

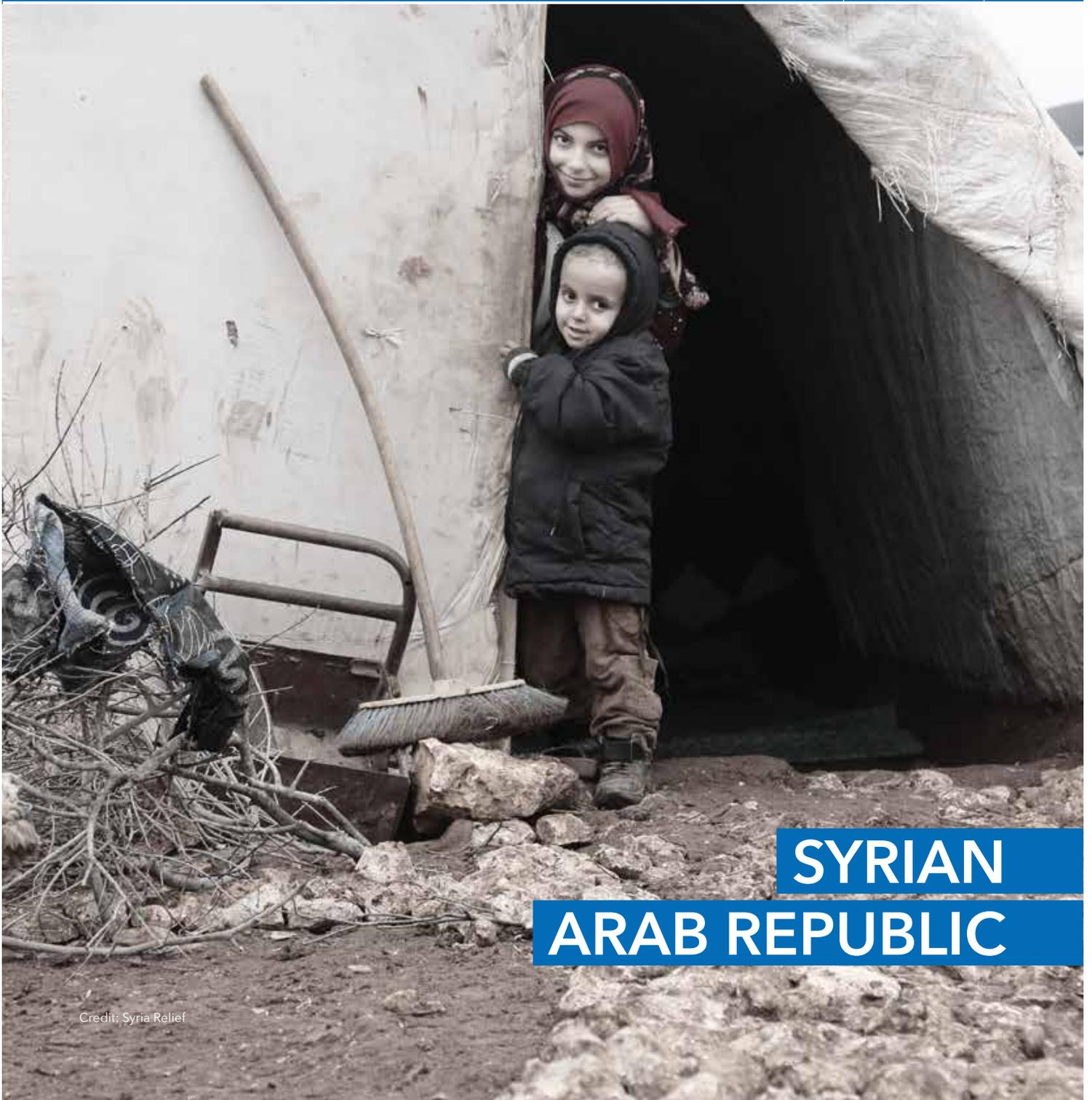
2019

HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

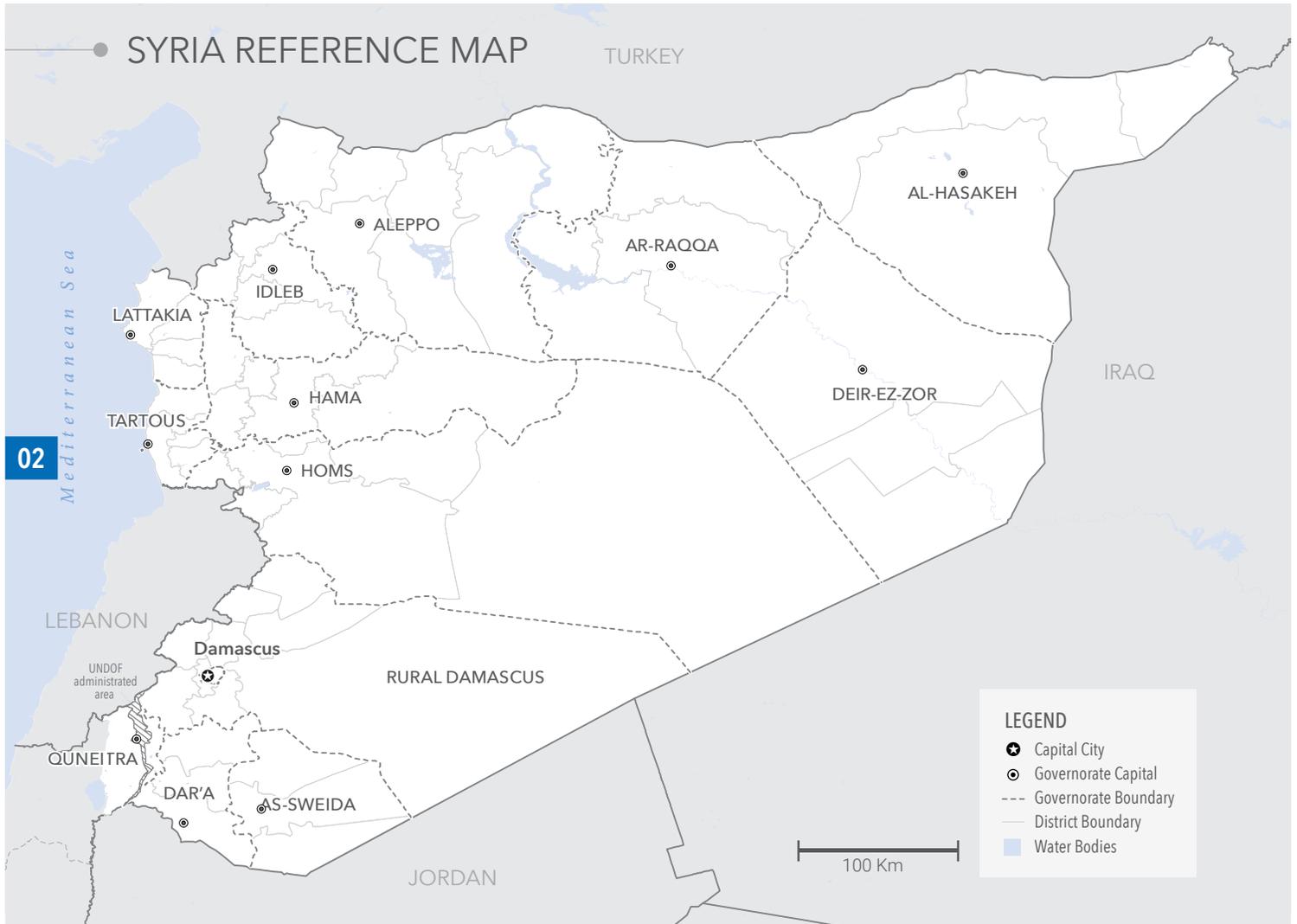
11.7M

MARCH 2019



**SYRIAN
ARAB REPUBLIC**

The figures and findings reflected in the 2019 Humanitarian Needs Overview (HNO) represent the independent analysis of the United Nations (UN) and its humanitarian partners based on information available to them. While the HNO aims to provide consolidated humanitarian analysis and data to help inform joint strategic humanitarian planning, many of the figures provided throughout the document are estimates based on sometimes incomplete and partial data sets using the methodologies for collection that were available at the time. The Government of Syria 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.



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

This document is produced on behalf of the Strategic Steering Group (SSG) and humanitarian partners working under the Whole of Syria (WoS) framework. It provides the humanitarian community’s shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city, area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

This version was issued on 1 March 2019.

ACRONYMS

CCCM	Camp Coordination and Camp Management	UNICEF	United Nations Children's Fund
CFSAM	Crop and Food Security Assessment Mission	UNMAS	United Nations Mine Action Service
EPI	Expanded Programme of Immunisation	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
ERL	Early Recovery and Livelihoods	WASH	Water, Sanitation and Hygiene
ESCWA	United Nations Economic and Social Commission for Western Asia	WFP	United Nations World Food Programme
EWARN	Early Warning, Alert and Response Network	WHO	United Nations World Health Organization
EWARS	Early Warning, Alert and Response System	WoS	Whole of Syria
FRC	Free Residual Chlorine		
GAM	Global Acute Malnutrition		
GBV	Gender-Based Violence		
GDP	Gross Domestic Product		
GPS	Global Positioning System		
HeRAMS	Health Resources Availability Mapping Systems		
HLP	Housing, Land and Property		
HNO	Humanitarian Needs Overview		
IASC	Inter-Agency Standing Committee		
ID	Identity Document		
IDP	Internally Displaced Person		
ISIL	Islamic State of Iraq and the Levant		
ISIMM	IDP Sites Integrated Monitoring Matrix		
ISMI	IDP Situation Monitoring Initiative		
IYCF	Infant and Young Child Feeding		
MPI	Multidimensional Poverty Index		
MRM4SYRIA	Syria Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict		
MSNA	Multi-Sector Needs Assessment		
NFI	Non-Food Item		
NGO	Non-Governmental Organization		
NSAG	Non-State Armed Group		
OCHA	United Nations Office for the Coordination of Humanitarian Affairs		
PHC	Primary Healthcare		
PiN	People in Need		
PLW	Pregnant and Lactating Women		
SARC	Syrian Arab Red Crescent		
SDF	Syrian Democratic Forces		
SDG	Sustainable Development Goals		
SMART	Standardized Monitoring and Assessment of Relief and Transitions		
SYP	Syrian Pound		
UN	United Nations		
UNDOF	United Nations Disengagement Observer Force		
UNDP	United Nations Development Programme		
UNFPA	United Nations Population Fund		
UNHCR	United Nations High Commissioner for Refugees		

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HUMANITARIAN NEEDS

The scale, severity and complexity of humanitarian needs of people in Syria remain extensive. This is the result of continued hostilities in localized areas, new and protracted displacement, increased self-organized returns and the sustained erosion of communities' resilience during close to eight years of crisis. Across Syria, an estimated 11.7 million people are in need of various forms of humanitarian assistance, with certain population groups facing particularly high levels of vulnerability. Whilst there has been a reduction in violence in many parts of the country over the past year, the impact of present and past hostilities on civilians remains the principal driver of humanitarian needs in Syria.

HUMANITARIAN NEEDS



1

Life-threatening Needs among the most vulnerable

With the crisis in its eighth year, staggering levels of need persist for people across Syria. An estimated 11.7 million people were in need of various forms of humanitarian assistance as of the end of 2018, representing a reduction since the beginning of the year. An estimated 6.2 million people remained internally displaced, with well over 1.6 million population movements recorded between January and December 2018.^{1 2} Close to 1.4 million displaced persons reportedly returned home spontaneously during the same period, with the majority estimated to have been displaced for relatively short durations.³ The UN estimates that 25 per cent of internally displaced persons

(IDPs) are women of reproductive age, and 4 per cent are pregnant women that require sustained maternal health services, including emergency obstetric care. Based on recent assessments, the Food Security and Agriculture sector estimates that a third of the population in Syria is food insecure, with pockets of acute and chronic malnutrition persisting in certain areas.⁴ Outbreaks of measles, acute bloody diarrhoea, typhoid fever and leishmaniasis were reported in various areas of the country throughout the year. Palestine refugees in Syria have remained particularly vulnerable, affected by displacement, loss of assets, and significant destruction of residential areas.



2

Protection Needs of Civilians

Syria remains a major protection crisis, with civilians exposed to multiple protection risks related to ongoing hostilities; the effects of new and protracted displacement; dire conditions in sites and collective shelters hosting IDPs; and the depletion of socioeconomic resources triggering harmful coping strategies (e.g. child labour and early marriages). Despite a reduction in hostilities in parts of the country, 2018 saw intense fighting in several locations, including East Ghouta in Rural Damascus Governorate, parts of southern Damascus, the south-west (particularly Dar'a and Quneitra), much of the north-west, including Idleb

Governorate and Afrin District in Aleppo Governorate, and eastern Deir-ez-Zor Governorate. In many cases, hostilities had an immediate impact on the lives of civilians, causing death and injury, large-scale displacement, damage to property and destruction of civilian infrastructure including schools, hospitals/health points and other services necessary to daily life. Attacks on health care have remained a hallmark of the crisis. The UN estimates that almost half of health facilities in Syria are either partially functional or not functional as a direct result of hostilities.⁵ The protection of humanitarian and medical

personnel has also continued to be a key concern. More than one in three schools are damaged or destroyed.⁶ Millions of people are exposed to explosive hazards, including in areas in which fighting has ceased and where multiple layers of contamination continue to threaten the lives of civilians. Gender-based violence (GBV) continues to affect the lives of women and girls, with adolescent girls, women-headed households, especially those divorced and widowed, bearing the brunt of the crisis. Elderly people and persons living with

disabilities are also among the most vulnerable requiring protection. In an evolving environment, protection issues are increasingly complex and often inter-linked. The lack or loss of civil documentation, common throughout areas affected by hostilities and displacement, represents a barrier to exercise housing, land and property (HLP) rights. It also triggers restrictions on freedom of movement and affects access to services.



3

Access to livelihoods and essential basic services

Close to eight years into the crisis, the resilience capacity of people in the most affected communities in Syria has been severely eroded. Essential basic services are widely lacking, including health, shelter, food, education, water and sanitation. According to 2015 estimates, 83 per cent of Syrians lived below the poverty line.⁷ Recent indications suggest it has since worsened.⁸ A monthly food ration with staple items costs at least 80 per cent of an unskilled labourer's monthly salary and 50-80 per cent of a public service employee's monthly salary, demonstrating the existence of "working poor" in Syria. People in Syria are adopting reduced coping strategies due to the loss or lack of sustained livelihoods, and are increasingly vulnerable to displacement. Protracted displacement, the depletion of productive assets and savings, limited economic opportunities and the widespread destruction and contamination of agriculture-related infrastructures have had a profound socioeconomic impact on the population. In some cases, this has led to chronic levels of deprivation, contributing to people's adoption of harmful coping strategies, such as reduced food consumption, deferment or delay in seeking necessary medical care; reduced hygiene practices, increasing public health risk; the spending of savings and the accumulation

of debt. Such coping strategies are not only damaging and unsustainable but, once exhausted, may increase exposure to more harmful practices such as child labour, including in its worst forms, recruitment as fighters, early marriage and other exploitative practices. As hostilities have reduced in many areas, particularly those that have shifted control, and as self-organized return increases, needs relating to access to basic services and livelihood opportunities have grown. Consultations with communities have indicated that access to livelihood opportunities and basic services are among their primary concerns as affected people seek to rebuild their lives.

OUTLOOK 2019

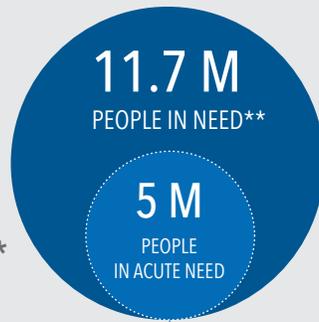
In 2019, the political and security landscape in Syria is likely to remain complex and dynamic. Hostilities and insecurity are expected to continue, most notably in the north-west and in parts of the north-east of the country, which will generate additional civilian displacement. Contingency plans are being put in place for up to 100,000 displacements per month (1.2 million in total for the year). A recent survey on the intentions of IDPs in Syria found that almost 70 per cent of households can be expected to remain at their current location. Twenty per cent of households expect to integrate into their place of displacement, and 44 per cent remain undecided about their future plans.⁹

Some areas are more likely to see increased stability and security, particularly as hostilities cease in many areas that witnessed changes of control in 2018. This situation may lead to an increase in the number of spontaneous returns by IDPs. Plans are under development to respond to the needs relating to up to 1.5 million potential spontaneous returns (from among the internally displaced population) in 2019. Existing monitoring and assessment methodologies in Syria cannot ascertain the voluntariness and sustainability of these returns, or whether they have been adequately informed and took place in safety and with dignity. Twenty per cent of returns in 2019 are expected to be in the governorate of Rural Damascus. The governorates of Aleppo, Homs and Dar'a may also receive high inflows of returnees.¹⁰ At present, the inter-agency community is not facilitating or promoting returns. It continues to support the displaced to make a voluntary and informed decision at the time of their choosing, including by contributing to efforts to overcome barriers to return for those who would like to do so, and by supporting the rights of IDPs to opt for their preferred durable solution.

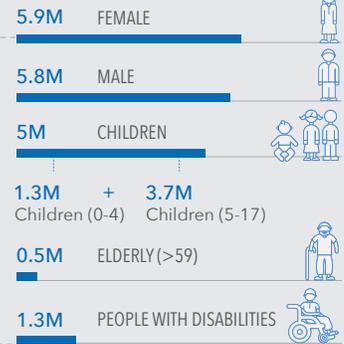
Key concerns in 2019 will include conditions for people living in overcrowded IDP sites, particularly in the north-west and north-east of the country; the needs of host communities who share resources with the displaced; and natural hazards such as the impact of floods and drought from 2018 on food security and livelihoods. In the current situation, the impact of funding-related cuts to assistance to vulnerable Palestine refugees will threaten the lives and livelihoods of this disadvantaged population.



PEOPLE IN NEED AT A GLANCE*



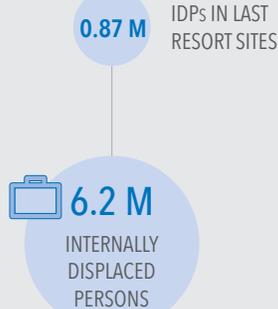
BREAKDOWN OF PEOPLE IN NEED



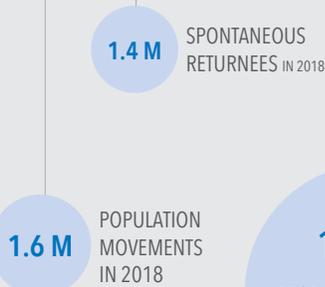
PROTECTION



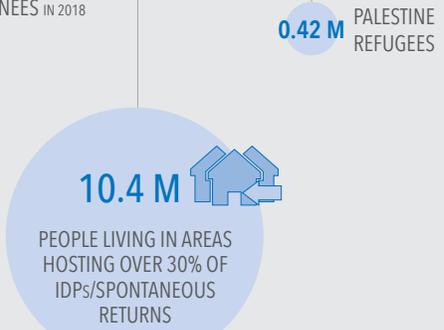
DISPLACEMENT



HOST COMMUNITIES



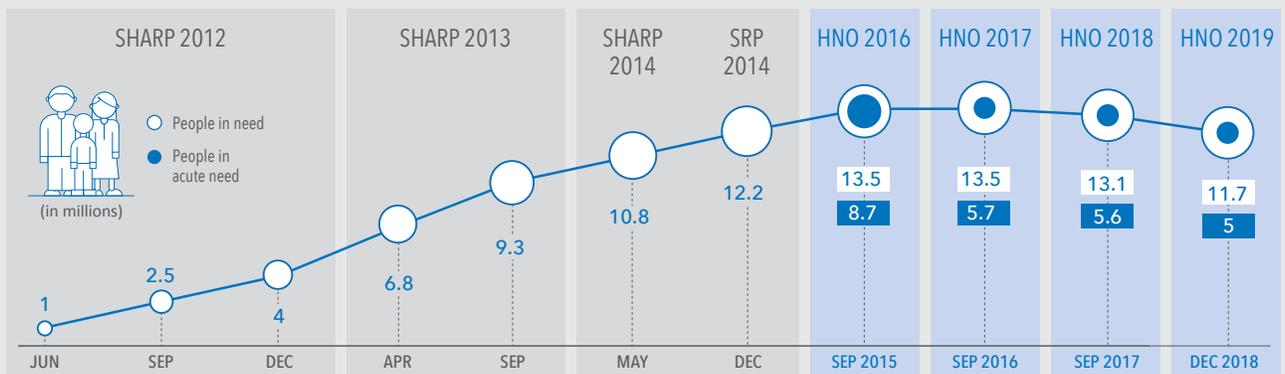
REFUGEES



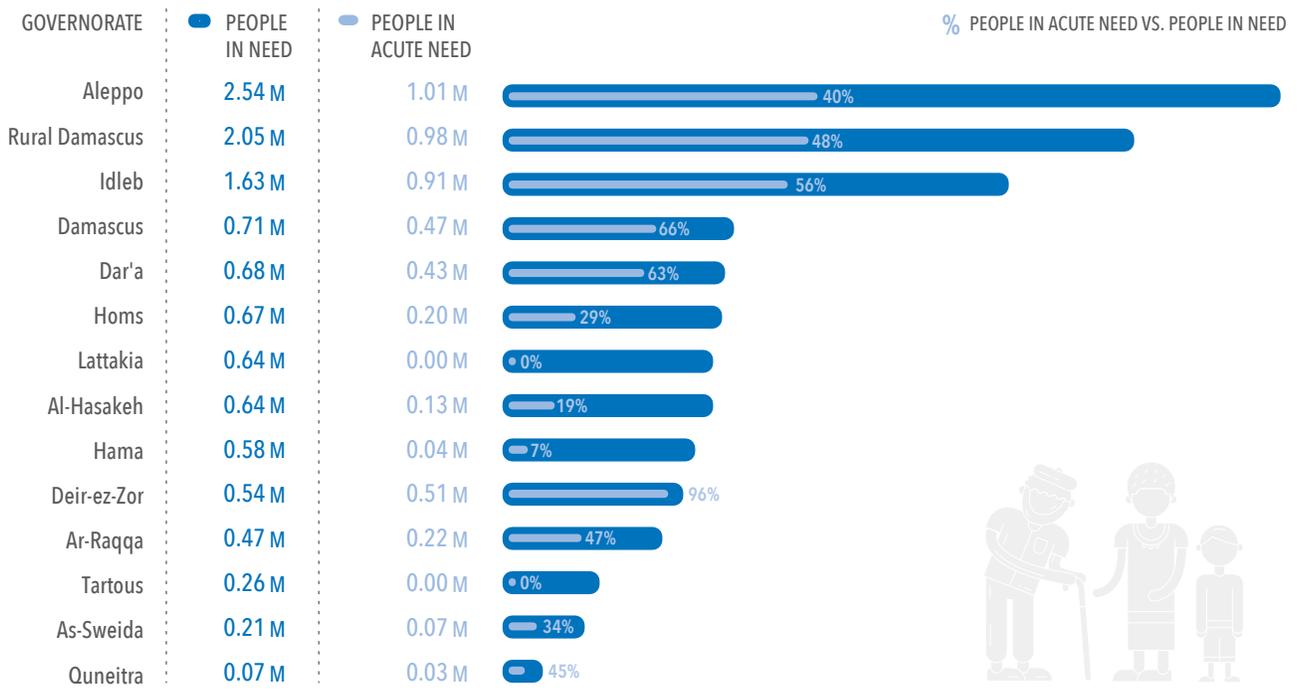
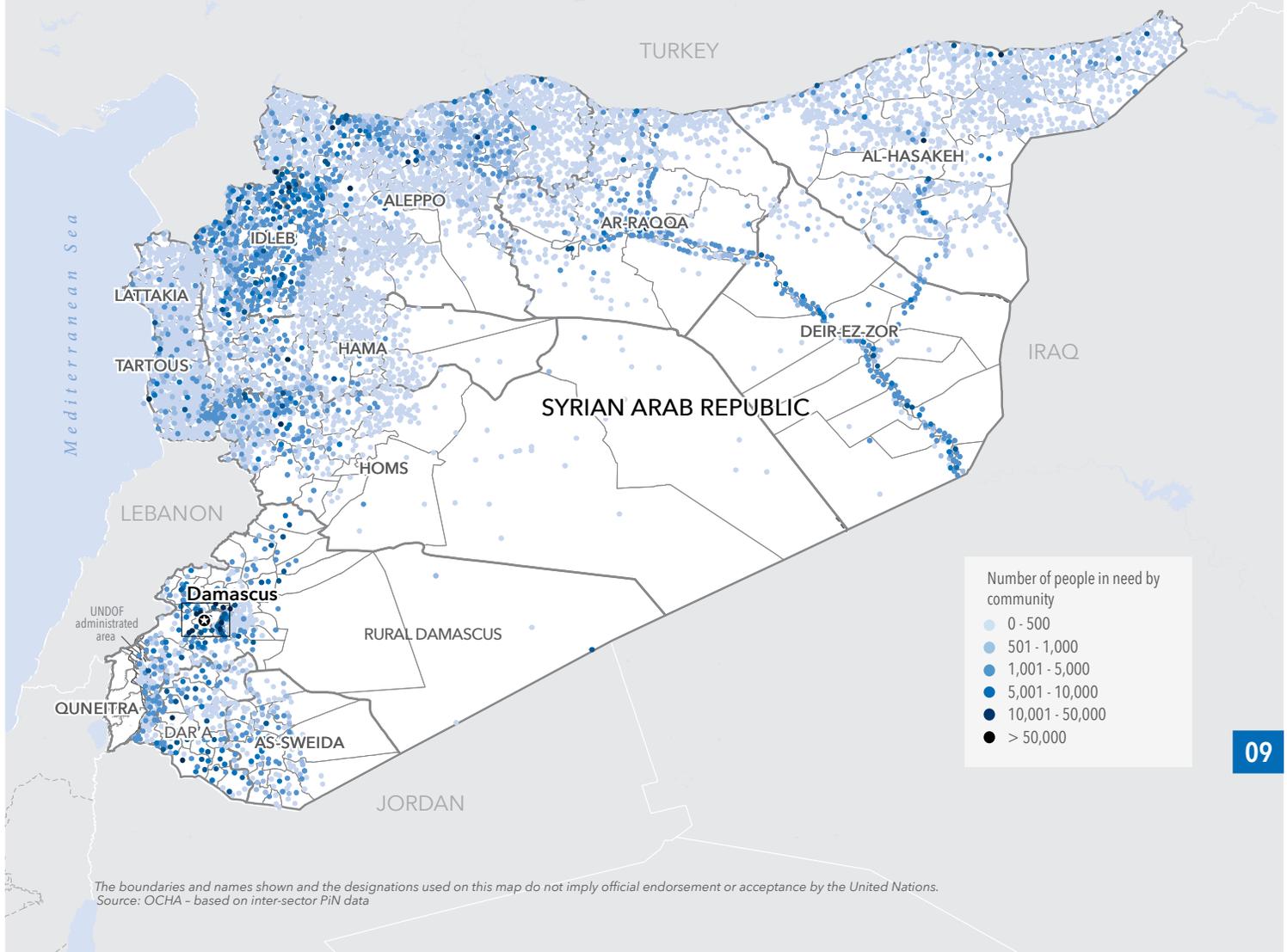
* The diagram illustrates the broad population groups that generally face humanitarian needs in Syria. Due to their exposure to multiple risk factors, many of these people belong to more than one group. As a result the overall number of people in need is lower than the cumulative total of these groups.

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

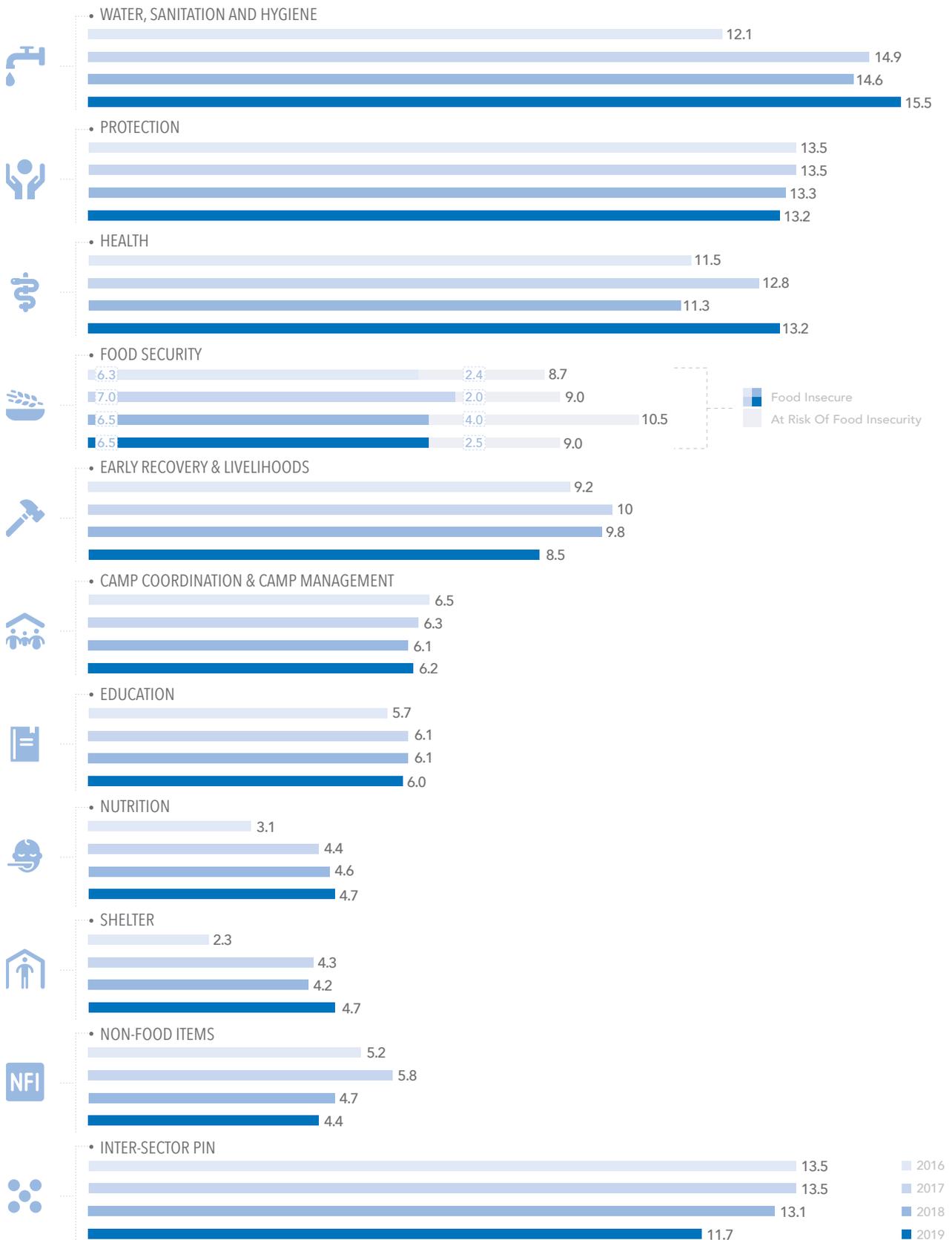
PEOPLE IN NEED BY YEAR (2012-2019)



DISTRIBUTION OF PEOPLE IN NEED, 2019



EVOLUTION OF PEOPLE IN NEED BY SECTOR (2016-2019)



IMPACT OF THE CRISIS

The crisis in Syria continues to have a profound impact on people across the country. Countless civilians have been killed and injured as a direct result of hostilities, with 45 per cent of the injured expected to sustain a permanent impairment.¹¹ Few Syrians have been spared from the direct and indirect impacts of what still constitutes one of the largest displacement crises in the world and millions are still dependent on humanitarian assistance for their survival.¹² In areas where hostilities have subsided, enabling some stability and security to take hold, the impact of prolonged crisis remains together with large-scale vulnerabilities, limited services, and damaged infrastructures and productive assets. Children bear psychological scars inflicted by years of violence and displacement. Extensive explosive hazard contamination is a deadly reminder of the indiscriminate and protracted effects of hostilities. Civilian infrastructure lies destroyed or in disrepair, limiting access to shelter, basic services and livelihood opportunities. Women are exposed to many risks, including limited access to reproductive health and GBV services. There are increased patterns and number of people with disabilities. Close to eight years of crisis have triggered immediate suffering and at the same time severely undermined the ability of communities to recover.

Escalation of hostilities in 2018

In 2018, an escalation in hostilities in several areas, including East Ghouta, southern Damascus, Afrin, southern Syria and Deir-ez-Zor, caused significant loss of human life, large-scale displacement and extensive destruction of civilian property and infrastructure. Between February and April 2018, aerial and ground offensives in the formally UN-declared besieged area of East Ghouta, claimed the lives of over 1,000 civilians, both in East Ghouta itself and in neighbouring areas of Damascus city and Rural Damascus Governorate.¹³ It is estimated that over 158,000 people were displaced from the area, with 92,000 people moved into IDP sites in Rural Damascus and 66,000 others relocated towards northern Syria as part of “local agreements”.¹⁴ In mid-June, as hostilities escalated in southern Syria, up to 325,000 people fled temporarily, either towards the border with Jordan or towards the Golan area to the west, and many towns – notably Dar’a – and villages saw significant destruction and explosive hazard contamination. In January 2018, the “Olive Branch” military operation launched by the Turkish Armed Forces in Afrin in the north of the country (Aleppo Governorate), also caused large-scale displacement, with more than 137,000 people fleeing towards Tall Refaat, Nabul, Ziraa and Fafin areas. As of early 2019, the majority of IDPs from Afrin remained in precarious conditions in destroyed dwellings or in IDP sites,

facing restrictions on their movement both towards Aleppo city and back towards Afrin.

In other areas, active hostilities were still ongoing as 2018 ended, most notably in north-west Syria and south-eastern Deir-ez-Zor. Despite the announcement of a demilitarized zone in the so-called Idleb de-escalation area in September 2018, which contributed to a significant reduction in the level of hostilities, sporadic artillery shelling and infighting among non-State armed groups (NSAG) continued to impact civilians in an area where over 2 million people were estimated to be in need of humanitarian assistance. Successive waves of new displacement within and into the Idleb area over the course of 2018 placed considerable pressure on basic services and hosting communities, while also worsening already severe overcrowding in IDP sites. As of January 2019, in south-eastern Deir-ez-Zor, large numbers of civilians continued to be killed and injured due to airstrikes and ground fighting, which had escalated significantly towards the end of 2018. The fighting left thousands of individuals trapped near front lines in locations largely inaccessible to humanitarian organizations and had an indiscriminate and disproportionate impact on civilians and civilian infrastructure.

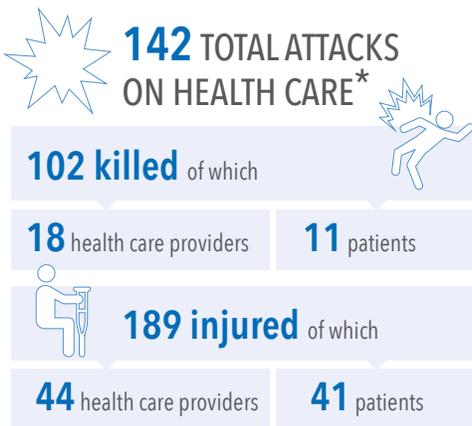
Overall, these waves of hostilities have caused serious damage and destruction of civilian infrastructure, including objects with special protected status under International

Humanitarian Law (IHL) such as health facilities. Reportedly, 46 per cent of hospitals and primary health care facilities in Syria are either partially functional or not functional as a result of damage inflicted by hostilities over the course of the crisis.¹⁵ Not only do such attacks kill and maim people seeking medical assistance and health personnel, they also deprive countless more from access to essential medical assistance. Over the course of 2018, the Health sector recorded 142 attacks on health care personnel and facilities, claiming the lives of 102 people and injuring 189.¹⁶ This represents a significant increase from the 122 attacks confirmed over the course of 2017, which claimed the lives of an estimated 73

people and injured a further 149.¹⁷

Among health facilities reportedly attacked, six of them – located in East Ghouta, northern rural Homs and north-west Syria – had been de-conflicted through a mechanism established to identify and protect humanitarian staff and facilities by sharing location details (including GPS coordinates) with the Russian Federation, members of the International Coalition and Turkey. At the start of 2018 and after four years of the deconfliction mechanism being in effect, only 169 facilities were deconflicted. By the end of 2018 this figure had risen to 1,047 deconflicted humanitarian facilities, including schools, medical facilities and humanitarian sites.

ATTACKS ON HEALTH CARE IN 2018



• IMPACT OF ATTACKS ON HEALTH CARE



Attacks impacting humanitarian aid workers and health workers also continued during 2018, with at least 12 non-governmental organizations (NGO) workers killed, injured or abducted in the first six months of the year.¹⁸ Since the beginning of the crisis, dozens of humanitarian workers have been killed, including UN system staff members, staff members and volunteers of the Syrian Arab Red Crescent (SARC) and of the Palestine Red Crescent Society, as well as international and national NGOs. Verified data on humanitarian actors killed and injured is not available. However, multiple sources indicate that scores of humanitarian staff have lost their lives since the beginning of the crisis.¹⁹ According to reports received by humanitarian actors, abduction and detention of humanitarian workers increased significantly towards the end of 2018 in the north-

west, often linked to extortion or, in the case of health workers, alleged provision of medical treatment to fighters of “opposing” factions. There have been particular concerns about the safety and security of humanitarian workers in areas undergoing changes in control. In addition to protection risks associated with the direct exposure to hostilities and situations of displacement alongside other civilians in these areas, humanitarian workers have also feared detention or criminal prosecution by parties in control due to actual or presumed political affiliation or loyalties. Such acts pose an existential threat to the viability of the humanitarian operation and continuity of services. As such, they also compound the suffering of other civilians, by depriving them of access to essential services.

GROWING UP AMID THE CRISIS

The Syria crisis has had a pervasive impact on the lives of millions of children. Exposure to violence, situations of displacement and extreme poverty and deprivation have defined countless children's experiences of the crisis, contributing to specific humanitarian needs. Grave violations against children, as monitored and reported through the Monitoring and Reporting Mechanism for Syria (MRM4Syria), have progressively increased since reporting commenced in 2013. The major monitored violations include the killing and maiming of children, recruitment and use of children in conflict, detention of children associated to parties to the conflict, abduction and sexual violence against children.

Attacks on educational facilities and personnel have also increased, continuing to cause loss of life as well as limiting access to education, with damage or destruction estimated to have affected 40 per cent of school infrastructure.²⁰ The upheaval caused by displacement and limited absorption capacity in host communities creates further barriers to IDP children accessing quality education. Children dropping out of schools to engage in child labour or for marriage is of

particular concern and reflects the increase in harmful coping practices being adopted by communities affected by the crisis

The full impact of the Syria crisis on children may only become apparent in the years to come. There has been a significant decline in institutional educational capacity, while the psychological distress suffered by many children will likely have profound and long-lasting implications.

In addition, many youth and adolescents lack meaningful opportunities within their communities, with limited access to learning, resulting in high rates of unemployment. This is a particular challenge for young girls, which could result in harmful coping strategies such as early marriage, as well as long-term economic, psychological and health consequences (e.g. impact of early pregnancy on maternal health).

These factors underscore the importance of the No Lost Generation initiative, which is a multi-stakeholder effort to ensure critical needs affecting children and youth are at the centre of the humanitarian response in Syria.

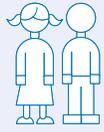
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"All types of work involving children are dangerous, especially in industry where work is dangerous. We always hear that a child was injured while working."

(a Syrian girl in north-east Syria)



Grave violations against children in Syria, 16 November 2013 - 30 June 2018



12,537

GRAVE VIOLATIONS AGAINST CHILDREN

MRM **4** **Syria**



3,377 Incidents of recruitment and use of children



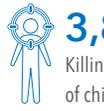
7,339 Killing and injuring of children

715

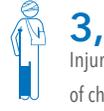
OTHER ISSUES OF CONCERN



98 Incidents of sexual violence against children



3,891 Killing of children



3,448 Injuring of children



409 Detention of children for affiliation with belligerents



693 Cases of abduction of children



308 Instances of denial of humanitarian access



72 Military use of schools



24 Military use of hospitals



367 Attacks on schools and education personnel



355 Attacks on hospitals and medical personnel



Attacks on humanitarian actors



174 Deliberate denial of humanitarian services



210 Arrest for violation of ISIL rules

Displacement

Displacement patterns of people in Syria have frequently been of a temporary nature, with people leaving either in anticipation of or in response to ongoing or intermittent hostilities. Most new displacements in 2018 occurred within the governorate of origin, as IDPs sought to stay in close proximity to their areas of origin to enable a swift return as soon as hostilities subsided, mainly to secure their homes and assets.

Displacement rates in 2018 remained high and broadly comparable to 2017, with some 1.6 million population movements tracked between January and December 2018. This was largely due to the escalation of hostilities in north-west Syria, East Ghouta and northern rural Homs in the first half of the year. Despite the hostilities in southern Syria, which resulted in a rapid cycle of displacement followed by return, the second half of the year saw a significant decline in the overall number of displacements, with some 380,000 movements recorded between July and December. This was mostly due to a reduction in hostilities in the north-west, including in the context of the

establishment of the so-called de-militarized zone in Idleb, as well as in other areas, particularly those that had seen shifts in control and those areas in south-eastern Deir-ez-Zor affected by military operations against the last pockets controlled by Islamic State of Iraq and the Levant (ISIL). The level of displacement in Aleppo and Idleb governorates was almost two-thirds lower than during the first half of the year, with some 50,000 displacements on average per month from July to December. In Rural Damascus, levels of displacement virtually came to a halt from October, from a peak of 80,000 displacements in March.

While the overall level of population movements was comparable to 2017 levels, the geographic distribution of new displacements in 2018 shifted as the situation on the ground evolved. Rates of displacement were particularly high in Idleb, with some 610,000 arrivals tracked from locations both inside and outside the governorate from Rural Damascus, Hama and Aleppo among others. This followed an escalation in military operations by the Government of Syria in southern and south-eastern rural Idleb from early 2018, with some 273,000 mostly short-term arrivals signalled in central and northern

Idleb, northern rural Hama and western rural Aleppo in January alone.²¹ In addition, several “local agreements” reached between March and August 2018 resulted in the displacement of some 130,000 people to north-west Syria from the formerly UN-declared besieged areas of East Ghouta (Rural Damascus Governorate) and Yarmuk (Damascus Governorate), as well as contested areas in southern Damascus, eastern Qalamoun, northern rural Homs and southern Syria.²² Significant levels of displacement were also recorded in south-eastern Deir-ez-Zor Governorate in the second half of the year.

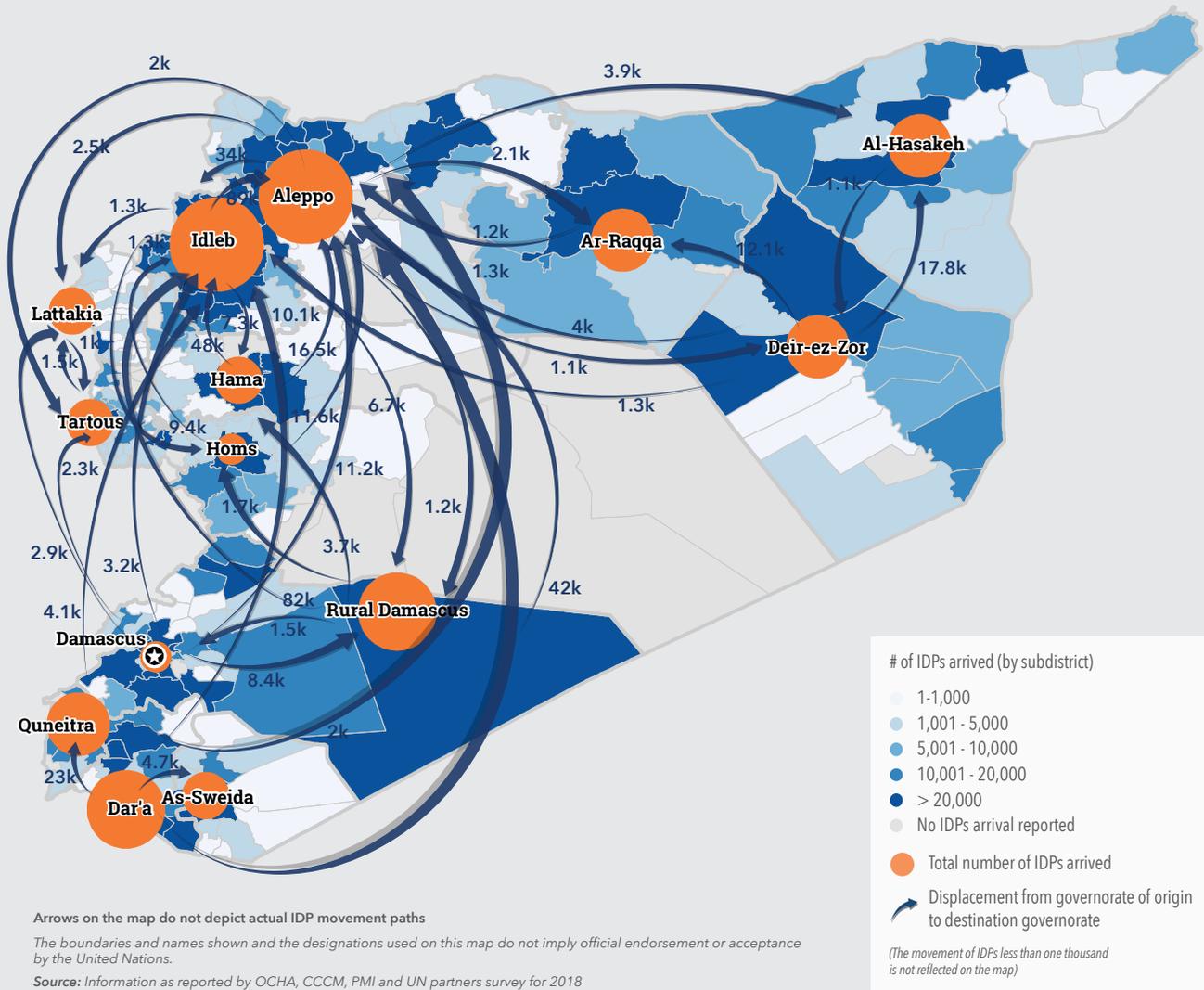
Displacement patterns in 2018 continued to be affected by restrictions on freedom of movement for people, particularly in NSAG-controlled areas of north-east and

north-west Syria as well as in areas witnessing changes in control. People displaced from Afrin remain subject to different types of movement restrictions preventing them from seeking access to accommodations with relatives and acquaintances and services in nearby urban areas, as well as preventing them from returning to their areas of origin in Afrin to secure assets and repossess their properties. Similarly, in north-east Syria, restrictions on the freedom of movement for IDPs hosted in sites remains a concern with sometimes complex and onerous sponsorship systems hampering the ability of IDPs to permanently exit the sites to find better shelter arrangements, access services or seek livelihood opportunities and eventually reduce their dependency on humanitarian aid.

“

“Another person spoke about some people’s loss of humanitarian aid due to not having a family booklet or a family statement; most NGOs rely on these documents and their lack denies the receipt of services.”
(a Syrian man in north-west Syria)



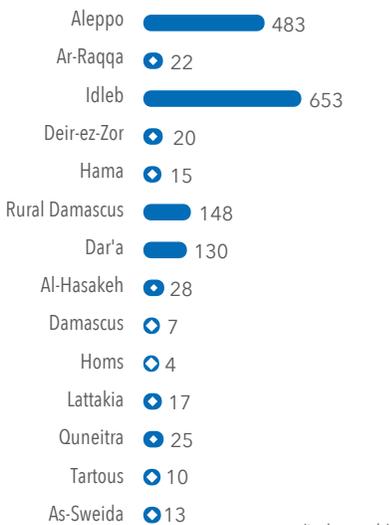


Arrows on the map do not depict actual IDP movement paths
 The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Source: Information as reported by OCHA, CCCM, PMI and UN partners survey for 2018
 Creation Date: 14 Jan 2019

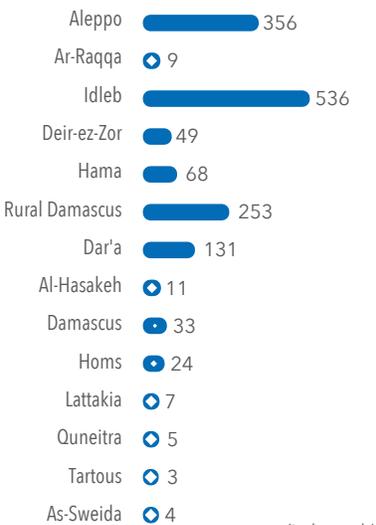
TOTAL IDP MOVEMENT IN 2018

(includes displacement from locations within and outside governorate)

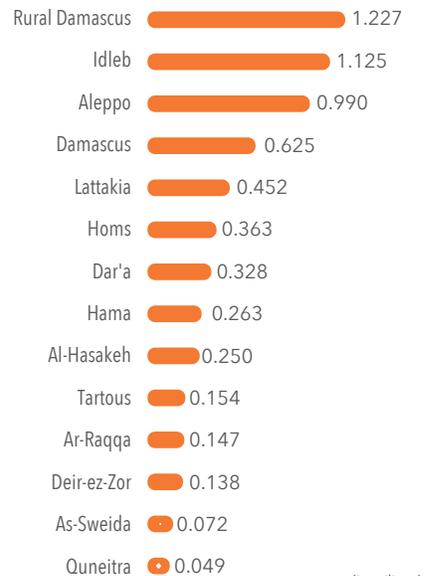
Arrivals to governorate

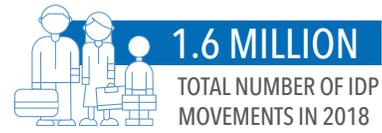
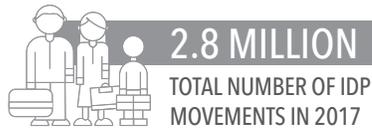


Departures from governorate



TOTAL LONG-TERM DISPLACED POPULATIONS PER GOVERNORATE

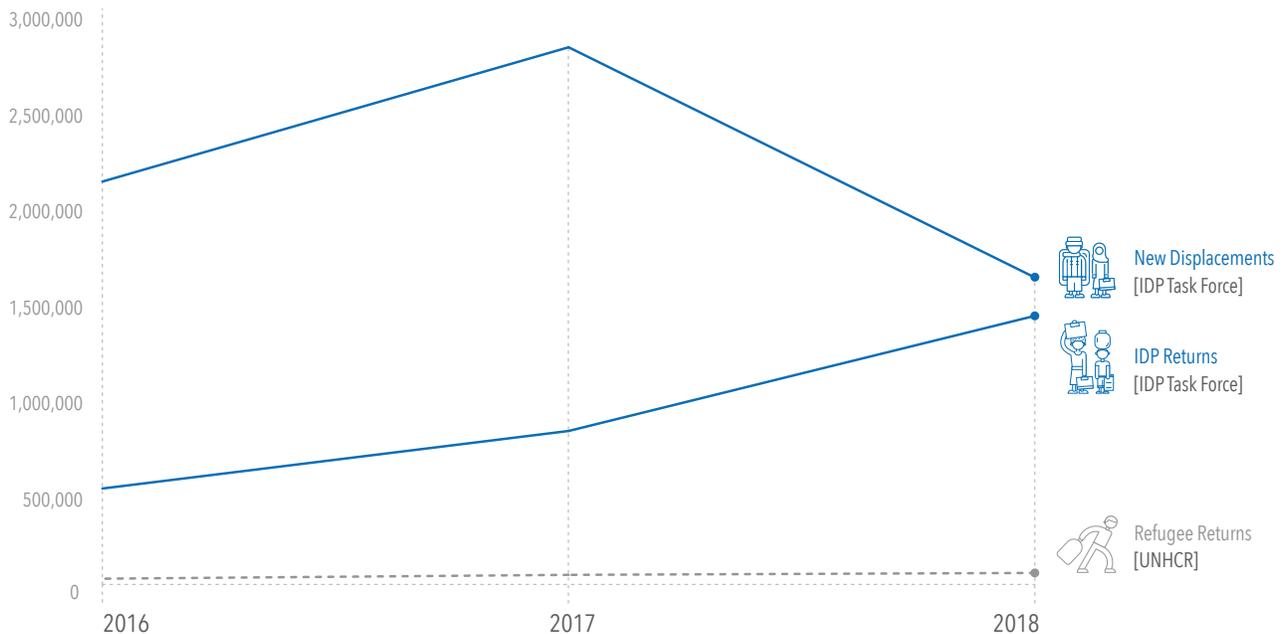




	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Aleppo	32,319	111,572	155,397	38,800	44,658	29,349	22,960	26,927	31,007	66,824	53,260	27,717	640,790	64,430	43,560	176,302	44,673	48,846	14,313	14,969	12,114	15,494	37,324	11,150	11,022	472,024
Al-Hasakeh	1,885	2,307	6,551	6,409	8,377	15,152	10,883	6,938	34,634	85,548	112,935	5,532	297,151	4,021	1,292	1,720	2,736	5,341	3,295	1,915	2,479	907	1,761	2,181	4,388	25,467
Ar-Raqqa	6,294	12,936	37,516	96,430	127,728	31,135	29,393	40,702	41,401	21,613	46,191		491,339					8,274	3,407	2,718	1,522	2,753	1,905	1,356	555	20,579
As-Sweida	520	386	633	544	551	476	340	181	55	65	58		3,809	60			504	283	3,015	5,285	3,496	18				12,661
Damascus	2,521	7,833	3,059	1,617	1,530	1,114	1,066	4,720	2,776	5,290	15,507		47,053					1,684	1,575	1,303	2,035	575	89	90	128	7,261
Dar'a	7,822	31,333	25,144	13,620	6,600	10,956	5,330	1,095	223	17,370	5,462	850	125,605	3,851	3,920	12,610	7,910	8,591	50,760	41,123	340			1,150	-	129,105
Deir-ez-Zor	1,531	1,611	1,894	4,580	2,668	3,077	4,793	5,901	87,643	125,277	14,391		253,366					2,620	1,180	345	4,457	5,355	4,196	2,132	6,026	18,153
Hama	1,956	1,180	25,835	4,443	3,957	6,691	12,230	7,935	8,412	14,275	7,308	11,796	106,218	835	2,532	5,177	803	1,196	957	1,003	512	256	325	1,287	148	13,595
Homs	2,616	366	2,785	6,898	6,162	370	2,356	1,239	899	875	539		25,105	400				183	20	1,814	266	1,197	126	468	37	4,006
Idleb	21,319	13,252	24,529	68,298	42,778	27,369	29,600	36,428	44,578	89,178	101,204	142,544	641,077	184,104	115,853	80,051	37,375	44,329	27,625	25,352	28,378	52,878	14,393	42,372	33,163	610,337
Lattakia	929	828	404	2,845	1,475	1,213	1,351	2,004	1,756	1,743	1,980		16,528					1,115	2,866	2,654	2,225	2,925	2,565	2,240	1,775	14,350
Quneitra	554	50	3,050	5,728	290	932	60	250	225	10,618	100	4	21,801	255	350	200	512	385	23,086							24,788
Rural Damascus	31,886	15,915	14,732	10,317	4,731	566	578	2,852	10,654	1,772	14,280	5,520	113,783				80,052	37,445	17,650	2,690	7,834	1,977	452	271	281	148,371
Tartous	657	475	3,237	1,647	1,705	1,665	850	825	815	1,264	1,170		14,310					1,456	1,486	1,322	1,120	1,210	1,205	2,227	1,135	7,799

No data available
0 - 1,000
1,001 - 5,000
5,001 - 10,000
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> 500,000

REFUGEE & IDP DISPLACEMENT & RETURN TRENDS



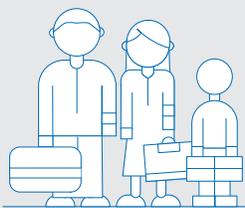
Protracted displacement

In addition to 1.6 million population movements recorded over the course of 2018, there are an estimated 6.2 million IDPs, most of whom are located in five governorates (Rural Damascus, Idleb, Aleppo, Damascus and Lattakia).

The continued absence of economic opportunities and

dilapidated essential services in many areas has had a direct impact on standard of living and poverty, and generates significant protection concerns. Protracted displacement is therefore expected to continue. Persons in situations of protracted displacement continue to significantly rely on humanitarian assistance and services, with the erosion of IDPs' coping mechanisms further increasing the burden on host communities.

OVERVIEW OF DISPLACEMENT INSIDE AND OUTSIDE SYRIA (as of December 2018)



DISPLACED PERSONS

6.2 million
internally displaced persons

5.7 million
registered Syrian refugees worldwide, including

5.3 million
registered refugees in neighboring countries

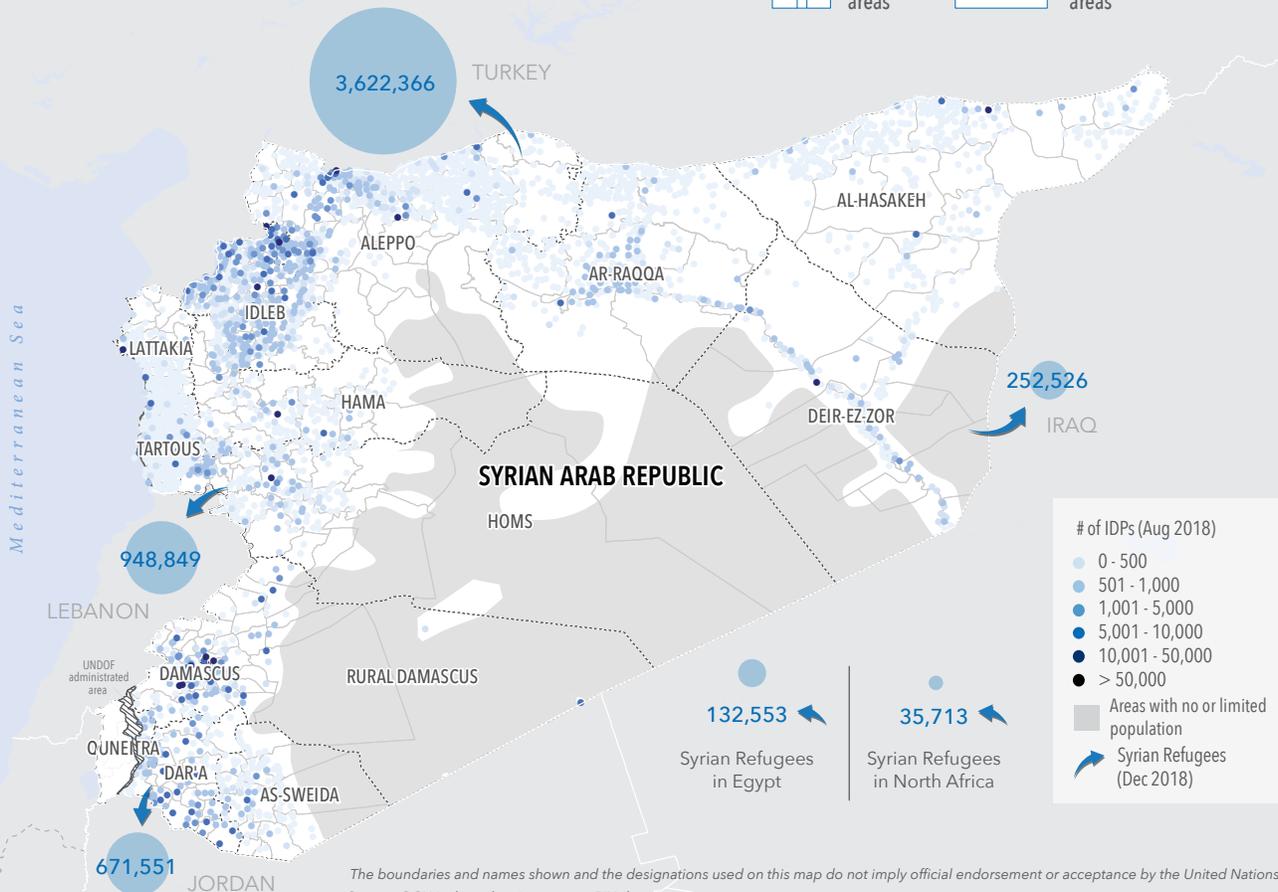
AREAS WHERE INTERNALLY DISPLACED PERSONS LIVE



86%
In urban areas



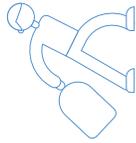
14%
In rural areas



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: OCHA - based on inter-sector PIN data
Source: UNHCR - <http://data.unhcr.org/syrianrefugees/regional.php>

FEBRUARY – APRIL 2018

In February, hostilities significantly escalated in UN-declared besieged East Ghouta, with airstrikes, shelling and ground offensives amidst catastrophic consequences for civilians, including over 1,000 civilians killed and thousands more injured. By mid-April, over 158,000 people were displaced to collective shelters in Rural Damascus and over 66,000 people were evacuated to north-west Syria.



DECEMBER 2017 – FEBRUARY 2018

In mid-December, military operations intensified in Idlib, northern Hama and southern Aleppo, leading to over 385,000 displacements by February.



APRIL 2018

Between 20 to 25 April, some 6,235 people were displaced from eastern Qalamoun areas to Idlib and Aleppo governorates in negotiated evacuations that were preceded by hostilities.

JUNE – AUGUST 2018

From 17 June, military operations escalated in southern Syria. Up to 325,000 displacements were reported by early July, of whom the majority returned within weeks, and by 11 August 10,516 people were displaced in negotiated evacuations to north-west Syria. By mid-August, the Government of Syria controlled formerly NSAG and ISIL-held areas in Quneitra, Dar'a and As-Sweida, as well as the Nasib border crossing.

JUNE 2018

As of 27 June, UN cross-border delivery of humanitarian aid from Jordan was suspended amidst hostilities and lack of security guarantees.

JULY 2018

An agreement was reached providing for the evacuation of the entire population of Foah and Kafraya, which had been besieged by NSAGs since March 2015. As of 27 July, there were no communities declared besieged by the UN in Syria.

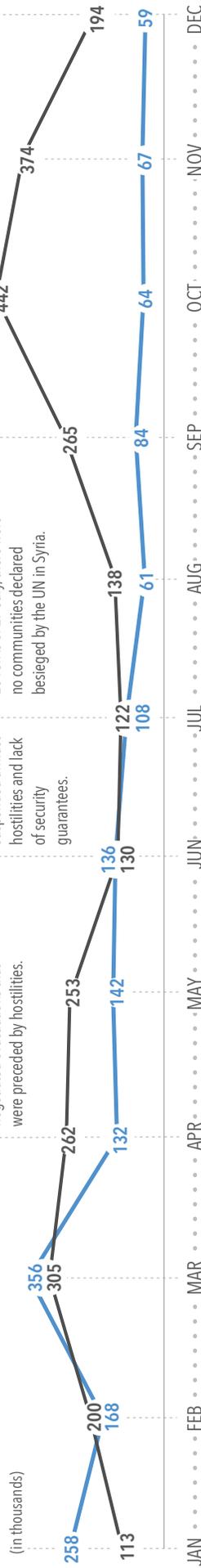
SEPTEMBER - DECEMBER 2018

Between September and December 2018, an estimated 10,000 people fled from the ISIL-held Hajin enclave in south-eastern Deir-ez-Zor Governorate amidst intense hostilities, which also resulted in scores of civilian casualties and damages and destruction to civilian infrastructure.



DECEMBER 2018

On 11 December, the UN in Jordan and Syria began an exceptional delivery of humanitarian assistance, transferring aid from the UN and partners in Jordan to UN agencies and partners inside Syria via the Nasib border crossing.

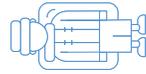


JANUARY 2018 – FEBRUARY 2018

On 20 January, the Turkish Armed Forces launched Operation Olive Branch in Afrin District, leading to over 137,000 displacements to neighboring Tall Refaat and surrounding areas in Aleppo Governorate.

MARCH 2018

On 14 and 15 March, 1,351 people were displaced from Al-Qadam in Damascus city to Idlib Governorate in negotiated evacuations amidst hostilities.



APRIL - MAY 2018

In mid-April, military operations intensified on Hajar Aswad, Taadamon and UN-declared besieged Yarmouk camp, and neighboring Yalta, Beit Sahm and Babella (YBB area) in Damascus, leading to the displacement of 9,650 people to northwest Syria in negotiated evacuations from 3 to 21 May.

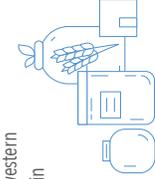
APRIL - MAY 2018

Intensified hostilities in northern rural Homs enclave (including southern Hama) since mid-April led to a local agreement in early May. Between 8 and 17 May, 35,548 people were displaced from northern rural Homs to Aleppo and Idlib governorates in negotiated evacuations.



SEPTEMBER 2018

Amidst intensified military operations, the Government of Turkey and the Russian Federation announced on 17 September a 15-20 km wide de-militarised buffer zone covering NSAG-held Idlib, northern Hama and western Aleppo governorates in north-west Syria.



NOVEMBER 2018

Between 3 and 7 November, a United Nations and SARC convoy brought humanitarian assistance consisting of food, sanitation and hygiene supplies, nutrition and health assistance to some 50,000 people residing in Rukban.

FEBRUARY 2018

On 24 February, the UN Security Council adopted resolution 2401 (2018), calling for a cessation of hostilities, a humanitarian pause for at least 30 consecutive days to enable the safe, unimpeded and sustained delivery of humanitarian aid and services, as well as the lifting of all sieges of populated areas.

Increased reliance on IDP sites of last resort

Displaced persons in last resort sites continue to be among the most vulnerable people in Syria and, having exhausted all other options, are dependent to a high degree upon humanitarian assistance and services to meet their daily needs.²³ Children and women make up 73 per cent of camp populations in north-west Syria and represent the vast majority in the north-east IDP sites and makeshift settlements in Al-Hasakeh and Ar-Raqqa governorates.

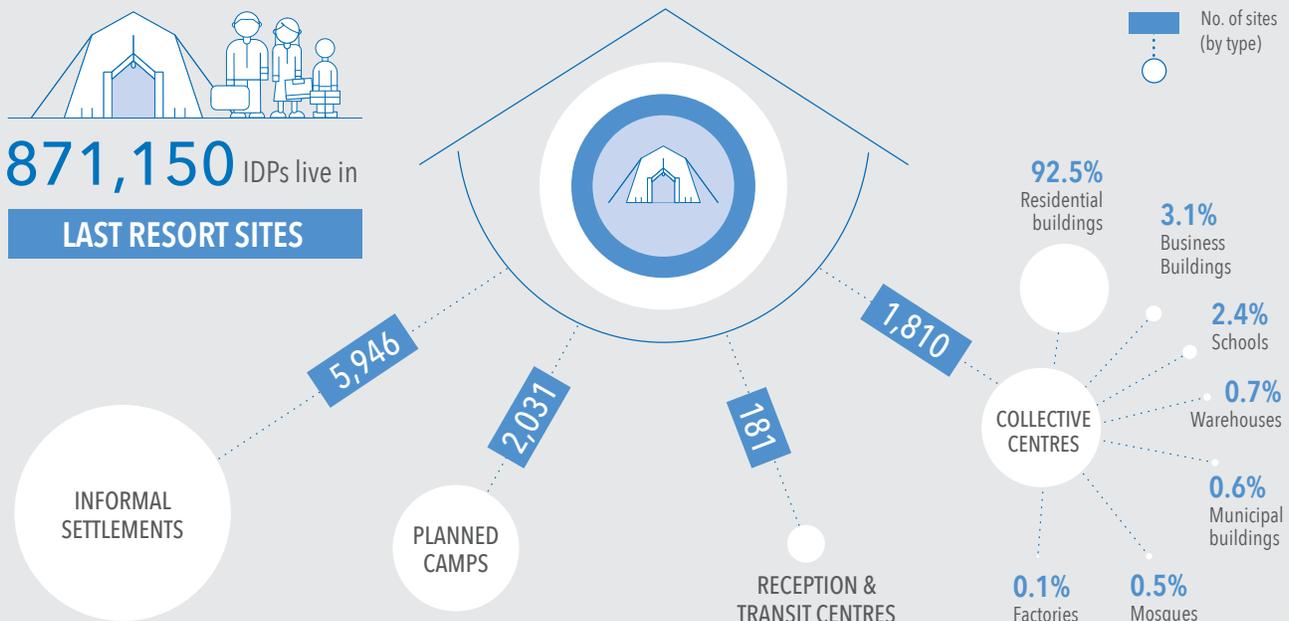
As an indication of the reduced resources of IDPs and diminished capacity of host communities to shelter further IDP arrivals, 2018 has witnessed a noticeable increase in the number of IDPs seeking shelter in last resort sites. Across Syria, it is estimated that the overall IDP site population increased by 16 per cent.²⁴

Newly displaced persons resorting to IDP sites generally face immediate and acute needs related to access to shelter, food, basic services and livelihoods. Many of these people, particularly in north-west Syria, are likely to have been displaced multiple times, and at short notice due to hostilities, forcing them to leave abruptly with no belongings. Of the estimated 6.2 million IDPs in Syria, some 871,150 (or 14 per cent of the total number of IDPs) live in 9,968 IDP sites, comprising 5,946 informal settlements, 2,031 planned camps, 1,810 collective centres, and 181 reception and transit centres. IDPs not living in sites stay in rented accommodations or with

host families. The largest number of sites is concentrated in north-west Syria, particularly in Idleb Governorate, where some 325 sites host 428,138 IDPs.²⁵ During 2018, all but one sub-district in Idleb Governorate reported an increase in the overall population living in IDP sites. In north-east Syria, it is estimated that some 35,000 IDPs (61.5 per cent children) are hosted in six sites, with many others hosted in makeshift settlements in Ar-Raqqa, Al-Hasakeh and Deir-ez-Zor governorates, some of them in highly flood prone areas. Since December 2018, the last surge of hostilities in south-eastern Deir-ez-Zor has generated additional waves of displacement towards these sites, often through population relocation encouraged by the local authorities.²⁶

Given the increase in the number of people seeking shelter in IDP sites in north-west Syria, overcrowding has been reported as a growing concern, with some sites accommodating more than 400 per cent above their intended capacities. Communities within these IDP sites reported lack of access to electricity and overcrowding as their main concerns, exposing them to potential protection risks. Against this backdrop of decreased resilience capacity and a lack of space in IDP sites, a number of communities in Idleb and other governorates have reported an increased number of people living in open spaces. Over half of such communities report the exhaustion of other options as the principal reason for people living there.²⁷

IDPs LIVING IN LAST RESORT SITES



- **Planned Camp**

Structures that are established by an accountable humanitarian actors and, to the extent possible, meet minimum SPHERE standards. Site are chosen by the humanitarian actors and, where possible, the infrastructure is established before the arrival of some IDPs.

- **Informal Settlement/Informal Camp**

Also called spontaneous settlements or self-established camps. They are a group of tented or other types of housing units established by the IDPs themselves or by non-experienced actors, often erected on land that the occupants have no legal claim to. The IDPs do intend to stay in this location for an extended period of time. Currently, most so-called IDP camps in Syria fall into this category.

- **Collective Centres**

Other types of settlements such as public buildings, schools or factories that are inhabited by five or more IDP families.

- **Transit/Reception Centre**

A temporary shelter or group of shelters erected to provide extremely short-term support to IDPs while they are registered and referred to alternative housing solutions. These sites are often established during extremely large displacements.

For updates to the CCCM Guidance on definitions for camps: <https://reliefweb.int/report/syrian-arab-republic/cccm-guidance-definitions-camps-enar>



PALESTINE REFUGEES IN SYRIA

As of the beginning of 2019, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) estimated that 445,000 Palestine refugees remained in Syria – a decrease from the 560,000 individuals registered with UNRWA pre-crisis. Of these, 95 per cent rely on UNRWA humanitarian assistance to meet their most basic needs, and about 34,200 still live in hard-to-reach areas.²⁸ Sixty per cent of people are believed to have been internally displaced at least once in Palestine refugee camps and gatherings throughout Syria. Palestine refugees have been caught up in large-scale displacements in areas including Damascus, Aleppo, and Dar'a. Despite drastic changes in the situation on the ground in 2018, thousands of Palestine refugees are still affected by constrained humanitarian access and the resulting limited provision of UNRWA services in areas that have recently shifted control (e.g. Dar'a, Yalda). At the same time, some Palestinian camps have witnessed severe

damage and destruction such as Yarmuk, Ein El Tal and Dar'a camps, preventing return to these areas. These communities live in a state of profound vulnerability, with civilians exposed to different levels of deprivation and protection risks. Many agency installations such as school or clinics are in urgent need of rehabilitation or reconstruction.

Prior to 2012, Palestine refugees experienced significant levels of poverty and unemployment, with many living below the poverty line. Based on a vulnerability assessment conducted by UNRWA at the end of 2017, it is expected that Palestine refugees will continue to be severely impacted in 2019, as the findings estimate that 90 per cent of the Palestinian population in Syria were in absolute poverty while 80 per cent were in extreme poverty.²⁹



Increased Spontaneous Returns

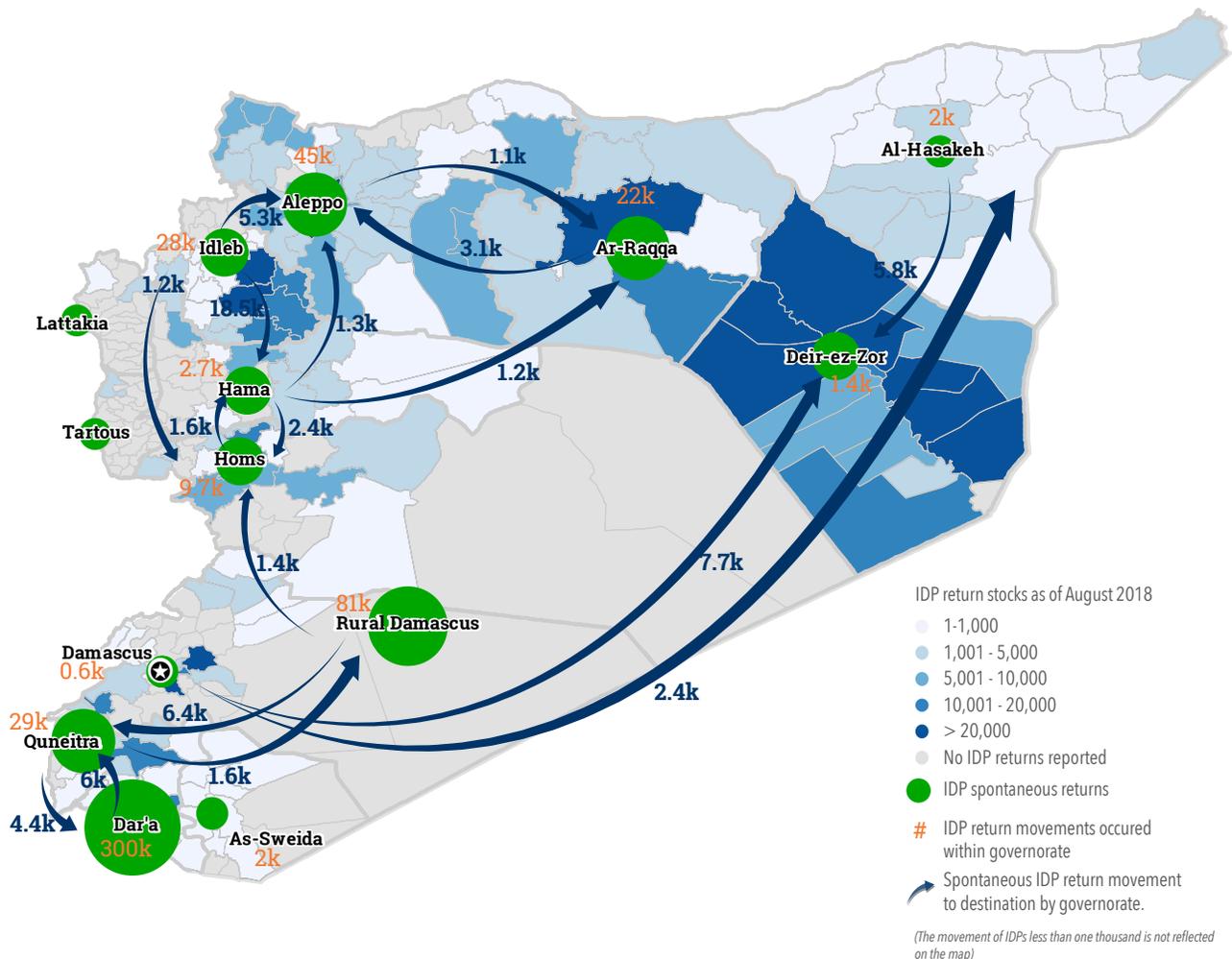
Some 1.4 million displaced persons, including 56,047 refugees, are estimated to have spontaneously returned to various locations in Syria so far in 2018.³⁰ This represents a substantial increase compared to 840,000 spontaneous returnees reported in 2017.

Spontaneous IDP returns in 2018 were largely concentrated in the north of the country, with a notable increase in areas formerly under ISIL-control in north-east Syria. The highest number of spontaneous returns in 2018 was to Deir-ez-Zor Governorate, with 295,000 individuals estimated to have returned in the first nine months of the year.³¹ Similarly, Ar-Raqqa Governorate witnessed some 136,000 spontaneous returns over the same period.³² A large majority of these returns followed relatively short-term displacement, particularly in north-west Syria, while the number of people in protracted displacement situations remained largely static over the course of the year. A similar pattern of short-term displacement was observed in southern Syria, where several hundred thousand people displaced by the military offensive over the course of June and July had returned by August.

Existing monitoring and assessment methodologies in

Syria cannot ascertain the voluntariness and sustainability of these returns, or whether they were informed and took place in safety and with dignity. At present, the inter-agency community is not facilitating or promoting returns, but continues to support displaced persons to make a voluntary and informed decisions at the time of their choosing, including by contributing to the removal of obstacles to return. The increase in security and stability in some areas, as well as personal and socioeconomic considerations, has been a critical consideration informing the decision of IDPs to return to their areas of origin. As per community feedback, de-escalation of hostilities, the reduction of risks associated with military activities and the improvement in availability of basic services have continued to constitute the three most important conditions informing IDP return.³³ Refugee returnees face similar conditions and have similar needs as IDP returnees in terms of access to basic goods and services and livelihood opportunities, civil documentation and HLP rights. Nevertheless, returning refugees may have additional specific needs as a result of having been outside their country for a significant amount of time, including issues related to civil documentation, education and social reintegration. They also have specific requirements related to their travel back to Syria.

IDP SPONTANEOUS RETURNS (JANUARY- DECEMBER 2018)



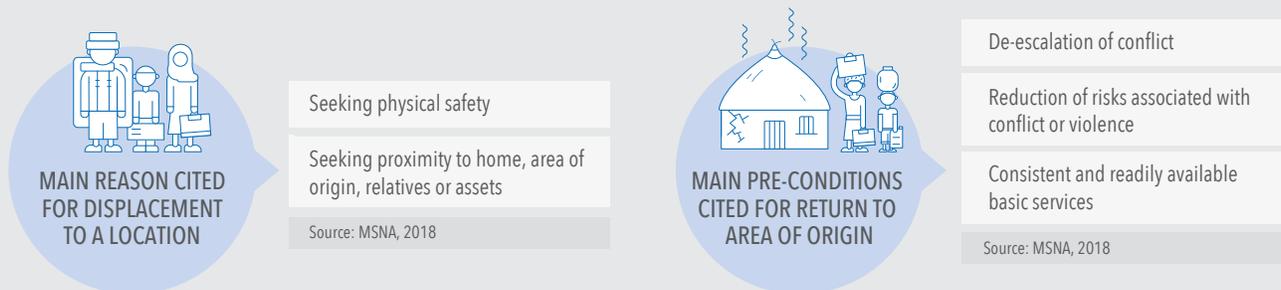
It is anticipated that spontaneous IDP returns will continue to gradually increase in 2019, particularly among those recently displaced by hostilities in areas such as Idleb Governorate, as well as in north-east Syria, and in areas that are perceived as more stable, including some areas in Homs and Hama. In terms of refugee returns, it is likely that the number of returns from neighboring host countries will increase from previous years. However, the overall scale of returns is expected to remain limited relative to the overall refugee population outside the country. The United Nations High Commissioner for Refugees (UNHCR), in conjunction with inter-agency partners, are envisaging the potential return to Syria of 250,000 of the 5.7 million refugees in the course of 2019, while further contingency efforts are in place in case returns increase to 500,000 refugees during the year. Despite this anticipated increase in IDP and refugee returns in 2019, return trends will likely occur alongside continuous protracted displacement and high rates of localized displacement in areas with ongoing hostilities in north-west and north-east Syria.

IDP intention survey

According to a recent survey of displaced persons, 76 per cent of IDP households can be expected to remain at their current location of displacement until the end of 2019.³⁴ Most returns are expected in Rural Damascus followed by the governorates of Aleppo, Dar'a, and Homs. The intention to integrate locally was highest among households in Damascus and Idleb, and at a lower level for Aleppo, Lattakia and Rural Damascus governorates. Improved security, economic and livelihood prospects, as well as the need to repossess properties at the place of origin were cited as the primary factors influencing households' intentions to return. For households wishing to integrate, move to a third location or leave Syria, work and livelihoods opportunities, security conditions and family ties were the primary push and pull factors taken under consideration.

Vulnerability characteristics and access to services in places of origin influence the intentions of displaced persons. The survey found that gender-related vulnerabilities, income and livelihoods opportunities, access or lack of access to shelter and services, repeated displacements and condition of their properties at their place of origin are the most important factors. Extra-vulnerable households with multiple vulnerabilities, such as children-headed households with no or limited livelihood opportunities, continue to remain the most undecided about their intentions for the future. Households who are aware that their property is intact or only partially damaged at their place of origin, are more inclined to return home.

PERCEPTIONS OF DISPLACEMENT AND RETURN



REPORTED IDP FAMILY RETURN INTENTIONS



Source: The Intentions of IDPs in Syria - Household Survey 2018

Destruction of and disruption to basic services

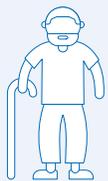
The crisis in Syria has contributed to the significant disruption and overall deterioration of basic service provision across much of the country. Hostilities have caused widespread damage and destruction to the civilian infrastructure upon which many of these services depend. This has had a considerable impact on service delivery in various domains.

Some 46 per cent of Syria's health facilities – including maternal health services – are either partially functional or not functional, with 167 health facilities reportedly completely destroyed.³⁵ Similarly, displacement has contributed to a reduction of up to 50 per cent of qualified medical personnel in some areas, further compromising the provision of quality medical assistance.³⁶ With capacity to provide basic health care services severely compromised, the country has also faced multiple infectious disease outbreaks. Measles, acute bloody diarrhoea and typhoid fever were reported in Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Aleppo and Idleb governorates during 2018. Cases of Hepatitis A were also reported in Afrin in November 2018 and Dar'a during the second half of the year. The crisis has led to a resurgence of cases of leishmaniasis disease across Syria as a result of the destruction of infrastructure and a lack of access to health services. Thousands of cases were identified across the country during the year, with the majority reported from the northern governorates. The water, sanitation and hygiene (WASH) household assessment conducted in 2018 indicates that at least 10 per cent of garbage is left in public areas, potentially contributing to the increase in leishmaniasis cases observed since the beginning of the year. In addition, some places used for garbage dumping are inadequately managed which could contribute to increased vector breeding. Vulnerable groups, such as children, pregnant and lactating women (PLW), people with disabilities, the elderly and others with diminished coping mechanisms, are particularly at risk of infectious disease outbreaks.

The provision of education has also been particularly affected by the crisis, with an estimated one in three schools either damaged or destroyed.³⁷ This has negatively affected access to education opportunities for young people. For example, only 31 per cent of returnees of secondary school age are reportedly enrolled in school, indicating a dearth of education services in areas of return.³⁸

Damage to water facilities has negatively affected availability of safe water. The worst situation is observed in Dar'a and Idleb where only around 13 per cent of the population is served exclusively via piped water, with this figure only slightly higher in Aleppo (16 per cent) and Deir-ez-Zor (22 per cent). In terms of sanitation facilities, at least 70 per cent of sewage is untreated and at least half of the sewerage systems are either partially functional or not functional, leading to significant community-level health risks. Recent estimates indicate that only 9 per cent of the population is still served by functional wastewater treatment plants. Dysfunctionality of existing wastewater treatment plants and sewerage networks contributing to the discharge of raw sewage will continue to have a significant impact on water sources, soil and the overall management of water resources.

Disruption to basic service provision in Syria has been exacerbated by the implementation of unilateral coercive measures such as sanctions and export controls. In a report published in August 2018, the UN Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights highlighted the impact of such measures on the ability of humanitarian actors operating in Syria to carry out their work. The Special Rapporteur expressed specific concern about the ability of humanitarian actors to access humanitarian exemptions under the current system of unilateral coercive measures applied to Syria.³⁹ Unilateral coercive measures particularly impact the ability of UN agencies and INGOs to import several 'dual-use' items critical to ensuring the functionality, such as medical equipment, critical water supply equipment, including water treatment and disinfectant products, ambulances and tractors.



Impact of the Syria crisis on older people

Almost 850,000 people are estimated to be above the age of 60 in Syria, which represents around 4 per cent of the total population.⁴⁰ The majority of older people live in populated urban areas of Damascus, Rural Damascus and Aleppo governorates. As the Syria crisis has continued, elderly people have become increasingly vulnerable and face specific risks, especially for those who have been displaced and have no family or community support. Older people face particular risks and have specific needs during humanitarian crises, including the likely deterioration of their

physical health and/or an exacerbation of pre-existing health conditions, as well as worsened mental health and inadequate nutritional status. Older people are also more likely to have a physical disability, face barriers to accessing assistance and services, and may be at increased risk of violence and family separation if they are unable to flee during hostilities. In addition, they face additional difficulties in accessing income generating opportunities, and may be severely impacted by the erosion of both formal and informal social support systems. These factors contribute to making older people particularly vulnerable and at increased risk of abuse and neglect. Programmes that address the specific needs and the conditions of older people are therefore critical and need to be scaled up in 2019.

Persistent food insecurity and increased risks

The disruption to people's livelihoods and reduced access to economic opportunities has impacted the resilience capacity of many communities in Syria. As a result, many people are resorting to harmful coping strategies for survival, particularly in overburdened communities with concentrations of IDPs and/or spontaneous returnees, where people face increased competition for scarce livelihood opportunities.

Across Syria communities continue to report the spending of savings, running up of debts, buying on credit, depleting household assets and reducing food consumption to achieve minimum standard of living, amidst a lack of basic relief items and diminished resilience. Recent food security assessments indicate that an estimated 40 per cent of Syrians spend more than 65 per cent of their expenditure on food; 57 per cent of food insecure households reported to have outstanding debt; and 65 per cent of food insecure people are adopting negative coping strategies.⁴¹ Furthermore, many communities not served through water networks have serious issues with water affordability that impact needs across other sectors. Families who have no option but to purchase water from commercial water trucks spend on average 10 per cent of their income on water, with 3 per cent of the population spending more than 20 per cent of their income to purchase water and in some cases as high as 40 per cent (e.g. Areesheh sub-district in Al-Hasakeh Governorate). The situation is even more dire for people living in informal settlements, where families can spend over 50 per cent of their incomes on water. Reduced incomes and purchasing power of families in Syria could lead to the adoption of harmful coping strategies, with potentially significant implications on health and hygiene behaviour and practices.

These coping strategies are ultimately unsustainable and, in the absence of humanitarian interventions or an overall improvement in the socioeconomic situation, may continue to lead people to resort to increasingly exploitative and hazardous activities as their financial and material resources are exhausted. Such strategies are likely to disproportionately affect the most vulnerable groups, including women and child-headed households, elderly people and persons with disabilities. The Global Multidimensional Poverty Index (MPI) which takes into account health, education and basic needs related indicators showed that the national poverty rate in Syria is at 38.9 per cent.⁴² In light of the severe impact of the crisis, unemployment has risen to 55 per cent and purchasing power has declined to one tenth of pre-crisis level (if compared to the income in 2010). In 81 per cent of assessed communities across Syria the occurrence of child labour as preventing school attendance was reported. In several qualitative and quantitative assessments, the occurrence of early and forced marriage emerged, exposing girls to loss of

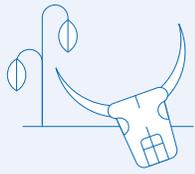
self-esteem, significant personal protection risks, health issues and depriving them of an education.⁴³

As a result, across Syria, some 6.5 million people are food insecure and a further 2.5 million people are at risk of food insecurity.⁴⁴ Those who are categorized to be food insecure are reporting large food consumption gaps, limited coping strategies and a large percentage of income spent on food. Those who are 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 are not supported.

The main drivers of food insecurity are related to the deteriorating economic environment as well as food insecurity stemming from massive displacements. Almost 40 per cent of the surveyed households reported to be IDPs or returnees, of whom 74.5 per cent reported to be displaced for more than 12 months.⁴⁵ Other key drivers include loss of livelihoods and reduced production capacity, limited physical and financial access to food, high prices and inflation, reduced purchasing power and continuous livelihood depletion of the most vulnerable populations. Although food availability in markets has generally improved compared to the previous years, the main constraints with reinvigorating markets remain the high exchange rate of Syrian Pounds (SYP) to US dollar (US\$), steep transport costs, and low demand due to high unemployment rates and limited purchasing power. The price of a monthly food ration has reduced if compared to the peak of the crisis, but still remains very high for Syrians. Purchasing food on credit continues to be adopted by every second household and is more common among IDPs, returnees, female-headed and rural households.⁴⁶

The availability of food in Syria has also been significantly impacted by the crisis, as well as the drought. The impact of the drought and unseasonal downpours affected the cereal yield. The implication of lowest recorded production in the last three decades is that the availability of wheat and barley, major staples, are further constrained and there is a significant shortfall of wheat and barley to meet national cereal requirements even after considering potential government, commercial and food assistance imports.

The situation has been contained in some areas due to improvements in overall market accessibility and response efforts by the food security sector. Increased access to markets in hard-to-reach and formerly UN-declared besieged areas has contributed to a reduction of 27 per cent in the price of a standard food basket over 2018.⁴⁷ Similarly the Terms of Trade (ToT) between the daily wage for unskilled labour and wheat flour has improved, highlighting an upward trend in the national average daily wage of 21 per cent between June 2017 and June 2018.



Impact of Drought in Syria

The worst drought in 30 years affected cereal production in the 2017/2018 winter season in Syria.

This has come as an additional

burden on the prolonged crisis with a shortfall of 1.2 million metric tonnes of wheat to meet the 3.4 million metric tonnes domestic requirement (food use). Large areas of rain-fed cereals failed due to an extended dry period early in the planting season, and irrigated cereal yields were reduced because of unseasonably late heavy rains and high temperatures.

The drought affected five governorates, though the largest impact can be seen in north-east Syria, traditionally the 'bread basket' of the country. Al-Hasakeh Governorate

alone contributed between 50 to 75 per cent of national wheat production pre conflict. The low production of wheat crop is an additional constraint to the already stretched agriculture sector, and consequently the national food security.

Without urgent assistance thousands of families across north-east Syria are likely to face economic distress. More than 60 per cent of people working in Al-Hasakeh are estimated to be traditionally engaged in agriculture and animal husbandry, according to a report from 2014, with the livelihoods of poorest families who are reliant on rain-fed agriculture likely to be particularly affected by the poor crop yield.⁴⁸ Against this backdrop, there is an increased risk of malnutrition which could have long-term implications for children's development and school performance, as well as an increased likelihood of recourse to harmful and unsustainable coping strategies.⁴⁹

Disruption of livelihoods

Close to eight years of crisis have had a profound impact on socioeconomic conditions inside Syria. At a macroeconomic level, hostilities contributed to an estimated cumulative Gross Domestic Product (GDP) loss of \$226 billion between 2011 and 2016 alone, representing approximately four times Syria's pre-crisis GDP.⁵⁰ In addition, the visible destruction caused by the crisis, with an estimated 7 per cent of Syria's housing stock destroyed and one out of three schools partially or fully destroyed, is also having a severe economic impact for affected families and communities. Widespread displacement combined with the damage to

Syria's education infrastructure has contributed to high levels of unemployment and significant deficiencies in the labour market, disproportionately affecting young people. As of 2018, out of around 4.9 million potential members of the workforce (between 18 and 65 years of age), over half are without access to sustained formal employment.⁵¹ In combination with the loss of life and high numbers of conflict-related casualties and disabilities inflicted by active hostilities, these factors contributed to a sizeable reduction in the size of Syria's current workforce, which stands at 51 per cent of pre-crisis levels.⁵² As such, the size of Syria's available workforce does not meet the needs of the labour market, with shortfalls in specialized workers in some areas of up to 80 per cent.⁵³



Living with disability

Some 15 per cent of the global population lives with a disability.⁵⁴

Persons with disabilities are disproportionately affected by the

negative impacts of protracted conflict. Close to eight years into the Syria crisis, disability is increasingly prevalent due to a combination of injuries related to fighting or hostilities and damage to the physical environment. A recent assessment on disability among adults in western Aleppo, Idleb and Ar-Raqqa governorates indicated an average prevalence rate of 30 per cent, double the global average. Furthermore, the assessment revealed that an average of 45 per cent of surveyed persons injured during the Syria crisis are expected to sustain a permanent impairment (e.g. amputation, spinal cord injury, brain injury).⁵⁵

Persons with disabilities are vulnerable to exclusion from the humanitarian response, despite their specific or additional

needs. Over 60 per cent of persons with disabilities surveyed state that their disability has been exacerbated by the crisis, with a lack of access to health care and difficulties in meeting their basic needs listed as the most common reasons. As many people are unable to work due to injury or the need to care for loved ones, access livelihood opportunities is also limited. In households with injured males, women often fulfill the role of caretaker as well as primary family breadwinner, thus limiting the availability of a travel companion when accessing care.

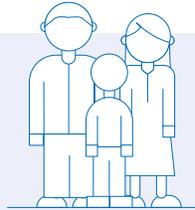
Ensuring an inclusive humanitarian response is a core component of principled and effective humanitarian action; disability mainstreaming is essential within the Syria Humanitarian response. This may include ensuring physical accessibility of activities or services, training staff in how to engage with persons with disabilities in all phases of the humanitarian response and in ways that are respectful and maintain dignity, or the collection of disability disaggregated data.

KEY

FIGURES

11.7 million

People in need of various forms of humanitarian assistance



Displacement

6.2 million

internally displaced persons in Syria

871 thousand

IDPs living in IDP sites of **last resort**

1.4 million
Spontaneous returnees in 2018

Protection

Complex and inter-linked protection needs continue to exist across Syria, resulting from a variety of situations ranging from **direct exposure to hostilities, displacement, conditions in sites/collective shelters, protracted displacement, and returns to destroyed and impoverished areas**

in **59%** of the assessed communities **civil documentation** related issues were reported as occurring



in **47%** of the assessed communities **housing, land and property** related issues were reported as occurring



in **45%** of the assessed communities **early marriage** related issues were reported as occurring



in **46%** of the assessed communities **freedom of movement** related issues were reported as occurring

Hostilities

At least **50%** of sewage systems are affected by hostilities and are not functional, exposing communities to significant health risks

More than **1 in 3 schools** are damaged or destroyed.
1 in 2 people are potentially at risk from the threat of explosive hazards.

3 million
people live with a **disability** in Syria

41% of the population requires treatment for **non-communicable diseases**



46% of health facilities are not fully functional

37% of the affected population requires routine reproductive, maternal, neonatal and child health services

Displaced populations and returnees are vulnerable to **outbreaks of infectious diseases** due to unsanitary living conditions and low coverage of routine immunisation



15.5 million people require WASH assistance, **6.2 million** of whom are considered in acute need

At least **70%** of sewage is untreated

Only **9%** of the population is still served by functional **wastewater treatment plants**



Food Security

6.5 million

people are food insecure

2.5 million

people are at risk of food insecurity



91,811 girls and boys

aged 6 to 59 months

are acutely undernourished. If malnutrition is not prevented an additional

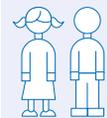


146,898 children

under five years

will become acutely malnourished during 2019

Over **100%** increase in acute malnutrition among pregnant and lactating women



Children 2.1 million

children in Syria are out of school

1.3 million children

are at risk of dropping out

85% of assessed communities reported a high occurrence of **child labor preventing school attendance**



Urban

The increase in shelter related need is particularly acute in more densely populated urban areas. The number of people in need of shelter assistance has increased by 14% to

4.7 million people

over the last year.

64% of IDPs are renting accommodation

Monitoring key humanitarian indicators and outcomes

Despite challenges in the collective ability to measure overall outcomes of humanitarian interventions, recent data indicates that key humanitarian indicators related to morbidity, malnutrition and food insecurity remain stable in most sub-districts of Syria.

Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys and nutrition surveillance conducted throughout Syria in 2018 generally show that global acute malnutrition (GAM) is mostly at acceptable levels. However, emergency thresholds were reached in some areas, and acute malnutrition of children 6-59 months of age rapidly increased in areas with newly displaced populations and in hard-to-reach areas. In addition, nutrition screenings conducted in 2018 have confirmed that moderate acute malnutrition rates of PLW have more than doubled in the span of one year in many areas. Notably, SMART surveys have also indicated 'high' and 'very high' prevalence of chronic malnutrition in certain areas, which potentially reflects long-term inadequate dietary intake, poor Infant and Young Child Feeding (IYCF) practices, and repeated infections in younger children.

The Food Security sector continued its Outcome Indicators Monitoring (OIM) in 2018 through a common tool for post-distribution monitoring and data collection, enabling a follow-up of the food security status of assisted households in Syria.⁵⁶ Although the third round of outcomes monitoring conducted in 2018 indicated that 52.8 per cent of households surveyed had acceptable food consumption, this needs to be read in tandem with the Reduced Coping Strategies Index (rCSI) and Livelihoods Coping Strategies. The mean national rCSI remains high at 14.7, although a slight improvement from 15.1 in 2016. The coping strategies considered by the rCSI are: relying on less preferred or less expensive food; borrowing food or relying on help from friends and relatives; reducing the number or meals eaten per day; reducing portion sizes of meals; and reducing consumption by adults in order for small children to eat. Households are still using each of these coping strategies an average of nine times per week in

an effort to stabilize their food consumption. The findings attest to the need to increase livelihoods programming across Syria which should be integrated with food assistance with overlapping caseload to improve coping mechanisms over time and gradually graduate out of food assistance.

Through the Early Warning, Alert and Response Network (EWARN) and the Early Warning, Alert and Response System (EWARS) system of 1,700 sentinel sites across Syria, the Health sector carries out ongoing monitoring of diseases of epidemic potential. Over the course of 2018, weekly reports from sentinel sites showed that, following an outbreak of measles in April and May, cases declined from a high of 1,176 suspected cases per week to an average of 80 suspected cases per week in the final 10 weeks of 2018. Further, on 2 December, after an 18-month long intensive vaccination campaign, The United Nations World Health Organization (WHO) announced that the poliovirus outbreak in Syria was successfully stopped.

In 2019, the Health sector PiN has increased from 11.3 to 13.2 million persons. This increase has predominantly resulted from improved access and monitoring which enables more accurate data regarding population health status. Additionally, as in previous years, health workers continued to flee the country or were injured or killed during conflict, thus further reducing the number of essential health care staff in Syria. Finally, ongoing displacement and disruption in essential services, particularly in newly accessible areas, has triggered or exacerbated health conditions among the population in need.

In general, it is estimated that the ongoing humanitarian response efforts have mitigated overall excess mortality rates; helped to address the needs of the most vulnerable, and in some cases reduced needs and prevented a further deterioration of the humanitarian situation. However, a combination of access limitations, and specific difficulties associated with the monitoring of protection, mortality and morbidity indicators continues to hamper efforts to establish a comprehensive understanding of the outcomes of humanitarian interventions in Syria.



"I want to be an eye doctor", said nine-year old Ahmad who lost one eye due to hostilities. Ahmad did not receive any form of education before due to the crisis, but is now attending first grade in a rehabilitated school in east Aleppo. He loves painting, singing, maths, Arabic and English.

BREAKDOWN OF PEOPLE IN NEED

Overall, there are some 11.7 million people considered to be in need of various forms of humanitarian assistance – a reduction from the 13.1 million people assessed as being in need in 2017. Some 5 million people are in areas of high severity of need at an inter-sector level. While still extensive, this is a decrease from the estimated 5.6 million in 2017, largely due to an overall decrease in the level of hostilities, along with reduced displacement flows and improved access in some areas, which have contributed to a reduction in catastrophic levels of needs (severity level 6). Roughly 40 per cent of the 11.7 million people in need (PiN) are in areas of major need (severity level 3) and continue to rely on humanitarian assistance as a critical lifeline to avert a deterioration in their situation.

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BREAKDOWN BY SECTOR/SEX/AGE

NUMBERS IN MILLIONS	Male	Female	Children (0 - 4)	Children (5 - 17)	Adults (18 - 59)	Elderly (>59)	People in need of assistance
 WASH	7.6	7.8	1.5	4.6	8.6	0.7	15.5 M 
 Health	3.7	9.5	2.2	2.9	7.3	0.8	13.2 M 
 Protection	6.5	6.7	1.4	4.1	7.1	0.6	13.2 M 
 Food Security & Agriculture	4.3	4.8	0.3	2.4	4.3	2.1	9.0 M 
 Early Recovery & Livelihoods	4.3	4.3	0.9	2.7	4.6	0.4	8.7 M 
 Camp Coordination & Camp Management	3.1	3.1	0.7	1.9	3.3	0.2	6.2 M 
 Education	3.2	2.8	0.0	5.9	0.1	0.0	6.0 M 
 Nutrition	1.6	3.2	3.1	0.0	1.6	0.0	4.7 M 
 Shelter	2.3	2.4	0.5	1.5	2.5	0.2	4.7 M 
 Non-Food Items	2.2	2.2	0.5	1.4	2.3	0.2	4.4 M 

PEOPLE IN NEED

(2019, IN THOUSANDS)

	BY STATUS (as of August 2018)			BY AGE			TOTAL	
	IDPs	Spontaneous returnees	Host communities	% children, adult, elderly*			People in need	People in acute need
ALEPPO	990.5	161.8	2,643.1	45	51	4%	1,012	2,538
AL-HASAKEH	249.9	18.3	742.6	45	51	4%	125	644
AR-RAQQA	154.4	135.9	381.1	47	50	3%	224	473
AS-SWEIDA	72	0.6	291.4	35	58	7%	73	214
DAMASCUS	624.6	16.2	1,171.3	30	62	8%	468	713
DAR'A	362.9	61.2	560	46	51	3%	432	685
DEIR-EZ-ZOR	146.9	294.6	248.1	50	47	3%	512	536
HAMA	263.1	28.3	1,246.8	50	47	3%	39	580
HOMS	328	49.3	1,075.1	39	56	5%	198	674
IDLEB	1,125.2	115.8	1,138.6	52	46	2%	908	1,630
LATTAKIA	451.9	1.4	709.9	39	57	4%	0.5	644
QUNEITRA	49	1.7	53.2	51	46	3%	32.5	72
RURAL DAMASCUS	1,227.4	100	1,850.1	36	59	5%	984	2,045
TARTOUS	138.3	2.1	672.8	39	56	5%	0	260
TOTAL	6,2M	1M	12,8M	43	53	4%	5M	11,7M

*Children (<18 years old), adult (18-59 years), elderly (>59 years)

10,000-50,000

50,001-100,000

100,001-500,000

500,001-1,000,000

>1,000,000

PEOPLE IN NEED BY SECTOR BY GOVERNORATE



CCCM



Education



ERL

Food
Security

Health



NFI



Nutrition



Protection



Shelter



WASH

Inter-
Sector

Aleppo

990,494

1,331,308

1,607,910

1,711,598

2,614,498

789,977

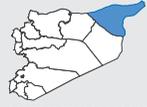
884,310

2,620,931

1,130,816

990,494

2,538,619



Al-Hasakah

249,907

321,689

433,729

738,758

644,819

193,137

208,222

654,757

125,147

249,907

643,838



Ar-Raqqa

154,350

240,414

381,305

360,864

501,503

207,008

159,115

501,503

184,476

154,350

472,788



As-Sweida

71,954

88,818

144,686

191,464

184,821

50,500

78,234

188,255

50,158

71,954

213,781



Damascus

624,613

484,151

583,139

649,950

1,177,907

362,433

454,853

1,177,907

724,866

624,613

713,543



Dara'

362,881

263,906

585,021

548,949

755,423

244,026

202,716

756,132

274,205

362,881

684,689



Deir-ez-Zor

146,875

240,827

427,669

453,280

614,500

179,234

163,431

614,500

191,123

146,876

535,738



Hama

263,096

500,611

571,529

886,509

721,020

271,870

399,925

727,418

258,564

263,096

579,739



Homs

327,963

280,016

561,323

494,929

878,527

221,165

377,621

890,432

223,445

327,963

673,890



Idleb

1,125,234

871,069

1,270,932

1,015,251

1,738,432

1,028,753

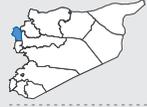
563,963

1,738,432

847,580

1,125,234

1,630,025



Lattakia

451,908

329,645

360,490

231,215

671,372

202,230

302,211

674,849

105,281

451,908

643,905



Quneitra

48,963

29,890

58,808

63,646

85,106

16,224

24,201

85,106

28,732

48,963

71,805

Rural
Damascus

1,227,369

764,332

1,411,115

1,459,563

2,261,349

556,585

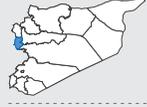
711,748

2,279,183

533,959

1,227,369

2,045,602



Tartous

138,313

229,950

260,038

135,425

332,099

80,209

204,105

335,088

51,917

138,313

260,534

TOTAL**6.2M****6.0M****8.5M****9.0M****13.2M****4.4M****4.7M****13.2M****4.7M****6.2M****11.7M**

Gender Analysis of Impact of the Crisis

The Syria crisis has impacted women, men, girls and boys differently. Around 4.7 per cent of the IDP households are female-headed, among IDP children between 0-19 years, 48.7 per cent are male and 46.4 per cent are female.⁵⁷ Each of these groups have had a unique experience of the crisis and are often exposed to different risks and vulnerabilities. Given the disruption generated by the crisis, particularly with regard to large-scale displacement and family separation, traditional gender roles have changed.

For example, in certain contexts more women and children may have been displaced than men, due to factors such as men's decision to remain in areas of residence to protect family property and assets or for fear of or conscription of men into armed groups. This, in turn, has driven high levels of family separation, with women becoming the primary family breadwinners as a consequence of the absence of male family members. Women and girls affected face distinct protection risks, including various forms of GBV such as sexual exploitation and abuse and early and forced marriage.



"The disabled and children cannot access distributions because of overcrowding during distributions and the weight of the basket. There are also problems related to access to water, causing problems among beneficiaries."

(Syrian woman in north-east Syria)

Restrictions on mobility, access to resources and participation in the humanitarian response also varies across different sex and age groups. Particularly in the most traditional segments of society, the traditional division of labour in the private sphere is replicated in the public sphere, often restricting both the mobility and ability of women to engage in roles related to distribution and management of humanitarian services and may also affect their ability to access assistance. In addition, women and girls, as well as persons with disabilities, may face barriers to accessing information, education, community participation and decision making at all levels. The lack of education has a differential impact on boys and girls, it could lead to early marriage for girls often as a coping strategy and to an increase in child labour for boys, including being pushed by financial pressure to join armed groups in exchange of sustenance, shelter and a salary.

Men have been affected by political and economic instability generated by the Syria crisis, restricting their mobility for fear of conscription, arrest or detention, and often contributing to violence in the home. One of the consequences of the crisis for many displaced persons has also been the loss of ID cards and other forms of civil documentation. Identity documents are essential in enabling people to access humanitarian services despite efforts to advocate for the adoption of alternative identification mechanisms to prevent exclusion. Women are often particularly vulnerable, as they are more likely to lack alternative identification documents. Women may also often lack family documents such as marriage certificates, with detrimental consequences on the status of their children and with impediments in the realization of important social and civil rights (e.g. inheritance).

Hospitals and health systems have been extensively damaged and destroyed by hostilities, with a lack of female health professionals, absence of sexual and reproductive health services, scarcity of vaccines and medicines, and increased distance to reach properly equipped health facilities. Such situations impact particularly the ability of displaced women and children to access basic medical services, may result in limited or sub-standard treatments and in challenges in proper case management, including for children and GBV survivors. A heightened risk of malnutrition has been observed among PLW in hard-to-reach areas.⁵⁸ Adequate and gender-sensitive WASH coverage, and availability of specific items for females and males to maintain their sense of personal dignity, particularly in emergency situations and in IDP sites, is critical to reducing the risk of disease outbreaks, mitigating protection and GBV risks, and improving school attendance. A commitment by all sectors to mainstream protection, gender and GBV needs to be maintained, with the need to continue to expand training initiatives to improve the gender responsiveness of humanitarian interventions in Syria.

SEVERITY AND DENSITY OF PEOPLE

IN NEED

Severe and complex humanitarian needs persist across much of Syria, with continuing hostilities in some areas, a potential for significant new displacement, ongoing protracted displacement, increased returns, localized situations of acute need, and reduced resilience among communities.

While the situation continues to evolve, the overall scale and severity of humanitarian needs in Syria remain extensive. Some 11.7 million people are considered in need of various forms of humanitarian assistance. This represents a slight decrease compared with the 13.1 million people in need estimated in the 2018 HNO. This decrease can largely be attributed to an overall reduction in the level of hostilities across many parts of Syria, a corresponding reduction in the number of population movements in the second half of 2018, and a degree of stability of commodity prices in areas that had previously been subject to shortages of basic goods.

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Major military operations in areas formerly controlled by NSAGs in central and southern Syria largely ended by August, while an agreement between the Russian Federation and Turkey in September 2018 led to a significant reduction of hostilities in the so-called north-west De-Escalation Zone, including a near cessation of airstrikes. However, the reduction in the level of hostilities does not directly translate into the absence of humanitarian needs, given the accumulated, long-term impact of conflict on individuals, households and communities.

The overall level of forced population movements throughout 2018 was 40 per cent less than in 2017. Moreover, the average daily number of population movements from July to December dropped to roughly 2,400, nearly two-thirds less than from January to June. The bulk of the population movements were recorded in Idleb and Aleppo governorates, a constant throughout the year.

Out of the estimated 11.7 million people in need, 5 million are living in areas of high severity of need (i.e. areas in severity levels 4, 5 and 6), facing a convergence of needs driven by hostilities, protracted displacement and limited access to basic commodities and services. This includes areas in north-east Syria still affected by the long-term impact of hostilities and military operations against ISIL, particularly south-eastern Deir-ez-Zor Governorate, where

hostilities continue as of January 2019, as well as southern Al-Hasakeh Governorate due to insecurity and difficulty for humanitarian actors to have a sustained presence. Also included are contested areas in north-west Syria, where the population continues to be affected by rapid cycles of displacement and return, alongside prolonged displacement in sub-standard IDP sites; southern Syria, an area that has recently changed control and where access for humanitarian actors to establish humanitarian and early recovery interventions remains challenging; East Ghouta and Damascus, including Yarmuk, and areas in eastern Aleppo city, still affected by high levels of destruction of housing and infrastructures and where basic goods and services are in high need; northern rural Homs, eastern Hama and southern Aleppo, due to remote access and poor physical and social infrastructures.

An estimated 38 per cent of people in highest severity of needs, or 1.9 million people, are in Aleppo and Idleb governorates, across areas of control, while another 38 per cent are in government-controlled areas of Damascus, Rural Damascus, Dar'a and Quneitra governorates.

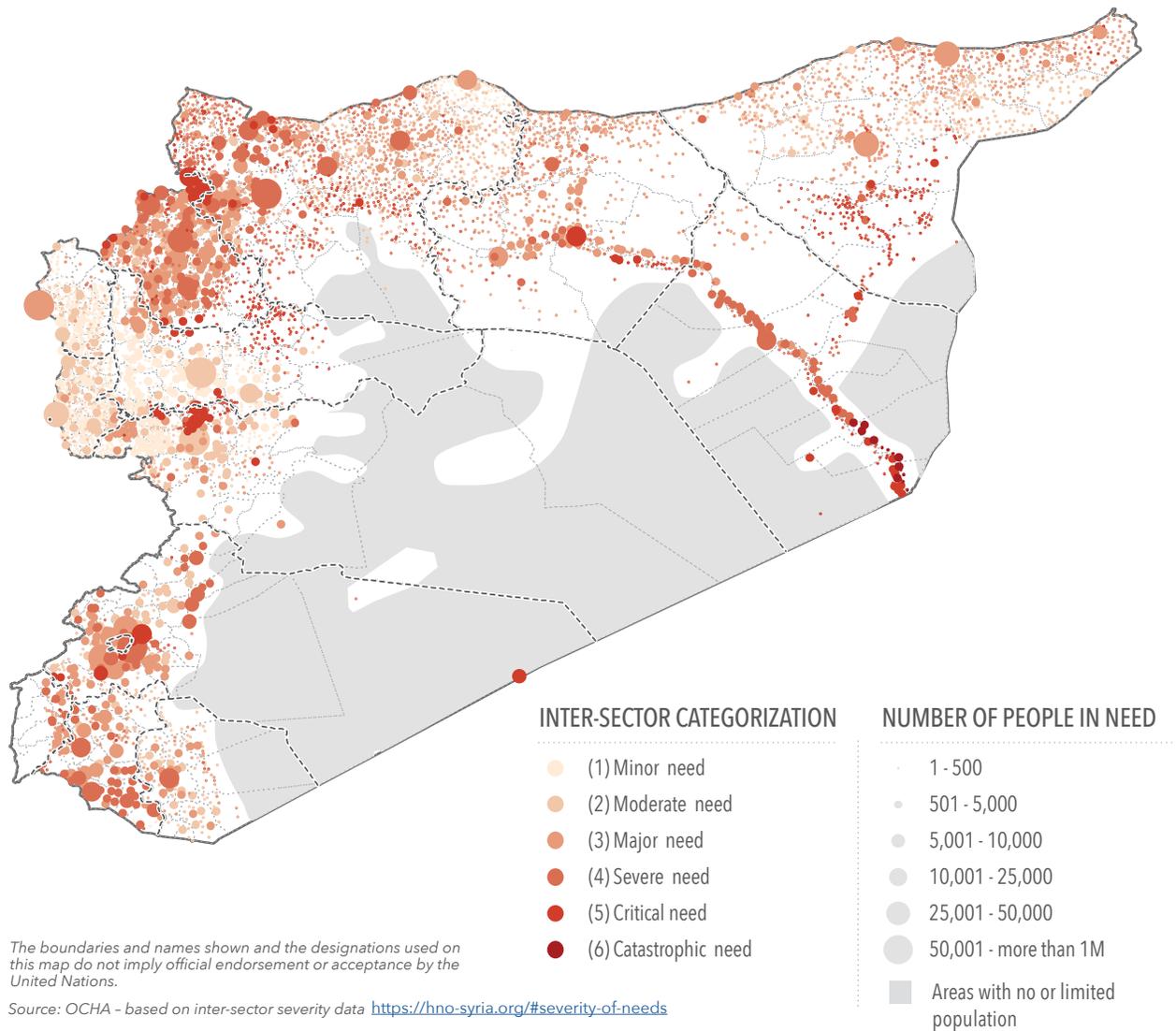
While people in high severity areas generally face more acute needs, there are individual households across all severity areas who are extremely vulnerable and exposed to protection risks. Some 40 per cent of people in need in Syria – an estimated 4.7 million people – live in areas where they face major problems (i.e. severity level 3) and continue to rely on humanitarian assistance as a critical lifeline, to avoid a deterioration in their situation, mitigate morbidity/ mortality, avoid harmful coping strategies and enhance resilience. These include many people in situations of protracted displacement, as well as communities facing chronic food insecurity and limited access to basic services. Given that the density of people facing major needs is often much higher than the density of people in acute need, sustained assistance and service delivery are required countrywide, to avert a drastic deterioration in

the humanitarian situation. In these areas focused early recovery-type interventions may be required to ensure a more sustainable and cost-effective response that supports dignified lives while at the same time contributing to strengthened resilience.

The crisis continues to affect all Syrians to varying degrees. However, impacts differ with some segments of the population and locations more affected than others. The

sectors-specific and inter-sector severity categorization tool seeks to identify the areas across Syria where humanitarian needs are generally more acute, while noting that acuteness of needs is found at household level in many other areas, due to a convergence of factors including: displacement, exposure to hostilities, significant presence of returnees, and limited access to basic goods and services. These areas require strengthened inter-sector programming to ensure the needs of those most in need can be adequately mitigated.

INTER-SECTORAL SEVERITY OF NEEDS, 2019



SYRIA CONTEXT OVERVIEW

Following a series of changes in territorial control owing to military operations and “local agreements” over the course of 2018, the Syria humanitarian operation currently involves three broad areas with different humanitarian needs and access dynamics. While acute needs are found throughout the country, the concentration of IDP sites of last resort in the north-west and north-east require different modalities than in Government-controlled areas where a significantly larger proportion of IDPs are hosted in communities or, to a lesser extent, in collective accommodation or shelters. Similarly, while in much of the north-west of the country, the humanitarian response is primarily provided by cross-border actors from Turkey, in north-east Syria both cross-border actors from Iraq as well as the UN and its partners from within Syria coordinate to provide assistance and services. An estimated 62 per cent of the people in need across Syria are in Government-controlled areas, 38 per cent of which are in areas with high severity of need. In non-Government-controlled areas a higher proportion of the total people in need, 51 per cent, are in areas with high severity of needs.

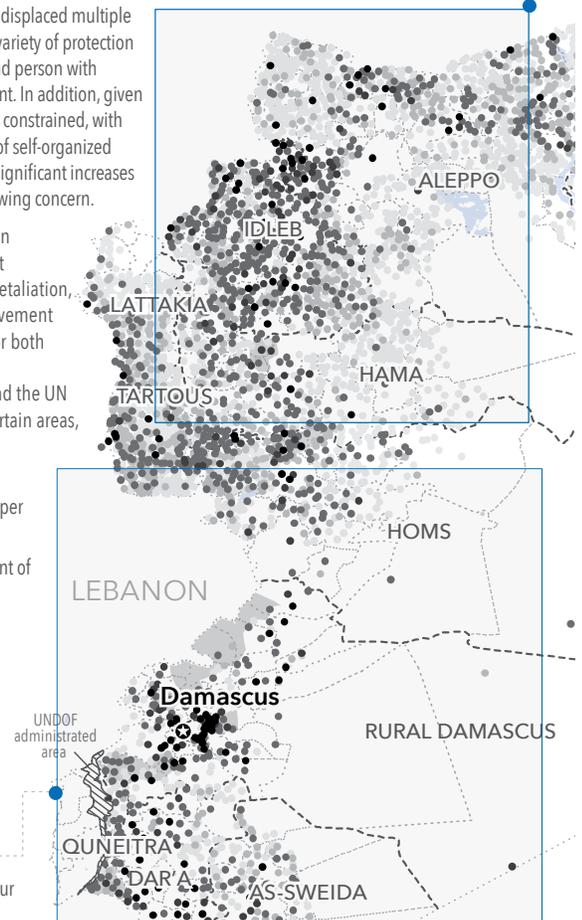
- **NORTH-WEST SYRIA** includes the area controlled by NSAGs in the so-called de-escalation area, covering Idlib, western Aleppo, northern Hama and northeastern Latakia governorates, as well as Afrin district and Al-Bab areas in northern Aleppo where Turkish military operations took place.
- **NORTH-EAST SYRIA** covers areas under Syrian Democratic Forces (SDF) and/or Kurdish forces control, including Menbij in eastern Aleppo Governorate and areas north of the Euphrates river in Ar-Raqqa, Deir-ez-Zor and Al-Hasakeh.
- **ALL OTHER AREAS UNDER GOVERNMENT CONTROL AND RUKBAN CAMP IN SOUTH-EAST SYRIA** includes all other areas, including those that came under government control in 2018 following military operations and/or local agreements.

NORTH-WEST SYRIA

The north-west is marked by ongoing conflict and witnessed hostilities throughout 2018 including between NSAGs. This has resulted in civilian casualties, damage and destruction of civilian infrastructure including attacks on humanitarian assets and personnel, and waves of mass displacement that continue to have a significant impact on needs and vulnerabilities.

There are some 2.7 million people in need including an estimated 1.8 million IDPs, many of whom have been displaced multiple times and are particularly vulnerable due to sustained and direct exposure to hostilities. Moreover, IDPs face a variety of protection risks owing to overcrowding, lack of privacy and unsuitable environment for children, women, older persons and person with disabilities, linked to the limited absorption capacity and sub-standard living conditions in areas of displacement. In addition, given the high population density in the area, access to shelter, basic services and livelihood opportunities is severely constrained, with particularly severe overcrowding in IDP sites. The population in the north-west also includes a high proportion of self-organized returnees whose needs place strain on remaining services in communities, some of which are overburdened. Significant increases in criminal activities often targeting categories of civilians, including health and humanitarian workers, is a growing concern.

As a result of military operations in Afrin in January 2018, it is estimated that some 150,000 people remain displaced in the Tall Refaat, Fafin, Nablul and Zahraa areas in Aleppo Governorate. They are living in difficult conditions in empty houses, collective shelters and camps. Restrictions on freedom of movement, fear of retaliation, and secondary occupation of vacant accommodations have limited return options to Afrin and onward movement towards Aleppo city. In Afrin district, as many as 121,000 people in need remain, with access challenges for both cross-border partners and for inter-agency convoys from Damascus. In north-west Syria, the humanitarian response is primarily provided by cross-border actors from Turkey, and the UN and its Syria-based partners have been able to provide inter-sector assistance and protection services to certain areas, notably to IDPs from Afrin currently in Tal Refaat, Fafin and surrounding areas.



- **Health** Availability of essential health care workers per 10,000 people in Idlib and Aleppo is just 26 per cent of Sustainable Development Goals (SDG) index.
- **Education** A 2018 assessment of 226 camps in Aleppo and Idlib governorates found that 73 per cent of camps and settlements have no education services at all, showing no improvement from 2017.
- **WASH** 1 million people depend on water trucking from NGOs in north-west Syria.

2.7 million
people in need

1.8 million
internally displaced persons

1.5 million
people in acute need

197,000
spontaneous returnees

ALL OTHER AREAS UNDER GOVERNMENT CONTROL

The large majority of people in need in Syria—some 7.2 million people—live in this area which includes Syria's four major cities of Damascus, Homs, Hama and Aleppo in addition to most provincial capitals.

The Government consolidated control over several NSAG-held areas over the course of 2018 through military operations and localized agreements that involved significant loss of human life, large-scale displacement and extensive destruction of civilian infrastructure.

Some areas that changed territorial control have witnessed reduced restrictions imposed on humanitarian access as well as civilian and commercial movement, resulting in overall improvements in the humanitarian situation, such as areas in southern Damascus. However, many communities continue to face high level of need owing to prolonged besiegement and deprivation (e.g. Duma in East Ghouta), high level of destruction, increasing return of population (e.g. eastern Aleppo city) in communities already affected by lack of adequate services, shelter options and livelihood opportunities. Moreover, the disruption of basic service provision and assistance owing to changes in control has also aggravated needs and the impact of vulnerabilities among local populations in many communities, exacerbated by new access challenges and constraints on civilian movement and availability of services owing to lack or loss of personal documentation, notably in some parts of southern Syria.

The areas also continue to host 3.8 million people in protracted displacement and received some 470,000 spontaneous returnees in 2018. Many of them rely on humanitarian assistance as a critical lifeline, to avoid a deterioration in their situation, mitigate morbidity/ mortality and enhance resilience, requiring sustained assistance and services to avert a drastic deterioration in the humanitarian situation. Women and girls, children, persons with disabilities and elderly are particularly affected due to their specific needs and the challenges in accessing services adequate to their needs. In 2019, the areas are likely to continue to host a significant number of displaced people while also receive an increased number of returnees, owing to sustained improvements in overall stability.

- **Health** Psychotropic medications were reportedly unavailable in more than 70 per cent of surveyed communities in Rural Damascus, Dar'a, Quneitra and areas of Homs and Hama governorates that have come under Government control.

• **Shelter/NFI** About 50 per cent of the population faces at least one shelter adequacy issue.

• **Education** In public schools in locations in Rural Damascus, Quneitra and Daraa, classroom sizes reached 150 students per teacher in September 2018.

7.2 million
people in need

3.8 million
internally displaced persons

2.7 million
people in acute need

470,000
spontaneous returnees

NORTH-EAST SYRIA

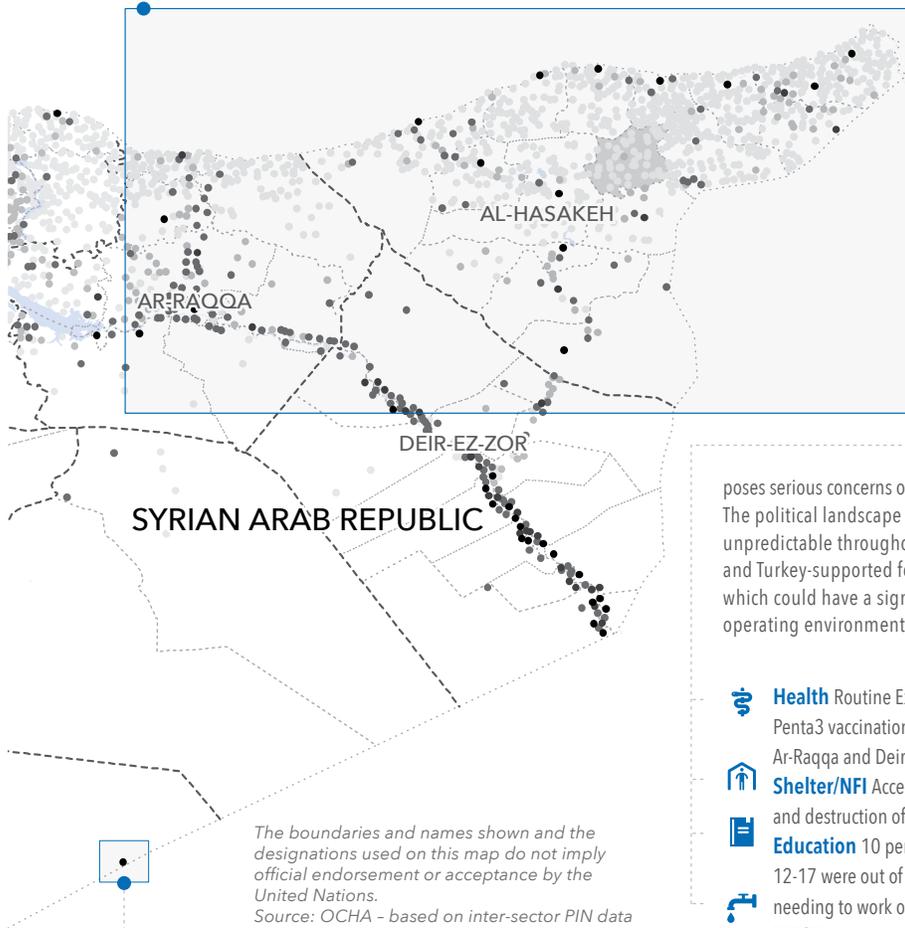
There are some 1.4 million people in need including an estimated 390,000 people who remain long-term-displaced in north-east Syria. As of January 2019, hostilities in the area were only active in the last territory held by ISIL in south-eastern Deir-ez-Zor Governorate, where civilians were trapped in catastrophic conditions with high levels of deprivation. Communities in other areas in the North-east continue to face the long-term impacts of the intense hostilities and military operations against ISIL particularly over the course of 2017, which led to significant loss of life, destruction of basic services and civilian infrastructure, and over one million people being displaced. Particularly in Deir-ez-Zor Governorate, almost all of the people in need (96 per cent) are estimated to be in areas of high severity of need.

Owing to increased security in some areas as well as personal and socio-economic considerations, over 315,000 displaced people returned to their areas of origin particularly to former ISIL-held areas such as Ar-Raqqa city and Deir-ez-Zor Governorate. Returnees often faced significantly disrupted basic

service provisions and livelihood opportunities as well as immediate threats posed by high-levels of explosive hazards contamination, contributing to risks to their physical safety, and to high level of need. Meanwhile, displaced people remain particularly vulnerable, exacerbated by harmful practices of relocations and restrictions on freedom of movement that increase vulnerability, affected the well-being of the population, decreased self-reliance and increased dependency on humanitarian assistance.

With compromised capacity to provide basic healthcare services combined with major gaps in the availability of safe water, several outbreaks of multiple infectious diseases were reported in 2018 across the north-east. The area is also facing the fallout of an unprecedented drought in 2018, resulting in a sharp drop in grain production which

poses serious concerns over food security and livelihoods among the local population. The political landscape in north-east Syria is likely to remain complex and unpredictable throughout 2019 owing to potential military incursions by Turkish and Turkey-supported forces and the announced US forces' withdrawal from Syria, which could have a significant impact on the humanitarian situation as well as the operating environment for humanitarian organizations.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Source: OCHA - based on inter-sector PIN data



Health Routine Expanded Programme of Immunisation (EPI) coverage rates of Penta3 vaccination in children under 1 were only around 10-20 per cent in Ar-Raqqa and Deir-ez-Zor governorates.



Shelter/NFI Access to shelter remains a major gap owing to high levels of damage and destruction of residential buildings, notably in Ar-Raqqa city and Deir-ez-Zor.



Education 10 per cent of children aged 6-11 and 36 per cent of children aged 12-17 were out of school in assessed sub-districts in northeast Syria, mostly due to needing to work or help family.



WASH over 22 per cent (some 124,000 people) of IDPs in last resort sites are in need of full WASH services provision.

RUKBAN

In Rukban makeshift settlement in the Al Tanf exclusion zone on the Syrian-Jordanian border, an estimated 40,000 people in need are in dire conditions owing to prolonged deprivation of humanitarian assistance and access to basic services. Access remains significantly constrained with health services at the Jordan border only reachable after security screening and transport, and humanitarian deliveries only provided twice to the settlement in 2018 from Syria and Jordan.

1.4 million
people in need



390,000
internally displaced persons

684,000
people in acute need



314,000
spontaneous returnees

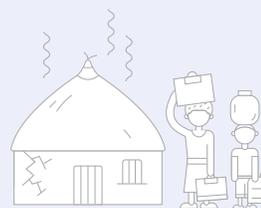


11.7 Million

TOTAL PEOPLE IN NEED

5 Million

TOTAL PEOPLE IN ACUTE NEED



6.2 Million

INTERNALLY
DISPLACED PERSONS

MOST VULNERABLE

GROUPS

While the crisis in Syria has left no one untouched, it continues to impact population groups differently. Some segments of the population are likely to be more acutely affected than others due to their sex, age and disability status and exposure to specific risk factors. Within the total 11.7 million people estimated to be in need of various forms of humanitarian assistance, and acknowledging that there are people in dire need of humanitarian assistance throughout the country, six broad population groups have been identified as those generally facing the most acute needs across sectors.

The six priority groups are broad categories of people in need cutting across all sectors. This analysis reflects a needs-based approach as opposed to a status-based approach to understanding and prioritizing needs, complementing the geographical analysis which informs the severity scale. At sector level, each sector takes into account sector-specific indicators for assessing vulnerability. The analysis also recognizes that, within these priority population groups and at a more granular level, individual/household vulnerability is likely to vary, with children, the elderly, women and adolescent girls, people with chronic illnesses, disabilities and injuries or people with varying levels of self-reliance, requiring specific consideration.

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People living in hard-to-reach or newly accessible areas where freedom of movement and access to services remain limited.⁵⁹

Restrictions on freedom of movement, high level of destruction, limited availability of core services, limited humanitarian and commercial access, as well as market dysfunctionality, contribute to high levels of vulnerability. People living in these areas, including in those that have changed control, continue to have specific humanitarian needs, including a shortage of essential relief items such as food, shelter, fuel and winter supplies; limited access to functional services such as health care or clean water supply; a variety of protection needs due to current or former exposure to hostilities; as well as livelihood needs linked to livelihood opportunities curtailing a key source of food and income.

People currently or recently exposed to a high intensity of hostilities and living in areas contaminated with explosive hazards

People exposed to high intensity hostilities and living in areas contaminated with explosive hazards face direct threats to their physical safety and survival. These threats are particularly acute for civilians living near frontlines and in densely populated urban areas, where the risk of collateral

damage from the use of explosive weapons is much greater. They are also elevated for people on the move, including IDPs and returnees, who are unaware of the location of hazards in the areas they transit through and thus are likely to be more at risk from landmines, explosive remnants, including unexploded ordnance, and improvised explosive devices. Aside from the direct impact on the population, contamination has also affected basic service infrastructure such as schools, hospitals and water stations. This has contributed to ongoing needs – particularly in relation to lack of safe and affordable water, such as in north-east Syria, and also puts humanitarian staff in danger during assessments and/or repair works.

People living in contaminated areas have specific needs in terms of risk education. These needs are especially acute among children, who are more likely to unknowingly pick up suspect items, but also adults such as farmers and herders, traditionally exposed to contamination in agricultural land. Health needs related to trauma care and burn care and rehabilitation are significant, particularly among people exposed to high intensity hostilities in densely populated urban environments.

IDPs living in last resort camps, sites, collective centres or living in open areas

IDPs in last resort sites or open areas have been displaced by hostilities and generally exhausted all other accommodation options. With few available assets and negligible livelihood opportunities, they have little choice but to seek shelter in these sites.

IDPs living in last resort sites face severe deprivation and have survival needs that cut across all sectors of intervention. In addition to needing essentials such as food, non-food items (especially winter and hygiene supplies), shelter, water, sanitation and solid waste services, nutrition, health, including reproductive health care, these IDPs face increased vulnerability to increased risk of disease outbreaks, as well as elevated malnutrition rates. They are also in particular need of specialized protection services, especially in sites where they

have been subjected to rigorous security screening procedures or deprived of their civil documentation. Gender sensitive measures in the sites remain critical, to mitigate exposure to protection risks and violations. IDPs living in open areas are likely to face a further layer of vulnerability in the absence of adequate shelter and services. Due to the temporary nature of these last resort sites, longer-term livelihood needs are relatively limited. However, in some cases, particularly where the population is more static and where there is a greater concentration of humanitarian partners, livelihood needs, including around access to income-generating opportunities and vocational training, may be more prominent.

Newly-displaced populations

As with IDPs living in last resort sites, newly-displaced populations have generally faced prolonged or acute exposure to hostilities.⁶⁰ When forced to flee from their homes at short notice, they are likely to carry limited resources with them. Given the prevalence and relative high intensity of hostilities in Idlib, Deir-ez-Zor, and given the fluid situation in northern Syria (Menbij), newly displaced populations are likely to be concentrated in north-west, north and north-east Syria. In some cases, newly displaced IDPs may be alongside longer-term IDPs in last resort sites.

Newly-displaced persons in general face severe survival needs that cut across all sectors. In addition to the provision of essentials such as food, non-food items (especially winter and hygiene supplies), shelter, water, sanitation and solid waste services, nutrition and health care, there is also a need for specialized protection services, particularly for those involuntarily confined in IDP sites. Newly-displaced persons have often been directly caught up in hostilities and therefore require focused psycho-social support. Furthermore, many of those newly displaced may have lost civil documentation (either due to confiscation or due to having fled at short notice), aggravating existing vulnerabilities, restraining freedom of movement and constituting a barrier to accessing services and sometimes to receiving assistance. Although newly displaced populations face a general lack of livelihood opportunities, immediate survival needs will be more pressing during the first three months of displacement. Many newly displaced persons have also been displaced multiple times, this pattern of constant need to move further exacerbates all their needs.

Spontaneous/ self-organized returnees

While not all should be considered vulnerable, returnees generally face a number of challenges and needs related to their return, which may be aggravated by their previous situation during the displacement phase. IDP and refugee returnees face similar conditions and have similar needs in terms of access to basic goods and services and livelihood opportunities in areas of return. Returning refugees may have additional specific protection needs as a result of having been outside their country for a significant amount of time.

Reasons for return often cited by IDPs include the need to protect and repossess assets/property, perceived improvements in stability and security in the area of origin, better access to humanitarian assistance, and an improved economic situation in the area of return. At times the return of IDP is hindered by a lack of civil status documentation, or a lack the authorization of parties in control. Push factors in areas of displacement have also been noted, including forced return by armed parties or poor living conditions in areas of displacement.

The immediate needs of spontaneous returnees are primarily related to the restoration of basic services and infrastructure, including water, sanitation and solid waste management, education, health care and electricity in their communities of origin. In addition, individual households may, at least in the short-term, have pressing needs for food, shelter and non-food item (NFI) assistance given particular vulnerabilities. Protection issues related to HLP rights and civil status documentation are likely to be numerous, including among people who have previously lost documentation, are unable to prove ownership, have experienced damage or destruction of property, find their homes occupied, or are unable to resume agriculture. Areas of return, including agricultural land and infrastructures, are often contaminated with explosive hazards, with related needs for risk education, surveying and removal. Many spontaneous returnees have considerable livelihood needs, with substantial support required to restore disrupted livelihoods, maintain sustainable income-generating activities and repair damaged infrastructure. Provision of accurate information on conditions and available services in areas of return is essential to ensuring that the needs of the most vulnerable are met.

Overburdened communities

Overburdened communities where a large concentration (over 30 per cent of the estimated population) of IDPs and/or spontaneous returnees reside, may experience limited availability of essential services, competition over livelihood opportunities and possible tensions over access to services.⁶¹

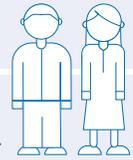
Overburdened communities face needs stemming from the deterioration of basic services over the course of the crisis, and the strain placed on remaining services due to the influx of IDPs and/or spontaneous returnees in these areas. Specifically, the lack of access to water, health care, shelter, overloaded sanitation systems and lack of appropriate solid waste management and limited social and protection oriented services is a key concern. The restoration of basic services and minimum social infrastructure is a core need in these communities that can contribute to improved livelihood opportunities, resilience and progress towards durable solutions for IDPs and sustainable reintegration for returnees. Education needs, particularly in terms of vocational training for adolescents and youth, as well as the need for increased market access are also significant and will be critical in restoring livelihoods.



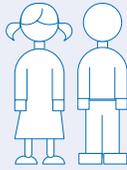
VULNERABLE GROUPS

AT RISK AND MOST IN NEED

The groups outlined below require specific consideration when planning and prioritizing the response



CHILDREN who are unaccompanied and separated, or living with older or disabled caregivers, are especially vulnerable.



Children may face specific risks due to their age, gender, disability and social perceptions of childhood.

Out-of-school children are at heightened risk of protection risks, such as gender-based violence and child labour.

Children engaging in child labour or serving in combat roles will require specific consideration.

Children living in crowded spaces (collective centres, with host families) may be at greater risk of domestic violence.

Adolescent girls are at risk of early or forced marriage.

ADOLESCENTS/ YOUTH Female and male youth need safe and appropriate livelihood opportunities.



PEOPLE WITH CHRONIC ILLNESS AND INJURIES

have specific needs in regards to security,

shelter, access to services, health, NFI and WASH facilities. They also face difficulties in accessing needed medicine, healthcare, food/nutrition.



THE ELDERLY

face specific needs in regards to security, shelter,

access to services due to reduced mobility, health, NFI and WASH facilities.

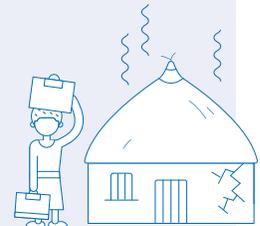


PEOPLE WITH DISABILITIES

lack access to healthcare and face difficulties in meeting their basic needs. Many are unable to work due to injury or the need to care for others. They require access to humanitarian services and information that are tailored to their specific needs.

POPULATION HOSTING DISPLACED PERSONS

may face tensions with displaced communities linked to access to services. They also have reduced living space and face socio-economic hardships especially when resources are already scarce.



PEOPLE WITHOUT PERSONAL DOCUMENTATION

face reduced access to assistance and services, the realization of basic rights including freedom of movement, access to employment and property. Women may be particularly at risk in accessing inheritance, property, and child custody. Undocumented people, particularly children, may be at risk of statelessness.



WOMEN AND GIRLS may face particular risks due to their gender and situation, including harmful survival strategies such as early marriage, trafficking and sexual abuse and exploitation.



Unaccompanied girls and survivors of violence require targeted and specific attention.

Women and girls face specific needs in regards to security. Women can be more susceptible to violence, harassment in overcrowded spaces like collective centres and aid distribution sites.

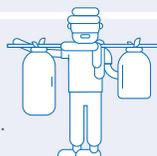
Women and girls face specific needs for access to services, health/reproductive health, WASH facilities including for pregnant and lactating women.

Female-headed households, including war widows and women in need of legal support for inheritance, custody and family law related issues.



DISPLACED PERSONS have reduced support networks and face a higher susceptibility to vulnerabilities, including based on where they live: last resort sites, collective centres, open areas, urban, rural or hosted by others.

SPONTANEOUS RETURNEES reaching communities with high levels of destruction, contamination, lack of services, and with possible disputes due to HLP issues.



PEOPLE FACING EXTREME SOCIO-ECONOMIC HARDSHIP

are exposed to extreme forms of deprivation and they and their families are at greater risk of harmful coping strategies, such as child labour and sexual exploitation.



PEOPLE LIVING IN AREAS CONTAMINATED WITH EXPLOSIVE HAZARDS face the threat of death or serious injury, potentially resulting in long-term impairment, the deprivation of livelihoods, and hindered access to basic services. Children are at particular risk of explosive hazards. Farmers, reconstruction and rubble removal work also places people at heightened risk.

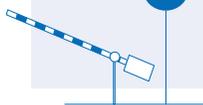


PALESTINE REFUGEES

have weakened support networks and limited economic opportunities.



PEOPLE IN ACCESS-RESTRICTED AREAS face the denial of basic rights, including restricted freedom of movement and access to adequate food, water, education, health care, protection services and economic opportunities. They also suffer from infrequent or non-existent humanitarian assistance, including obstacles to urgent medical evacuations.



ACCESS AND OPERATIONAL

CHALLENGES

Overall, humanitarian access has improved within Syria during 2018. As of October 2018, there are an estimated 1.1 million people in need in hard-to-reach areas, representing a significant reduction compared to the 2.9 million people in need in these areas in October 2017.

There are significant parts of the country that are now more accessible as compared to one year ago, notably in Government-controlled areas of Rural Damascus, Homs, Hama and Aleppo governorates, as well as in parts of north-east Syria. Furthermore, since July 2018, there have been no UN-declared besieged areas in Syria, with most formerly besieged areas witnessing shifts in control and "local agreements" that resulted in the evacuation of the population to other areas.⁶²

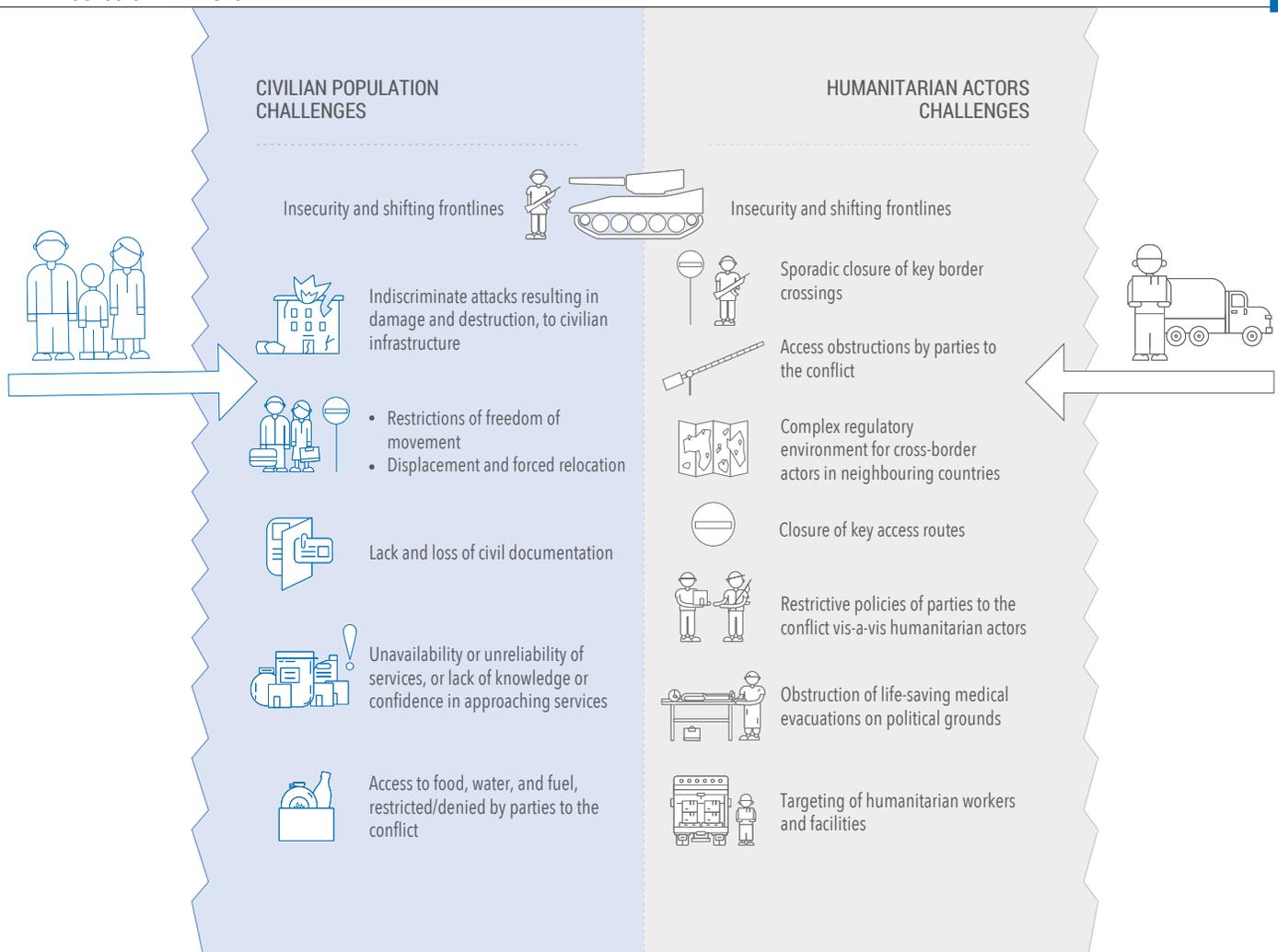
Meanwhile, humanitarian access to areas that recently

changed territorial control to the Government present an increasingly important dimension of access dynamics within Syria. Whilst response to many of these areas has been scaled up, the large majority (76 per cent of communities as of December 2018) remain hard-to-reach for humanitarian partners as per the UN hard-to-reach classification.

Humanitarian access has also remained challenging in particular areas due to active hostilities, often involving shifts in front lines and control; interference by parties in control; general criminality or violence against humanitarian

ACCESS CHALLENGES

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personnel; and extensive explosive hazard contamination. These factors continue to impede the humanitarian community's ability to provide critical humanitarian assistance and services to people in need in parts of the country. Moreover, restrictions on civilians' access to basic services and restrictions on freedom of movement have continued to be periodically enforced in some areas, particularly by armed actors.

For example, access to people in need in north-eastern Dar'a Governorate and former NSAG-controlled areas in Quneitra Governorate in southern Syria has remained limited as of late 2018, mainly owing to lack of approvals, insecurity and explosive hazard contamination.

While access to formerly-military-encircled northern rural Homs has improved overall since the change in control in May, sustained delivery of humanitarian programming and the scale-up of operations, most notably by the UN, has been limited.

In Rural Damascus, the movement of civilians, access to basic services as well as sustained access for humanitarian partners continued to be highly regulated by authorities in control of these former UN-declared besieged areas such as Duma and Beit Jan, and former military-encircled Sarghaya and Zakyeh among others.

In north-west Syria, hostilities and violence owing to military operations and infighting between armed groups in NSAG-controlled Idleb, northern Hama and southern Aleppo governorates, have led to suspension of humanitarian programs and impeded the scale-up of operations in times of deteriorating humanitarian conditions. In contravention of international humanitarian law, attacks on humanitarian assets and personnel, kidnapping of aid workers and attacks on schools and health facilities (including those deconflicted

through agreed procedures), were also recorded throughout 2018. Such acts have jeopardized aid operations and the wellbeing of civilians.

In certain areas of northern Aleppo governorate where Turkish military operations have taken place, restrictions on freedom of movement and humanitarian access imposed by armed actors and authorities impede humanitarian programming, return movements and access to life-saving assistance, exacerbating needs.

Meanwhile, access to some 40,000 people in severe need in the Rukban makeshift settlement has remained limited, with humanitarian assistance only provided twice in 2018, once from Jordan through a crane operation in January and once through a UN/SARC inter-agency convoy from Damascus in November.

In the north-east, explosive hazards contamination remains a significant threat to civilians and humanitarian partners, notably in Ar-Raqqa city. Insecurity owing to anti-ISIL military operations in south-eastern Deir-ez-Zor Governorate hampers humanitarian partners from reaching communities where IDPs have sought safety and where humanitarian needs are acute. Moreover, humanitarian partners continue to face policies enforced by local entities impeding humanitarian action, notably related to mandatory registration procedures and interference in the employment of humanitarian workers.

The Security Council-mandated Monitoring and Reporting Mechanism for Syria (MRM4Syria) verified 174 incidents of deliberate denial of access to humanitarian services in the first six months of 2018.

OPERATIONAL

CAPACITY

The humanitarian response in Syria is delivered under a coordinated Whole of Syria approach, which brings together operations from within Syria as well as cross-border operations from Turkey and Iraq under UN Security Council Resolution 2449 (2018).

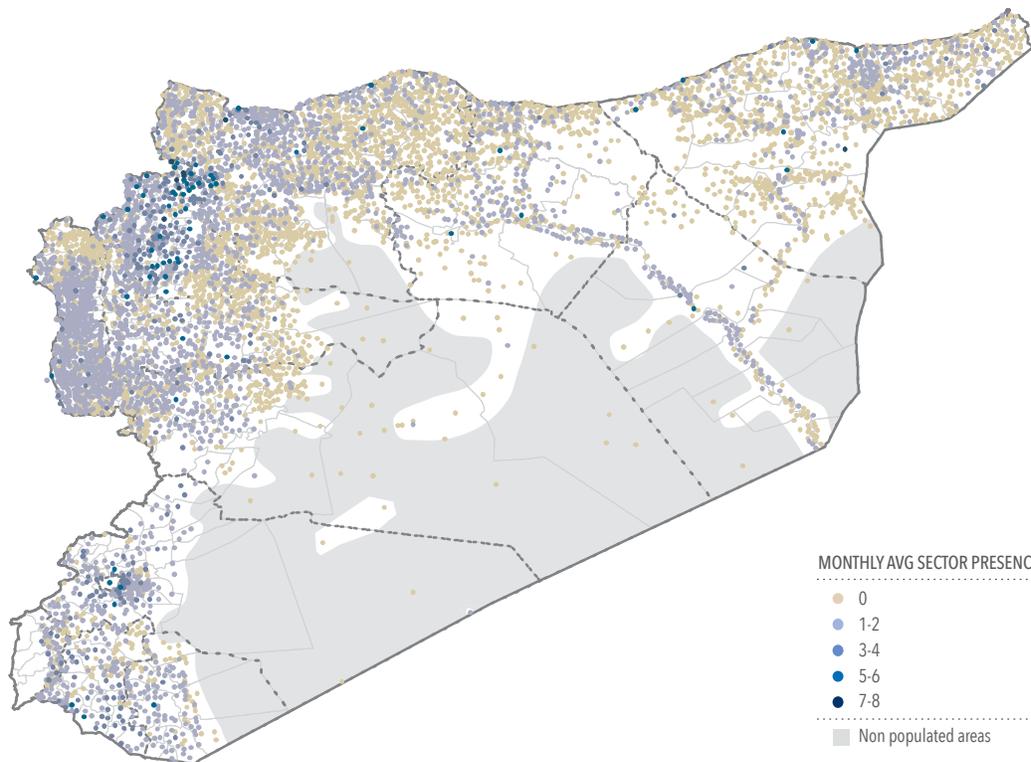
Hundreds of Syrian NGOs, 26 international NGOs, the Red Cross/Red Crescent movement and 12 UN agencies are authorized to provide assistance in areas under the control of the Government of Syria. Compared to 2017, there was a small increase in international partners authorized by the Government of Syria to carry out humanitarian programming in areas under its control, with 3 international NGOs newly authorized in 2018. In July 2018, the United Nations Mine Action Service (UNMAS) and the Government of Syria signed a Memorandum of Understanding enabling UNMAS to scale up activities following its establishment of permanent representation in the country. Furthermore, hundreds more national NGOs were authorized to undertake humanitarian operations in 2018.

In addition, 27 organizations operating from Iraq or based in Syria reported programming in north-east Syria during 2018. Some 50 INGOs and over 150 Syrian NGOs and networks continue to operate from Turkey. However, aspects of the

regulatory environment in Turkey continue to impact their work, creating increasing challenges in programming for Turkey-based NGOs. While Syria-based NGOs have been less severely impacted due to these restrictions, their ability to fill the gap has been constrained by restrictions on their direct access to donor funding.

Although technical capacity continues to grow, there remains a need for long-term capacity-building of humanitarian actors, particularly in view of the evolving landscape of needs in Syria. Increased capacities around resilience, early recovery, market-based programming, shelter rehabilitation, case management for complex protection cases, civil documentation and HLP issues is particularly pressing. Gaps in this regard present a key obstacle to the comprehensive scale-up and diversification of services within Syria through a quality programming approach and expanded localization of response, in line with global commitments and best practice.

OPERATIONAL PRESENCE (NO. OF SECTORS PER COMMUNITY)



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

PERCEPTIONS OF AFFECTED COMMUNITIES OF HUMANITARIAN ASSISTANCE

Women, men, girls and boys living in Syria who receive humanitarian assistance are the primary stakeholders of the humanitarian response. They have a basic right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and to voice their concerns if they feel the assistance provided is not adequate or has unwelcome consequences.

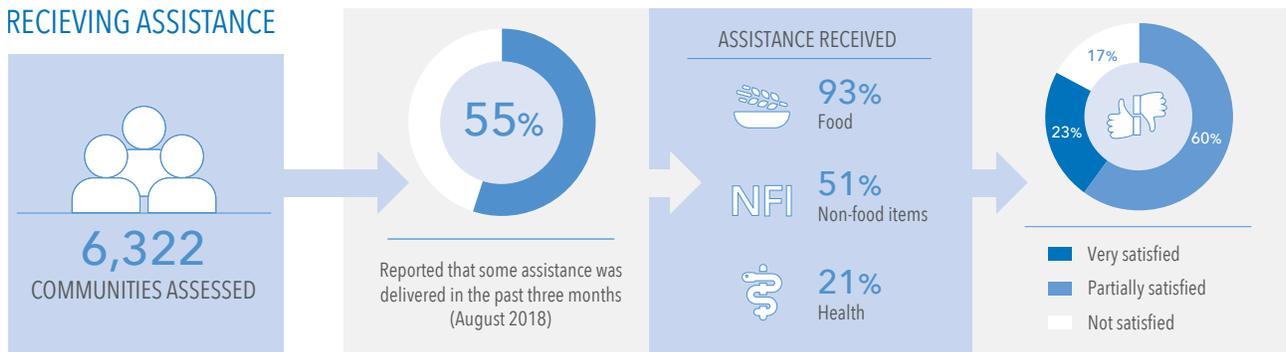
The August 2018 Multi-Sector Needs Assessment (MNSA) enhanced the understanding of the priority concerns of affected communities regarding the humanitarian response, levels of satisfaction with the conduct of humanitarian workers and their preferred forms of communication across Syria. The assessment was

conducted using community-level focal point interviews. The findings represent the perceptions of 95,000 people interviewed – 45 per cent of which were female. They cover a broad cross-section of the affected population and have been used to inform the design of the humanitarian response.

Overall, 55 per cent of the communities assessed reported that some form of humanitarian assistance had been delivered in their area in the past three months. Ninety-four per cent reported that assistance was received by the most vulnerable and most in need groups/individuals in their respective communities.

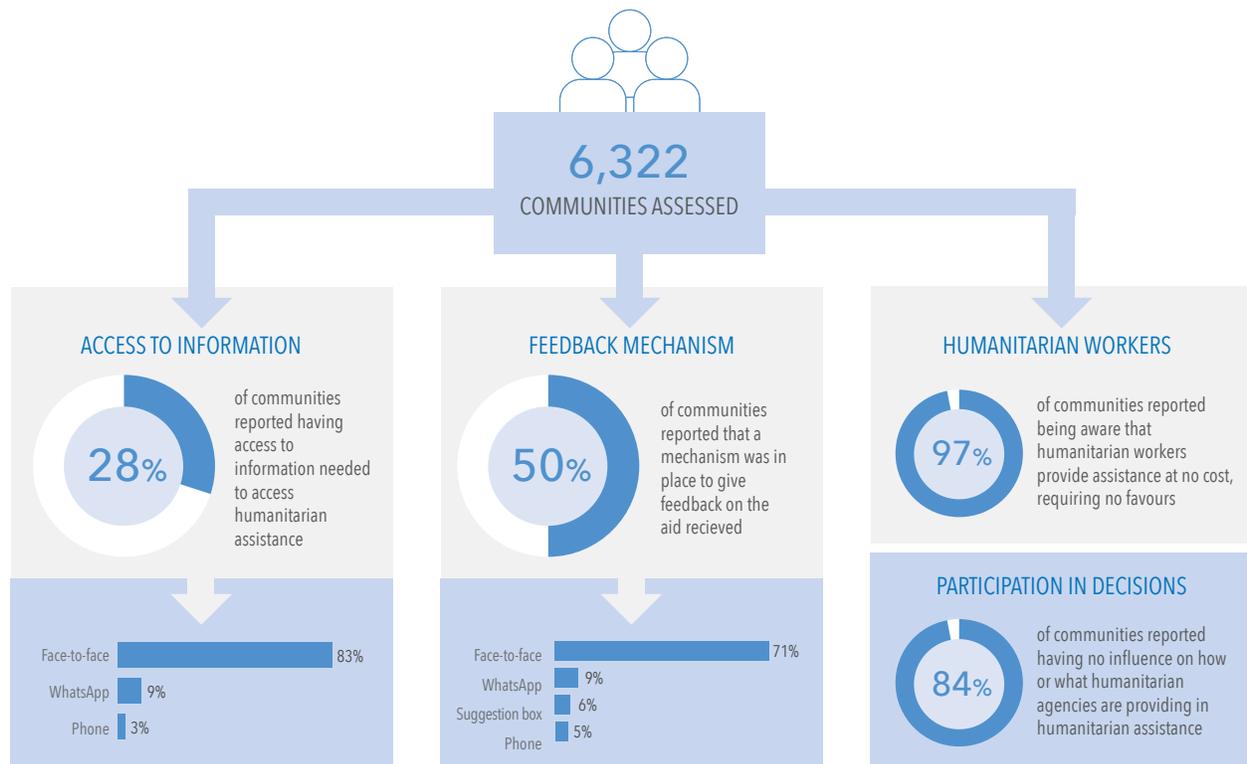
COMMUNITY PERCEPTIONS

RECEIVING ASSISTANCE



Of the 55 per cent of communities that reported receiving assistance, 23 per cent reported that the majority of the community was very satisfied with the assistance received, 60 per cent were partially satisfied, and 17 per cent were not satisfied. In the communities that were not satisfied or partially satisfied with the assistance received, the majority (55 per cent) reported that the assistance was of an insufficient quantity to meet needs.

Furthermore, all 6,322 communities assessed were asked about access to information and preferred ways of communicating with aid providers about community needs or assistance. Overall, 28 per cent of communities indicated that the community has access to full information needed to access assistance. Face-to-face communication was the preferred methods of communication by the majority of communities in Syria.



Approximately 50 per cent of communities indicated that a feedback mechanism was in place that allowed the community to provide feedback to humanitarian organizations about

the assistance received. Where feedback mechanisms were present, 71 per cent indicated that feedback was provided through face-to-face communication.

Prevention of Sexual Exploitation and Abuse

Humanitarian organizations, including through the Inter-Agency Standing Committee (IASC), have agreed that preventing and responding to sexual exploitation and abuse is a priority at all levels of the humanitarian response. In all humanitarian situations, aid workers have control over goods and services and are therefore in a position of substantial power in relation to affected communities. Unequal power dynamics can create risks of exploitation and abuse of affected populations, including sexual exploitation and abuse. Sexual exploitation and abuse, like all forms of GBV, remains chronically under-reported in all crises.

Feedback collected from people in some affected communities suggests that sexual exploitation and abuse is an issue of concern, with respondents indicating that they have been exposed to exploitation and abuse when accessing humanitarian assistance.⁶³ The information gathered indicates that groups such as female-headed households, displaced women, and divorced or widowed women are particularly vulnerable to exploitation and abuse, with the situation likely to be exacerbated as the crisis continues and affected people resort to increasingly negative coping mechanisms.

In the MNSA conducted in 2018, of which 45 per cent of respondents were women, an overwhelming 97 per cent of communities reported that the majority of people in their community were aware that humanitarian workers provide assistance at no cost, requiring no favours. Furthermore, 90 per cent of communities also reported that the majority of people in their community knew that humanitarian workers are responsible for maintaining high standards of behaviour and accountability to affected populations. However, only 23 per cent of communities reported that the majority of community members were very satisfied and 38 per cent were partially satisfied with the way humanitarian workers have behaved in the past three months.

The humanitarian community operating in Syria is working to further strengthen prevention and response to sexual exploitation and abuse across all areas of the response. This includes through prevention of sexual exploitation and abuse networks, training and awareness raising among humanitarian workers, and the roll out of inter-agency community-based complaints mechanisms, which will allow beneficiaries to safely and confidentially report sexual exploitation and abuse concerns using a wide variety of channels.

OUTLOOK FOR

2019

The political landscape in Syria is likely to remain complex and unpredictable throughout 2019. As a consequence, the severe humanitarian situation is anticipated to persist. While the Government of Syria may further consolidate control over parts of Syria, hostilities and insecurity are likely in some areas, notably in Idleb and surrounding areas of north-west Syria and in the north-east. It is anticipated that military operations will continue against any remaining ISIL presence. In north-east Syria, security conditions are likely to remain tense, with continued presence of NSAGs, including the SDF, as well as international armed forces. The increase of Turkey's signals of an operation east of the Euphrates, and the United States announcement of withdrawal from Syria, may result in increased hostilities and shifts in control, further increasing needs and making the operating environment for humanitarian organizations more challenging. Localized tensions, including over control of resources is expected. In other parts of Syria, a measure of relative stability, including in many areas where changes of control have taken place in 2018, is expected to take place although high levels of vulnerability persist in these areas and protection issues will need to be closely monitored.

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The number of IDPs across Syria is likely to remain high. Based on current trends and anticipated contextual developments, it is estimated that up to 1.2 million people may be displaced in 2019 (approximately 100,000 per month). Similar to 2018, the majority of population movements are expected to occur as a result of ongoing hostilities. The scale of displacement is expected to be largely determined by events in Idleb and other areas of north-west Syria, as well as in north-east Syria.

In parallel, 2019 will likely continue to witness spontaneous IDP returns to areas of origin, particularly among those most recently displaced. It is expected that 1.2 million to 1.5 million IDPs may return throughout 2019. This would mark the first year in which the level of return would exceed the level of new displacement since systematic tracking by the humanitarian community began. Self-organized refugee returns from neighbouring host countries are expected to remain low relative to the overall number of refugees but exceed previous years, with an estimated 250,000 refugees returning from Egypt, Iraq, Jordan, Lebanon and Turkey. However, the conditions will likely remain uncondusive for a voluntary, safe, dignified and sustainable repatriation across many parts in Syria.

The sustainability and implementation modalities of the

so-called de-militarized buffer zone delineating NSAG-controlled parts of Idleb and north-west Syria, announced by the Russian Federation and the Government of Turkey on 17 September, remains unclear as of late December 2018. In the coming months, protection of civilians, freedom of movement as well as humanitarian access to the de-militarized zone and other parts of Idleb Governorate and surrounding areas, will remain of utmost concern. Potential operations by Turkey east of the Euphrates River and the announced withdrawal of United States forces from north-east Syria could also have a significant impact on the humanitarian situation in Syria in 2019.

Absent a political solution to the crisis, which is likely to impact recovery and reconstruction in Syria, humanitarian needs are expected to remain high across Syria.⁶⁴ The geographic distribution and severity of humanitarian needs are expected to remain dynamic, with needs typically more acute in areas that witness displacement and hostilities. Meanwhile, in areas of relative stability in Syria, opportunities for socioeconomic and livelihoods activities are expected to emerge, in particular to support the early recovery and resilience needs of the most vulnerable individuals and communities. Overall, socioeconomic conditions are likely to remain a major challenge across Syria in 2019 given high poverty and unemployment rates, the degradation of infrastructure, destruction of housing stock, and the inadequate and uneven access to basic services.

While the access landscape is changing, with relative improvements in many areas, the humanitarian response is expected to continue to face access constraints in some areas. Access and humanitarian response efforts from within Syria are likely to expand but remain challenging, including in other areas. The number of people in need in hard-to-reach areas is likely to decrease but remain significant in 2019, with many communities continuing to face acute humanitarian needs owing to the lack of freedom of movement and regular access to basic services and livelihoods opportunities for the displaced, hosting and returning populations. If 2019 sees an increase in hostilities in north-west and north-east Syria, the trend may change with additional access constraints for humanitarian partners.

As humanitarian needs remain immense, humanitarian actors will continue to advocate for the provision of humanitarian assistance across Syria, regardless of areas of control, and through the most direct routes.

ASSESSMENT METHODOLOGY AND INFORMATION GAPS

This year, humanitarian partners further refined sex-, age-, and disability-disaggregated humanitarian planning estimates (including population figures and data on IDP movements) through the Population and IDP Task Forces. These figures were informed by demographic household-level surveys conducted by humanitarian partners and represent a credible estimate of the population trends in Syria as of August 2018. Household-level assessment methodologies also helped gather more granular information on the needs of key vulnerable groups including IDPs, returnees and host communities.

Furthermore, two multi- inter- sector assessments and approximately 14 sector-specific assessments were conducted to inform the 2019 HNO with the understanding that quality, methodologically sound and independent needs assessments are essential for informed decision-making, as well as a pre-requisite for a credible Humanitarian Needs Overview and Humanitarian Response Plan.

Multi-Sector Needs Assessment

In 2018, a nation-wide, coordinated needs assessment was conducted to complement sector-specific assessments. While sector assessments – where they could be implemented - form the basis of the sector-specific needs identification process, by ensuring needs are identified at a more granular level, the MSNA provides an overall representation of the situation and helps ensure inter-sectoral coherence.

The MSNA is a multi-hub and multi-partner assessment coordinated by UN Office for The Coordination of Humanitarian Affairs (OCHA) to identify humanitarian needs at community level to inform the 2019 HNO. The assessment was conducted by 39 partners in 6,322 communities between July and August 2018, using interviews with community focal points undertaken at community level. Data was collected from as wide a range of community focal points as possible, and included local authorities, male and female community leaders, older men and women, health staff, teachers and educational personnel, traders and other humanitarian agencies. Special efforts were made to interview people less easily accessed but often at additional risk, such as persons with permanent disabilities, women, older people, and housebound individuals.

Overall, more than 95,000 interviews were conducted, of which 99 per cent comprised in-person face-to-face interviews. This year, 45 per cent of interviews were conducted with female community focal points. This is a marked improvement compared to previous years (26 per cent in 2017 and 9 per cent in 2016). Certain sectors, notably Protection

adopted a tool in line with the sector specific assessment of 2018 that further emphasized age, gender and diversity considerations and provided some comparative analysis across different population groups.

The 2018 MSNA builds on lessons learned from the 2013 Syria Integrated Needs Assessment (SINA), 2014 MSNA, the 2015 Whole of Syria Assessment (WoSA), 2016 inter-sector and multi-sector assessment, and the 2017 MSNA as well as assessments conducted by REACH and other partners. Six years of joint, coordinated needs assessments have resulted in improved geographical coverage and more granular data, as well as mature data collection initiatives that provide monthly updates on humanitarian developments to inform the response. This has also led to technological enhancements in data collection and analysis techniques. Furthermore, capacity building initiatives have augmented the capabilities of existing data collection partners, particularly Syrian NGOs, improving data quality in some sectors.

Inter-Sector Household Level Survey

The MSNA was complemented with inter-sector questions included in the two WASH household-level surveys conducted to inform a better understanding of the specific needs and vulnerabilities of population types. One of the surveys focused on IDP camps and informal settlements. The household level assessments were conducted in mid-2018 across all 14 governorates in Syria. One of the surveys focused on IDP camps and informal settlements in north-west and north-east Syria. Overall, 24,600 households from 265

sub-districts across Syria were interviewed, as well as 1,950 households from 156 camps and 100 collective centres in northern Syria.

Sector-specific Assessments

To inform the 2019 HNO through sector-specific assessments, all sectors requested agreement from the Government of Syria to be able to engage with partners in the exercise. Authorisations were only granted for two sectors (food security and health). This has meant that, in some sectors, the diversity, quality and granularity of data sources to conduct analysis has been slightly diminished compared with previous years and that many had to rely on only MSNA data for their analysis. Several sectors have continued to pursue a dialogue with their respective Line Ministries to reach an agreement allowing for the implementation of sector assessments, while maintaining independence and integrity in the process, including in data collection and analysis. This process, where successfully concluded, may lead to the running of sector assessments during the course of 2019 to inform the mid-year review of the 2019 HRP or the future 2020 HNO.

Sector-specific assessments and data sources informing the findings of the 2019 HNO include:

SECTOR ASSESSMENTS INFORMING THE 2019 HNO

CCCM	MSNA IDP Sites Integrated Monitoring Matrix (ISIMM) ISIMM Plus IDP Tracking, including the IDP Situation Monitoring Initiative (ISMI) project (REACH)
Education	MSNA Educational Management Information System (EMIS) Assistance Coordination Unit (ACU) Education Assessment REACH education assessment MRM4Syria (Attacks on Education) Humanitarian Needs Assessment Programme Secondary Data Review (SDR) of other existing reports
ERL	MSNA Mapping of Vocational Training System Contextual Analysis Reports Employment and Livelihood Support in Syria (Syrian Economic Sciences Society/SES) Syria Confronting Fragmentation – Impact of Syrian Crisis (Syrian Center for Policy Research)
Food Security	Food Security and Livelihood Assessment Price Monitoring Reports Crop and Food Security Assessment Mission (CFSAM) MSNA Contextual Analysis Reports
Health	Health Resources and Services Availability Monitoring System HeRAMS. Early Warning Alert and Response EWARS/ EWARN. Surveillance System of Attacks on Healthcare. 4Ws and agency Key Performance Indicators KPI reports. Multi-Sectorial Needs Assessment MSNA Population and IDP task force periodic reports More than 40 health assessments and surveys conducted by WHO, Inter-Agency missions, and health partners across all regions of the country.

Shelter & NFI	MSNA Household and community-level assessment (REACH)
Nutrition	SMART Survey Nutrition Surveillance System Food consumption score (FSL household-level Assessment) MSNA
Protection	MSNA (countrywide) Sector-led Focus Group Discussions (areas outside the control of the Government of Syria) Protection Monitoring (in north-west Syria) Program reports GBV (across Syria in areas controlled by the Government of Syria) MRM4Syria (Child Protection) UNHCR mission reports analysis Household-level assessment (limited to Civil documentation and HLP in north-west and north-east Syria)
WASH	Household-level assessment (country-wide) Household-level assessment in IDP last resort camps, sites, and collective centres in north-west and north-east Syria

Information Gaps

While progress continues to be made compared to previous years, increased advocacy efforts are needed to sustain efforts to provide an independent and impartial picture of the humanitarian needs in Syria. The humanitarian community is facing challenges in its ability to conduct independent assessments and ensure a needs-based approach to the delivery of humanitarian assistance inside Syria. Going forward, our ability to obtain reliable assessment data – from organizations that work both from within Syria in coordination with government line ministries, and cross-border actors, as authorized by relevant Security Council resolutions – will remain critical to providing an independent and impartial picture of humanitarian needs in Syria.

PART II:

NEEDS OVERVIEWS

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PROTECTION*

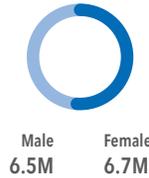
NUMBER OF PEOPLE IN NEED



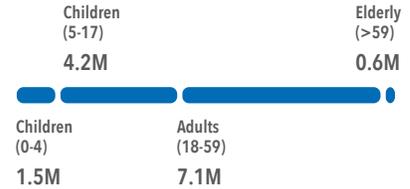
KEY MESSAGES

- Increasingly complex and inter-linked protection needs continue to exist across Syria, resulting from a variety of situations ranging from direct exposure to hostilities, displacement, conditions in sites/collective shelters and protracted displacement.
- IDP returns are increasingly reported, and they may not always be safe, due to a high level of explosive hazard contamination, fully voluntary or dignified. Overall, the process of return adds an additional layer of needs to be addressed and does not always represent a durable solution.
- The protracted displacement crisis has led to a steady erosion of coping mechanisms of individuals and communities. Concerted efforts are still needed to promote a safer and more inclusive humanitarian response and focus on durable solutions in areas of origin, displacement or elsewhere.
- GBV continues to be pervasive in the lives of women and girls both inside and outside their homes, with adolescent girls bearing the brunt of the crisis. GBV also continues to be pervasive in the lives of older people at family and community level, as well as at an institutional level.
- The scale, severity, and complexity of the explosive hazard threat remains a major protection concern across Syria, compounding civilian vulnerability in at-risk areas and endangering or limiting access to humanitarian assistance. The physical threat from explosive hazard contamination cannot be mitigated until comprehensive action is taken to reduce the risks.
- Multiple and complex child protection risks continue to shape the lives of girls and boys throughout Syria. Continuous displacement, exposure to violence, deepening poverty and the persistent challenges in access and availability to services are taking a huge toll on children. Grave child rights violations remain a critical concern.

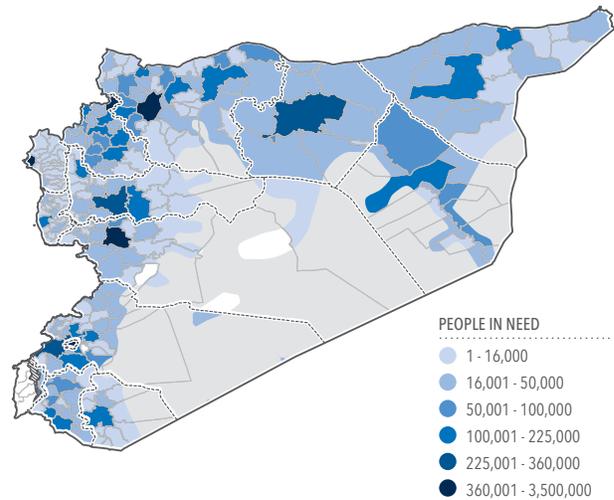
BY SEX



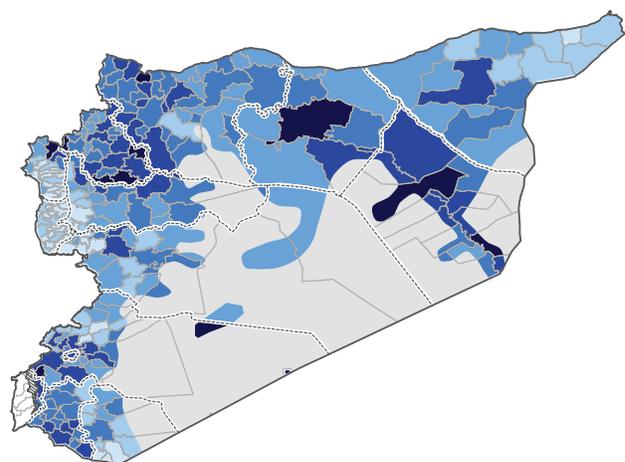
BY AGE



DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



* The Government of Syria has expressed reservations regarding the overall findings of the HNO.

OVERVIEW

Protection issues and needs in Syria remain prevalent and continue to affect all population groups. The protracted nature of the crisis has led to the emergence of increasingly complex and inter-connected protection issues and needs, in a continuously evolving environment. While the overall protection situation remains dire, protection needs are varied across different areas of the country as the situation on the ground has evolved. In some areas of Syria, particularly the north-west and north-east, the civilian population is still exposed to hostilities, leading to civilian casualties and forced displacements as people seek safety. The prolonged and widespread use of a range of weaponry has left behind a range of explosive hazards, each posing their own risks. In a number of locations across the country, IDPs still live in sites or collective accommodations, sometimes subjected to security screening procedures and deprived of freedom of movement, while also facing obstacles in accessing services, livelihood opportunities and dignified living conditions. Numerous situations of protracted displacement are reported, including in areas enjoying relative stability, with families living in sub-standard conditions and struggling to find resilience mechanisms. As a result, recourse to harmful coping mechanisms (including child labour, child recruitment, different forms of exploitation and child/early marriage) is a persisting trend. Finally, the current and constantly increasing scale of IDP returns, adds an additional layer of needs that should be taken into account, not least in the fields of civil documentation and HLP.

Together with residual situations of direct exposure to hostilities and forced displacement, the protection environment in Syria should also be understood in relation to the impact of eight consecutive years of crisis. In addition to physical destruction, the protracted displacement has contributed to a steady erosion of coping mechanisms of individuals and communities, generated high levels of psychological distress, disrupted the availability of support services to the most vulnerable populations, and has put a major strain on in the everyday lives of communities and on community support structures. Despite a continued increase in the number protection interventions in Syria over the course of the crisis, the scale and complexity of protection needs remains a major challenge to the sector, in a context where access and operational constraints are still present. Capacities of protection actors remain insufficient in certain domains and locations.

The following sector analysis relies on quantitative data collected through the Multi-Sectoral Needs Assessment (2018 MSNA), in the absence of a sector-led assessment conducted by protection partners which is not yet authorized within Syria.⁶⁵ Findings are complemented by other qualitative sources available to the sector, which include consultations with affected populations (Focus Group Discussions and Household interviews) protection monitoring initiatives in areas served by cross border actors and reviews of mission reports and regular feedback from field missions and

operations by the Damascus-based protection-mandated agencies. Sources used for this analysis remain perceptual in nature and should therefore be interpreted as such.

ANALYSIS OF HUMANITARIAN NEEDS

According to the findings of the available assessments, the protection environment in Syria remains characterized by the occurrence of several critical protection issues, with varying frequency of occurrence across locations and population groups, as well as some constant patterns. In 48 per cent of assessed communities the occurrence of at least four protection issues was reported by the consulted population. In parallel, qualitative protection sources provide critical indications on how different protection issues are inter-linked.⁶⁶

Inter-linkages of civil documentation, HLP and freedom of movement

Civil documentation, HLP issues and freedom of movement remain major and countrywide protection issues, which were reported by respondents as occurring in 59 per cent, 47 per cent and 46 per cent of assessed communities respectively.⁶⁷ According to qualitative sources, the incidence of these protection issues may be even higher.⁶⁸ The occurrence of these issues derives directly from the effects of hostilities and forced displacement, which remain the main drivers of the protection crisis in Syria.

"Concerns regarding approaching authority" were the most frequently reported reason for the lack/loss of civil documentation.⁶⁹ This is a possible consequence of cases of families reporting challenges in seeking official documentation while residing in areas outside Government control, the result of shifting lines of control, as well as policies of confiscation of personal documentation in IDP sites in the northeast. Additional causes identified were the loss of personal documentation and instances when documents were "left behind when fleeing".⁷⁰ The unavailability of institutions delivering official documentation, including due to destruction, as well as the affordability of procedures also emerged, both through the 2018 MSNA and in field consultations. Lack/loss of civil documentation continues to be described as a protection issue affecting all population groups, with a higher prevalence among female respondents.⁷¹ As mentioned below, lack/loss of civil documentation compounds a series of existing protection risks and vulnerabilities in terms of freedom of movement and HLP transactions. It also hinders the registration of vital events and constitutes an additional challenge to accessing services and humanitarian assistance.

According to the sources used in the analysis, restrictions on freedom of movement appear to derive from a variety of causes, many of which are inter-connected, in particular checkpoints, cited by respondents in 89 per cent of assessed communities reporting freedom of movement restrictions

as occurring; lack of civil documentation (79 per cent); rules imposed by parties in control of territory (78 per cent) and screening procedures (78 per cent).⁷² Secondary data sources corroborate these trends.⁷³ Movement restrictions are described as particularly affecting people without civil documentation, as well as men and boys, a situation likely deriving from the overall security situation in different areas of the country. Qualitative sources also indicate how restricting movements is a prevailing coping mechanism in volatile security environments, especially for women and girls.

Regarding HLP issues, disputed ownership is described as a major concern, reported by 61 per cent of the respondents in the assessed communities where HLP concerns were identified.⁷⁴ Qualitative sources illustrate how HLP issues arise when shifts of control occur and also emphasize the complexity in finding available remedies, especially when lack/loss of civil documentation is also reported.⁷⁵ Additional concerns emerged in several parts of the country, where the secondary occupation of vacant properties is considered as an emergency solution for the newly displaced population. Civil documentation and HLP-related needs are likely to increase in areas witnessing returns and/or shifts in control.

Constant strain on coping mechanisms

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Coping mechanisms of individuals and communities continue to be increasingly affected by the protracted crisis and its far-reaching impact on the social fabric of Syria. This has a particular impact on children, with a high occurrence of child labour preventing school attendance and early marriage, both identified as coping mechanisms in 80 per cent and

in 45 per cent of assessed communities respectively.^{76 77} Qualitative sources also indicate that these harmful coping mechanisms are major sources of concern for children.⁷⁸ Reliance on humanitarian assistance remains a significant coping mechanism, reported in 45 per cent of assessed communities, and reinforced by the analysis of secondary sources.⁷⁹ Meanwhile, the lack/loss of civil documentation continues to affect access to basic services, as well as access to humanitarian assistance. The request of civil documentation as a specific concern emerged in the overwhelming majority of assessed communities where concerns related to humanitarian assistance were identified.⁸⁰ This in turn indicates that more efforts are needed by humanitarian actors and responsible authorities to deliver humanitarian assistance in an inclusive way.

Disproportionate impact of gender-based violence on women and girls

Assessments indicated that GBV, particularly sexual harassment, early/forced marriage and domestic violence (including intimate partner violence and other forms of family violence against women and girls) continue to pervade the lives of women and girls in Syria inside and outside the home, resulting in very few spaces where women and girls

feel safe. The length of the crisis and deep-rooted social norms, in conjunction with mounting lawlessness in some areas, are normalising this violence, severely affecting the detrimental psychosocial wellbeing and continued erosion of women's and girls' rights. The fear of sexual harassment, including on the way to school, in the market, and at distribution sites, as well as sexual violence, often associated with kidnapping, is a concern raised by consulted women and girls and contributes to psychosocial stress and limits their movements. Additionally, various means of technology, such as texting and social media, are used to sexually harass and facilitate early/forced marriages. The restriction on freedom of movement of women and girls also inhibits their access to services, humanitarian aid and ultimately curtails their rights, with women who have experienced divorce and widowhood, as well as adolescent girls disproportionately impacted. The shame and stigma surrounding sexual violence means that survivors often do not talk about violence when it happens. Families arrange marriages for girls, believing it will protect them and ease the financial burden on the family. Girls are reportedly being married younger, with early/forced marriage - sometimes involving girls of 10 or 11 years old - framed as a protective coping strategy. The socioeconomic situation, lack of livelihood opportunities, and increased poverty are ultimately exposing women and girls to higher risks of all forms of violence, including sexual exploitation and abuse.

Adolescent girls and young girls can experience sexual harassment and violence in a range of situations, including when working on the land/farm, in shops, and in instances when affected by child recruitment. Household-level gender roles continue to change, with negative implications within families and communities. Although women have more responsibility, this does not infer authority. Women have taken on additional roles traditionally associated with men, including as heads of households and principal breadwinners. This contributes to increased pressure and stress for women to provide for their families as they juggle commitments within the home and workplace. Consequently, they are exposed to increased risks of violence against them within the family and at their workplace. Where GBV services exist, women and girls have confirmed that they have a positive impact on their lives, with Women and Girls Safe Spaces serving as a place to seek safety and to receive essential life-saving services (health, psychosocial and legal support) and other needed services (e.g. vocational and skill training).

Mine Action

One in two people in Syria live at risk of explosive hazards. Based on current population estimates, 10.2 million men, women, boys, and girls live in the 1,980 communities reporting explosive hazard contamination in the last two years.⁸¹ These communities are spread throughout the country and correlate to areas that have seen the most explosive incidents over the past 12 months. The impact of explosive hazards on communities is immediate and devastating, with the loss of community members, an

increased number of people with permanent injuries and loss of access to properties, basic services and livelihoods. It also prevents the safe delivery of humanitarian assistance, affects population movement and limits the scope for recovery and reconstruction efforts. A wide range of infrastructure, such as private property, schools, hospitals, markets, agricultural land, water and sanitation systems, and roads may be blocked by explosive hazards, impeding access to education, health services, marketplaces, safe livelihood opportunities and WASH services. Respondents in the assessed communities reported that agricultural land, roads, private property were the most contaminated, followed by other public infrastructure, schools, and hospitals.⁸² Provision of risk awareness on these hazards is crucial to providing civilians with basic safety messages to reduce the daily risks posed by contamination. The survey of suspected hazardous areas, followed by the marking and clearance of located items is the only way to remove the perceived and confirmed threats.

Explosive hazard accidents can result in serious injury and death, leading to long-term physical and psychological trauma for survivors and their families. Based on available data from where collection has been possible, on average 1.5 people are killed and two are injured in explosive hazards accidents, with approximately one in three survivors suffering at least one limb amputation.⁸³ The number of casualties from explosive

accidents has steadily increased the burden on the health sector, particularly with regards the provision of specialized services including trauma care, physical rehabilitation, and psychosocial support in the short and long-term. In addition to physical and psychological impacts, explosive hazard contamination can have severe socioeconomic implications on families and communities, depriving them of livelihoods and sources of income, increasing overall vulnerabilities.

While all population groups are vulnerable to the threat of explosive hazards, certain groups are at a higher risk in correlation with gender and age, as well as social roles and responsibilities, with children at particular risk. Consistent with previous findings, farming, herding, moving or travelling, tampering or playing with items, and rubble removal were reported to be the most at-risk behaviours or activities by communities reporting deaths or injuries from explosive hazards.⁸⁴

The scale of the explosive hazard threat in Syria is not yet fully known and the prevention and mitigation measures to reduce the impact of the contamination on civilians need to be comprehensive and large-scale, through the conduct of surveys, marking of dangerous areas, removal of hazards and risk awareness. Greater support is also required to support survivors and their families.

EXPLOSIVE HAZARDS IN SYRIA - ACCIDENTS AND SURVIVORS



Child protection

Children throughout Syria continue to face pervasive violence and a range of protection risks. Grave child rights violations remain a significant concern, including in areas where hostilities have declined, with children at risk of being killed and injured, recruitment and use in hostilities, torture, detention, abduction, sexual violence, attacks on schools and hospitals and denial of humanitarian access by parties to the conflict. During the first nine months of 2018, the

UN verified 2,354 such violations against children, in 13 of 14 governorates in Syria, highlighting persistent trends of violence though not the full scope of protection concerns affecting children.^{85 86} This included over 1,300 verified incidents of killing or injuring of children.⁸⁷ Respondents in assessed communities reporting explosive hazard contamination in Syria identify adolescent boys and pre-adolescent boys as the groups most at risk of death or injury from accidents, with incidents reported while children were playing or going to school.⁸⁸

The ongoing or recurrent environment of hostilities experienced by many boys and girls over the past seven years has profoundly affected their psychosocial well-being – weakening their sense of security, purpose, control and significance, or exercising social agency, and causing profound distress. Many are without civil documentation to prove their identity, access basic services and safeguard their rights. It is estimated that over 2.6 million children remain displaced and separation from caregivers is a reported child protection issue in all 14 governorates of Syria putting children at risk of exploitation, abuse or neglect.⁸⁹ Events leading to family separation indicate how related protection and child protection issues increase the vulnerability of affected boys and girls, with death or disappearance of caregivers, disappearance of children, separation due to displacement or active hostilities, child marriage and child recruitment among cited reasons for family separations.⁹⁰ Respondents in those assessed communities where discrimination in the delivery of humanitarian assistance emerged, identified unaccompanied girls as the most likely group to face such discrimination.⁹¹

The crisis and its impact on children and families have fuelled harmful coping mechanisms such as child labour, early marriage and child recruitment, putting adolescent boys and girls at particular risk, while straining the capacities of families and communities to protect children. Child labour is reported to occur across all 14 governorates of Syria.⁹² Child labour interferes with children's schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely, or requiring them to attempt to combine school attendance with excessively long and heavy work.

Child marriage is reported in 12 out of 14 governorates, mainly affecting adolescent girls, though adolescent boys are also at risk.⁹³ Girls and boys are married early as a household harmful coping strategy to “mitigate” protection risks and to respond to the worsening economic situation of families.

Recruitment of children, particularly adolescent boys, by all parties to the conflict continues to be reported in 12 of 14 governorates of Syria and the use of children by fighting parties has become increasingly normalized.⁹⁴ In the first nine months of 2018, the Syria MRM verified 631 incidents of recruitment and use of children (8 per cent boys), with 92 per cent used in combat roles, and around a quarter under the age of 15.⁹⁵ Payment of stipends and material incentives, family and community influence, as well as the need for protection, survival, desire for revenge, status and identity, and intimidation are cited as push and pull factors of recruitment and re-recruitment.

AFFECTED POPULATION

Data disaggregation by age and gender enabled a better understanding of which population groups are affected and how.⁹⁶ This analysis is necessary to inform programming

and target the most vulnerable and should therefore be conducted for each protection issue examined. According to the quantitative and qualitative information, while certain protection issues and needs seem to be reported across all population groups (e.g. civil documentation needs, family separation), others affect particular groups in different ways.

Girls and boys of all ages still face violence in multiple life situations: at home, at school, at work and in the community. Adolescence, in particular, is a time when exposure to new forms of violence increases. Adolescent boys are more likely to be killed and injured, detained and recruited by fighting parties or to be involved in child labour, while girls are increasingly at risk of being recruited and used in some locations. Adolescent girls are particularly at risk of early marriage and other forms of GBV, including sexual violence. As is the case globally, women and girls are disproportionately affected by all forms of GBV in Syria, in both the public and private spheres. In addition, women who have experienced divorce and widowhood and women and girls with disabilities continue to be exposed to stigmatisation and discrimination, as well as forced marriages. They also face specific challenges in accessing assistance (feelings of shame and risks of sexual harassment). Boys are also understood to be at risk of sexual violence. Men are particularly affected by restrictions of freedom of movement and forms of violence directly associated to the conduct of hostilities (e.g. detention, recruitment). Qualitative sources indicate that during situations of hostilities and displacement, persons with disabilities are at increased risk of separation from their families or carers, or the assistive products which support their independence. Relocation to a new environment can impede dignified access to basic services. In particular, girls and boys with disabilities are often at heightened risk of forms of violence, abuse, neglect or exploitation. Many struggle against marginalisation, stigma and discrimination. Despite the known vulnerabilities of children with disabilities, their needs may not be adequately taken into account in humanitarian assistance programmes and they face barriers in accessing much needed support.

Older people, in particular women, also have specific Protection needs, including in accessing services, in securing personal documentation, and in reuniting with family members. In addition, older people may have lost their traditional capacity to provide appropriate care to their family members, with the absence of any systematic physical, psychological or social support.

Groups identified as most vulnerable to explosive hazards are primarily: farmers and herders due to their likely exposure to the reportedly highest contaminated areas; children due to lack of awareness around such risks; rubble removers and construction workers, who can come across

explosives hazards in areas previously affected by hostilities; and people on the move, including IDPs and returnees, who unwittingly stray into hazardous areas. As people return to areas they previously fled, explosive hazards remain a risk, contributing to an increasing burden of disability. In the MSNA 2018, among the number of community sources reporting victims of explosive hazards in their communities, 44 per cent have identified children (boys and girls under 18) to be the primary victims (69 per cent of respondents identified boys as most at risk). Overall, men and boys emerged as the most vulnerable to explosive hazard risks.⁹⁷ Women, adolescent girls and girls are also considered to be at risk, while also being the most affected by the indirect impact of the contamination, such as through the loss of family members, the loss of incomes for the family and of livelihood opportunities.⁹⁸ Based on available data from where collection has been possible, 95 per cent of victims of explosive hazards have reportedly never received risk education on explosive hazards.⁹⁹

A high level of destruction in Palestine refugee camps and gatherings will see ongoing needs for this population in relation to shelter and HLP issues while also restricting the possibility of IDP and return movements. While all Palestine refugees are impacted, it is believed that those facing long-term displacement and those whose movements are restricted will face increased vulnerability to a variety of protection risks, including lack/loss of civil documentation, psychosocial distress, exposure to explosive hazards, GBV, exclusion, discrimination and abuse.

Another layer of analysis derives from comparing responses provided by male and female respondents in the MSNA exercise.¹⁰⁰ For example, the analysis indicated how “discrimination/exclusion” is a primary concern for female respondents in relation to the delivery of humanitarian assistance far more frequently than for men (83 per cent of female respondents in assessed communities where concerns in the delivery of humanitarian assistance were reported as opposed to 37 per cent for male respondents).

TOP REASONS FOR NOT HAVING CIVIL DOCUMENTATION

	Could not afford it
	Challenges with approaching authority
	Lost
	Government of Syria services are not available
	Confiscation
	Left behind when fleeing
	Expired

CONSEQUENCES OF NOT HAVING CIVIL DOCUMENTATION

	Cannot register vital life events
	A top HLP concern
	Main concern during delivery of humanitarian assistance
	Top cause for movement restrictions
	A barrier to basic services
	Can be a stumbling block to employment

Syria decrease, the CCCM cluster has actively promoted the establishment of new reception centres for sudden displacements in Idleb and northern Aleppo governorates. These centres have hosted 42,034 IDPs since September 2017.

ANALYSIS OF HUMANITARIAN NEEDS

The CCCM cluster members actively track displacement in north-west Syria, thanks to information provided by humanitarian actors working on the ground and through the ISMI. In 2018, this focus of CCCM cluster’s displacement tracking activities concentrated on the north-west of the country, which witnessed more than 1 million population movements since the last HNO, with many of these movements indicating the presence of IDPs that had been displaced multiple times. On average, the cluster tracked over 96,000 monthly population movements compared to 82,000 in 2017 and 40,000 in 2016 in north-west Syria. The main causes of these displacements were renewed military offensives in Idleb, Aleppo and Hama governorates (particularly in September-December 2017). Arrivals were also reported from Ar-Raqqa and Deir-ez-Zor governorates. Cross-line displacements following local ceasefire agreements and intense hostilities have also caused large movements of people to and within north-west Syria.

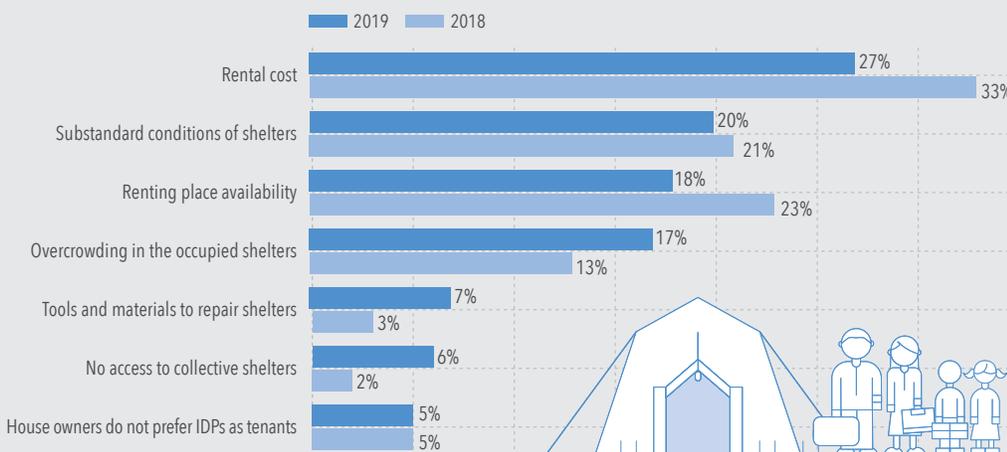
The CCCM cluster is activated in north-west Syria only, where it coordinates the response in 325 sites, including 289 informal settlements, 10 collective centres, 22 planned camps and four reception centres. These sites in north-west Syria, regularly monitored through the ISIMM, host 426,353 IDPs as of November 2018. Basic multi-sectoral life-saving assistance is provided to IDPs living in these sites through humanitarian actors. However, the cluster continues to monitor significant gaps in the response across all sites in north-west Syria. An

estimated 34 per cent of the sites’ population, for example, cannot receive minimum food assistance on a monthly basis. Approximately 25 and 26 per cent of the population in sites, do not receive adequate shelter and NFI assistance, respectively. Challenges also persist in sanitation, waste removal and water (15 per cent of the population).

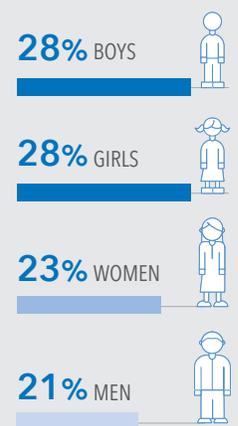
A large proportion of IDP sites in Syria are informal settlements, also known as “spontaneous” or “self-established” camps. These usually consist of groups of tents or other shelters that were set up by the IDPs themselves or other actors. Crucially, these sites are not managed by anyone and often have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

Collective centres consist of buildings – usually public buildings, factories or others – that are used to host five or more IDP families. After host communities, these centres play the role of the first recipients of the newly displaced IDPs within a community, which is particularly important considering the reduced capacity of local communities to host IDPs. Recent assessments indicate that a vast majority of these centres (93 per cent) consist of residential buildings, with business buildings (3 per cent) and schools (2 per cent) used in a smaller number of cases. The remaining building types include factories, warehouses, municipal or religious buildings (including mosques).¹⁰⁵

CHANGES IN CHALLENGES TO ACCESS SHELTER (2018 AND 2019)



IDP SITES POPULATION IN NORTH-WEST SYRIA, BY SEX AND AGE



Source: MSNA, 2018

It should also be noted that, while the number of sites decreased from 346 in 2017 to 325 in 2018, this should not be interpreted as an improvement in the overall situation. On the contrary, many sites were closed due to shifting frontlines in the south of Idleb Governorate, while the overall IDP population in north-west Syria sheltering in IDP sites actually increased by 18 per cent from 362,527 to 428,138 individuals. A space availability exercise conducted between April and July identified an increase of 120 per cent in the number of shelters within three communities in Dana Sub-district in northern Idleb alone. In short, IDP sites are growing larger and facing additional pressures in ensuring the delivery of life-saving assistance and basic services in line with humanitarian standards to all displaced individuals.

A comparison with the findings of the 2018 HNO shows a decrease in reports indicating rent cost or availability as a challenge faced by IDPs in accessing shelters, which nonetheless remain the main factors, along with substandard shelter conditions. However, an increase was noted in reports indicating overcrowding and lack of access to collective shelters as challenges in accessing shelter.

AFFECTED POPULATION

58

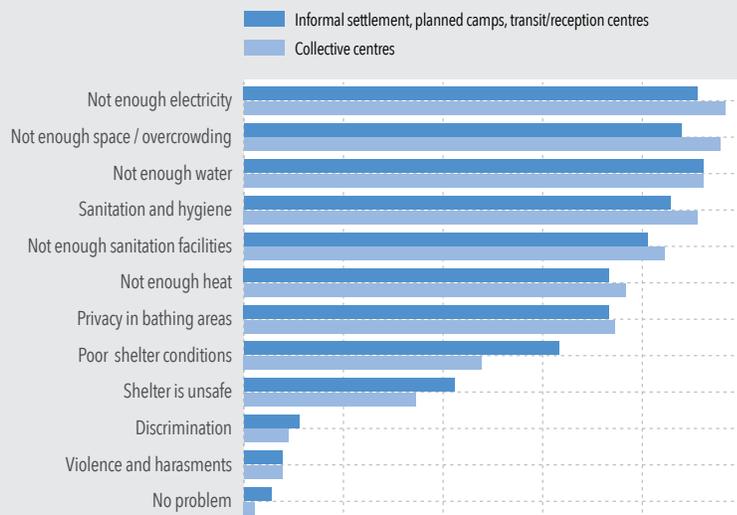
While IDPs living in collective centres reside within permanent structures, they often face significant challenges in accessing basic services. In particular, communities reported insufficient water and electricity provision, overcrowding, sanitation and hygiene issues, including insufficient facilities for these purposes as well as a lack of heating and privacy and generally poor shelter conditions. With the exception of shelter conditions and safety, the same challenges were

also reported for IDPs living in other types of sites. These are key concerns that have important consequences on the protection environment, particularly for women and girls. Among community focal points interviewed for the MSNA, the issue of overcrowding was more reported by women and persons between 51 and 65 years old across all types of IDP sites. The latter group also reported extensively on issues such as privacy and lack of heating, with particular gaps in shelter safety and poor shelter conditions in sites other than collective centres. However, shelter safety, along with discrimination and violence/harassment, are generally reported across all types of IDP sites.

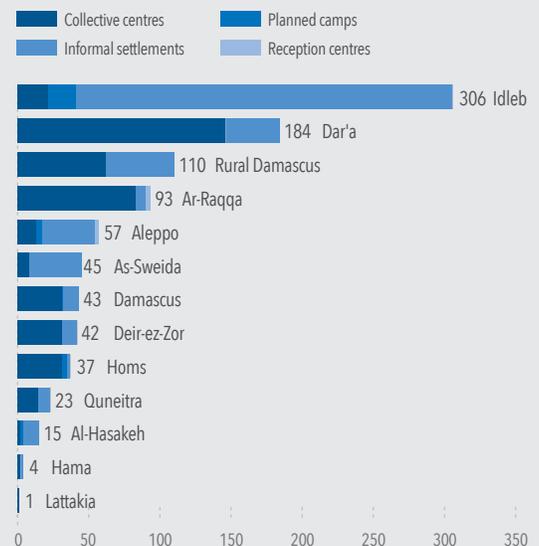
During the past year, IDP sites in north-west Syria have had to quickly adapt to new arrivals and developments on the ground, in turn witnessing a significant increase in population numbers. As of the end of 2018 the overall population of IDPs in sites in north-west Syria reached 428,138 IDPs while the CCCM cluster had tracked 272,193 new displacements into the camps since September 2017. A total of 76 new sites were registered with CCCM, including 12 in Aleppo and 64 in Idleb governorates.

The CCCM cluster collected detailed information on IDP sites through ISIMM Plus in December 2017, April 2018 and August 2018. Throughout the 325 IDP sites in north-west Syria, children compile 51 per cent of the population, or about 219,496 individuals. In IDP sites in Idleb and Aleppo, the cluster tracked 1,401 female-headed and 466 child-headed households. Furthermore, there are 1,573 acute or chronically ill people, 1,620 elderly persons, 1,451 persons with physical disabilities, 389 persons with mental disabilities and 76 separated children in need of assistance.

CHALLENGES IN IDP SITES



REPORTED IDP SITES IN SYRIA



Source: MSNA, 2018

EARLY RECOVERY AND LIVELIHOODS

NUMBER OF PEOPLE IN NEED



KEY MESSAGES

- Some 8.7 million people are estimated to be in need of early recovery and livelihood support.
- Around half of the population has access to less than 12 hours of electricity each day.
- Over half of potential members of the workforce are without access to sustained employment.

OVERVIEW

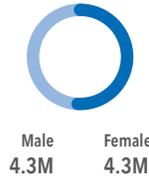
Almost eight years of crisis in large parts of Syria have continued to erode the socioeconomic foundations of the Syrian people, thereby affecting their ability to sustain adequate standards of living, seek decent livelihood opportunities, and access social services and essential infrastructure. This, in turn, has led to further strains on social cohesion and community security, as well as stresses affecting the social capital of Syrian communities. The combination of these factors has contributed to lowering the capacity of households and communities to cope with internal and external shocks, keeping their resilience under constant pressure.

The state of disrepair in which basic infrastructure lies after years of destruction continues to plague the prospects of a resumption of economic activities, mounting and deepening the poverty trap in which the affected population finds itself. 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. Against this backdrop, the UN assessment, conducted through various sources, indicates there are at least 8.6 million Syrians in acute need of early recovery and livelihoods support.

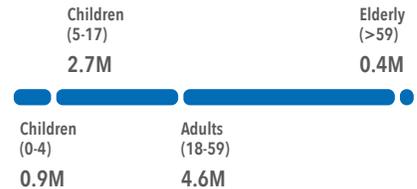
ANALYSIS OF HUMANITARIAN NEEDS

The sector's analysis of humanitarian needs focuses on three inter-related themes: basic social services and infrastructure, livelihoods, and community security and infrastructure.

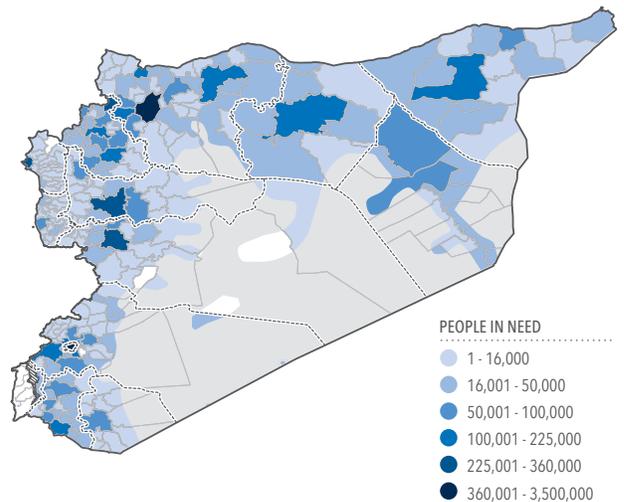
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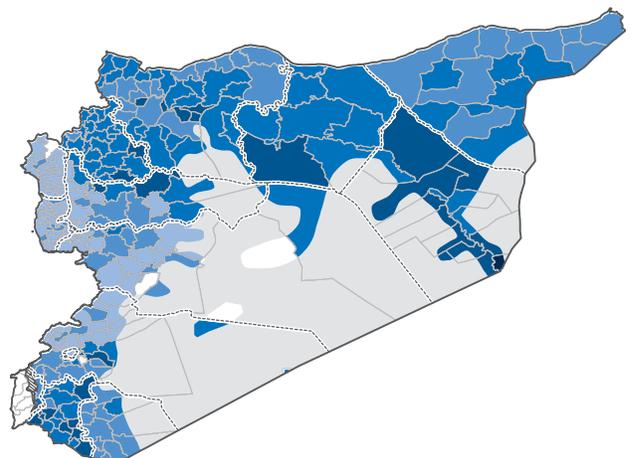
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DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



Basic Social Services and Infrastructure

According to the UN partners survey conducted in 2018, reliable access to electricity – a key input for standards of living and productivity – remains low. On average, around half the population has access to less than 12 hours of electricity each day.¹⁰⁶ The lack of electricity has had harmful impacts across sectors, including the provision of clean drinking water and essential health services, as well as promoting a sense of security at night in shared social spaces. It is estimated that approximately 3.4 million people require humanitarian assistance to make their houses habitable, notwithstanding the needs for the resumption of basic services such as water, energy, sewerage and solid waste management. Rubble clearance in newly accessible areas remains a challenge for the resumption of services and shelter recovery. The health, education and WASH infrastructure is in critical need of attention to facilitate socioeconomic recovery and addressing the needs of 6.2 million IDPs and the likely spontaneous refugee returnees.

Livelihoods

60

According to 2015 estimates, over 83 per cent of Syrians lived below the poverty line, while more recent indications suggest that it has worsened since.^{107 108} Out of around 4.9 million potential members of the workforce (between 18 and 65 years of age), over half are without access to sustained employment, exacerbated by a severe lack of opportunities to attain employable skills and working capital.¹⁰⁹ As a result, youth may resort to harmful coping strategies such as joining extremist armed groups, crime, trafficking, etc.

Social Cohesion and Community Security

The prolonged crisis and mass displacement of populations away from their areas of origin continues to put strain on the country's social fabric. The presence of IDPs in host communities increases the stress on social services and physical spaces inside homes, leading to potential rupture in the social fabric.¹¹⁰ The situation is likely to further deteriorate in the event of a large number of people returning from abroad. Syrians returning to their places of origin after prolonged displacement have found it hard to resume life due to the loss of essential documents. The breakdown of formal and informal institutional mechanisms for dispute resolution has translated into considerable protection risks, if alternate mechanisms or facilitation services are not available.¹¹¹

AFFECTED POPULATION

The sector has a clear evidence-base to ensure the inclusion of the most vulnerable sections of the population in its strategy, identified jointly by humanitarian sectors. Prioritisation criteria based on status, severity and access, will support the sector in identifying the most vulnerable groups such as female-headed households, adolescents, persons with disabilities, youth, etc.

Vulnerabilities can be attributed to various factors affecting the respective section of the population. These include, among others, physical profile (disability), age (the children and the elderly), gender, poverty, displacement (IDPs, refugees and hosts), barriers to market access (physical and socio-political), ethnic, and others. The context analysis of various locations inform the approach adopted for interventions under the sector. A further deepening and refinement of these analyses in 2019 will provide support the sector in addressing the specific vulnerabilities of each group in each area, through targeted programming or mainstreaming across thematic areas.

EDUCATION

NUMBER OF PEOPLE IN NEED



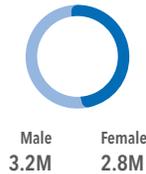
KEY MESSAGES

- 2.1 million children in Syria are out of school, and a further 1.3 million are at risk of dropping out. Displaced communities remain significantly underserved, with most IDP camps having insufficient or non-existent education services.
- More than one in three schools are damaged or destroyed, while others are used for purposes not related to education such as shelter for displaced persons. Schools in IDP/returnee receiving communities have limited absorption capacity for newly arriving students, causing overcrowding.
- Lack of school safety remains a critical barrier to children's access to education. 762 attacks on education have been reported, 426 of which are verified, since the crisis started in 2011. Furthermore, explosive hazard contamination is increasing in many parts of Syria, making it dangerous for children and education personnel to reach schools safely.

OVERVIEW

The protracted crisis in Syria, now in its eighth year, has forced 2.1 million, over one third of children, out-of-school and has put a further 1.3 million children at risk of dropping out. Over 5.8 million school-aged children (including more than 100,000 Palestine refugee children) and about 245,000 education personnel are in need of education assistance inside Syria, 61 per cent of whom are in acute and immediate need.¹¹² The provision of education services inside Syria is limited. Hostilities have resulted in over one in three schools being damaged, destroyed, no longer accessible or occupied for shelter and other purposes.¹¹³ Schools are reported as the most common building type used for IDP sites in Syria, accounting for an estimated 32 per cent of collective centres.¹¹⁴ Due to a shortage of functional classrooms, classes are overcrowded and over one million children are required to attend double-shift schools.¹¹⁵ An extreme shortage and under payment of qualified teachers also limits the quality and provision of education. Children who are out of school face increased protection risks including child marriage and the worst forms of child labour.

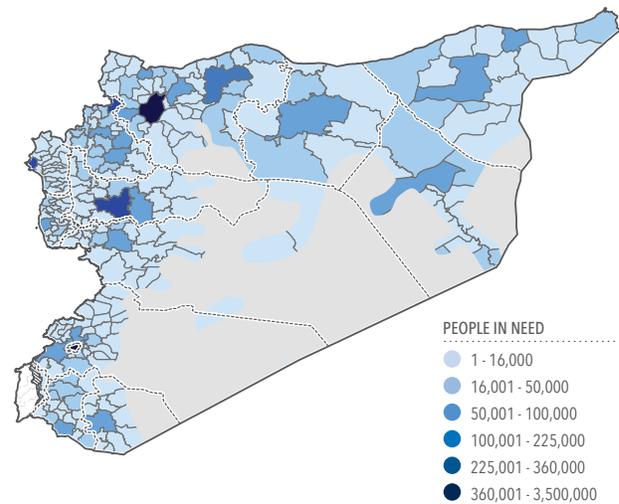
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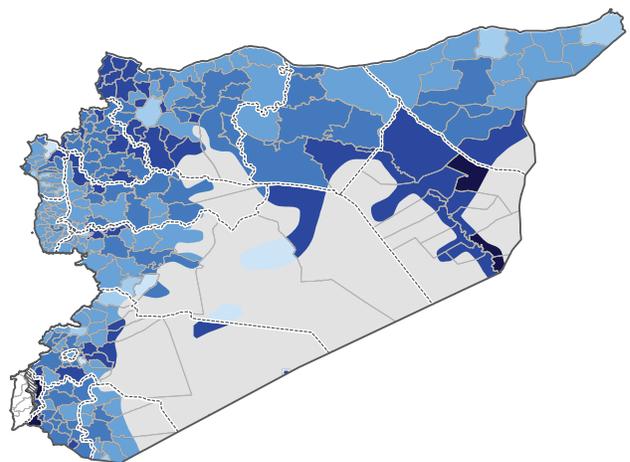
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DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



Increased internal displacement has put the current infrastructure under enormous pressure. 2.6 million children have been displaced within Syria.¹¹⁶ Schools in IDP/returnee receiving communities have limited absorption capacity for newly arriving students, causing overcrowding, while in most camps education services are deeply insufficient or non-existent. In public schools in locations in Rural Damascus, Quneitra and Dar'a, classroom sizes reached 150 students per teacher in September 2018.¹¹⁷ A 2018 assessment of 226 camps in Aleppo and Idleb governorates revealed that 73 per cent of camps and settlements have no education services at all, showing no improvement from 2017.

The **escalation of violence** continues to result in the suspension of education and widespread destruction and damage to schools. Families fear sending their children to school, as schools and education personnel continue to be attacked, with 85 attacks reported, of which 56 were verified in the first half of 2018.¹¹⁸ Compared to 2017, the number of verified attacks on schools for only the first half of 2018 is more than 65 per cent of the total number of the previous year, showing an increased trend. As populations move into increasingly these devices contaminated areas, the presence of unexploded ordnances prevents children from going to school or make it dangerous for children and school personnel to do so. Bombardments and displacement have led to increasing hostility-related psychological trauma for children, their families and education personnel. Exposure to violence decreases attendance, leads to drop outs, and affects learning outcomes by limiting concentration.

ANALYSIS OF HUMANITARIAN NEEDS

The changes in control in central and southern Syria in early and mid-2018, as well as increasing hostilities in north-west Syria in September 2018, caused new waves of civilian displacement into Rural Damascus, Idleb and Aleppo governorates. Existing education capacity in these areas was already limited prior to a recent displacement influx. With the

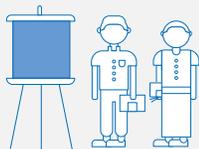
addition of over 1.9 million displaced school aged children in these three governorates, many of whom have been displaced multiple times, education capacity has been nearly exhausted, with widespread implications on the ability of children to access quality education.¹¹⁹ The ability of schools to absorb more IDPs into the education system is very limited. Some schools operate in double shifts (morning and afternoon classes) to accommodate the large influx of displaced children. This reduces the teaching learning hours per day, adversely affecting learning outcomes for IDPs and host community residents alike. As the crisis continues, effective teaching becomes increasingly challenging due to mixed-aged, mixed-ability, over-crowded and under resourced classrooms. The lack of textbooks and teaching and learning materials impairs learning in the classrooms.

The **barriers to accessing quality and relevant learning** for children inside Syria are complex and include a wide range of protection and socioeconomic issues, extending beyond the education sector. These complicating factors include the prevalence of child labour, child marriage, lack of identity and education attainment documentation, lack of safety both at home and in school, and the cumulative psychosocial effects of the protracted crisis and extensive displacement on children and teachers. A 2018 survey across multiple governorates indicates one in eight children per classroom have psychosocial support needs requiring specialized interventions for effective teaching and learning, affecting the learning not only of the individual students affected, but also other pupils and teaching staff.¹²⁰

In some areas, over half of children with mental or physical disability have an unmet need for education, and over two thirds require specialized health services which are not available in their area.¹²¹ After years of crisis, the number of school aged children who have been out of school for over five years is on the rise resulting in complex learning needs. More than 40 per cent of the out-of-school children in Syria are between 15 and 17 years of age and have differentiated learning, skills development and livelihoods needs.¹²²

FRAGMENTATION OF THE EDUCATION SYSTEMS AND DAMAGE TO EDUCATION INFRASTRUCTURE IN SYRIA

A 2018 survey across multiple governorates indicates



1 in 8 children per classroom have **psychosocial support needs** requiring specialised interventions for effective teaching and learning



More than **1 in 3** schools are either damaged, destroyed or no longer in use for education purposes



2.15 million school-aged children and youth are out of school

The **education system** is fragmented and overburdened with multiple curricula taught. This has significant repercussions on the provision and certification of learning. The lack of acknowledgement of education certificates demotivates children to continue education. Protection risks have been observed during official examination periods for students crossing active frontlines to sit for official exams. Teaching capacity remains overstretched. Over 140,000 teachers and education personnel are no longer in their teaching posts.¹²³ The remaining are overwhelmed, resulting in an overall poor quality of education. Quality of teaching is key to students' performance, and teachers' capacity is fundamental to children's experience of a quality education. Reliance on unskilled and unspecialized teachers with limited financial remuneration is impeding learning outcomes of students in public schools, with important disparities among regions and between IDPs and host communities.

The operating environment for humanitarian actors has become increasingly restrictive as of the end of 2018. Approvals from concerned authorities across Syria and donor conditionality impede a timely and needs-based response. Limited information and access continues to be a challenge to the education response, especially in the remaining hard-to-reach areas such as Deir-ez-Zor.

AFFECTED POPULATION

Across Syria, 2.1 million children, over one third of children in Syria, are out-of-school and a further 1.3 million children are at risk of dropping out. 2.6 million school-age children are displaced as a result of the crisis, many displaced multiple times, while 360,000 children remain in hard-to-reach areas as of October 2018.¹²⁴ Displaced children are more likely to be out-of-school and the dropout rate is higher in displaced communities.

The vulnerability of school-age children with no access to learning opportunities has increased over the almost eight years of the crisis, putting children at higher risk of being exposed to exploitation, abuse and rights violations. The intensification of hostilities in some areas has negatively impacted thousands of children who lost access to education opportunities. Access to education is lost when children are forced to suddenly leave their area of residence, or schools close or have no teaching personnel available and do not provide certified education.

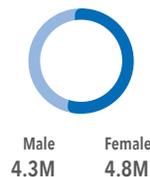
GOVERNOR- ATE	SCHOOL-AGE CHILDREN (5-17 YEARS)			TEACHERS			TOTAL		
	Children in need Total	Children in need Boys	Children in need Girls	Teachers in need Total	Teachers in need Males	Teachers in need Females	Total (children and teachers)	Males (children and teachers)	Females (children and teachers)
Aleppo	1,304,139	681,078	623,064	27,170	14,189	12,980	1,331,308	695,267	636,044
Al-Hasakeh	315,124	165,643	149,480	6,565	3,451	3,114	321,689	169,094	152,594
Ar-Raqqa	235,508	117,233	118,275	4,906	2,442	2,464	240,414	119,675	120,739
As-Sweida	87,005	53,404	33,601	1,813	1,113	700	88,818	54,517	34,301
Damascus	474,270	221,181	253,089	9,881	4,608	5,273	484,151	225,789	258,362
Dar'a	258,520	142,078	116,443	5,386	2,960	2,426	263,906	145,037	118,869
Deir-ez-Zor	235,912	138,817	97,096	4,915	2,892	2,023	240,827	141,709	99,119
Hama	490,394	281,390	209,005	10,217	5,862	4,354	500,611	287,252	213,360
Homs	274,301	153,657	120,644	5,715	3,201	2,513	280,016	156,859	123,157
Idleb	853,292	455,607	397,681	17,777	9,492	8,285	871,069	465,098	405,966
Lattakia	322,917	173,448	149,469	6,727	3,614	3,114	329,645	177,062	152,583
Quneitra	29,280	15,719	13,561	610	327	283	29,890	16,047	13,844
Rural Damascus	748,733	402,429	346,304	15,599	8,384	7,215	764,332	410,813	353,519
Tartous	225,257	115,256	110,002	4,693	2,401	2,292	229,950	117,657	112,293
Grand Total	5,854,654	3,116,940	2,737,714	121,972	64,936	57,036	5,976,626	3,181,876	2,794,749

FOOD SECURITY AND AGRICULTURE

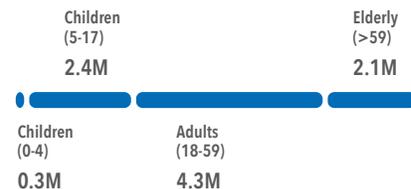
NUMBER OF PEOPLE IN NEED



BY SEX



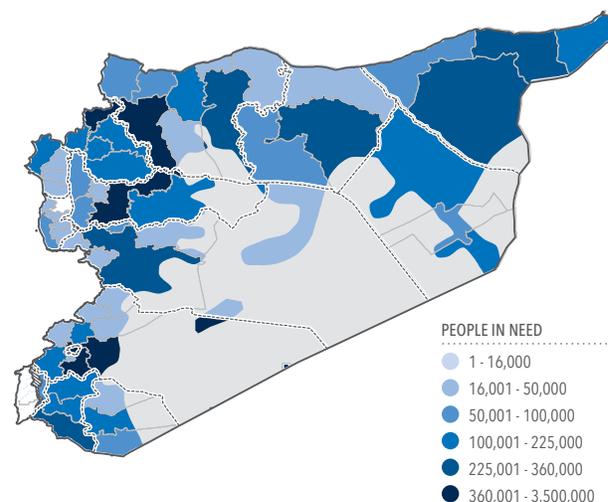
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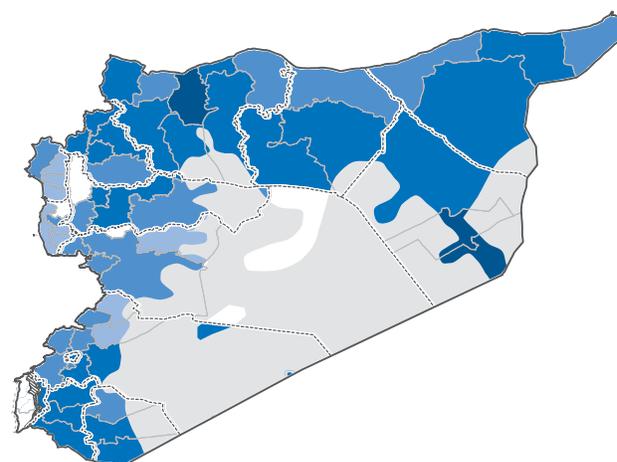
KEY MESSAGES

- An estimated 6.5 million Syrians are food insecure and an additional 2.5 million people are at risk of food insecurity.
- From the assessed households, an estimated 40 per cent of Syrians spend over 65 per cent of their expenditures on food, 57.2 per cent of food insecure households reported to have outstanding debt, and 65 per cent of food insecure people are adopting crisis or emergency harmful coping strategies.
- The proportion of people who are food insecure at the national level is 5 per cent less compared to the 2017 HNO. This can be attributed to the significant scale of food and livelihoods/agriculture assistance provided by food and agriculture sector partners that accounted for 5.1 million people being reached on average on a monthly basis with food, and 2.4 million people reached with livelihoods and agriculture assistance from January to October 2018.
- Almost eight years on, the main drivers to food insecurity are prolonged displacements, loss and lack of livelihoods and reduced production capacity which in turn resulted in limited physical and financial access to food, high prices and inflation contributing to reduced purchasing power and continuous livelihood depletion of the most vulnerable populations.
- Almost 40 per cent of the surveyed households report to be IDPs or returnees, 74.5 per cent of which reported to be displaced for more than 12 months. Among them 478,282 displaced persons living in last resort camps are of particular concern as they have limited access to a diversified diet or income opportunities.
- With an 83 - 89 per cent of the population living below poverty lines, and with a cumulative GDP loss of \$226 billion between 2011 and 2016 out of which \$16 billion in losses and damages attributable to the agriculture sector alone, the relationship between poverty and food security is becoming inseparable.^{125 126} A monthly food ration with staple items costs at least 80 per cent of an unskilled labourer's monthly salary and 50-80 per cent of a public service employee's monthly salary, thus demonstrating

DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



the existence of “working poor” in Syria.

- The worst drought in 30 years affected cereal production during the 2017/2018 winter season in Syria. This has come as an additional burden on the prolonged crisis with a shortfall of 1.2 million metric tonnes of wheat to meet domestic food use requirements of 3.4 million metric tonnes.
- Unprecedented livestock asset losses estimated to about half of the pre-crisis situation affecting livelihoods has led to irreversible coping strategies.
- There is an urgent need for multiple actions to provide food and livelihoods assistance through the most feasible modality to people in need and at risk, as established by the sector.

OVERVIEW

Drawn from a country-wide household assessment of 10,080 households and technical consultation, 6.5 million people are estimated to be food insecure in Syria and a further 2.5 million people are at risk of food insecurity. The assessment did not cover five districts, where consultative process and secondary data analysis were used instead to establish needs.¹²⁷ Those who are categorized to be food insecure are reporting large food consumption gaps, depleted coping strategies and a large food expenditure share. Those who are considered at risk of food insecurity are those “worst off” in the moderately food secure category and may be falling into food insecurity if their livelihoods are not supported.

The proportion of people in need who are food insecure at the national level is 5 per cent less compared to the 2017 HNO (38 per cent to 33 per cent of the total population). This can be attributed to the significant scale of food and livelihoods/agriculture assistance provided by Food Security and Agriculture sector partners, that accounted for 5.1 million people being reached on average on a monthly basis with food and 2.4 million people reached with livelihoods and agriculture assistance.¹²⁸

The main drivers of food insecurity in Syria are a set of interrelated factors related to the deteriorating economic environment as well as food insecurity stemming from massive displacements. Almost 40 per cent of the surveyed households reported to be an IDP or returnee, 74.5 per cent of which reported to be displaced for over 12 months. Other key drivers include loss of livelihoods and reduced production capacity, limited physical and financial access to food, high prices and inflation, reduced purchasing power and continuous livelihood depletion of the most vulnerable populations.

The relationship between poverty and food security – understood in terms of availability of food to the whole population and access to products guaranteeing minimum nutrition standards – is inseparable. The World Bank

estimates a \$226 billion cumulative GDP loss in Syria between 2011 and 2016, out of which \$16 billion in losses and damages are attributable to the agriculture sector alone.¹²⁹ The UN Economic and Social Commission for Western Asia (ESCWA) estimates that 83.4 per cent of Syrians live below the upper (moderate) poverty line, representing a significant increase from 28 per cent in 2010.¹³⁰ Additionally, the global MPI, which considers indicators related to health, education and basic needs, showed that the national poverty rate in Syria is at 38.9 per cent.¹³¹ In light of the severe impact of the crisis, unemployment has risen to 55 per cent and purchasing power has declined to one tenth of pre-crisis level (if compared to the income in 2010). A monthly food ration with staple items costs at least 80 per cent of an unskilled labourer’s monthly salary and 50 to 80 per cent of a public service employee’s monthly salary, thus demonstrating the existence of “working poor” in Syria.

Although food availability in markets has generally improved compared to previous years, the principle constraints with reinvigorating markets remain the high exchange rate of Syrian Pounds to US dollar, steep transport costs, and low demand due to high unemployment rates and limited purchasing power. As indicated in the graph on food basket price trends, the price of a monthly food ration has reduced if compared to the peak of the crisis, but still remains very high for Syrians. Purchasing food on credit continues to be a practice adopted by every second household, and is more common among IDPs, returnees, female-headed and rural households. An estimated 40 per cent of Syrians spend over 65 per cent of their expenditure on food, 57.2 per cent of food insecure households reported to have outstanding debt, and 65 per cent of food insecure people are adopting crisis or emergency harmful coping strategies.

The availability of food in Syria has also been hugely impacted by the crisis, as well as the drought. The 2018 CFSAM reports that at 1.2 million metric tonnes, wheat production in the 2017/2018 winter season is the lowest it has been in 30 years, and represents only 30 per cent of the pre-crisis average of 4.1 million metric tonnes. 1.8 million metric tonnes were recorded in 2018. In addition, barley production at 390,000 metric tonnes is the lowest since 2008. Large areas of rainfed cereals failed due to an extended dry period early in the planting season, and irrigated cereal yields were reduced because of unseasonably late heavy rains and high temperatures. The implication of the lowest recorded production in the last three decades is that the availability of wheat and barley, major staples, are further constrained and there is a significant shortfall of wheat and barley to meet national cereal requirements even after considering potential government, commercial and food assistance imports. The major constraints to production are weather, or the dependency on rainfed farming in drought-prone areas, and the availability of agricultural inputs. Additional constraints affecting agricultural sectors are high production costs, lack

of quality inputs and damaged or destroyed infrastructure, primarily irrigation.

The import sanctions imposed on Syria have contributed to a substantial reduction in the availability of quality inputs. The general Organization for Seed Multiplication expects only 36,500 metric tonnes of seeds to be available for the 2018/2019 winter planting season, compared with 300,000 metric tonnes average provided to farmers pre-crisis. Certified seed is in extremely short supply, which is likely to lead to lower production in the current and subsequent seasons. This also indicates that the shortfalls in staple food availability cannot only be addressed through single actions, but multiple ones including supporting local production capacity. In addition, livestock production is also further constrained due to a reduction of livestock number, in comparison to the last comprehensive livestock census conducted in 2010. According to the Ministry of Agriculture and Agrarian Reform, sheep numbers fell by 45 per cent, goat numbers by 30 per cent, cattle numbers by 40 per cent, and poultry numbers by 55 per cent during the first three years of the crisis. The main challenges continue to be high fodder prices and insufficient coverage of veterinary services.

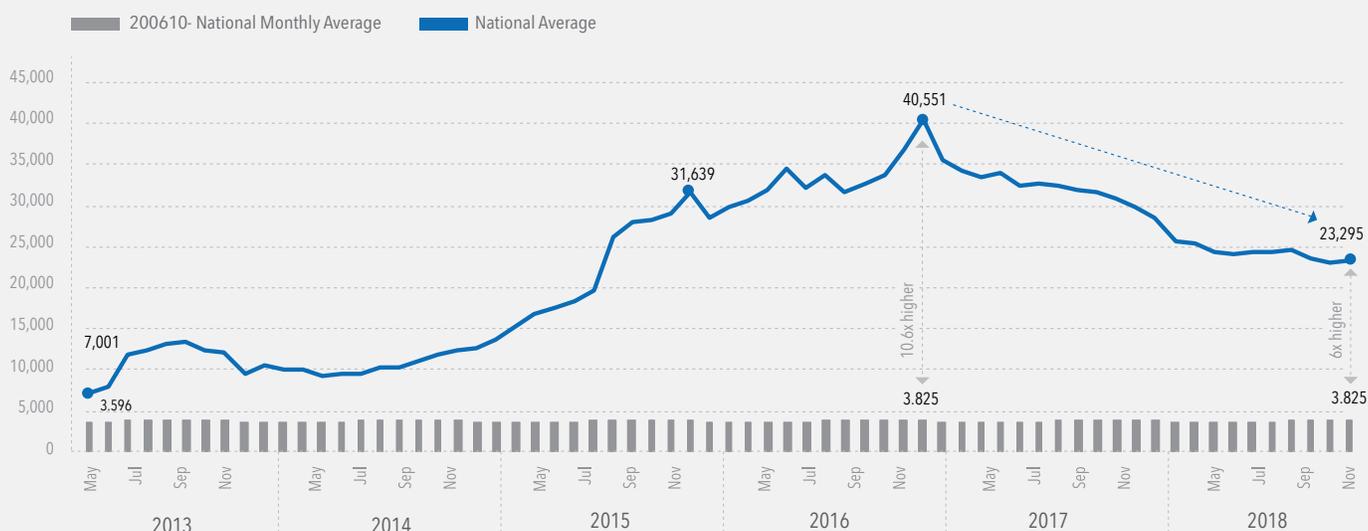
In conclusion, the humanitarian needs in Syria are expected to remain high in 2019, and multiple actions are needed to ensure that all four pillars of food security related to access, availability, utilisation and stability of food are adequately addressed through humanitarian lifesaving, life-sustaining,

appropriate resilience, and early recovery interventions. Emergency response at the early onset of any sudden population movement is crucial across Syria, as well as targeted food assistance and lifesaving emergency agricultural assistance to meet the nutritional and kilocalorie deficits of the most vulnerable population as per food security indicators. The agriculture sector is a major contributor to GDP with more than 25 to 30 per cent of Syria's GDP reliant on this sector, and it is also producing food for more than half of the population. For these reasons, saving, restoring and protecting agricultural and related livelihoods and value chains will be critical to increase the self-reliance and strengthen the resilience of Syrians.

ANALYSIS OF HUMANITARIAN NEEDS

The severity of needs of each district in Syria was determined by a combination of indicators listed in the table below. After determining the severity score for each of the indicators, the final severity was concluded by assigning a weight to each indicator and subsequently averaging the total score across all indicators. The districts under higher severity (severe and major) call for actions to save lives and livelihoods; the districts under moderate/minor severity (moderate and minor) call for action to protect livelihoods and provide lifesaving and life-sustaining food assistance in pockets of areas, or to populations under higher stress as per food security related vulnerability criteria.

FOOD BASKET PRICE TREND



23,295 Syrian Pound
National average

↓ 43%
Reduction over 1.10 years



1 out of **3**
people in Syria are food insecure

SEVERITY METHODOLOGY	INDICATORS		SEVERITY SCALE	SEVERITY LABEL
	<ul style="list-style-type: none"> Consolidated Approach to Reporting Indicators of Food Security Incidents Humanitarian Access IDP & Returnee/ Total Pop Market Prices 	<ul style="list-style-type: none"> Normalized Difference Vegetation Index/ Precipitation Agriculture Production Reliance on Humanitarian Assistance 	<ul style="list-style-type: none"> 1 2 3 4 5 6 	<ul style="list-style-type: none"> No problem Minor Moderate Major Severe Critical

AFFECTED POPULATION

From the overall food insecure and at risk of food insecurity estimates, the sector is particularly concerned about:

- The 67 per cent of the estimated food insecure people who are in the high severity of needs districts (4 and 5), as well as the rest of the food insecure people who will need continuous assistance in the less severe districts.
- The estimated 478,283 people living in sites of last resort in north-west and north-east Syria, who have very limited opportunities to access a diversified diet, and are expected to be at a higher degree of food insecurity.¹³²
- The caseload of 445,000 Palestine refugees who are in continuous need of assistance, considering 60 per cent of those in Damascus, Aleppo, and Dar'a have faced internal displacement at least once, and have access to limited services in newly accessible areas (Dar'a and Yalda). At the same time, some Palestine refugee camps have suffered severe damage and destruction, such as Yarmouk, Ein El Tal and Dar'a.
- People living in hard-to-reach areas, of which 39 per cent were reached with humanitarian assistance less than three times between January and October 2018, thus more vulnerable to food insecurity than the prevalence in the district.¹³³
- IDPs and returnees who are at a greater degree of vulnerability. Assessments have shown 33.4 per cent of IDP and 41.2 per cent of returnee households are food insecure. Additionally, 29 per cent of returnees are adopting emergency coping strategy, compared to 18.7 per cent reported across all groups at the national level.
- Households headed by persons with disabilities and elderly people are at a greater degree of vulnerability due to the stress on their capacities to earn their living and afford their basic needs.
- 600,000 farming households are suffering from the lack of agricultural inputs (cereals, vegetables, fertilizers, irrigation kits, etc).¹³⁴ to support their own production.
- The households of 200,000 breeders are suffering from the loss of productive assets (livestock) and damaged infrastructure (land, irrigation infrastructure, facilities, etc.), which is affecting both farmers and breeders.

According to the 2015 IASC GBV guidelines, food insecurity contributes to the risk of GBV in situations of crisis. Lack of information or access to food security can cause household tensions, which can in turn lead to harmful coping strategies including early marriage. Qualitative and quantitative data indicates a greater vulnerability of female-headed households: the prevalence of food insecurity in assessed households indicates that 32.4 per cent of the female headed households are food insecure, compared to 28.1 per cent of the male-headed households. Furthermore, based on the assessed households, 47.3 per cent of the female-headed households adopted crisis or emergency livelihood coping strategies compared to 44.2 per cent of male-headed households, who are often placed in a situation where they are at risk of being exploited due to their status. Furthermore, divorcees or widows face difficulties in accessing assistance due to customs and traditions, and harassment may occur at distribution points. In some areas, salaries of female agricultural labourers are lower than their male counterparts.¹³⁵ Child labour and early school dropout continue to be major coping strategies of farmers and displaced households.

HEALTH

NUMBER OF PEOPLE IN NEED



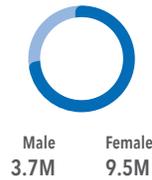
KEY MESSAGES

- Provision of health services continues to be disrupted by ongoing hostilities. Attacks on health have rendered 46 per cent of hospitals and primary health facilities in Syria as either partially functional or not functional, while in some areas humanitarian partners have been unable to secure sustained and predictable access to populations in need.¹³⁶
- Displaced populations and returnees, particularly those in north-east and north-west Syria, are vulnerable to outbreaks of infectious diseases due to unsanitary living conditions, overstretched health services, and low coverage of routine immunisation.
- Sustaining basic essential health services remains a key need across the country. 37 per cent of the affected population requires routine reproductive, maternal, neonatal and child health services; an estimated 41 per cent of Syria's adult population requires treatment for one or more non-communicable diseases (NCDs); and at least 15 per cent of the population requires mental health and psychosocial services, but the infrastructure and referral system that remains functional after close to eight years of crisis is inadequate to cope with existing needs.¹³⁷
¹³⁸
- Access and referral to specialist health services are similarly affected. This includes dialysis, and cancer and thalassemia treatment, as well as trauma care and rehabilitation. At least 15 per cent of the population of Syria lives with disabilities.¹³⁹ A recent assessment on disability among adults in western Aleppo, Idlib and Ar-Raqqa governorates revealed that an average of 45 per cent of surveyed persons injured during the Syria crisis are expected to sustain a permanent impairment and require specialist support which will far outlast the crisis.¹⁴⁰

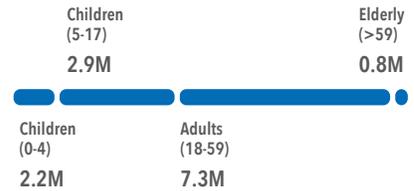
OVERVIEW

Across Syria health-related needs continue to be driven and exacerbated by insufficient access to health care due to a combination of damage and destruction of health facilities, insufficient human resources, and imposed access constraints. These latter constraints constitute a particular barrier to

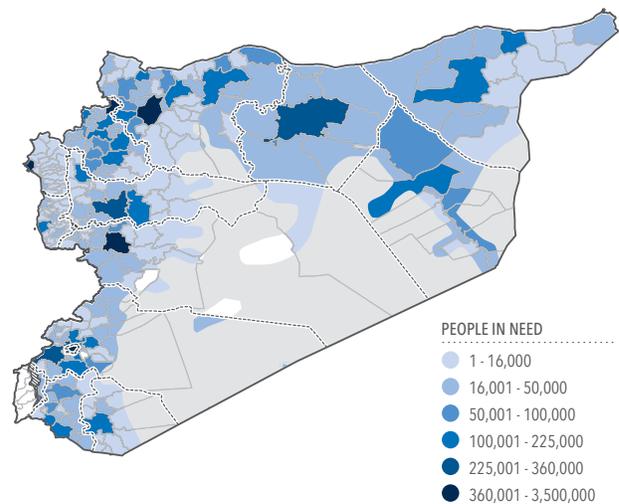
BY SEX



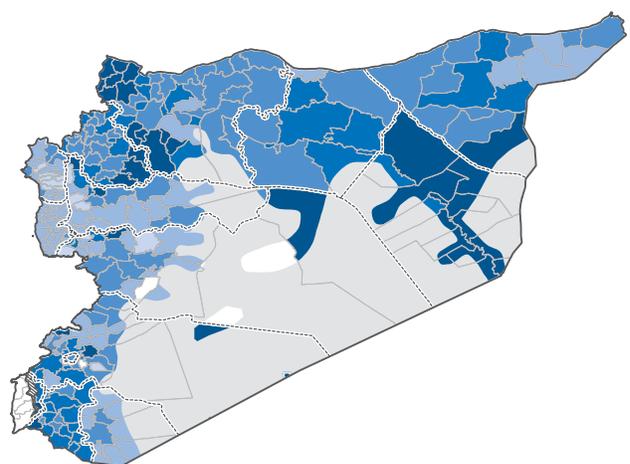
BY AGE



DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



health care in hard-to-reach areas and areas with high severity scores, including those that recently witnessed changes of control.

According to the WHO Surveillance System of Attacks on Healthcare, 142 reported attacks on health care – 137 confirmed, 4 probable, and 1 possible – took place in Syria during 2018 resulting in a reported 102 deaths and 189 injuries, compared to 122 confirmed attacks in 2017, reportedly resulting in 73 deaths and 149 injuries.^{141 142} Attacks and resource constraints impact the functionality of health facilities. September 2018 Health Resource Availability Monitoring System (HeRAMS) data indicated that across Syria 46 per cent of health facilities were either non-functional or partially functional, with 167 facilities completely destroyed, and a further 419 facilities partially destroyed and in need of rehabilitation. The national ratio of fully functional Primary Healthcare Centres (PHCs) of 2.28 per 50,000 population is above Sphere Standards, but the distribution is highly unequal, with 101 of 270 surveyed sub-districts reporting having no fully functional PHC, and an additional 9 sub-districts not meeting minimum standards. Nationally, less than one functional hospital bed is available per 1,000 population, which is barely below Sphere standards and very low when measured against a global average of 3 beds per 1,000 population. The availability of and access to hospital services also differs considerably between communities.¹⁴³

The average reported travel time, generally by car, to the nearest PHC facility (either public or private) was reported to be 25 minutes, with a range of 5 minutes (Damascus) to over 120 minutes (32 communities in Aleppo, Ar-Raqqa, and Deir-ez-Zor). Travel to a hospital took on average 41 minutes, ranging from 5 minutes (mostly Homs and Hama) to 2-5 hours (227 communities, mostly in Aleppo, but also Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh). Most health services were available free of charge in Lattakia and Tartous where public facilities remain fully functional, while the population of north-east Syria and Rural Damascus rely more heavily on the private sector, which requires payment for essential health services.¹⁴⁴

Attacks on health as well as population movements have contributed to the depletion of human capital engaged in health care provision, especially with regards to specialized services. Across the country, the availability of doctors, nurses and midwives in the public sector is below internationally recommended standards, with only 2.44 health staff per 1,000 population available, against the SDG minimum standard of 4.45 per 1,000 population.¹⁴⁵ A recent assessment showed that in 127 out of the 267 sub-districts surveyed, female respondents mentioned the unavailability of female midwives and/or gynaecologists in health facilities as a serious problem faced by women in their community.¹⁴⁶ In the whole of northern Syria, approximately 50 gynaecologists serve a population of about 4 million people, and similar ratios have been recorded in southern Syria. Active hostilities also restrict access by creating fear, as evidenced by responses to a household survey in one of the governorates. When asked about unmet health needs, almost half of respondents

reported fear of moving outside their homes as the main barrier to accessing health services.¹⁴⁷

The combination of rapid onset displacement, protracted displacement, as well as rapid shifts in areas of control has put existing health service provision under significant strain. This has been exacerbated by restrictions on access as well as unreliable availability of financial, material and human resources, which have prevented health partners from rapidly scaling up the response.

ANALYSIS OF HUMANITARIAN NEEDS

Reliance on essential health services supported by the humanitarian response will continue across all of Syria throughout 2019, with health needs among all age groups, genders and population groups across all levels of health services provision, from preventive to specialist care.

Reproductive, Maternal, Newborn, Child and Adolescent Health

The vast majority of women report delivering in hospitals, with the exception of Quneitra governorate, where nearly two-thirds of women reported delivering at home with a skilled attendant.¹⁴⁸ Currently humanitarian health partners assist with approximately one-third of the estimated 1,580 deliveries occurring each day across the country, with nearly half of the supported deliveries consisting of a Caesarean section.¹⁴⁹ Pregnant adolescent girls and their babies are at high risk of medical complications and death. They constitute a substantial high-risk group in Syria, with early marriage reported to take place in 57 per cent of assessed communities, and pregnant girls under 18 representing about 12 to 15 per cent of the deliveries taking place in health facilities.^{150 151} In terms of access to family planning services, free contraceptives were reportedly available in 192 out of 271 sub-districts surveyed in 2018. This is consistent with the finding that 28 per cent of surveyed health workers reported the non-availability of organized family planning services in their community. Both health providers and community representatives highlighted the limited availability of clinical management of rape as a services gap across Syria.¹⁵²

The United Nations Children's Fund (UNICEF) and WHO estimate that in 2019, about 577,219 newborns will require routine immunisation across Syria, with an estimated 320,000 children between 13 and 59 months of age not fully vaccinated during their first years of life. Routine EPI coverage rates of Penta3 vaccination in children under 1 remained sub-optimal particularly in Ar-Raqqa and Deir-ez-Zor governorates where rates of routine vaccination were around 10-20 per cent.¹⁵³ Ar-Raqqa, Deir-ez-Zor and Idleb alone have reported over three-quarters of the 22,656 suspected measles and rubella cases from January to September 2018.¹⁵⁴ In October 2018, an Outbreak Response Assessment concluded that the transmission of vaccine-derived polio had been successfully interrupted, but there is a need for continued vaccination efforts to ensure new outbreaks do not occur.

Infectious diseases

Between January and September 2018, a total of 16.7 million consultations were conducted in up to 1,700 health facilities that function as sentinel sites within the EWARD and EWARS across Syria. These sites report on cases of infectious diseases on a weekly basis. Localized outbreaks of measles, acute bloody diarrhoea and typhoid fever were detected and followed up on, mainly affecting the governorates of Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Aleppo, and Idleb. They were primarily due to limited access to clean water and sub-optimal hygiene conditions. An average of 6 per cent of the combined consultations reported through EWARS and EWARD were treated for diarrhoea, while 8 per cent were treated for influenza-like illnesses. Nearly 80,000 cases of leishmaniasis were reported through the combined EWARS and EWARD surveillance during the first nine months of 2018. Following a resurgence of the disease in 2017 due to a lack of treatment and control, the strengthened response during 2018 has contributed to the monthly caseload decreasing from a high of 11,140 during January to 5,510 as of September, with caseloads increasing again in October and November 2018 in line with expected seasonal variations.¹⁵⁵ The estimated notification rate for tuberculosis in Syria was 19 per 100,000 population in 2017.¹⁵⁶ Hostility-driven population movements, malnutrition, and overcrowding increase vulnerability to tuberculosis, while interrupted treatments, lack of adequate case finding, and limited availability of tuberculosis diagnosis and treatment, further increase the risk of tuberculosis transmission and the development of drug-resistance.¹⁵⁷

Non-Communicable diseases

Non-communicable diseases remain among the most prevalent health issues in Syria. WHO estimates that approximately 12 per cent of the population has diabetes and 20 per cent has hypertension.¹⁵⁸ Estimates for the prevalence of chronic respiratory diseases and cancers together is around 6 per cent while reliable data on the prevalence of thyroid disease, thalassemia and other less common NCDs is not available.¹⁵⁹ Untreated non-communicable diseases lead to serious complications such as renal failure and disability due to stroke and amputations. In north-west Syria, a total of 837 renal failure patients are currently receiving dialysis services through 20 facilities (6,575 sessions on a monthly basis). Although the availability of such services is limited, it is essential for this treatment to continue.¹⁶⁰ In Rural Homs, Rural Damascus, and Afrin there is reportedly an almost total lack of access to dialysis treatment services. The Ministry of Health and Ministry of Higher education, as well as 60 per cent of interviewed health workers all across Syria have highlighted the unavailability of cancer treatment.¹⁶¹

WHO estimates that at least 15 per cent of the worldwide adult population is in need of treatment for moderate to severe mental health needs, with hostility-affected populations expected to exhibit a higher prevalence.¹⁶² The extensive

need for a more advanced level of mental health services in Syria is evidenced by a survey conducted in June 2018, which highlighted that 15 per cent of households in western Aleppo governorate, 21 per cent in Idleb governorate, and 14 per cent in Ar-Raqqa governorate had one or more member experiencing daily feelings of a lot of anxiety or depression.¹⁶³ Across the three governorates, over 60 per cent of individuals who reported daily, high feelings of anxiety or depression, also stated that the Syrian crisis was the cause of these feelings, or was an exacerbating factors in these feelings.¹⁶⁴ Notwithstanding significant efforts to train health workers on case management and the Mental Health Gap Action Programme (mhGAP), 48 per cent of interviewed health care workers still reported a lack of mental health services for their communities.¹⁶⁵ Specialized personnel remains scarce, with 0.41 psychiatrists per 100,000 population currently active in Syria, well below the world median of 1.3 per 100,000.¹⁶⁶¹⁶⁷ Difficulties in obtaining approvals to procure psychotropic medications and strict requirements in terms of monitoring their further use limits treatment for severe neuropsychiatric cases. Psychotropic medications were reportedly unavailable in 33 per cent of communities surveyed across Syria, with unavailability exceeding 70 per cent in north-east Syria, Rural Damascus, Dar'a, Quneitra, and newly accessible areas of Homs and Hama.¹⁶⁸

Specialized health services

In addition to a need for specialist services such as cancer treatment, dialysis and treatment for thalassemia cases, the health sector's current capacity to provide emergency and comprehensive health services and supplies for trauma and burns, as well as surgery and postoperative rehabilitation care is insufficient to meet the existing need across the country. Referral of such cases to the small number of hospitals offering specialized services is a significant burden on the health system and on the ability to provide predictable quality services. An average of 90,000 new and follow-up trauma consultations were conducted in health facilities supported by humanitarian partners all across Syria during the first ten months of 2018, whilst over 37,500 new hostility-related trauma cases were treated by the already overstretched health care providers in north-west and southern Syria during the same period.¹⁶⁹ There is a significant shortage of blood banks and specialized burn units across the country.¹⁷⁰ The heavy explosive hazard contamination across Syria also drives trauma-related health needs. Between December 2017 and August 2018 there were 581 blast injury cases documented in Ar-Raqqa Governorate, with 106 cases in Al-Hasakeh and Deir-ez-Zor governorates.¹⁷¹

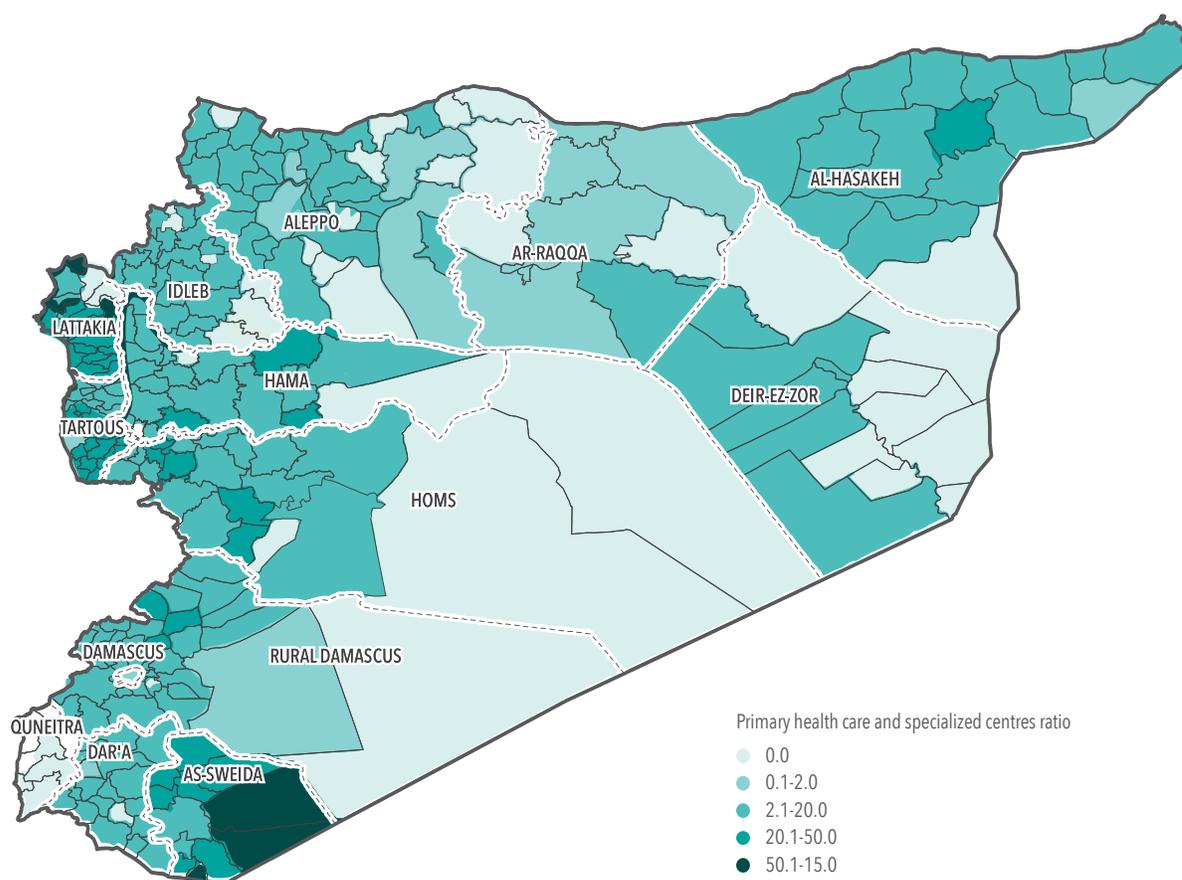
An assessment in parts of northern Syria showed that an average of 45 per cent of persons injured during the Syria crisis are expected to sustain a permanent impairment (e.g. amputation, spinal cord injury, brain injury).¹⁷² After close to eight years of hostilities in Syria, disability is increasingly prevalent. A recent assessment on disability among adults in western Aleppo, Idleb and Ar-Raqqa governorates indicated

an average prevalence rate of 30 per cent.¹⁷³ Over 60 per cent of persons with disabilities interviewed in 2018 stated that their disability was exacerbated by the crisis, with a lack of access to health care and assistive devices, and difficulties in meeting their basic needs listed as the most common reasons. Hostility-related injuries increase demands on health services, resulting in the availability of fewer resources for those with disabilities not caused by hostilities, or present from birth.¹⁷⁴ Primary barriers for persons with disabilities to access essential health services are ancillary costs including transportation and distance.

Quality of care

Continuous professional development of existing health professionals was limited over the past seven years, which affected the quality of health services provided. Hospital-acquired infections were reported across Syria, as well as antibiotic-resistant infections. This complicates, for example, treatment of hospitalized trauma cases, or diseases such as tuberculosis. Due to the limited laboratory capacity across the country, verification of such events is limited.

RATIO OF PHC FACILITIES TO 100,000 POPULATION BY SUBDISTRICT (WoS CONSOLIDATED HeRAMS)



Source: Information as reported by UN partners survey and OCHA Syria, for 2018

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

AFFECTED POPULATION

Although all people have in some way been affected by the crisis in Syria and have a right to receive health care, certain groups are exposed to risks which render them more vulnerable. The Health sector recognizes several population groups as the most vulnerable: children under age 5; women of reproductive age (15-49); the elderly (starting at age 50 in relation to the burden of non-communicable diseases); people living with disabilities; IDPs and returnees, and Palestine refugees. People living in hard-to-reach areas, IDPs living in last resort sites where freedom of movement and/or access to services is limited and living conditions are below standard, and over-burdened communities hosting a large concentration of IDPs and/or spontaneous returnees, are likely to be particularly vulnerable.

The Syria crisis has impacted the health delivery system – including the health workforce – across Syria with some regions solely dependent on humanitarian assistance for

the provision of health services. The number of people who are in need of health assistance in Syria is estimated to be 13.2 million. Females make up 72 per cent of the people in need. Vulnerable groups include 5.2 million women of reproductive age, 2.2 million children under age 5, and 2.3 million people aged over 50, as at this age vulnerability to non-communicable diseases becomes highest. Syria is home to at least 3 million persons living with disabilities, and 7 million IDPs. Eight per cent of people in need are currently residing in hard-to-reach areas.

The severity of humanitarian needs was assessed through a rigorous set of protocols, whereby all available data collected on indicators addressing access to services, availability of services, intensity of hostilities, and vulnerable populations contributed to the final severity score. Scores were projected on a sub-district level. The health sector will continue to update severity and people in need numbers on a quarterly basis in 2019.

DATA CORRESPONDS TO THE PERIOD FROM JANUARY TO AUGUST 2018



41% of the population requires treatment for non-communicable diseases

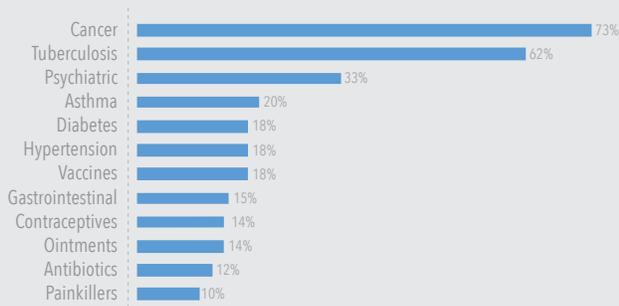


37% of the affected population requires routine reproductive, maternal, neonatal and child health services

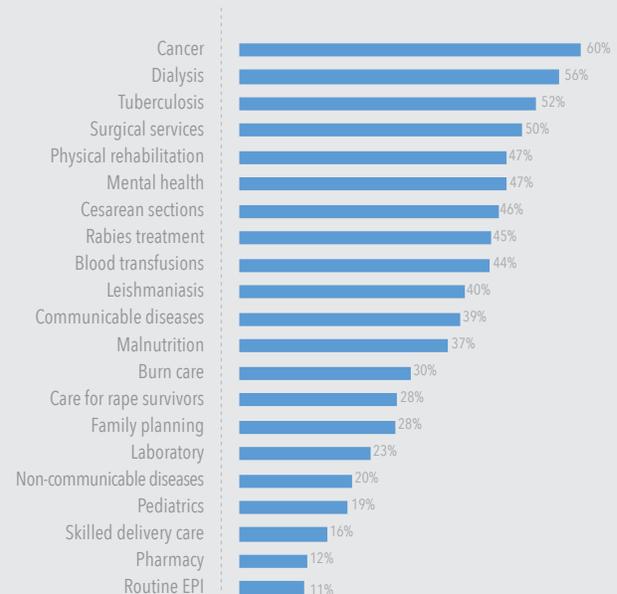


46% of health facilities are not fully functional

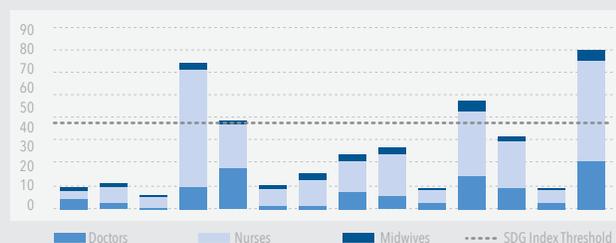
AVERAGE PROPORTION OF 12,191 KEY INFORMANTS REPORTING NON-AVAILABILITY OF A SPECIFIC TREATMENT



PROPORTION OF 7,306 HEALTH CARE PROVIDERS REPORTING SERVICES NOT AVAILABLE TO COMMUNITY



POPULATION 10,000/ KEY HEALTH STAFF



NUTRITION

NUMBER OF PEOPLE IN NEED



KEY MESSAGES

- Pockets of acute and chronic malnutrition of children 6-59 months of age are apparent throughout Syria, demonstrating the long-term damage caused by the protracted crisis.
- There are indications that acute malnutrition among PLW has increased more than two-fold in 2018. PLW are in urgent need of nutrition services and should be prioritized for all basic services.
- There is insufficient access to curative and preventive nutrition services, requiring interventions to be delivered at scale, especially skilled maternal, infant and young child nutrition support.
- The underlying causes of malnutrition within the humanitarian context need to be addressed holistically through nutrition-specific and nutrition-sensitive programming, requiring scale-up, integration, and coordination of WASH, Food Security, Child Protection, Health, and GBV services, with particular focus on displaced populations including Palestine refugees, returnees, and newly accessible areas.
- Serious aggravating factors continue to persist posing a risk to the nutrition status of the population. According to the latest Food Security Assessment 2018, an estimated 6.5 million Syrians are food insecure and an additional 2.5 million people are at risk of food insecurity; with an estimated 40 per cent spending more than 65 per cent of their income on food.

OVERVIEW

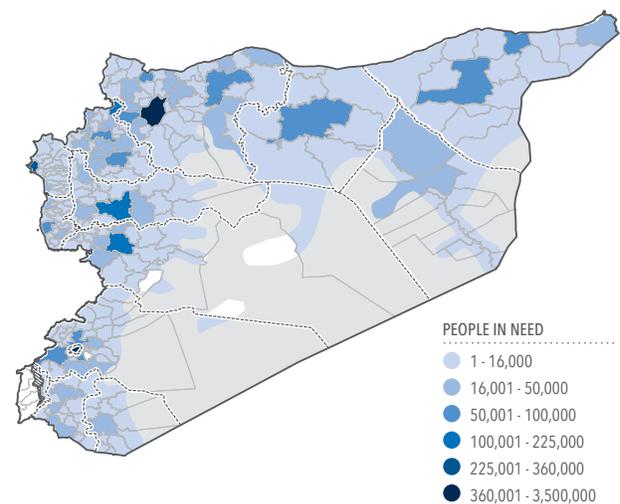
Over the course of 2018, ongoing hostilities, shifts in areas of control, increased population movements and returnees have impacted the nutrition situation in Syria. SMART surveys, rapid nutrition assessments, and mass mid-upper arm circumference (MUAC) screening show that acute and chronic malnutrition of children 6-59 months and women of child-bearing age remain a problem in localized areas

BY AGE

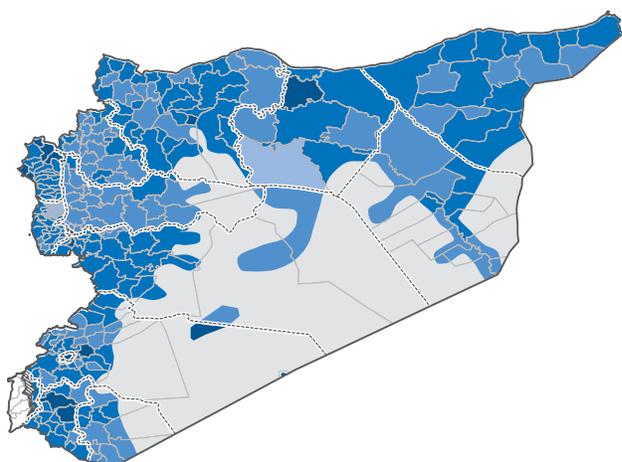
Children
(6-59 months)
3.1M

PLWs
1.6M

DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



across Syria. Of particular concern, is a significant increase of acute malnutrition among PLW, which has more than doubled since 2017 according to monthly reporting. This observation will be further confirmed by SMART surveys to be conducted in 2019.¹⁷⁵ Chronic malnutrition is on the rise in certain geographical areas, such as in Tell Abiad (32 per cent) and East Ghouta (36 per cent), which exceed the ‘very high’ stunting classification according to WHO 2018 thresholds, as shown by SMART surveys.^{176 177 178} IYCF practices in assessed locations remain sub-optimal and are all below pre-crisis levels. Coverage of nutrition services continues to be insufficient due to limited available resources and need to be immediately scaled up, especially IYCF and maternal nutrition interventions. The governorates of Ar-Raqqa and Deir-ez-Zor in the north-east continue to be underserved and need to be appropriately assessed on nutrition needs.

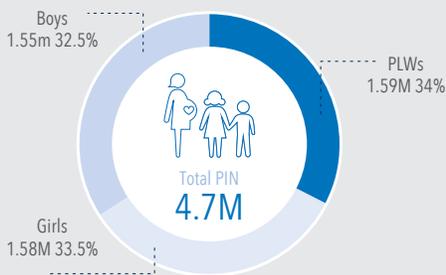
The severity scale ranking for nutrition shifted from areas that were deemed mostly ‘critical’ and ‘severe’ in 2018 to mostly ‘severe’ and ‘major’ needs for 2019. The change in classification is largely linked to areas that are no longer considered UN-declared besieged in Syria. However, the number of people in need is slightly higher for 2019, with 4.7 million women and children requiring support compared to 4.6 in the previous year. Due to the changing context, nutrition needs have increased in 2019, and therefore the response warrants an increase in coverage of nutrition services, in addition to flexible life-saving service modalities that address both immediate emergency nutrition needs of displaced populations and the medium to longer term needs of the community, returnees, and people living in newly accessible areas.

ANALYSIS OF HUMANITARIAN NEEDS

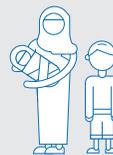
Across Syria, 17 of 270 sub-districts are found to be facing critical needs, and in need of immediate humanitarian assistance – these sub-districts are located in Damascus, Aleppo, Dar’a, Ar-Raqqa, Homs, Lattakia, and Rural Damascus governorates. In addition, spread throughout all 14 governorates, a total of 152 out of 270 sub-districts are categorized with severe nutrition needs, which are considered acute and require urgent humanitarian assistance. 96 sub-districts were ranked with major needs and 5 sub-districts were categorized as moderate, and likewise require humanitarian assistance. In addition to SMART surveys, assessments, and nutrition screening, the information sources are also supported by outcome monitoring data from ongoing nutrition programmes and joint analysis with the Food Security sector. The Nutrition sector severity ranking for 2019 considers three nutrition-specific and three nutrition-sensitive indicators from other sectors such as Food Security (food consumption score), WASH (handwashing) and Health (prevalence of diarrhoea) in addition to one cross-cutting indicator related to IDPs per sub-district, and one indicator on the coverage of nutrition services as a proxy indicator for access and operational capacity.

SMART surveys and nutrition surveillance in sub-districts throughout Syria in 2018 generally show that GAM is mostly at acceptable levels. However, in East Ghouta in Rural Damascus, the GAM rate did reach emergency thresholds at 11.9 per cent following besiegement. In areas with newly displaced populations such as in Idleb, acute malnutrition of children 6-59 months of age rapidly increased in a space of 6 months (from 1.5 per cent in January to 4 per cent in June), and hard-to-reach areas such as Ar-Raqqa also nearly tripled (4.6 per cent to 11.9 per cent) in 2018. Pregnant and lactating mothers are particularly vulnerable due to their specific

PEOPLE IN NEED 2019



SEVERITY	COMMUNITIES	SUB-DISTRICT
2	114	5
3	2,495	96
4	4,268	152
5	364	17



There is **insufficient access** to curative and preventive **nutrition services**, requiring interventions to be delivered at scale, especially skilled maternal, infant and young child nutrition support.

Source; Latest available findings of studies and assessments to ensure, to the greatest extent possible, evidence based analysis. Reference these sources in endnotes as applicable.

nutritional needs and health risks. Reporting data on nutrition screening in 2018 confirmed that moderate acute malnutrition rates of PLW increased by 134 per cent. That is, 12,602 PLW were malnourished in July 2018 compared to 4,297 in July 2017. Lack of access to health services and harmful coping strategies such as meal reduction are some of the causes linked to deteriorating maternal nutrition.

Chronic malnutrition was a problem in Syria even before the crisis and increased rates have been observed recently. In addition to data that indicates ‘High’ stunting levels in Lajat, Dar’a in 2017 (27.5 per cent) and in the sub-district of Jarablus, Aleppo in 2018 (25 per cent), stunting rates confirmed to be ‘Very High’ in Tell Abiad (32 per cent) and East Ghouta (36 per cent) in 2018, as indicated by SMART surveys and using the 2018 WHO-UNICEF stunting thresholds.^{179 180} The increase in chronic malnutrition potentially reflects long-term inadequate dietary intake, including inadequate micronutrient intake, as well as repeated infections in younger children, poor feeding practices due to low rates of exclusive breastfeeding in the first six months of life, and inadequate complementary feeding in terms of diversity and frequency.

IYCF practices remain poor in Syria, with exclusive breastfeeding rates below pre-crisis levels at 24 per cent in 11 governorates. Findings from an IYCF assessment conducted in Dar’a shows exclusive breastfeeding as low as 3 per cent in some communities. Barriers to appropriate feeding of young children include breastfeeding difficulties, illness of the mother, affordability, and lack of support from family. Coverage of IYCF services are largely awareness raising messages rather than the needed specialized services such as one-to-one counselling to better support pregnant women and caregivers on maternal nutrition and to safely feed their young children during the critical window of 0-24 months of age. Capacity of health and nutrition practitioners in specialized IYCF skills needs to be strengthened on a national scale.

High acute and chronic malnutrition rates might be related to gender-inequitable access to nutritious foods, quality health care and WASH services.¹⁸¹ Some women and adolescent girls, especially those who may have physical limitations and/or are socially isolated, such as women who have experienced divorce and widowhood, may not be able to access basic services including nutrition. Access may be further limited by safety concerns, or customs and traditions that restrict women from leaving the home in order to access nutrition support—especially if services such as Mother Baby Areas, Women and Girls Safe Spaces, and Child Friendly Spaces are located far from their homes. While in other situations, early/forced marriage is a harmful coping strategy to which some families resort as a way to meet the economical and nutritional needs

of their families.¹⁸² Furthermore, PLW, young girls, and adolescent mothers who access nutrition support services frequently need additional support in GBV and psychosocial support, to which there is limited capacity and skills of nutrition staff to address or recognize signs of distress. There is need to build capacity of nutrition service providers in these areas and to identify existing referral pathways to caseworkers who can deliver appropriate services to those in need.

AFFECTED POPULATION

4.7 million girls and boys under five years of age and PLW are at risk of under-nutrition and in need of preventive and curative nutrition services in 2019. 3.13 million girls and boys under 5 years of age require appropriate nourishment for adequate nutrition status while 1.59 million PLW require nutrition services. Around 91,811 girls and boys aged 6-59 months are acutely undernourished and if malnutrition is not prevented additional 146,898 children under the age of five years will become acutely malnourished during 2019. Nutrition survey data shows that across Syria there are 19,263 severely malnourished children who are eleven times more likely to die than well-nourished children. If not treated appropriately half of the severely malnourished children could die due to complications related to severe acute malnutrition.

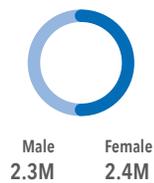
Continued hostilities, displacement, shifts in control, and increasing returnees together with disruption of livelihoods, limited financial and physical access to food, and unexploded hazard contamination have exacerbated the vulnerability of the population in Syria. The limited access to quality water and sanitation, as well as sub-optimal hygiene practices, may contribute to a high prevalence of childhood disease and illness. These factors negatively influence the nutrition situation, especially in the context of disrupted health services and coverage that characterizes the situation faced by many people living in hard-to-reach areas, overburdened communities, or newly accessible areas. Combined, these factors have the potential to further jeopardized the health status of girls and boys under five and PLW, increasing the overall risk of under-nutrition as well as the short and long-term consequences impacting nutrition and health status such as stunting, growth faltering, morbidity, and mortality. Overall, nutrition specific and nutrition sensitive interventions as well as financial and human resources are critical to appropriately address the needs of the population in Syria.

SHELTER AND NON FOOD ITEMS

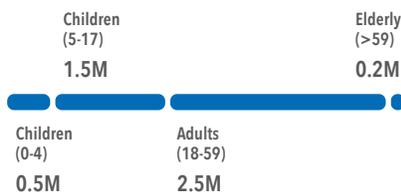
NUMBER OF PEOPLE IN NEED OF SHELTER



BY SEX



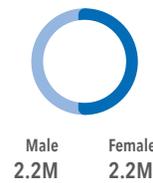
BY AGE



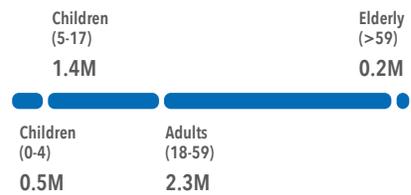
NUMBER OF PEOPLE IN NEED OF NFIs



BY SEX



BY AGE



KEY MESSAGES

- The shelter situation in Syria continues to worsen, in terms of the available shelter capacity, the adequacy of shelter conditions, the ability of people to repair or rehabilitate their own damaged house, and in particular the affordability of rent.
- The increase in shelter-related need is particularly acute in more densely populated urban areas including in areas with high levels of returns, with an increase in the number of people in need of shelter assistance of 13.7 per cent to 4.7 million people since 2017.
- There is significant overcrowding in several areas including in Idlib and north-western Aleppo. Shelter capacity in Idlib has been exhausted with no additional capacity to absorb further arrivals, while access to north-western Aleppo is partially restricted.
- While market access appears to be gradually improving and NFIs are available in markets, many essential, humanitarian life-saving and life-sustaining basic items continue to be unaffordable for many people, including clothing and fuel. Unilateral coercive measures have impacted the fuel supply in the country which has in turn affected accessibility.

OVERVIEW

As a result of the evolution of the crisis in 2018, a slight improvement in the overall NFI situation has been noted, but a worsening of the shelter situation.

4.7 million people are in need of shelter support in Syria due to inadequate conditions in existing accommodation, and the overall lack of available, adequate and affordable shelters.¹⁸³ The people in need include different population groups, such as IDPs, returnees, Palestine refugees and host communities. Over the course of the crisis, shelter and infrastructure damage has occurred on a massive scale, with the scale of rebuilding and reconstruction needed which goes beyond the capacity and remit of the Shelter & NFI sector and the humanitarian response in general. In view of increased self-organized returns in 2018, there are increased needs related to the repair and rehabilitation of damaged shelters and infrastructure as people seek more durable solutions. It is likely that these needs will further increase in 2019, along with those of the 6.2 million long-term IDPs in Syria, many of whom continue to face a range of barriers preventing return.¹⁸⁴ A significant proportion of the population is living with at least one shelter adequacy issue. Similarly, a significant proportion of the population living in rented accommodation has been unable to afford rent in the last 3 months. This issue disproportionately affects IDPs, of whom 64 per cent are renting. In addition, host communities face significant pressures in terms of shelter capacity and adequacy, as well as services.

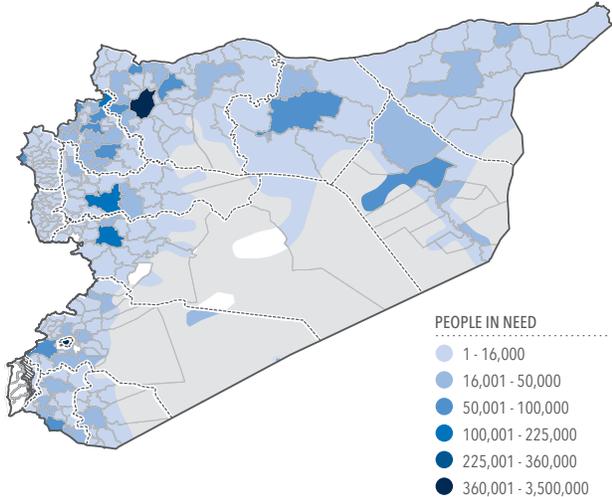
4.4 million people require NFI assistance, a 6 per cent decline from the 2018 HNO, and the second year in a row that the total number of people in need of NFI assistance has reduced.¹⁸⁵ The people in need include different population groups, such as IDPs, returnees, Palestine refugees and host communities. However, the situation in some areas, such as the north-west, is in fact deteriorating amidst an increase in

people in need. The overall decrease in people in need reflects some incremental improvements in market functionality in some areas, specifically where hostilities are subsiding, and which are now witnessing increased stability. Access to NFIs has generally become more stable, with 14 per cent of communities reporting a deteriorating situation, compared with 24 per cent in 2017. However, needs remain substantial, both in terms of humanitarian life-saving needs, particularly among newly displaced IDPs requiring core, supplementary and seasonal assistance, as well as longer-term needs, among those communities requiring resilience-oriented support to reduce dependence on external assistance and enhance the ability of families to withstand future shocks and stresses. Likewise, findings show a decreased need for standard/core NFIs and a significant increase in requests for items specific

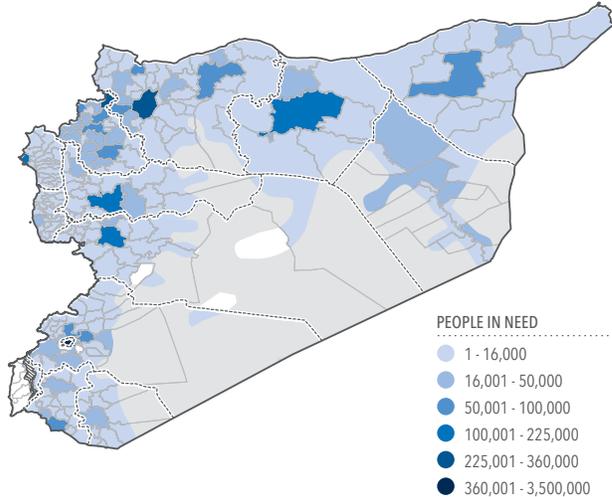
to the situation faced by certain communities or population groups. Such items include clothing, fuel and batteries. In 2019, these needs will continue to compromise the ability of NFI partners to tailor responses based on the intersection of individual needs and vulnerabilities with the localized capacity of markets and supply chains.

Economic pressures are key drivers of need, with affordability of rent and NFIs reported as significant challenges across Syria. When asked about their top three humanitarian needs, the price of goods in markets and shelter/housing options were among the most frequently cited issues. Availability of shelter for rent was cited as one of the top reasons for displacement, especially in Damascus, As-Sweida and Aleppo governorates.

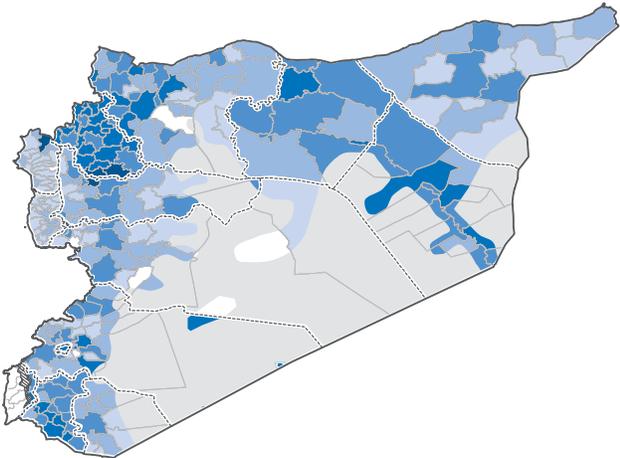
DISTRIBUTION OF PEOPLE IN NEED



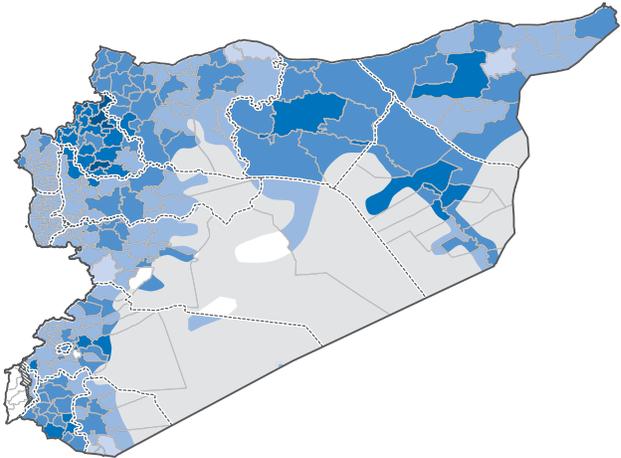
DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



SEVERITY OF NEED



ANALYSIS OF HUMANITARIAN NEEDS

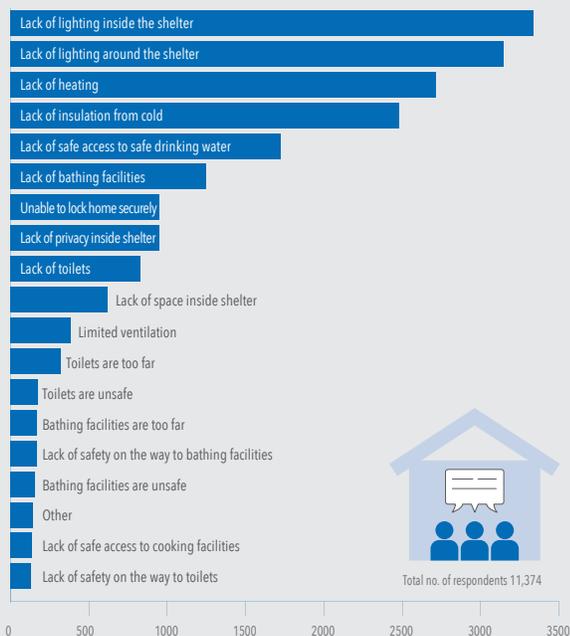
Both Shelter and NFI sectors have seen an improvement in terms of the number of people in need and severity of needs in Al-Hasakeh and Ar-Raqqa compared to the 2018 HNO, and a worsening of the situation in areas of the north-west such as Idleb and western Aleppo. The acute humanitarian situation in the north-west is driven by the high proportion of IDPs, overcrowding and the lack of shelter capacity, high rental prices and unaffordability of items, and poor access to markets.

For NFIs, at the sub-district level, despite the overall reduction in people in need, 44 per cent of sub-districts have witnessed an increase in severity of NFI needs. 500,000 more people in need are now in “acute” severity sub-districts ranked as severity 4 or 5 – a total of 1.5 million people, indicating that within the overall trend of improvement, in some areas such as the north-west market functionality is not improving and the situation is in fact deteriorating. The number of people in need of NFI assistance in Idleb has increased by over 600,000, with increases also recorded in Hama, Lattakia and Tartous, indicating that the affordability of items is affecting stable areas as well as those more directly impacted by hostilities. Markets are essential in meeting shelter and NFI needs, with 99 per cent of people in Syria using markets to fully or partially meet these needs. While market access appears to be stable or improving in many areas, challenges in accessing markets do persist, the

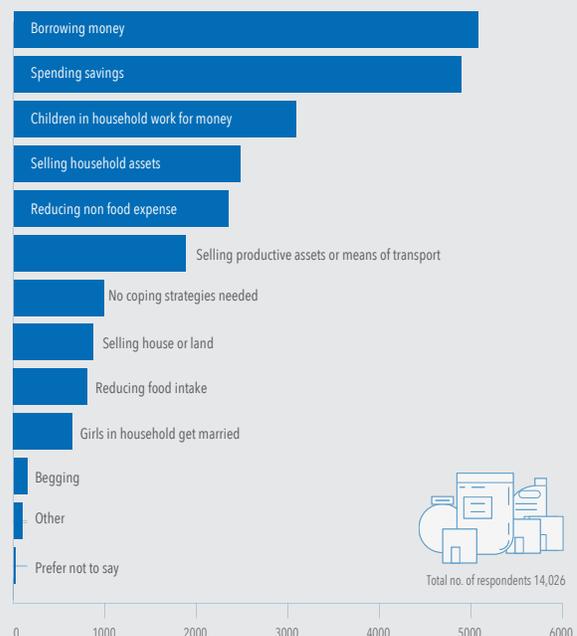
most significant being a lack of transportation, physical constraints (e.g. damaged roads, blockages), and distance. Security concerns also constitute a significant issue. Market functionality continues to be disrupted, reflected most clearly in the high cost of items, which renders them unaffordable for many. Over 75 per cent of communities reported that clothing had been unaffordable or unavailable over the last 3 months, and similar levels were also reported for both cooking and heating fuel, batteries and children’s diapers. The unavailability and unaffordability of individual items are linked, indicating that limited supplies may be driving higher prices, which results in the population resorting to harmful coping strategies, such as depletion of assets and increasing debt, in order to meet their needs.

The number of people in need of shelter assistance has increased in Idleb, Aleppo and Deir-ez-Zor governorates. On the other hand, needs have declined in Rural Damascus, Homs and Al-Hasakeh governorates. As the security situation in these governorates has generally improved since 2017, there have been improvements in shelter adequacy and a decrease in the number of families hosting others. Overall, in comparison with the 2018 HNO, the severity of need has increased in only 21 per cent of sub-districts. In total, 300,000 more people are currently living in areas categorized in severity 4 and 5 compared to 2018, with an overall increase in the number of people in need of 570,000. These increases have been concentrated in more densely populated urban areas. The severity of shelter needs has also increased

MOST COMMONLY REPORTED SHELTER ADEQUACY ISSUES



MOST COMMON COPING STRATEGIES FOR LACK OF NFIS



in Deir-ez-Zor and in some areas of southern Syria. There has also been a significant worsening in overall shelter arrangements in Syria, with 36 per cent of sub-districts reporting an increase in the proportion of communities living in damaged or temporary shelters.

A considerable number of people live in houses with at least one adequacy issue, including lack of heat and insulation, lighting, necessary bathing or cooking facilities, inadequate space, lack of privacy and the inability to securely lock their home. The shelter adequacy issues mentioned by different age and gender groups were similar, with no notable difference observed. Approximately 680,000 households cannot carry out necessary repairs to their homes, most frequently because they cannot afford the materials or professional assistance required to carry out the rehabilitation, as well as due to a lack of skilled labour. As in previous years, the primary providers of shelter assistance and support are host households, with an estimated 520,000 households hosting others.

The overall impact of the lack of income and high prices resulted in a considerable number of households living in rented accommodation not being able to afford rent costs, leading to increased vulnerability. HLP issues remain a challenge on many fronts. Repair and rehabilitation of housing is only pursued following confirmation in regard to HLP issues, including security of tenure. However, many IDPs do not have sufficient documentation (many have never had proper or formal documentation, or have lost them during displacement), and the processes and infrastructure to formalize or recuperate documents is not uniformly functional or accessible. There is a continued risk of eviction and/or exploitation with major protection implications (especially for particularly vulnerable groups), while there are also the risks of rights violation (either of owners or occupants) and future disputes due to the difficulties in demonstrating ownership.

AFFECTED POPULATION

Populations in areas which experience cold conditions during winter continue to need seasonal support, with communities surveyed reporting heating-related shelter deficiencies (lack of heating and insulation) as the most widespread issue. The need for clothing, hygiene items and heating fuel were also among the most reported NFI needs across the country.

Communities reported different NFI needs among different groups, based on gender and age. For instance boys and girls are in greater need of clothing and shoes. Men are in greater need of heating fuel, light sources, and water containers. While women and girls are in need of sanitary pads, and women reported needing kitchen-related items, and the

elderly reported requiring blankets, energy and light sources. These findings demonstrate the wide range of items that households continue to struggle to access.

In Syria, households traditionally listed the male spouse (i.e. not female) in HLP documentation. As a result of the crisis, Syria has an increased number of female heads of household and separated households. Considering the protection issues related to HLP and the specific need for documentation as a prerequisite to receive certain shelter assistance and rights, women face an additional burden in accessing their rights and this support.¹⁸⁶

The vulnerability of Palestine refugees remains high. A recent vulnerability assessment conducted by UNRWA shows that 90 per cent of Palestine refugees in Syria are in absolute poverty (\$2 per day), and 80 per cent are in extreme poverty (\$1.5 per day). During 2018, Palestine refugee camps such as Yarmuk, Ein El-Tal and Dar'a suffered severe damage and destruction to houses, preventing return. Humanitarian access in areas such as Dar'a, and Yalda is also constrained, heightening the already severe vulnerability of thousands of Palestine refugees.

WATER, SANITATION AND HYGIENE

NUMBER OF PEOPLE IN NEED



15.5M

6.2M acute humanitarian need

BY SEX



Male 7.7M Female 7.8M

BY AGE

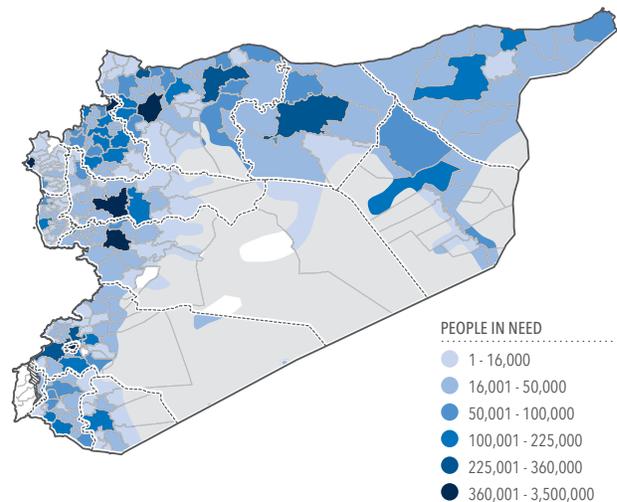


Children (0-4) 1.5M Adults (18-59) 8.6M

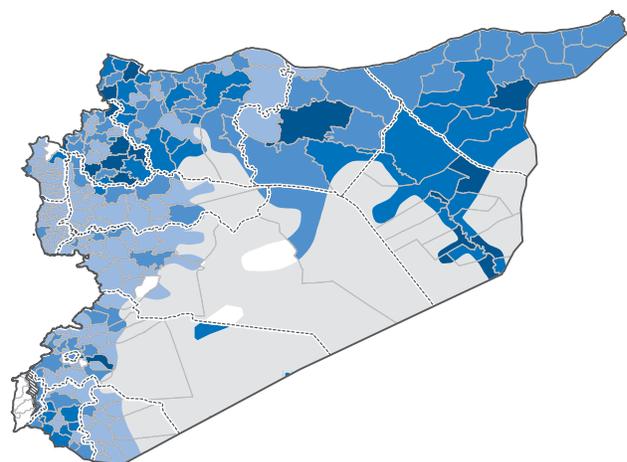
KEY MESSAGES

- Access to sufficient quantities of safe water remains limited, with increased water quality assurances and support to water systems rehabilitation, operation and maintenance unconditionally needed.
- At least 10 per cent of garbage is left in the public areas, which could leave people in some areas at increased risk of contracting infectious diseases such as Leishmaniasis.
- As a result of the crisis at least 70 per cent of sewage is untreated and at least half of the sewerage systems are not functional, exposing communities to significant health risks such as Acute Bloody Diarrhea, Typhoid or Jaundice.^{187 188}
- There is a need to maintain the provision of adequate WASH services and supplies for IDPs in the last resort sites, and to promote transition to more sustainable solutions while acknowledging that more emphasis on IDPs in collective centres and open areas is also needed.
- New assessments on both wastewater and water distribution systems need to be conducted in 2019 by the Ministry of Water Resources with Damascus-based partners support and in collaboration with cross-border partners for contested areas, to inform evidence-based planning and appropriately address WASH infrastructure rehabilitation needs.

DISTRIBUTION OF PEOPLE IN NEED



SEVERITY OF NEED



OVERVIEW

Comprehensive WASH assessments were conducted in mid-2018 to inform the 2019 HNO, including an individual household-level survey at sub-district level (approximately 24,600 samples from 265 sub-districts across Syria) and a household survey focused on IDP camps and informal settlements in north-west and north-east Syria (approximately 1,950 households from 156 camps and 100 collective centres). Both assessments included water sampling and free residual chlorine (FRC) testing at the end-user side.

Based on WASH assessments, there are an estimated 15.5 million people who require WASH assistance (people who are at elevated risk of consumption of unsafe water, including people vulnerable due to displacement), 6.2 million of whom are considered in acute need (displaced persons in camps, informal settlements and host communities).

Prior to the crisis, almost 100 per cent of the population in Syria was served by well-developed, state-owned, centrally-managed water systems. The findings of the 2018 household assessment indicate a slight increase in water share received from the water distribution networks compared to the previous year. However, the findings also indicate that the water chlorination level remains insufficient in many areas, and that many people are still forced to complement water received from the network or to solely rely on alternative sources. Unregulated water operators that are still meeting part of the water demand, often with poor quality water, seriously increase the risk of contracting waterborne disease. Many communities that are not served through water networks face serious issues in regards to water affordability which also impacts needs in other sectors. Piped water systems, though dysfunctional in some areas, continue to operate at varying levels of efficiency, with urban centres generally better served. Limitations in regular operations, maintenance and repair have had a significant impact on the systems efficiency, leading to a higher risk of contamination. Unilateral coercive measures have limited the import of critical water supply equipment including water treatment and disinfectant products, further complicating operations. The lack of a regular power supply still constitutes the primary bottleneck for the WASH sector and explains the sub-standard performance of water distribution systems in many areas, in particular contested areas. In north-east Syria, the contamination of water stations with explosive hazards as well as the proximity to the frontline in Deir-ez-Zor have also presented significant challenges, which have contributed to ongoing needs related to the lack of safe and affordable water and raised concerns on protection of WASH staff.

Prior the crisis only 65 per cent of the population had access to 42 built-up sewage treatment plants that served only major cities while other parts of the country relied on simpler technologies.¹⁸⁹ Many of these are no longer operational due to damage or the non-availability of critical supplies and management support leading to significant community-level health risks.

Garbage collection services are primarily provided by municipalities/local authorities in most parts of the country and usually provide a basic level of service. However, due to the lack of comprehensive disposal strategies and operational challenges, additional efforts are needed in specific rural and urban communities to strengthen and upgrade the quality and regularity of solid waste management.

Idleb governorate as well as surrounding contested areas have become extremely crowded amidst the significant displacement to and within those areas. Increased pressure on already overstretched WASH services has resulted in increased dependency on alternative and often unsafe water sources that significantly increase the risk of waterborne diseases. In addition, the continuous drilling of wells in search for water has negatively affected groundwater resources, with a significant depletion of water aquifers observed especially around IDP sites near the Turkish border. The extremely high levels of displacement combined with increase in the number of people seeking shelter in IDP sites has presented significant challenges to WASH sector partners, in view of the increased cost and complexity to deliver in IDP site settings than in host communities. Cross-border and cross-line access are of particular importance for the WASH sector, especially for people with acute WASH needs as this type of programming constitutes the bulk of the WASH emergency response.

Due to changes in control of many areas across Syria, the sector has observed a discontinuation of WASH service provision to extremely vulnerable populations in areas including East Ghouta, Afrin, southern Syria and north-west Syria. During hostilities and in the months following changes in control, access has remained restricted for partners operating from inside Syria. The delay in re-establishing assistance and services to these areas, limited funding and numerous (additional) conditionalities applied by donors are significant drivers of needs. Humanitarian needs must be alleviated even in cases of change of control, and greater flexibility is therefore required.

ANALYSIS OF HUMANITARIAN NEEDS

In spite of investments in water treatment systems and provision of water disinfectants, the main WASH need across Syria remains access to sufficient quantities of safe water. Up to 55 per cent of surveyed households are relying on alternative and often unsafe water sources to meet or complement their water needs. Results of FRC testing are even more concerning, indicate that countrywide only 40 per cent of water received from networks have a sufficient level of FRC at the point of use (within both national drinking water and emergency standards of min. 0.2 mg/l). The worst situation is observed in Dar'a and Idleb where only approximately 13 per cent of the population is served exclusively via piped water, with this figure only slightly higher in Aleppo (16 per cent) and Deir-ez-Zor (22 per cent). In Dar'a, Quneitra, Idleb and Deir-ez-Zor, water trucking is the only source of water for 35-45 per cent of the population, and accounts for as much as 63 per cent of the overall household-level water supply in Idleb. Results of FRC testing for water supplied by water tankers indicates that water safety is much lower than water from networks, with only 13 per cent of samples taken across Syria

indicating a sufficient level of chlorine at the point of use.

Average water consumption during 2018 amounted to an estimated 71 litres per capita per day. However, communities purchasing water exclusively from commercial water trucks received on average only 57 litres per capita per day, with at least 10 per cent of them receiving less than 30 litres per capita per day. Areas well served by free water from networks use far more than the average of 71 litres per day. Families who have no option but to purchase water from commercial water trucks spend on average 10 per cent of their income on water, with 3 per cent of the population spending more than 20 per cent of their income to purchase water and in extreme cases as high as 40 per cent (Areesheh sub-district in Al-Hasakeh Governorate). The situation is even more dire for people living in informal settlements, where families can spend more than 50 per cent of their incomes on water. Reduced incomes and purchasing power of families in Syria could lead to adoption of harmful coping strategies, with potentially significant implications on health and hygiene behaviour/practices.

Regarding sanitation, more than 99 per cent of the surveyed population has access to a functioning toilet. Nevertheless, this figure may give a false impression that the sanitation situation in Syria is satisfactory: at least 70 per cent of sewage is untreated and at least half of the sewage systems are either not functional or only partially functional, leading to significant community-level health risks. Recent estimates from the Ministry of Water Resources indicate that only 9 per cent of the population is still served by functional wastewater treatment plants.¹⁹⁰ Dysfunctionality of existing wastewater treatment plants and sewage networks, contributing to the discharge of raw sewage, will continue to have a significant impact on water sources, soil and the overall water resource management. A combination of factors including a lack of investment in water safety, the distribution of raw untreated water and the lack of safe sewage management has contributed to increased public health risks. The high proportion of water-borne diseases in some communities, including across Idleb or the outbreak of acute bloody diarrhea in some areas of Deir-ez-Zor in 2018, are examples of some of these risks.¹⁹¹

The WASH household assessment indicates that at least 10 per cent of garbage is left in public areas, potentially contributing to the increase in leishmaniasis cases observed since the beginning of 2018 in some areas. The situation seems to be particularly dire for some areas with a high returns ratio, with 35 per cent of returnees reporting leaving garbage in the public areas. In addition, some places used for garbage dumping are not prepared and managed well, which could contribute to an increase in vector breeding. There is a significant need for leishmaniasis prevention activities, including solid waste management, particularly in north-

west and north-east Syria where the more serious form of the disease (visceral leishmaniasis) exists. Reports for Idleb indicate that in the first half of 2018, there was a 100 per cent increase in the number of cases in comparison with the number of reported cases in 2017.¹⁹²

IDPs living in IDP sites are among the most vulnerable groups in Syria. In the north-west the scale of displacements to IDP sites witnessed since the beginning of 2018 has contributed to a deterioration of already overused WASH facilities and increased the need to scale-up operations and enhance the focus around more sustainable solutions – such as the connection to existing water networks and/or the establishment of simplified water and sewer networks. Access to WASH services has been identified by IDPs as their first priority in 30 per cent of camps and collective centres in north-west Syria, the second priority in 40 per cent, and the third priority in 30 per cent.¹⁹³ Results of the WASH sector camp assessment conducted both in north-west and north-east Syria show that in IDP camps and collective centres 16 per cent of IDPs spend more than 20 per cent of their income to purchase water, with this figure rising to over 50 per cent in some cases and also contributes to increase the recourse to harmful coping strategies. Sanitation needs are also considerably higher among IDPs living in informal settlements and camps compared to the rest of the population, with overcrowding, cleanliness and protection concerns linked with substandard conditions of sanitation facilities frequently reported.

In terms of affordability and accessibility of WASH items, WASH assessment data indicates that hygiene supplies are available in most of the local markets, and only a relatively small percentage of the population could not afford to purchase them. IDPs and returnees are in a worse situation, with up to 10 per cent of respondents indicating being unable to purchase some basic hygiene items.

AFFECTED POPULATION

Due to the nature of WASH programming, specifically in host communities, support to WASH systems benefits the entire catchment population served in the programme area, regardless of status or severity of need. Available information indicates that IDPs hosted in communities are consistently worse off than resident communities in terms of access to WASH services and items. In addition, self-organized returnees to their area of origin are facing non-consistent access to WASH services which might lead to secondary displacement. Moreover, displaced persons in IDP sites are much more vulnerable as they are fully reliant on assistance to access life-saving essential WASH services and items. Specifically, most IDPs with disabilities sheltering in IDP sites do not have access to appropriate sanitation facilities.

In addition, Palestine refugees may require special attention to determine WASH needs, especially those living in areas severely affected by past hostilities, as well as for returnees and IDPs.

Among people in needs there are groups with specific WASH needs including children under 2 years (7 per cent), women of a reproductive age (33 per cent) and people with disabilities living in camps. Particular groups also face specific WASH challenges. IDP and returnee female-headed households have more difficulties to afford a majority of hygiene items in comparison with female-headed households in host communities. For instance, affordability of baby diapers for female-headed households is an issue for 17 per cent of returnees and 8 per cent of IDPs, compared to less than 1 per cent of host communities. Although specific hygiene needs vary by population group, household-level assessments confirm an overall good level of hygiene practices across Syria despite the protracted crisis. Markets across the country generally remain functional, and the majority of hygiene items are available for purchase. The major barrier to accessing hygiene items is therefore the severely reduced purchasing power of families in Syria, particularly those that are displaced, enhancing the need for market-based WASH programming.

Protection concerns and WASH needs

Available data indicates there are several protection risks linked with WASH needs that need to be prevented or addressed.¹⁹⁴ Assessment results in some of the IDP sites in northern Syria confirmed that protection issues including the lack of door locks and adequate lighting, lack of gender segregated facilities, long distances to the facilities as well as the lack of privacy and the fear of harassment on the way to WASH facilities are considerable concerns for women and girls. Facilities adapted for children and for persons with disabilities are often lacking, those groups are therefore most likely to be affected by the lack of safety; this gap needs to be addressed. In addition, IDP and returnee female-headed households are more vulnerable in terms of access or affordability of WASH items, including sanitary napkins and other hygiene items traditionally provided by WASH actors, and services. Action must be taken by WASH partners to avoid their exposure to greater protection risks, particularly to GBV. Continuous efforts are required for WASH staff to be trained on basic GBV concepts and referral pathways to properly refer GBV survivors. Other areas of concern, particularly in north-east Syria, are the high levels of explosive hazard contamination in water and sanitation infrastructure and the proximity of WASH infrastructure to frontlines, which potentially put humanitarian staff in danger during WASH assessment and rehabilitation works.

ANNEX I

Inter-Sector Severity Categorization

	NEED OF HUMANITARIAN ASSISTANCE			ACUTE AND IMMEDIATE NEED OF HUMANITARIAN ASSISTANCE		
	1	2	3	4	5	6
	Minor need	Moderate need	Major need	Severe need	Critical need	Catastrophic need
ACCESS STATUS					Hard-to-Reach under ISIL-control "Formerly inaccessible areas"	Besieged; Military encircled
Title: % of newly displaced and/or returnees (<3 months and incl. IDP sites)	< 25% newly displaced and/or returns in area given overall displacement	26-30% newly displaced and/or returns in area given overall displacement	31-40% newly displaced and/or returns in area given overall displacement	41-60% newly displaced and/or returns in area given overall displacement	61-90% newly displaced and/or returns in area given overall displacement	91-100% newly displaced and/or returns in area given overall displacement
% of IDPS and returnees vis a vis host population	< 10% of the population are IDPs or returnees	11-20% of the population are IDPs or returnees	21-30% of the population are IDPs or returnees	31-40% of the population are IDPs or returnees	41-50% of the population are IDPs or returnees	> 50% of the population are IDPs or returnees
Intensity of hostilities	Intensity of hostilities in area is minimal	Intensity of hostilities in area is moderate	Intensity of hostilities in area is major	Intensity of hostilities in area is severe	Intensity of hostilities in area is critical	Intensity of hostilities in area is catastrophic
Compound index (% increase of prices of basic commodities (fuel and flour))	10-20% range of compound index	21-40% range of compound index	41-60% range of compound index	61-80% range of compound index	81-100% range of compound index	> 100% increase in range of compound index
Access to basic services (access to safe water and use of treatment)	Unsafe source of water and 91-100% usage of water treatment	Unsafe source of water and 61-90% usage of water treatment	Unsafe source of water and 41-60% usage of water treatment	Unsafe source of water and 21-40% usage of water treatment	Unsafe source of water and 11-20% usage of water treatment	Unsafe source of water and 0-10% usage of water treatment
Expert review review by hubs/AHCTs	-	-	-	-	-	-

ENDNOTES

- 1 Population movements refer to persons or group of persons who have been forced or obliged to flee or leave their homes in particular as a result of or in order to avoid the effects of hostilities or disasters. Population movements include movements of people that may have experienced displacement more than once. As such, it does not represent individual displaced population but rather trends in displacement.
- 2 UN Population and IDP Task Force, December 2018
- 3 UN Population and IDP Task Force, December 2018
- 4 Food Security sector, December 2018
- 5 Health sector, December 2018
- 6 Education Sector, December 2018
- 7 ESCWA, <https://www.unescwa.org/publications/syria-war-five-years>
- 8 Syria Centre for Policy Research, Impact of Syrian Crisis (draft), 2018
- 9 UN Partners Survey, Intentions of IDPs in Syria, 2018.
- 10 UN Partners Survey, Intentions of IDPs in Syria, 2018.
- 11 Health sector, December 2018
- 12 UN Population and IDP Task Force, December 2018. UNHCR refugee statistics, 2018.
- 13 Independent International Commission of Inquiry on the Syrian Arab Republic, June 2018
- 14 "Local agreements" refer to agreements reached between the Government of Syria and Non-State Armed Groups, sometimes facilitated by local or international third parties and which concern specific localities. The United Nations is not a party to these agreements.
- 15 WHO Surveillance System for Attacks on Health Care, December 2018
- 16 Health sector, December 2018
- 17 Health sector, December 2018
- 18 MRM4Syria, July 2018
- 19 Report of the Secretary General on the Implementation of Security Council resolutions 2139 (2014), 2165 (2014), 2191 (2014), 2258 (2015), 2332 (2016), 2393 (2017) and 2401 (2018), August 2018.
- 20 MRM4Syria, 2018.
- 21 UN Population and IDP Task Force, December 2018
- 22 CCCM Cluster, April 2018
- 23 Last resort sites include: planned IDP camps; informal settlements or camps; collective centres or transit/reception centres (CCCM, 2018)
- 24 CCCM Cluster, September 2018
- 25 CCCM Cluster, November 2018
- 26 UNHCR Qamishly, 15 January 2019
- 27 CCCM Cluster, September 2018
- 28 OCHA, July 2018
- 29 UNRWA, 2018
- 30 This figure includes only refugee returns verified by UNHCR. See https://data2.unhcr.org/en/situations/syria_durable_solutions
- 31 IDP Task Force, September 2018
- 32 IDP Task force, September 2018
- 33 MSNA, September 2018
- 34 UN partner survey, 2018. IDP populations were surveyed across all 14 Syrian governorates, 65 districts and 270 sub-districts in September 2018 exploring what their intentions were for the future.
- 35 WHO HeRAMS, September 2018
- 36 Whole of Syria Health sector, September 2018
- 37 Education sector, December 2018
- 38 UN partner Household Level Assessment, July 2018
- 39 Report of the Special Rapporteur on the negative impact of unilateral coercive measures on the enjoyment of human rights, August 2018.
- 40 UN Population Task Force, August 2018
- 41 Whole of Syria Food security sector, 2018
- 42 In the global MPI, a person is identified as multidimensionally poor or MPI poor if they are deprived in at least one third of the weighted MPI indicators: health, education and living standards.
- 43 Protection sector, 2018
- 44 Whole of Syria Food Security Sector, December 2018
- 45 Whole of Syria Food security sector, December 2018
- 46 Whole of Syria Food security sector, December 2018
- 47 WFP Market Price Watch Bulletin, June 2018
- 48 Syria Needs Assessment Programme, February 2014
- 49 Syria Direct, July 2018
- 50 World Bank, The Toll of War: Economic and Social Consequences of the Conflict in Syria, July 2017
- 51 Syria Economic Society, Employment and Livelihoods Support in Syria, 2018.
- 52 UNDP and the Syrian Economic Sciences Society, Employment and Livelihood Support in Syria, July 2017
- 53 UNDP and the Syrian Economic Sciences Society, Employment and Livelihood Support in Syria, July 2017
- 54 WHO and World Bank, 2011
- 55 Disability and Access to Healthcare in Syria: western Aleppo, Idleb and Ar-Raqqa. Syria Report, December 2018.
- 56 Whole of Syria Outcome Monitoring Initiative: Round 3, Whole of Syria Food Security Sector
- 57 Demographic, Socio Economic and Intentions Household survey, 2018
- 58 Nutrition sector, 2019.
- 59 These areas refer to areas that have recently shifted control. In some of these areas, humanitarian actors from within Syria have been able to increase their access; however, some areas remain hard-to-reach due to a multiplicity of factors.
- 60 Populations are conventionally considered as newly displaced during their first three months of displacement
- 61 Communities are considered overburdened when over 30 per cent of the host population are displaced.
- 62 The UN was not party to these agreements
- 63 Voices from Syria 2018, GBV Area of Responsibility, Assessment

ENDNOTES

Findings for the 2018 HNO

- 64 Donors at the Brussels II Conference on ‘Supporting the future of Syria and the region’ in April 2018 “reiterated that reconstruction and international support for its implementation will only be possible once a credible political solution, consistent with UNSCR 2254 and the Geneva Communiqué, is firmly underway”.
- 65 A shortened version of the questionnaire used in 2017, which was agreed after a dialogue with national authorities, was inserted in the 2018 MSNA exercise. The questionnaire looked at 10 different protection issues: The questionnaire was structured to identify how the selected protection issues are affecting different age/ sex groups, and how frequently they occur.
- 66 One or more protection issues were covered in a total of 6,695 communities surveyed by the 2018 Multi-Sectoral Needs assessments (2018 MSNA).
- 67 2018 MSNA
- 68 According to the analysis of 495 mission reports from UNHCR protection and field staff – repeatedly covering some 115 communities, in 82 sub-districts in 12 governorates, the issue of civil status documentation emerged 115 times, second only to the expression of concern for the situation of children.
- 69 Cited by respondents in 84 per cent of assessed communities reporting lack/loss of civil documentation as occurring.
- 70 Cited by 67 per cent and 35 per cent of the respondents in assessed communities;
- 71 Comparative analysis according to the gender of respondents is only possible for a limited number of communities where the MSNA was conducted (1,896), where both male and female respondents participated in the exercise. In this specific set of communities, 80 per cent of female respondents reported the occurrence of lack/loss of civil documentation as opposed to 47 per cent of male respondents.
- 72 2018 MSNA
- 73 In the analysis of 495 UNHCR mission reports with protection information, challenges in freedom of movement emerged in 147 reports.
- 74 2018 MSNA
- 75 Lack of personal documents was identified as a specific concern in 55 per cent of communities where respondents identified HLP concerns (2018 MSNA).
- 76 Child labour preventing school attendance was reported by respondents in 81 per cent of assessed communities
- 77 2018 MSNA
- 78 In 254 of the 495 UNHCR mission reports analysed, the general concern of the consulted population for the situation of children emerged, and the main two sources of concern were child labour and early marriages.
- 79 2018 MSNA
- 80 2018 MSNA
- 81 HNO 2017 and MSNA 2018; communities where contamination was reported in 2017 are likely to be still impacted now if marking and clearance have not systematically occurred.
- 82 2018 MSNA
- 83 Mine action and health databases from areas where data collection is possible. Due to limited access, these victim analyses mostly cover the areas of north-east and north-west Syria and can only be considered as a partial overview of the problem regarding explosive hazard accidents. Figures and ratio provided in the report reflect a real situation but are not exhaustive.
- 84 MSNA 2018
- 85 M4M 4Syria, December 2018
- 86 Numbers provided are not indicative of the overall scale or scope of grave violations against children in Syria, but rather of the number of grave violations it was possible for MRM4Syria to verify based on primary sources during reporting the period.
- 87 M4M Syria, December 2018
- 88 2018 MSNA
- 89 2018 MSNA. In 46 per cent of assessed communities, respondents reported occurrence of family separation.
- 90 2018 MSNA. Divorce and “economic reasons”.
- 91 2018 MSNA. 1,220 out of 1402 communities (87 per cent).
- 92 2018 MSNA. Child labour was the protection issue most frequently cited by respondents, in 81 per cent of assessed communities. The issue emerged in over 90 per cent of assessed communities in 8 governorates; and over 80 per cent in 12 governorates; over 50 per cent in all 14 governorates.
- 93 2018 MSNA: respondents in 45 per cent of assessed communities reported early marriage to be occurring for adolescent girls; 29 per cent of respondents in assessed communities reported early marriage for adolescent boys. In 6 governorates respondents in over 80 per cent of assessed communities reported the occurrence; in 9 governorates over 60 per cent.
- 94 2018 MSNA: respondents in 30 per cent of assessed communities reported recruitment to be occurring for adolescent boys; and in 11 per cent of assessed communities for adolescent girls.
- 95 MRM4Syria, December 2018.
- 96 In the questionnaire (MSNA) data was disaggregated by gender and age groups (women and men; adolescent boys and girls aged 12-17; boys and girls < 12). Focus group discussions were conducted with men, women, adolescent boys and adolescent girls.
- 97 MSNA 2018
- 98 Focus Group Discussions (2018)
- 99 Due to limited access, these victim analyses mostly cover the areas of north-east and north-west Syria and can only be considered as a partial overview of the problem regarding explosive hazard accidents. Figures and ratio provided in the report reflect a real situation but are not exhaustive.
- 100 See note 7.
- 101 “Sites/camps” in CCCM is a generic IASC term used to describe several IDP settlements including formal camps as well as informal or spontaneously established settlements. CCCM IDP tracking shows that the majority of recently displaced arriving in camps spent time in other types of sites, e.g. rented accommodation, host family and collective centres, before moving into an IDP settlements or camps.
- 102 IDP Sites Monitoring Matrix (2017-2018).
- 103 Data sources for the cluster HNO are: MSNA (July 2018); IDP sites integrated monitoring matrix (July 2017); CCCM cluster

- membership IDP tracking for displacements and IDP Situation Monitoring Initiative (ISMI), north-east Syria IDP sites table, ISIMM Plus.
- 104 UN Population and IDP Task Force, 2018.
- 105 These figures reflect the share of buildings reported across the MSNA for collective centres. However, the overall number of centres has been revised as per above through triangulation with additional sources.
- 106 ERL Area Based Assessments 2018.
- 107 ESCWA, Syria at War – After Five Years, 2015.
- 108 Syria Centre for Policy Research, Impact of Syrian Crisis (draft), 2018.
- 109 Syria Economic Society, Employment and Livelihoods Support in Syria, 2018.
- 110 UNDP, Local Context Analysis (draft) for Homs, Hama, Aleppo and Tartous cities, 2018.
- 111 UNDP, Local Context Analysis (draft) for Al-Hasakeh, Ar-Raqqa and Deir-ez-Zor Governorates, 2018.
- 112 Education Severity Needs Analysis, 2018.
- 113 Education Needs Assessment, 2018.
- 114 MSNA, 2018.
- 115 Education Management Information System data, Ministry of Education, 2017-18 academic year.
- 116 OCHA population dataset as of September 2018
- 117 Ministry of Education, 2018
- 118 MRM4Syria, 2018
- 119 OCHA population dataset as of September 2018
- 120 Physical Rehabilitation Working Group on 'Disability and Access to Healthcare in Syria: western Aleppo, Idleb and Ar-Raqqa', 2018
- 121 Physical Rehabilitation Working Group, 2018
- 122 No Lost Generation Initiative, 2018
- 123 Education Management Information System data, Ministry of Education, 2017-18 academic year
- 124 OCHA hard-to-reach population dataset as of 29 October 2018
- 125 ESCWA.
- 126 World Bank and United Nations Food and Agriculture Organization, Agriculture Damage and Losses Needs Assessment (ADNA, 2017)
- 127 Abu Kamal, Rastan, Tadamor, As Suqlabiyah and Al Fiq.
- 128 January – October 2018 Food Security and Agriculture Sector 4Ws (Who, What, Where, When) dataset
- 129 <http://www.fao.org/emergencies/resources/documents/resources-detail/en/c/878213/>. Counting the cost. Agriculture in Syria after six years of crisis.
- 130 The upper poverty line is equal to per capita expenditure on basic food needs (food poverty line) plus per capita non-food expenditure of households whose per capita food expenditure is close to the food poverty line.
- 131 In the global MPI, a person is identified as multidimensionally poor or MPI poor if they are deprived in at least one third of the weighted MPI indicators: health, education and living standards.
- 132 Data sources include CCCM, NES Forum and WFP, August-September 2018. Numbers have increased since, and continue to do so especially in north-east Syria due to new arrival of IDPs.
- 133 OCHA hard-to-reach population dataset, August 2018.
- 134 Ministry of Agriculture and Agrarian Reform
- 135 Crop and Food Security Assessment Mission (CFSAM), 2018.
- 136 Whole of Syria Q3 2018 consolidated HeRAMS
- 137 http://www.who.int/nmh/countries/syr_en.pdf?ua=1 and Manuela Rehr, Muhammad Shoaib, Sara Ellithy, Suhub Okour, Cono Ariti, Idriss Ait-Bouziad, Paul van den Bosch, Anais Deprade, Mohammad Altarawneh, Abdel Shafei, Sadeq Gabashneh and Annick Lenglet (2018). Prevalence of non-communicable diseases and access to care among non-camp Syrian refugees in northern Jordan. *Conflict and Health* 12:33. <https://doi.org/10.1186/s13031-018-0168-7>.
- 138 Physical Rehabilitation & Disability Working Group 'Disability and Access to Healthcare: western Aleppo, Idleb & Ar-Raqqa' 2018 with self-reported feelings of high, daily anxiety and/or depression, cross-referenced with peer-reviewed, published studies by WHO staff: (1) Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA*. 2009 Aug 5;302(5):537–49. <http://dx.doi.org/10.1001/jama.2009.1132> pmid: 19654388 and (2) van Ommeren M, Saxena S, Saraceno B. Aid after disasters. *BMJ*. 2005 May 21;330(7501):1160–1. <http://dx.doi.org/10.1136/bmj.330.7501.1160> pmid: 15905230
- 139 World Health Organization and the World Bank. World Report on Disability 2011. World Health Organization, Geneva. 2011. http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf?ua=1
- 140 Physical Rehabilitation & Disability Working Group 'Disability and Access to Healthcare: western Aleppo, Idleb & Ar-Raqqa' 2018
- 141 World Health Organization. Surveillance System for Attacks on Health Care. See ssa.who.int for the Public Dashboard.
- 142 Monitoring Violence against Health Care (MVH) report by the Turkey Health Cluster. Available from https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/syr_attacks_on_health_cluster_2017_2018_overview_20180205.pdf
- 143 Whole of Syria Q3 2018 consolidated HeRAMS
- 144 MSNA 2018 Health Sector Questionnaire (this data was used in the calculation of the severity scales)
- 145 Whole of Syria Q3 2018 consolidated HeRAMS
- 146 MSNA 2018 Health Sector Questionnaire
- 147 Physical Rehabilitation & Disability Working Group Disability and Access to Healthcare: western Aleppo, Idleb & Ar-Raqqa 2018.
- 148 MSNA 2018 Health Sector Questionnaire
- 149 2018 4W reporting
- 150 Syria HNO 2018
- 151 UNFPA Syria, 2018
- 152 MSNA 2018 Health Sector Questionnaire
- 153 UNICEF 2018 data, triangulated with data from 4W reporting for 2018
- 154 Combined EWARN and EWARS data for Jan-Sept 2018 (with double reporting removed)
- 155 Ibid
- 156 Personal communication from the Ministry of Health of the Syrian Arab Republic, verified through the WHO Syrian Arab Republic Tuberculosis country profile 2017 available from https://extranet.who.int/sree/Reports?op=Replet&name=%2FWHO_

- HQ_Reports%2FG2%2FPROD%2FEXT%2FTBCountryProfile&ISO2=SY&LAN=EN&outtype=html
- 157 MSNA 2018 Health Sector Questionnaire – as no other data was available to illustrate the need to strengthen tuberculosis case finding and treatment.
- 158 http://www.who.int/nmh/countries/syr_en.pdf?ua=1; data for 2014/2015
- 159 http://www.who.int/nmh/countries/syr_en.pdf?ua=1 and Manuela Rehr, Muhammad Shoaib, Sara Ellithy, Suhib Okour, Cono Ariti, Idriss Ait-Bouziad, Paul van den Bosch, Anais Deprade, Mohammad Altarawneh, Abdel Shafei, Sadeq Gabashneh and Annick Lenglet (2018). Prevalence of non-communicable diseases and access to care among non-camp Syrian refugees in northern Jordan. *Conflict and Health* 12:33. <https://doi.org/10.1186/s13031-018-0168-7>
- 160 Turkey Health Cluster 2018 mapping of dialysis services
- 161 2018 MSNA Health Sector Questionnaire
- 162 (1) Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van Ommeren M. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA*. 2009 Aug 5;302(5):537–49. <http://dx.doi.org/10.1001/jama.2009.1132> pmid: 19654388 and (2) van Ommeren M, Saxena S, Saraceno B. Aid after disasters. *BMJ*. 2005 May 21;330(7501):1160–1. <http://dx.doi.org/10.1136/bmj.330.7501.1160> pmid: 15905230
- 163 Physical Rehabilitation & Disability Working Group ‘Disability and Access to Healthcare: western Aleppo, Idleb & Ar-Raqqa’ 2018
- 164 Ibid
- 165 2018 MSNA Health Sector Questionnaire
- 166 Syrian Association of Psychiatry, November 2018
- 167 World Health Organization. Mental Health Atlas 2011. http://apps.who.int/iris/bitstream/handle/10665/44697/9799241564359_eng.pdf?sequence=1
- 168 2018 MSNA Health Sector Questionnaire
- 169 2018 4W reporting
- 170 Whole of Syria Q3 2018 consolidated HeRAMS
- 171 2018 Protection Sector Mine Action reporting
- 172 Physical Rehabilitation & Disability Working Group. ‘Disability and Access to Healthcare: western Aleppo, Idleb & Ar-Raqqa’ 2018
- 173 Ibid
- 174 Ibid
- 175 Wide-scale SMART surveys will be rolled out on a national scale over the course of 2019 and thus information in this document will need to be revisited, in particular the mid-year review 2019.
- 176 SMART Survey Report, Tell Abiad district, Ar-Raqqa, Nutrition Surveillance System, Nutrition Cluster Gaziantep Hub, June 2018.
- 177 SMART Survey Report, East Ghouta, Syria, Physicians Across Continents, Nutrition Sector, UNICEF, November 2017.
- 178 WHO-UNICEF Technical Expert Advisory Group, Prevalence thresholds for wasting, overweight and stunting in children under 5 years, *Public Health Nutrition*: 22(1), 175–179, 2018.
- 179 SMART Survey Report, Nutrition in Al Lajat, Dar’a, Southern Syria, World Vision, UOSSM, UNICEF, September 2017.
- 180 SMART Survey Report, Jarablus, Aleppo, Independent Doctors Association, Assistance Coordination Unit, March 2018.
- 181 The 2015 IASC GBV Guidelines for the Nutrition sector
- 182 Interview with adolescent girl 12-14 in north-east Syria stated, “girls are forced to get married at an early age so that parents get rid of their responsibilities.”
- 183 The Government of Syria has expressed reservations over these findings.
- 184 The Government of Syria has expressed reservations over these findings.
- 185 The Government of Syria has expressed reservations over these findings.
- 186 The Government of Syria has expressed reservations over these findings.
- 187 Ministry of Water Resources, 2018
- 188 EWARS and EWARN reports
- 189 Ministry of Water Resources, 2018
- 190 Ministry of Water Resources, 2018
- 191 EWARN and EWARS reports.
- 192 MENTOR and EWARN Waterborne Disease
- 193 CCCM sector IDP tracking
- 194 WASH household assessments in camps in north-west and north-east Syria.

PEOPLE TO CONTACT



Camp Coordination and Camp Management

WoS/Turkey Hub Coordinator: Dher Hayo hayo@unhcr.org
 Turkey Hub Co-Coordinator: Amro Tarrisi atarrisi@globalcommunities.org



Early Recovery and Livelihoods

WoS/Syria Hub Coordinator: Usman Qazi usman.qazi@undp.org
 Turkey Hub Coordinator: Francesco Baldo francesco.baldo@undp.org
 Turkey Hub Co-Coordinator: Caterina Pino caterina.pino@giz.de



Education

WoS/Turkey Hub Coordinator: Amson Simbolon asimbolon@unicef.org
 WoS Co-Coordinator: MacKenzie Monserez mackenzie.monserez@savethechildren.org
 Syria Hub Coordinator: Rania Zakhia rzakhia@unicef.org
 Turkey Hub Co-Coordinator: Kemal Alp Taylan kemal.alptaylan@savethechildren.org



Emergency Telecommunications

WoS/Syria Hub Coordinator: Balamine Ouattara balamine.ouattara@wfp.org
 Turkey Hub Coordinator: Shahan Ara Qadir shahan.araquadir@wfp.org

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Food Security

WoS/Syria Hub Coordinator: Samantha Chattaraj samantha.chattaraj@wfp.org
 WoS Co-Coordinator: Tulin Arslan tarslan@mercy Corps.org
 Syria Hub Co-Coordinator: Joseph Oneka joseph.oneka@fao.org
 Turkey Hub Coordinator: Anas Almohammad aalmohammad@sy.goal.ie
 Turkey Hub Coordinator: Martina Iannizzotto martina.iannizzotto@fao.org



Health

WoS Coordinator: Christina Bethke dupinc@who.int
 WoS Co-Coordinator: Kais Al Dairi kais.dairi@rescue.org
 Syria Hub Coordinator: Azret Kalmykov kalmykova@who.int
 Turkey Hub Coordinator: Jorge Martinez martinezj@who.int



Logistics

WoS/Syria Hub Coordinator: Samuel Terefe samuel.terefe@wfp.org
 Turkey Hub Coordinator: Myron Kamensa myron.kamensa@wfp.org



Nutrition

WoS Co-Coordinator: Christine Fernandes christine.fernandes@savethechildren.org

WoS/Turkey Hub Coordinator: Tarig Mekkawi tmekkawi@unicef.org

Syria Hub Coordinator: Najwa Rizkallah nrizkallah@unicef.org



Protection (including Child Protection, GBV and Mine Action sub-sectors)

WoS/Syria Hub Coordinator: Elisabetta Brumat brumat@unhcr.org

WoS Co-Coordinator: Sameer Saran sameer.saran@rescue.org

WoS GBV AoR Coordinator: Jennifer Miquel miquel@unfpa.org

WoS GBV AoR Specialist: Aishia Glasford antionette@unfpa.org

WoS Child Protection AoR Coordinator: Susan Andrew sandrew@unicef.org

WoS Mine Action AoR Coordinator: Gianmarco M. Vitale gianmarcom@unops.org

Syria Hub GBV AoR Coordinator: Francesca Paola Crabu crabu@unfpa.org

Syria Hub Mine Action AoR Coordinator: Sonia Pezier soniap@unops.org

Syria Hub Child Protection AoR Coordinator: Kehkashan Beenish Khan_kbkhan@unicef.org

Turkey Hub Coordinator: Victoria Shepard shepard@unhcr.org

Turkey Hub Co-Coordinator: Mohamad Kalae mohamad.kalae@rescue.org

Turkey Hub GBV AoR Coordinator: Reem Khamis rkhamsis@unfpa.org

Turkey Hub GBV AoR Co-Coordinator: Fulvia Boniardi fboniardi@globalcommunities.org

Turkey Hub Mine Action AoR Coordinator: Heba Najjar heban@unops.org

Turkey Hub Child Protection AoR Coordinator: Gbemisola Akinboyo gakinboyo@unicef.org

Turkey Hub Child Protection AoR Co-Coordinator: Ahmad Salem ahmad_salem@wvi.org

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Shelter and NFI

WoS Co-Coordinator: Greg Andrews wos_nfi_shelter@drc-mena.org

WoS/Syria Hub Coordinator: Pankaj Kumar Singh singhpa@unhcr.org

Turkey Hub Coordinator: Angel Pascual pascuala@unhcr.org



Water, Sanitation and Hygiene

WoS Coordinator: Patrick Laurent pl Laurent@unicef.org

WoS Co-Coordinator: Jakub Pajak jakub.pajak@acted.org

Syria Hub Coordinator: Madhav Pahari mpahari@unicef.org

Turkey Hub Coordinator: Lalit Patra lpatra@unicef.org

Turkey Hub Co-Coordinator: Omar Sobeh o.sobeh@hihfad.org

This document is produced on behalf of the Strategic Steering Group and humanitarian partners working under the Whole of Syria framework. It provides the humanitarian community's shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance.

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