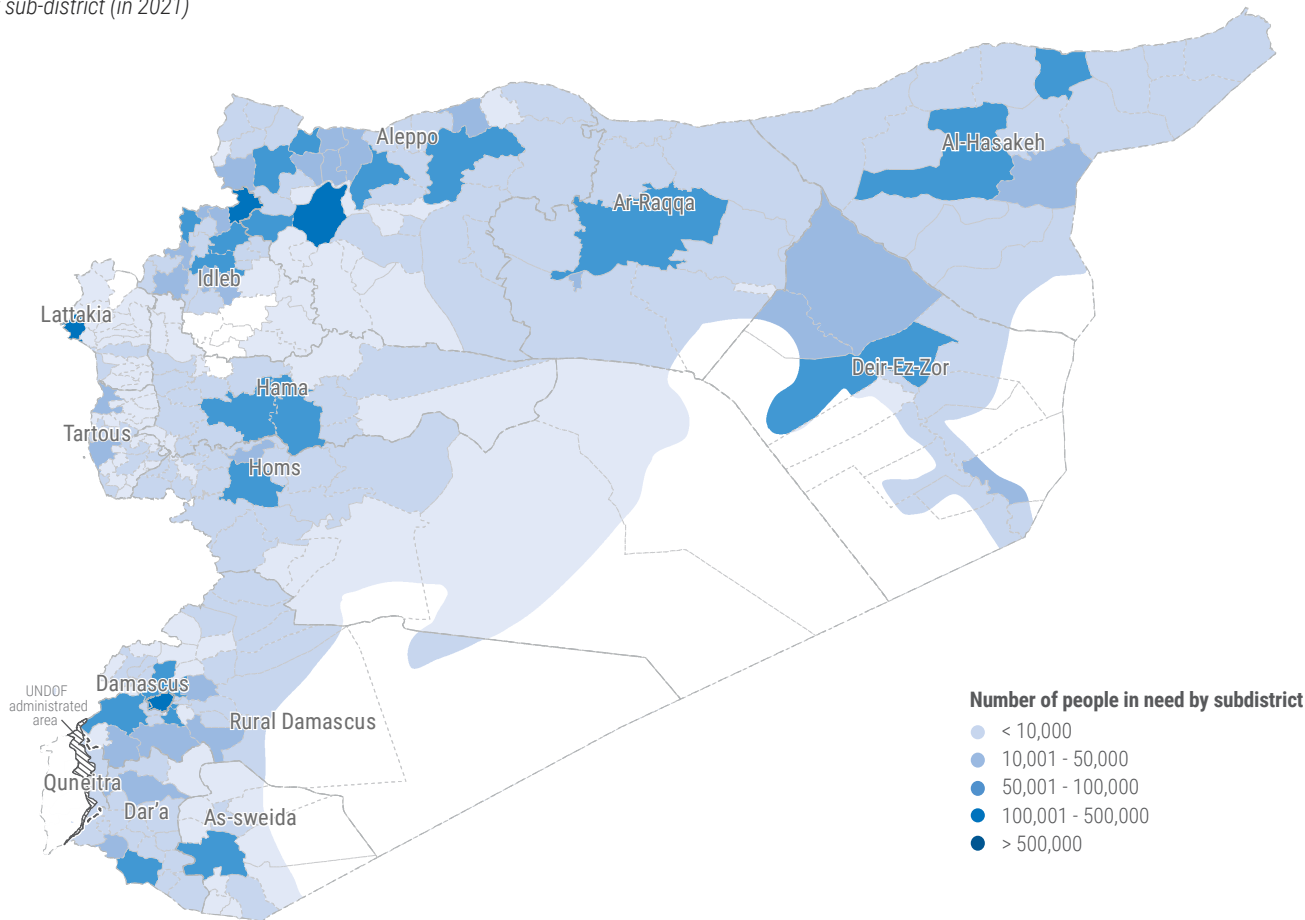
PiN by population group



	PEOPLE IN NEED	% PIN
Internally displaced people	6.7M	50.1%
Returnees	0.32M	2.4%
Residents	6.36M	47.5%

Distribution of People in Need

by sub-district (in 2021)



People in Need by Governorate

GOVERNORATE	TOTAL POPULATION	PEOPLE IN NEED	PEOPLE IN EXTREME AND CATASTROPHIC NEED	% OF PIN INCREASE COMPARED TO 2020
Aleppo	4.0 M	2.7 M	1.5 M	11%
Al-Hasakeh	1.1 M	0.8 M	0.5 M	12%
Ar-Raqqa	0.7 M	0.5 M	0.5 M	7%
As-Sweida	0.4 M	0.2 M	-	18%
Damascus	1.8 M	1.1 M	-	56%
Dar'a	1.0 M	0.7 M	0.2 M	6%
Deir-ez-Zor	0.8 M	0.6 M	0.5 M	10%
Hama	1.5 M	0.8 M	-	80%
Homs	1.5 M	0.8 M	-	48%
Idleb	2.7 M	2.2 M	1.9 M	18%
Lattakia	1.2 M	0.6 M	-	57%
Quneitra	0.1 M	0.1 M	-	2%
Rural Damascus	3.0 M	2.0 M	0.8 M	11%
Tartous	0.9 M	0.3 M	-	14%

Sub-districts with highest PiN

GOVERNORATE	SUB-DISTRICT	# OF PIN
Damascus	Damascus	1.10
Aleppo	Jebel Saman	0.99
Idleb	Dana	0.91
Lattakia	Lattakia	0.54
Hama	Hama	0.45
Homs	Homs	0.38
Rural Damascus	Jaramana	0.36
Ar-Raqqa	Ar-Raqqa	0.26
Idleb	Maaret Tamsrin	0.26
Aleppo	A'ZAZ	0.24

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

- Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

including food (see 'Methodology' section in Annex). While several methodological adjustments may present challenges in a direct comparison between 2020 and 2021 PiN, a number of trends can be observed:

- Aleppo, Idleb, Rural Damascus and Damascus continue to be the four Governorates hosting the largest absolute numbers of people in need (60 per cent of total PiN);
- Idleb, Aleppo, Rural Damascus, Ar-Raqqa and Deir-Ez-Zor are the Governorates with the highest absolute numbers of people in severe and catastrophic need;
- Governorates with the highest proportion of PiN out of the total population are Idleb (81 per cent), Ar-Raqqa (75 per cent), Deir-Ez-Zor (73 per cent), Al-Hasakeh (69 per cent) and Aleppo (68 per cent);
- Governorates that have seen the highest relative increase in PiN compared with 2020 are Damascus (+22 per cent, Hama (+21 per cent), Homs (+17 per cent), Idleb (+9 per cent) and Rural Damascus (+9 per cent);

As of early 2021, a number of changes are observed regarding the number of people in need in different areas of control. The majority of people in need – 8.1 million or 60 per cent of total











PiN – continue to reside in areas controlled by the Government of Syria, a 23 per cent increase from 6.6 million in early 2020. An estimated 3.5 million people are in need in areas controlled by Non-State Armed groups (NSAG) and Turkish Armed Forces in the north-west and northern Syria, an increase of 13 per cent. In Syrian Democratic Forces (SDF)-controlled areas in North-east Syria, an estimated 1.8 million people are in need, an increase of 38 per cent.

A significantly higher proportion of the total population is in humanitarian need in areas controlled by NSAG and Turkish Armed Forces in the north-west and northern Syria (81 per cent), and in SDF-controlled areas in North-east Syria (69 per cent), compared to areas controlled by the Government of Syria (58 per cent).

Similarly, since early 2020, the proportion of people in severe and catastrophic need has further risen in north-west/northern Syria (91 per cent of PiN in severe and catastrophic need) and SDF-controlled areas (72 per cent). In Government controlled areas, 19 per cent or 1.5 million of all people requiring assistance are estimated to be in severe and catastrophic need, almost double the 2020 figure of 0.8 million.

Sector PiN by Governorate

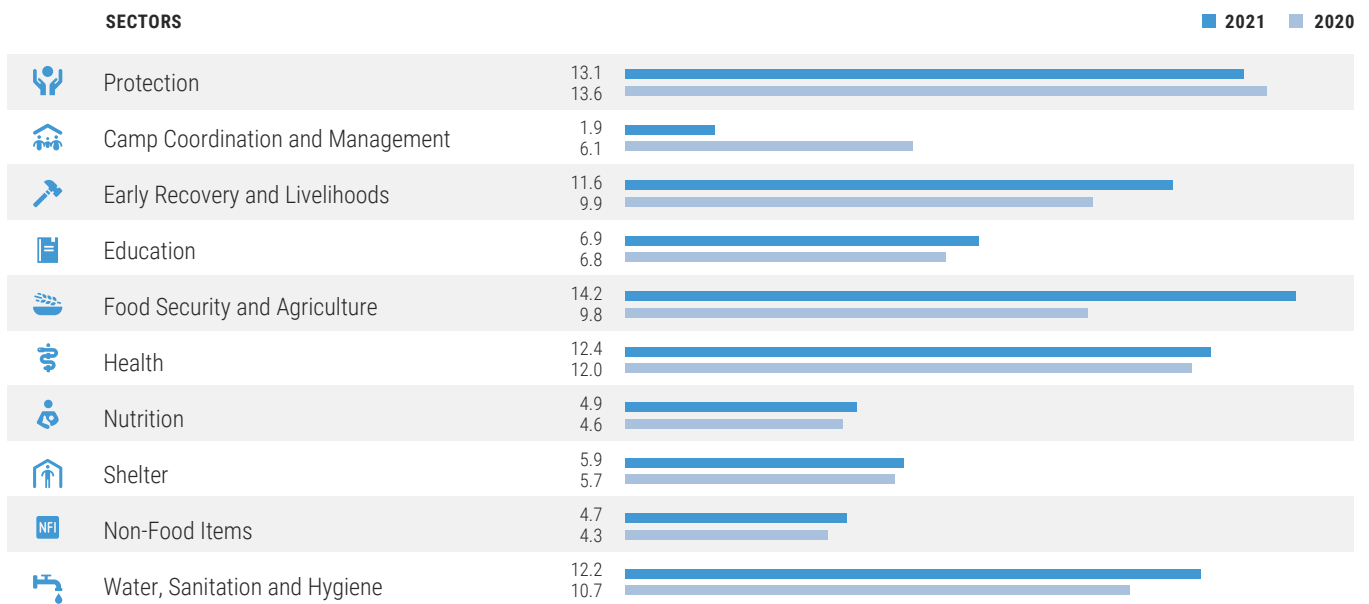
2021

	 Protection	 CCCM	 ERL	 Education	 Food security	 Health	 Nutrition	 Shelter	 NFI	 WASH	 Inter-sector
Aleppo	2,667,766	360,625	2,168,285	1,409,588	2,647,882	2,574,891	935,292	1,148,842	538,565	2,995,047	2,729,562
Al-Hasakeh	663,709	125,731	530,437	377,042	749,806	729,817	232,226	447,572	270,140	1,105,804	775,464
Ar-Raqqa	454,988	99,120	441,989	291,082	507,772	472,041	167,672	317,831	158,308	619,469	530,622
As-Sweida	247,454	12,612	176,035	119,918	261,535	180,735	81,806	42,532	97,363	271,840	195,152
Damascus	1,462,001	718	779,863	501,657	1,004,084	1,005,126	458,703	365,500	365,500	365,775	1,096,501
Dar'a	498,251	88	566,353	440,599	695,681	536,069	210,736	239,219	214,423	680,951	661,029
Deir-ez-Zor	531,884	35,642	436,703	309,803	633,943	456,393	181,383	241,496	142,379	622,431	556,068
Hama	683,475	2,743	620,684	479,626	1,148,828	691,605	386,639	218,776	352,460	408,576	833,091
Homs	830,691	5,663	669,430	391,678	895,448	728,970	381,060	194,514	223,377	254,285	807,384
Idleb	2,421,929	1,308,033	1,549,879	1,109,994	2,580,074	1,951,408	637,834	1,543,877	1,246,637	2,637,931	2,183,583
Lattakia	546,195	459	852,935	347,897	710,230	755,982	316,141	187,543	193,079	159,080	644,325
Quneitra	46,383	555	43,896	40,807	61,863	57,818	24,494	21,524	21,087	86,500	63,074
Rural Damascus	1,761,404	1,503	2,210,558	1,065,409	1,716,776	1,852,403	677,177	831,014	763,512	1,740,081	1,984,718
Tartous	309,162	25	571,099	100,076	564,941	432,645	230,851	83,558	107,434	295,812	322,777
Total	13.1M	1.9M	11.6M	6.9M	14.2M	12.4M	4.9M	5.9M	4.7M	12.2M	13.4M

Legend: <10,000 | 10,001-50,000 | 50,001-100,000 | 100,001-500,000 | 500,001-1,000,000 | >1,000,000

Evolution of People in Need by Sector

in millions (2020-2021)



1.6

Perceptions of Affected People

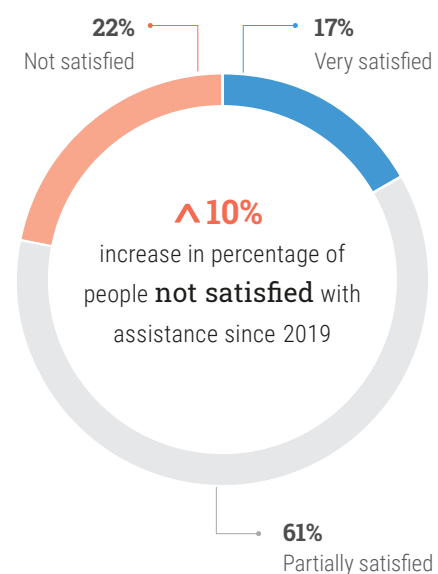
Women, men, girls and boys living in Syria who receive humanitarian assistance are the primary stakeholders of the humanitarian response. Affected populations have the right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and voice their concerns if they feel the assistance provided is not adequate or has undesirable consequences. The 2020 MSNA allowed the humanitarian community to better understand the priority needs, concerns, and perceptions of over 20,100 households.

Assistance received and satisfaction

Of all the households interviewed across 263 sub-districts, 46 per cent received assistance in the three months prior to the assessment in August. This number varies greatly across the country, between only seven per cent in rural Damascus and Tartous, to over 90 per cent in Dar'a and Homs and population groups – IDPs and returnees were twice as likely to have received assistance than residents. From the households who did not receive assistance, only seven per cent indicated that they do not require aid. The vast majority cited reasons related to lack of information, with over 30 per cent stating they were

not aware of any assistance or don't know how (24 per cent) or when/where (21 per cent) to access it. Satisfaction with the assistance received was low: according to the MSNA, 83 per cent of beneficiaries was not fully satisfied with the assistance received in the months prior to the assessment, with the overwhelming majority (87 per cent) unsatisfied with the quantity, and two-thirds concerned about the quality of the assistance provided.

Level of Satisfaction with Assistance Received by household



Better capturing community perceptions

In order to inform needs analysis for the 2021 HNO, humanitarian partners have sourced additional data on perceptions, needs and concerns of affected populations, specifically on perceived ability to meet households needs and coping mechanisms.

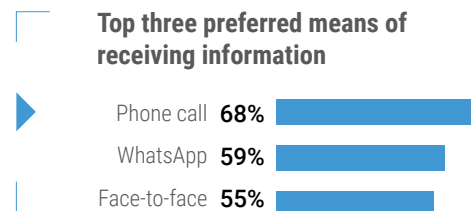
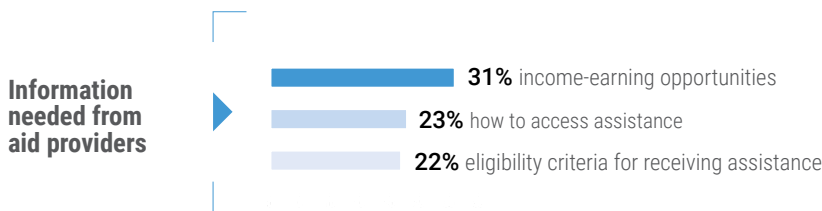
- **Ability to meet basic household needs:** Asked how they would rate their household’s ability to meet the basic needs of all members, only four per cent of heads of households confirmed their ability to do so. Two-thirds of households indicated their ability to meet basic needs is either insufficient or they are completely unable. This figure is even higher across population groups in North-east Syria (81 per cent) and among returnee households nationwide (78 per cent). Eighty-one per cent of respondents indicated they were less able to provide for their families compared to the same time in 2019.
- **Debt:** As a result, 71 per cent of households indicated that their debt increased over the past year, consistently citing price increases as the key reason. Consequently, half of all respondents included livelihood support among their top-three needs, and almost three quarters (71 per cent) ranked food and nutrition assistance as most pressing need.
- **Security/safety:** Despite a relative decrease in hostilities,

perceptions of security among MSNA respondents have deteriorated significantly. While in 2019, almost two-thirds of respondents indicated they had no security concerns, this number dropped to 37 per cent in 2020, and almost half of the respondents indicating security concerns related to conflict and hostilities. These perceptions also affect the youngest – almost a third of all interviewed households reported that their children are showing signs of distress as well.

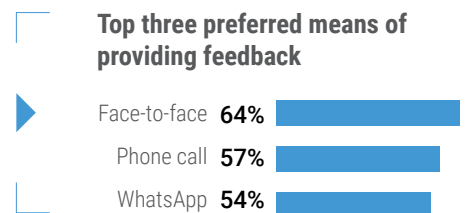
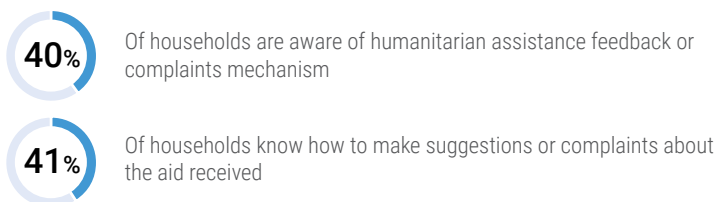
- **Inclusion in inter-sectoral analysis:** in a departure from previous years, several indicators which rely on community feedback were included in the revised inter-sector severity model for 2021, including:
 - percentage of communities reporting child labour and/or child marriage as occurring (Protection MSNA Key informant assessment)
 - percentage of households where girls and boys under the age of 18 years are reported to show signs of distress (as reported by respondent) (MSNA)

Sectors are increasing their efforts to involve affected communities in all stages of the programming. Sectoral initiatives to involve beneficiaries in program design, delivery of assistance, and to source regular feedback are summarized in the annexe of this document.

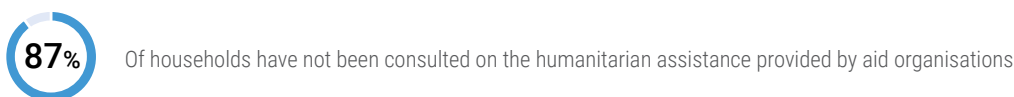
Community Information Needs, Awareness and Participation



Feedback mechanisms



Participation in decisions



* Based on 2019 MSNA

Part 2

Risk Analysis and Monitoring of Situation and Needs

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2.1.

Risk Analysis

In 2021, a wide variety of factors will influence humanitarian needs across Syria. Conflict will remain the key underlying cause of humanitarian needs, whether due to new conflict or protracted needs brought about by conflict in previous years. A context that is rife with IHL and IHRL violations and lacks access to justice mechanisms will continue to disenfranchise people and limit their ability to address many of the drivers of their needs in a sustainable manner. Following the economic deterioration in 2020, the poor economic situation is anticipated to be the widespread driver of humanitarian needs across the country. The direct and indirect effects of COVID-19 will continue to drive needs, especially in camps, informal settlements, collective shelters and last resort settings, where overcrowding, poor sanitary conditions and lack of space for self-monitoring and quarantine will continue to increase the risk of COVID-19 spreading quickly and render the response more challenging.

In 2021, an estimated 700,000 people (90 per cent from Aleppo and Idlib) may be displaced, and 400,000 people (68 per cent from Aleppo and Idlib) may return to their places of origin. This projection is based on the movement patterns of IDPs and spontaneous returnees over the past years across Syria, as well as the trend analysis of hostilities and projections from readiness and response plans. While large-scale conflict appears to be less likely than in previous years, it remains a significant risk, especially in the north-west. Some 275,000 people are at risk of displacement who live close to frontline areas in the southern and eastern Idlib area in the north-west that may be susceptible to an increase in conflict. People are likely to flee primarily to areas close to the Turkish border with the improved security situation and access to essential services and livelihood opportunities. A limited number of local displacements to areas just beyond the frontlines is also expected, with subsequent return to their places of origin when conflict reduces. Secondary displacement may also occur due to a number of reasons, including limited services in initial locations of displacement as well as further deterioration of security and economic situation. In the rest of the country, a return to large-scale conflict is not anticipated in 2021, although there are potential flashpoints, especially in the North-east and the south.

In many parts of the country, low level or localized insecurity will likely continue. This includes eastern parts of the country where ISIL remains active, restive parts of southern Syria, areas of the north and north-west where in-fighting between non-state armed groups occurs, and Turkish operations areas. This localized insecurity can result in small levels of displacement, civilian casualties, disruption to daily economic life, and so on.

Given the scale of spontaneous IDP return in 2020, 400,000 self-organized returns are expected to occur in areas where conflict has lessened with better access to essential services and infrastructure. Conversely, many people may also return to their homes, even in insecure areas, if services or opportunities to work in areas of displacement are inadequate. Historical trend analysis for the past years also highlights a correlation between conflict/displacement dynamics and return, whereby mass return movements are usually observed after a large-scale displacement resulting from increased conflicts. On the other hand, the impact of the COVID-19 pandemic on population movements is likely to continue to a certain extent in 2021. Meanwhile, UNHCR estimates that some 200,000-250,000 refugees may return in 2021.

Especially in areas of the country that are more secure, millions of people will require support for recovery and resilience and the rehabilitation or re-establishment of basic services and infrastructure, such as health care, water systems, sewer networks and garbage collection services and schools. This will need to be complemented by an increase in humanitarian access and the ability to bring in the required technical expertise, which has been a challenge in various parts of the country. At the same time, it can be expected that without continued emergency assistance to the most vulnerable households in the immediate term, as well as more comprehensive interventions aimed at addressing the underlying driver of food insecurity – the disruption to food supply chains and market systems – that maintaining the status quo and preventing a further deterioration in the situation will be all but impossible.

Certain groups of society will continue to be disproportionately impacted by the situation, including children, female-headed households, women and adolescent girls, and people with disability and the elderly.

Small but significant numbers are likely to displace due to economic reasons or due to poor conditions in places of displacement. This is particularly likely in areas with many self-settled displacement sites, where services are often poor, such as in the North-west.

By the end of 2020, there were almost 40,000 confirmed COVID-19 cases across the country and 1,300 deaths,²⁴⁷ although it is likely that actual numbers were higher given low levels of testing in the country. While vaccination campaigns against COVID-19 are expected to begin in 2021, the high levels of coverage required to bring the pandemic under control will not be achieved for some time. External factors such as new variants of the virus and internal factors such as new large-scale displacements can further disrupt vaccination efforts. Therefore, throughout much of 2021, COVID-19 will remain a significant risk for people in Syria, both directly and indirectly. Health workers on the frontlines of the response will continue to be at high risk of COVID-19 infection while older people and

those with pre-existing conditions remain at high-risk for severe disease and death. The non-health impacts will also continue to be significant, including economic deterioration, increased protection issues such as domestic violence, a reduction in people seeking other health care, including for mental health issues, and so on.

All forms of protection-related risks will persist in 2021, and even in the absence of other factors, these will compound and become more complex due to the protracted crisis. The risk of SEA in humanitarian response generally increases during public health emergencies. Disruption to livelihoods, public services and the freedom of movement can exacerbate SEA risks for already-vulnerable populations, particularly women, girls and boys. The increase in new actors, including non-traditional responders, combined with factors such as high demand for food and health supplies, increases risks for affected populations.²⁴⁸ It is essential for PSEA prevention, mitigation and response to be a central part of coordinated humanitarian action, for existing PSEA commitments to be strengthened, and

to continue coordination with GBV, CP and Protection sectors to support victims/survivors.

While, in general, Syria is not highly prone to natural disasters, seasonal weather events do routinely occur. During the winter, heavier rain and colder temperatures leave people vulnerable to flooding or risks due to the cold weather, particularly for thousands of displaced people living in tents in self-settled displacement sites or at higher altitudes. As the weather warms and becomes drier in the spring and summer, the risk of fires in agricultural areas becomes a key concern. In 2020 there were hundreds of such fires, especially in the North-east. Agricultural areas are always vulnerable to drought, which is an increasing risk due to climate change, lack of centralized water management and distribution systems, and the reduced coping abilities of farmers and other agricultural workers as a result of years of conflict and economic hardship.

Food security will be a major concern in 2021. Some 14.2 million people are estimated to be in need of some form of food assistance, up from 9.8 million in 2020.

2.2.

Monitoring of Situation and Needs

The humanitarian community in Syria will monitor humanitarian needs, response and changes in the humanitarian context throughout the year.²⁴⁹ A sectoral and inter-sectoral needs analysis will be updated using sector and inter-sector severity scale indicators as relevant, latest in September/October 2021 for the 2022 HNO exercise. 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 2022 HNO and serve as an important tool to monitor the evolution of needs through a set of agreed indicators. This analysis will be complemented by secondary sources and ad-hoc assessments.

The UN-led Population Task Force and UN-led Internally Displaced Persons 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 generates monthly data and analysis on IDP movements and snapshots at community level to inform ongoing operational response as well as consolidated analysis

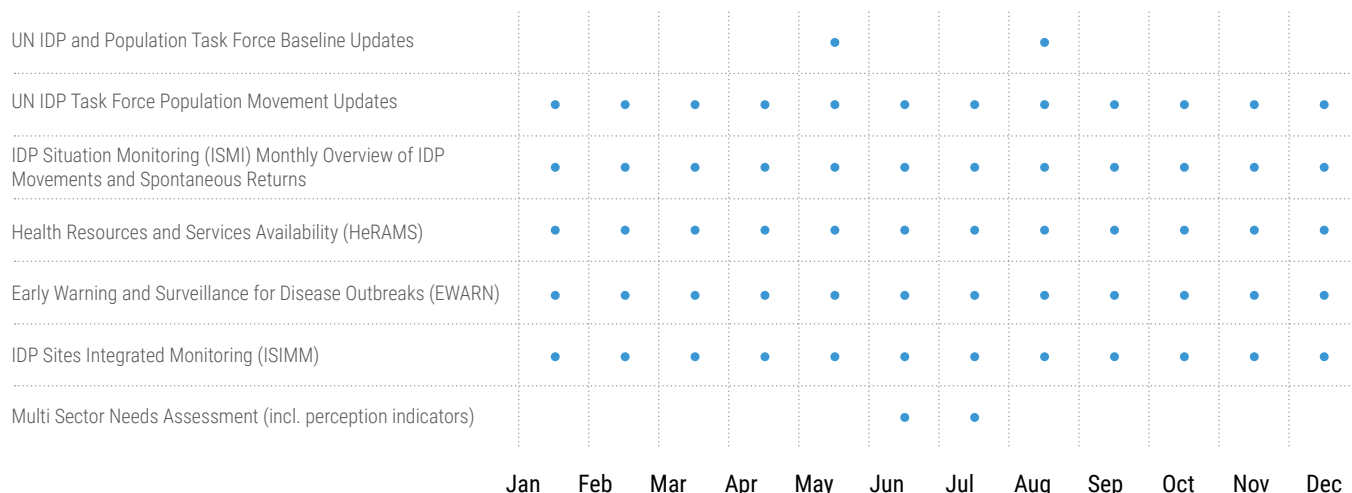
underpinning the Periodic Monitoring Reports (PMR) and HNO. Camp Coordination and Camp Management (CCCM) cluster led IDP Sites Integrated Monitoring Matrix (ISIMM) monitors the IDPs living in camps and IDP sites in North-west Syria and provides monthly update.

Sectors monitor needs such as food, health, WASH, 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) across Syria to collate information on the functionality status, accessibility and availability of health services across Syria (also listed below). In addition, health and WASH actors use 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 and data collection initiatives through field missions.

As part of the enhancements applied to the Humanitarian Programme Cycle products in 2021, partners are working jointly on a set of inter-sectoral Specific Objectives to boost impact through coordinated response efforts. These Specific Objectives will be measured using outcome and needs indicators that will help humanitarian partners to gauge progress against set objectives in areas of key concern as identified in this needs analysis (section 1.4.1), such as reducing malnutrition, improving access to basic services, countering food security, availability of livelihoods, protection, and improved shelter conditions (list not conclusive):

Monitoring Needs and Population Movements

2020



Sector Needs Monitoring

SECTORS	INDICATORS	SOURCE & FREQUENCY
Protection	Household/Communities reporting HLP issues	PMTF/Periodical
	Household /Communities reporting movement restrictions	PMTF/Periodical
	Household /Communities reporting Civil documentation issues	PMTF/Periodical
	Household /Communities reporting social cohesion issues (and reasons)	PMTF/Periodical
	IDPs reporting forced relocation/returns	Ad-hoc assessments/Periodical
Protection and AoRs	Household /Communities reporting receiving (and challenges in receiving) basic needs & humanitarian assistance	PMTF/Periodical
	Protection Concerns of vulnerable groups and Coping mechanisms (including child labour, child marriage)	PMTF/Periodical
	PWD reporting obstacles in accessing assistance, services	Sector partners/annual
Mine Action	Household /Communities reporting explosive hazard related injuries	Sector partners/periodical
Child Protection	Household reporting signs of distress	Sector partners/periodical
	Household /communities reporting child separation	Sector partners/periodical
CCCM	% of population in sites with minimum site management systems (weight 30)	Camp Management tool – monthly ISIMM plus for NWS. For NES CM reports
	% of population with access to basic services (weight 30)	ISIMM & ISIMM plus for NWS. For NES CM reports
	% of population in sites (weight 40)	Population record – monthly. ISIMM and MSNA
ERL	Percentage of people employed and/or have income-generating activities	HNAP and MSNA assessments
	Physical conditions of the markets in targeted community	HNAP and MSNA assessments
	Percentage of manufacturing-industry-produced resources and technical services (car mechanics, electricians ... etc) – (non-agricultural sectors) in targeted community	HNAP and MSNA assessments
	Estimated overall damage to basic infrastructure facilities (solid waste management, water and electricity infrastructure, transport utilities, civic utilities, roads, bridges, etc) in targeted community	HNAP and MSNA assessments
	Estimated overall damage to social infrastructure facilities (schools, community centres, cultural facilities, etc.) in targeted community	HNAP and MSNA assessments

	Overall average daily availability of public electricity in targeted community	HNAP and MSNA assessments
	Percentage of males and females, who can enrol in vocational skills training in the public and private sector (electricians, carpenters, plumbers, painters, mechanics ...) Above 18 years old	HNAP and MSNA assessments
	Level of piped water decrease compared to pre-crisis days in targeted community	HNAP and MSNA assessments
Education	Proportion of children out of school	Annual; EMIS, sector survey
	Pupil to teacher ratio	Annual; EMIS, sector survey
	Classroom to school-aged population ratio	Annual; EMIS, sector survey
FAS	% of targeted households with improved food consumption score	
	% of targeted households not employing reduced and livelihoods coping strategy	
	% of targeted households with reduced food expenditure share	
	Proportion of the national food requirements covered by staple food production.	
Health	Number of Health Workers (doctors, nurses and midwives) per 10,000 population	HeRAMS, quarterly
	Fully functional Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities per 100,000 population	HeRAMS, quarterly
	Number of functional Primary Health Care (PHC) Units per 10,000 pop	HeRAMS, quarterly
	Number of functional public hospital beds per 10,000	HeRAMS, quarterly
	Progress against immunization targets for measles, Coverage in children under 1 years (U1) by DPT3	EPI data (World Health Organization (WHO), United Nations Children's Emergency Fund (UNICEF), MOH), continuous
	Fully functional Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) facilities per 500,000 population	HERAMS, quarterly
Nutrition	Chronic malnutrition among children 6-59 months	SMART Survey (Annual)
	Acute malnutrition among pregnant and lactating mothers	SMART Survey (Annual)
	Prevalence of Anemia among women of child-bearing age	SMART Survey (Annual)
	Exclusive breast feeding among children 0-5 months	SMART Survey (Annual)
Shelter and NFI	Targeted crisis-affected households, including those in underserved communities, have their core and essential non-food item needs met	4Ws – Monthly
	Targeted people are protected from seasonally and adverse weather conditions	4Ws & Winter reporting
	Targeted crisis-affected households are provided with timely life-saving and life-sustaining shelter support (medium-term/temporary shelter), including those in protracted displacement, returnees, Palestine refugees	4Ws – Monthly
	Increase in adequate housing stock available to targeted households and communities	4Ws – Monthly
	Increased capacity of Shelter / NFI stakeholders and partners	4Ws – Monthly
WASH	Safety of Household Potable Water (Household FRC test result)	WoS WASH Sector Assessment/Bi-Annual
	Access to a sufficient quantity of water and related coping strategies	WoS WASH Sector Assessment/Bi-Annual
	Availability and affordability of hygiene items	WoS WASH Sector Assessment/Bi-Annual
	Household's solid waste disposal	WoS WASH Sector Assessment/Bi-Annual
	Household's issues with sanitation (number of problems reported) and overcrowding of toilets	WoS WASH Sector Assessment/Bi-Annual
	Water and sanitation services affordability (% of household income spent on Water and sanitation/septic tanks desludging)	WoS WASH Sector Assessment/Bi-Annual
	Household's access to adequate handwashing facilities	WoS WASH Sector Assessment/Bi-Annual
	Reliance on humanitarian WASH assistance	WoS WASH Sector Assessment/Bi-Annual

Part 3

Sectoral Analysis

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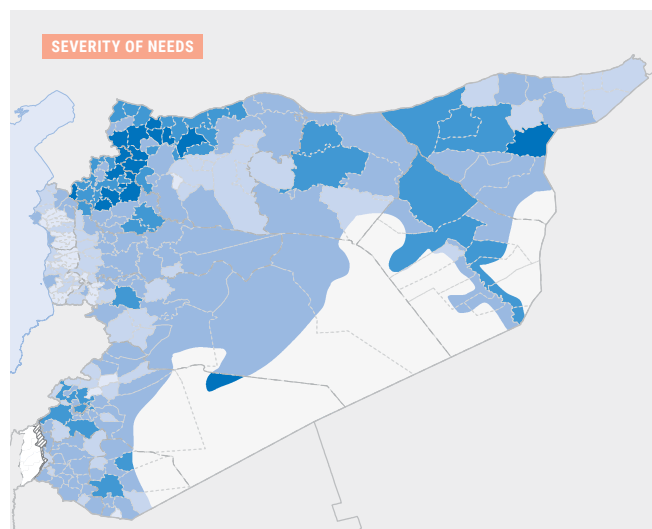
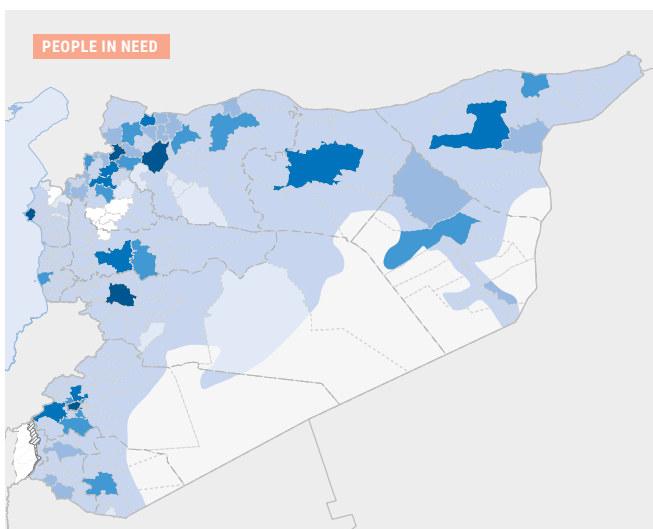


3.1 Protection



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
13.1M	51.5% 6.7M	48.5% 6.3M	45.3% 6M	50.4% 6.6M	4.2% 0.6M	24.7% 3.2M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview²⁵⁰

A decade of conflict has trapped civilians in a pervasive protection crisis where people’s rights to safety, security and well-being are regularly violated. The overall protection situation defined by the protracted crisis and characterized by complex and interconnected protection concerns remains dire.

The civilian population, in parts of the country, is still exposed to ongoing and new hostilities, resulting in civilian casualties and forced displacements as people seek safety. The prolonged and widespread use of weaponry has left behind a range of explosive ordnance, each posing its own risks worsened with each subsequent year of the crisis.

The deteriorating economy and widespread poverty, lack and loss of livelihoods, destruction and loss of housing and property, protracted and multiple cycles of displacement, substandard living conditions (even for people in areas of relative stability), family separation and the breakdown of family or community support structures have depleted the coping abilities of individuals and communities and generated high levels of psychological distress. As a result, people resort to harmful coping mechanisms (including child labour, child recruitment,

different forms of exploitation and child/forced marriage) while over-reliance on humanitarian aid persists.

Within the affected population, protection issues disproportionately affect groups such as women, children, especially adolescent boys and girls, older persons, persons with disabilities and other vulnerable, marginalized or socially excluded people and groups. They also face additional barriers to access the limited available services.

Against this background, the COVID-19 pandemic brought a new set of protection risks and consequences for the affected population while compounding existing vulnerabilities. Movement restrictions resulted in disruptions to ongoing protection assistance, prevented protection actors from expanding their reach, and further confined people to situations of violence and vulnerability, increasing their distress and exposure to risks, especially of women and children to violence within the households.

Disruptions in assistance, particularly specialized protection services, leads to enhanced distress and increased risks of GBV and Child Protection (CP), undo the progress made and can reset or worsen the severity of the associated needs. If unaddressed, these protection concerns have lifelong

irreversible impacts, particularly on women, children and older people.

While the number of protection interventions by sector partners continue to increase each year, so does the cumulative complexity of protection needs. In a context where funding, access and operational constraints still persist, the lack of ability to engage in sustained long-term service delivery challenges the sector's efforts to definitively address the protection needs of Syrians.

Needs and severity²⁵¹

Needs, Severity and Linkage with other Sectors

Forty-two per cent of the assessed communities reported the presence of at least one of the assessed eight protection issues as very commonly occurring and in 53 per cent of the communities, respondents have reported the presence of five or more out of the assessed eight protection issues.²⁵² At least five of the eight key protection issues were reported to be occurring in all 14 governorates.

Civil documentation, Housing Land and Property (HLP) issues and freedom of movement remain major and countrywide protection issues. Lack or loss of civil documentation was reported as an issue by 61 per cent of assessed communities but spread across all governorates to varying degrees. Restrictions on freedom of movement were reported in 65 per cent of assessed communities, whereas 50 per cent of assessed communities reported HLP concerns.

Lack/loss of civil documentation impacts all population groups with specific vulnerabilities for women and children. 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. Registration provides official recognition of a child's existence, identity and nationality. Unregistered children may face difficulties in accessing basic services and rights, including health and education. 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.

Nationwide, the most common HLP concerns reported at the household level were damage/looting of land or property, lack of documents, disputed ownership and contamination from explosive ordnance. Additional concerns in several parts of the country include 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. Damage to or loss of property also limits the ability of people to return.

In communities where restrictions on freedom of movement were reported, the most frequently reported causes of restriction were:²⁵³ COVID-19 related measures (74 per cent), checkpoints (74 per cent), lack of civil documentation (72 per cent); general insecurity (46 per cent); screening procedures (37 per cent). Where movement restrictions were reported, those related to spousal or family restrictions were reported to affect primarily girls (49 per cent) and women (43 per cent) compared to boys (24 per cent) and men (ten per cent). 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.²⁵⁴ Qualitative sources also indicate how restricting movements is a prevailing coping mechanism in volatile security environments, especially for women and girls.

The protracted crisis results in varying impact on the coping mechanisms of the affected population. Fifty-five per cent of assessed communities indicated relying on local/community support, 50 per cent on illegal activities, and 32 per cent on humanitarian assistance. Begging is prevalent in 24 per cent of assessed communities. The disproportionate impact of negative coping mechanisms on women in children is evident when interfaced with the fact that early marriage is prevalent in 62 per cent of assessed communities and child labour prevents school attendance in 67 per cent of assessed communities.

Most affected population groups

Women and girls are particularly vulnerable to GBV because of gender inequality and discrimination in Syria. 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, to name a few.

Children of all ages face violence and protection concerns in many life situations. Adolescence brings exposure to new forms of violence due to harmful coping mechanisms within the family. Adolescent boys are more likely to be killed and injured, detained and 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.

Older persons and people with disabilities are at increased risk of separation from their families, care providers and dependent on the assistive products which support their independence. These are significantly increased in displacement sites. Relocation to a new environment can impede dignified access to basic services. Additionally, girls and boys with disabilities are often at heightened risk of forms of violence, abuse, neglect or exploitation. Many are struggling against marginalization, stigma and discrimination. The prevalence rate of persons with disabilities in Syria is almost twice that of the global average.²⁵⁵ Attitudinal, physical and humanitarian service-related barriers intersect and compound one another²⁵⁶ to reduce health and learning outcomes, protection and development of children and adults with disabilities, often resulting in life long negative consequences.

In contaminated areas, all are vulnerable to the threat posed by explosive ordnance, yet certain population groups are at greater or different risk depending on gender, age and disability with gender and age, as well as social roles and responsibilities. Men and boys are most exposed to the direct, immediate threat of explosive incidents, while women and girls are often indirectly affected, for example by the loss of the principal breadwinner.

Access to rights and services including housing, land and properties, civil documentation amongst other basic humanitarian assistance at the places of return remain key elements affecting return decisions of displaced people. Needs in areas at the proximity of frontlines are high. Insecurity conditions and severe damage of infrastructure limits the ability of humanitarians to respond resulting in dire living conditions for the population.

Findings of a socio-economic assessment that UNRWA in Syria conducted in June 2020 reflect that Palestine refugees in Syria, being already one of the most vulnerable populations in the country, are heavily impacted by the current COVID-19 pandemic and economic crisis.

People with actual or alleged family ties to ISIL face additional protection risks due to community perceptions and challenges in accessing services. These risks are further compounded for third-country nationals within this group, most of whom are in North-east Syria.

Projection of needs

Violence, protracted displacement, ongoing violations of IHL and human rights law, extensive destruction of infrastructure, and inadequate access and services are likely to continue impacting the protection landscape.

Improvement or worsening in COVID-19 related restrictions and barriers to assistance will impact the protection risks and exposure. Further incidents of conflict as seen in 2020 will continue to impact protection needs, especially in North-west Syria. Voluntary IDP returns and forced relocations as seen in North-east Syria will likely necessitate redirecting humanitarian response to resulting needs. Refugee returns to Syria dropped by some 60 per cent in 2020, in large part due to movements restrictions linked to the COVID-19 pandemic. However, returns remain ongoing and are likely to rise again to some degree in 2021, particularly if the pandemic abates²⁵⁷. This will require associated assistance to the needs of returnees.

Protection risks, especially GBV and CP continue their disproportionate impact on women and children. Grave child rights violations remain a critical concern. Multiple protection risks continue to threaten the ability of people with disabilities to engage in basic activities of daily living in addition to being identified by humanitarian actors and supported to access vital services.

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.

Expanded Analysis For Each Area Of Responsibility (AOR)

Child Protection



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	WITH DISABILITY
5.9M	48.4% 6.67M	51.6% 6.37M	100% 5.95M	24.6% 3.24M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview and affected population

Children comprise almost half of the affected population. Grave child rights violations remain a significant concern, including in areas where hostilities have declined, with children at risk of being killed or injured, recruited and used in hostilities, tortured, detained, abducted and sexually abused. In 2020, UN verified 2,388 of such violations against children in 12 out of 14 governorates, with significant variations by region, illustrating

persistent trends of violence though not the full range of protection risks affecting children.²⁵⁸

Deepening poverty continues to fuel harmful coping mechanisms and strain the capacities of families and communities to protect children, particularly adolescent girls and boys: child labour, including its worst forms is reported in all governorates and in 22 per cent of assessed communities as frequently occurring.²⁵⁹

Access to basic rights are further jeopardized for children without official birth certificates and children with disabilities. Many of whom also suffer marginalization, stigma and discrimination, whilst facing heightened child protection risks.

Separation from caregivers is a persistent issue across Syria. Death of a caregiver (15 per cent for boys and girls), economic need (25 per cent for boys, 13 per cent for girls), child marriage (11 per cent for boys, 44 per cent for girls) and child recruitment (10 per cent for boys) are among the top cited reasons for family separations. The absence of a continuum of alternative care options, including formal options, is a concern.

Recruitment and use of children by parties to the conflict has become a normalized practice in some parts of Syria. In the 2020, the UN verified 813 incidents of recruitment and use of

children (96 per cent boys), with 99 per cent used in combat roles, and seven per cent under the age of 15.²⁶⁰ Financial and material incentives, family and community influence, as well as the need for protection, survival, status and lack of meaningful alternatives remain the main drivers of recruitment.

Psychosocial distress among children is reported in 23 per cent of surveyed households demonstrating the cumulative toll on mental well-being with immediate and if not addressed, lifelong consequences.

COVID-19 has increased risk factors that drive the intensity and frequency of the aforementioned CP risks and vulnerabilities, whilst also undermining partners' detection mechanisms.

Gender-Based Violence²⁶¹



PEOPLE IN NEED*	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
13.1M	51.5% 6.76M	48.5% 6.37M	45.3% 5.95M	50.4% 6.62M	4.2% 0.55M	24.7%** 3.24M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview and affected population

Armed conflict, economic deterioration, displacement and the COVID-19 crisis all have a gendered and disproportionate impact on girls and women in Syria. This is manifested primarily through different forms of GBV, especially early/forced marriage, intimate partner and family violence, sexual harassment and sexual violence (including rape), denial of resources, emotional/psychological violence and physical abuse, in all walks of life.

Economic deprivation, lack of livelihood opportunities, discrimination, exclusion, and socio-cultural norms have led to the continued normalization of GBV and severely impacted the psychosocial wellbeing and continued erosion of women's and girls' rights, including those with disabilities. The COVID-19 pandemic compounded this adversity. Restrictions to contain the disease severely affected employment, income, education, availability of and access to services, including specialized GBV services, limited access to basic hygiene and other essential supplies, and freedom of movement. These worsening conditions were linked to an increase in GBV within the home, including intimate partner violence, psychological violence and family violence against women and children.

Different forms of GBV are routinely used to reinforce norms of dominant masculinity. Early marriage remains prevalent in

all governorates, with 62 per cent of communities mentioning that it is an issue for adolescent girls.²⁶² Girls as young as 11-12 years old are married off, including for serial and/or temporary marriages, believing it will protect them and ease the family's financial burden. In some locations, forcing girls to take hormones to hasten puberty, with a consequent earlier age of marriage and pregnancy, have continued to emerge and be addressed. 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. Sexual harassment, including on the way to school, in the market, and at distribution sites, as well as sexual violence contribute to psychosocial distress and movement restrictions of women and girls. Silence remains the most common coping mechanism among GBV survivors, but emerging negative coping strategies include drug abuse and suicide attempts. Women and girls continue to confirm that GBV services, where existing, have a positive impact on their wellbeing, with women and girls safe spaces and community well-being centres often serving as the only place to seek safety and receive essential life-saving services (health, psychosocial and legal support) and other services (e.g. vocational and skill training).

* GBV AoR used the same figures and methodology PiN as the overall Sector PiN

** Bearing in mind the global reference figure of 15%, please indicate what percentage of your sector PiN is considered to be living with a disability.



Mine Action

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
10.3M	51% 5.25M	49% 5.05M	49% 5.05M	46% 4.74M	4% 0.41M	25% 2.58M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview and affected population

Approximately one in two people are at risk from explosive contamination,²⁶³ and a third of the communities are potentially contaminated.²⁶⁴ These communities generally correspond to areas having witnessed intense hostilities over the past years in Aleppo, Idleb, Ar-Raqqa, Deir-Ez-Zor, Quneitra, Rural Damascus and Dar'a.

Contamination was most frequently reported in agricultural land, roads, private property, followed by schools, other public infrastructures and hospitals,²⁶⁵ consequently farming/herding, moving/travelling, collecting scrap metal and playing, are the most commonly reported activities at the time of incidents²⁶⁶. Contamination severely impacts lives, livelihoods and amplifies the social and economic crisis aggravated by the COVID-19 pandemic.

Explosive ordnance accidents can result in serious injury and death, leading to long-term physical and psychological trauma for survivors and their families. Men and boys, particularly adolescents, are more directly exposed to the explosive threat.²⁶⁷ Nearly one out of four recorded victims is a child: on average four out of ten child victims are killed and six out of ten are injured.²⁶⁸ Economic support, as well as medical care, prosthetic/orthotic services and provision of assistive devices to support daily functioning are key needs for survivors of explosive incidents.²⁶⁹ Expensiveness, nonexistence or remoteness of services²⁷⁰ are major barriers to effectively assisting survivors. More accessible and affordable resources are vital to scaling up provision of specialized services.

As explosive ordnance incidents continues to occur, prevention and mitigation measures must be comprehensive large-scale and mainstreamed across all humanitarian operations. Only clearance can permanently remove the threat posed by explosive ordnance to civilians in Syria, yet capacity on the ground remains

limited. Seventy per cent of key informants had not attended Explosive Ordnance Risk Education (EORE) sessions in 2020,²⁷¹ demonstrating crucial explosive ordnance risk education (in person and through remote/online means) needs. Humanitarian mine action organizations require support to operate across hubs ensuring comprehensive geographic coverage, efficient sharing of expertise and resources, and continued delivery of lifesaving services.

Monitoring

The protection sector will use different tools to monitor needs throughout 2021. The protection sector will continue the protection monitoring, which focuses on identifying key protection risks, violations, gaps and challenges in North East and North West Syria. Protection Monitoring reaches out to returnees, IDPs, refugees, and host communities through households' interview, focus group discussions, and Key Informant Interviews (KIIs), implemented as an adaptation to COVID-19, or at the household, level to collect protection-oriented information. The sector will continue to ensure a gender-sensitive approach across these initiatives, including but not limited to greater gender and age disaggregation of data allowing subsequent gender analysis in order to better respond to the specific needs.

The sector will continue using the monthly analysis report to monitor the progress of protection activities across the country. The sector will continue the dialogue with Syrian authorities to allow protection need assessment and regular protection monitoring in government control areas.

Where possible, the sector will also monitor the needs indicators outlined below to allow for meaningful situation monitoring throughout the year and inform course adjustments accordingly.

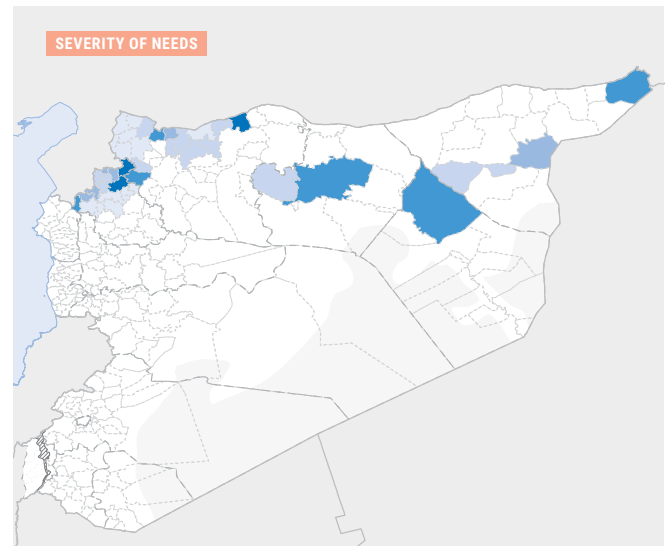
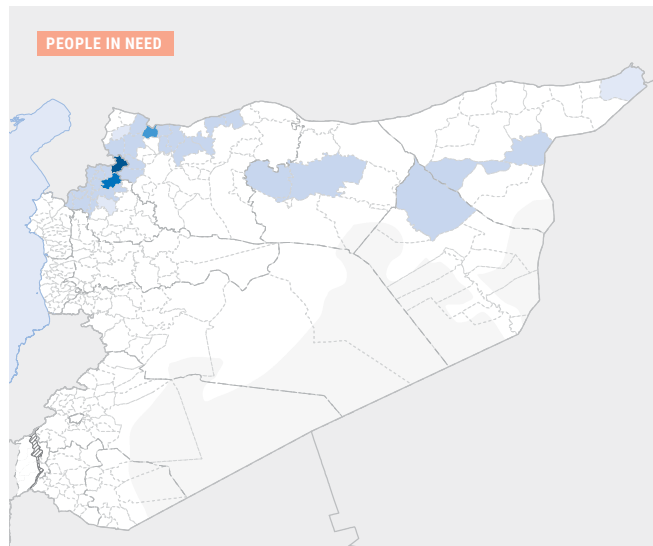
3.2

Camp Coordination and Camp Management



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
1.9M*	51% 0.93M	49% 0.87M	56% 1.01M	40% 0.72M	4% 0.07M	2%** 0.03M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

As the conflict in Syria continues, the number of displaced people increased significantly, with many IDPs forced to seek shelter in planned camps, informal camps or settlements, transit/reception centres, and collective centres. Active conflict and shifting frontlines instigated mass and sudden displacement concentrated in the north-west of Syria, which led to 960,000 people to flee their homes and move closer to the Turkey-Syria border and northern rural Aleppo between December 2019 and March 2020.

In North-west Syria, the number of people living in last-resort IDPs sites reached 1.5 million individuals by November 2020, up from 868,000 individuals in November 2019. IDP sites continued to provide a safe space equipped with immediate humanitarian life-saving assistance to the most vulnerable

IDPs. The majority of IDP sites listed in the CCCM database are self-settled, meaning that they often lack proper site planning, infrastructure and camp management systems. IDP sites are designed to act as an option of last resort and to be temporary in nature, providing only a minimum level of services. Despite this, as of November 2020, CCCM monitored 1,214 IDP sites in the north-west, of which 1,113 were self-settled, 83 were planned sites, 12 were collective centres and six were reception centres. Services and space are significantly overstretched in most of the existing sites in IDP sites due to overcrowding, in particular in North-west Syria.

In North-east Syria, nearly 125,500 people are living in IDP camps with many having been displaced for four years; 83,700 are displaced since October 2019. As host communities in the north-east are overcrowded, with limited services and few available durable solutions, many have been forced to

* 1.5 million in NWS + 271,443 in NES

** This figure is not complete as reflects only people with physical disabilities.

resort to camps, collective centres and informal settlements. Although three new camps with approximately 4,500 households were constructed in 2020, all camps in the North-east Syria are overcrowded and facing serious capacity issues. The vulnerabilities from living in unsustainable settlements for a protracted period are further exacerbated by the unprecedented economic downturn and the heightened risk of COVID-19. New arrivals are expected to continue as the economic downturn continues to push families towards camps. As such, the population is reliant on basic humanitarian assistance to meet longer-term needs.

The camps in the north-east host IDPs, Iraqis and third country nationals. Although there has been an easing of the return procedures from Al Hol, freedom of movement for all parties is restricted while the security situation has continued to deteriorate in the camp.

Incidents continue to impact IDP sites, exacerbating existing challenges and vulnerabilities, such as lack of proper infrastructure or site planning, especially in self-settled IDP sites. In 2020, the CCCM Cluster in North-west Syria reported 101 incidents in 152 sites, that happened mainly from fires (79 incidents) and floods (12 incidents). Other incidents were because of storms, bombardments and explosive remnants of war. As a result of these incidents, 81 IDPs lost their lives, 231 IDPs were injured, 2,278 shelters were destroyed, and 2,761 shelters were partially damaged. Urgent needs ranged from tents and NFI kits to plastic sheets, food parcels and fire extinguishers.

Needs And Severity

Needs, Severity and Linkage with other Sectors

Needs remain disproportionately severe among displaced communities. More than 1.5 million of the 2.7 million IDPs in the north-west currently shelter in over 1,200 “last resort” sites, with inadequate access to shelter, safe water, food, health and psycho-social support. Severe needs are also observed in parts of the overburdened host communities in North-west Syria, with reduced employment and livelihood opportunities, availability and accessibility of essential goods and services and purchasing power leading to an increase in the number of people struggling to meet their basic needs. As part of CCCM’s displacement tracking, the priority needs and concerns as reported by recently displaced IDPs in the north-west are monitored. Notably, cash and voucher assistance has been the second-highest need for newly displaced IDPs in 2020, following the need for shelter.

In 2020, the number of people in North-east Syria camps and informal settlements increased by 21,700 with waiting lists for most of the informal camps. These numbers do not include IDPs hosted with relatives and friends in the camps. This is attributed to difficulties in the areas of origin, destruction of housing infrastructure and the deterioration of overall economic

conditions. People in last resort sites face severe deprivation that cut across all sectors and are highly dependent on humanitarian assistance, especially given the limited freedom of movement in the formal camps, to meet basic survival and protection needs. Specifically, the informal camps have a critical gap in capacity for site infrastructure and planning.

In the north-east, water shortages continue to pose challenges not just for camp residents but also for those in Hasakeh city who rely on Alouk water station. Families in camps are reliant on food rations for their nutritional needs while extensive protection services are required for documentation, family reunification, GBV, education and psycho-social support. Camps in Ar-Raqqa and Deir-Ez-Zor face additional challenges given the limited number of partners and thus humanitarian assistance.

Over-crowded sites and lack of camp management in North-west Syria continue to be major challenges in the context of the COVID-19 pandemic, where the application of preventive, response and mitigation guidance is essential. IDP sites are particularly vulnerable locations for COVID-19 transmission, and the number of cases is increasing. CCCM is collaborating with Assistance Coordination Unit (ACU) as part of ongoing efforts to monitor the number of COVID-19 cases in camps in North-west Syria. As of 20 November 2020, there were 1,251 cases in camps, of which 81 are recovered cases, 10 are deceased, and 1,160 are active cases.²⁷²

Most affected population groups

Women and Children: Of those living in last resort IDP sites in North-east Syria, 81 per cent are women and children. In Al Hol camp this number is higher, with 94 per cent women and children; and 53 per cent are children under 12. Likewise, approximately 80 per cent of displaced persons living in IDP sites in North-west Syria are women and children.²⁷³ In camps in North-west Syria, seven per cent of households were reported to be female headed. In the north-east, this is even higher, with 38 per cent female headed households²⁷⁴. As a result, the needs for education, nutrition, maternal and child health services are prevalent.

Widespread lack of livelihoods and employment opportunities, inadequate access to basic services and growing food insecurity have become principal drivers of need, creating additional challenges for many IDPs, especially women and children, to meet their basic needs in a dignified and self-sustained manner.

Persons with Specific Needs: Family separation, child malnutrition, serious health risks and lack of educational opportunities continue to be chronic needs among the populations in camps, informal settlements and collective shelters.

People with disabilities are in need of tailored assistance and specialised health services. However, recent evidence suggests that people with disabilities face systematic challenges in

accessing humanitarian relief on an equal basis with others. For example, in North-west Syria, during the COVID-19 response, 70 per cent of households out of camp and 59 per cent of households in camp reported that no information is being provided that is accessible for people with vision, hearing and cognitive difficulties.²⁷⁵ Making sure that humanitarian support is delivered in an accessible way is therefore essential.

Similar to the increase of IDPs in North-west Syria, the number of people reported as having specific needs, such as a mental or physical disability, has more than doubled in 2020 from 10,000 people in January to 22,000 in November.²⁷⁶ The prevalence of self-settled, informal sites that lack camp management systems means that the delivery of dignified protection and multi-sectoral assistance cannot be guaranteed by humanitarian actors in both north-west and North-east Syria.

IDPs: The majority of IDPs in the north-east have been displaced for more than four years, while freedom of movement is restricted in the formal camps, and the humanitarian situation is further complicated by the epidemic. The situation has resulted in serious protection concerns as there is increased pressure on displacement sites and population movements, oftentimes relocations. IDPs have had to move to other camps due to the deteriorating economic situation and lack of services out-of-camp, while there have also been some relocations from Collective Shelters to camps.

As the conflict in Syria reaches the 10th year, many people are exposed to protracted as well as multiple displacement. Some 56 per cent of IDP households in the north-west have been displaced for five years or more, while a further 31 per cent have been displaced for one to five years.²⁷⁷ This exacerbates needs, and particularly for children can disrupt education and development.

North-west Syria witnessed a complex pattern of displacement, as in addition to the needs of protracted IDPs, there were large numbers of new displacements. CCCM tracked over two million movements from January to the end of October 2020. The peak of recent displacements was in February 2020, when one million displacements were tracked.²⁷⁸ The top three priority needs reported for newly displaced IDPs in 2020 was shelter, cash and voucher assistance, as well as safety and security.

The upheaval of prolonged and repeated internal displacement makes access to basic services more challenging and results

in poor living conditions. Many IDPs are forced to find shelter in substandard camps (often self-settled), collective shelters or informal urban settlements that lack adequate services, infrastructure or camp management systems. As people are exposed to multiple displacements, their assets and livelihoods are also at risk, leading to loss or lack of employment and income. Of those newly displaced in 2020, the top three priority needs were reported as being shelter, cash and voucher assistance, as well as safety and security.²⁷⁹

Returnees: Although small scale return has started for Syrian IDPs, concerns remain regarding the ability to re-integrate into areas of origin and secondary displacement. This is particularly critical in Deir Ez-Zor, which is the destination of many organized returns trips. Reports show that returnees end up in informal settlements and collective centres. At the same time, there are limited options for Iraqis and Third Country Nationals.

Findings from an assessment by an NGO found that in 72 per cent of communities assessed, the prevalence of destroyed shelters were reported, driving overcrowding in available shelters and illustrating the difficult conditions facing returnees. Families in 75 per cent of communities in these areas reportedly cannot afford essential food items, and half of the communities have insufficient access to water.²⁸⁰

Projection Of Needs

In the North-east, IDPs in a protracted situation will likely continue to rely on humanitarian assistance, while basic services in the camps will need to be maintained, particularly for those whose populations cannot return. The recent security situation in Al Hol camp is further complicating assistance and service delivery. With the potential return of 22,000 IDPs from Al Hol, future assistance planning should include support at the place of return. Increased economic-driven displacement heightens the risk for prolonged displacement and the accompanying required response, including additional camp services.

In North-west Syria, the patterns of displacement in 2020 have ranged from monthly displacements starting from approximately 30,000 displacements reaching a peak of one million displacements.²⁸¹ As the conflict and subsequent displacement is expected to continue in 2021 with the added component of the challenges of the COVID-19 pandemic, as does the urgent needs of newly displaced IDPs as well as protracted IDPs.

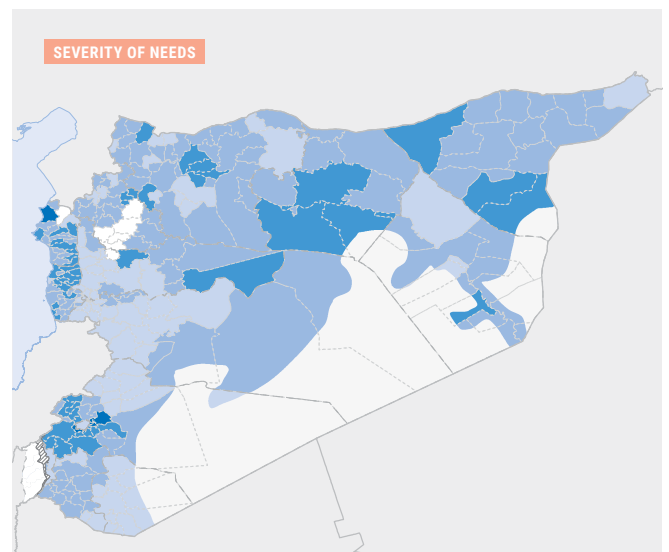
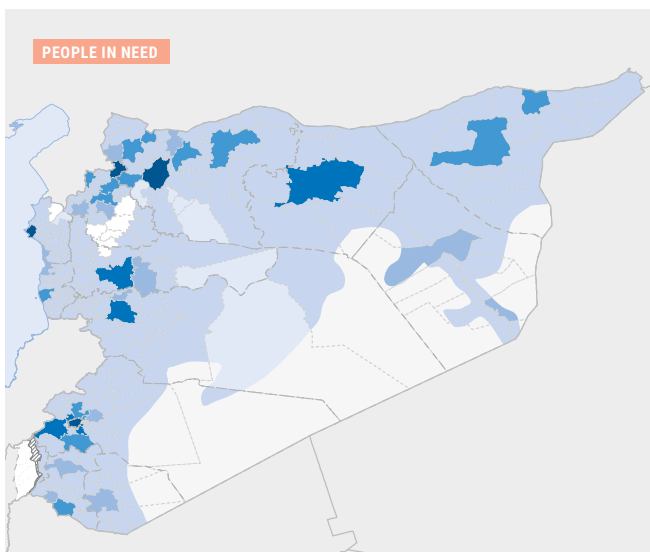
3.3

Early Recovery and Livelihoods



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
11.6M	51% 5.9M	49% 5.7M	45% 5.2M	51% 5.9M	5% 0.5M	26% 3M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

Almost ten years of crisis in Syria have continued to erode the socio-economic foundations of the Syrian people, in parallel to the fallout from the Lebanese financial crisis, the rapid depreciation of the Syrian currency, dramatic inflation, and the entry into effect of new trade restrictions in June 2020. Moreover, the global COVID-19 pandemic has led to additional stress on social and basic services while also depriving Syrian people of their jobs and livelihoods.

The combined effects of these concurrent crises contributed to a significant contraction of the overall economic activity, affecting people's ability to sustain adequate living standards, seek decent livelihood opportunities, access social services and essential infrastructure, and further undermine social cohesion.

ERL needs remain considerable in scale, severity, and complexity across the country, with an estimated 11.6 million people needing dignifying early recovery and livelihood support.

While precautionary measures against the spread of the virus were crucial to contain transmission, they exacerbated

pre-existing and underlying socio-economic vulnerabilities by reducing availability and access to basic services and employment opportunities. COVID-19 restrictions further and heavily impacted employment opportunities across the country, with unemployment estimated closer to 50 per cent of the working-age population at the end of 2020, pushing up prices and further increasing dependence on negative coping mechanisms.²⁸²

Furthermore, the regional economic downturn also resulted in reduced economic flows into Syria. The estimated US\$1.6 billion of remittances sent to Syria each year are estimated to have reduced by up to 50 per cent.²⁸³ The impact of this is expected to be the hardest for 86 per cent of the Syrian population who were living below the poverty line even before the COVID-19 crisis.²⁸⁴ As a result, safety nets and livelihood resources are more strained than ever before, and unaffordability is now reported across sectors as the main obstacle to accessing goods and services.

Needs And Severity

Needs, Severity, and Linkage with other Sectors

The ERL context analysis 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, resulting in an unprecedented challenge to socio-economic resilience.

- **Basic Social Services and Infrastructure:**

Reliable access to electricity remains low across the country, having caused a harmful impact across sectors, including availability of clean drinking water, heating, and essential health services. In particular, the daily availability of electricity is less than 12 hours a day for 69 per cent of the communities, and less than six hours a day for 12 per cent of the communities.²⁸⁵

The state of disrepair in which basic infrastructures lies after years of destruction continues to hinder the prospects of a resumption of economic activities and increase poverty. Moreover, the poor state of basic infrastructure also represents a major impediment to the return of displaced persons to their places of origin, pushing them towards harmful coping strategies, in addition to increasing dependency on humanitarian assistance. In this regard, 74 per cent of the available basic infrastructures facilities are reported damaged, with 53 per cent of them reporting significant damage.²⁸⁶

The poor conditions of access ways and roads affected by ten years of conflict, in addition to the harm caused because of natural events such as heavy rains, negatively affect the possibility to boost the speed of local economic recovery. Similarly, markets and shops' poor conditions hinder the extent to which economic transactions can trigger positive chain reactions vis-à-vis access to livelihood opportunities. Specifically, 51 per cent of the existing markets are damaged and 14 per cent of them result extremely damaged.²⁸⁷

- **Livelihoods:**

The pandemic has been affecting the entire socio-economic system and has led to a dramatic loss of livelihoods across the country. At the end of 2019, around 86 per cent of Syrians lived below the poverty line, and estimated just under 90 per cent as of mid-August 2020.²⁸⁸ A distinct category has emerged, the working poor, households unable to meet the cost of basic needs despite one or more member of the family are working.

As per the UN Inter-Agency 2020 Covid-19 Socio-Economic Impact Assessment, before the pandemic, 41.9 per cent of households could cover their expenses, while currently, only 9.7 per cent can do so. This is exacerbated by a severe lack of opportunities to attain employable skills and working capital. About two-thirds of households lost one or more income sources, and about half lost between 75 per cent to 100 per cent of their previous income.

Due to COVID-19, there has been a decrease of 19.8 per cent in average employees in the Micro, Small and Medium Enterprises (MSME) sector. In particular, there was a decrease in employment of 18.2 per cent for males and 19.7 per cent for females. Most enterprises lost significant revenue ranging from 40 per cent to 100 per cent, and about 13 per cent had to close their operations.²⁸⁹

This widespread loss of livelihoods and income has led and will most likely lead people to resort to harmful and negative coping mechanisms. In this regard, the main coping strategies used by households have been the purchase of goods and services on credit, spending their savings, or yet reducing the number and quality of meals. In particular, women are now spending more time on housework than on income-generating activities²⁹⁰.

Moreover, the impact on livelihoods and the gloomy economic prospects pose an even higher risk of individuals joining extremist armed groups and committing crimes, avoiding health-related treatments, such as for COVID-19 and due to the fear of livelihoods loss, and parents sending children to work, and/or encouraging early marriages.

Palestine refugees have also been severely affected by the socio-economic consequences of the pandemic. According to a recent UNRWA's study, close to 30 per cent of the responding Palestine refugees affirmed that the head of the household lost her or his job over the past months.²⁹¹

- **Social Cohesion and Community Security:**

As a result of the ongoing crisis, the number of IDPs has increased. This has led to additional pressure on social and basic services, leading to a potential rupture in the social fabric. In addition, shocks to multi-level resilience have come from jobs and income loss, reduced access to health services and specifically medicines (due to decreased affordability linked to reduced local pharmaceutical production and currency devaluation), and education and a decrease in social cohesion.

Several factors, including restrictions on movement, lack of or reduced access to transportation, fear of catching the virus, and uncertainty regarding the future, have driven the COVID-19 pandemic's impact on social cohesion. Being locked down also caused tensions among family members and even violence, including GBV.²⁹²

Furthermore, the impact of COVID-19 on social cohesion notes COVID-19's worsening of existing and sometimes deeply rooted political, economic, social, and security challenges, highlighting its resulting impact on the country's diverse social fabric, which can lead to tensions among different social groups, enhance the likelihood of conflict, and undermine trust in the country.

2.2. Most affected population groups

Vulnerabilities among Syrians have now further escalated due to COVID-19 consequences, and sector analysis shows that some population groups are particularly vulnerable and need

assistance. An assessment of the state of disability conducted at the national level presents the most alarming situation for people with disabilities (PWD). 3.7 million people – or 27 per cent of the total population (aged 12+) – in Syria have a disability. Near 75 per cent are without access to medical, social, and economic support, with higher incidence rates in some areas.²⁹³

The national assessment's key findings showed that PWD are vulnerable to exclusion from the humanitarian response, despite their specific or additional needs, due to many environmental factors such as physical and social barriers.

Furthermore, the impact of COVID-19 has been particularly severe in terms of the greater impact on women concerning employment, service access, food security, and overall impoverishment.

The Sector will adopt a clear evidence-base to ensure all community groups' inclusion in its interventions throughout all

phases of the response, including, among others, physical profile (disability), age (children and elderly), and gender.

Projection Of Needs

Early Recovery and Livelihoods needs are on the rise. A period of further economic contraction is expected, with reduced production, increased poverty rates, and further socio-economic deterioration affecting both IDPs, residents, and potential returnees. Displacements from areas still facing hostilities to relatively stable areas are likely to increase demand for essential services, employment opportunities, and the risk of intra and inter-community tensions involving residents and displaced. Likewise, returns will require rehabilitation of services and infrastructure, resumption of economic activity, and, in parallel, initiatives to foster social cohesion among the returnees and the host communities.

SYRIA

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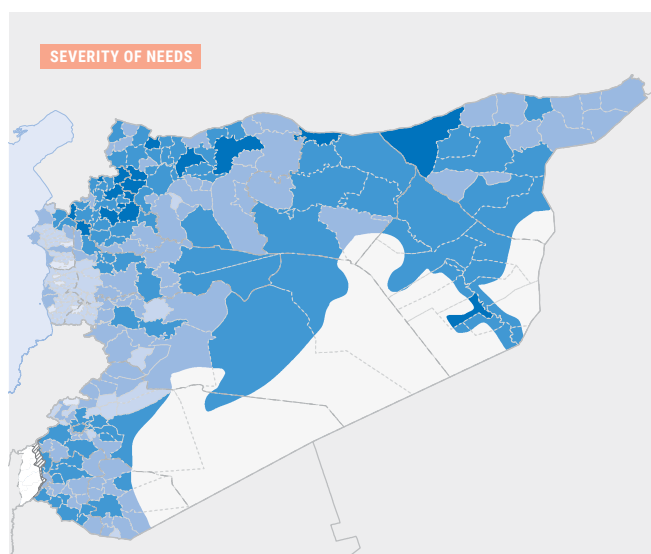
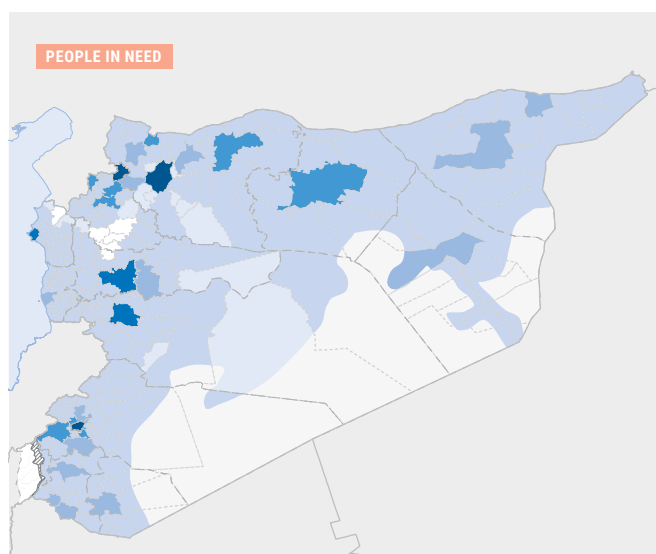
3.4

Education



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (3-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
6.9M	51% 3.8M	49% 3.7M	97% 6.8M	3% 0.2M	- -	15% 1.1M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

This analysis primarily relies on the data from the Multi-Sector Needs Assessment (MSNA)²⁹⁴ and information from other nationwide datasets. Despite tremendous efforts by humanitarian partners, the education system in Syria faced formidable and mounting challenges in 2020. In 2021, investments must improve the availability of and access to learning opportunities to avoid learning loss, reduced future productive capacity and lessen the multiple adverse socio-emotional and other threats related to disrupting a child’s education.

An estimated 6.9 million people (97 per cent children) need humanitarian education assistance. The sector is not able to provide a 2021 estimate of out of school children,²⁹⁵ however, in 2020, an estimated 2.45 million children were out of school and 1.6 million children were at risk of dropping out.²⁹⁶ Due to the cumulative effect of the conflict, the closure of learning facilities, and/or reduced learning hours due to COVID-19, worsening economic conditions, increased population

numbers and displacement, the numbers of children out of school, and children who are at risk of dropping out, is almost certain to increase.

Hostilities, the use of schools for non-educational purposes and other safety concerns continue to impact the safe use and availability of education services—particularly in the north. In 2020, at least 42 children were killed, and 38 children and adults were injured by 61 verified attacks on education (59 attacks on schools, two attacks on education personnel) and 31 verified instances of military use of schools.²⁹⁷ In addition to the terrible fear this instils in students and school personnel, attacks on education also reduce the availability of education infrastructure, contributing to overcrowding and result in unsafe school buildings being used by students.

With schools and learning facilities in 2020 being intermittently closed between March and December many electronic and paper-based distance education interventions were launched. The reach of this was limited due to multiple challenges,

including lack of electronic devices and connectivity, movement and other restrictions, and difficulty supporting and monitoring home-learning. The situation was compounded by worsening economic conditions that increased the pressure on children to support their families. There are indications²⁹⁸ that the rate of student return is lower in the North than in other parts of the country.

Despite multiple threats and barriers, families who send their children to school continue to prioritize education because they believe that (i) education is important, that (ii) education will help their children's economic opportunities and because (iii) children want to go to school. Families who do not send their children to school cited economic and availability barriers. Families with school-aged children want support that reduces the costs associated with sending children to school.²⁹⁹

Needs And Severity

Needs, Severity and Linkage with other Sectors

Ninety-four per cent of all school-aged children are living in areas with severe, extreme or catastrophic education conditions mainly concentrated in Aleppo, Idleb and Rural Damascus Governorates, an increase to last year's 86 per cent. Due to the compounding impact of the 2020 situation many students are either behind in their learning, finding it difficult to return to school or at risk of dropping out. Younger children, adolescents and children with disabilities face further challenges accessing learning services due to limited availability of Early Childhood Education (ECE) centres,³⁰⁰ secondary education services and vocational training opportunities. Across all learning levels, education facilities that can provide inclusive education for the estimated 15 per cent of school-aged children with disabilities remain extremely limited.³⁰¹

The national self-reported basic education attendance rate³⁰² during 2019-2020 academic year was 81 per cent with nearly all children (96 per cent) attending formal education and learning in classrooms (97 per cent).³⁰³ Self-reported attendance, however, does not capture the impact of school closures and other factors that impact student retention and learning. IDP children were less likely to attend school than resident children (with rates at 72 per cent and 84 per cent, respectively). Looking between governorates, Damascus, Hama, Homs, and Tartous had primary school attendance rates of 90 per cent or higher; and significantly lower attendance in Ar-Raqqa (59 per cent) and Aleppo (69 per cent) Governorates. In secondary school, attendance decreases further with the lowest rates found in Ar-Raqqa (15 per cent), Idleb (53 per cent), Al-Hasakeh (56 per cent) and Aleppo (59 per cent) Governorates.

Girls and boys have overall attendance parity until adolescence. Most start school at six-years-old (78 per cent for both girls and boys), and this is stable until children reach 12 years, when it declines. This is concurrent with increased exposure to

protection threats such as child labour, predominantly for boys, and early marriage, predominantly for girls.

Over-aged children continue to attend basic education, often due to lost learning time. The critical lack of secondary education in many areas limits the ability of primary school students to matriculate to secondary school. Lack of vocational schools further limits education chances for older children.

Children who did not attend school are more likely to come from households that perceive themselves as 'hungry'.³⁰⁴ IDP boys and girls,³⁰⁵ regardless of if they are attending or not attending school were more likely to come from these households.³⁰⁶ Interviews with caregivers indicated that a significant number of boys and girls may be experiencing psychosocial distress, with higher rates found in children not attending school.³⁰⁷

Key reasons children were not going to school include, schools not being available, schooling not being affordable and children working to support the household. Broadly, households responded that the costs associated with sending children to school need to be alleviated; more schools need to be established, school structures need to be made safe and conducive to learning. The lack of certified curricula remains an issue in parts of the country and can impact the demand for education services.

Teachers are critical in ensuring the availability and quality of education and are frontline workers. Teachers need to be invested in both through capacity building and adequate remuneration. Teachers in some parts of the country have been working without pay for over a year.³⁰⁸

The threats that students face attending schools that are unsafe are exacerbated by COVID-19. It is difficult to ensure physical distancing or ventilation in overcrowded schools, together with a limited availability of operational WASH facilities. The ability for schools to be considered safe spaces to teach and learn continues to be compromised by attacks on education and the military use of schools.

Most affected population groups

All children have the right to education. Education supports social and economic development. Well-designed quality education services bring communities and populations together, promoting cohesion, resilience and social-emotional support networks. Insufficiently supported facilities can put children at physical risk, undermine learning and foster resource-related tensions.

Seventy-one per cent of children in need of humanitarian education assistance live in areas with extreme and catastrophic needs. The highest concentration of these children is found in the governorates of Aleppo, Idleb and Rural Damascus.

IDP children living in communities and last resort sites are less likely to attend a learning facility than resident children.³⁰⁹ Due

to population movements, areas with high rates of IDPs have a greater disparity between the availability of education services and the number of children in need of services. There is an overall lack of learning facilities and educational interventions in last resort sites and in over-burdened communities.

There is a sharp drop in attendance for adolescents. The critical lack of access to secondary education in many areas limits the ability of adolescents to continue their education; the lack of vocational education prevents adolescents who will not return to school from learning skills needs for economic opportunities.

Young children are unlikely to attend early childhood education due to lack of ECE centres. While early learning is not compulsory due to its ability to enable children's readiness for school and enhance life-long learning, it is a priority.

Children with disabilities are less likely to access learning. Insufficient investment in learning facilities, specialized teachers and materials to provide adequate support to children with disabilities continues to contribute towards excluding these children.

Students and school personnel with psychological distress need access to appropriate services within their schools or through referrals to specialized services.

Teachers and other education personnel are critical to the delivery of education services and professional support and

remuneration that is commensurate with the criticality of their role is integral to attracting and retaining them.

Projection Of Needs

After ten years of conflict, it is critical that formal and non-formal education services are approached as a long-term investment by not only children and their families but by aid actors. COVID-19 and worsening economic conditions have exacerbated the consequences of systemic underinvestment in education service delivery. The consequences of this will continue in 2021. The reach of non-formal education will continue to be limited. Formal education will continue to have a limited absorption and retention capacity and be carried out in largely inadequate and at times unsafe, learning environments (overcrowded, insufficient WASH facilities, lack of heating, unsafe buildings). Education capacity and effectiveness will continue to be constrained by insufficient numbers of paid teachers, lack of teaching and learning supplies and a lack of continuous professional development for teachers and other education personnel.

SYRIA

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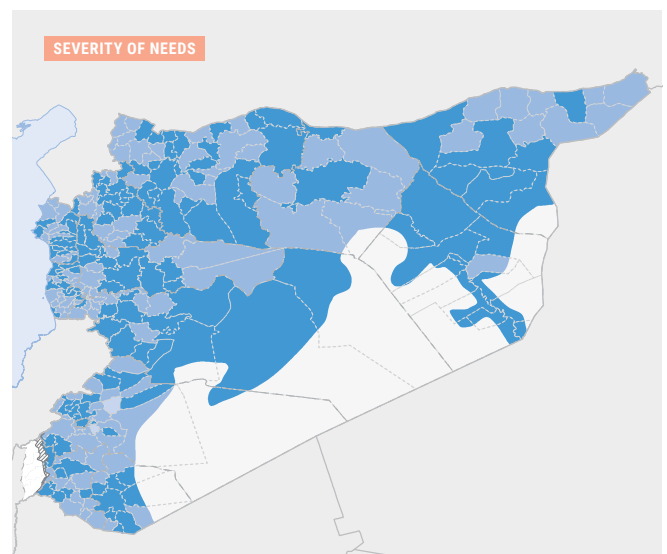
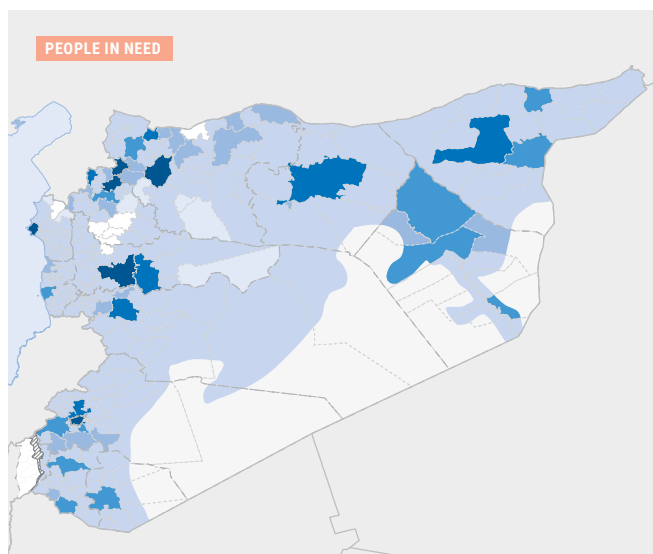
3.5

Food Security and Agriculture



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
14.2M	51% 7.2M	49% 7M	45% 6.4M	50% 7.1M	5% 0.7M	25% 3.6M

SECTOR PiN DISTRIBUTION BY SEVERITY



Overview

The crisis in Syria has entered into its tenth year, with 2020 having seen the emergence of new and complex socioeconomic difficulties that are further exacerbating the food security and livelihood situation of families across the country. The situation in Syria has drastically deteriorated, with an estimated 14.2 million people in need of some form of food and agriculture assistance, representing 68.6 per cent of the total population. Based on a countrywide assessment of 36,484 households and technical reviews and consultations, at least 12.4 million people are estimated to be food insecure, of which 1.3 million people are considered severely food insecure. Furthermore, all 1.7 million³¹⁰ people living in camps are deemed to be 100 per cent food insecure, and 1.8 million people are estimated to be at risk³¹¹ of food insecurity.³¹² The results show a sharp increase from last year, with an increase of 4.5 million people facing acute food insecurity in 2021 compared to 2020. Whereas in 2019, 39 per cent of the total population was food insecure, that figure is now almost 60 per cent in 2020. The number of

severely food insecure people has also increased from three per cent (0.6 million) of the population in 2019 to six per cent (1.3 million) in 2020.

The estimated sector PiN for 2021 – of food insecure plus those at risk of food insecurity – has increased from 9.8 million to 14.2 million. The evidence highlights an alarming deterioration, caused by a combination of factors including currency depreciation and associated loss of purchasing power, considerable hikes in food prices, large population displacements, lack of livelihood and income generating options, losses in agricultural production and assets, all compounded by ongoing conflicts and the COVID-19 pandemic.

The economic crisis has seen a particularly devastating impact on the South and Central governorates as well as North-west Syria as long queues for bread and fuel have become the new norm. In addition to an increase in the vulnerability of households in North-east Syria. The global situation and unilateral coercive measures have also resulted in a substantial decrease in remittances. The agriculture sector, which was

once a cornerstone of the Syrian economy, has also been severely impacted, with half of the national grain requirements met through imports – where once the country was producing enough to meet its own requirements and even exporting before the crisis. High cost and limited availability of agriculture inputs,³¹³ the damage to the irrigation infrastructure across the country, degradation of livelihoods and income-earning opportunities, the regional economic and banking crisis affecting trade in Syrian produce, direct and knock-on effects of COVID-19 on food security and the agriculture sector, the devastating wildfires and other climate-induced shocks such as floods and erratic rainfall, have all contributed to the worsening situation in Syria.

Needs And Severity

The protracted crisis in Syria has intensified needs over the past year through a complex and deepening socio-economic crisis, degradation of livelihoods, knock-on effects of COVID-19, the ongoing conflict in the North of the country and major losses in the food production sector (due to conflict and climate change). These have combined to severely compromise the national food security situation. The worsening economic environment with year-on-year inflation hovering between 200 to 300 per cent is heavily impacting purchasing power, as the country imports most of its staple needs, as well as essential agricultural inputs.³¹⁴ The results of the national assessment showed that 50 per cent of Syrian household reported spending at least 75 per cent of their income on food, while 28 per cent are adopting crisis or emergency livelihood coping strategies.³¹⁵ This is extremely high and such families are unable to save and are barely surviving, as they live hand to mouth, with little hope in sight.

Food prices in Syria have increased dramatically in 2020. The United Nations World Food Programme’s (WFP) national standard reference food basket³¹⁶ price was at SYP 99,243 (i.e. USD 79) in November 2020, which was 251 per cent higher when compared to November 2019.³¹⁷ This 2020 value is the highest recorded price since 2013 and prices continue to rise. The reference food basket, which is a basic food basket meant to support the food needs for a five-member household, is now higher than the highest-paid official government monthly salary of SYP 80,240. Similarly, subsidized bread prices have continued to increase throughout 2020. In government-controlled areas and NES, a bundle of bread has doubled in price (now at 100 SYP/ bundle) while both size and quality of bread have decreased³¹⁸. Commercial bread prices have catapulted, with an increase of more than 300 per cent since November last year. The increase in the price of bread has been caused by the Syrian currency depreciation as well as the wheat shortage in the country. In NWS, prices of bread have also tripled for a bundle of bread and only 58 per cent of the population’s minimum bread needs were met in 2020.

Needs, Severity and Linkage with other Sectors

The aftermath of the Turkish incursion in North-east Syria resulted in the displacement of thousands of people, most notably farmers – further reducing primary food production. Throughout the country, persistent insecurity and random attacks on humanitarian personnel in 2020, also limited access to highly food insecure locations. In south Syria, attacks on humanitarian personnel saw some partners temporarily suspending operations or relocating projects to other more accessible areas driving more people into food insecurity as

Average Monthly Price of the Standard Food Basket

2013-2020



- The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,060 kcal a day for a family of five during a month. The basket includes 37 kg bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 litres of vegetable oil.

- Source: WFP

* Average income for September 2020 as based on 2020 MSNA

vulnerable households cannot be reached. The intensification of unilateral coercive measures is impacting imports of key items such as fuel and wheat, further worsening the situation.

In 2020, agricultural production witnessed a slight improvement over the past few years, especially for wheat, with an estimated total production of 2.83 million tons, though this is almost 30 per cent less than the pre-crisis average of 4.1 million tons. The Government of Syria has not been able to produce nor import the needed wheat requirements. According to the Self Administration in North-east Syria, approximately 144,000 hectares is not accessible to farmers in Ras Al Ain and Tal Abyad districts, impacting production in the region. Fuel shortages have impacted farmers across the country, increasing their production costs; for those unable to afford the increases, there has been a reduction in productivity. The average price of diesel increased by 103 per cent in the last six months of 2020 alone, reaching 850 SYP/ Litre.³¹⁹ This continues to result in most of the Syrian population relying more on buying food with cash and credit (85 per cent) as a major source of food. Measures imposed on Syria have contributed to a substantial reduction in the availability of quality agricultural inputs and equipment. This has led to low levels of productivity for both crop and livestock,³²⁰ inefficient practices and technologies. Farmers also suffer from limited access to markets due to physical and economic constraints, limited access to finance, lack of water for irrigation due to damage of the needed infrastructure such as irrigation canals, limited access to relevant early warning information and the impact of COVID-19 on agriculture value chains, especially poultry.³²¹ Wildfires in Syria adversely affected the production of wheat, barley, olives and other tree crops over the summer months of 2020. The crop fires burned cereal crops in the north-east and in coastal areas; the fires destroyed olive, fruit trees and forest cover. Over 16,000 hectares of wheat are estimated to have been destroyed during the 2019-2020 cropping season. The sector estimates that 32,000 metric tons of wheat could have been lost, enough to meet the annual needs of almost 160,000 people. An estimated 12,000 hectares of barley used for animal feed were also lost, while around 8,073 hectares of olive and other tree crops were destroyed by fires in Latakia and Tartous Governorates as well as the central Homs province in September-October 2020. In North-west Syria, the widespread conflict in 2020 led to loss of farming and cropping land, which limited crop production, which is being worsened by high agriculture input prices.

In addition, livestock in the central and coastal governorates have been affected by diseases such as Lumpy Skin Disease of cattle (LSD). While animal production in North-west Syria still provides dairy products, eggs, and meat, it is also under constant threat from uncontrolled livestock epidemics such as the LSD outbreak in 2019 and 2020.

Most affected population groups

Based on the 2020 Food Security Assessment (FSA) and 2020 Food Security and Livelihoods Assessment (FSLA) findings, WFP mVAM, WFP food prices data and an analysis of agriculture production data by the Food and Agriculture Organization (FAO), an estimated 14.2 million people need some form of food and agriculture-based livelihoods assistance. Most IDPs and other vulnerable crisis-affected people in Syria remain dependent on humanitarian assistance to meet their basic needs, including food, education, health care, shelter and water, sanitation and hygiene services. The national assessment showed that 52.8 per cent of IDPs were food insecure, indicating a higher level of vulnerability than residents (49.7 per cent) while returnees were found to be the most food insecure at 60.3 per cent. Highlighting specific vulnerabilities of IDPs, an additional Food Security Sector (FSS) assessment on Newly Displaced IDPs (NIDPs) in the north-west,³²² found that 41.5 per cent of all NIDP are food insecure and in need of assistance, 50.1 per cent had experienced hunger, and 41.2 per cent of households had unacceptable food consumption.

Debts and credits are also a common coping strategy, with 52.9 per cent of households having taken on debt, since displacement in North-west Syria, with an average amount of debt per household at SYP 701,443. The primary reason reported for taking debt is to buy food.³²³ Over 1.7 million people currently living in last resort camps are among the population groups most affected by the deteriorating food insecurity situation with no access to livelihoods and total reliance on humanitarian assistance. In North-west Syria, 80 per cent of 1.5 million IDPs living in the camps are women and children.

Syria also hosts a significant number of Palestine refugees, the majority of who continue to require assistance.³²⁴ An estimated 99 per cent of Palestine refugee households surveyed reported that they struggled to purchase food and other basic items due to the increasing market prices, with many going into debt to meet their basic needs.³²⁵ Food needs are widespread across Syria and the majority of the food insecure are significantly concentrated in Idleb (86 per cent), Deir-Ez-Zor (73.2 per cent), Hama (68.2 per cent), Ar-Raqqa (65.8 per cent), Dar'a (60.2 per cent), Al-Hasakeh (59.8 per cent) and Aleppo (59.1 per cent).³²⁶ Even the area with the lowest prevalence of food insecurity (Rural Damascus and Damascus) records levels of 44.5 per cent and 46.9 per cent, respectively. The situation is expected to worsen throughout the country because of the prevailing and protracted challenges.

These results highlight a notable increase in the number of food-insecure people across both rural and major urban areas in Syria. Adult women and men are specifically strained and impacted by food insecurity as they frequently engage in adverse coping mechanisms to ensure that their children have enough food to eat. Furthermore, from the assessed households, 31 per cent of the male-headed households adopted

crisis or emergency livelihood coping strategies compared to 35 per cent of the female-headed households, who are often placed in a situation where they are at risk of being exploited due to their status. Households having a person with a disability are slightly more at risk of food insecurity, while older persons and children are more likely to suffer the impacts of food insecurity as a population group. At least 72.4 per cent of assessed families have no option but to consume less nutrient-rich and cheaper foods to meet their basic food needs. Hidden hunger has increased, as one in eight children are reported to be stunted in Syria, with PLW also showing higher rates of food insecurity as they struggle to meet the micro-nutritional needs.³²⁷

Elderly and those with underlying medical conditions are also particularly at risk of COVID-19 exposure and food insecurity and they face specific inter-sector challenges and vulnerabilities. Based on the United Nations Office for the Coordination of Humanitarian Affairs' (OCHA) Humanitarian Needs Assessment Programme (HNAP) IDP report series of 2020, an estimated 85 per cent of IDPs, who reported not working, were women since they are typically more restricted due to domestic obligations and lower levels of skills development.

The impact of the economic crisis on food production puts pressure on the smallholder farming sector, which is mainly driven by women, with seasonal and daily labourers also being heavily impacted as they have little to fall back on. Farmers in the north-west have suffered from unavailability and high costs of agricultural inputs and services, such as seeds, fertilizers, pesticides, and fuel for irrigation. The lack of technical services coupled with the absence of emergency interventions focusing on integrated pest and disease management and the unavailability of Syrian wheat varieties are further affecting farmers in North-west Syria. In the north-east, COVID-19 and price increase impacted farmers' capacity to plant wheat and barley. This affected the 2012/2020 production season, with only 900,000 tons of wheat produced.³²⁸ Production was particularly affected in areas and land closer to the northern border due to the Turkish/SDF conflict in 2019. In South Central governorates, farmers are facing challenges in accessing quality agriculture inputs due to the high cost. Livestock breeders' remain vulnerable since their animals are at risk of disease outbreaks; with limited pasture availability and high feed costs, many livestock farmers are forced to sell-off their animals, thus adversely affecting overall livestock production levels and compromising the long-term livelihoods of livestock keepers.

Projection Of Humanitarian Needs

Based on the prevailing and immense economic crisis, the ongoing conflict in parts of Syria, knock-on effects of COVID-19 and challenges affecting the agriculture sector, 14.2 million PiN will not be able to withstand the ongoing economic burden and new shocks, due to their eroded resilience. The inability to access adequate amounts of food for consumption particularly among households facing severe food insecurity is likely to have detrimental effects on household food consumption and nutritional status of the affected vulnerable households. At national level, 13.8 per cent of the Syrian population has a poor Food Consumption Score (FCS), with 41.4 per cent just at the borderline. If no immediate assistance is provided, it is most likely that the majority of people will slide into the poor FCS category.

In areas affected by conflict in the north-east, north-west, and parts of southern Syria, agricultural production will be further affected. The food security situation among IDPs, Vulnerable Resident Populations (VRP) and returnees is expected to remain poor throughout 2021 due to the degradation of livelihoods and socio-economic constraints.

The dire situation in Syria will likely remain with the current socio-economic and food security outlook in the country as trends show an alarming increase in the percentage of people facing food insecurity this year. Food insecurity is likely to increase in urban areas as well, where the majority of people rely on markets, which are increasingly operating under difficult economic conditions with high food prices and the majority of food commodities such as rice, wheat flour, vegetable cooking oil and sugar, being imported. The high food prices, coupled with lack of income-generating opportunities, will worsen the situation.

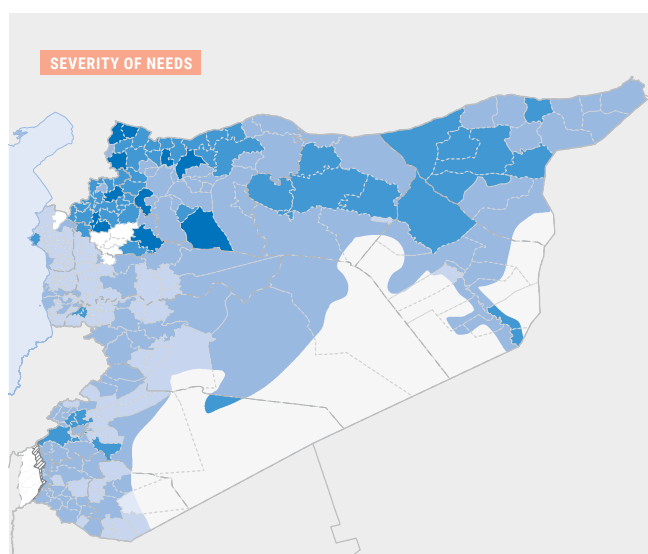
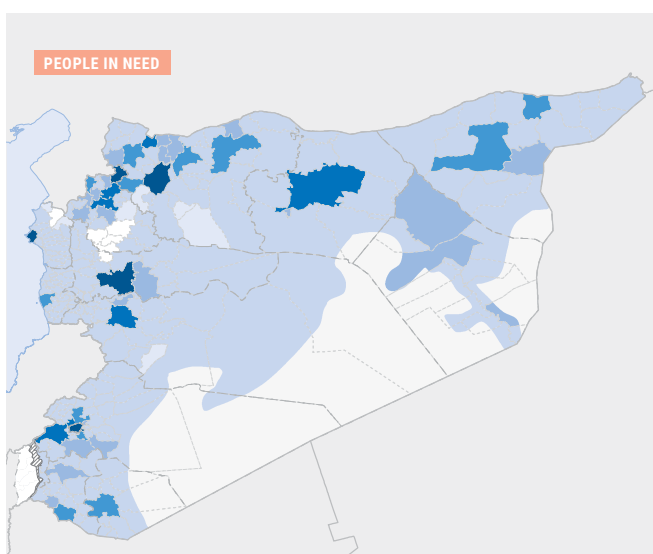
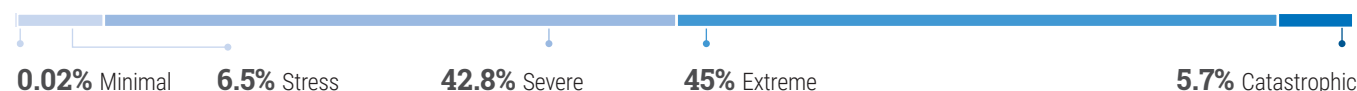
Although the quantity of wheat produced in 2020 is relatively good compared to previous years, amounting to about 2.8 million tons, there is still a significant gap between available wheat and the national consumption needs. This is resulting in the Government of Syria facing difficulties in filling the huge deficit in wheat and flour, in light of the difficulty to import due to measures against Syria, and the decline of the Syrian currency. With no signs in place regarding an improvement in the macro-economic conditions, it is likely that high food (and agricultural input) prices will persist and this will drive more people into food insecurity as 2021 progresses.



3.6 Health

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
12.4M	51% 6.4M	49% 6M	45% 5.6M	51% 6.3M	4% 0.5M	25% 3.1M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

As the Syria crisis approaches its tenth year, the health system remains heavily disrupted. While attacks on health care in 2020 fell by 67 per cent³²⁹ compared to 2019, the COVID-19 pandemic, coupled with economic downturn in the country, has pushed the health system to the brink. By mid-2020,³³⁰ more than 7.78 million people in 100 sub-districts were living below three critical emergency health standards³³¹ and a localized household survey in North-west Syria found crude and under-five mortality rates were below international standards.³³²

With just 58 per cent of hospitals and 53 per cent of Primary Healthcare Centres (PHC) fully functional,³³³ the COVID-19 pandemic has exacerbated weaknesses in the health system. 2020 saw 39,773 COVID-19 cases and over 1,300 deaths reported across Syria,³³⁴ but as the outbreak continues, self-reported compliance with preventive measures remains below 50 per cent³³⁵ while laboratory capacity and access to testing are also below recommended levels. Further strengthening of all pillars of the COVID-19 response must continue in 2021, in addition to planning for vaccine rollout, particularly in access-constrained areas and areas of disputed control.

In 2020, households³³⁶ and health workers alike experienced increased stress, placing additional demand on mental health services. Non-COVID outbreak risk remained present, with continued spikes of leishmaniasis cases across northern Syria and increases in proportionate morbidity for acute diarrhoea in the first 34 weeks of 2020 as compared to 2019.³³⁷ Essential health services were disrupted as agencies and health workers alike rushed to respond to COVID-19. For example, the Expanded Program on Immunization (EPI) experienced temporary suspension due to COVID-19 risk. While catch-up efforts regained most of the lost ground, gaps in coverage remain with DPT3 coverage below herd immunity levels in seven of 14 governorates.³³⁸

Due to cumulative effects of concurrent crises, cost of health services; lack of medicines, supplies or health staff; and fear of exposure to COVID-19 have replaced distance, over-crowding and long wait times as the main self-reported barriers to health access³³⁹ with persons with disabilities disproportionately affected. Disrupted medication supply chains, particularly for psychotropic drugs and Noncommunicable Disease (NCD) medicines, were previously identified as a key gap in the health

response³⁴⁰ and a contributor child mortality.³⁴¹ The situation worsened in 2020 due to breaks in international supply chains and the effects of local currency fluctuations and unilateral coercive measures on local pharmaceutical production.³⁴² 86 per cent of surveyed households who sought health services in previous three months reported having to pay out-of-pocket for care – most often for medications. Fees were most frequently reported in Aleppo, Rural Damascus, Damascus and Idlib,³⁴³ while IDP's expenditures on health as a per cent of household income ranged from 0 per cent to 10 per cent with the highest levels reported in Al-Hasakeh, Ar-Raqqa, Dar'a and Rural Damascus.³⁴⁴

Needs and Severity

Needs, Severity and Linkage with other Sectors

Compared to 2020, the health sector PiN has increased three per cent with the largest absolute change seen in Idlib Governorate where the PiN increased by more than 200,000 people, while the largest relative increase occurred in Lattakia Governorate where the PiN rose by 25 per cent or nearly 150,000 individuals. Negative trends in determinants of health, such as disrupted water networks and waste management, displacement status, insufficient shelter solutions, and food insecurity, converge to leave populations vulnerable to epidemic-prone diseases such as leishmaniasis.³⁴⁵ Dramatic increases in food insecurity can worsen already-elevated levels of anemia in Women of Reproductive Age (WRA),³⁴⁶ posing a risk to adverse health outcomes for both mother and child, and, when coupled with diarrhoeal disease, can exacerbate the risk of poor malnutrition outcomes in children under five years.³⁴⁷ Amid growing reliance on negative coping mechanisms – including child marriage – survivors of GBV often rely on health facilities as a way to gain access to specialized services when no other relief can be safely sought out.³⁴⁸ The increased sector PiN requires the sector to renew its efforts to protect vulnerable groups, particularly in access-constrained areas, by ensuring the availability of life-saving and life-sustaining essential health services. By leveraging existing interventions in parts of Syria, such as essential health services packages and integrated WASH, health and nutrition interventions, humanitarian actors can increase the responsiveness and resilience of the health system.³⁴⁹

Most affected population groups

As in previous years, the health sector remains focused on five key vulnerable groups: displaced persons, children under five years (U5), WRA (15-49), older persons (60+) and people with disabilities. Among the 12.43 million people in need of health services in 2021, 1.41 million are children U5 while 3.32 million are WRA, including 498,480 women who are expected to become pregnant in 2021.³⁵⁰ An additional 536,753 older people are likely to require health services, as well as those with early-onset NCD, which is estimated to account for 45 per cent of all mortality in Syria.³⁵¹

In Syria, the prevalence of disability is estimated at 25 per cent,³⁵² nearly double the global average.³⁵³ Not only do persons with injuries and disabilities require specialized services and measures to ensure access, but they are disproportionately

at risk from COVID-19 and the economic situation on account of increased reliance on caregivers, cost of transport, and greater household vulnerability. Persons with major-to-complete functional difficulty in at least one Washington Group question reported financial barriers to accessing health services more than 90 per cent of the time as compared to the overall frequency of 56 per cent. Continuous under-funding of response agencies has also left the 438,000 Palestinian refugees living in Syria in acute need.

Geographically, the health sector severity scale reveals that areas of catastrophic need³⁵⁴ are primarily located in parts of Aleppo, Idlib and Rural Damascus in 2021, while areas of extreme need³⁵⁵ have remained primarily in north-west and North-east Syria – particularly Deir-Ez-Zor, as well as additional parts of Rural Damascus and Idlib. Areas of North-east Syria are at heightened risk of outbreaks due to frequently interrupted water supply from Alouk water station. The disrupted healthcare system in areas of high severity has a compounded effect on the wellbeing of women and girls who are unable to access essential sexual and reproductive health services.³⁵⁶

Areas of high population density, such as over-burdened hosting communities and urban settings, as well as crowded settings like informal settlements, IDP camps, refugee camps,³⁵⁷ and collective shelters – particularly in north-west and North-east Syria, remain at high risk for outbreaks of epidemic-prone disease. Within the health sector PiN, an estimated 4.44 million IDPs and returnees are in need of humanitarian health services. Notably, the cities and surrounding areas of Damascus and Aleppo remain at a severe level of need³⁵⁸ and are estimated to contain 1.91 million persons in need of health services. This reflects not only the burden on the health system in areas where thousands of IDPs reside, but also the demands posed by patients arriving from all parts of the country seeking higher-level services such as tertiary hospitals and specialized care such as in-patient psychiatric units.

Projection of Needs

In order to promote quality, accountable health services and ensure rational use of resources, including limited health care staff, there is a need to expand existing efforts to advance standardized, primary health service packages that guarantee comprehensive reproductive health services – including first-line response to GBV; child health and routine immunization services; integrated maternal health and nutrition programming; management of NCDs³⁵⁹ and mental health conditions; diagnostic and screening services; and availability of essential medicines. In areas lacking health governance, leadership and resources for health facility operations are required for an effective response.

Linkages between health facilities and communities must be strengthened to empower individuals with knowledge and awareness to safeguard themselves and their families and know how to effectively seek health services. Outreach and support to mothers are critical to proper care for the newborn at home, including feeding. Furthermore, ensuring coordinated, bi-directional referrals and availability of secondary and tertiary care, trauma services post-surgical care, specialized care – including mental health care, and comprehensive emergency

obstetric, newborn, and child health services is critical in humanitarian settings where access to early and preventive care may be interrupted, and the effects of conflict are likely to produce an increased burden of disease and poor health outcomes such as maternal deaths, unintended pregnancy, sexually-transmitted infections, unsafe abortion, and GBV³⁶⁰. Emergency, stop-gap measures such as task-shifting and training must be complemented by longer-term efforts to address retention and shortages of health care workers such as capacity-building and production of clinical staff.

Barriers to health access – particularly cost of care – must be addressed through a combined strategy of mobile and outreach interventions in access-constrained areas, strengthening public systems, and investing in private partnerships where gaps in services exist. Across all levels of care, patients must have access to inclusive, safe and accessible services – particularly people with disabilities or functional difficulties and adolescent girls³⁶¹. Investments in quality improvement and health information systems also increase accountability to affected populations.

For the COVID-19 response in 2021, proven public health preventive and response measures must be maintained and strengthened across sectors: particularly community engagement – including sustained behaviour change and vaccine uptake; surveillance and testing – including expanded access to testing and laboratory capacity; infection prevention and control in health care settings – including sufficient supply of Personal Protective Equipment (PPE); and case management capacity – including expanded beds for moderate and critical cases. The added challenge of planning for vaccine rollout in 2021, particularly in access-constrained areas, will require deepened efforts to engage stakeholders and communities and

ensure equitable distribution according to need and with full consideration to gender equity. Operational efforts are needed to not only strengthen the overall medical supply chain but also deliver cold-chain solutions that will enable effective COVID-19 vaccine storage, transport and distribution. Relatedly, in order to ensure safe and quality delivery of essential health services, repair and re-equipping of health facilities is critical for both routine essential and emergency health care services, as well as dedicated COVID-19 case management.

While levels of hostilities notably reduced in 2020, the potential for re-escalation remains. North-west and North-east Syria are at particular risk for an intensified crisis – a scenario which is likely to generate increases in traumatic injury, psychological trauma and the need for post-surgical care, as well as increased morbidity from causes like waterborne illness as displaced persons seek refuge in locations without reliable water, sanitation and shelter. With dual threats of possible renewed hostilities and the ongoing COVID-19 outbreak, expanded coverage of surveillance activities and response teams is critical to controlling outbreaks of all diseases of epidemic potential. Joint efforts with WASH actors to ensure safe water supplies and sanitation – particularly within health facilities, as well as medical waste management, are needed to prevent and control disease outbreaks.

Finally, the need for the protection of patients and health care remains urgent. In addition to pre-existing threats, in the past year, health care workers in Syria have faced extraordinary risks in the COVID-19 pandemic, with more than 2,700 reportedly falling ill, including 32 who passed away. Addressing stressors and mainstreaming coping mechanisms, providing self-care and staff care especially for health staff cadre, are critical in the coming year.

SYRIA

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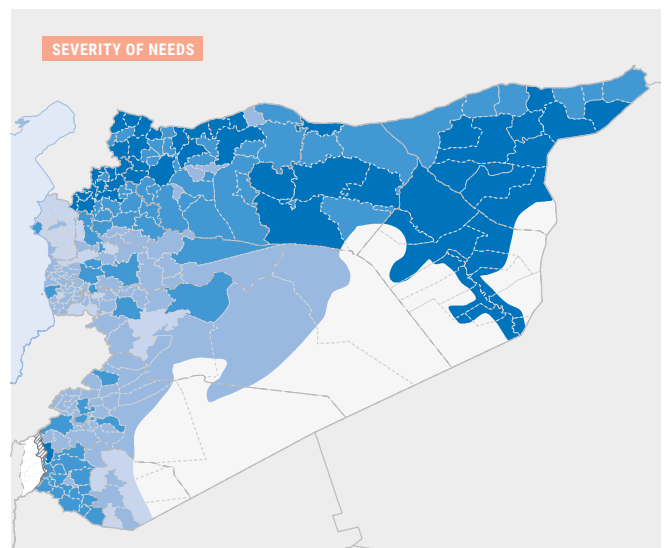
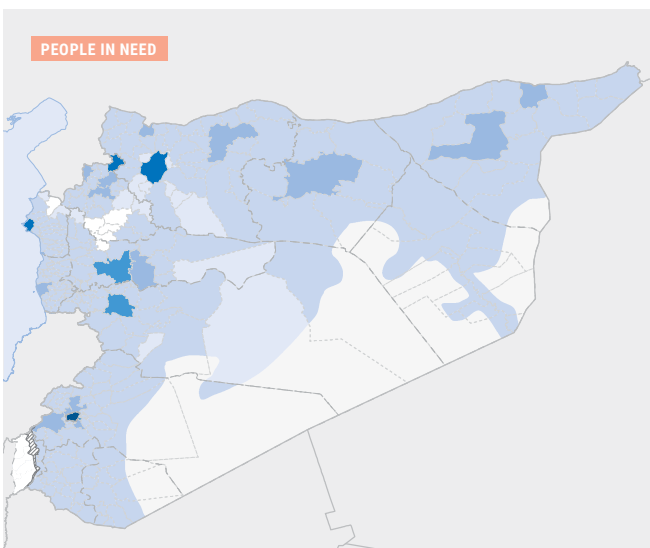
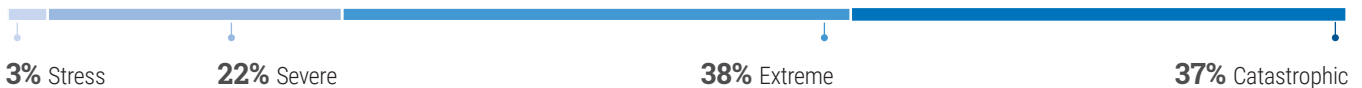
3.7

Nutrition



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
4.9M	67% 3.3M	33% 1.6M	66% 3.2M	34% 1.7M	5% 0.2M	24.7% 3.24M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

Ten years of protracted conflict in Syria has led to a staggering 4.9 million pregnant and lactating women and children in need of life-saving nutrition interventions, of which 3.7 million are in acute need (severity 4 & 5). It is estimated that an additional 0.3 million mothers and children will be in need of life-saving nutrition intervention compared to 2020. The nutrition sector is analysing the causes of increased people in need, which would be clarified by the next SMART survey. If urgent life-saving nutrition needs are not properly addressed, malnutrition will continue increasing across Syria and will have devastating, long-term and intergenerational impacts.

Chronic malnutrition remains one of the major public health and development concerns in Syria, where annually, more than 0.6 Million Syrian children and one out of every three displaced children lose their future development and learning potentials

because of stunting.³⁶² This is strongly linked with poor Infant and Young Child Feeding (IYCF) practices and maternal malnutrition, high levels of anaemia (one in four children and one in every three to four pregnant and lactating mothers are estimated to be anaemic).³⁶³ Maternal malnutrition remains a concern, with levels varying across geographic areas. In government-controlled areas, the SMART survey conducted during 2019 shows that five per cent of pregnant and lactating mothers are acutely malnourished.³⁶⁴ In North-west Syria, nearly 11 per cent of mothers are malnourished, and in some areas in Idlib this rate could go as high as 40 per cent.³⁶⁵ Maternal malnutrition is worse among displaced and hard to reach populations.

It is estimated that one out of each four women are not optimally feeding their infant and young children,³⁶⁶ additionally in some areas affected by conflict and among displaced population in North-west Syria, close to 60 per cent of children

* This percentage is the percentage observed from programmatic data

of the age 6-24 months are not receiving diets of acceptable quantity and diversity.³⁶⁷ For the rest of Syria, only one out of four children is receiving a minimum acceptable diet. Poor infant and young child feeding, particularly the complementary feeding will be aggravated by the ongoing economic crisis in Syria, in conjunction with maternal anaemia and malnutrition.

Acute malnutrition among children is consistently increasing even though overall malnutrition levels in Syria remain below emergency levels. However, levels close to the emergency threshold are observed among displaced and hard to reach populations. Acute and chronic malnutrition are generally highest among children under two years and those displaced compared to residents.

The poor nutrition situation is largely attributed to the continued exposure of children and mothers to unsafe living conditions, diseases (including COVID-19), suboptimal IYCF practices, high maternal malnutrition, economic downturn, low purchasing power, poverty, food insecurity, family separations and poor care practices, early marriages, and destruction of infrastructure causing limited access to health services and depletion of skilled human resources, and inadequate sanitation and water supply.

Needs And Severity

Needs, Severity and Linkage with other Sectors

Chronic malnutrition remains high, with one out of each three to four Syrian children estimated to have or at risk of being stunted. It is estimated that more than 600,000 children are suffering from stunting and are at risk of impaired physical and cognitive development.³⁶⁸ Chronic malnutrition has intergenerational consequences and can only be reversed in the first 1,000 days of life.³⁶⁹ Contributing factors include poor IYCF practices; lack of psychosocial stimulation, repeated illnesses; and low birth weight.³⁷⁰ Additional inter-sectoral stunting reduction efforts will be needed in terms of improving family and household food security, access to child health and nutrition services as well as access to WASH and adequate sanitation.

Almost 90,000 children under the age of five years in Syria are acutely malnourished. These children face life-threatening risks and require immediate treatment.³⁷¹ Malnourished children with complications have increased two-fold in some sub-districts and more stabilization centres are needed.³⁷²

Almost one in three pregnant women are anaemic while maternal malnutrition remains a major public health and nutrition concern in Syria, leading to poor intrauterine growth,

high risks during pregnancy, and childbirth complications.³⁷³ It is estimated that more than 0.2 million mothers are malnourished and an additional 0.9 million women at child-bearing age are suffering from anemia of various reasons.

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.³⁷⁴

The depreciation of the Syrian pound and deteriorating household economy will further aggravate the nutrition situation of mothers and children. COVID-19 outbreak has affected access to health and nutrition services and food markets and will likely play a vicious cycle with malnutrition.

Most affected population groups

Overall, 4.9 million people (1.7 million pregnant and lactating women and 3.3 million children under 59 months of age) in Syria are in need of nutrition assistance in 2021. More than 1.8 million people have 'critical' needs – Their situation will significantly deteriorate if assistance is not provided immediately, while almost 1.9 million have 'severe' nutrition needs – Their situation will significantly deteriorate if assistance is not provided soon enough, and 1.1 million people have 'major' needs. In addition, it is estimated that 246,000 children or five per cent of the total Nutrition sector PiN are disabled. Out of the total population in need, 3.7 million people are in an acute need of nutrition assistance. The overall population in need includes 1.7 million internally displaced person, 84,000 spontaneous returnees and 3.6 million residents. Nutrition Sector data shows variations among affected population where more nutrition vulnerabilities were seen among the internally displaced population in the north-east and the north-west, while nutrition humanitarian services are needed across all Syria.

Projection Of Needs

The nutrition situation in Syria is expected to be influenced by the dynamic of the COVID-19 outbreak as well as the magnitude of the food security situation affecting dietary diversity as well as maternal health and nutrition status. Escalations and increasing hostilities will likely cause a deterioration in the nutrition situation of mothers and children because of repeated displacements and/or limited access to life-saving health and nutrition interventions, as well as increasing prevalence of negative coping mechanisms such as child marriage and child labour.

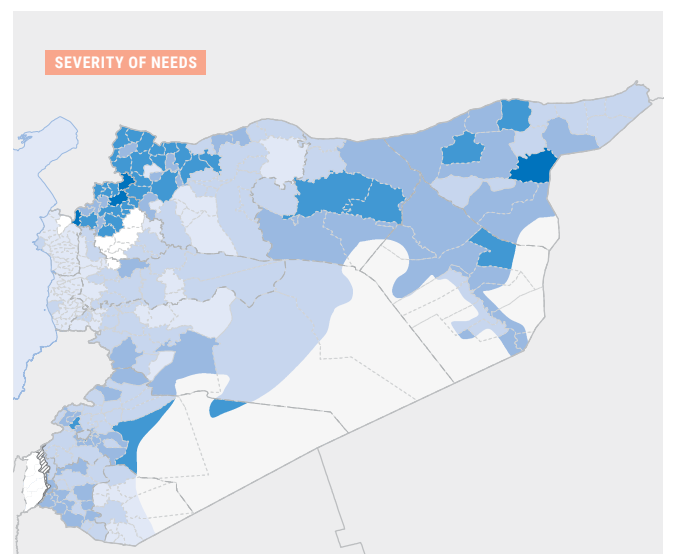
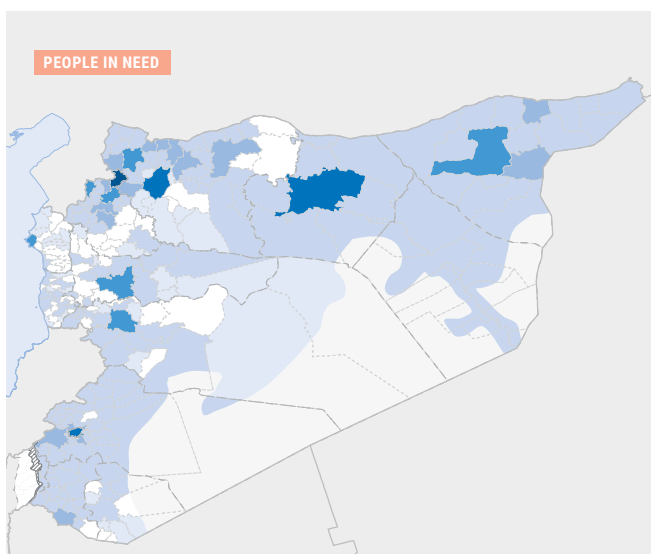
3.8 Shelter and Non Food Items



Shelter

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
5.88M	56% 3.3M	44% 2.6M	44% 2.6M	51% 3M	5% 0.3M	15% 0.9M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

Shelter needs in Syria are widespread and acute. A significant portion of the population continues to experience protracted displacement. In addition, returns have begun to some areas, and new IDPs swell already overburdened communities, especially in North-east and North-west Syria, resorting to living in unsustainable settlements with poor access to basic services. Adequate shelter with appropriate hygiene facilities is critical for people’s living standards, physical health, mental well-being and protection needs. The severity of shelter needs has increased slightly across Syria, with a corresponding increase in PiN from 2020 by four per cent to 5.88 million people in 2021.³⁷⁵ Of this, 3.89 million (66 per cent) are in areas of severity three or higher. Geographically, these shelter needs are concentrated in Aleppo, Idleb, Ar-Raqqa, Rural Damascus Governorates and camps in the

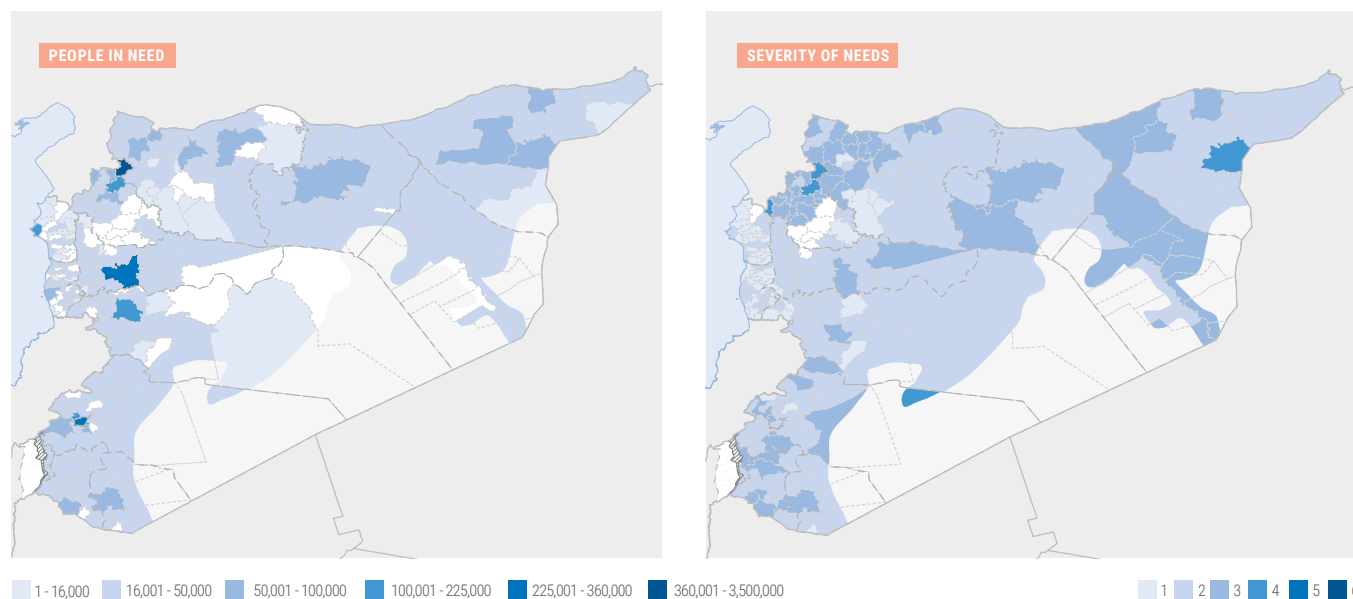
north-east and north-west. At least 1.95 million IDPs reside in last-resort informal and spontaneous settlements.³⁷⁶

Improvements in NFI access was short-lived³⁷⁷ as nearly one million people were displaced in North-west Syria from December 2019 to April 2020, accompanied by the impact from COVID-19 and the deteriorating economic conditions.³⁷⁸ Access to NFIs is seen as lifesaving, especially during winter when vulnerable families are unable to access basic items to keep them warm, such as heating fuel, blankets and winter clothes. Despite the improved stability, the overall NFI PiN has increased by 37 per cent from 2020 to 4.69 million PiN in 2021. Of this, 2.70 million people (57 per cent) are residing in areas of severity three or higher with a concentration in 73 out of 270 sub-districts.³⁷⁹ According to the latest assessment, 90 per cent of families report diminished access to NFI’s with unaffordability being the main constraint.

Non food Items

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
4.69M	56% 2.6M	44% 2.1M	44% 2.1M	51% 2.4M	5% 0.2M	15% 0.7M

SECTOR PIN DISTRIBUTION BY SEVERITY



Needs And Severity

Needs, Severity and Linkage with other Sectors

In 2020, the number of people requiring shelter assistance remained substantial, with 5.88 million people in need. This is attributed to the loss of capital, destruction of housing infrastructure and the limited response. Needs are further intensified by the scale of new displacement in the north-west and critical infrastructure gaps, protracted displacement in North-east Syria and limited housing options across the country. For people in underserved, rural and newly accessible areas, a lack of services and limited humanitarian or longer-term support compound an already fragile existence. Consequently, the nature of displacement is beginning to shift – while conflict remains the prime driver of displacement, more IDPs and returnees are reporting the worsening economic situation as the second reason for displacement.³⁸⁰

Despite extensive and severe needs, the shelter response could not be scaled up sufficiently. It is estimated that at least 31 per cent of the population live in inadequate shelter conditions, with IDPs and returnees disproportionately affected. Nearly 50 per cent of returnees live in damaged buildings, and an estimated 26 per cent of IDPs reside in damaged and/or unfinished buildings,

public buildings such as schools and other non-residential buildings.³⁸¹ Poor shelter conditions increase protection and public health risks, particularly when combined with overcrowding and inadequate access to water, sanitation/waste disposal and health services, enabling the spread of respiratory and epidemic-prone diseases, including COVID-19.

It is estimated that food insecurity has grown from 42 to 71 per cent during 2020, which is indicative of the deteriorating economic situation of families and their diminished abilities to meet basic needs. Basic items are becoming increasingly more expensive while families' purchasing power is diminishing over time with ratio of debt increasing by 71 per cent. If the economic situation continues to worsen, the NFI sector expects the PiN to increase, making the need to prepare in advance of winter even more critical.

Most affected population groups

IDPs: At least 1.95 million IDPs are residing in last-resort sites in the north-west, north-east and the south. Sites in the north-west lack crucial infrastructure and regularly experience severe flooding while all emergency or improvised shelter require regular replacement as well as continued humanitarian support.³⁸² Almost two-thirds of IDPs interviewed for the 2020

MSNA have been displaced for more than two-and-a-half years; and 30 per cent either live in camps or tents, are hosted by others or have informal occupancy arrangements. A sustainable shelter solution is yet to be found for those displaced, however continuous support remains crucial to maintain the dignity, health and safety of those displaced. Infrastructure upgrades, provision of emergency tents, NFIs and winterization of existing shelters remain vital support.

Host: Communities in 33 sub-districts including A'zaz, At Tall, Dana, Hole, Sharan and Tall Refaat³⁸³ are overburdened as they host more IDPs than resident populations with their limited shelter and hosting capacity. Alongside the displaced, nearly 25 per cent of the host community are living in damaged and inadequate shelters where repair/rehabilitation is needed alongside a multisectoral response to ensure access and availability to basic services. Areas of Deir-Ez-Zor, Dar'a, Quneitra, rural Aleppo and rural Hama have been chronically underserved with a limited number of humanitarian partners and services.

Returnees: Although returns have been reported, 50 per cent of returnee households live in damaged buildings and 75 per cent report a lack of services, which created additional challenges and could lead to secondary displacement.

Urban: 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 livelihood opportunities are limited. According to a recent damage assessment in 17 urban centres in Syria, Aleppo and Eastern Ghouta have by far the most extensive damage,³⁸⁴ while

the number of IDPs, returnees and host community living in undamaged buildings has not improved compared to last year.³⁸⁵

Populations-at-Risk: Within these affected populations, the MSNA data also shows that female-headed households, youth, older persons 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 and adequate shelter. This places them under further risk of developing negative coping mechanisms as they may have to take on debt or resort to unsuitable living arrangements to meet their basic living needs.

Projection Of Needs

A further intensification of the crisis in North-west Syria could result in significant levels of displacement to already overburdened and fragile areas. Across the country, funding restrictions are limiting the humanitarian response, which is already underserving protracted IDPs. Furthermore, the ongoing economic crisis compounded by COVID-19, will continue to negatively impact household resilience through all areas, further reducing families' ability to pay rent, address shelter issues, meet their basic needs – potentially causing more households to move to last resort sites.³⁸⁶ This would further exacerbate the need for shelter and NFI support as living conditions of the families is expected to worsen. Emergency shelter and NFI support will continue to be a vital life-saving assistance while further support to improve shelter conditions will continue to be vital.

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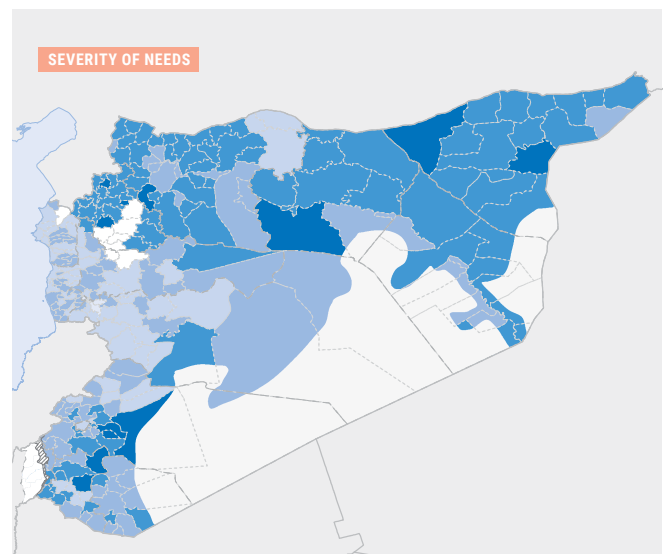
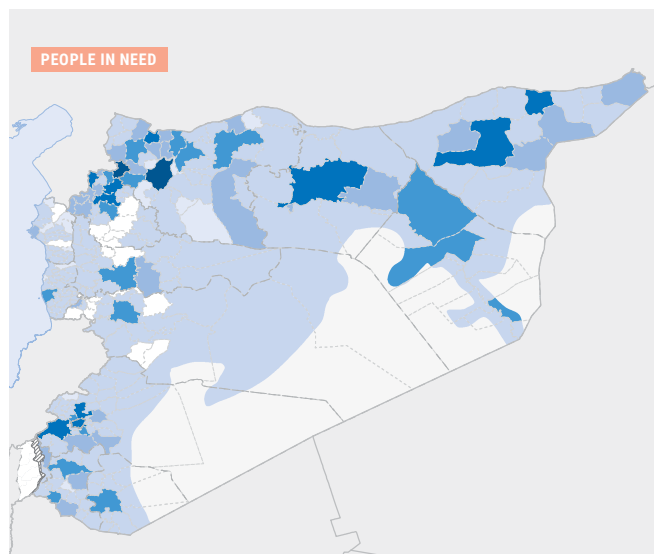
3.9

Water, Sanitation and Hygiene



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
12.2M	49% 5.9M	51% 6.2M	44% 5.3M	51% 6.2M	5% 0.6M	24% 2.9M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview

The below analysis is primarily based on two country-wide household-level WASH assessments completed during 2020 to inform the 2021 HNO.³⁸⁷ The analysis concluded that 59 per cent of the Syria population requires WASH assistance:³⁸⁸ Nevertheless, to adequately understand the scale and diversity of WASH needs, the overall number of people in need of WASH assistance – 12.2 million, needs to be complemented with figures presenting specific WASH needs related to water quality – 3.3 million and quantity – 1.4 million people, sanitation – 3.2 million people, solid waste management – 4.1 million people, and heavy financial burden linked with purchasing water – 7.5 million or hygiene supplies – 6.4 million people. A further 5.1 million people face barriers to effective handwashing. Over seven million people are highly dependent on humanitarian WASH assistance, including 1.9 million people living in IDP last resort sites that require comprehensive and continued WASH assistance to survive. In addition, the entire population of Syria relies on drinking water treatment chemicals provided by the humanitarian community.

Needs And Severity

Needs, Severity and Linkage with other Sectors

Note that more comprehensive analysis of WASH-related needs and severity, as well as visualizations of WASH data, can be found following the links: [WASH 2021 HNO full analysis](#)³⁸⁹ and [WASH Atlas 2020](#).³⁹⁰

Quality and uninterrupted WASH services for IDP sites³⁹¹

Access to sufficient and affordable safe water, adequate sanitation, solid waste management and/or hygiene supplies will remain a real challenge for 1.9 million people living in IDP sites³⁹² that are highly dependent on continued humanitarian assistance (77 per cent of interviewed residents of IDP sites received some kind of WASH humanitarian assistance, with 11 per cent not being satisfied with it, mainly due to insufficient quantity or low quality of assistance). 69 per cent of interviewed households living in IDP sites exclusively depend on water trucking services and often reported water insufficiency (20 per cent) to meet daily household needs. Further 45 per cent couldn't access one or multiple hygiene items, 54 per cent faced barriers to effective

handwashing – key preventive measure against COVID-19 virus transmission, 26 per cent of households reported issues with toilets functionality or wastewater disposal, while 75 per cent of the female headed households reported lack of access to bathing facilities. Disruptions and poor quality of services in IDP sites have direct negative physical and mental well-being and protection consequences, notably on women and girls.

Timely response to emerging rapid onset emergencies

Support to newly displaced populations (in particular in North West where hostilities continue and in light of potential non-renewal of The United Nations Security Council (UNSC) resolution and loss of cross-border access for UN and its partners in July 2021), or operation disruption of larger water supply systems (e.g. at Alouk in North East Syria) require a timely and quality response based on sufficient preparedness.

WASH infrastructure requires significant support and investments

With 36 per cent of the general population³⁹³ relying on alternative to piped water and often unsafe water supply modalities to meet or complement their water needs,³⁹⁴ at least 70 per cent of sewage being discharged untreated and at least half of the sewerage systems not functional,³⁹⁵ and about 29 per cent of garbage inappropriately disposed³⁹⁶, the WASH infrastructure and service provision in many parts of Syria requires significant repair and operational support (incl. capacity building for operation and maintenance of infrastructure and on-grid electricity supply). Such needs are particularly high in the areas underserved by public services, host communities with high ratio of IDPs and returnees, schools, healthcare facilities, this is true both in urban and rural communities. WASH systems have suffered from damages owing to hostilities, years of functioning at high capacity, limited or no maintenance, continuous drain of technical staff and effects of climate change and poor water resources management. In addition, imposed coercive measures present a huge burden on ease of access to WASH consumables and equipment, with negative implications on the WASH humanitarian response. Such factors pose significant public health risks that have harmful cascade effects on communities in terms of nutritional status, inequality and poverty. Centralized distribution systems are the most equitable, accessible and safer way to provide water to the maximum number of people, and despite higher initial cost of investment activities supporting WASH systems are economically justifiable in the mid-term run and are crucial for mitigating public health risks and for enhancing equity and poverty reduction.

WASH needs in institutions, like schools or healthcare facilities, remain very high and could be linked with dysfunctional public water and sanitation systems the facilities are connected to. For households with children attending to schools 38 per cent students complained to their parents on WASH-related issues,³⁹⁷ thus sub-standard WASH conditions in schools must be widespread. Few per cent of interviewed parents pointed that children don't want to go to school due to WASH-related issues, and such factors may contribute to the overall 2.4 million out of school children.³⁹⁸ With ongoing COVID-19 pandemic appropriate WASH conditions in healthcare facilities are critical. Waste

management and availability of safe water in many in public hospitals³⁹⁹ remain insufficient.

Economic crisis/poverty vis-à-vis cost of WASH

Deteriorating economic conditions remain a challenge for vulnerable communities and household in accessing safe and equitable WASH services, notably for those that have to purchase services like water from private water trucking vendors. Seventy-four per cent of the households residing out of IDP sites that reported using water trucking as the main water supply modality spend more than five per cent of the household's income on purchasing water only, while the combined costs for water and sanitation services should not exceed five per cent of a household's income.⁴⁰⁰ The overall estimated average expenditures on WASH services and supplies (water, hygiene items, garbage removal and desludging) make up to 16 per cent of households' income in some governorates or population groups like returnees (17 per cent), and can be much higher at the individual household level. Depreciation of the Syrian currency erodes household purchasing power and subsequently household spending capacity for WASH services, supplies and consumables, and households' ability to meet other basic needs. Reported coping mechanisms adopted by the population will continue to severely undermine sectoral efforts to curb the transmission of COVID-19.

COVID-19 pandemic

Community transmission of COVID-19 is anticipated to persist in 2021, especially given the low awareness of the population in some areas.⁴⁰¹ COVID-19 presents a highly dynamic environment with a need for time-sensitive data analysis to inform WASH preparedness and response. Mainstreaming the COVID-19 response throughout all regular WASH activities, with a focus on ensuring appropriate water, sanitation and handwashing standards in IDP sites settings; strengthening WASH infection prevention and control (IPC) measures in schools, communities and health care facilities; hand hygiene promotion and a systematic approach to address behaviour change are crucial to mitigate risks.

Most affected population groups⁴⁰²

IDPs living in last resort sites are fully 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. Meanwhile, of displacement sites populations, women and girls, people with disabilities and the 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 or areas with access constraints (parts of Aleppo, Deir-Ez-Zor and Idlib governorates,) and areas under-served by public services due to limited access to electricity, high dependency on informal

water sources, severe issues with sewage disposal or lack of garbage removal services. With deepening economic crisis, the most financially vulnerable households would face challenges inequitable accessing WASH services.

The living conditions of the Palestine refugees are concerning in terms of access to WASH services. Several camps (Yarmouk, Dar'a, Ein El-Tal) have been almost completely destroyed, including water and sanitation infrastructure.⁴⁰³ Over 40 per cent of Palestine refugee households use water trucking as the main water supply modality, seven per cent reported lack of access to an appropriate household toilet, while 15 per cent during the COVID-19 pandemic encountered challenges accessing soap and other hygiene items.⁴⁰⁴

In terms of access to hygiene items, the needs of some specific groups like families with young children (0-2 years old) or households staying in IDP sites with women in reproductive age (15-49) or with elderly members (over 60) are higher than for the rest of population. Households residing in more urban areas are less likely to face challenges with hygiene items affordability (20 per cent), than those living in more rural communities/smaller towns (40 per cent) or IDP sites (45 per cent).

Due to the ongoing COVID-19 pandemic, patients and personnel of Health Care Facilities (HCF) and isolation centres are another specific group of attention for the sector and require comprehensive qualitative access to WASH facilities and services. Strict restrictions, like the imposition of partial and full lockdown, may trigger further unpredictable WASH needs in some areas and/or for specific groups, like for people infected

with COVID-19 and their families isolating at home, linked with equitable access to WASH services and/or markets functionality.

Projection Of Needs

WASH needs will continue to be high in 2021, with partners expected to provide quality emergency WASH services and sufficient support to WASH facilities and infrastructure. WASH needs will largely be influenced by, but not limited to: economic situation; intermittency and further degradation of power supply to water supply systems; the ability of WASH partners to operate in a highly challenging environment; the evolution of the COVID-19 pandemic in terms of disease spread and implemented restrictions; the evolution of hostilities in northern Syria; potential non-renewal of UNSC resolution in mid-2021 that would require increased preparedness and readiness to respond from inside Syria (increased contingency stock; rapid access to emergency funding streams; effective coordination mechanisms); areas experiencing a high level of returns; Access to safe water in some areas may also remain fragile and linked to political situation (e.g. Alouk Water Station), the feasibility of technical alternatives, uninterrupted WASH disinfectants and consumables supply chain, and collaboration between authorities and (non-) humanitarian actors. The need for supporting water systems (chlorine treatment provision, operation and maintenance, capacity building, basic rehabilitation), sewerage and solid waste management systems will stay, with a focus on overburdened communities, areas with high returns and areas highly dependent on water trucking.

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Part 4

Annexes

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4.1

Data Sources

In order to inform analysis related to the first three pillars for the first three pillars of the Joint Inter-Sectoral Analysis Framework (JIAF), OCHA and WoS Sectors carried out extensive secondary data review, drawing from several reports, assessments, analysis and situation updates which have been produced and compiled by partners throughout the year. For humanitarian profile related data, sectors relied on the following sources:

- for IDP figures: UN IDP Task Force;
- for IDPs in camps/sites: CCCM Sector, SSWG, SNFI Sector
- for returnees: UN IDP Task Force

For sex and age disaggregated information, partners relied on UN Population Task Force data; and for disability data, on UN Population Task Force and HNAP

Pillar IV of the inter-sector analysis framework – Humanitarian Conditions – is built around the 2020 MSNA and other complementary sectoral assessments. For the MSNA, over 20,100 households were interviewed across the country in September and October 2020. 42 per cent of all respondents were female respondents, a significant increment from 33 per cent last year. Initially, the MSNA sample size was to ensure data representative at sub-district level for all population groups to be analyzed. This would have implied interviewing over 30,000 households. However, the scope of the MSNA was reduced to minimize the risk of COVID-19 for both enumerators and assessed households, including by significantly reducing the length of the MSNA questionnaire, the overall sample to 20,100 households and the confidence level from 95 to 90 per cent. These adjustments also implied that data would be representative for the total population but not specific population groups at sub-district level. Out of the 17 indicators in the inter-sector severity model, seven rely on the MSNA household assessment. In complementarity with the MSNA, key-informant interviews were conducted for protection⁴⁰⁵ (13,397 KI interviews, covering all

populated communities) and ERL sectors, to capture information that can best be collected and analysed at the community level.

Two other large-scale household-level assessments were carried out in 2020 to inform this HNO. The WASH sector implemented two comprehensive country-wide household-level assessments. In total, 55,830 face-to-face interviews were conducted in January/February and June/July 2020 with randomly selected households in 261 sub-districts. The WoS Food Security Sector conducted the Food Security Assessment and the Food Security and Livelihoods Assessment (FSA-FSLA) as in previous years. These are two identical household-based assessments, which covered over 35,000 households (28,680 households for the FSA and 7,351 households for the FSLA) in October-November 2020. Data from the FSA-FSLA is from household visits through representative random samples, and the data is representative at the sub-district level

In October 2020, HNAP conducted a nationwide socioeconomic household survey across all 14 governorates in Syria, surveying IDP households. The survey collected data on key demographic and socio-economic indicators, which is representative at the country, governorate and sub-district level - also according to central and southern Syria (CSS), northern Syria, North-west Syria and North-east Syria. The sample was stratified at the sub-district level, with a total sample size allocated unequally, targeting at most a 10 per cent margin of error in each sub-district. The total sample size of 18,366 households, was distributed proportionally among the 2,561 locations where IDPs are reported. In December 2020, HNAP followed up with a survey on returnees. A stratified sample of 5,643 households was selected to be interviewed, with a 95 per cent confidence interval and a 10 per cent margin of error. These surveys were instrumental in complementing the MSNA results to analyse the specific needs of different population groups at a more granular administrative level.

Other data sources include regular surveillance, situation monitoring and survey data, such as the HeRAMS and the SMART surveys, as well as routine field reports, site/project-specific assessments. Detailed sources both for inter-sector as well as sectoral analysis are provided in the following section.

4.2

Overview of Planned Assessments in 2021

SECTOR	ASSESSMENT NAME	ASSESSMENT METHODOLOGY (HH, KI, SURVEY)	GEOGRAPHIC COVERAGE	PARTNERS INVOLVED	TIMING
CCCM	Shelter Assessment	18,000 households	Al Hol, Areesha and Mahmudli camps	EPDC	January & June 2021
	Rapid Needs Assessments	KI	North-east Syria	NES NGOs	Ad-hoc
	Multi-sector Site profiling	household	Al Hol, Areesha, Mahmoudli, Roj, Newroz, Serekaniye, Washokani, Abu Khashab, Tel Saman, and Twahina	REACH	Twice a year per camp
	PDM	27,000 households	Al Hol, Areesha, Mahmudli, Roj, Abu Khashab, Tal Saman	EPDC and GOPA	Monthly

	ISIMM	KI	North-west Syria	CCCM cluster members	Monthly
	ISIMM Plus	KI	North-west Syria	CCCM cluster members	Quarterly
	Incident Reports	KI	North-west Syria	CCCM cluster members	Ad-hoc
	Displacement updates	KI, direct observation	North-west Syria	HNAP, REACH and CCCM cluster members	Monthly
Early Recovery	HNAP KII		Country-wide		
	Local ERL Needs Assessment		Country-wide		Continuous
	Thematic and Geographical Context Analysis		Country-wide		Continuous
	Ad-hoc assessments		Ad-hoc		Ad-hoc
Education	School Survey	school based	Syria	HNAP & WOS Education	Autumn
	Education assessment	TBD	TBD	Ministry of Education & Education Sector	TBD
Food Security	Outcome Monitoring Initiative	household	North-east Syria and North-west Syria	FSL Partners	N/A
	Re-assessment of FSLA	household	North-east Syria and North-west Syria	Contracted	N/A
	Food Security Assessment (FSA 2021)	household	Government of Syria held areas	WFP, Central Bureau of Statistics and The Planning International Cooperation Commission	July-August 2021
	Food Security and Livelihoods Assessment (FSLA 2021)	household	Opposition-held areas	Whole of Syria Food Security Sector, IMMAP	July-August 2021
	Crop and Food Security Assessment Mission (CFSAM 2021)	KI and focus group discussions	National	FAO and WFP	June-July 2021
Health	HeRAMS	health facility tool	Whole of Syria	Health sector partners including UN and NGOs, Ministry of Health, Ministry of Higher Education, private hospitals, Syrian Arab Red Crescent (SARC),	Quarterly
	Impact of COVID-19 on health system and its users	Survey	Government of Syria held areas	MoH	1st quarter
	Assessment of quality health services (including mental health) provided through health facilities from beneficiaries view	Representative sample of beneficiaries from sample of public PHCs	Government of Syria held areas	MoH	2nd half
	Effectiveness consultation services provided through family wellbeing centres	Survey	Government of Syria held areas	NGOs	2nd half
	A set of desk reviews on: Universal health care in private sector / Primary health care / Gender equity	Desk Review	Government of Syria held areas	MOH, private sector, Syrian Commission for Family Affairs and Population	Evolving throughout the year
	Assessment of Integrated health service delivery in North West Syria: evaluation of the network model to assess performance in relation to service delivery, utilization and integration of services linked to the Essential Health Service Package (from the point of view of providers, network coordinators, as well as users)	<ul style="list-style-type: none"> Document and data review Group model building workshops Qualitative interviews Quantitative surveys 	Idleb	NGOs	1st half
	Comprehensive KAP survey (assessment of COVID-19 knowledge, attitudes and practices impacted by RCCE activities)	KI, survey	Idleb, North Aleppo	NGOs	1st Half
Nutrition	Facility-based nutrition surveillance	Sentinel-site Surveillance	Whole of Syria	all	Monthly
	Community-Based nutrition surveillance	Spatial-based sampling	North West Syria	all	Monthly
	SMART Survey	Cross-sectional study	Whole of Syria	all	Annual
Protection	PSNA (subject to GoS agreement)	household + KI	Whole of Syria	Sector Partners	TBD
	MSNA	household + KI	Whole of Syria	OCHA (HNAP)	TBD
	Protection qualitative assessment	Focus Groups	Whole of Syria	Sector Partners	TBD
	Protection Monitoring	KI + household + Focus Groups	North-west Syria, North-east Syria	NES PMTF, NWS PMTF	Ongoing through the year
	National Study on Violence against Children	household + KI + Focus Groups	Syria Hub and North-east Syria	UNICEF, SCFAP, CBS	March

	Evaluation of the EORE programme	KI + Focus Groups	Syria Hub and North-east Syria	UNICEF, SCFAP	TBD
	Barriers and facilitators to Activities of Daily Living (ADL) and humanitarian services for IDPs with disabilities	KI	North-west Syria, North-east Syria ID	Inclusion Technical WG + NWS and NES Protection partners	TBD
	Protection risks for persons with disabilities	Focus Groups and KI	North-west Syria, North-east Syria	Inclusion Technical WG + NWS and NES Protection partners	TBD
S/NFI	Syria Shelter & NFI Sectors Household Needs Assessment	21,000 households	233 sub-districts/ GoS	Syria Trust and SARC	Pending Approval
	Shelter Assessment	18,000 households	Al Hol, Areesha and Mahmudli camps	EPDC	January & June 2021
WASH	Early-2021 WASH household Assessment (winter round)	household	Country-wide	HNAP	January/ February 2021
	Mid-2021 WASH Household Assessment (summer round)	household	Country-wide	HNAP	June/July 2021
Inter-sector	Multi-Sector Needs Assessment	household	Country-wide	OCHA, HNAP, REACH, WoS Sectors" -- "July 2021	Monthly
	IDP Movement Tracking		Country-wide	IDP Task Force	Monthly
	IDP Update		Country-wide	IDP Task Force	Monthly
	Estimated population update		Country-wide	Population Task Force	April/May 2021 and August 2021

4.3

AAP/Consultations with Communities

Key data informing the sectoral and inter-sectoral analysis was gathered directly from affected populations (MSNA, WASH, FSL/ FSA household assessments). The MSNA included a broad section to capture community and beneficiary perceptions on their ability to meet basic needs, priority needs and perceived changes since the last round of data collection. For the WASH household assessment, data collection included the enumerator’s observations on the conditions of households’ WASH facilities and drinking water sampling for Free Residual Chlorine (FRC) testing at the end-user side. To strengthen accountability to the affected population, the 2020 WASH survey questionnaires included questions on satisfaction from received humanitarian aid (if any). Sectors noted the limited ability to directly engage with beneficiaries due to COVID-19, and as a result, there was more reliance on alternate methodologies during 2020 for data collection. However, sector partners adopted a variety of measures to maximize their access and reach to ensure direct engagement with the affected population in the collection of information.

Within the health sector, strengthening of local community organizations and increasing outreach and engagement with communities remains a core pillar of the health sector response strategy in 2021. The sector measures its performance against globally defined standards and produces regular monthly and quarterly reports of achievements. Furthermore, numerous agencies like REACH and HNAP regularly assess priority needs, unmet needs and knowledge, attitudes and practices through direct interviews with beneficiaries. The health sector utilizes these assessments to guide

partners in their implementation and address gaps in services. Finally, the annual MSNA offers a regular opportunity to assess beneficiary satisfaction with the delivery of health services.

The protection sector supplemented assessment information with information collected throughout the year directly from the field from ongoing protection monitoring by protection partners in NWS, reports and assessments from UNHCR field offices, and other surveys and assessments conducted by sector partners. The sector approached the analysis of the collected data with an understanding derived from various contextual realities. All enumerators and staff engaged in data collection and assessments are trained by Sector partners to ensure quality data collection. Surveys and assessments are revised based on feedback from interviewees and learnings from the field to reduce possibilities of error and improve the analysis. Responses provided by interviewees and other collected information were further interpreted to create the overall needs analysis from the view of moving beyond mere statistics and accurately presenting the conditions affecting the needs of the affected population.

SNFI partners triangulate and review assessment data received from external sources. In areas where the data did not match the situation on the ground, hubs/sub-national workgroups/partners provided additional assessment data. Post Distribution Monitoring and focus group discussions with community members and leaders are routinely conducted with beneficiaries by all partners and hubs to assess the impact and reception of provided assistance. Partners make an effort to adjust their services based on feedback from beneficiaries.

In NES, CCCM collects data directly from affected populations through complaints mechanisms, site-level needs assessments including shelter assessment to replace tents, ongoing nutrition assessments, WASH needs and protection level monitoring, Post Distribution Monitoring, and site visits, regular camp management meetings and field reports which enable CCCM to receive input from beneficiaries and to directly inform site-specific responses. In NWS, CCCM has

focused on monitoring, compiling, cleaning and sharing information on persons with specific needs in IDP sites, and making sure data includes age and gender disaggregation. The site monitoring tools

have also been utilized to assess gaps in services in sites, with a view of facilitating more tailored life-saving assistance, including protection related risks as well as COVID-19 specific information.

4.4 Methodology

4.4.1 Inter-sectoral Analysis

The methodology underpinning the 2021 HNO represents a significant departure from the analysis carried out in previous HNOs, seeking closer alignment with the global JIAF methodology while contextualizing certain process steps. Whereas inter-sector severity estimation in the 2020 HNO was based mainly on context indicators, the 2021 HNO references these same sources and indicators in pillars 1-3 of the analysis framework and focuses on specific needs indicators to determine the severity of humanitarian conditions under pillar four. The inter-sector severity model was agreed through a consultative process involving all Sectors, operational hubs, and technical assessment partners such as REACH, HNAP and IMMAP focusing on indicators which

- speak to the three humanitarian conditions, i.e. Living Standards, Coping, and Well-being
- lend themselves to inter-sectoral analysis, while capturing key severity trends at sector level
- most adequately capture needs driven by various factors in Syria, including hostilities and violence, inadequate protection, lack of access to services and, increasingly important, income insufficiency and unaffordability based on robust, up-to-date assessments

The 2021 Syria inter-sector severity framework incorporates several adjustments to ensure it speaks to the context in Syria. MSNA household indicators were complemented from household and area-based indicators with sectoral assessments as well as three impact indicators:

- percentage of IDPs and returnees vis-à-vis host population and
- percentage of IDPs living in substandard shelter vis-à-vis total number of IDPs – both of which were selected to adequately reflect the impact of displacement on both IDPs and host populations.
- functionality of critical health, WASH and education infrastructure

Severity thresholds were set based on global JIAF guidance and adjusted in case these thresholds would not allow for a nuanced analysis in the Syria context. Sectors worked closely with global Clusters to ensure good practices from other operations and global standards were captured. Several indicators in the inter-sector severity model are perception indicators, hence allowing for integration of the priorities and needs as identified by affected populations themselves.

Inter-sector severity and subsequently PiN were established for each of the 271 sub-districts in Syria (admin 3), whereas in previous years this was done at community level (admin 4). Several objectives informed this change, including: (a) better aligning inter-sectoral with sectoral severity and PiN estimation (with the latter consistently occurring at sub-district level); (b) better linking inter-sector severity and PiN information to strategic targeting and prioritization

processes which realistically take place up to sub-district but not necessarily lower administrative levels; and (c) ensuring a consistent administrative level for all inter-sectoral reporting processes throughout all HPC stages (PiN-target-reach).

In line with JIAF, severity indicator thresholds were adjusted to 5 ranges (from previously 6). Combined, these adjustments render a direct 2021 severity and PiN comparison with previous years challenging.

Inter-sector severity and PiN were calculated using the JIAF Data Scenario A,⁴⁰⁶ although in modified form to accommodate area-level information to complement household-level data, for example on access to basic services.

As a last step, the severity scores at sub-district level were reviewed and verified by inter-sector teams at hub and field level to ensure that model-derived severity ratings for different geographic areas were contextualized, including by considering (recent) contextual developments which the severity model in itself would not have picked up on. This review resulted in the adjustment of a limited number of severity scores for sub-districts the country.

For inter-sector PiN estimation, gradually increasing, severity-dependent percentage thresholds were defined to determine what proportion of the population counts towards PiN, as follows: (Severity 1: 20 per cent of population, Severity 2: 30 per cent, Severity 3: 60 per cent, Severity 4: 75 per cent, Severity 5: 90 per cent). All IDPs and spontaneous returnees were considered as counting towards PiN, i.e. if a PiN figure at sub-district level was lower than the estimated IDP population and returnees, the sub-district PiN was increased to capture at least all IDPs and returnees recorded for this sub-district. This approach represents a departure from the standard JIAF methodology which was driven by a number of factors: (1) non-diverse PiN distribution by severity, mainly due to the high number of area-level indicators included in the inter-sector severity model (to be reviewed for 2022); (2) technical and logistical constraints to systematically expert-review which population segments in a total of 68 sub-districts in severity 1 or 2 should be considered in higher need severity (and ultimately count towards inter-sector PiN) than the rest of the population in these sub-districts; this was rendered more challenging by the fact that severity for specific population groups could only be established at national rather than sub-national level, due to the aforementioned COVID-19 related reduction in the MSNA sample size which did not allow for statistically representative data for specific population groups at sub-district level; and (3) most WoS Sectors only partially aligning their severity indicators/thresholds and ultimately their PiN estimation with JIAF (the majority of Sectors count the population in severity 1 and 2 towards sector PiN - the inter-sector severity/PiN model is based on these same indicators, therefore determining inter-sector PiN as based on severity 3-5 alone would have been flawed). Both inter-sector and sector-level approaches to severity and PiN estimation will therefore be reviewed in the lead up to the 2022 HNO process. The number of people classified as in severity four (extreme) and five (catastrophic) is presented distinctly in this document, as variations for this specific proportion of PiN across the geography are significant.

4.4.2 Syria 2021 Inter-Sector Severity Model

INDICATOR	PILLAR				SEVERITY SCALE / THRESHOLDS					% OF HOUSEHOLDS BY SEVERITY CLASS					
	INDICATOR NAME/LABEL	JIAF PILLAR	SUB PILLAR	LEVEL	DATA SOURCE	(1) NONE/MINIMAL	(2) STRESS	(3) SEVERE	(4) EXTREME	(5) CATASTROPHIC	(1)	(2)	(3)	(4)	(5)
Functionality of Health, WASH and Education infrastructure	Impact	Impact on Services	Area	HeRAMS, MSNA, WASH HH											
Functional Health Facilities	Humanitarian Conditions	Living Standards	Area	HeRAMS	>4	<=4	<=3	<=2	<=1						
Functionality of piped water supply systems as estimated contribution of piped water to the total HH's water supply	Humanitarian Conditions	Physical and Mental Wellbeing	HH	WASH HH	75%-100%		51%-74%	26%-50%	0%-25%	9%	32%	24%	22%	13%	
School-aged children vs. Classroom ratio	Humanitarian Conditions	Living Standards	Area	MSNA	equal or less than 35	Between 36 and 40	Between 41 and 50	Between 51 and 64	Equal or more than 65						
# of healthcare workers (doctors, nurses, and midwives) per 10,000 population	Humanitarian Conditions	Physical and Mental Wellbeing	Area	HeRAMS	≥23	≥23	≥19	≥15	≥11	36%	6%	6%	6%	45%	
Reduced Coping Strategies Index	Humanitarian Conditions	Coping	HH	MSNA	0 to 2	3 to 6	7 to 11	12-19	> 19	18%	26%	26%	20%	10%	
% of communities reporting child labour and/or child marriage as occurring.	Humanitarian Conditions	Physical and Mental Wellbeing	Area	Protection KI	≤11	12-14	15-17	18-20	21+	19%	26%	25%	22%	8%	
% of HH where girls and boys under the age of 18 years are reported to show signs of distress (as reported by respondent)	Humanitarian Conditions	Physical and Mental Wellbeing	HH	MSNA	<5%	5-10%	11-15%	16-29%	>30%	49%	10%	5%	10%	25%	
% of HH without access to functional, safe and secure domestic living space (shelter adequacy)	Humanitarian conditions	Living Standards	Area	MSNA	5% or less of HH are living in inadequate shelters (= shelters with more than 3 issues)	10% or less of HH are living in inadequate shelters (= shelters with more than 3 issues)	30% or less of HH are living in inadequate shelters (= shelters with more than 3 issues)	50% or less of HH are living in inadequate shelters (= shelters with more than 3 issues)	>50% of HH are living in inadequate shelters (= shelters with more than 3 issues)	47%	13%	20%	9%	10%	
Household hand-washing facilities (observation)	Humanitarian Conditions	Physical and Mental Wellbeing	Area	WASH HH	Both soap and water available		Soap only observed	No hand washing facility observed	No water and soap observed OR: Water only observed	61%	0%	0%	13%	25%	
% school-age children attending school	Humanitarian conditions	Living Standards	Area	MSNA	>= 87%	<87 - ≥81%	<81 - ≥60%	<60 - ≥39%	<39%	53%	10%	14%	9%	14%	
% of communities reporting explosive hazard contamination and/or victims (and have not participated in risk education session in the past three months)	Humanitarian Conditions	Physical and Mental Wellbeing	Area	Protection KI	<30%	31-49%	50-69%	70- 85%	> 85%	59%	5%	9%	7%	20%	
% of HH income spent on food and NFIs	Humanitarian Conditions	Living Standards	HH	MSNA	≤52%	>52 - ≤68%	>68 - ≤82%	>82 - ≤140%	>140%	41%	22%	21%	13%	1%	
% of IDPs and returnees vis-à-vis host population	Impact	Impact on People	Area	Population TF	≥0%, 12.5<	≥12.5%, 25<	≥25%, 37.5<	≥37.5%, 50<	≥ 50%	48%	14%	11%	7%	15%	
Household FRC result (access to clean drinking water)	Humanitarian conditions	Physical and Mental Wellbeing	Area	WASH HH	> 0.1mg/L			< 0.1mg/L	"If <0.1mg/L AND source is water trucking, river, open well"	66%	0%	0%	21%	12%	
Prevalence of anemia Hb <11g/dl in pregnant lactating women	Humanitarian conditions	Physical and Mental Wellbeing	Area	Nut Sector	<5%	5-19.9%	20-39.9%	≥40%		65%	7%	24%	3%	0%	
% of HH members without valid civil documentation and unable to obtain them	Humanitarian Conditions	Living Standards	HH	MSNA	All Household members have all valid GOS issued documentation including ID card, family booklet, birth certificate, tabou, marriage certificate, divorce record, death certificate, disability card, passport	All household members have most valid GOS issued documentation but some are missing up to two forms of needed documentation	Household members are missing three forms of needed GOS issued documentation OR: Syrian ID + 1 forms of documentation	Household members are missing 4 forms of GOS issued needed documentation OR: Syrian ID + 2 forms of documentation OR: family booklet and 2 forms of documentation OR: birth certificate and 2 forms of documentation	Household members are missing 5 or more forms of needed documentation OR: Syrian ID AND family booklet AND 2 forms of documentation OR: Syrian ID AND birth certificate AND 2 forms of documentation	48%	32%	4%	8%	5%	
Chronic nutrition status among under-five children (Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 0-59 months)	Humanitarian conditions	Physical and Mental Wellbeing	Area	Nut Sector	<10%	10-19.9%	20-29.9%	≥30%		37%	48%	10%	4%	0%	
% of IDPs living in substandard (camps, tents, informal settlements) vis-à-vis total number of IDPs	Impact	Impact on People	Area	SNFI/CCCM	≥0%, 10<	≥10%, 20<	≥20%, 30<	≥30%, 50<	≥ 50%	86%	2%	2%	3%	7%	
Household Hunger Scale (HHS)	Humanitarian Conditions	Physical and Mental Wellbeing	HH	MSNA	0 (none)	1 (slight)	2 or 3 (moderate)	4 (severe)	5 or 6 (severe)	84%	9%	7%	1%	0%	

4.4.3 Analysis at Sector Level

Sectors have partially followed the JIAF approach for their sectoral analysis, drawing on the MSNA and additional sectoral household level assessments, key informant interviews, as well as regular surveys. The data sources for the indicators used to establish sectoral severity and PiN are indicated below.

Sectors have engaged extensively with Global Clusters to right-size and contextualize global JIAF indicators and thresholds to the Syria crisis. Most sector PiN methodologies deviate slightly from JIAF, in that a certain proportion of the population in severity 1 and two are also counted towards PiN.

SECTOR	METHODOLOGY	INDICATORS	SOURCES
CCCM	PiN is based on the number of people hosted in IDP sites. Noting that the majority of IDP sites are self-settled, and lack proper site planning, IDPs hosted in such sites can thus be considered vulnerable and in need of support. This marks a shift from the previous PIN calculation which took a broader view by taking into account the total IDP population. For NWS, 3 JIAF- indicators were selected, thresholds adjusted to the context in NWS and in consultation with the CCCM Strategic Advisory Group (SAG).	3 Indicators: % of populations in sites; % of population in sites with minimum site management system; % of population in sites with access to basic services	CCCM IM Tool for IDPs in sites, IDP Sites Integrated Monitoring Matrix (ISIMM), ISIMM Plus, MSNA
Early Recovery	Estimation of the severity of needs based on a ten-indicators severity scale, validated by sector partners. Findings were projected on the population to calculate the people in need, noting that ER&L doesn't consider or calculate people in acute need. Once all data had been collected and analysed, the sector has translated these results into severity scores according to the thresholds in its agreed severity scales.	A mixed methodology was developed to calculate the sector's severity and PiN estimation approach, which considering both HH and KI-based indicators.	HNAP KII, MSNA, Thematic and Geographical context analysis
Education	The sector's PiN focuses on children three to 17 years old and teachers and school personnel living in sub-districts with a severe, extreme and catastrophic severity. As all children have a right to education all children aged three to 17 are included. School personnel are included based on a 1:30 ratio with the children in need.	six indicators: Education severity scale was informed by the JIAF indicators and past indicators framed around the No Lost Generation framework and lessons learned from past processes. The scale has six weighted indicators that cover access to, and quality of, education services, displacement, returns and the intensity of the conflict.	MSNA
FSA	Since the data from the FSA-FSLA is from household visits through representative random samples and the data is representative at sub-district level, the food insecure indicator takes four times its score in weight due to its high reliability and accuracy factors, while all other indicators take their score once in weight. The average severity score is the summed score of all the indicators in the sub-district divided by the number of indicators used in the sub-district.	9 Indicators: CARI; Areas of accessibility; IDP & Returnee/Total Pop; Intensity of hostilities; Market Prices Agro-climatic conditions; Agriculture Production; Agricultural inputs availability; COVID-19	FSA/FSL, UNHCR Protection Cluster, WFP, FAO, Health Cluster, WOS FSS 5Ws, OCHA
Health	To determine People in Need (PiN) of health services, the health sector calculates the severity score between 1 and 5 for each sub-district using a weighted, composite score as described on the right. Once the severity score is derived for a sub-district, the PiN for that sub-district is determined as a percentage of the population based on severity. The health sector total PiN is the aggregate of the PiN of each individual sub-district. This methodology is the reverse of the Global Health Cluster guidance which suggests calculating PiN and then derive severity. The health cluster for the Syria response has opted to retain this approach for year-to-year comparability and continuity of an established, robust methodology established in 2019 that is also well-accepted and understood by stakeholders across the response.	The severity scale consists of 4 main thematic areas with corresponding weights: Health Access (15%), Affected Population (30%), Health Services Availability (30%), Impact on population's health and morbidity (25%). Of the 14 indicators that make up the health sector severity scale, 7 have been aligned with the global guidance and severity thresholds from: Joint Inter-sector Analysis Framework (JIAF) and the Global Health Cluster (GHC), as well as global emergency standards such as SPHERE and the Inter-Agency Standing Committee (IASC). A further 3 indicators include analysis of data sets provided by the Syria Population Task Force.	HeRAMS, MSNA, EWARS/EWARN
Nutrition	To reflect the multi-sectoral nature of Nutrition, 13 different quantitative nutrition-specific and nutrition sensitive indicators were used in the analysis of severity. Each indicator is assigned a weight between 1 and 5 based on its relevance to the measurement of the nutritional status. The total PiN is calculated by adding the number of children 6 to 59 months and the number of pregnant and lactating women. The number of children 6-59 months: Calculated as 90% of the total number of children aged 0-59 months by sub-district. Total PiN: Number of children 6-59 months + Number of PLWs. The number of PLWs: Calculated as 8% of the total population by sub-district.	13 Indicators: Acute nutrition status among children under 5; Chronic nutrition status among children under 5; Acute nutrition status among women in the reproductive age group; Prevalence of Anemia Among Pregnant Women; Prevalence of Anemia Among Non-Pregnant Women; Food Consumption Score; Acute Diarrhoea among children; Source of water at household-level; Severe Acute Respiratory Infection (SARI); A composite indicator that aggregates five different indicators and serves as a proxy indicator for operational capacity and access to women and children in need; Percentage of IDPs at sub-district level; Percentage of returnees at sub-district level; Percentage of disabled people at sub-district level. Thresholds are based on global guidelines.	SMART 2019

Protection	<p>The overall PiN estimation methodology for the sector is severity-based, and takes a % of the population at SD level as PiN depending on the severity ranking of the SD. Percentages of population taken as PiN is 20% (severity 1), 30% (severity 2), 50% (severity 3), 80% (severity 4), 100% (severity 5). Child Protection AoR applies the % of children in Syria to the overall Sector PiN to calculate the CP AoR PiN. GBV AoR considers the same PiN as the overall Sector PiN. Mine Action AoR considers the population in communities reporting presence of explosive ordnance to calculate the MA AoR PiN.</p>	<p>3 Indicators: % of IDPs + Returnees of total population (50% weightage); Weighted score of conflict incidents since 2015 (40% weightage); Weighted score of conflict incidents in last 6 months (10% weightage)</p>	
Shelter and NFI	<p>The Shelter & NFI sectors revised the threshold and PiN calculations in 2019 to make it more rigorous, include additional data sources and reflect various facets of the situation. The Sectors used a similar methodology for the HNO 2020 to ensure best possible year-on-year comparability. Most indicators are in line with JIAF, however, NFI severity incorporates the changes in the NFI situation which are not included in the JIAF.</p>	<p>Shelter: Population severity, including number of IDPs and returnees in a community; Conflict severity; Shelter arrangement severity (Households living in informal/ tent/collective centres/open shelters and those hosted without rent/hosting); Shelter damage severity; Shelter adequacy NFI: Population severity; Population living in last resort sites; Conflict severity; Access to NFI (market severity); NFI need severity; Reduced purchasing power including price inflation"</p>	<p>Population Task Force, OCHA, MSNA</p>
WASH	<p>"The methodology used for calculation of WASH PiN and Severity is in line with JIAF and GWC principles. 1) Indicators are selected and classified along a 5-scale severity scale 2) Severities of each of the above parameters are aggregated using 'Mean of Max 50%' to calculate an overall WASH severity score for each household. 3) The number of households with a WASH severity score of 3-5 is summed to determine the proportion of People in Need (PIN) within each sub-district, while 4-5 determines People in Acute WASH Needs. The proportion of surveyed households within a sub-district classified as PIN, out of the total number of Households surveyed in the sub-district, is extrapolated to the overall sub-district population to determine the sub-district PIN. 4) WASH Humanitarian Condition scores are classified using the "Rule of 25%" to determine the WASH Severity score for each sub-district."</p>	<p>1.1. Safety of Household Potable Water (FRC test result); 1.2. Access to a sufficient quantity of water and related coping strategies; 1.3. Availability and affordability of hygiene items; 1.4. Household's solid waste disposal; 1.5. Household's issues with sanitation (number of problems reported) & access to toilets; 1.6. Water and sanitation services affordability (percentage of Household income spent on water and sanitation/ septic tanks desludging); 1.7. Household's access to sufficient handwashing facilities (observations); 1.8. Households receiving humanitarian WASH assistance; 2.1. Proportionate Water Borne Disease morbidity (Health sector data EWARN/EWARS) (# of WBD per 100k consultations); 2.2. Proportion of IDPs and returnee's vis a vis host population.</p>	<p>Mid-2020 WASH Sector Household Assessment (summer round), Population - countrywide coverage from August 2020 (UN OCHA WoS Population Task Force and WoS IDP Task Force); EWARS/EWARN datasets from the WoS Health sector).</p>

4.5 Information Gaps and Limitations

While the methodology for underpinning the 2021 HNO seeks closer alignment with the JIAF methodology than in 2020, several information gaps and limitations remain to be addressed.

COVID-19 and related mitigation measures and do no harm considerations reduced assessment activities and capacity in 2020. Regular field and programme monitoring visits were curtailed for extended durations of time, forcing partners to resort to remote management which hampered direct engagement with beneficiaries. Due to risk mitigation and do-no-harm considerations, the sample size of the MSNA was significantly reduced, as was the length of the questionnaire/ duration of the interview to limit COVID-19 transmission risk to enumerators and interviewees. As a result, analysis by population group is only indicative at governorate or higher admin level. With the MSNA conducted in late summer/early autumn, winterization-related needs (e.g. fuel, clothes, shelter repair materials) might not have been reported as a priority by

respondents during a different assessment period. The MSNA analysis may also be biased towards male responses as the male-to-female ratio was 63:37 (the unweighted male-to-female ratio was 58:42).

While access did not pose a significant impediment to data collection at field level, a number of sectoral assessments planned in consultation with the GoS could not be carried out in time to feed into this HNO. This reduced data availability and triangulation but did not in itself limit the scope of analysis in geographic, demographic or thematic terms.

Sectors noted the following gaps and limitations in relation to their sectoral analysis:

- **CCCM:** Information provided by multiple members across borders requires CCCM Information Management to engage in a massive data cleaning and verification process. The main source of data used for the sectoral analysis was the ISIMM system which faces a number of limitations: No formal data collection tool at camp management level in NES, data collected at camp level through CM actors, meetings, and site visits; limited access for data collection at Al Hol and Roj camps, particularly to the third-country nationals.
- **Education:** The severity estimations were constrained by the data that was available at the time of analysis. This resulted in overall reliance on the MSNA. Due to data collection issues, a significant portion of the MSNA education data sub-set

was missing. Additionally, the absence of the school-based datasets the sector normally relies on resulted in reliance on self-reported information rather than multiple triangulated datasets.

- **FSS:** The main limitations with the severity score is that we depend on data that is often from a desk study or data that is available only at the governorate level, making it difficult to breakdown the needs specifically by sub-district. Only the FSA-FSLA has sub-district disaggregated data however, 65 sub-districts out of 270 sub-districts in Syria were not reached due to access issues.
- **Health:** As in previous years, where data is only available at the district or governorate level, the resulting severity ranking for that component applies to all sub-districts within. To account for the natural inflation of PiN that occurs for these particular sub-indicators, their overall weight has been reduced. HeRAMS data for NES is limited to public health facilities only and does not include facilities supported by cross-border actors, including in parts of northern Al-Hasakeh currently under Turkish control. This data gap may cause a partial inflation of the “services availability” component of severity scores for those 39 sub-districts in NES that exist wholly or partially outside of GoS control. There are plans to expand HeRAMS coverage in 2021. At the time of writing, immunization coverage data is limited to 2019 as 2020 figures have not yet been finalized. The health sector severity scale is expected to be updated at the mid-year point and will include current data available at that time.
- **Nutrition:** regular surveys to monitor the nutrition situation are subject to successful coordination with stakeholders, including GoS as well as funding. In NWS, maintaining functional nutrition surveillance and information systems will not be possible if the UNSCR is not renewed beyond July 2021. This will affect the flow of nutrition information beyond December 2021. Remote programming in North West Syria is adding more pressure for real-time monitoring and actions.
- **Protection:** In the absence of a sector-led assessment conducted by protection partners, which is not yet authorized by the Government of Syria, a significant proportion of the protection sector analysis relies on quantitative data collected through the MSNA at the household level (20,211 interviews), and at the community level (perception based) through Key Informants (13,397 interviews). Findings from MSNA and KIIs are complemented by other qualitative sources available to the sector, which include consultations with affected populations (Focus Group Discussions) along with programme data and other quantitative sources for limited indicators or geographic coverage like the MSNA Household interviews, protection monitoring in areas served by cross-border actors, reviews of reports and regular feedback from field missions and operations by the Damascus-based partners, and the MRM on grave child rights violations.
- **Shelter and NFI:** High reliance on MSNA and HNAP assessments which were carried out later than anticipated and had the following limitations: The Shelter and NFI Sectors have a particular role during seasonal needs, such as delivering life-saving materials during winter. Given that the MSNA was conducted in late summer, these crucial needs might not have been reported as a top priority by respondents. Other limitations include the exclusion of Palestine Refugees from the assessments and no/limited sample size in several governorates/cities. No returnee was interviewed in the governorates of Lattakia and Tartus. Representativeness of data for different population groups was limited. COVID-related alterations to the MSNA resulted in a smaller sample size and a smaller number of questions than in previous years. Specifically, for S/NFI questions, the decision to conduct the interviews outside deprived enumerators to observe potential shelter damage. Lastly, applying the suggested weighting skews the responses towards males with a ratio of 63:37.
- **WASH:** The data is collected by interviewing only one member of the household, so it is based on his perception. As a household-level assessment, the data does not give the full picture on WASH systems at community and higher levels. Datasets should be supplemented with information from key informants with specialized knowledge (camp managers, treatment plant operators etc.) or data from other assessments (water systems technical assessments etc.). Data is representative at the sub-district level and could be analysed within the sub-district for different location types: IDP sites, communities and neighbourhoods. Analysis at lower than sub-district level may be indicative only depending on the number of surveys. Not all communities and IDP camps/sites in a sub-district have been assessed. Limited data sources on WASH conditions for Palestine refugees and other focused groups of interest. In terms of methodology, WASH Severity scores and PiN calculations are subject to the same limitations as the assessments that collected the data upon which they are based (including secondary sources). The thresholds used for the severity classification are based either on global/national standards (when available and relevant to the context) or on expert judgment, which may imply some level of bias. Since household-level assessments do not necessarily capture information on the WASH systems and could only be used as proxy indication of WASH systems functionality, the sector will continue its advocacy efforts to complement it with WASH infrastructure assessment through the government structures.

Estimated Population Composition, Inter-Sector Severity and People in Need

by sub-district

ADMIN INFORMATION			POPULATION ESTIMATES (AUGUST 2020, POPULATION TASK FORCE)					IDPS IN INFORMAL SETTLEMENTS, PLANNED, CAMPS, COLLECTIVE SHELTERS AND TRANSIT CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE- TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA- TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Aleppo	Afrin	Afrin	73,239	111,256	913	185,408	60%	45	22,063	20%	4	139,056.00
Aleppo	Afrin	Bulbul	6,105	14,030	32	20,167	70%				4	15,125.25
Aleppo	Afrin	Jandairis	22,988	74,381	-	97,369	76%	18	9,927	13%	4	74,381.00
Aleppo	Afrin	Ma'btali	15,094	8,056	-	23,150	35%	11	4,080	51%	3	13,890.00
Aleppo	Afrin	Raju	20,047	23,456	-	43,503	54%	8	1,402	6%	4	32,627.25
Aleppo	Afrin	Sharan	8,902	45,506	-	54,408	84%	22	9,895	22%	4	45,506.00
Aleppo	Afrin	Sheikh El-Hadid	8,418	3,603	-	12,021	30%	-	-	-	4	9,015.75
Aleppo	Ain Al Arab		82,839	3,989	301	87,129	5%	-	-	-	2	26,138.70
Aleppo	Ain Al Arab	Lower Shyookh	16,069	-	10	16,079	0%	-	-	-	3	9,647.40
Aleppo	Ain Al Arab	Sarin	42,162	5	221	42,388	1%	-	-	-	2	12,716.40
Aleppo	Al Bab	Al Bab	87,283	96,876	20	184,179	53%	18	23,557	24%	4	138,134.25
Aleppo	Al Bab	A'rima	30,362	10,596	369	41,327	27%	4	2,126	20%	4	30,995.25
Aleppo	Al Bab	Ar-Ra'ee	16,829	5,480	-	22,309	25%	-	-	-	4	16,731.75
Aleppo	Al Bab	Dayr Hafir	27,799	1,936	2,515	32,250	14%	-	-	-	3	19,350.00
Aleppo	Al Bab	Eastern Kwares	9,430	-	-	9,430		-	-	-	4	7,072.50
Aleppo	Al Bab	Rasm Haram El-Imam	13,050	-	-	13,050		-	-	-	3	7,830.00
Aleppo	Al Bab	Tadaf	15,364	140	282	15,786	3%	1	46	33%	4	11,839.50
Aleppo	As-Safira	As-Safira	38,428	771	-	39,199	2%	-	-	-	3	23,519.40
Aleppo	As-Safira	Banan	2,155	-	-	2,155		-	-	-	4	1,616.25
Aleppo	As-Safira	Hajeb	464	-	95	559	17%	-	-	-	4	419.25
Aleppo	As-Safira	Khanaser	60	-	160	220	73%	-	-	-	4	165.00
Aleppo	A'zaz	Aghtrin	48,041	55,113	45	103,199	53%	8	8,900	16%	5	92,879.10
Aleppo	A'zaz	A'zaz	59,348	238,149	-	297,497	80%	32	133,425	56%	4	238,149.00
Aleppo	A'zaz	Mare'	23,002	49,444	-	72,446	68%	2	5,165	10%	4	54,334.50
Aleppo	A'zaz	Nabul	34,174	11,061	-	45,235	24%				3	27,141.00
Aleppo	A'zaz	Suran	34,778	60,691	8	95,477	64%	7	17,586	29%	4	71,607.75
Aleppo	A'zaz	Tall Refaat	10,356	50,377	-	60,733	83%				4	50,377.00
Aleppo	Jarablus	Ghandorah	15,994	18,238	-	34,232	53%	5	5,163	28%	4	25,674.00
Aleppo	Jarablus	Jarablus	45,322	27,123	-	72,445	37%	18	31,991	118%	4	54,333.75
Aleppo	Jebel Saman	Atareb	32,796	63,822	60,280	156,898	79%	50	62,332	98%	5	141,208.20
Aleppo	Jebel Saman	Daret Azza	21,734	25,007	16,835	63,576	66%	13	8,253	33%	4	47,682.00
Aleppo	Jebel Saman	Hadher	3,407	288	55	3,750	9%	-	-	-	3	2,250.00
Aleppo	Jebel Saman	Haritan	1,852	-	430	2,282	19%	-	-	-	4	1,711.50
Aleppo	Jebel Saman	Jebel Saman	1,436,904	194,666	15,273	1,646,843	13%	-	-	-	3	988,105.80
Aleppo	Jebel Saman	Tall Ed-daman	4,087	72	175	4,334	6%	-	-	-	4	3,250.50
Aleppo	Jebel Saman	Zarbah	-	-	867	867	100%	-	-	-	4	867.00
Aleppo	Menbij	Abu Qalqal	53,260	83	-	53,343	0%	-	-	-	4	40,007.25
Aleppo	Menbij	Al-Khafsa	76,620	-	-	76,620		-	-	-	3	45,972.00
Aleppo	Menbij	Maskana	23,100	-	-	23,100		-	-	-	3	13,860.00
Aleppo	Menbij	Menbij	218,202	40,964	-	259,166	16%	47	10,964	27%	4	194,374.50
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	148,295	119,148	8,936	276,379	46%	45	33,405	28%	4	207,284.22
Al-Hasakeh	Al-Hasakeh	Areesh	30,324	14,092	449	44,865	32%	3	14,468	103%	4	33,648.80
Al-Hasakeh	Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	22,360	407	1,363	24,130	7%				3	14,477.84
Al-Hasakeh	Al-Hasakeh	Hole	10,456	67,584	391	78,431	87%	1	61,602	91%	4	67,975.00
Al-Hasakeh	Al-Hasakeh	Markada	17,135	1,317	965	19,417	12%				4	14,563.05
Al-Hasakeh	Al-Hasakeh	Shadadah	37,377	2,958	1,327	41,662	10%				4	31,246.50
Al-Hasakeh	Al-Hasakeh	Tal Tamer	38,037	14,013	1,608	53,658	29%	50	12,007	86%	4	40,243.52
Al-Hasakeh	Al-Malikeyyeh	Al-Malikeyyeh	61,894	11,007	228	73,129	15%	3	4,199	38%	3	43,877.40
Al-Hasakeh	Al-Malikeyyeh	Jawadiyah	25,078	2,180	493	27,751	10%				3	16,650.60
Al-Hasakeh	Al-Malikeyyeh	Ya'robiyah	38,357	1,606	463	40,426	5%				3	24,255.48
Al-Hasakeh	Quamishli	Amuda	31,528	13,174	160	44,862	30%				3	26,916.92

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GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	% OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Al-Hasakeh	Quamishli	Qahtaniyyeh	26,156	2,076	392	28,624	9%	-	-	-	3	17,174.69
Al-Hasakeh	Quamishli	Quamishli	184,756	61,928	5,120	251,804	27%	-	-	-	3	151,082.66
Al-Hasakeh	Quamishli	Tal Hmis	54,270	1,139	2,842	58,251	7%	-	-	-	4	43,688.06
Al-Hasakeh	Ras Al Ain	Darbasiyah	33,204	3,763	104	37,071	10%	1	50	1%	3	22,242.36
Al-Hasakeh	Ras Al Ain	Ras Al Ain	17,189	7,001	2,659	26,849	36%	-	-	-	4	20,136.75
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	252,617	98,246	974	351,837	28%	70	86,379	88%	4	263,877.75
Ar-Raqqa	Ar-Raqqa	Karama	38,680	15,523	-	54,203	29%	2	400	3%	4	40,652.25
Ar-Raqqa	Ar-Raqqa	Maadan	12,463	-	-	12,463	-	-	-	-	4	9,347.25
Ar-Raqqa	Ar-Raqqa	Sabka	22,817	2,470	-	25,287	10%	3	1,211	49%	4	18,965.25
Ar-Raqqa	Ath-Thawrah	Al-Thawrah	58,049	27,939	-	85,988	32%	23	3,394	12%	4	64,491.00
Ar-Raqqa	Ath-Thawrah	Jurneyyeh	35,021	4,831	103	39,955	12%	3	2,775	57%	4	29,966.25
Ar-Raqqa	Ath-Thawrah	Mansura	35,279	8,249	35	43,563	19%	14	4,766	58%	4	32,672.25
Ar-Raqqa	Tell Abiad	Ein Issa	32,569	3,397	1,460	37,426	13%	-	-	-	4	28,069.50
Ar-Raqqa	Tell Abiad	Suluk	23,734	3,174	57	26,965	12%	1	135	4%	4	20,223.75
Ar-Raqqa	Tell Abiad	Tell Abiad	26,175	3,278	356	29,809	12%	-	-	-	4	22,356.38
As-Sweida	As-Sweida	As-Sweida	142,918	48,762	214	191,894	26%	-	-	-	3	115,136.40
As-Sweida	As-Sweida	Mashnaf	14,328	171	-	14,499	1%	-	-	-	2	4,349.70
As-Sweida	As-Sweida	Mazra'a	19,065	2,022	29	21,116	10%	-	-	-	2	6,334.80
As-Sweida	Salkhad	Gharyeh	4,582	270	-	4,852	6%	-	-	-	2	1,455.60
As-Sweida	Salkhad	Milh	12,919	557	11	13,487	4%	-	-	-	2	4,046.10
As-Sweida	Salkhad	Qarayya	9,575	1,687	25	11,287	15%	-	-	-	3	6,772.20
As-Sweida	Salkhad	Salkhad	24,945	2,652	37	27,634	10%	-	-	-	3	16,580.40
As-Sweida	Salkhad	Thibeen	6,101	451	-	6,552	7%	-	-	-	2	1,965.60
As-Sweida	Shahba	Ariqa	11,640	1,221	12	12,873	10%	-	-	-	2	3,861.90
As-Sweida	Shahba	Little Sura	14,490	1,397	-	15,887	9%	-	-	-	2	4,766.10
As-Sweida	Shahba	Shahba	29,225	9,934	39	39,198	25%	-	-	-	3	23,518.80
As-Sweida	Shahba	Shaqa	18,462	2,743	11	21,216	13%	-	-	-	2	6,364.80
Damascus	Damascus	Damascus	1,218,684	607,494	1,323	1,827,501	33%	-	-	-	3	1,096,500.60
Dar'a	As-Sanamayn	As-Sanamayn	131,708	2,015	116	133,839	2%	-	-	-	3	80,303.40
Dar'a	As-Sanamayn	Ghabagheb	52,833	3,219	43	56,095	6%	-	-	-	3	33,657.00
Dar'a	As-Sanamayn	Masmiyyeh	11,416	99	-	11,515	1%	-	-	-	3	6,909.00
Dar'a	Dar'a	Ash-Shajara	41,723	-	31	41,754	0%	-	-	-	4	31,315.50
Dar'a	Dar'a	Busra Esh-Sham	37,430	5,519	23	42,972	13%	-	-	-	3	25,783.20
Dar'a	Dar'a	Da'el	40,430	656	49	41,135	2%	-	-	-	4	30,851.25
Dar'a	Dar'a	Dar'a	167,359	29,082	195	196,636	15%	-	-	-	3	117,981.60
Dar'a	Dar'a	Jizeh	27,027	2,166	27	29,220	8%	-	-	-	3	17,532.00
Dar'a	Dar'a	Kherbet Ghazala	47,341	305	77	47,723	1%	-	-	-	3	28,633.80
Dar'a	Dar'a	Mseifra	37,182	2,845	54	40,081	7%	-	-	-	3	24,048.60
Dar'a	Dar'a	Mzeireb	97,545	9,292	28	106,865	9%	-	-	-	4	80,148.75
Dar'a	Izra'	Hrak	45,168	1,138	45	46,351	3%	-	-	-	3	27,810.60
Dar'a	Izra'	Izra'	61,754	3,824	57	65,635	6%	-	-	-	3	39,381.00
Dar'a	Izra'	Jasim	36,632	1,363	28	38,023	4%	-	-	-	3	22,813.80
Dar'a	Izra'	Nawa	57,804	2,147	62	60,013	4%	-	-	-	4	45,009.75
Dar'a	Izra'	Sheikh Miskine	39,545	65	12	39,622	0%	-	-	-	4	29,716.50
Dar'a	Izra'	Tassil	25,340	155	16	25,511	1%	-	-	-	4	19,133.25
Deir-ez-Zor	Abu Kamal	Abu Kamal	49,607	-	1,275	50,882	3%	-	-	-	4	38,161.50
Deir-ez-Zor	Abu Kamal	Hajin	69,509	39,178	2,004	110,691	37%	1	1,300	3%	3	66,414.60
Deir-ez-Zor	Abu Kamal	Jalaa	13,390	900	399	14,689	9%	-	-	-	4	11,016.75
Deir-ez-Zor	Abu Kamal	Susat	16,495	3,654	6,894	27,043	39%	-	-	-	4	20,282.25
Deir-ez-Zor	Al Mayadin	Al Mayadin	24,807	35	819	25,661	3%	-	-	-	4	19,245.75
Deir-ez-Zor	Al Mayadin	Ashara	28,710	-	325	29,035	1%	-	-	-	4	21,776.25
Deir-ez-Zor	Al Mayadin	Thiban	41,428	9,076	810	51,314	19%	1	100	1%	4	38,485.50
Deir-ez-Zor	Deir-ez-Zor	Basira	37,378	5,784	295	43,457	14%	51	7,533	130%	4	32,592.75
Deir-ez-Zor	Deir-ez-Zor	Deir-ez-Zor	99,587	58,882	1,817	160,286	38%	8	3,720	6%	4	120,214.50
Deir-ez-Zor	Deir-ez-Zor	Khasham	14,985	2,556	585	18,126	17%	7	1,965	77%	4	13,594.50

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GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE- TURNÉES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA- TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	% OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Deir-ez-Zor	Deir-ez-Zor	Kisreh	73,081	37,142	305	110,528	34%	18	20,811	56%	4	82,896.00
Deir-ez-Zor	Deir-ez-Zor	Muhasan	8,577	90	282	8,949	4%				3	5,369.40
Deir-ez-Zor	Deir-ez-Zor	Sur	33,031	7,619	42	40,692	19%	3	213	3%	4	30,519.00
Deir-ez-Zor	Deir-ez-Zor	Tabni	73,744	-	255	73,999	0%	-	-	-	4	55,499.25
Hama	As-Salamiyeh	As-Saan	20,980	85	135	21,200	1%	-	-	-	4	15,900.00
Hama	As-Salamiyeh	As-Salamiyeh	218,042	26,857	560	245,459	11%	-	-	-	3	147,275.10
Hama	As-Salamiyeh	Eastern Bari	17,057	750	-	17,807	4%	-	-	-	4	13,355.25
Hama	As-Salamiyeh	Oqeirbat	2,048	-	156	2,204	7%	-	-	-	4	1,652.63
Hama	As-Salamiyeh	Saboura	30,664	410	420	31,494	3%	-	-	-	3	18,896.10
Hama	As-Suqaylabiyah	As-Suqaylabiyah	33,373	6,633	-	40,006	17%	-	-	-	3	24,003.60
Hama	As-Suqaylabiyah	Madiq Castle	5,825	-	-	5,825		-	-	-	3	3,495.00
Hama	As-Suqaylabiyah	Shat-ha	15,399	-	-	15,399		-	-	-	2	4,619.70
Hama	As-Suqaylabiyah	Tell Salhib	17,035	100	-	17,135	1%	-	-	-	3	10,281.00
Hama	As-Suqaylabiyah	Ziyara	1,243	-	860	2,103	41%	-	-	-	3	1,261.80
Hama	Hama	Hama	586,780	167,718	190	754,688	22%	-	-	-	3	452,812.80
Hama	Hama	Hamra	10,781	67	22	10,870	1%	-	-	-	3	6,522.00
Hama	Hama	Harbanifse	48,722	684	634	50,040	3%	-	-	-	3	30,024.00
Hama	Hama	Suran	26,912	-	1,893	28,805	7%	-	-	-	3	17,283.00
Hama	Masyaf	Ein Halaqim	20,595	897	-	21,492	4%	-	-	-	2	6,447.60
Hama	Masyaf	Jeb Ramleh	40,023	-	-	40,023		-	-	-	2	12,006.90
Hama	Masyaf	Masyaf	65,610	813	-	66,423	1%	-	-	-	2	19,926.90
Hama	Masyaf	Oj	39,344	8,112	-	47,456	17%	-	-	-	2	14,236.80
Hama	Masyaf	Wadi El-oyoun	19,987	6,999	-	26,986	26%	-	-	-	2	8,095.80
Hama	Muhradah	Kafr Zeita	-	-	-	-		-	-	-	4	-
Hama	Muhradah	Karnaz	5,980	1,236	-	7,216	17%	-	-	-	3	4,329.60
Hama	Muhradah	Muhradah	32,164	1,850	429	34,443	7%	-	-	-	3	20,665.80
Homs	Al Makhrim	Al Makhrim	43,899	1,256	-	45,155	3%	-	-	-	3	27,093.00
Homs	Al Makhrim	Jeb Ej-Jarrah	21,639	-	162	21,801	1%	-	-	-	3	13,080.60
Homs	Al-Qusayr	Al-Qusayr	49,127	11,056	707	60,890	19%	-	-	-	3	36,534.00
Homs	Ar-Rastan	Ar-Rastan	61,283	1,006	274	62,563	2%	-	-	-	3	37,537.80
Homs	Ar-Rastan	Talbiseh	89,835	3,036	182	93,053	3%	-	-	-	3	55,831.80
Homs	Homs	Ein Elniser	31,874	2,158	220	34,252	7%	-	-	-	3	20,551.20
Homs	Homs	Farqalas	15,518	10,193	-	25,711	40%	-	-	-	4	19,283.25
Homs	Homs	Hasyaa	21,300	10,062	-	31,362	32%	-	-	-	3	18,817.20
Homs	Homs	Homs	430,188	198,794	4,920	633,902	32%	-	-	-	3	380,341.20
Homs	Homs	Kherbet Tin Noor	73,327	3,523	33	76,883	5%	-	-	-	2	23,064.90
Homs	Homs	Mahin	1,730	-	200	1,930	10%	-	-	-	3	1,158.00
Homs	Homs	Qabu	40,405	-	-	40,405		-	-	-	2	12,121.50
Homs	Homs	Qaryatein	12,935	-	324	13,259	2%	-	-	-	3	7,955.40
Homs	Homs	Raqama	22,526	6,235	-	28,761	22%	-	-	-	3	17,256.60
Homs	Homs	Sadad	6,600	416	45	7,061	7%	-	-	-	3	4,236.60
Homs	Homs	Shin	30,523	2,980	-	33,503	9%	-	-	-	1	6,700.60
Homs	Homs	Taldu	63,635	937	700	65,272	3%	-	-	-	3	39,163.20
Homs	Tadmor	Sokhneh	3,917	-	-	3,917		-	-	-	4	2,937.75
Homs	Tadmor	Tadmor	1,570	-	250	1,820	14%	-	-	-	3	1,092.00
Homs	Tall Kalakh	Hadideh	44,044	-	-	44,044		-	-	-	2	13,213.20
Homs	Tall Kalakh	Hawash	23,931	20,831	-	44,762	47%	-	-	-	2	20,831.00
Homs	Tall Kalakh	Nasra	20,198	37,213	-	57,411	65%	-	-	-	2	37,213.00
Homs	Tall Kalakh	Tall Kalakh	36,447	1,315	137	37,899	4%	-	-	-	2	11,369.70
Idleb	Al Ma'ra	Heish	-	-	-	-	-	-	-	-	4	-
Idleb	Al Ma'ra	Kafr Nobol	-	-	-	-	-	-	-	-	5	-
Idleb	Al Ma'ra	Khan Shaykun	-	-	-	-	-	-	-	-	4	-
Idleb	Al Ma'ra	Ma'arrat An Nu'man	-	-	-	-	-	-	-	-	3	-
Idleb	Al Ma'ra	Sanjar	3,878	-	6,490	10,368	63%	-	-	-	4	7,776.00

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GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULATION	NUMBER OF SITES/CAMPS	NUMBER OF IDPS IN SITES/CAMPS (JAN/FEB 2021)	% OF IDPS IN SITES/CAMPS	SEVERITY	PEOPLE IN NEED
Idleb	Al Ma'ra	Tamanaah	2,368	-	2,092	4,460	47%	-	-	-	4	3,345.00
Idleb	Ariha	Ariha	19,819	21,432	58,967	100,218	80%	2	311	1%	4	80,399.00
Idleb	Ariha	Ehsem	-	2,184	21,942	24,126	100%	-	-	-	4	24,126.00
Idleb	Ariha	Mhambal	18,585	15,171	11,136	44,892	59%	1	969	6%	4	33,669.00
Idleb	Harim	Armanaz	37,052	38,414	-	75,466	51%	43	25,515	66%	3	45,279.60
Idleb	Harim	Dana	149,530	864,409	-	1,013,939	85%	576	877,500	102%	5	912,545.10
Idleb	Harim	Harim	24,749	41,335	-	66,084	63%	23	23,396	57%	5	59,475.60
Idleb	Harim	Kafr Takharim	18,758	16,506	-	35,264	47%	8	5,571	34%	3	21,158.40
Idleb	Harim	Qourqeena	38,374	65,206	-	103,580	63%	36	37,891	58%	4	77,685.00
Idleb	Harim	Salqin	72,468	177,433	-	249,901	71%	38	36,903	21%	4	187,425.75
Idleb	Idleb	Abul Thohur	2,434	-	980	3,414	29%	-	-	-	3	2,048.40
Idleb	Idleb	Bennsh	17,952	22,809	2,687	43,448	59%	5	2,137	9%	4	32,586.00
Idleb	Idleb	Idleb	143,206	141,627	6,612	291,445	51%	15	11,237	8%	3	174,867.00
Idleb	Idleb	Maaret Tamsrin	72,528	214,371	-	286,899	75%	260	235,161	110%	5	258,209.10
Idleb	Idleb	Saraqab	-	-	660	660	100%	-	-	-	5	660.00
Idleb	Idleb	Sarmin	-	1,610	11,936	13,546	100%	-	-	-	4	13,546.00
Idleb	Idleb	Teftnaz	-	3,466	17,320	20,786	100%	-	-	-	4	20,786.00
Idleb	Jisr-Ash-Shugur	Badama	12,964	39,561	2,720	55,245	77%	52	25,562	65%	4	42,281.00
Idleb	Jisr-Ash-Shugur	Darkosh	46,940	40,375	-	87,315	46%	29	13,211	33%	4	65,486.25
Idleb	Jisr-Ash-Shugur	Janudiyeh	26,493	35,855	140	62,488	58%	21	11,456	32%	4	46,866.00
Idleb	Jisr-Ash-Shugur	Jisr-Ash-Shugur	59,440	24,820	13,557	97,817	39%	1	1,213	5%	4	73,362.75
Lattakia	Al-Haffa	Al-Haffa	13,177	1,260	-	14,437	9%	-	-	-	3	8,662.20
Lattakia	Al-Haffa	Ein Et-teeneh	4,261	445	-	4,706	9%	-	-	-	2	1,411.80
Lattakia	Al-Haffa	Kansaba	1,313	-	-	1,313	-	-	-	-	2	393.90
Lattakia	Al-Haffa	Mzair'a	9,677	650	-	10,327	6%	-	-	-	2	3,098.10
Lattakia	Al-Haffa	Salanfa	6,810	455	-	7,265	6%	-	-	-	3	4,359.00
Lattakia	Al-Qardaha	Al-Qardaha	40,313	2,525	-	42,838	6%	-	-	-	2	12,851.40
Lattakia	Al-Qardaha	Fakhura	16,783	910	-	17,693	5%	-	-	-	2	5,307.90
Lattakia	Al-Qardaha	Harf Elmseitra	5,905	415	-	6,320	7%	-	-	-	2	1,896.00
Lattakia	Al-Qardaha	Jobet Berghal	6,156	445	-	6,601	7%	-	-	-	2	1,980.30
Lattakia	Jablah	Beit Yashout	10,197	670	-	10,867	6%	-	-	-	2	3,260.10
Lattakia	Jablah	Dalyeh	11,104	660	-	11,764	6%	-	-	-	2	3,529.20
Lattakia	Jablah	Ein Elsharqiyeh	13,275	1,050	-	14,325	7%	-	-	-	2	4,297.50
Lattakia	Jablah	Ein Shacaq	11,601	640	-	12,241	5%	-	-	-	2	3,672.30
Lattakia	Jablah	Jablah	54,677	21,385	-	76,062	28%	-	-	-	2	22,818.60
Lattakia	Jablah	Qteilibiyeh	24,907	1,545	-	26,452	6%	-	-	-	2	7,935.60
Lattakia	Lattakia	Bahlolieh	8,364	607	-	8,971	7%	-	-	-	2	2,691.30
Lattakia	Lattakia	Ein El-Bayda	9,979	1,195	-	11,174	11%	-	-	-	1	2,234.80
Lattakia	Lattakia	Hanadi	15,689	920	-	16,609	6%	-	-	-	2	4,982.70
Lattakia	Lattakia	Kasab	1,535	585	-	2,120	28%	-	-	-	2	636.00
Lattakia	Lattakia	Lattakia	488,430	411,375	-	899,805	46%	-	-	-	3	539,883.00
Lattakia	Lattakia	Qastal Maaf	12,078	1,960	-	14,038	14%	-	-	-	3	8,422.80
Lattakia	Lattakia	Rabee'a	-	-	-	-	-	-	-	-	4	-
Quneitra	Al Fiq	Fiq	2,369	213	-	2,582	8%	-	-	-	3	1,549.20
Quneitra	Quneitra	Al-Khashniyyeh	25,961	2,329	27	28,317	8%	-	-	-	3	16,990.20
Quneitra	Quneitra	Khan Arnaba	66,073	589	229	66,891	1%	-	-	-	3	40,134.60
Quneitra	Quneitra	Quneitra	6,901	381	52	7,334	6%	-	-	-	3	4,400.40
Rural Damascus	Al Qutayfah	Al Qutayfah	44,840	2,900	-	47,740	6%	-	-	-	3	28,644.00
Rural Damascus	Al Qutayfah	Jirud	27,707	516	-	28,223	2%	-	-	-	3	16,933.80
Rural Damascus	Al Qutayfah	Ma'loula	12,956	35	-	12,991	0%	-	-	-	2	3,897.30
Rural Damascus	Al Qutayfah	Raheiba	25,925	2,675	-	28,600	9%	-	-	-	3	17,160.00
Rural Damascus	An Nabk	An Nabk	32,321	21,688	1,284	55,293	42%	-	-	-	2	22,972.00
Rural Damascus	An Nabk	Deir Attiyeh	33,833	9,645	-	43,478	22%	-	-	-	2	13,043.40
Rural Damascus	At Tall	At Tall	51,713	204,666	-	256,379	80%	-	-	-	3	204,666.00

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GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Rural Damascus	At Tall	Rankus	9,844	130	-	9,974	1%	-	-	-	3	5,984.40
Rural Damascus	At Tall	Sidnaya	12,195	175	-	12,370	1%	-	-	-	3	7,422.00
Rural Damascus	Az-Zabdani	Az-Zabdani	17,757	11,843	-	29,600	40%	-	-	-	3	17,760.00
Rural Damascus	Az-Zabdani	Dimas	13,863	2,867	14	16,744	17%	-	-	-	2	5,023.20
Rural Damascus	Az-Zabdani	Ein Elfijeh	14,523	12,832	-	27,355	47%	-	-	-	4	20,516.25
Rural Damascus	Az-Zabdani	Madaya	28,493	2,929	22	31,444	9%	-	-	-	3	18,866.40
Rural Damascus	Az-Zabdani	Sarghaya	15,063	325	-	15,388	2%	-	-	-	3	9,232.80
Rural Damascus	Darayya	Hajar Aswad	-	-	421	421	100%	-	-	-	4	421.00
Rural Damascus	Darayya	Markaz Darayya	39,747	2,142	1,291	43,180	8%	-	-	-	4	32,385.00
Rural Damascus	Darayya	Sahnaya	24,605	23,638	-	48,243	49%	-	-	-	4	36,182.25
Rural Damascus	Duma	Dhameer	21,284	10,262	-	31,546	33%	-	-	-	4	23,659.50
Rural Damascus	Duma	Duma	63,483	8,124	204	71,811	12%	-	-	-	4	53,858.25
Rural Damascus	Duma	Ghizlaniyyeh	35,630	39,608	300	75,538	53%	-	-	-	4	56,653.50
Rural Damascus	Duma	Haran Al'awameed	17,710	324	-	18,034	2%	-	-	-	4	13,525.50
Rural Damascus	Duma	Harasta	97,698	72,118	404	170,220	43%	-	-	-	4	127,665.00
Rural Damascus	Duma	Nashabiyeh	12,395	1,560	135	14,090	12%	-	-	-	4	10,567.50
Rural Damascus	Duma	Sabe Byar	3,772	12,200	-	15,972	76%	-	-	-	5	14,374.80
Rural Damascus	Qatana	Bait Jan	7,514	105	97	7,716	3%	-	-	-	4	5,787.00
Rural Damascus	Qatana	Qatana	151,648	150,822	42	302,512	50%	-	-	-	4	226,884.00
Rural Damascus	Qatana	Sa'sa'	59,427	9,286	-	68,713	14%	-	-	-	4	51,534.75
Rural Damascus	Rural Damascus	Arbin	18,216	2,077	-	20,293	10%	-	-	-	4	15,219.75
Rural Damascus	Rural Damascus	Babella	301,976	35,567	36	337,579	11%	-	-	-	3	202,547.40
Rural Damascus	Rural Damascus	Jaramana	293,327	303,065	-	596,392	51%	-	-	-	3	357,835.20
Rural Damascus	Rural Damascus	Kafr Batna	30,213	8,551	350	39,114	23%	-	-	-	4	29,335.50
Rural Damascus	Rural Damascus	Kisweh	87,959	58,174	28	146,161	40%	-	-	-	3	87,696.60
Rural Damascus	Rural Damascus	Maliha	8,460	-	90	8,550	1%	-	-	-	4	6,412.50
Rural Damascus	Rural Damascus	Qudsiya	244,530	106,432	21	350,983	30%	-	-	-	3	210,589.80
Rural Damascus	Yabroud	Esal El-Ward	5,538	368	-	5,906	6%	-	-	-	3	3,543.60
Rural Damascus	Yabroud	Yabroud	20,243	13,794	520	34,557	41%	-	-	-	4	25,917.75
Tartous	Banyas	Banyas	86,976	19,369	-	106,345	18%	-	-	-	3	63,807.00
Tartous	Banyas	Rawda	12,252	1,185	-	13,437	9%	-	-	-	2	4,031.10
Tartous	Banyas	Taleen	8,048	1,175	-	9,223	13%	-	-	-	2	2,766.90
Tartous	Dreikish	Dreikish	35,814	12,589	-	48,403	26%	-	-	-	2	14,520.90
Tartous	Dreikish	Dweir Raslan	13,119	1,830	-	14,949	12%	-	-	-	2	4,484.70
Tartous	Dreikish	Hamin	8,259	897	-	9,156	10%	-	-	-	2	2,746.80
Tartous	Dreikish	Jneinet Raslan	9,341	986	-	10,327	10%	-	-	-	2	3,098.10
Tartous	Qadmous	Anaza	17,858	2,142	-	20,000	11%	-	-	-	2	6,000.00
Tartous	Qadmous	Hamam Wasil	10,996	1,075	-	12,071	9%	-	-	-	2	3,621.30
Tartous	Qadmous	Qadmous	21,667	4,054	-	25,721	16%	-	-	-	2	7,716.30
Tartous	Qadmous	Tawahin	8,225	1,211	-	9,436	13%	-	-	-	2	2,830.80
Tartous	Safita	Bariqiyeh	6,945	713	-	7,658	9%	-	-	-	2	2,297.40
Tartous	Safita	Mashta Elhiu	13,833	7,457	-	21,290	35%	-	-	-	3	12,774.00
Tartous	Safita	Ras El-Khashufeh	18,877	1,580	-	20,457	8%	-	-	-	2	6,137.10
Tartous	Safita	Safita	54,506	15,472	-	69,978	22%	-	-	-	2	20,993.40
Tartous	Safita	Sibbeh	6,982	985	-	7,967	12%	-	-	-	2	2,390.10
Tartous	Safita	Sisniyyeh	19,357	2,720	-	22,077	12%	-	-	-	2	6,623.10
Tartous	Sheikh Badr	Baramanet Elmashayekh	17,950	2,810	-	20,760	14%	-	-	-	2	6,228.00
Tartous	Sheikh Badr	Qumseyyeh	14,009	2,671	-	16,680	16%	-	-	-	2	5,004.00
Tartous	Sheikh Badr	Sheikh Badr	27,460	9,182	-	36,642	25%	-	-	-	2	10,992.60
Tartous	Tartous	Arwad	5,319	30	-	5,349	1%	-	-	-	2	1,604.70
Tartous	Tartous	Hameidiyyeh	16,822	2,100	-	18,922	11%	-	-	-	3	11,353.20
Tartous	Tartous	Kareemeh	13,290	1,232	-	14,522	8%	-	-	-	2	4,356.60
Tartous	Tartous	Kherbet Elma'aza	18,142	1,592	-	19,734	8%	-	-	-	2	5,920.20
Tartous	Tartous	Safsafa	19,311	1,866	-	21,177	9%	-	-	-	2	6,353.10
Tartous	Tartous	Soda Khawabi	32,827	12,674	-	45,501	28%	-	-	-	2	13,650.30
Tartous	Tartous	Tartous	228,513	73,071	-	301,584	24%	-	-	-	2	90,475.20

4.6

Acronyms

ACU	Assistance Coordination Unit	LSD	Lumpy Skin Disease
AOR	Area of Responsibility	mhGAP	Mental Health Gap Action Programme
CCCM	Camp Coordination and Camp Management	MSNA	Multi-Sector Needs Assessment
CFSAM	Crop and Food Security Assessment Mission	MSME	Micro, Medium and Small Enterprises
CP	Child Protection	NCD	Non-Communicable Disease
ECE	Early Childhood Education	NES	North-east Syria
EMIS	Education Management Information System	NFI	Non-Food Item
EO	Explosive Ordnance	NGO	Non-Governmental Organization
EORE	Explosive Ordnance Risk Education	NIDP	Newly Displaced IDPs
EPI	Expanded Programme of Immunization	NSAG	Non-State Armed Group
ERL	Early Recovery and Livelihoods	NWS	North-west Syria
EWARN	Early Warning, Alert and Response Network	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
EWARS	Early Warning, Alert and Response System	OHCHR	United Nations Office for the High Commissioner of Human Rights
FAS	Food and Agriculture Sector	PHC	Primary Healthcare Centres
FAO	United Nations Food and Agriculture Organization	PiN	People in Need
FCS	Food Consumption Score	PLW	Pregnant and Lactating Women
FRC	Free Residual Chlorine	PMR	Periodic Monitoring Reports
FSA	Food Security Assessment	PPE	Personal Protective Equipment
FSLA	Food Security and Livelihoods Assessment	PSEA	Protection from Sexual Exploitation and Abuse
FSS	Food Security Sector	PWD	People with Disabilities
GBV	Gender-Based Violence	SAG	Strategic Advisory Group
GDP	Gross Domestic Product	SARC	Syrian Arab Red Crescent
GHC	Global Health Cluster	SARI	Severe Acute Respiratory Infection
GoS	Government of Syria	SDF	Syrian Democratic Forces
GPI	Global Peace Index	SMART	Standardized Monitoring and Assessment of Relief and Transitions
GWC	Global WASH Cluster	SYF	Syrian Pound
HCF	Health Care Facility	Syria MRM	Syria Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict
HeRAMS	Health Resources and Services Availability Mapping Systems	UN	United Nations
HH	Household	UNHCR	United Nations High Commissioner for Refugees
HLP	Housing, Land and Property	UNICEF	United Nations Children's Emergency Fund
HNAP	Humanitarian Needs Assessment Programme	UNSC	The United Nations Security Council
HNO	Humanitarian Needs Overview	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
IASC	Inter-Agency Standing Committee	US\$	U.S. Dollar
IDP	Internally Displaced Person	UXO	Unexploded Ordnance
IED	Improvised explosive device	VBIED	Vehicle-borne improvised explosive device
ISIMM	IDP Sites Integrated Monitoring Matrix	VRP	Vulnerable Resident Populations
IHL	International Humanitarian Law	WASH	Water, Sanitation and Hygiene
IHRL	International Human Rights Law	WFP	United Nations World Food Programme
INGO	International Non-Governmental Organization	WHO	United Nations World Health Organization
ISG	Inter-sectoral Group	WoS	Whole of Syria
ISIL	Islamic State of Iraq and the Levant	WRA	Women of Reproductive Age
ISMI	IDP Situation Monitoring Initiative		
IYCF	Infant and Young Child Feeding		
JIAF	Joint Inter-Sectoral Analysis Framework		
KII	Key Informant Interview		

4.7

End Notes

- 1 . The Syria Monitoring and Reporting Mechanism (MRM) has recorded 723 attacks on education facilities and personnel and 640 attacks on medical facilities and related personnel. Syria MRM 2020
- 2 . Syria Regional Crisis, 10 Years On, March 2021, UNICEF
- 3 . A Decade of Loss: Syria's Youth After Ten Years of Crisis, ICRC, March 2021
- 4 United Nations Special Envoy to Syria, Geir O. Pedersen, Briefing to the Security Council on Syria, 15 March 2021
- 5 . WoS Early Recovery Sector estimates, and Framework for the Immediate Socio-Economic Response to COVID-19
- 6 .WHO Whole of Syria Consolidated Health Resources and Services Availability Monitoring System, Q3 2020.
- 7 . Multi-Sector Needs Assessment (MSNA), October 2020
- 8 . Health, Education and WASH Sectors, January 2021, based on a composite severity indicator capturing the functionality of primary health care centers, piped water access and ratio of fully functioning class-rooms to school-age population at sub-district level.
- 9 . MSNA, October 2020
- 10 . Households reported employing one or several of these strategies in the 30 days prior to being surveyed. Food Security and Agriculture (FSA) Sector, January 2021
- 11 . Protection Sector, January 2021
- 12 . FSA Sector, January 2021
- 13 . Nutrition Sector, January 2021
- 14 . MSNA, October 2020
- 15 . Protection Sector, January 2020
- 16 Global Peace Index 2020: https://www.visionofhumanity.org/wp-content/uploads/2020/10/GPI_2020_web.pdf
- 17 United Nations Special Envoy for Syria Geir O. Pedersen, Briefing to the Security Council, 27 October 2020
- 18 Ibid. Despite this decrease, OHCHR still documented more than 1,000 civilians killed and 1,000 civilians injured as a direct result of hostility-related incidents throughout the year
- 19 Explosive ordnance (EO), as per International Mine Action Standards (IMAS 04.10, amendment 2019, page 7) is interpreted as a term encompassing mine action's response to the following munitions: mines, cluster munitions, unexploded ordnance, abandoned ordnance, booby traps, other devices (as defined by CCW APII), Improvised Explosive Devices (IEDs). * Note: Improvised Explosive Devices (IEDs) meeting the definition of mines, booby-traps or other devices fall under the scope of mine action, when their clearance is undertaken for humanitarian purposes and in areas where active hostilities have ceased.
- 20 MSNA, October 2020; UNMAS Factsheet, May 2020.
- 21 Overall, 1 explosive incidents every 10 minutes was recorded in the past 5 years (2015-2020)
- 22 <https://coar-global.org/2020/12/07/turkey-pressures-ein-issa-as-the-sdf-pivots-toward-politics/>
- 23 WHO WoS consolidated HeRAMS Q3 2020
- 24 This does not include damage and destruction to assets and infrastructure. Counting the cost Agriculture in Syria after six years of crisis, FAO, 2017
- 25 Syria 2020 HNO (internal draft)
- 26 JRC Technical Report, Debris analysis in post-conflict Syria: The Aleppo case study, Matina Halkia, Ivano Caravaggi, Ludovica De Girolamo, Christophe Louvier, 2020
- 27 OHCHR
- 28 Syria's Economic Collapse and Its Impact on the Most Vulnerable, Center for Strategic & International Studies, 18 February 2021
- 29 WoS Early Recovery Sector Estimates
- 30 Framework for the Immediate Socio-Economic Response to COVID-19
- 31 (US\$89 at the official exchange rate of SYP 1,250/USD)
- 32 WFP Syria Country Office Market Price Watch Bulletin, December 2020, Issue 73
- 33 Ibid.
- 34 MSNA, October 2020
- 35 A Decade of Loss: Syria's Youth After Ten Years of Crisis, International Committee of the Red Cross, March 2021
- 36 Ibid.
- 37 Framework for the Immediate Socio-Economic Response to COVID-19, Syria United Nations Country Team, 31 August 2021
- 38 https://ufmsecretariat.org/wp-content/uploads/2019/10/MedECC-Booklet_EN_WEB.pdf; <https://www.medqsr.org/climate-change>
- 39 Disaster Risk Management Knowledge Centre, <https://drmkc.jrc.ec.europa.eu/inform-index/INFORM-Risk/Country-Profile/moduleId/1767/id/419/controller/Admin/action/CountryProfile>
- 40 Flash Update on the Response to Floods in North-West Syria, UNHCR 11 February 2021
- 41 Education Cluster survey
- 42 IDP Camps and Informal Sites Flood Susceptibility and Flood Hazard Assessment, North Dana sub-district, Idlib, January 2021, REACH
- 43 FAO/WFP, Special Report, Crop and Food Security Assessment Mission to the Syrian Arab Republic, 5 September 2019; The Unintended Consequences of U.S. and European Unilateral Measures on Syria's Economy and Its Small and Medium Enterprises, Samir Aita, December 2020, The Carter Center
- 44 UNICEF Syria
- 45 WoS Food Security Sector, 2020
- 46 OHCHR 2020: civilian casualties and incidents included are not comprehensive but rather reflect what OHCHR could verify to reflect human rights concerns, patterns and the impact of the armed conflict and violence on civilians in Syria. Actual civilian casualties could be higher.
- 47 Syria: Violations and abuses rife in areas under Turkish-affiliated armed groups – Bachelet, OHCHR, 18 September 2020
- 48 www.unicef.org/press-releases/four-children-reportedly-killed-and-two-children-injured-two-attacks-northern-syria (8 March 2021)
- 49 Currently, only one party to the conflict, the Syrian Democratic Forces (SDF) has signed the Children Associated with Armed Forces and Armed Groups.
- 50 Syria MRM 2020
- 51 Between January and December 2020, the Syria MRM verified 59 attacks on schools and 28 attacks on hospitals compared to 157 and 85 respectively in 2019
- 52 WoS Health Sector, Attacks on Healthcare, December 2020
- 53 WOS Education Attacks on Education Snapshot, 2019 and 2020
- 54 Education Cluster statement, Idlib, Syria: Cluster alarmed over increase in attacks on schools as ten hit in one day, February 2020
- 55 WOS Attacks of Education Jan-Dec 2020
- 56 UN Commission of Inquiry on Syria: No clean hands – behind the frontlines and the headlines, armed actors continue to subject civilians to horrific and increasingly targeted abuse, 15 September 2020
- 57 WoS Protection Sector 2020
- 58 WHO WoS consolidated HeRAMS, Q2 2020
- 59 WoS Health Sector, Hostility-Related Trauma Consultations
- 60 OHCHR
- 61 OHCHR
- 62 As of 01 March 2021, there are five formal camps in Al-Hasakeh (4) and Ar-Raqqa (1) with a population of 87,803 individuals (22,502 households). There are five informal camps in Al-Hasakeh (2), Deir-ez-Zor (1) and Ar-Raqqa (2) with a population of 42,984 individuals (7,871 households) There are also 190 informal settlements across Al-Hasakeh (19), Ar-Raqqa (69), Aleppo (46) and Deir-ez-Zor (56) with a population of 102,453 individuals (18,138 households). There are also 154 collective shelters in Al-Hasakeh (78), Ar-Raqqa (44) and Deir-ez-Zor (32). Within Al-Hasakeh sub-district there are 40 collective shelters and 36 in Tal Tamer sub-district accommodating 14,923 individuals (2,846 households) since October 2019. Since September 2020, 34 collective shelters where 6,328 IDPs were living have been emptied following the relocation of IDPs to Serekaniye Camp (an informal
- 63 HNAP IDP Series
- 64 IDP Taskforce, August 2020
- 65 Between January and February 2020, 774,138 and 423,149 IDP movements were recorded in Idlib and Aleppo governorates respectively. IDP Taskforce, December 2020 – IDP Movements: January to December 2020.
- 66 In 2019 there were an average of 5,008 movements per day compared to 4,978 in 2020. Similarly, there were an average of 152,328 IDP movements on average each month in 2019 compared to 151,831 per month in 2020. IDP Task Force, December 2019 and December 2020
- 67 Ibid
- 68 IDP Taskforce, IDP Spontaneous Return Movements, January to December 2020
- 69 HNAP IDP Intentions 2020
- 70 Ibid
- 71 Information Management System for Mine Action, Victim Assistance Database
- 72 271, 855 in Dar'a governorate; 206,741 in Aleppo governorate; 147,061 in Deir-ez-Zor governorate.
- 73 <https://covid19.who.int/region/emro/country/sy>
- 74 This includes 91,379 tests conducted by the Ministry of Health across Damascus, Aleppo, Homs, Lattakia and Rural Damascus governorates; 21,700 tests conducted by local authorities in the north-east and 67,693 tests conducted in the North-west.
- 75 Laboratories have been established in Aleppo [3], Damascus [2], Homs [1], Idlib [1] Lattakia [1], Qamishli [1], Rural Damascus [1].
- 76 WHO Syria
- 77 North-east Syria Forum, COVID-19 Update No.20, as of 5 February 2021
- 78 COVID-19 Rapid Assessment, Round 29, 2 February 2021
- 79 WHO WoS consolidated HeRAMS, Q2 2020
- 80 Turkey Cross-Border Health Cluster, 2021.
- 81 Framework for the Immediate Socio-Economic Response to COVID-19
- 82 Mid-2020 WASH Household Assessment (countrywide)
- 83 93 of 271 sub-districts. Syria 2020 MSNA.
- 84 WHO: Health care a casualty of 6 years of war in the Syrian Arab Republic. <https://www.who.int/en/news-room/detail/15-03-2017-health-care-a-casualty-of-6-years-of-war-in-the-syrian-arab-republic>. [Accessed 1 March 2021].
- 85 WHO WoS consolidated HeRAMS, Q2 2020
- 86 COVID-19 Operational Response Plan Within Syria (April to December 2020) as of 6 May 2020
- 87 MHPSS sub-working groups from all three health coordination hubs
- 88 Qamishli sub-national Health Sector, 2021
- 89 This includes 604 healthcare workers confirmed by the Ministry of Health; 780 in the north-east and 2,690 in North-west Syria.

- 90 2021 HNO Education Sector Findings
- 91 2021 HNO WoS Education Sector analysis
- 92 Urban Analysis Network, Dar'a City Factsheet
- 93 Deir-ez-Zor Urban Profile, December 2020
- 94 WoS EWARS/EWARN 2020
- 95 Health sector partner
- 96 Urban Analysis Network (annum)
- 97 Health Resources and Services Availability Monitoring System (HeRAMS) Annual Report, Public Hospitals in the Syrian Arab Republic, January – December 2019, WHO, Ministry of Health, and Ministry of Higher Education.
- 98 HeRAMS, Third Quarter Report, Turkey Health Cluster for North-west of Syria, July - Sept 2020
- 99 WHO Qamishli Hub – Hospital Assessment Report 2020
- 100 Central Bureau of Statistics, Government of the Syrian Arab Republic, December 2020
- 101 Framework for the Immediate Socio-Economic Response to COVID-19
- 102 When adjusted for inflation in US terms, the value of the National Budget has fallen from US\$9 billion to US\$6.8 billion, and when factoring in the market rate has dropped by a massive 65 per cent.
- 103 From 368,000 barrels per day (bpd) in 2010 to 22,000 bpd in 2020. Impact of Syrian Conflict Report, Syrian Center of Policy Research, May 2020
- 104 Chatham House, The Syrian Pound Signals Economic Deterioration, 26 September 2019
- 105 The Unintended Consequences of U.S. and European Unilateral Measures on Syria's Economy and Its Small and Medium Enterprises
- 106 WFP Syria Country Office Market Price Watch Bulletin, December 2020, Issue 73
- 107 Syria 2020 MSNA
- 108 USG for Humanitarian Affairs and Emergency Relief Coordinator, Briefing to the Security Council on the humanitarian situation in Syria, 20 January 2021
- 109 MSNA, October 2020
- 110 Ibid.
- 111 Ibid.
- 112 Ibid.
- 113 Framework for the Immediate Socio-Economic Response to COVID-19
- 114 MSNA, October 2020.
- 115 The protection situation during COVID-19 in Syria: the impact of COVID-19 on protection activities and on vulnerable groups, A Protection Sector and Community Service Sector Report, 1 February 2021
- 116 MSNA, October 2020
- 117 MSNA, October 2020
- 118 WHO Whole of Syria Consolidated HERAMS, Q3 2020
- 119 Risk Communication and Community Engagement Working Group, Syria, December 2020
- 120 This occurred in November 2020 and January 2021 respectively
- 121 NES WASH Working Group Alouk Station and Himme Reservoir daily monitoring
- 122 Ibid
- 123 WHO Syria, March 2021
- 124 Under Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, briefing to the Security Council on the humanitarian situation in Syria, 27 October 2020.
- 126 MSNA, October 2020
- 127 MSNA, October 2020
- 128 2021 HNO ERL Sector Chapter; MSNA, October 2020
- 129 MSNA, October 2020
- 130 Ibid.; HNAP, IDP Socio-Economic Survey, 2020
- 131 Defined as indicating "Cannot afford to pay for health services" and "High cost of transportation to health facilities" preventing a household from accessing health care, based on 2019 MSNA
- 132 HNO 2021, WoS Health Sector
- 133 Dar'a and Quneitra (16%), As-Sweida, Rural Damascus, Hama and Deir-Ez-Zor (14%), Al-Hasakeh and Idleb (13%).
- 134 MSNA, October 2020
- 135 Health, Education and WASH Sectors, January 2021, based on a composite severity indicator capturing the functionality of Primary Health Care centers, piped water access and ratio of fully functioning class-rooms to school-age population at sub-district level
- 136 HNO 2021, WoS WASH Sector
- 137 Education Sector, January 2021
- 138 WoS consolidated Health Resources and Services Availability Monitoring System (HeRAMS), Quarter 3, 2020
- 139 HNO 2021, WoS WASH Sector
- 140 Health, Education and WASH Sectors, January 2021 (composite severity indicator for non-functionality of critical service infrastructure)
- 141 MSNA, October 2020
- 142 This number excludes 11 sites in southern governorates, hosting 28,000 people in total.
- 143 MSNA, October 2021
- 144 HNAP, IDP Priority Needs and Access to Services, 2020
- 145 MSNA, October 2021
- 146 MSNA, October 2021
- 147 HNO 2021, FSA Sector Chapter
- 148 Protection Sector Chapter, HNO 2021. Reporting at community level does not allow for a representative identification of child labour rates at individual household level. The figure cited means 22% of key informants indicated child labour occurs in their respective communities, though does not provide a quantifiable per cent figure at household level.
- 149 HNO 2021, Protection Sector Chapter
- 150 HNO 2021, Protection Sector Chapter
- 151 WoS Health Sector, Hostility-Related Trauma Consultations
- 152 Charlson, Fiona et al. "New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis" *Lancet* vol. 394 (2019). doi: 10.1016/S0140-6736(19)30934-1
- 153 MSNA, October 2020
- 154 Ibid.
- 155 HNO 2021, Education Sector Chapter
- 156 MSNA, October 2020
- 157 MSNA, October 2020
- 158 Ibid.
- 159 MSNA, October 2020
- 160 16per cent of returnees are concerned about UXO contamination, compared to 6per cent overall. MSNA, October 2020.
- 161 Impact of explosive ordnance on children in Syria, Mine Action and Child Protection AoRs factsheet, December 2020.
- 162 Ibid.; Mine Action AoR, January 2021: More than 70per cent of key informants had not attended a risk education session between May and August 2020.
- 163 Food insecurity amongst returnees (60 per cent), female-headed households (54.8 per cent), households with member/s with a disability (85 per cent). The highest levels of food insecurity are reported in Idleb (86 per cent), Deir-Ez-Zor (73 per cent), Hama (68 per cent), Ar-Raqqa (66 per cent), Dar'a (60 per cent), Al-Hasakeh (60 per cent) and Aleppo (59 per cent) Governorates, respectively. Severe food insecurity amongst 13 per cent of returnees, 9 per cent of female-headed households. Governorates reporting the highest severe food insecurity levels are Hama (12 per cent), Dar'a and Lattakia (nine per cent), Deir-Ez-Zor, As-Sweida and Ar-Raqqa (eight per cent). HNO 2021, FSA Sector Chapter, FSA/FSLA 2021 Factsheets and WoS HNO validation consultations, 2020
- 164 FAO Seed Security Assessment (SSA), 2019 - 2020
- 165 UNCT Syria, COVID-19 Socio-Economic Impact Assessment (SEIA), 2020
- 166 HNO 2021, WoS Food Security Sector Chapter; MSNA, October 2020
- 167 Food expenditure share are highest in Ar-Raqqa (61%), Rural Damascus (60%) and Quneitra (60%) Governorates, in part linked to price increases for subsidized bread in Government-controlled areas
- 168 Nutrition Sector, HNO 2021 – we had referenced 674,000 children chronically malnourished in the 2021 GHQ, please confirm.
- 169 HNO 2021, WoS Nutrition Sector Chapter
- 170 The protection situation during COVID-19 in Syria: the impact of COVID-19 on protection activities and on vulnerable groups, A Protection Sector and Community Service Sector Report, 1 February 2021
- 171 Ibid
- 172 Ibid
- 173 Ibid
- 174 Ibid
- 175 COVID-19 and Women in Syria: Deepening Equalities, Dr Maria Al Abdeh and Dr Champa Patel, Friedrich-Ebert-Stiftung, July 2020
- 176 This number represents IDP stock numbers as consolidated in August 2020.
- 177 Data is only collected on girls and women and boys and men (SADD). Therefore, this analysis is not exhaustive and does not speak to how other gender identities could intersect with age and disability.
- 178 HNAP IDP Series: disabilities
- 179 Ibid.
- 180 Syria Resilience Consortium (2019). Hidden, overlooked and at risk: The role of gender, age and disability in Syria. + Syria Resilience Consortium (2020). GAD Protection analysis: Protection and Human Diversity Inclusion in the SRC Strategy and Program Interventions
- 181 HNAP (2020c). Summer 2020 Report Series: Socioeconomic overview
- 182 MSNA, October 2020
- 183 36 per cent state not aware of any assistance and 25 per cent no information of time/place of distribution, compared to 31 and 21 per cent of male households, respectively.
- 184 SEA & Humanitarian Assistance: Household Perceptions of Favours in Exchange for Aid, HNAP Household Survey (June 2020), October 2020
- 185 All figures MSNA, October 2020
- 186 SMART Survey 2019
- 187 HNO 2021, WoS Nutrition Sector
- 188 Impact of explosive ordnance on children in Syria, Mine Action and Child Protection AoRs factsheet, December 2020
- 189 MSNA, October 2020
- 190 MSNA, October 2019
- 191 HNAP IDP Series, 2020
- 192 HNAP IDP Report Series, 2020
- 193 MSNA and HNAP population monitoring, January 2021
- 194 HNAP, IDP Demographic Survey, 2020
- 195 Review against HNAP disability report – 72% of males LWD employed (88% average) vs. 15% of female (20%)
- 196 MSNA, October 2020; HNAP, IDP Socio-Economic Report, 2020
- 197 MSNA, October 2020.
- 198 CCCM, ISIMM, December 2020.
- 199 MSNA, October 2020: 37% of IDPs require shelter and NFI support. Shelter type statistics from HNAP, IDP Shelter Report, 2020.
- 200 MSNA, October 2020
- 201 HNAP, IDP Series, 200
- 202 MSNA, October 2020

- 203 HNAP, IDP Socio-Economic Review, 2020*; HNAP, IDP Disability Prevalence and Impact, 2020*
- 204 Ibid.
- 205 HNAP, Socio-Economic Report, 2020
- 206 MSNA, October 2020
- 207 MSNA, October 2020; MSNA, October 2019.
- 208 Information Management System for Mine Action, Victim Assistance Database
- 209 HNAP, IDP Priority Needs and Access to Services, 2020
- 210 HNAP, IDP Socio-Economic Conditions, 2020.
- 211 2021 HNO, Nutrition Sector Chapter
- 212 HNAP, IDP Demographic Survey, 2020
- 213 HNAP Returnee Overview, 2020
- 214 MSNA, October 2020 and HNAP Returnee Survey December 2020
- 215 Based on Washington Group questions/definitions
- 216 HNAP Returnee Report Series 2020 – Disabilities and impact
- 217 Estimate based on Population Task Force and HNAP data.
- 218 HNAP Returnee Overview, Annual Report, January 2021
- 219 HNAP IDP Intentions 2020
- 220 HNAP Returnee Report Series 2020, Return Journeys and Conditions, February 2021.
- 221 Ibid.
- 222 HNAP Returnee Report Series, January 2021
- 223 MSNA, October 2020
- 224 Ibid.
- 225 HNAP Returnee Report, 2021.
- 226 MSNA, October 2020
- 227 HNAP, Returnee Report, 2021
- 228 HNAP Returnee Report, 2021.
- 229 HNO 2021, FSA Sector Chapter
- 230 National FSA and FSLA Factsheet, 2020
- 231 MSNA, October 2020
- 232 HNAP Returnee Series, January 2021
- 233 2021 HNO, SNFI Sector Chapter
- 234 HNAP Returnee Series, January 2021
- 235 MSNA, October 2020
- 236 HNAP Returnee Series
- 237 Ibid.
- 238 As per standard definition for the Syria crisis, a returnee is considered a resident if he has returned and remained at his place of origin before the beginning of 2020.
- 239 With exception of Maaret Tamsrin, which ranked severity 2 for distress amongst children. MSNA, October 2020.
- 240 MSNA, October 2020
- 241 MSNA, October 2020
- 242 Ibid.
- 243 UNRWA socio-economic assessment of living conditions of Palestine refugees in Syria, December 2017.
- 244 As compared to 653,726 persons registered with UNRWA in Syria as of Q3 2020. For the purpose of this document, the term Palestine refugees refers to: registered Palestine refugees, other registered persons and services only persons.
- 245 Socio-Economic Impact of Covid-19 on Palestine Refugees in Syria, UNRWA, August 2020
- 246 UNRWA, Syria Regional Crisis Emergency Appeal, 2021
- 247 WHO Eastern Mediterranean Regional Office
- 248 IASC Interim Technical Note: Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response, 2020
- 249 Relevant information products available at: <https://www.humanitarianresponse.info/en/operations/syria>
- 250 Unless otherwise stated the analysis is based on data collected from the 2020 MSNA, October 2020
- 251 Unless otherwise stated the information referenced is from the MSNA 2020
- 252 MSNA 2020- Community Level Assessment (Protection issues assessed: civil documentation, HLP, early marriage, family separation, explosive hazards, kidnapping and abduction, child labour preventing school attendance, movement restrictions)
- 253 COVID-19 restrictions are mentioned specifically. Respondents were asked about other mentioned restrictions in separation from COVID-19
- 254 MSNA 2020, Community Level Assessment
- 255 WoS prevalence is 25% (Reference: HNAP (2020). Summer 2020 Report Series: Disability Overview. (Global average is 15%)
- IDP WoS prevalence rate is 36% (NW 40%, NES 46%). WoS - over 85% of IDPs above age of 54 years have a disability.
- Reference: HNAP (2020). IDP Report Series 2020: Disability Prevalence and Impact
- 256 Protection Cluster NW Syria (Turkey) (2020). Self-reported barriers to activities of daily living of persons with disabilities living in IDP sites in NW Syria
- 257 UNHCR Syria
- 258 MRM for Syria 2020
- 259 MSNA, October 2020
- 260 MRM for Syria 2020
- 261 Unless specified, the information included in this session is based on programme data and protection FGDS.
- 262 MSNA, October 2020 (Community Level Assessment)
- 263 MSNA, October 2020, OCHA population trends (November 2020), The mine action AoR considers all population living in areas reporting explosive ordnance contamination as people in need. Movements of populations, a relatively decrease of explosive incidents recorded overall in 2020, combined with limit to data collection, results in a lesser number of estimated people in need in 2021 compared to 2021. Nevertheless, explosive ordnance incidents continues to occur at alarming rate with devastating impact on civilians
- 264 MSNA 2020
- 265 Ibid. These confirm past trends identified in the 2020 Syria HNO.
- 266 Ibid.
- 267 Information Management System for Mine Action (IMSMA) Victim Assistance Database, based on data collected between November 2019 and May 2020.
- 268 Joint Mine Action and Child protection inter-sectorial analysis, December 2020.
- 269 MSNA, October 2020
- 270 Ibid. These were noted with high frequency by assessed communities.
- 271 Ibid. Around 70 per cent of key informants indicated they had not attended an explosive ordnance risk-education sessions between May and August 2020.
- 272 ACU internal dataset on COVID-19 cases in IDP sites in NWS
- 273 ISIMM monthly report for November 2020 – 22 per cent are women, 58 per cent are children.
- 274 HNAP IDP Report Series 2020: Demographic Overview.
- 275 Syria Protection Cluster (Turkey hub), Protection Impacts of COVID-19 on NWS Communities - KII Survey - Round 2 (August 2020).
- 276 ISIMM monthly report for November 2020.
- 277 HNAP IDP Report Series 2020: Past, Present and Future Intentions.
- 278 ISIMM Displacement Tracking. These figures reflect movements, not unique individuals, as people may have displaced multiple times.
- 279 CCCM monthly displacement reports 2020
- 280 https://reliefweb.int/sites/reliefweb.int/files/resources/nw_syria_sitrep19_21aug2020.pdf
- 281 ISIMM monthly report for November 2020. Peak of displacements was in February 2020 (1 million displacements), lowest point of displacement was in November 2020 (30,000 displacements).
- 282 Framework for the Immediate Socio-Economic Response to COVID-19, United Nations Country Team, Syrian Arab Republic, August 2020; UN Inter-Agency 2020 Covid-19 Socio-Economic Impact Assessment, September 2020
- 283 <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000106751.pdf>
- 284 Ibid.
- 285 MSNA, October 2020
- 286 Ibid.
- 287 Ibid.
- 288 Ibid
- 289 UN Inter-Agency 2020 Covid-19 Socio-Economic Impact Assessment, September 2020
- 290 Ibid., September 2020
- 291 UNRWA socio-economic impact of covid-19 on Palestine refugees in Syria, August 2020
- 292 Ibid.
- 293 UNDP Syria's brief on disability inclusion programme, UNDP Syria, October 2020
- 294 This year the sector was not able to access EMIS or complementary school-based datasets.
- 295 Due to a lack of EMIS or ACU school-based data sets, which constrained ability to provide updated figure on out of school children.
- 296 Ages three-17. According to another study conducted by the Ministry of Education (2019), an estimated 1.1 million children aged six-14 are out of school
- 297 MRM4Syria, January – December 2020, in addition to children 61 adults were killed and injured, some of whom might be teachers. 81% of attacks were by airstrike and ground-based shelling, 90% of attacks were in the North-west.
- 298 Member assessments and feedback
- 299 MSNA, October 2020
- 300 Formal and non-formal early childhood education centers
- 301 Nationwide data on disabilities captures information on people over 12 years old. As there is no dataset for children three to 17 the highest estimate of females 12-24 (12%) and males 12-24 (15%) is used as a proxy. HNAP Summer 2020 Report Series.
- 302 Children five to 17 years old, grades one to 12. It should be noted that last year's analysis found that self-reported attendance was often reported at a higher rate than school-based enrollment figures.
- 303 Within the humanitarian response "formal" refers to formal certified and formal-uncertified.
- 304 Comparing self-reported attendance to self-reported household hunger, Multi Sectoral Needs Assessment (MSNA) Household Survey, 2020
- 305 IDP families may be living in communities or last resort sites.
- 306 Comparing self-reported attendance to self-reported psychological distress, Multi Sectoral Needs Assessment (MSNA) Household Survey, 2020
- 307 Rates were: 25% boys attending, 29% girls attending; 38% boys not attending, 43% girls not attending
- 308 The Education Cluster estimates 6,000 teachers in the North-west
- 309 Self-reported attendance indicates that 20% IDPs living in communities or last resort sites do not attend school while 9% of resident children do not attend. Multi Sectoral Needs Assessment (MSNA) Household Survey, 2020
- 310 CCCM population updated data, August 2020
- 311 Those considered at risk of food insecurity are the 'worst off' in the moderately food secure category and may be falling into food insecurity if their livelihoods if not supported.
- 312 Statistics based on the FSA/FSLA 2020 findings and an inclusive HNO 2021 validation process
- 313
- 314 Syria Central Bureau of Statistics (CBS), 2020
- 315 FSA/FSLA 2020 factsheets.

- 316 The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,060 kcal a day for a family of five during a month. The basket includes 37 kg bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 litres of vegetable oil.
- 317 WFP Market Price Watch Bulletins, 2020
- 318 The weight of a bread bundle has decreased from 1.3kg/bundle to become 1.1kg/bundle while the price of the bundle has increased from SYP 50/bundle to SYP 100/bundle.
- 319 Ibid.
- 320 FAO Seed Security Assessment (SSA), 2019 - 2020
- 321 UNCT Covid-19 Socio-economic Impact Assessment (SEIA), 2020
- 322 FSC Newly Displaced IDPs Report, 2020. Newly displaced IDPs refers to the displacement of populations from December 2019 to March 2020 due to intensified hostilities in the region
- 323 Ibid, 2020
- 324 There is a growing lack of food or money to buy food and 79% of Palestine refugees reported having reduced the number of meals or quantity of food they have been consuming since March 2020. More than 90% of Palestine refugee are resorting to consuming cheaper food and/or food of lower nutritious value. Furthermore, Palestine refugees' ability to secure their income has faced a devastating setback due to limited livelihood opportunities.
- 325 UNRWA, Socio economic impact of COVID-19 on Palestine refugees in Syria, August 2020.
- 326 FSA/FSLA 2021 Factsheets and WoS HNO validation consultations, 2020.
- 327 <https://reliefweb.int/sites/reliefweb.int/files/resources/Hidden%20Hunger%20in%20Syria-CC-2020.pdf>
- 328 This is based on reports from the Self Administration Economic Department.
- 329 WHO Surveillance System for Attacks on Healthcare (SSA): <http://ssa.who.int>
- 330 WHO WoS consolidated HeRAMS, Q3 2020
- 331 IASC standards: a) greater than 22 health care workers (doctors, nurses, midwives) per 10,000 population, b) 1 functional primary health care unit per 10,000 population, c) 1 BEmONC facility per 100,000 population
- 332 NGO Health Partner Survey, Q4 2020
- 333 WHO WoS Consolidated HeRAMS, Q3 2020
- 334 WHO Eastern Mediterranean Regional Office
- 335 Including staying home, avoiding personal contact, hand washing and visiting friends and family H NAP, REACH, Ground Truth Solutions, iMMAP: Syria COVID-19 Perceptions: Joint Data Analysis, 2020
- 336 Socio-economic impact of COVID-19 on Palestine refugees in Syria, UNRWA, August 2020
- 337 WoS EWARS/EWARN 2019 – 2020
- 338 WHO, UNICEF and Syria Ministry of Health
- 339 MSNA, October 2020
- 340 MSNA, October 2019
- 341 Syria Ministry of Health: The study of the causes of deaths of children under the age of five, 2019
- 342 Ford, P., 2020. Sanctions on Syria. The Lancet Global Health, 8(11), p.e1370
- 343 MSNA, October 2020
- 344 Humanitarian Needs Assessment Program (HNAP) Syria: IDP Report Series 2020, Governorate Profiles.
- 345 WoS EWARS/EWARN 2020
- 346 Ministry of Health, WHO, UNICEF: SMART Survey, 2019
- 347 Including severe acute malnutrition and chronic malnutrition with anaemia
- 348 Whole of Syria GBV Area of Responsibility
- 349 MSNA, October 2020
- 350 UNFPA Syria and Inter-Agency Working Group on Reproductive Health in Crisis, MISP Calculators. Available at: <http://iawg.net/resource/misp-rh-kit-calculators/>.
- 351 WHO, 2016
- 352 MSNA 2020, MSNA 2019
- 353 World Health Organization and the World Bank. World Report on Disability 2011. World Health Organization, Geneva. 2011. Available at: http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1.
- 354 Sub-districts with health sector severity score 5
- 355 Sub-districts with health sector severity score 4
- 356 UNFPA (2020). Regional Situation Report for The Syria Crisis. Issue No. 96. August 1-31, 2020
- 357 Including Palestine refugees and asylum seekers
- 358 Severity score 3
- 359 Including hemodialysis and cancer treatment
- 360 UNFPA reports, 2018
- 361 GBV Area of Responsibility, A strategy to address the needs of adolescent girls in the Whole of Syria, 2018
- 362 Nutrition SMART survey 2019, community and facility-based nutrition surveillance reports 2020 for NWS
- 363 Ibid.
- 364 Ibid.
- 365 Community and facility-based nutrition surveillance reports 2020 for NWS
- 366 SMART Survey 2019
- 367 Food security assessment among new IDPs in North West Syria 2019
- 368 SMART Survey 2019
- 369 Ibid.
- 370 Ibid.
- 371 Ibid.
- 372 Ibid.
- 373 Ibid.
- 374 World Bank. Improving Nutrition Through Multisectoral Approaches. Washington, DC: World Bank (2012)
- 375 The Shelter severity scale incorporates the number IDPs and returnees in a community, conflict severity, shelter arrangement (such as type of shelter and overcrowding), damaged and inadequate shelter.
- 376 CCCM Cluster ISIMM, October 2020
- 377 The NFI PiN had dropped from 4.4 million in 2019 to 3.4 million in 2020 as a result of improved security and economic conditions when it was calculated end of 2019
- 378 NFI PiN dropped by nearly 20 per cent at the end of 2019 but increased again by 27 per cent between January and June 2020
- 379 The NFIs severity scale incorporates the number of IDPs and returnees in a community, conflict severity, population living in last resort sites, purchasing power, reported need, and market access
- 380 Among returnees interviewed for the 2020 MSNA, the percentage reporting the deteriorating economic situation increased from 52 per cent in 2019 to 74 per cent in 2020, while among interviewed IDPs, it increased from 57 per cent to 65 per cent in the same time period
- 381 Numbers are not representative. November HNAP report for IDPs which found that 25per cent live in inadequate shelter across country
- 382 Reports from Camp Management agencies
- 383 According to the Population Task Force data (August 2020), in these six sub-districts the IDP share of total population is 80% or higher
- 384 REACH Damage Assessment, 2019 and 2019 MSNA Household Survey
- 385 According to the 2020 MSNA 74% of households lived in undamaged apartments or houses, compared to 84% in 2019.
- 386 SSWG and reports from CM agencies
- 387 In total 55,830 face-to-face interviews were conducted in January/February 2020 (24,561 interviews) and June/July 2020 (31,269 interviews) with randomly selected HHs in locations, that were identified using the probability proportional to size sampling method. Both assessments are statistically significant with a 95% confidence level and with a 10% margin of error at the sub-district level and have covered 261 sub-districts out of 272 sub-districts in Syria. Adjusted sampling methodology of the 2nd round of assessment allows to better reflect on population living in highly populated areas (neighbourhoods) and in formal and informal IDP sites across Syria (camps, informal settlements and collective centers). Both assessments included observations on household's WASH facilities status and drinking water sampling for free residual chlorine (FRC) testing at the end-user side. Abovementioned datasets altogether contain nearly 15 million data points from 265 variables.
- 388 Please find in the following link the detailed methodology note on: https://unicef-my.sharepoint.com/w/g/personal/udaraz_unicef_org/ESgmwQae5rVJr106UBz-RsABzY11CASfQAsGDXcJBVUA?time=sjPVXdPu2Eg
- 389 Please follow the link for comprehensive analysis of WASH needs and severity: [LINK](#)
- 390 Please follow the link for visualizations of WASH data: https://unicef-my.sharepoint.com/b/g/personal/udaraz_unicef_org/ETPNTMug_PBP102Sg8z9QT8BlW6z_3slsDenaK9v8o7RGw?download=1
- 391 Throughout the WASH chapter the term "IDP sites" refers to IDP camps, informal settlements and collective centers/shelters, in line with a generic IASC term used to describe several IDP settlement types. Population living in IDP sites is referred in the WASH chapter as "IDP/displacement sites" population, while the rest is referred to as "general population", i.e. those not living in camp-like settings.
- 392 Based on the NWS CCCM cluster IDP Sites Integrated Monitoring Matrix (December 2020) and North-east Syria Sites and Settlements Working Group (SSWG) Monthly Update (December 2020).
- 393 General population refers to people not living in camp-like settings.
- 394 Mid-2020 WASH Household Assessment (countrywide)
- 395 Ministry of Water Resources, 2020
- 396 Mid-2020 WASH Household Assessment (countrywide). Please find the assessment methodology in the following link: https://unicef-my.sharepoint.com/w/g/personal/udaraz_unicef_org/ESgmwQae5rVJr106UBz-RsABzY11CASfQAsGDXcJBVUA?e=cXQib6
- 397 Early-2020 WASH household Assessment (countrywide). The most common complaints were on toilets cleanliness, however in some areas complaints were related to lack of functioning toilets (Aleppo, Ar-Raqqa, Dar'a, Deir-Ez-Zor, Quneitra), barriers to effective handwashing (lack of soap, water or no facilities), and protection oriented aspects of dysfunctional facilities.
- 398 Ten years of war in Syria, more than half of children continue to be deprived of education. Joint Statement on International Day of Education by Muhannad Hadi, RHC for the Syria Crisis and Ted Chaiban UNICEF Regional Director for the MENA. 24 January 2021.
- 399 HeRAMS Bi-Annual Report. January - June 2020. Public Hospitals in the Syrian Arab Republic
- 400 The Human Right to Water and Sanitation – Media Brief https://www.un.org/waterforlifedecade/pdf/human_right_to_water_and_sanitation_media_brief.pdf
- 401 COVID-19 Knowledge, Attitudes and Practices (KAP) Surveys, NE and NW Syria, REACH 2020.
- 402 Based on Mid-2020 WASH Household Assessment (countrywide), unless specified otherwise
- 403 UNRWA Syria Emergency Appeal 2021
- 404 UNRWA socio-economic impact of covid-19 on Palestine Refugees in Syria, August 2020
- 405 13397 key informant interviews carried out in 5828 communities across all governorates for the MSNA KI Protection Assessment
- 406 <https://assessments.hpc.tools/km/2021-jiif-guidance>

**HUMANITARIAN
NEEDS OVERVIEW**
SYRIAN ARAB REPUBLIC

ISSUED MARCH 2021