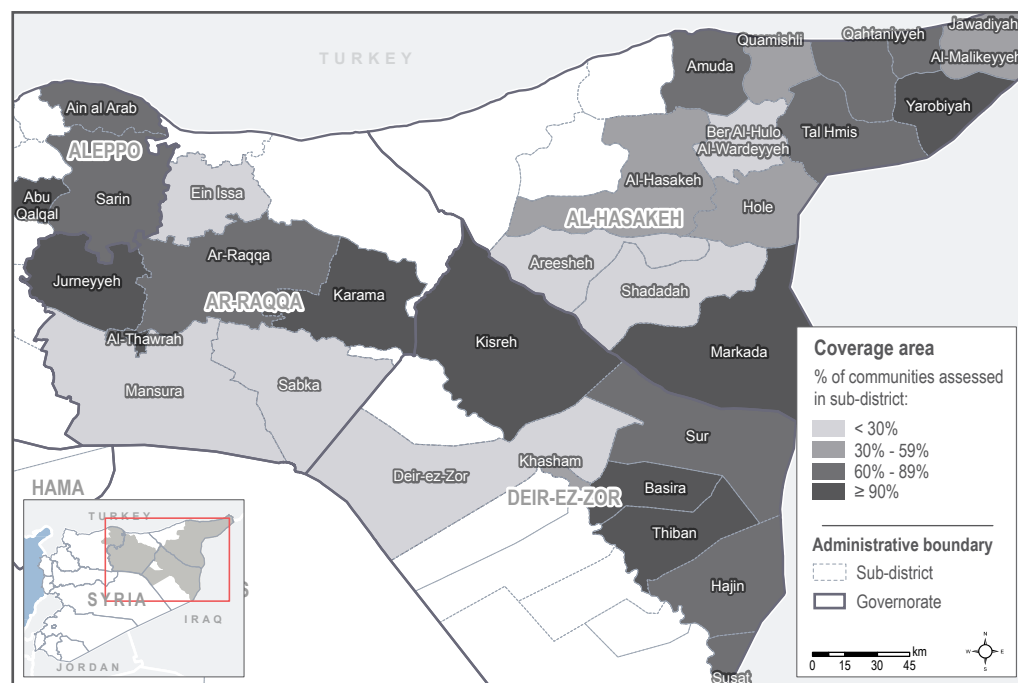


# HUMANITARIAN SITUATION OVERVIEW IN SYRIA (HSOS) NORTHEAST SYRIA JUNE 2020

## INTRODUCTION

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. The assessment is conducted using a key informant (KI) methodology at the community level, and collects information on shelter, electricity & non-food items (NFIs), water, sanitation and hygiene (WASH), food security and livelihoods (FSL), health, education, protection, humanitarian assistance & accountability to affected populations (AAP), as well as priority needs.

This factsheet presents information gathered in 1,209 communities across Aleppo<sup>1</sup> (271 communities), Al Hasakeh (551 communities), Ar Raqqa (278 communities), and Deir ez Zor (109 communities) governorates. Data was collected between 1-16 of June 2020, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (May/June 2020). Findings are indicative rather than representative, and should not be generalized across the region. The dataset is available on the REACH Resource Centre and the Humanitarian Data Exchange.



## KEY HIGHLIGHTS

The overall lack of affordable goods and services coupled with insufficient income constituted a major humanitarian challenge to the people in northeast Syria (NES). Humanitarian assistance and available livelihood opportunities were often insufficient to cover basic needs. As a consequence, households resorted to negative coping strategies, such as sending children to work or beg, which was reported in more than half of the communities.

June findings highlighted reduced households' purchasing power, which was likely due to limited work opportunities and increased prices following the depreciation of the Syrian Pound (SYP). Both internally displaced people (IDPs) and the resident population were largely dependent on waged labour, and low wages constituted the main barrier to accessing sufficient livelihoods. Unaffordability was consistently reported across sectors and was often the main obstacle to accessing goods and services, including sufficient food, essential NFIs and healthcare.




Available humanitarian assistance seems to have only partially addressed the challenges faced by households. In fact, only 27% of assessed communities received assistance in June according to KIs. Food was reportedly the main type of humanitarian assistance provided (96% of the total assistance provided according to KIs), and people in very few communities accessed other types of aid.

To meet their basic needs, households were reported as limiting non-essential expenses and resorting to coping strategies such as borrowing money from friends and family. Households' increased economic vulnerability reportedly contributed to heightened protection risks for children, including child labour and forced and early marriages. The closure of schools as a COVID-19 mitigation measure possibly increased children's risk of being sent to work.

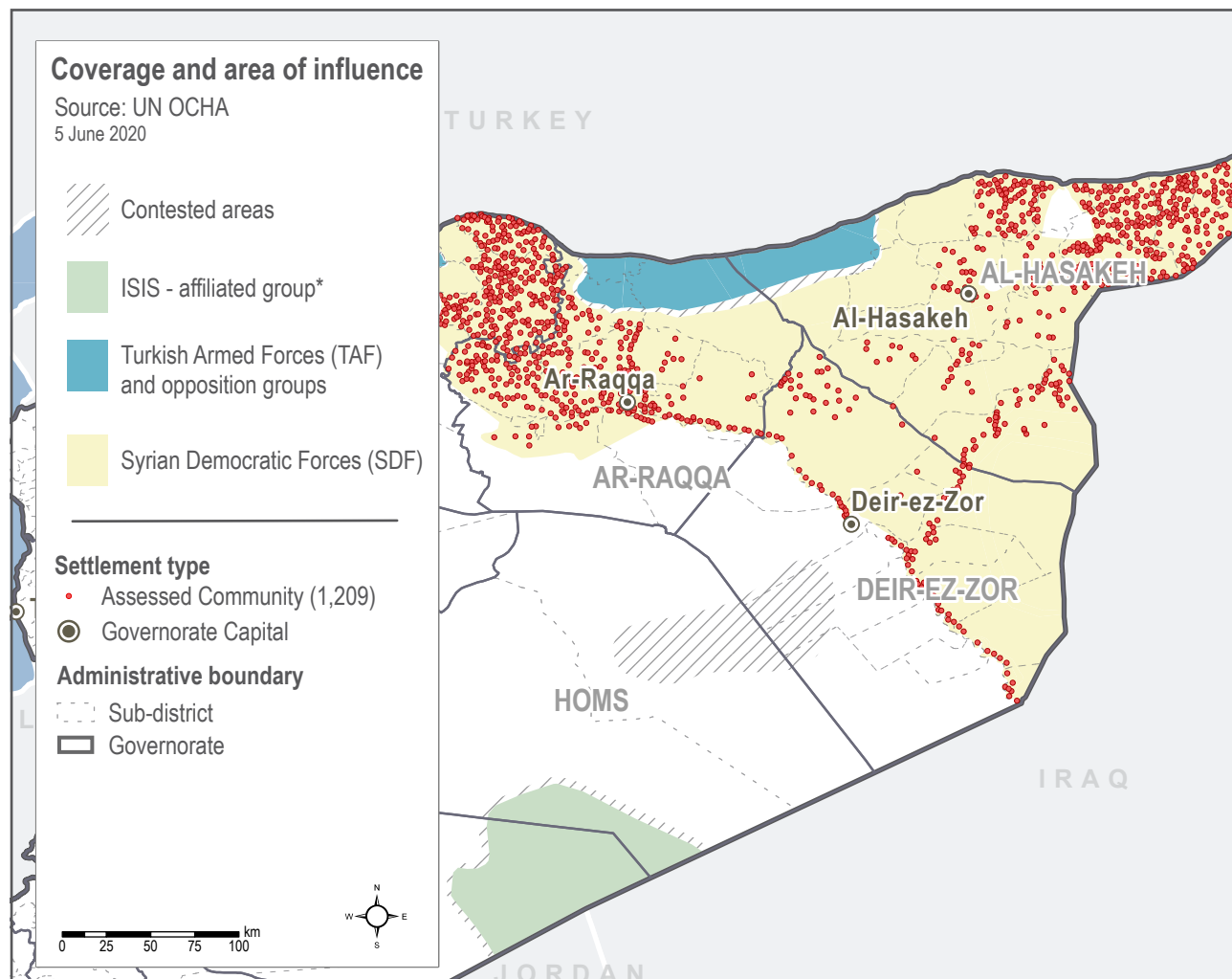
### Top 3 reported overall priority needs in assessed communities:<sup>2</sup>

- 1 Health
- 2 Livelihoods
- 3 Food

June data was collected using the combined expertise of 1-5 KIs per community, in total interviewing:

-  **3,687 KIs**
-  **22% female KIs**
-  **11 types of KIs<sup>3</sup>**

Please note that percentages shown in this factsheet represent the *percentage of communities* where KIs selected the answer option in question.



Economic downturn continued to impact access to basic necessities for households across NES. The continued economic pressure and the fires affecting crops led to an increase in the purchase price of wheat.<sup>a</sup> Competition for domestically produced commodities and the depreciation of the SYP disrupted market functioning and decreased households' purchasing power.<sup>b</sup> While foreign currency was increasingly used in some areas of northern Syria, [REACH's Rapid Currency Assessment](#) of 18 June highlighted that the SYP remained the primary currency used across NES.

The health system in NES was further strained as a result of inflation. In Hasakeh governorate, the price of some medicines increased substantially, while several pharmacies closed due to supply disruptions.<sup>c</sup> Health concerns remained high for vulnerable population groups, which is particularly worrying given no district meets the emergency threshold of at least 10 hospital beds per 10,000 people.<sup>d</sup>

Water shortages in Al-Hasakeh, Deir-ez-Zor, and Ar-Raqqa governorates continued to hinder basic hygiene precautions and displaced populations living in camps and informal settlements remained at heightened risk of COVID-19.<sup>d</sup> At the same time, COVID-19 mitigation measures were progressively eased during May and June. Markets and public spaces started re-opening and partial curfews ended in most sub-districts. Education remained the only consistently unavailable service up to mid-June.<sup>e</sup>

\* The group known as Islamic State of Iraq and Syria (ISIS)

## RESIDENT PRIORITY NEEDS

### Top ranked priority needs for residents

(by % of 1,207 communities where KIs selected a first, second, and third priority need) for residents:<sup>2</sup>

	1st	2nd	3rd	Overall
Health	32%	31%	18%	82%
Livelihoods	19%	19%	37%	76%
WASH	22%	17%	15%	56%
Food	23%	20%	11%	55%
Education	1%	5%	8%	15%
NFIs	1%	6%	6%	13%
Shelter	1%	1%	2%	4%
Protection	0%	0%	1%	1%

### Top three most commonly reported health needs for residents

(by % of 969 communities where health was reported as a priority need):<sup>2</sup>

1	Treatment for chronic diseases	58%
2	First aid or emergency care	54%
3	Skilled care during childbirth	32%

### Top three most commonly reported food needs for residents

(by % of 645 communities where food was reported as a priority need):<sup>2</sup>

1	Cooking oil	70%
2	Sugar	63%
3	Rice	48%

### Top three most commonly reported livelihood needs for residents

(by % of 897 communities where livelihoods was reported as a priority need):<sup>2</sup>

1	Access to humanitarian programmes supporting livelihoods	85%
2	Tools or equipment for production	52%
3	Access to credit for entrepreneurial investment	35%

## IDP PRIORITY NEEDS

### Top ranked priority needs for IDPs

(by % of 598 communities where KIs selected a first, second, and third priority need for IDPs):<sup>2</sup>

	1st	2nd	3rd	Overall
Livelihoods	16%	19%	41%	76%
Food	41%	21%	10%	72%
Health	17%	32%	17%	67%
WASH	10%	11%	12%	34%
Shelter	15%	5%	8%	29%
NFIs	1%	8%	6%	15%
Education	1%	3%	5%	8%
Protection	0%	0%	0%	0%

### Top three most commonly reported food needs for IDPs

(by % of 423 communities where food was reported as a priority need):<sup>2</sup>

1	Cooking oil	74%
2	Sugar	69%
3	Rice	52%

### Top three most commonly reported health needs for IDPs

(by % of 391 communities where health was reported as a priority need):<sup>2</sup>

1	Treatment for chronic diseases	52%
2	First aid or emergency care	46%
3	Skilled care during childbirth	38%

### Top three most commonly reported livelihood needs for IDPs

(by % of 444 communities where livelihoods was reported as a priority need):<sup>2</sup>

1	Access to humanitarian programmes supporting livelihoods	88%
2	Access to credit for entrepreneurial investment	44%
3	Tools or equipment for production	38%

## SECTORAL FINDINGS



KIs in **27%** of communities reported that **households had access to humanitarian assistance** (331 of 1,209 communities).



KIs in **65%** of communities reported that at least some IDPs in their community were **living in overcrowded shelters** (386 of 587 communities).



**More than 12 hours per day** was the most commonly reported range for hours of electricity per day (425 (35%) of 1,209 assessed communities).



KIs in **57%** of communities reported that **not all households had access to sufficient water** (684 of 1,209 communities).



KIs in **38%** of communities reported **that households were not able to access markets within their own communities** (464 of 1,209 communities).



KIs in **72%** of communities reported that **households were not able to access health services in their own communities** (866 of 1,209 communities).



**Closure of schools by local authorities** was a key barrier preventing access to education for both residents (1,199 (99%) of 1,207 communities) and IDPs (597 (100%) of 598 communities).



**Child labour** was the most commonly reported protection risk for both resident (500 (77%) of 646 communities) and IDP children (264 (75%) of 352 communities).

**Humanitarian Assistance & AAP** Food was the predominant type of aid provided in assessed communities where assistance was available. However, people in over 90% of communities receiving assistance reportedly received insufficient support. In three quarters of the assessed locations, people did not receive any information about humanitarian assistance. In 50% of assessed communities, KIs noted that information on how to register for aid was one of the most important missing pieces of information needed by households.

**Shelter** The presence of damaged shelters affected 80% of the communities in NES, and financial constraints remained the main challenge for households wishing to repair their shelter. Multiple shelter inadequacies were reported, such as a lack of lighting around shelters, high temperatures and lack of privacy inside shelters affected residents and IDPs alike.

**Electricity & NFI** Unaffordability was the main reported barrier for people to access essential NFIs. While widely available, house cleaning and personal hygiene items were commonly reported as unaffordable. More than 80% of the assessed communities mainly relied on the electricity networks. However, issues with the networks was the most commonly reported barrier to accessing electricity, including having a non-functioning or partially functioning network reported in 61% of communities.

**WASH** KIs reported that not all households had access to sufficient water in over half of the assessed communities. The piped water network was the most reported source of drinking water. Yet, 36% of the assessed locations were reportedly not connected to a water network. Water trucking was the second most commonly reported source of drinking water, while its high price reportedly also was a key barrier to accessing sufficient water.

**FSL** Low wages were reportedly the main barrier to accessing sufficient livelihoods. The increase in prices of essential goods seemingly resulted in a decreased purchasing power for waged workers. In three quarters of the assessed communities, KIs reported that both resident and IDP households could not afford sufficient food quantities. Borrowing money and decreasing other expenses to spend money on food were the two most commonly reported coping strategies.

**Health** Finding suggest that accessing healthcare was a major challenge. Many communities lacked health facilities and transportation-related barriers were a main obstacle for accessing health services in other communities. Lack of transportation to reach health facilities and its high cost were reported by KIs in more than 40% of the communities.

**Education** All schools were closed by local authorities as a COVID-19 mitigation measure during the reporting period. In 143 (12%) of the assessed communities, barriers to accessing education unrelated to COVID-19 measures were also reported. In particular, child labour and early marriage were mentioned among the reasons why some children do not go to school.

**Protection** Children were particularly exposed to protection risks due to the deteriorating economic situation and school closures. When income sources were not sufficient to meet basic needs, sending children younger than 15 to work or beg was a shared practice among residents and IDPs alike, indicated by KIs in more than half of the assessed communities. Forced and early marriage, reportedly practiced in 41% of the assessed communities, also represented a major protection risk.

## HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

**Were any households in the community able to access humanitarian assistance?** (by % of all 1,209 assessed communities):



Yes: 27%

No: 73%

**Most commonly reported barriers that households faced in accessing humanitarian assistance** (by % of 323 communities where access was reported, and by % of 878 communities where no access was reported):<sup>4</sup>

### Communities reporting access to humanitarian assistance

Assistance provided was insufficient	92%	1
Perceived discrimination in the provision of assistance	27%	2
Poor targeting of beneficiaries who receive assistance	26%	3

### Communities reporting no access to humanitarian assistance

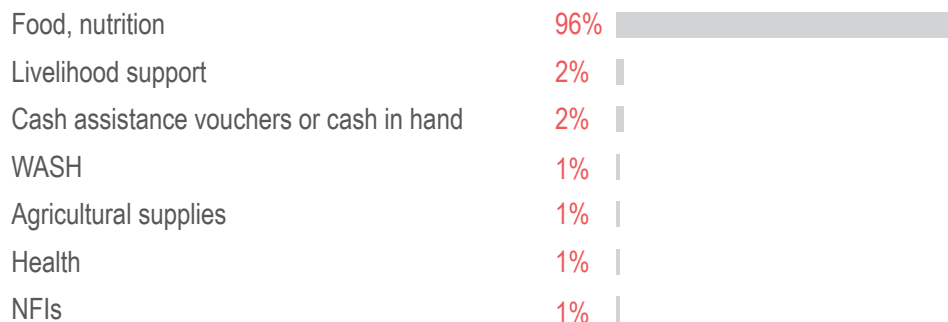
No humanitarian assistance was available	82%
Not aware of what assistance was available eligibility criteria	9%
Not aware of the procedures to follow to receive assistance	5%

# 69%

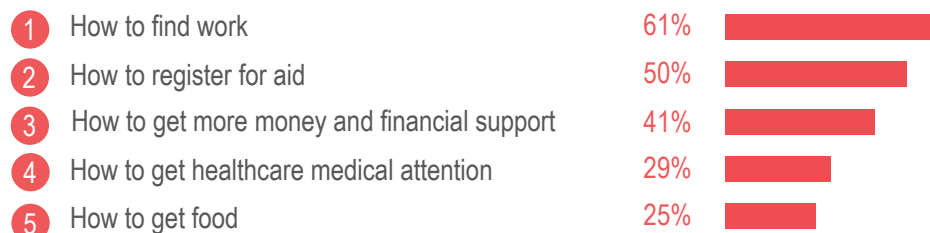
In 69% of the assessed communities able to access assistance (228/330), KIs reported that households were **not aware of humanitarian assistance feedback or complaints mechanisms**.<sup>9</sup>

Humanitarian assistance reportedly remained largely unavailable among assessed communities, and assistance provided did not address the multiple challenges faced by households, while being commonly reported as insufficient. Food was the predominant type of aid provided where assistance was available. Households in over 90% of these communities reportedly received insufficient assistance. At the same time, KIs indicated that in 69% of the communities that received aid, households were not aware of humanitarian assistance feedback and complaints mechanisms. Information gaps regarding humanitarian assistance were widely reported and possibly affected households' ability to receive aid. In three quarters of all assessed locations, people did not receive any information about humanitarian assistance. Indeed, in 50% of assessed communities KIs noted that information on how to register for aid was one of the most important information gaps among households.

**Most commonly reported types of humanitarian assistance households had access to** (by % of 330 communities where access to humanitarian assistance was reported):<sup>4</sup>

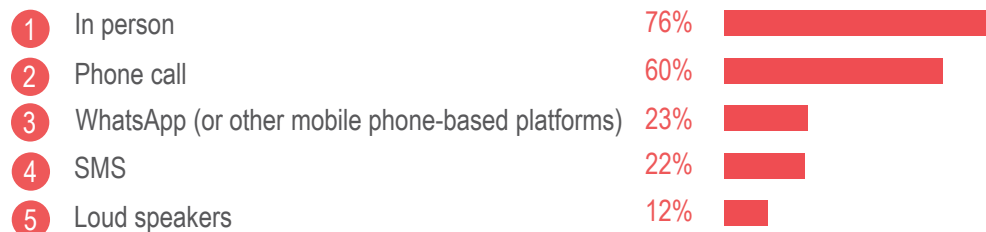


**Most commonly reported information gaps for households with regard to humanitarian assistance** (by % of 1,208 communities where missing information was reported):<sup>5</sup>



**Most commonly reported preferred ways to receive information about humanitarian assistance and the humanitarian situation**

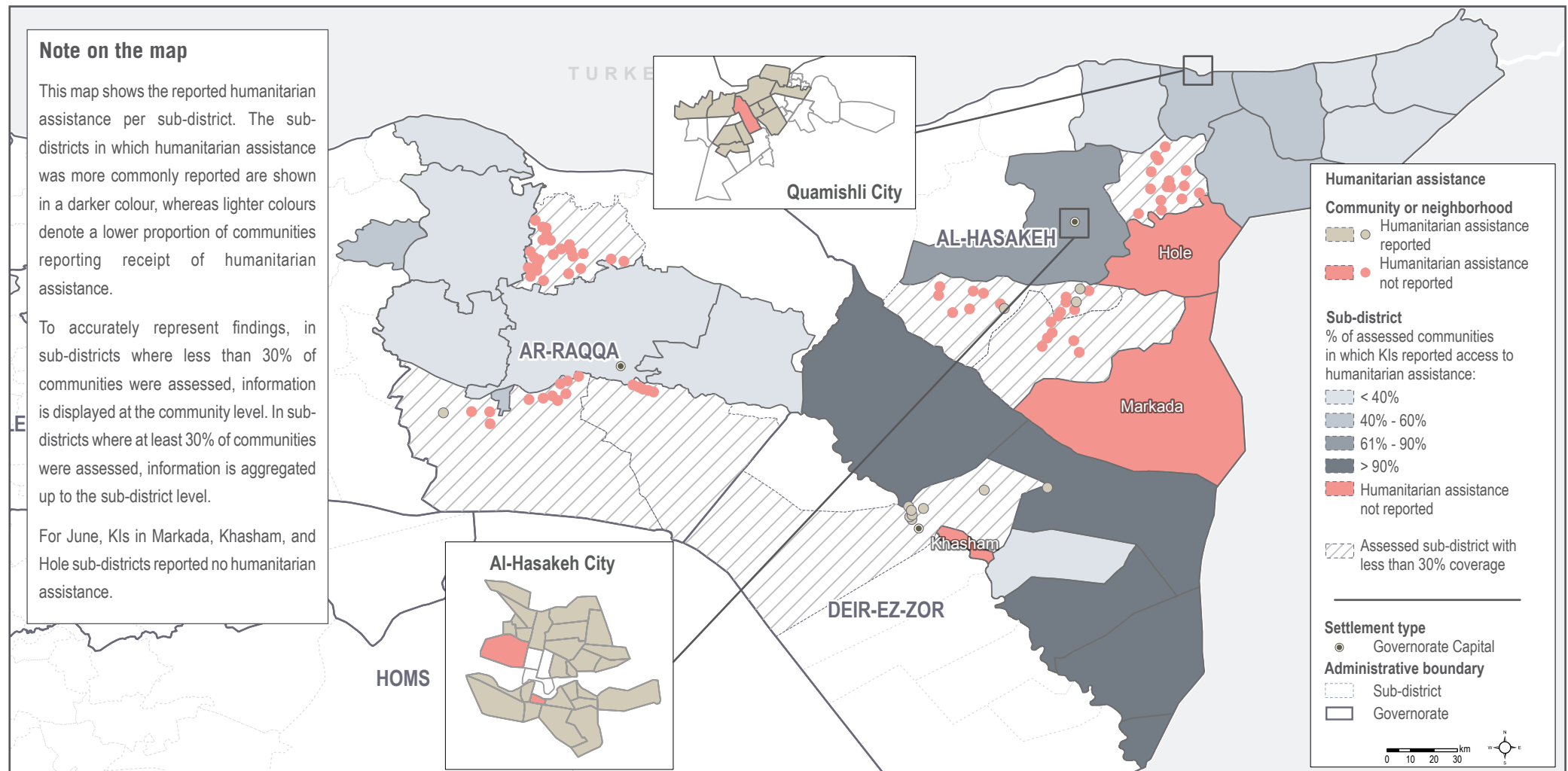
(by % of 1,209 communities where preferred ways were reported):<sup>2</sup>





# NORTHEAST SYRIA JUNE 2020

## REPORTED ACCESS TO HUMANITARIAN ASSISTANCE

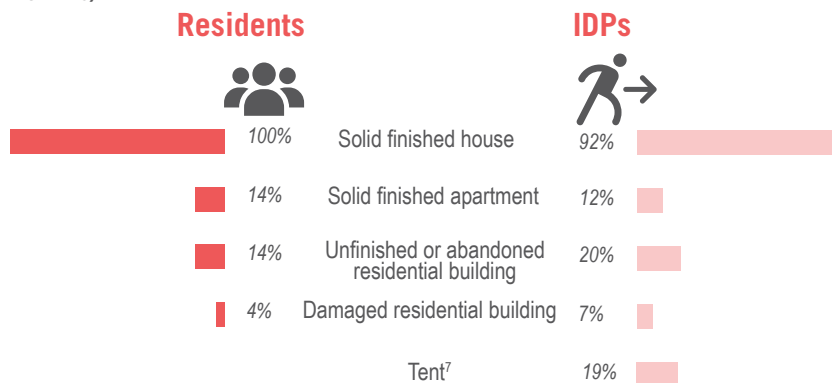


## SHELTER

The presence of damaged and inadequate shelters affected nearly all communities in NES, and financial constraints reportedly remained the main challenge for households wishing to make repairs. In fact, KIs cited that repair materials and professional repair services were too expensive in 97% and 74% of communities where barriers were reported, respectively. With warming weather, high temperatures inside shelters became a significant inadequacy experienced by both residents and IDPs (reported by KIs in 38% and 42% of the communities, respectively). Lack of lighting around shelters and lack of privacy inside shelters remained commonly reported issues.

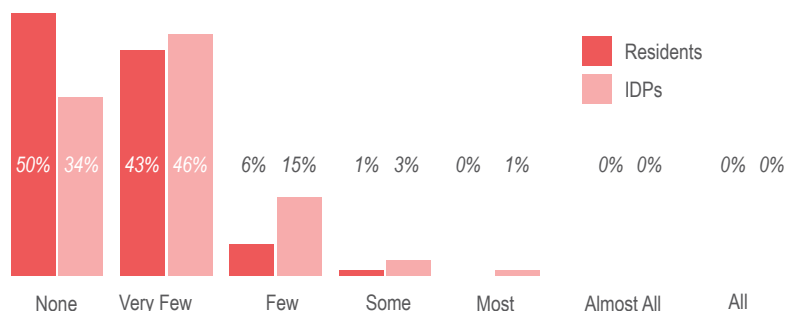
### Most commonly reported shelter types used by residents and IDPs

(by % of **1,207 communities** where reported for residents, and of **598 communities** where reported for IDPs):<sup>2,9</sup>



### Proportion of communities where KIs reported residents and IDPs living in overcrowded shelters\*

(by % of **1,207 communities** where reported for residents, and by % of **587 communities** where reported for IDPs):<sup>9</sup>



\*The above categories correspond to the following proportion ranges of what portion of IDPs or residents were living in overcrowded shelters: none (0%), very few (1-20%),

**7** few (21-40%), some (41-60%), most (61-80%), almost all (81-99%), and all (100%).

# 24,500 SYP<sup>6</sup>

Estimated average monthly rental price for a two bedroom apartment (rental prices were reported in **222 communities**).

### Most commonly reported shelter inadequacy issues (by % of **896 communities** where issues were reported for residents, and of **518 communities** where issues were reported for IDPs):<sup>4,9</sup>

	Residents		IDPs
Lack of lighting around shelter	68%	1	63%
High temperatures inside shelters	38%	2	42%
Lack of privacy inside shelter	36%	3	40%

### Most commonly reported barriers to households wishing to repair their shelters (by % of **873 communities** where barriers were reported):<sup>4,9</sup>

- 1 Shelter and repair materials are too expensive 97%
- 2 Repairs require professionals but cannot afford their service 74%
- 3 Repairs require professionals but they are not available 10%
- 4 Shelter and repair materials are unavailable in the market 9%
- 5 Security situation 6%

# 79%

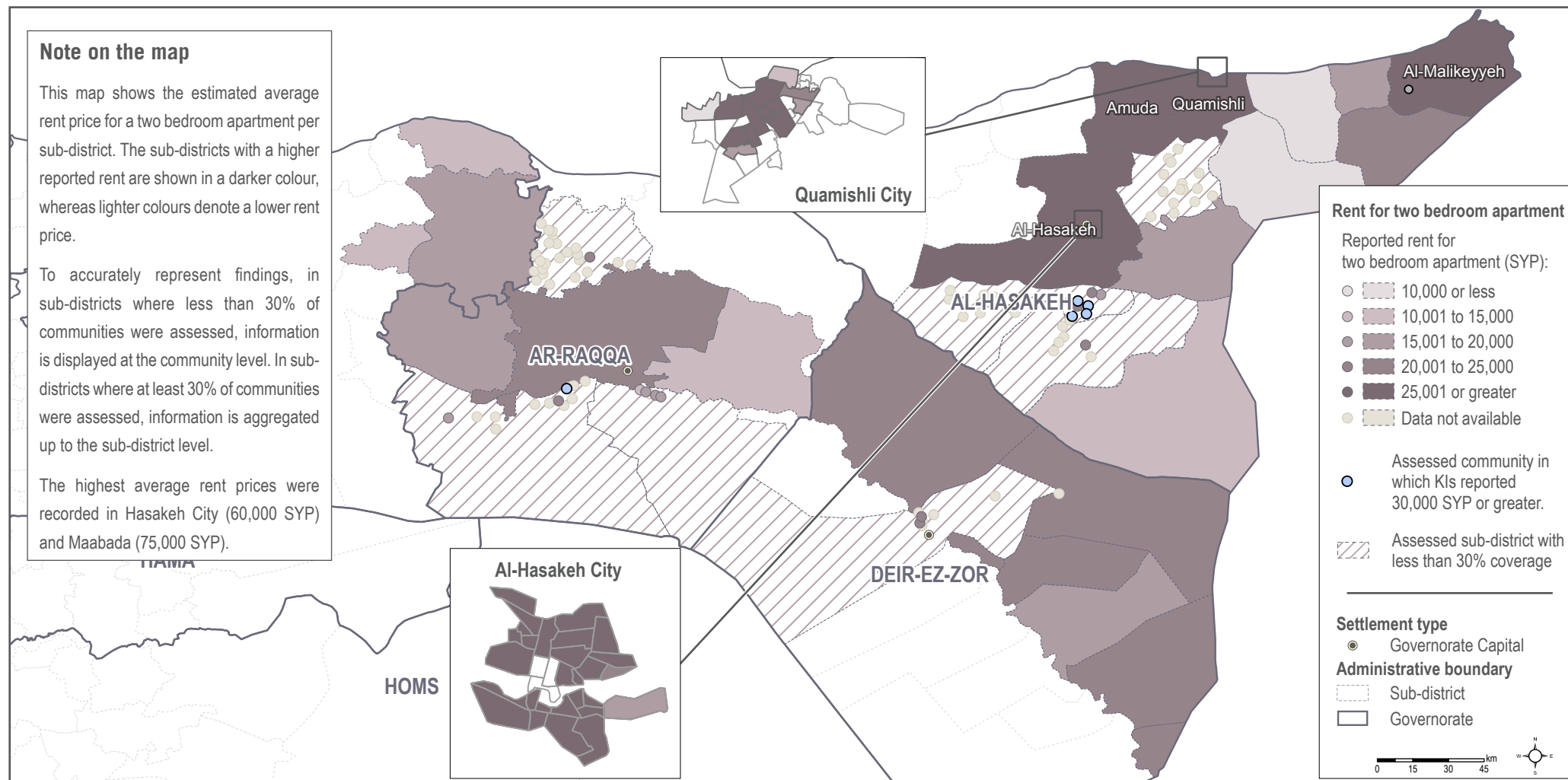
In 79% of the assessed communities reporting on damage (**890/1,122**), KIs reported the presence of **occupied shelters with minor damage<sup>8</sup> in their communities.**<sup>9</sup>

# 37%

In 37% of the assessed communities reporting on damage (**420/1,122**), KIs reported the presence of **occupied shelters with major damage<sup>8</sup> in their communities.**<sup>9</sup>

# NORTHEAST SYRIA JUNE 2020

## AVERAGE RENT PRICE FOR A TWO BEDROOM APARTMENT





## ELECTRICITY & NFIs

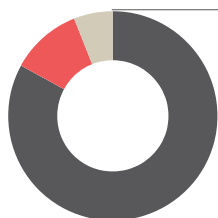
**Unaffordability was the main reported barrier for people to access essential non-food items.** While widely available, house cleaning and personal hygiene items were commonly reported as unaffordable. In particular, the majority of people was reportedly unable to afford washing powder, detergent for dishes, cleaning liquids for the house and soap in more than three communities out of five. In fact, [REACH May Market Monitoring](#) conducted between 11-21 May showed a 26% increase in hygiene products prices in the last month. Likely factors contributing to the price increases include the regional reliance on imports, increased demand due to COVID-19 mitigation measures, and the depreciation of the SYP.

more than **12 hrs**  
day

was the most commonly reported range for **hours of electricity accessible to households** (reported by KIs in 425 (35%) of 1,209 assessed communities).

### Most commonly reported main source of electricity

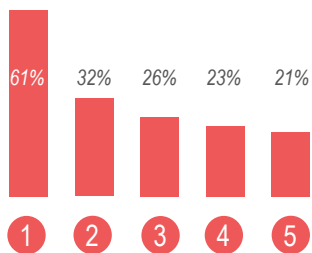
(by % of 1,209 communities where main source reported):



Main network	83%
Community generators	11%
Private generators	6%

### Most commonly reported barriers to accessing electricity

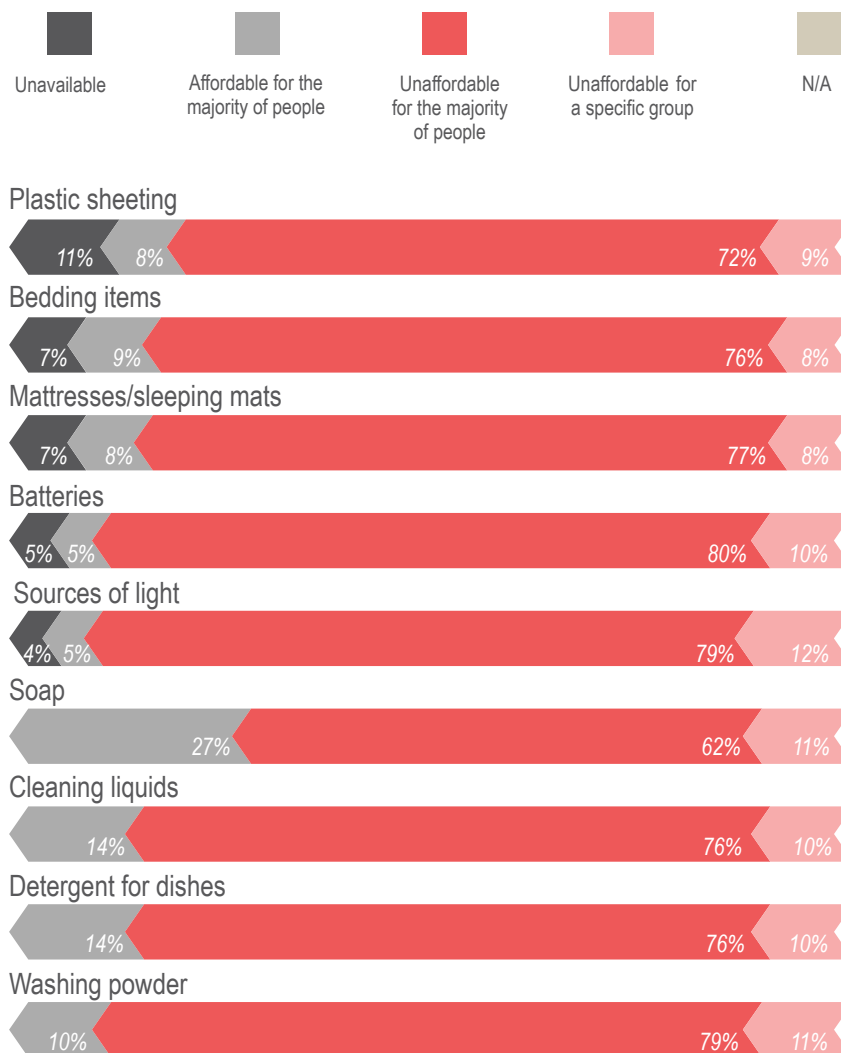
(by % of 809 communities where barriers reported):<sup>4</sup>



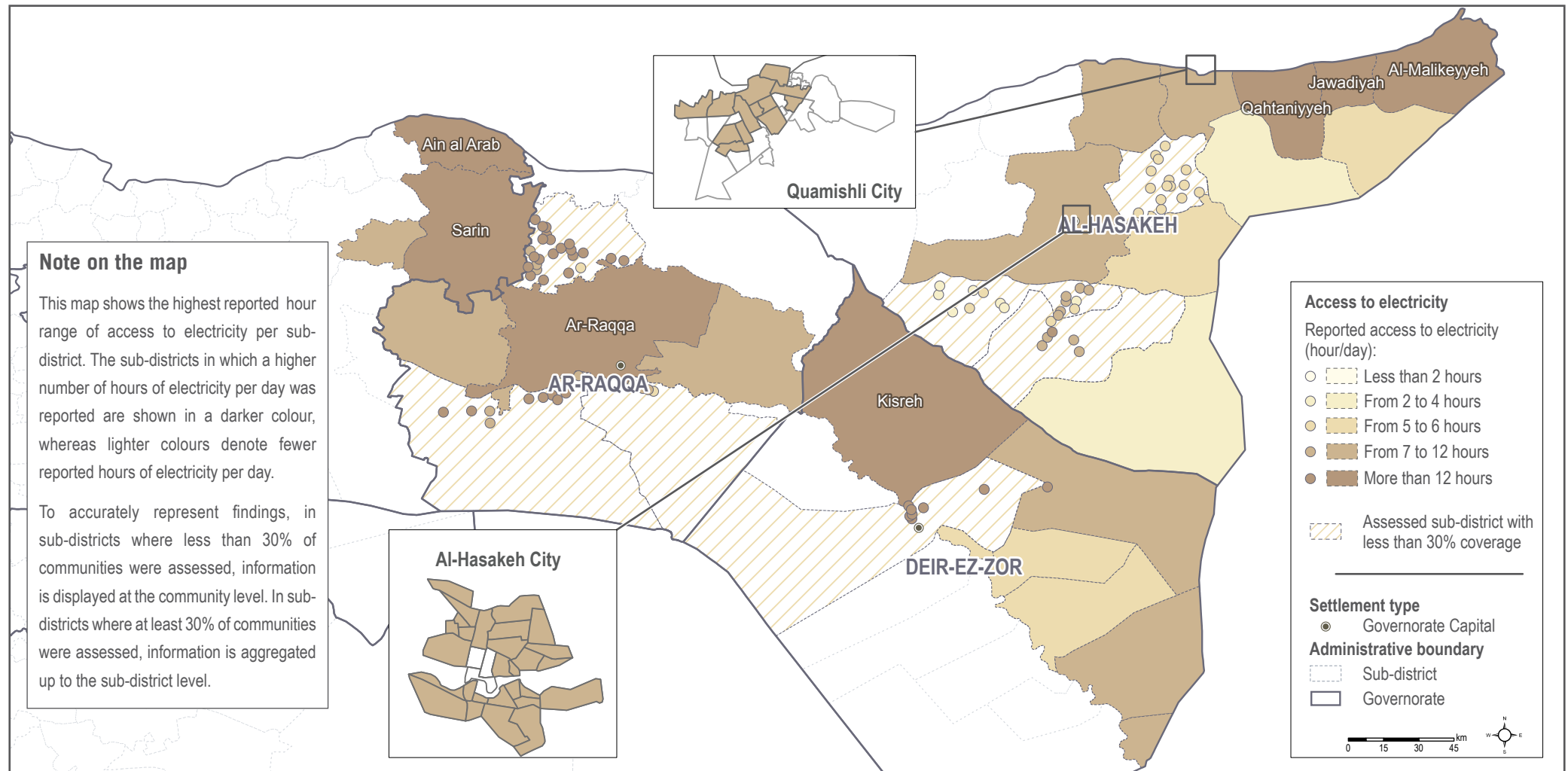
- 1 Main network partially completely not functioning
- 2 Main network cannot work efficiently due to population density
- 3 Fuel for generators too expensive
- 4 Solar panels too expensive
- 5 Not enough fuel for generators

### Reported household item availability and affordability

(by % of all 1,209 communities):<sup>4</sup>



## AVERAGE NUMBER OF HOURS OF ELECTRICITY ACCESS PER DAY



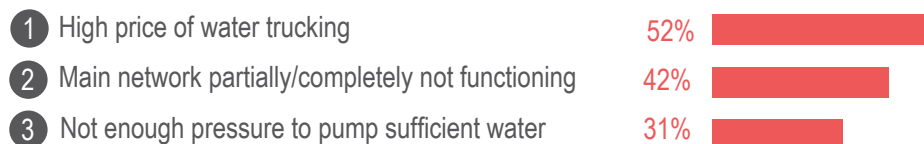
## WATER, SANITATION AND HYGIENE (WASH)

This month, access to water remained a challenge for households across assessed communities. KIs in over half of the assessed communities reported that not all households had access to sufficient water. The piped water network was the most commonly reported source of drinking water. Yet, 36% of the assessed locations were reportedly not connected to a water network. Among those connected to a network, water from the network was not available to households in one fifth of communities. Trucking was the second most commonly reported source of drinking water, while its high price was also a key barrier to accessing sufficient water. To cope with insufficient water, households reportedly limited other expenses and used money to cover water-related costs.

**57%** In 57% of the assessed communities (684/1,209), KIs reported that **not all households had access to sufficient water**.

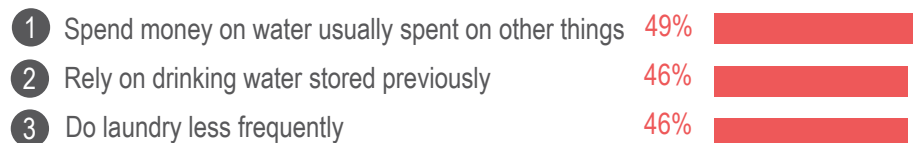
### Most commonly reported barriers to accessing sufficient water

(by % of 684 communities where barriers reported):<sup>4</sup>



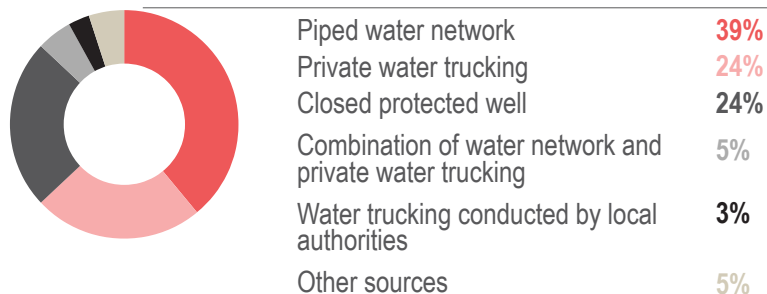
### Most commonly reported coping strategies for a lack of water

(by % of 683 communities where coping strategies reported):<sup>4</sup>



### Most commonly reported sources of drinking water

(by % of all 1,209 assessed communities):



**36%** In 36% of the assessed communities (438/1,206), KIs reported that **communities were not connected to a main water network**.

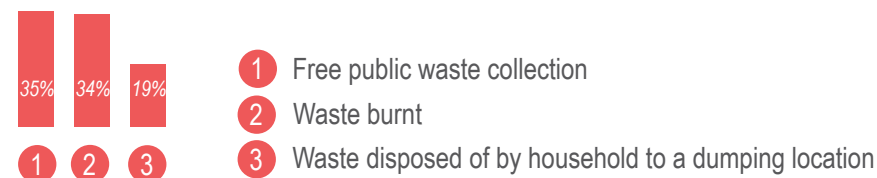
### Days per week water from the network was reportedly available

(by % of 768 communities connected to a water network):



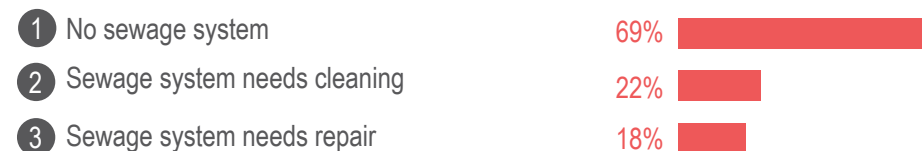
### Most commonly reported ways people disposed of solid waste

(by % of 1,209 communities where top disposal method reported):



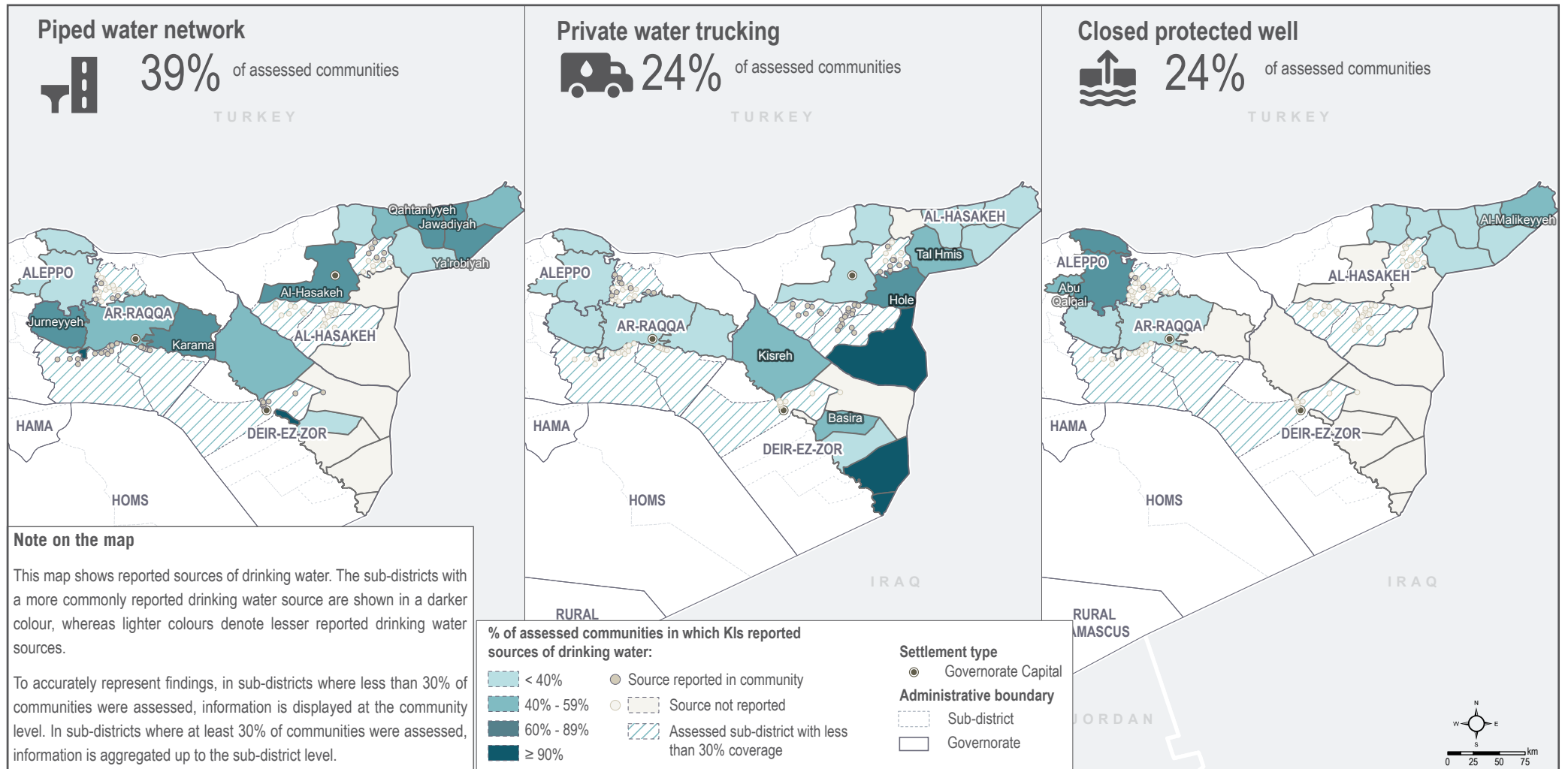
### Most commonly reported sanitation issues

(by % of 1,140 communities where sanitation issues reported):<sup>4,9</sup>



# NORTHEAST SYRIA *JUNE 2020*

## MOST COMMONLY REPORTED SOURCES OF DRINKING WATER



## FOOD SECURITY

Households largely relied on local and nearby markets as the main source of food. However, **lack of transportation represented the main challenge for accessing markets, and unaffordability was the main barrier preventing people from accessing sufficient food.** In three quarters of the assessed communities, KIs reported that both resident and IDP households could not afford sufficient food quantities. Feeding young children reportedly also was an issue for families, with high prices of suitable food formulas being mentioned in more than 90% of reporting communities. Borrowing money and decreasing other expenses to spend money on food were the two most commonly reported strategies for coping with a lack of food. Households also relied on their own production and farming, which were reported as a source of food by KIs in 54% of the communities.

**38%** In 38% of assessed communities (464/1,209), KIs reported **households were unable to access markets in the assessed location.**

### Most commonly reported barriers to physically accessing food markets (by % of 1,011 communities where barriers reported for residents, and of 473 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs
Lack of transportation to markets	86% ①		85% ①
Distance to markets too far	56% ②		53% ②
General safety or security constraints restricting movement	23% ③		27% ③

### Most commonly reported sources of food for households (by % of 1,209 communities where food sources reported):<sup>2</sup>

①	Purchasing from stores or markets in other communities	89%	
②	Purchasing from stores/markets in this community	55%	
③	Own production or farming	54%	
④	Borrowing	41%	
⑤	Relying entirely on food stored previously	10%	

### Most commonly reported barriers to accessing sufficient food

(by % of 1,165 communities where barriers reported for residents, and by % of 572 communities where barriers reported for IDPs):<sup>4</sup>

	Residents		IDPs	
Markets exist but households cannot afford essential food items	73% ①		75% ①	Markets exist but households cannot afford essential food items
Markets exist but not all essential food items are available	28% ②		30% ②	Markets exist but not all essential food items are available
Markets exist but have insufficient quantities of food	24% ③		22% ③	Markets exist but have insufficient quantities of food

### Most commonly reported barriers to feeding babies and young children

(by % of 1,126 communities where challenges reported for babies under 6 months, and of 1,152 communities where challenges reported for children of 6 months - 2 years):<sup>4,10</sup>

	Under 6 months		6 months - 2 years
No support for non-breastfed babies	83% ①		92% ①
Breastfeeding difficulties	55% ②		59% ②
Poor hygiene for feeding non-breastfed babies	16% ③		22% ③

### Most commonly reported coping strategies for a lack of food

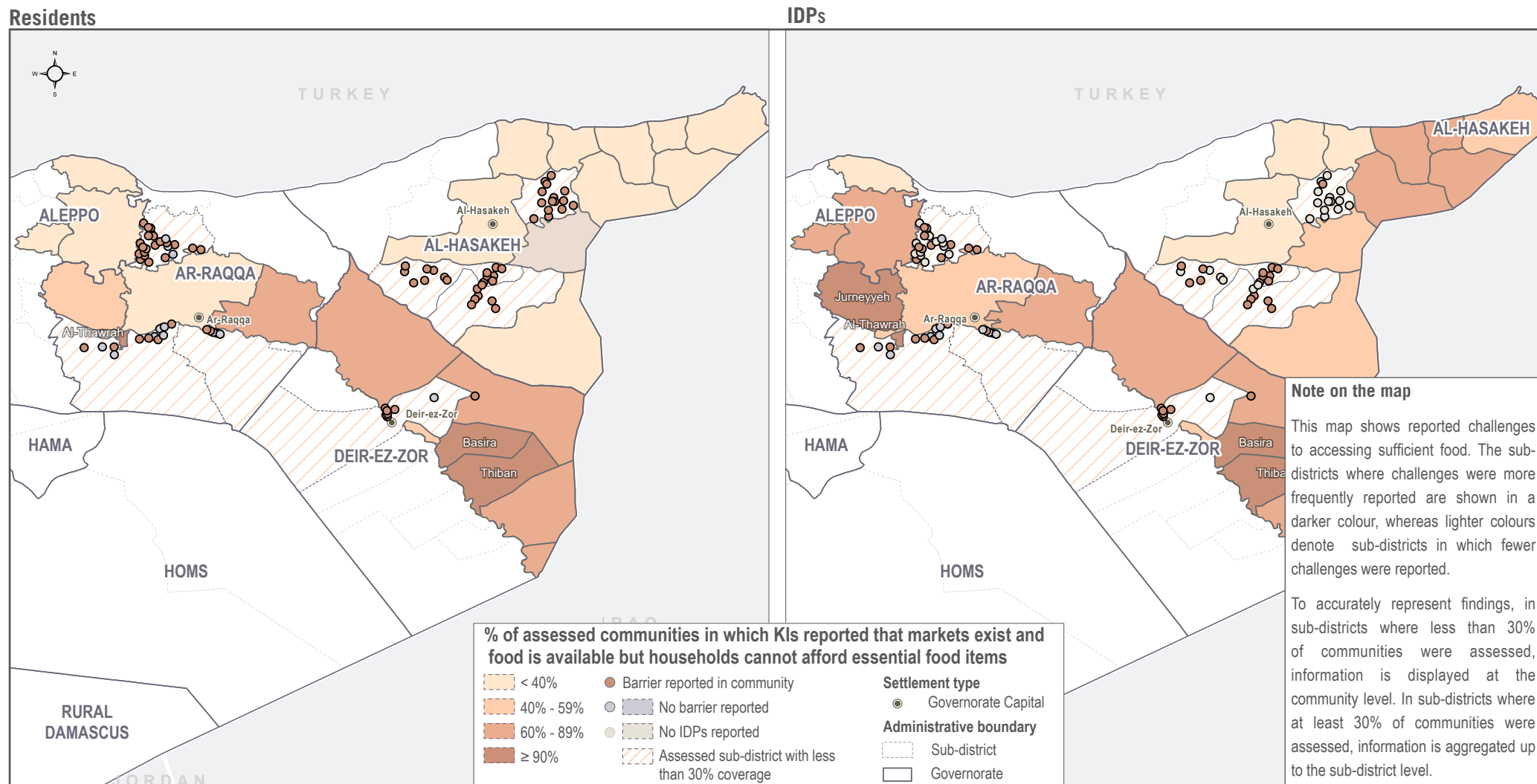
(by % of 1,098 communities where coping strategies reported):<sup>4</sup>

①	Purchasing food on credit or borrowing money to buy food	85%	
②	Buying food with money usually used for other things	57%	
③	Reducing meal size	28%	
④	Selling non-productive assets	17%	
⑤	Skipping meals	17%	



# NORTHEAST SYRIA JUNE 2020

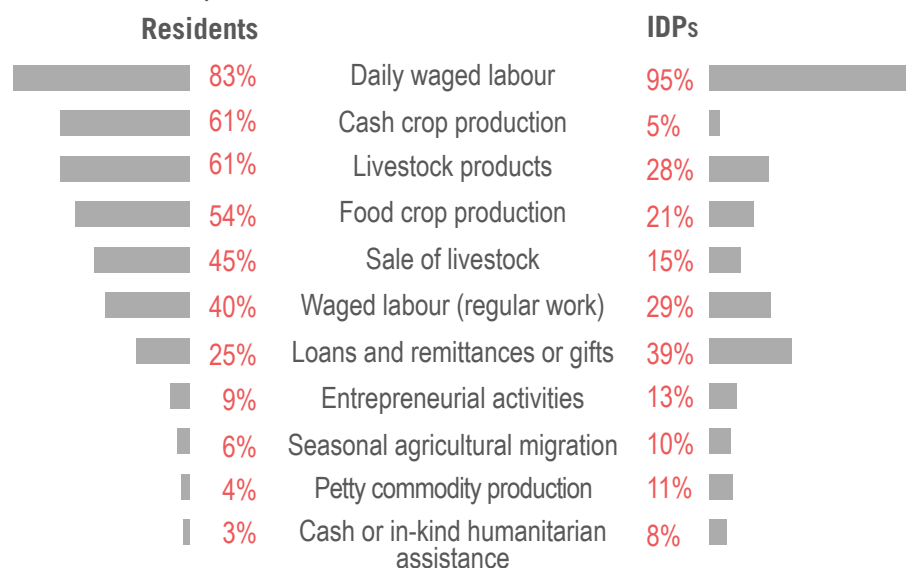
REPORTED BARRIER TO ACCESSING SUFFICIENT FOOD - MARKETS EXIST AND FOOD IS AVAILABLE BUT HOUSEHOLDS CANNOT AFFORD ESSENTIAL FOOD ITEMS



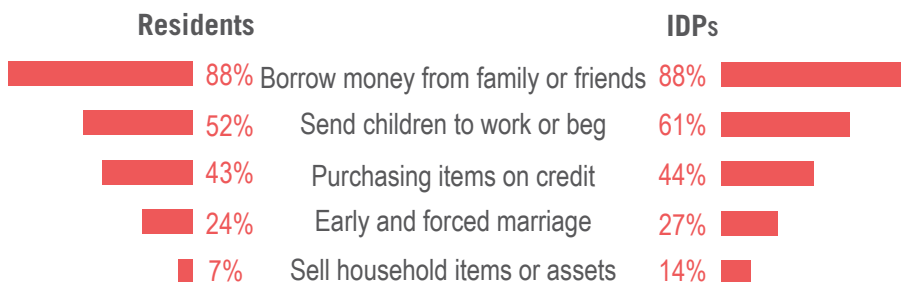
## LIVELIHOODS

**Low wages and limited work opportunities affected both residents and IDPs.** IDPs remained heavily dependent on daily waged labour, which was reported as a main source of income in 95% of assessed communities. The resident population reportedly counted on more diversified ways of meeting basic needs, including cash crop and livestock production, but was still largely dependent on waged labour. Low wages were reportedly the main barrier to accessing sufficient livelihoods for both residents and IDPs. In fact, while reported estimated wages did not show a significant change from previous months, the increase in prices of essential goods resulted in a decreased purchasing power for waged workers.

### Percentage of communities where KIs reported the following sources of meeting basic needs (by % of 1,207 communities where reported for residents and of 598 communities where reported for IDPs):<sup>5</sup>



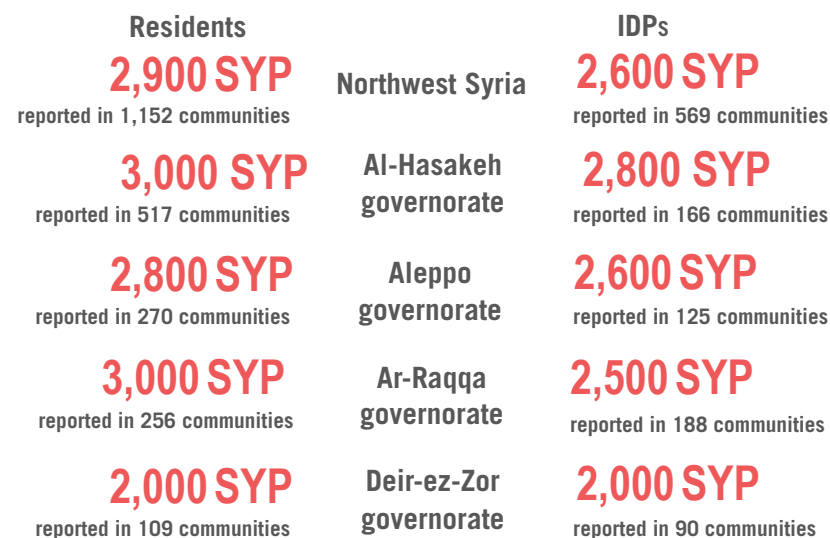
### Most commonly reported coping strategies to meet basic needs (by % of 1,141 communities where coping strategies reported for residents and of 596 communities where reported for IDPs):<sup>4</sup>



### Percentage of communities where KIs reported the following barriers to accessing livelihoods to meet basic needs (by % of 1,190 communities where barriers reported for residents, and of 596 communities where barriers reported for IDPs):<sup>4</sup>

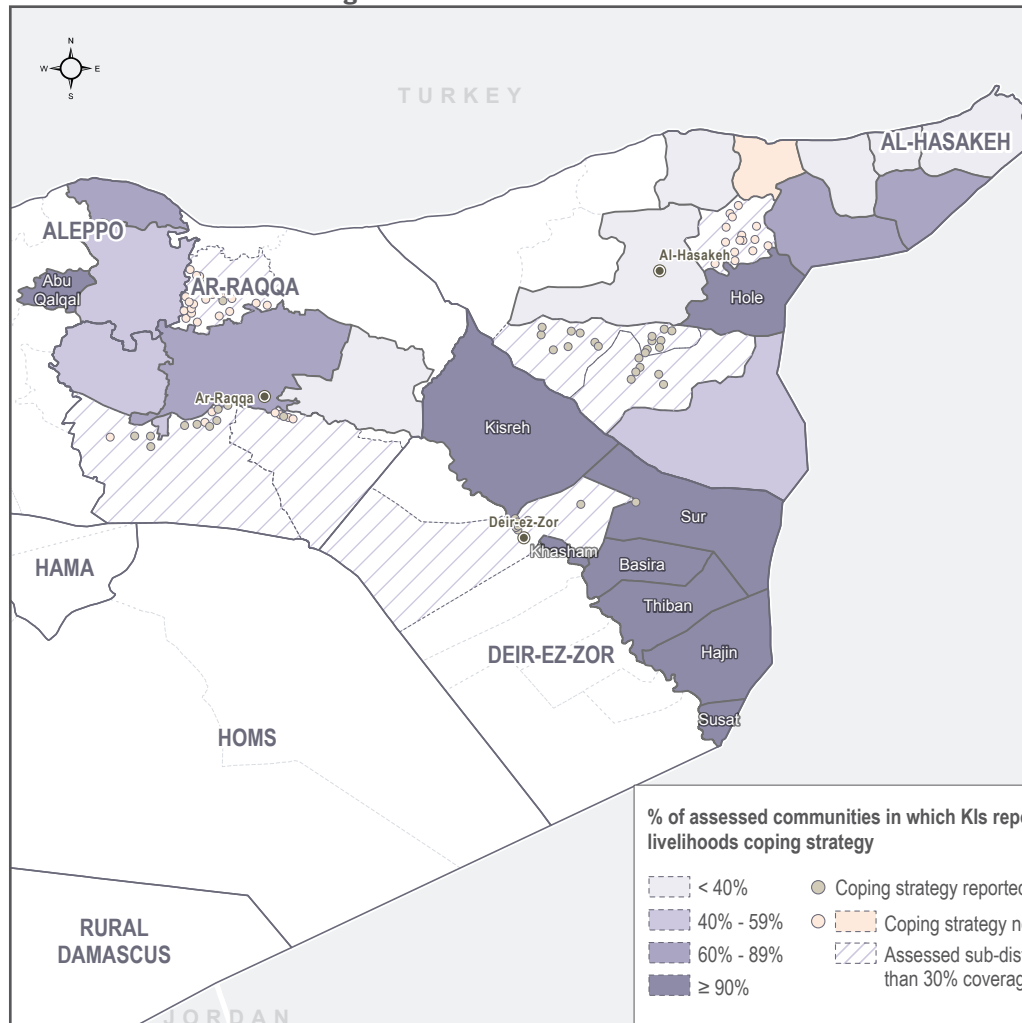


### Estimated median daily wage for unskilled labour <sup>4,6,9</sup>

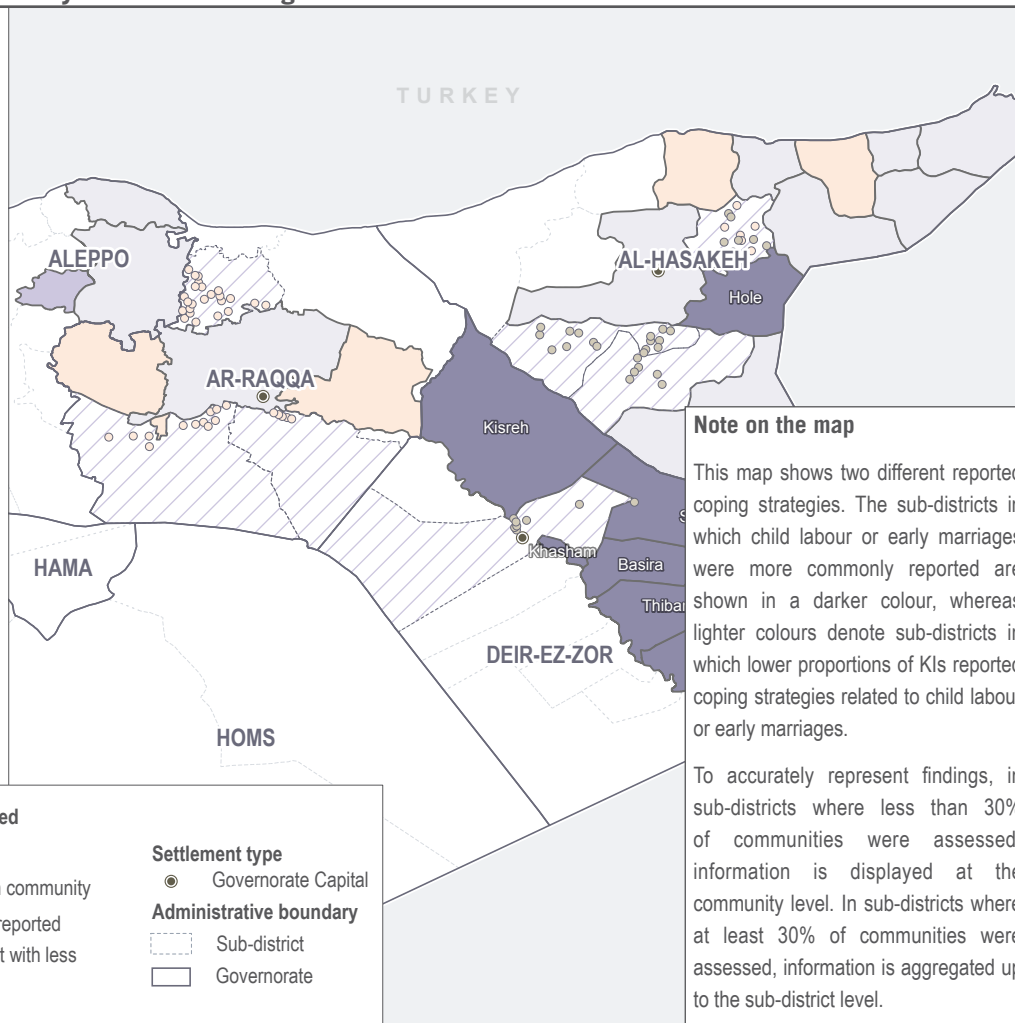


## REPORTED LIVELIHOODS COPING STRATEGIES

### Children sent to work or beg



### Early or forced marriage



## HEALTH

Accessing healthcare was reported as a major challenge for households in NES. Many communities reportedly lacked health facilities and transportation-related barriers were a main obstacle for accessing health services in other communities. KIs reported that households had no access to health services within their location in 72% of the assessed localities. Travelling was not always a suitable option. In fact, KIs reported lack of transportation and its high cost as barriers to accessing healthcare in more than 40% of reporting communities. Unaffordability of health services was also a widely reported barrier to healthcare access, affecting more than half of the reporting communities.



**28%**

In 28% of assessed communities (343/1,209), KIs reported that **households were able to access health services in their own communities.**



**99%**

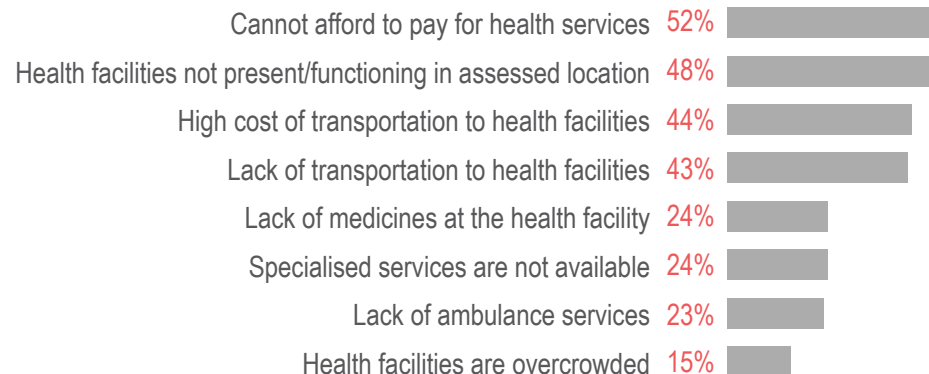
In 99% of assessed communities (1,197/1,206), KIs reported that **households were able to access health services in other or nearby communities.**

**Most commonly reported health facilities available in assessed and other or nearby communities** (by % of 343 communities reporting access inside community, and of 1,163 communities reporting access in other/nearby communities):<sup>4</sup>

In assessed communities		In other/nearby communities
Pharmacies	90% ①	95% Pharmacies
Private clinics	29% ②	81% Private clinics
Primary care facilities	25% ③	63% Primary care facilities
Informal emergency care points	11% ④	44% Private hospitals
Private hospitals	7% ⑤	43% Public hospitals
Public hospitals	6% ⑥	14% Informal emergency care points
Mobile clinics	1% ⑦	2% Field hospitals
Field hospitals	1% ⑧	1% Mobile clinics

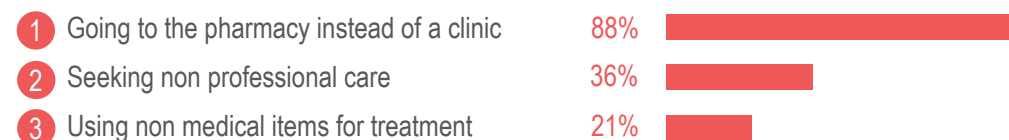
### Most commonly perceived barriers to healthcare access

(by % of 1,206 communities where barriers reported):<sup>4</sup>



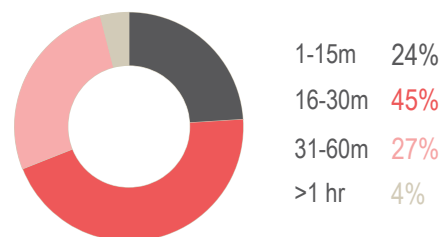
### Most commonly reported coping strategies for a lack of healthcare services

(by % of 1,195 communities where coping strategies reported):<sup>4</sup>



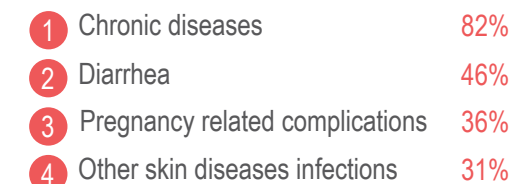
### Reported time taken for households to travel to the most commonly used health facility

(by % of 1,209 communities where travel time reported):

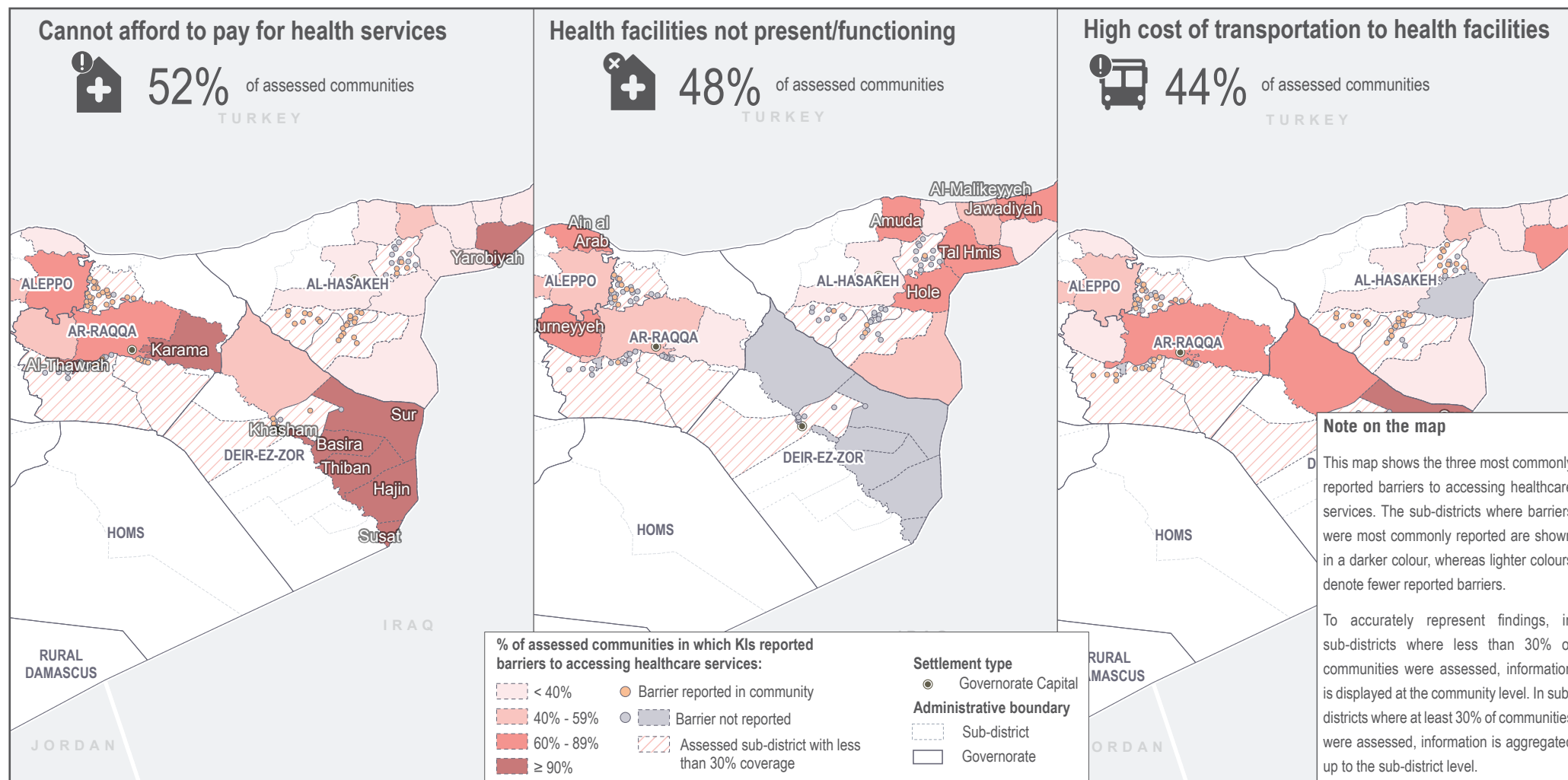


### Most commonly reported health problems

(by % of 279 communities where knowledge of health problems reported):<sup>4,9</sup>



## MOST COMMONLY REPORTED BARRIERS TO HEALTHCARE ACCESS





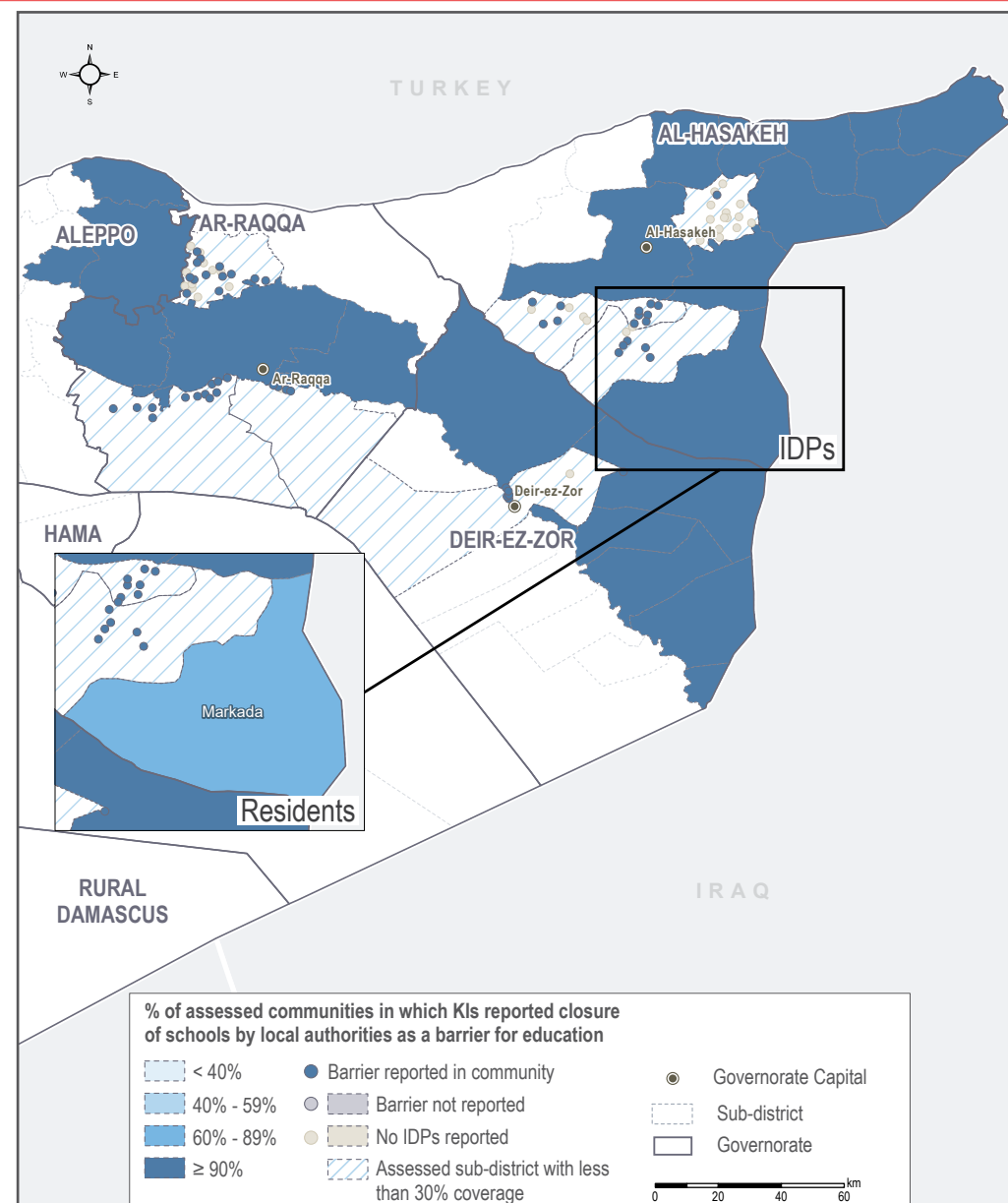
## EDUCATION

All schools were closed by local authorities as a COVID-19 mitigation measure during the reporting period. In 143 (12%) of the assessed communities, barriers for access to education unrelated to COVID-19 measures were also reported. In particular, child labour and early marriage were mentioned among the reasons why some children do not go to school. Due to the deteriorating economic situation in NES, this raises concerns over the possibility of many children continuing to be unable to access education when schools reopen.

**100%** In 100% of assessed communities (1,209/1,209), KIs reported that **children were unable to access education facilities within their own communities.**

**Most commonly reported barriers for access to and quality of education services** (by % of 1,207 communities where barriers reported for residents, and of 598 communities where barriers reported for IDPs):<sup>4</sup>

Residents		IDPs
99%	Closure of schools by local authorities	100%
6%	Children leave school due to early marriage	6%
6%	Education not provided after a certain age	6%
4%	Families cannot afford it, children must work	5%
4%	Not enough teaching or learning supplies	2%
3%	Unsuitable environment	1%
3%	Distance to school is too far	3%
2%	Quality of education provided is too low	3%
2%	Lack of recognised certification	2%
2%	Social issues	3%
2%	Lack of access for children with disabilities	2%
2%	Overcrowding	3%

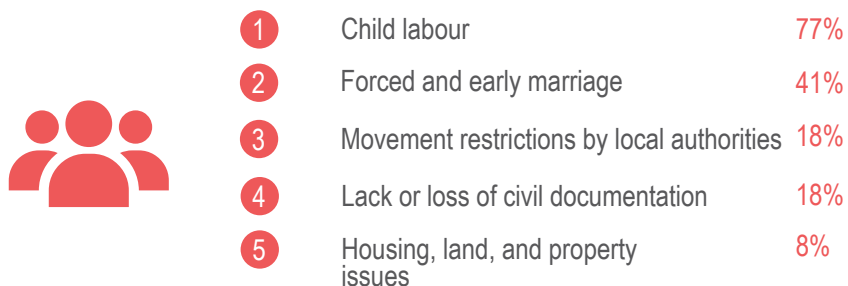


## PROTECTION

**Children were particularly exposed to protection risks due to the deteriorating economic situation and school closures.** Child labour was a reported protection risk faced by residents and IDPs in more than three quarters of the communities. Indeed, when income sources were not sufficient to meet basic needs, sending children younger than 15 to work or beg was common among residents and IDPs, as indicated by KIs in more than half of the assessed communities. In terms of protection concerns, according to KIs, boys were more commonly perceived to be 'the most affected population group' (KIs in 83% of communities) than girls (43%). Forced and early marriage also represented a major protection risk affecting children, as reported in 41% of the assessed communities.

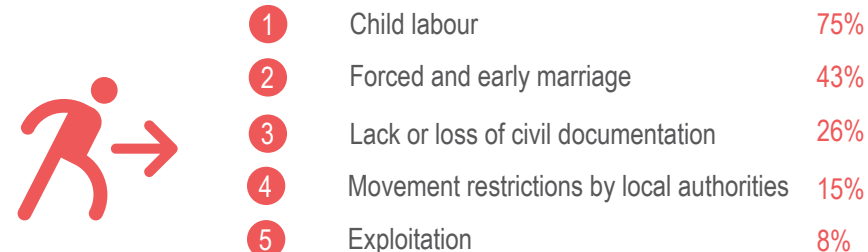
### Most commonly reported protection risks faced by residents

(by % of 646 communities where risks reported):<sup>4</sup>



### Most commonly reported protection risks faced by IDPs

(by % of 352 communities where risks reported):<sup>4</sup>



### Resident group reportedly most affected by most commonly reported protection risks (by % of communities where each risk was reported):<sup>4</sup>

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 500 communities where reported):	Boys under 18	83%
2	Forced and early marriage (by % of 267 communities where reported):	Girls under 18	84%
3	Movement restrictions by local authorities (by % of 116 communities where reported):	All groups	54%
4	Lack/loss of civil documentation (by % of 114 communities where reported):	Men	62%
5	Housing, land, and property issues (by % of 50 communities where reported):	Men	76%

### IDP group reportedly most affected by most commonly reported protection risks (by % of communities where each risk was reported):<sup>4</sup>

	Protection risk	Population group most affected	% of communities where reported
1	Child labour (by % of 264 communities where reported):	Boys under 18	78%
2	Forced and early marriage (by % of 150 communities where reported):	Girls under 18	76%
3	Lack/loss of civil documentation (by % of 91 communities where reported):	Men	56%
4	Movement restrictions by local authorities (by % of 54 communities where reported):	All groups	65%
5	Exploitation (by % of 27 communities where reported):	Women	56%

## ENDNOTES

1. The eastern part of Aleppo where humanitarian response and coordination are conducted from the northeast rather than the northwest.
2. KIs could select three answers, thus findings might exceed 100%.
3. Types of KIs that were interviewed for this round of data collection: civil society group, local charity, local council, local relief committee, NGO, community leader (elder), community leader (religious), documentation office registration focal point, mukhtar, teacher, health staff (doctor/nurse) and other.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs could select five answers, thus findings might exceed 100%.
6. According to the [REACH Market Monitoring June 2020](#), 1 USD = 2,375 SYP, so 24,500 SYP = 10.32 USD.
7. Due to differences in what are known to be common shelter types, KIs could choose between 4 answer options (in addition to selecting and specifying "other") for the question related to shelter types of residents, whereas there were 13 answer options related to shelter types of IDPs. The answer option 'tent' was only asked in relation to shelter types of IDPs, therefore comparisons cannot be made between residents and IDPs for this option.
8. KIs were asked to report on the presence of occupied shelters in their communities falling under the following damage categories: no damage, minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.), major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls), severe damage (buildings with significant structural damage to column slabs, or loadbearing walls; cracking, steel elements and deformations visible in concrete; the building would require extensive repairs), completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
9. KIs were asked about the situation currently, instead of the last 30 days.
10. KIs were asked about the situation in the last two months, instead of the last 30 days.

## ENDNOTES - CONTEXT

- a. The Syrian Observatory for Human Rights. (2 June 2020) Wheat, barley crops targeted by rebels' arson in NE Syria: report. Retrieved from <https://www.syriahr.com>
- b. Al-Monitor. (9 June 2020). Sanctions on Syrian government also threaten Washington's Kurdish allies. Retrieved from <https://www.al-monitor.com>
- c. The Syrian Observatory for Human Rights. (9 June 2020). Worsening economic crisis | medicine shortages and high prices plague entire Syria. Retrieved from <https://www.syriahr.com>
- d. ICRC. (21 May 2020). COVID-19: Millions dealing with sporadic water shortages, crippled health services in north-east Syria. Retrieved from <https://www.icrc.org>
- e. Humanitarian Needs Assessment Programme. (5 May 2020, 12 May 2020, 19 May 2020, 1 June 2020, 9 June 2020, 16 June 2020). COVID-19 Rapid Assessment: Syrian Democratic Forces Controlled Areas N°6-12. Retrieved from [hnap.info](https://hnap.info)

## METHODOLOGY

Data is collected for the Humanitarian Situation Overview in Syria (HSOS) through an enumerator network in accessible locations throughout Ar-Raqqa, Al Hasakeh, Aleppo, and Deir-ez-Zor governorates. Data for this assessment was collected between 1-16 June, and unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection (May/June 2020). REACH enumerators are based inside Syria and interview key informants (KIs), either directly or remotely (via phone). This month all data collection was conducted remotely. KIs are located in the communities that they are reporting on. KI types generally include local council members, Syrian non-governmental organization (NGO) workers, medical professionals, teachers, shop owners and farmers, among others, and KIs are chosen based on their community-level and sector-specific knowledge. Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-ups are conducted with enumerators. The HSOS project has monitored the situation in Syria since 2013, and its methodology and procedures have evolved significantly since that time. An overview of previous HSOS publications can be found in our [catalogue](#). An overview of HSOS history and methodological changes can be found in the [Terms of Reference](#). Findings are indicative rather than representative, and should not be generalised across the region.

### About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter [@REACH\\_info](https://twitter.com/REACH_info).

### A NOTE ON GENDER, AGE, AND DIVERSITY SENSITIVITY

A thorough review and revision of the HSOS questionnaire was undertaken in order to ensure that the questionnaire is gender, age, and diversity sensitive. HSOS primarily approaches these important aspects through the inclusion, across all sections of the questionnaire, of answer options that are intended to capture any particular conditions or challenges experienced by people of different genders, ages, and abilities. For example, when asking about challenges to repairing shelters or accessing food markets, KIs can select the options that “women and girls feel uncomfortable to have men doing repairs,” and “women and girls are not allowed to access markets alone,” among others. Answer options related to persons with disabilities are similarly included where appropriate. Additionally, when possible, questions are disaggregated by age and gender (for example in the education and protection sections). Furthermore, the gender breakdown of KIs is monitored internally on a monthly basis to further promote a gender sensitive approach while conducting the assessment.