



Main Implementing Partner

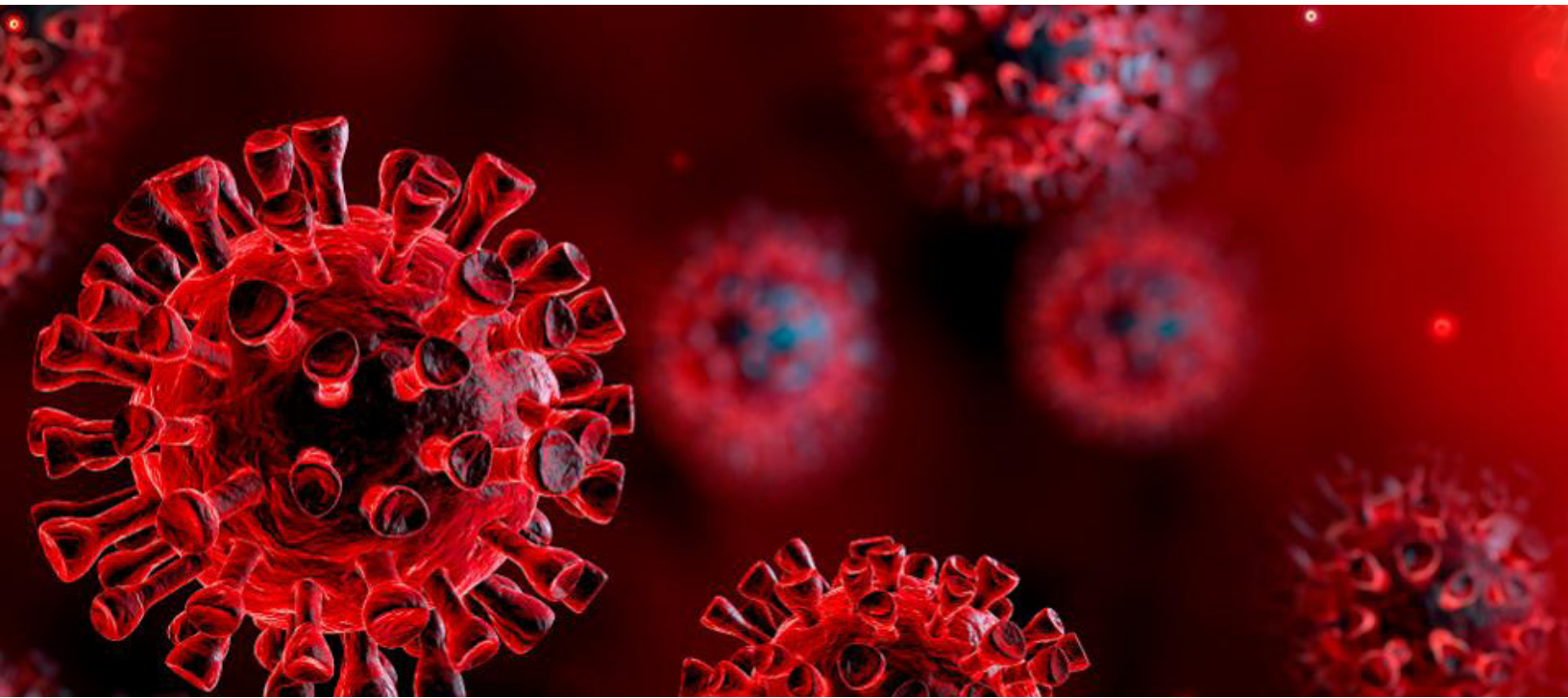


# COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



FEBRUARY 2021



**Better Data | Better Decisions | Better Outcomes**

The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus's impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, iMMAP initiated the [COVID-19 Situational Analysis project](#) with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.

# CONTENTS










## 1. COVID-19 and containment measures overview

Page 4

A. COVID-19 Cases.....	4
B. Containment measures.....	10
C. Preventative measures.....	13

## 2. Drivers and humanitarian consequences

Page 17

D. Drivers.....	17
E. Displacement.....	20
F. COVID-19 related humanitarian consequences.....	20
 Health: Overwhelmed healthcare system.....	21
 Livelihoods: Inflation and reduced employment opportunities result in lower purchasing power.....	26
 Food security: Sharp rise in food insecurity levels, notably due to increase in food prices and shortages of staple foods.....	29
 Nutrition: Rising malnutrition due to inadequate and less diverse diets.....	34
 Education: Lack of affordability and challenges with remote learning leading to high rates of school drop-out.....	35
 Protection: Rise in protection issues and restriction of services.....	38
 WASH: Lack of infrastructure and affordable WASH items contributing to the spread of the infection.....	40
 Shelter: Overcrowding and harsh winter conditions exposing IDPs to a greater risk of COVID-19 infection.....	44
 Logistics: Fuel crisis leading to severe shortages and skyrocketing prices.....	46

## 3. Information gaps: what are we missing?

Page 47

# HIGHLIGHTS

## 1. COVID-19 and containment measures overview

### A. COVID-19 CASES

#### Infection remains widespread despite decreasing incidence and positivity rate

As of 28 February, a total of 45,000<sup>1</sup> (255 per 100,000) cases were recorded across the country ([MoH GoS](#), [WHO](#), [NES COVID-19 Dashboard](#)), with positivity rates ranging from 24% to 38% ([Needs and Response Summary](#) 22/02/2021). While testing remains too limited to understand the true extent of the outbreak, there are indications that Syria may be experiencing a renewed wave of infections, with continued widespread community transmission. Government-held areas: positivity rates remain high despite a decrease in confirmed cases

#### Government-held areas: positivity rates remain high despite a decrease in confirmed cases

As of 28 February, more than 15,600<sup>1</sup> confirmed cases had been recorded in government-held areas (113 per 100,000), including 1,027 deaths ([Syrian Arab News Agency](#) 28/02/2021), double the caseload as at the end of November. The number of newly confirmed cases slowed in February compared to the previous months, with a 9% increase in cases recorded between January and February relative to a 20% increase between December and January. While the number of daily reported cases have decreased since January, more than 50% of tests were coming back positive in As-Sweida and Tartous governorates and 60% in Homs governorate in January ([OCHA](#) 20/01/2021). This is likely due to testing, wherein only patients with severe conditions in hospitals and clinics are being tested. With limited testing and accurate information from the government, the true scale is likely even greater ([The Syria report](#) 16/12/2020).

#### Northwest Syria: increased number of COVID-19 deaths despite decreasing number of confirmed cases

As of 28 February, about 21,200<sup>1</sup> total confirmed cases in Northwest Syria were reported (approx. 516 per 100,000), mostly in Idlib (65% of the confirmed cases) and Aleppo governorates ([Assistance Coordination Unit](#) 28/02/2021), an increase of only a few hundred compared to a month ago. Although the rate of new cases between January and February continues to decline sharply, with only +0.8% new cases, compared to 7% increase the month before and +47% in November to December, the number of deaths associated with COVID-19 increased by 46% in January and again by 20% in February, reaching 459 COVID-19 associated deaths half of which were in just two districts, Harim and Idlib ([WHO & OCHA](#) 16/02/2021).

However, anecdotal information suggests that COVID-19 remains widespread, notably due to people still being reluctant to seek testing and treatment due to stigmatisation and concerns about the loss of livelihoods. Cases in camps continue to represent about 10.5% of all confirmed cases, a stable proportion compared to December, with most being reported in Harim camp ([WHO & OCHA](#) 16/02/2021).

#### Northeast Syria: infection rate slowed down after more than two months of lockdown

As of 24 February January, 8,600<sup>1</sup> cases have been reported in the northeast (383 per 100,000), including almost 430 deaths, with only 112 new cases recorded in February ([NES COVID-19 Dashboard](#) 28/02/2021). The transmission rate has been continuously slowing down since late November following a lockdown ([OCHA & WHO](#) 09/12/2020). The weekly average number of detected cases had significantly reduced, starting from 140 at the end of October, to 18 as at the end of February. A decrease in transmission appears to have occurred in some areas, but the figures likely do not provide an accurate reflection of the prevalence of infection across the region, as reduced testing capacity due to supply shortages complicates trend analysis. Similarly to the other geographical areas, the true prevalence is likely much higher as testing capacity and case detection ability remains limited in the northeast.

<sup>1</sup> Large numbers (1,000+) have been rounded to the nearest 100. There is a possibility of instances where cases are double-counted across areas of control.

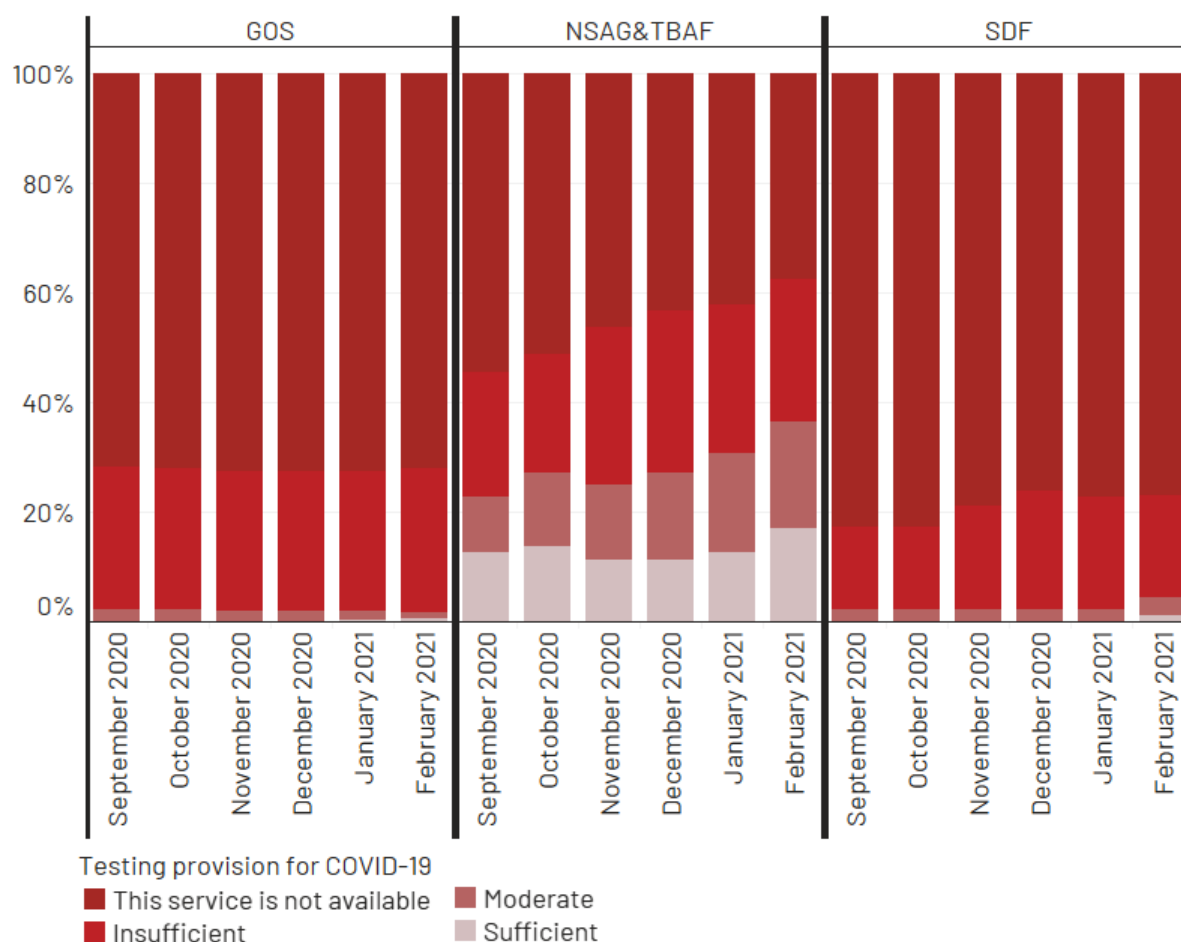
## Cases are under-reported due to limited testing capacities and social stigma

Considering the limited number of tests being performed the true number of cases and deaths is likely to far surpass official figures. Community stigmatisation, fear of income loss, reluctance to go to hospitals and limited testing continue to contribute to the underreporting of cases.

## Limited testing capacities

Contact tracing and testing remain challenges across the country, notably in remote governorates and camps ([WHO & OCHA 16/02/2021](#)). The testing rate is still far below what would be required to more accurately detect infection prevalence. Health authorities still struggle to keep up with the spread of the epidemic and to significantly scale up their testing operations.

**Figure 1.** Proportion of sub-districts with sufficient testing provision, as reported by community focal points ([HNAP Rapid Assessment 7/9/2020 To 15/2/2021](#)).<sup>2</sup>



<sup>2</sup> The latest COVID-19 HNAP Rapid Assessment within each month is displayed. For source data and methodology please contact the Humanitarian Needs Assessment Programme (<http://hnap.info>).

In government-held areas, as of 25 January, the Ministry of Health reported that laboratories in Damascus, Aleppo, Latakia, Rural Damascus, and Homs had conducted a total 91,400 tests since the start of the epidemic, with 550 tests on a daily basis ([WHO & OCHA](#) 01/02/2021). However, as PCR tests were limited in November to only critical cases admitted in health centers ([Syria TV](#) 20/12/2020), tests and cases do not reflect the epidemic's scale. No updated testing figure has been released as of the end of February.

Two new labs in northern Aleppo and Idlib governorates opened between September and early November, quadrupling daily testing capacity in northwest Syria to 1,000 tests ([OCHA](#) 21/12/2020). As of 28 February, a total of 94,400 tests have been performed ([EWARN](#) 28/02/2021), with a positivity rate of about 8% in January compared to 23% in December ([WHO & OCHA](#) 16/02/2021).

Testing capacities have been decreasing since November 2020 due to test kit shortages. Whereas by the end of 2020, a total of 73,817 tests were recorded in the northeast, only 2,351 tests were conducted in January, declining to 1,493 in February ([EWARN](#) 31/12/2020, [NES COVID-19 Dashboard](#) 28/02/2021). As of 1 February, 15,500 unused PCR and 12,400 RNA tests were available. At the current inadequate level of testing, these stocks could last up to between five to seven months at January's level of testing. An additional 20,000 tests are expected to be delivered in February to replenish stocks. Shortages of other lab equipment are being reported which has hampered testing, such as pipettes, microcentrifuge tubes, medical alcohol and sterile gauze pads. Social stigma around testing and limited compliance in many health facilities regarding the reporting and referral of suspected cases also limit the number of tests being administered ([WHO & OCHA](#) 16/02/2021, [NES COVID-19 Dashboard](#) 28/02/2021).

### ***Social stigma, fear, and the reluctance of the population to seek treatment continue to contribute to under-reporting***

Issues with social acceptance of those infected and fear of stigmatization continue to be reported, driving people's reluctance to seek treatment or testing and to support community members, meaning that significant numbers of people with symptoms are likely not seeking care or are being treated at home. This leads to further difficulty in ascertaining the real scale of the epidemic, as well as increases the likelihood of patients to present to facilities late and develop more severe symptoms hereby decreasing their chance of survival ([OCHA & WHO](#) 29/10/2020). Such a high fatality rate at COVID-19 treatment facilities is, in turn, strengthening people's reluctance to seek treatment ([OCHA & WHO](#) 09/12/2020). In the northeast, overall levels of hospitalizations in COVID-19 dedicated health facilities have been quite low since November, despite suspicions of widespread and rising infections among the population, likely due to the patients' reluctance to seek treatment ([WHO & OCHA](#) 16/02/2021, [OCHA & WHO](#) 09/12/2020). Awareness campaigns may have contributed in reinforcing this behavior in instances where going to hospitals was discouraged unless they had critical symptoms to avoid exhaustion of healthcare resources.

While anecdotal evidence continues to report this phenomenon, its scale remains difficult to ascertain. About two-thirds of the respondents to REACH monthly surveys in the northwest and 87% in the northeast believed that COVID-19 is generating discrimination, especially against Covid-19 positive or suspected people and healthcare workers in December 2020 ([REACH Initiative](#) 08/01/2021, [REACH Initiative](#) 08/01/2021). In GoS-held areas, fear and profound distrust of state institutions also refraining people from reporting symptoms or seeking care, as patients refuse to go to public hospitals ([Physicians for Human Rights](#) 08/12/2020, [Enab Baladi](#) 13/11/2020).

## Vaccination plans started but the campaigns will face significant obstacles

According to the COVAX Interim Distribution Forecast of 3 February, 1.2 million vaccine doses have been allocated to Syria, to be delivered before the end of June 2021 ([Enab Baladi](#) 17/02/2021) and 100,000 doses (3.8%) have been preliminarily allocated to the northeast ([WHO & OCHA](#) 16/02/2021). While the type of vaccine has not been announced yet, this will likely be the AstraZeneca vaccine, as Syria does not have the facilities to keep Pfizer vaccines in the deep freeze necessary to preserve them ([Enab Baladi](#) 17/02/2021). Doubts remain about Syria's preparedness levels to receive, store, distribute, and vaccinate, considering the country's current logistic, economic, and social conditions. Storage is the main challenge to vaccination efforts, given the persistent power cuts in Syria but lack of fuel and addition to cold chain challenges, limited open border crossings and security will also be issues hindering the roll-out ([Enab Baladi](#) 09/01/2021).

In Government-held areas, a batch of 100,000 Russian "Sputnik" Covid-19 vaccine doses reportedly arrived in February, which will likely be used to start the vaccination process of medical personnel in governmental hospitals in Damascus, its countryside, Lattakia and Homs governorates, as well as military hospitals throughout Syria ([The Syrian Observer](#) 12/02/2021). On 4 February, the Chinese Ambassador to Syria announced that 150,000 doses of the COVID-19 vaccine will be delivered to the GoS Syria in April ([Enab Baladi](#) 17/02/2021, [The Syrian Observer](#) 12/02/2021). In GoS-held areas, the vaccination plan is divided into three phases, with the third yet to be determined. Under Phase One, all 190,000 health workers will be vaccinated, as well as 485,000 people above 55 years, representing overall about 20% of the population. Under Phase 2, an additional 17% of the population would be vaccinated, with the rest of the 1.5 million people above 55 years old, as well as 1.1 million people with comorbidities, 300,000 school teachers and close to 860,000 other essential workers would be vaccinated ([WHO](#) 16/02/2021). According to the Ministry of Health, vaccination was supposed to start the first week of March ([Al Watan online](#) 25/02/2021).

**Figure 2.** Groups and numbers of those targeted for vaccination in the announced three phase plan agreed on 7 February ([WHO](#) 16/02/2021).

PHASE	GROUPS	ESTIMATED NUMBER OF PEOPLE VACCINATED
Phase One	All health workers	190,000
	Older group (55 years or more)	485,450
Phase Two	Rest of the older group	1,540,900
	persons with comorbidities	1,125,750
	School teachers	302,827
	Other essential workers	858,073
Phase Three		TBD as of 16/02/2021

In northwest, initiatives are taking place to facilitate the acquisition of 1.7 million vaccine doses by local authorities and international partners ([The Syrian Observer](#) 22/02/2021).

In the northeast, the plan for vaccine roll-out is to follow the Expanded Programme on Immunization, relying on the fixed health facilities and more than 100 mobile teams in the northeast ([WHO](#) 16/02/2021). Due to limited access in northern Syria and the reliance on GoS's authorization to access the Northeast, the delivery and vaccination services across areas of control will be difficult ([Human Rights Watch](#) 02/02/2021).

WHO is expected to support vaccine transportation throughout Syria and will reportedly oversee an automated pre-registration platform to identify target groups ([Center for Operational Analysis and Research](#) 22/02/2021). However, according to the Syrian Observer, the Ministry of Health reportedly completed scheduling the names of those eligible to receive the vaccine in the first stage, indicating that the plan provides for the use of only half of the quantity during this stage. ([The Syrian Observer](#) 12/02/2021). The mechanisms for registration, specific local

allocations, mobility and access conditions remain unclear, which is concerning considering the potential security ramifications. Indeed, many Syrians, especially those whose affiliation, perceived or real, to opposition civilian or military groups or individuals wanted for conscription, will likely refuse to disclose their personal data ([Center for Operational Analysis and Research](#) 22/02/2021) resulting in potential large gaps in immunization coverage ([Syria Direct](#) 14/01/2021).

In addition, considering the existing stigmatisation and reluctance to get tested or treated, there are concerns that vaccines would not be accepted widely. In a poll, conducted by the newspaper Enab Baladi, out of 191 respondents, 72% reported that the vaccine is a source of anxiety and only a third reported they would get vaccinated ([Enab Baladi](#) 09/01/2021), similar to the rate found in Jordan, Kuwait, and some other countries in the region ([Vaccines](#) 12/01/2020). Communication campaigns have started to also include the topic of COVID-19 vaccines to generate public demand ([OCHA & WHO](#) 12/01/2021).

## Continued increases in transmission possible

Crowding, inadequate shelter, poor access to basic services and limited livelihood opportunities make it nearly impossible to properly adhere to physical distancing or other public health precautions, putting most of the population affected by a decade of conflict at risk of COVID-19 infection, especially IDPs. According to HNAP Regional COVID-19 Vulnerability Maps, 70% of the population was at high COVID-19 risk in GoS-controlled areas in January (9.5 million people), 80% in SDF-controlled areas (2 million people), and 63% (2.8 million people) in areas controlled by non-state armed group and Turkish-backed armed forces ([HNAP 16/02/2021](#)) ([see Context](#)). Nationally, 1.8 million people are over 60 ([HNAP 11/08/2020](#)) and 40% of the adult population in the northwest is estimated to have comorbidities. Both factors could lead to poorer outcomes ([MedRxiv 07/05/2020](#)).

## B. CONTAINMENT MEASURES

While some localised movement restrictions remain in place, most containment measures have now been lifted in February, most notably in the northeast where partial lockdowns had been in place for three months since November 2020. However, following an acceleration of reported cases and low community compliance, tighter public health restrictions have been imposed in GoS-controlled areas since January 2021.

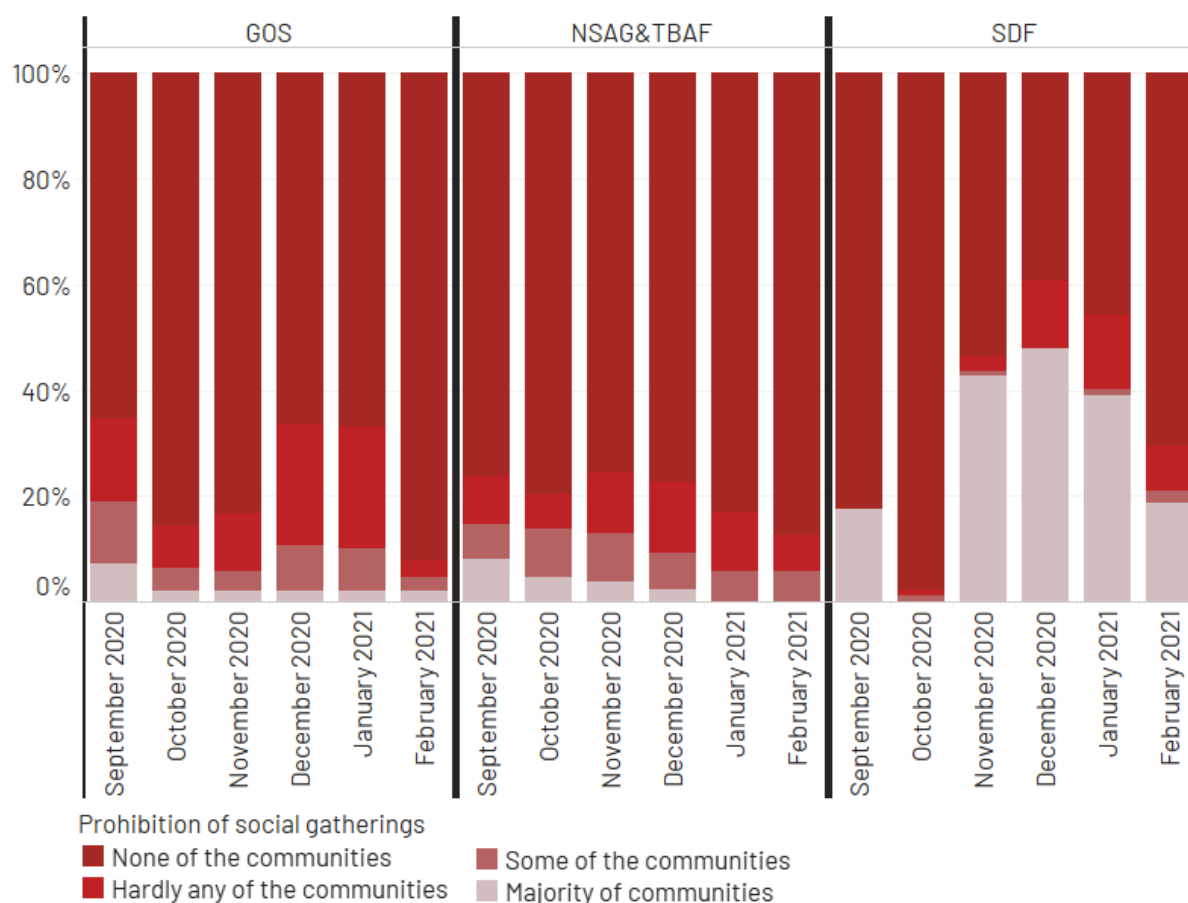
In GoS-held areas, while most of the preventive measures continue to be lifted, precautionary measures are being more strictly enforced. Public health rules were more strongly enforced since January, with the penalty of arrests for anyone not complying in As-Sweida governorate ([Al Watan](#) 28/11/2020). Stricter implementation of COVID-19 distance measures were also restated in February, with officials threatening to shut down restaurants and tourist spots, if adherence to measures were not abided by ([Garda world](#) 05/02/2021). While a total lockdown seems unlikely to be considered by the authorities, due to the significant economic losses the previous one led to ([Syrian Observer](#) 11/12/2020), localised restrictions could still be implemented ([OCHA & WHO](#) 01/02/2021). While new restrictive measures were put in place, travel remains relatively unimpeded. Commercial international flights continue to be functioning at Damascus, Aleppo, Latakia and Qamishli airports ([OCHA & WHO](#) 01/02/2021) however at a much reduced rate than before COVID-19 ([flightradar](#) 28/02/2020, [World Bank](#) 28/02/2020). Aleppo international

airport resumed its services, with a flight from Aleppo to Lebanon on 15 January ([Enab Baladi](#) 27/01/2021). A COVID-19 negative test issued not more than 96 hours before departure is required for travelers coming into Syria at accredited laboratories ([OCHA & WHO](#) 01/02/2021). However, no PCR test is required for domestic travel, which could result in further spread of the virus across the country ([Syria TV](#) 21/12/2020). Previously closed, 7 out of a total of 15 points of entry in GoS have been partially opened for travelers ([OCHA & WHO](#) 01/02/2021).

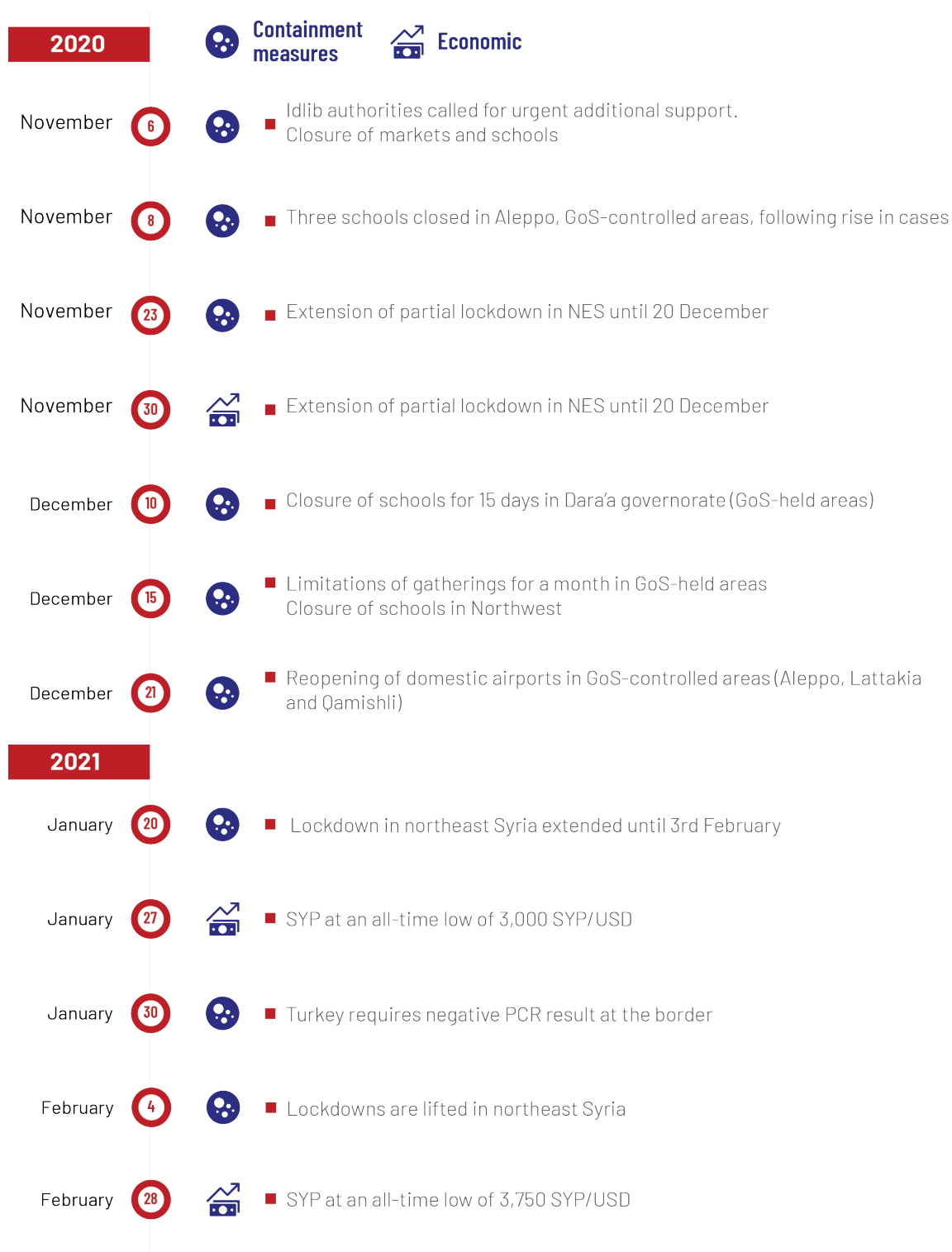
In the northwest, education facilities were closed mid-December for a month and held only remotely online due to rising cases (also see [Education](#)) ([Syrian Interim Government](#) 15/12/2020). As preventive measures were mostly not abided by, in Tartous governorate, a new compromise was implemented with cafes allowed to remain open until midnight if the occupancy rate was reduced and physical distance was maintained ([Albaath Media](#) 13/01/2021). No new containment measures were reported as of the end of February.

In northeast Syria, following a reduction in daily confirmed cases, all lockdown and restrictions in place since 30 October to prevent COVID-19 were lifted on 4 February: markets and restaurants have reopened and large gatherings can now be resumed ([AANES](#) 20/01/2021). Face-masks are no longer mandatory in public spaces, which raises concerns as it will likely lower people's risk perception of the virus, while infection continues to occur ([OCHA & WHO](#) 16/02/2021).

**Figure 3.** Proportion of sub-districts with prohibition of social gathering over the last six months as reported by community focal points ([HNAP Rapid Assessment](#) 7/9/2020 to 15/2/2021).<sup>2</sup>



Most international land borders continue to be closed, with some limited exemptions for humanitarian and commercial movements. The number of humanitarian trucks passing through the official points of entry actually decreased in the second half of 2020 compared to the first, with a big drop during the summer months ([Logistics Cluster](#) 10/02/2021). The Fishkabour/Semalka crossing point from Iraq to NES was closed off for a few days early February but reopened for humanitarian workers on 8 February ([OCHA & WHO](#) 16/02/2021). While movements with Turkey at specific checkpoints continue, in January, the Government of Turkey required a negative COVID-19 test for crossing from Syria into the country, which could lead to a significant reduction in movements as most Syrians cannot afford testing ([OCHA](#) 12/01/2021). HNAP Transit Point Mapping reports from 16 February show a 28% increase in travelers crossing international points of entry compared to 19 January, highlighting the need to reconsider precautionary measures at borders (HNAP 16/02/2021, 19/01/2021; [OCHA & WHO](#) 16/02/2021).



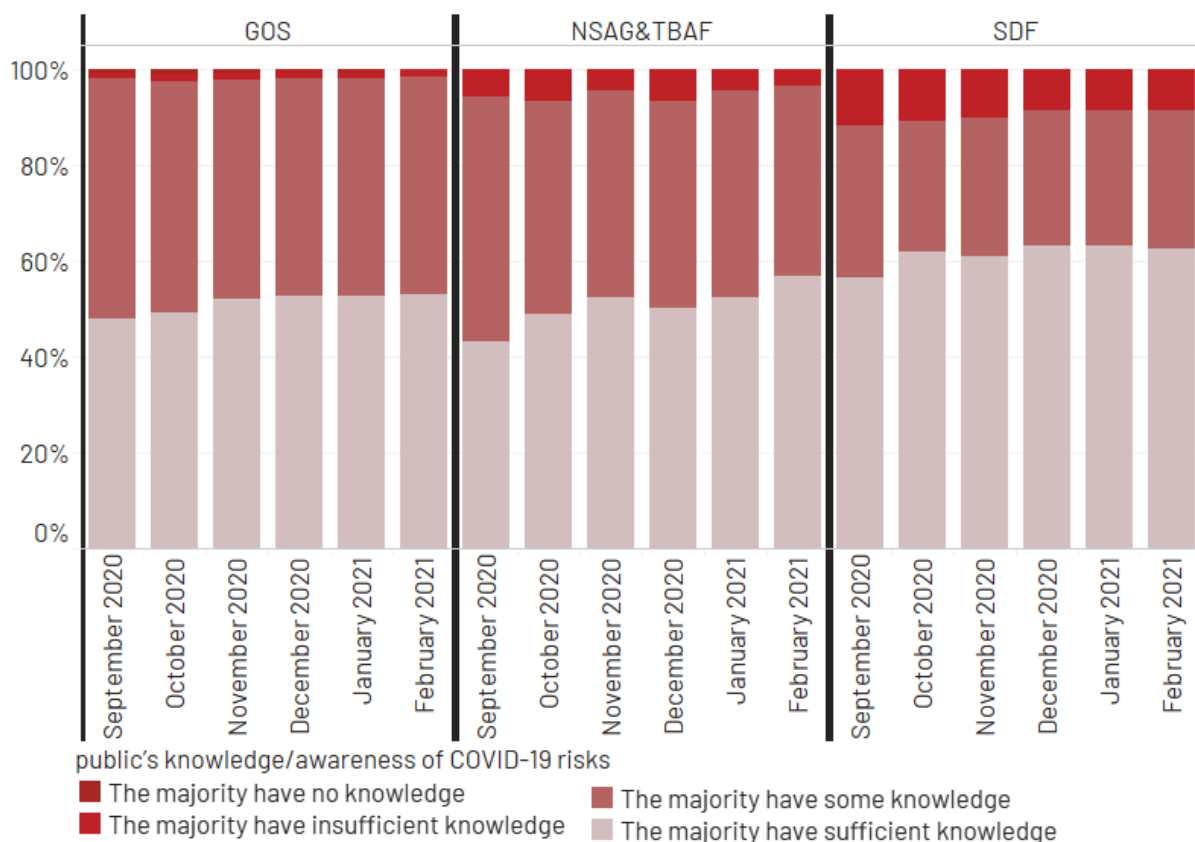
## C. PREVENTATIVE MEASURES

### Still limited uptake of measures and limited risk perception, despite improved COVID-19 awareness

While most people report being aware and having sufficient understanding about self-protection and preventive measures, only between 55-63% of the sub-districts report having sufficient knowledge of COVID-19 risk across the areas of control mid-February ([HNAP 16/02/2021](#)). Due to a lack of strong enforcement and inadequate communication by authorities to the population about the likely scale of undetected transmission, the urgency and necessity of taking precautionary measures is not always well understood. Across informal settlements in the northeast, the proportion of the population thinking that COVID-19 is an important issue varies considerably across informal sites and settlements from around 0% to around 100% ([REACH Initiative 18/01/2021](#)). Risk perception remains relatively low, emphasizing the need for humanitarian actors to focus on attitude and behaviour changes instead, especially as the preventive measures have started easing up ([WHO & OCHA 16/02/2021](#)). This is supported by the

COVID-19 Rapid Assessments and the REACH KAP surveys, which both find that while overall knowledge of COVID-19 risks and awareness of preventive measures are gradually improving across Syria, critical gaps remain in abiding to the mitigation measures, with reluctance to isolate when exposed to COVID-19 cases notably still reported ([HNAP 16/02/2021](#), [REACH Initiative KAP NWS 07/12/2020](#), [REACH Initiative KAP NES 06/12/2020](#)). Mid-February, in over half of sub-districts in GoS-held areas, community focal points reported that in general the majority of the population would stay at home and wait for symptoms to improve if they felt sick, rather than go to a hospital or call a doctor, which has remained almost unchanged during the last six months. In northern Syria, there seems to be less reluctance to seek treatment. In NSAG & TBAF-held areas, in about two-thirds of the sub-districts, community focal points report that the majority of the population would actually go to the hospital. The proportion slightly decreases in SDF-held areas but still in over half of sub-districts going to the hospital was the first choice, closely followed by the option of staying at home and waiting for symptoms to improve ([HNAP Rapid Assessment 7/9/2020 to 15/2/2021](#)).

**Figure 4.** The public's knowledge and awareness of COVID-19 risks over the last six months as reported by community focal points by proportion of subdistricts ([HNAP Rapid Assessment 7/9/2020 to 15/2/2021](#)).<sup>2</sup>



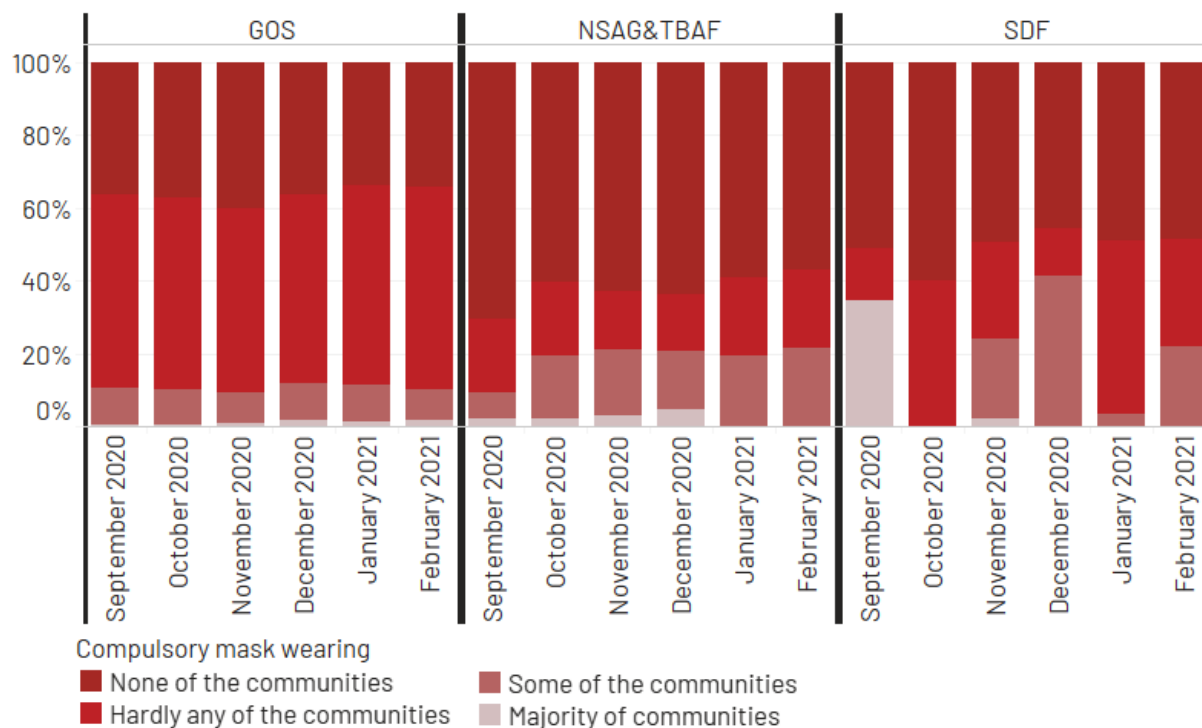
## Campaigns transitioned toward social media, but outreach limitations remain

Social media in both northwest and northeast was reported to be the main sources of COVID-19 information in the last KAP Survey in October, with an increase in the proportion of people mentioning it as a trusted source, notably in the northeast ([REACH Initiative](#) KAP NWS 07/12/2020; [REACH Initiative](#) KAP NES 06/12/2020). As a result, poor internet connection and lack of smartphones, notably in rural areas, have been barriers to access information and services ([Protection and Community Services Sector Inside Syria](#) 01/02/2021).

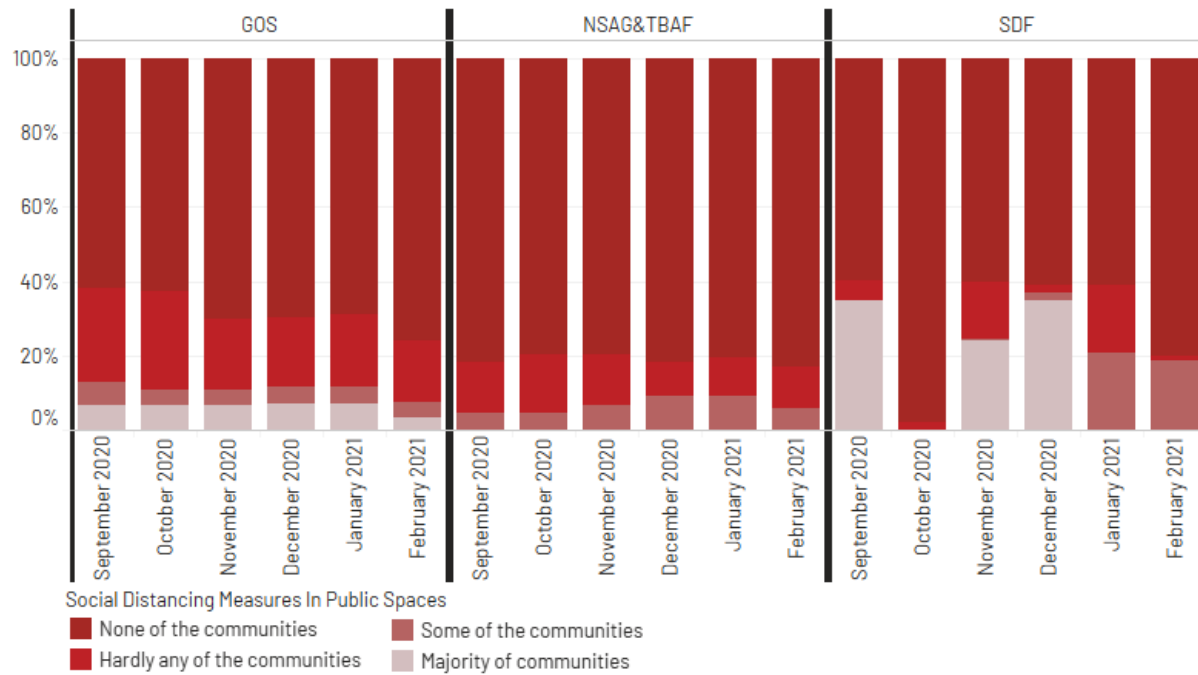
## Money as the main barrier to preventative measures

Economic hardship and critical living conditions, especially in the winter season, limit the extent to which people are able to engage in preventative efforts. The cost of hygiene items, overcrowding in shelters, and low enforcement of mitigation measures by local authorities (such as mask wearing and social distancing) are key barriers to adherence. Among those, lack of money to buy protective items remain the main barrier, although the proportion also decreased by half over the same time period (reaching 10%) ([REACH Initiative](#) 06/12/2020). The risk of income loss is also one of the main reasons driving people from reporting symptoms to avoid quarantine in the northwest (Protection Cluster 27/11/2020), likely explained by the overreliance on daily labour in this region (close to 50% of the population) ([OCHA](#) 16/09/2020).

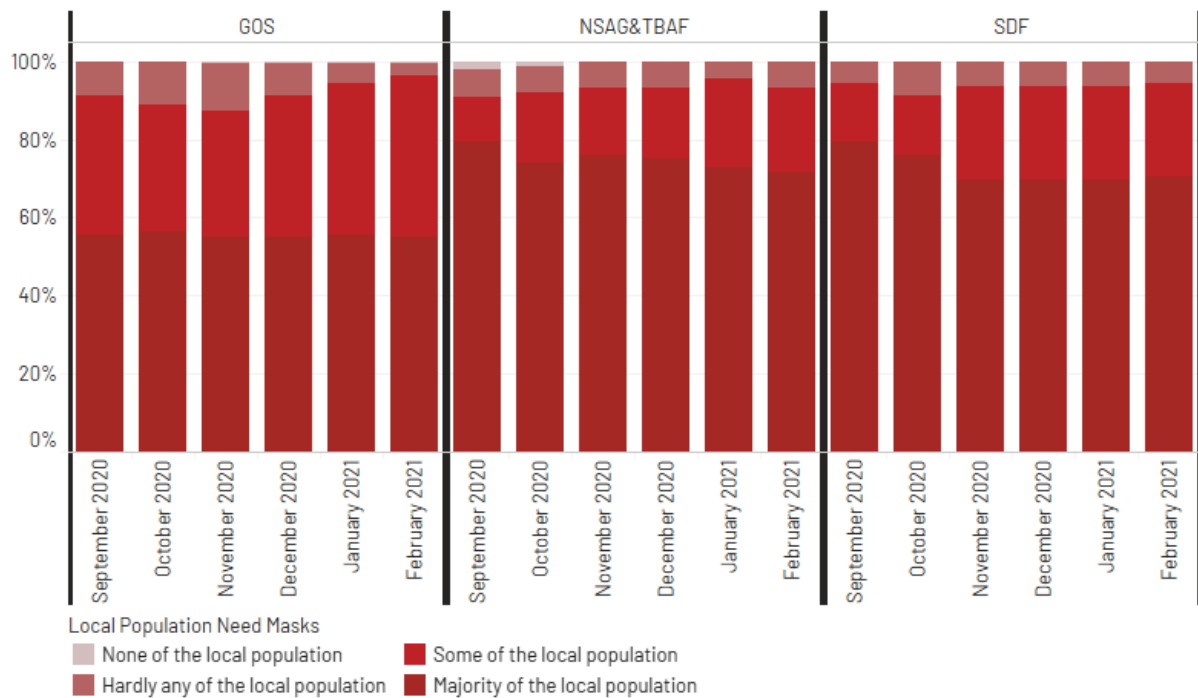
**Figure 5.** Proportion of sub-districts enforcing mask-wearing in the last six months, as reported by community focal points ([HNAP Rapid Assessment](#) 7/9/2020 To 15/2/2021).<sup>2</sup>



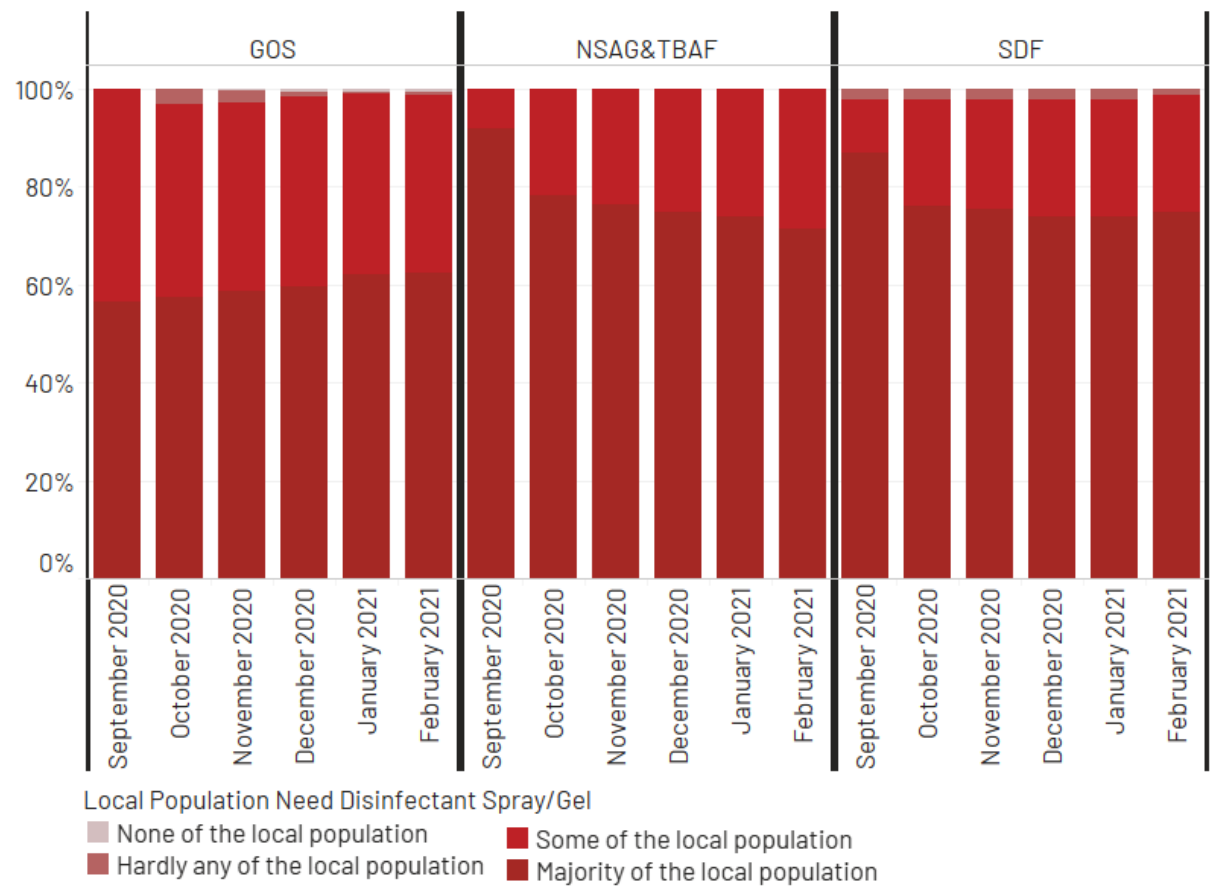
**Figure 6.** Proportion of sub-districts with presence of social distancing measures in public places in the last six months, as reported by community focal points ([HNAP Rapid Assessment](#) 7/9/2020 to 15/2/2021).<sup>2</sup>



**Figure 7.** Proportions of sub-districts in need of masks in the last six months, as reported by community focal points ([HNAP](#) 7/9/2020 to 15/2/2021).<sup>2</sup>



**Figure 8.** Proportions of sub-districts in need of disinfectant spray/gel in the last six months, as reported by community focal points ([HNAP](#) 7/9/2020 to 15/2/2021).<sup>2</sup>



## 2. Drivers and humanitarian consequences

### A. DRIVERS

#### An already fragile health system

The health system was neither prepared nor capable of dealing with the pre-existing health needs, and even less so the COVID-19 epidemic. In December 2019, about 50% of the 113 hospitals across the country were considered partially functional or non-functional ([Health Cluster](#) 04/2020, [WHO](#) HeRAMS 2019) and about 33% of health centers reportedly damaged ([WHO](#) HeRAMS 2019), figures that are likely to have increased during the offensives in both northwest and northeast that occurred early 2020. In the northeast, only 26 (9%) of 270 public healthcare facilities were functioning in April 2020 ([NES Forum](#) 16/04/2020).

#### COVID-19 exacerbated the pre-existing economic situation, significantly worsening humanitarian needs

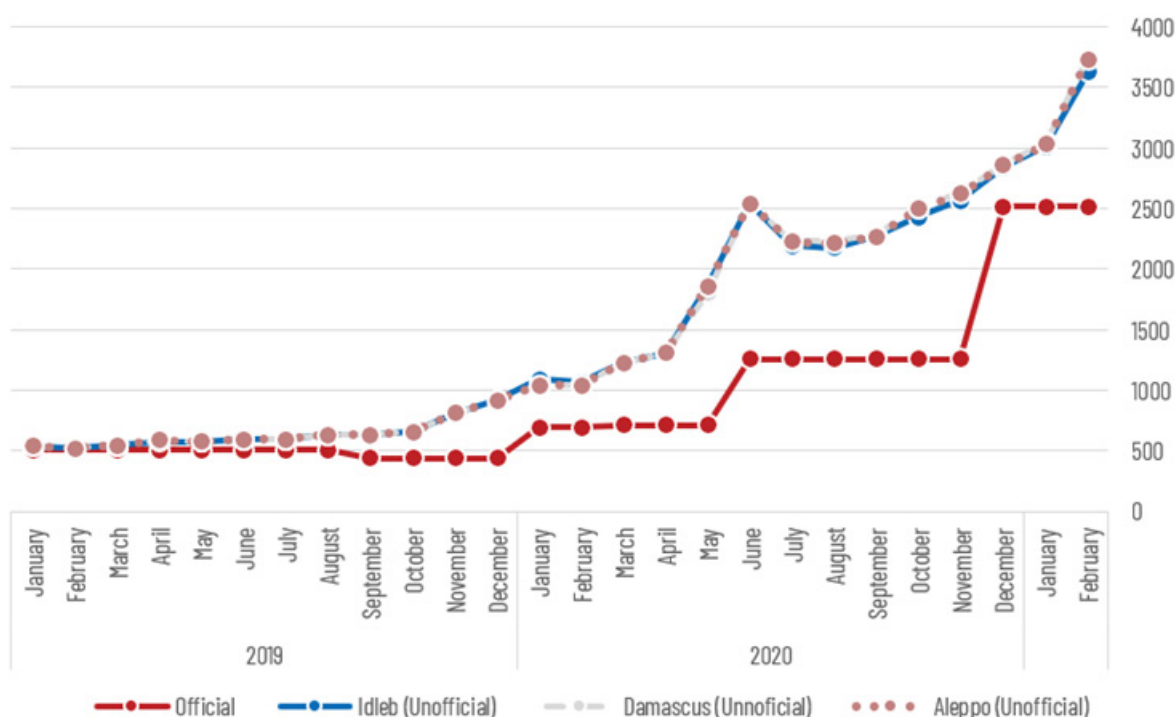
While precautionary measures against the spread of the virus were crucial to containing transmission, they exacerbated socio-economic vulnerabilities and created new humanitarian crises by reducing availability and access to basic services and employment opportunities, adding another layer of complexity in the humanitarian response. The decade of conflict, inflation, and regional shocks had already severely weakened the Syrian economy, but COVID-19 restrictions imposed since March 2020 heavily impacted employment opportunities across the country, devaluating salaries and pushing up prices of basic goods, thus increasing dependence on negative coping mechanisms. Economic experts from Damascus University estimated the economic losses due to the COVID-19 lockdown measures of 1 trillion Syrian Pounds (SYP) per month, amounting to four trillion in total ([Al Watan](#) 11/04/2020), representing almost half of the 2021 Syrian Government budget ([Atlantic Council](#) 01/12/2020).

As a result of the pre-existing economic crisis, coupled with COVID-19 restriction measures and, in June 2020, the implementation of new US economic sanctions, the Syrian Pound devalued by close to 80% in 2020 ([Needs and Response Summary](#) 22/02/2021, with the Currency Depreciation Index increasing by more than three folds since early 2020 ([LSE](#) 09/02/2021). In January 2021, the US announced they will continue their sanctions policy against Syria ([Enab Baladi](#) 04/01/2021). The value of the Syrian Pound continued to weaken in February 2021 on the informal exchange rate market and reached a new record low on 28 February with SYP 3,700 per USD (Sp-today 28/02/2021). Despite an official exchange rate of 1,250 SYP per USD, the GoS itself has had no other recourse but to use the unofficial exchange rate. Following months of inflation and currency depreciation, the Central Bank introduced a new banknote of 5,000 SYP, more than the double of the previous highest denomination (2,000) ([The Syrian Observer](#) 25/02/2021, [LSE](#) 09/02/2021). This further led to a collapse of the exchange rate against the US dollar, with the value of SYP exceeding for the first time 3,000 SYP to the US dollar few days after this launch, reaching its lowest value in history ([The Syrian Observer](#) 08/02/2021, [Enab Baladi](#) 03/02/2021). In Damascus, the value of Syrian Pound has decreased by about 18% compared to January ([Syrian Observatory for Human Rights](#) 26/02/2021).

The Turkish Lira continues to be used in the northwest as an alternative to the Syrian Pound, and is often the most commonly reported currency for purchasing essential commodities for IDP communities ([REACH](#) 31/01/2021). As with the SYP/USD exchange rate, the SYP/TRY rate has also deteriorated with the fall in value of the Syrian Pound reaching 483 SYP for buying and 477 for selling in Idlib and Aleppo countryside. The value of the Turkish Lira dropped by 18% in Idlib and Aleppo in February ([Syrian Observatory for Human Rights](#) 26/02/2021).

The regional economic downturn further reduced economic flows into Syria. The estimated annual \$1.6 billion of remittances ([Syria Direct](#) 12/04/2020) supports about 1 million Syrians (or 200,000 households). In March 2018, it was estimated that remittances inflows were 36% higher than total wages and salaries in Syria. However, due to the pandemic, labor sectors were heavily affected in the main countries of origin (Saudi Arabia, Lebanon, Jordan and Turkey), resulting in a decrease in remittance ([Mercy Corps](#) 25/01/2021) by 50% in 2019/2020 compared to 2017 ([OCHA & WHO](#) 29/10/2020).

**Figure 9.** Informal SYP/USD exchange rate on the first of each month in Damascus, Aleppo and Idlib and the formal rate of the Central Bank of Syria ([sp-today](#) 28/02/2020; [Central Bank of Syria](#) 28/02/2020)<sup>3</sup>

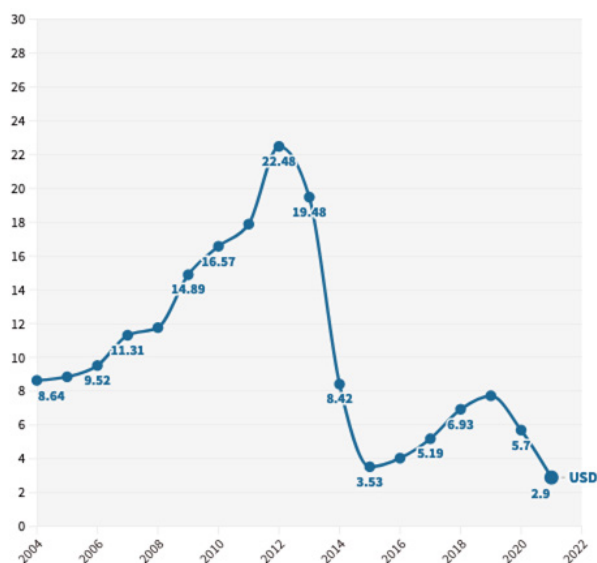


In GoS-held areas, total revenue in 2020 was 83% lower than the pre-war budget of 2010. The 2021 approved budget's value decreased by almost a third compared to last year, in inflation-adjusted US dollar terms. Despite USD 30 to 105 billion in lending from Iran since the beginning of the war ([Atlantic Council](#) 01/12/2020), the 2021 budget will likely result in additional austerity measures on Syrians in GoS-controlled areas. To ensure some influx of capital, the Government of Syria has been selling its debt. However, as there is no tax revenues and foreign currency left, it is unlikely that they will be able to repay them ([Mercy Corps](#) 25/01/2021). According to a political economist, the

decline in government spending on individuals in 2021 will be close to 85% ([Enab Baladi](#) 07/01/2021), as allocation of salaries, wages, social support allocations, and subsidies are projected to significantly decrease in value, resulting in an increase of 65% in the cost of living of Syrians in 2021 with the current value of the SYP ([Enab Baladi](#) 07/01/2021), and could increase even more if the Pound continues to depreciate as forecast. The risk of economic default in 2021, and subsequent austerity measures, is high and could lead to further negative impact on the purchasing power of Syrians.

<sup>3</sup> Data is captured by partners of the source who capture the rate used by money exchangers each day in Idlib, Aleppo and Damascus, and the value on the first day of each month is visualized.

**Figure 10.** Syria's general budget between 2004 and 2021 in USD informal exchange rate ([Enab Baladi](#) 07/01/2021)



## Basic infrastructure severely impacted by a decade of conflict

A decade of conflict, multiple displacements, economic shocks in the country and neighboring countries, military operations, and violence had already severely affected the population and infrastructure, leading to weak capacities in handling the spread and repercussions of the disease.

About 6.7 million people remained internally displaced in 2020, and an estimated 5.65 million people across the country have shelter needs ([Shelter & NFI Sector](#) 17/11/2020), with poorer conditions more prevalent in Idlib, Aleppo, Rural Damascus governorates, Ar-Raqqa city and in camps in the northeast and northwest ([Al-Araby](#) 20/11/2020, [Human Rights Watch](#) 15/10/2020). These needs show seasonal variation and are currently at their highest in winter conditions, when millions face harsher conditions.

COVID-19 added more pressure on a fragile health care system, already deeply affected by almost a decade of conflict. Before the pandemic, the World Bank estimated that “more people may have been killed in Syria due to a breakdown of the health system than due to direct fatalities from the fighting” ([World Bank](#) 10/07/2017). The

deliberate targeting of hospitals and medical workers in opposition-held areas has contributed to more than 70% of the healthcare workforce leaving the country, leaving Syria vulnerable to this health crisis ([OCHA & WHO](#) 07/10/2020, [OCHA](#) 06/03/2020). As a result, there are few specialists left to handle COVID-19 patients (pulmonology, intensive care, infectious diseases, infection prevention and control, etc.) ([Migration and Health](#) 03/07/2020) (see [Health](#)).

Similarly, the poor coverage and quality of WASH infrastructure has been driving up WASH needs even before the pandemic. Before the war, while most urban areas had adequate sewage systems, only some of these were actually connected to treatment plants. There were only around 20 treatment facilities in Syria ([Delegation of the European Commission to Syria](#) 04/2009). Due to the conflict, at least 50% of sewage systems were not functional in 2019 and 70% of sewage was untreated: this results in only 9% of the population being served by functional wastewater treatment systems ([HNO](#) 2019 01/03/2019). About 26% of water infrastructure has been damaged, including 51% of wells, 23% of water towers/tankers, and 9% of pumping stations ([World Bank](#) 06/02/2019). Regional water shortages, including a drought in Turkey, and continued disruptions to infrastructure under Turkish control that supplies water to northeast Syria, have also decreased water availability and is further increasing the barriers to practice COVID-19 preventive measures. Gap analysis indicates that across 27 sub-districts, 1.3 million people lack some form of WASH services ([OCHA](#) 21/10/2020). Syria continues to suffer from an unreliable electricity network, under 10% of power infrastructure fully functioning ([World Bank](#) 06/02/2019) and overall low access to the internet (about 47% as of January 2020) ([DataReportal](#) 18/02/2020).

43% of the education infrastructure was estimated to be non-functional in Syria by 2017, with secondary and vocational schools among the most targeted, with more than 14% of the buildings fully damaged ([World Bank](#) 10/07/2017) (also see [Education](#)). In the northwest, a high number of secondary and primary schools are reported to be still unavailable in January 2021 (76% and 86% of sites) ([OCHA](#) 26/01/2021). The number of teachers in the formal education system is less than half the pre-war level ([World Bank](#) 06/02/2019). Given all of these challenges, the education system was unprepared to shift to online learning.

## B. DISPLACEMENT

### Reduced movements in 2020, with economic conditions increasing as a push factor

2020 saw a decrease in displacement flows, with almost all displacement reported between January and October occurring within governorates ([IDP Task Force](#) 12/2020), likely due to a combination of lower conflict intensity after the end of the offensives early 2020 and COVID-19 related movement restrictions.

The security situation remains by far the main push factor for displacement among IDPs who were displaced for the first time in 2020. However, for those displaced four or more times, the main reason for the latest displacement is related to the economic deterioration that COVID-19 exacerbated. The deterioration of the economy is the dominant push factor for latest displacement for IDPs households in Tartous (96%) and Latakia (77%) governorates, whereas it is a less common push factor amongst displaced persons in Deir-ez-Zor (37%), Ar-Raqqa (35%), Al-Hassakeh (22%), and As-Sweida (20%) governorates ([HNAP](#) 16/12/2020).

## C. COVID-19 RELATED HUMANITARIAN CONSEQUENCES

### Inflation and inability to meet basic needs

The pandemic, and its related government preventive measures, added to the already worsening economic situation and has resulted in widespread inflation across all commodities since March 2020. The Central Bureau of Statistics reported an average inflation rate of 200% in 2020 with goods inflation reaching 300% ([WFP](#) 19/01/2021). The value of the Survival Minimum Expenditure Basket in both northwest and northeast continued to increase in January 2021, reaching new highest value records, 322,441 SYP in the northwest, a 14% increase compared to December, and close to double compared to July 2020 ([REACH Initiative](#) 24/02/2021) and 270,105 SYP in the northeast, a 6% increase compared to December and 38% increase since July 2020 ([REACH Initiative](#) 24/02/2021). As the average public sector salary is around 55,000 SYP (USD24), this leaves most families unable to meet their basic needs ([Atlantic Council](#) 01/12/2020).

While wages remain higher than in 2020 ([WFP](#) 23/02/2021), almost all assessed communities in the northwest and close to 90% in the northeast reported insufficient income ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). Similar rates were already reported in December and November. As a result, many households are forced to

prioritize their spending among food, heating, health or abiding by COVID-19 mitigation measures. According to the 2020 MSNA, more than 80% of Syrians report a significant deterioration in their ability to meet basic needs since August 2019, with close to two-thirds of Syrians being unable to meet the basic needs of their household ([OCHA](#) 22/02/2021).

### Increased use of negative coping mechanisms

As the economic downturn has been impeding households' ability to meet their basic needs, negative coping mechanisms are increasing. The national average rCSI reached its highest national average in 2020 in December (18.5), with around 85% of the interviewed households reportedly resorting to at least one consumption-based coping strategy to cover their essential food needs. After months of increased food prices and income losses, most people seem to have exhausted their capacities to cope.

According to the October 2020 MSNA, more than 70% of Syrians took on new debts since August 2019, with many selling assets and livestock, eating less to feed children, child labor ([Needs and Response Summary](#) 25/02/2021). In the northwest, in January borrowing money to cope with the lack of income was no longer mentioned in the top coping strategies, while previously reported among two-thirds of the assessed communities in December. Instead, relying on less preferred food or lower food quality became the first ranked coping mechanisms, used in more than 60% in both northwest and northeast, at slightly higher rates than December. Skipping meals was the most frequently reported food coping strategy in the northeast in December, but in January borrowing money was most frequent, by two-thirds of the KIs. Buying food with money usually used for other things were also mentioned by more than 60% of the KIs, at similar rates than December ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). While most of these coping strategies were used before the COVID-19 crisis, the rates, frequency and increased combination of multiple coping mechanisms increased significantly in 2020.

In GoS-held areas, due to lack of employment opportunities, households report mostly relying on remittances ([Mercy Corps](#) 25/01/2021). Both in northwest and northeast, IDPs continued to be the ones reporting mostly relying on loans and remittances (51% and 37%) compared to residents. In addition, in the northwest, a third of IDPs continued to report relying on humanitarian assistance compared to 12% in the northeast ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021).



## Health: Overwhelmed healthcare system

The shortages of qualified healthcare personnel, equipment and medicine, as well as functioning health facilities have been further hampering the response to COVID 19. Coupled with unequal accessibility and affordability to health services and reluctance to seek treatment, many are left vulnerable without proper care.

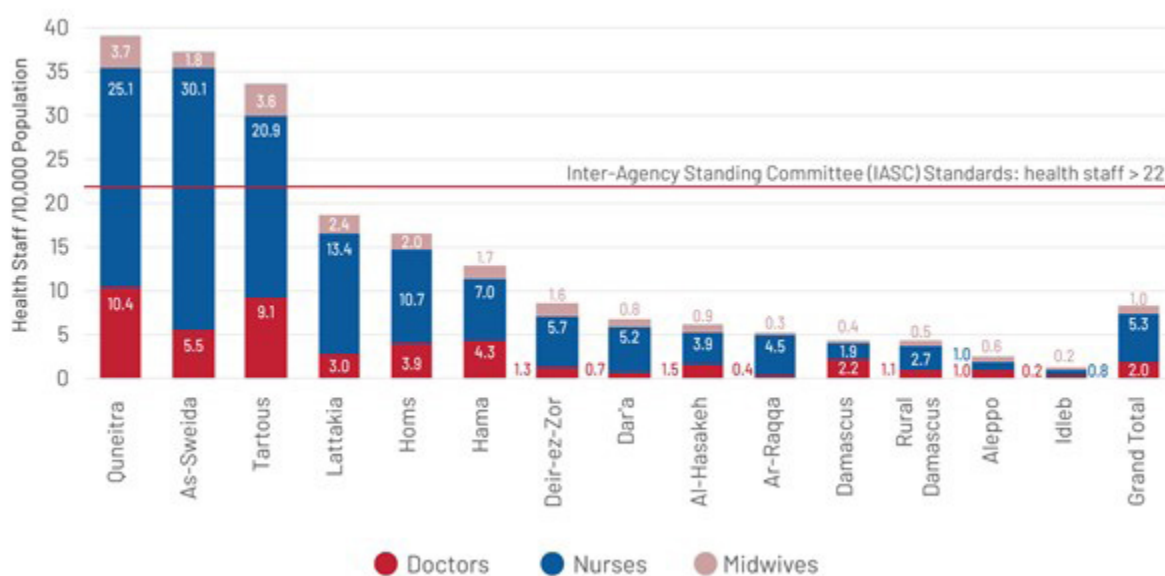
### Healthcare workers exposed to high transmission rates, desperate conditions and risk of detention, further disrupting the healthcare system

#### Shortages of HCWs:

An overall shortage of healthcare workers, and more being driven away due to challenging conditions, is a significant issue in Syria, hampering the COVID-19 medical

response. In As-Sweida governorate, GoS-held areas, 17 doctors have left the country in the last five months, over 143 others have been issued passports, and over 200 resignations and terminations among nursing staff have been recorded in the past three months ([Al Watan online](#) 25/02/2021). In northwest and northeast, less than 15% of assessed communities reported the shortage of health staff as a barrier to access healthcare ([REACH Initiative](#) 22/02/2021; [REACH Initiative](#) 22/02/2021), a rate that has remained mostly consistent since October. Due to low salary, healthcare workers are often forced to take multiple shifts and receive patients at homes, increasing the risk of transmission ([Syria Health Network](#) 01/02/2021). In the northeast, as of 31 January, 6% (159) of health staff are doing more than one shift in different facilities ([WHO & OCHA](#) 16/02/2021). While this rate decreased compared to earlier months, some gaps remain.

**Figure 11.** Number of health staff (doctors, nurses, and midwives) per 10,000 population in public health centers, December 2019 ([WHO](#) HeRAMS 2019)



### **Detention of HCWs:**

While the healthcare system in Syria is struggling with shortages of healthcare workers, there are still more than 3,300 health workers detained or who forcibly disappeared since 2011, most of which by the Government of Syria forces – although the figure has reduced each year since 2012, 26 such arrests, detentions and forcible disappearances of healthcare workers were recorded in 2020 ([Syrian Network for Human Rights](#) 27/02/2021). In addition, healthcare workers remain the target of violence even during the COVID-19 pandemic, with 54 incidents of violence or threat of violence against healthcare reported in Syria between the beginning of March 2020 and end of February 2021, although a slight decrease from the previous year ([Insecurity Insights](#) 01/03/2021). In Dara'a governorate, doctors have been displaced or dismissed by the local authorities as they had been accused of working with the opposition ([Middle East Eye](#) 10/12/2020) and there are reports of detention of health care workers by the Government of Syria who accuse them of diagnosing patients' without liaising with the Ministry of Health ([Daraa Martyrs](#) 16/12/2020).

### **Infections among HCWs:**

The toll on health workers continues, with as of 16 February, more than 450 COVID-19 infections among health workers confirmed in GoS-held areas, almost double the number reported in January. In the northwest, just over 8% (1,548 out of 21,100) of the total number of cases have been among health care workers (including physicians, dentists, nurses, midwives and various medical technicians). In the northeast, as of 28 February, 782 cases among healthcare workers have been reported, of which 8 had been reported in the last month. Over half of which are in Al-Hasakeh governorate ([NES COVID-19 Dashboard](#) 31/1/2021) and 19 staff have been in self-quarantine or self-isolation. This is a significant reduction from November, with a total of 133 staff were self-quarantining or self-isolating over the whole month, reflecting the reduction of cases in this area and potentially better uptake of infection, prevention and control measures ([WHO & OCHA](#) 16/02/2021). While this high ratio can be explained by the targeting of tests for healthcare workers, the effect on the healthcare system remains devastating. The steady increase in affected healthcare workers across the country since July further disrupts the fragile healthcare system which is already dealing with insufficient numbers of qualified healthcare personnel and preventive kits (see [c. Preventative measures](#)).

## **Health facilities continue to struggle due to lack of equipment and expertise**

### **Lack of healthcare facilities:**

The COVID-19 response diverted health resources and capacities across the country, at the expense of routine health services delivery ([Needs and Response Summary](#) 22/02/2021). Some healthcare facilities had to suspend surgeries as all health personnel were mobilized to attend to COVID-19 patients ([Tishreen news](#) 03/12/2020). As of 1 February, only 57 public hospitals (64%) are fully functioning ([OCHA & WHO](#) 01/02/2021). Meanwhile in the northeast, only two facilities were partially closed during January, a significant improvement compared to November when 13 facilities were closed ([WHO & OCHA](#) 16/02/2021). Healthcare gaps remain a challenge in camps in northeast Syria, highlighted by the recent report of 16 deaths among IDPS between November and December in Areesha camp. Shortages of health services in Al-Hol camp continue to also be reported ([NES Sites and Settlements Working Group](#) 17/02/2021)

**Figure 12.** Number of hospital beds (including ICU) / 10,000 population in public hospitals compared to the national average, December 2019 ([WHO HeRAMS 2019](#))



According to HNAP, most of the sub districts across Syria do not have sufficient COVID-19 health services in February, with sufficiency ranging between less sufficient and insufficient ([HNAP SDF](#), [HNAP NSAG](#), [HNAP GoS](#) 16/02/2021). While new COVID-19 facilities have been built in the northeast, with 16 currently operational ([WHO & OCHA](#) 16/02/2021), more laboratory capacity is still needed as the GoS refuses to allow UN agencies to establish laboratories, in line with its overall restrictions and obstacles to cross-border humanitarian assistance from its areas of control to areas outside of it ([Human Rights Watch](#) 02/02/2021). In northeast Syria and GoS-controlled areas, almost no sub-districts have quarantine and isolation spaces to monitor COVID-19 cases ([HNAP](#) 27/01/2021, [HNAP](#) 27/01/2021), and lack of such services has also been reported in two-thirds of sub-districts in northwest Syria ([HNAP](#) 27/01/2021).

#### **Lack of medical equipment at healthcare facilities:**

The lack of medications or medical equipment at healthcare facilities was reported in 52% and 37% of communities in

northwest and northeast respectively in January ([REACH NES Initiative](#), [REACH NWS Initiative](#) 22/02/2021). The economic crisis and sanctions have halted supplies of basic medical items, such as prescriptions. For those who cannot access hospitals, they may also face increased barriers to supplemental care from private pharmacies. Conversely, those with chronic conditions may worsen without access to these facilities, forcing many with preventable or manageable conditions to add to the hospital burden during the pandemic. On the other hand, the lack of necessary protective equipment or supplies at healthcare facilities is not a major concern with only 11% (northwest) and 6% (northeast) of surveyed communities reporting it as a barrier to access healthcare ([REACH Initiative NES](#), [REACH Initiative NWS](#) 22/02/2021). Although such information was not available for the Government-held areas, anecdotal evidence points to similar issues as well.

### **Low health services quality:**

The quality of health care services provided in Syria remains significantly affected by the overcrowding in the health facilities in January. Nearly a quarter of the assessed communities in northwest and half in northeast considered congestion as a barrier to access healthcare ([REACH Initiative NES](#), [REACH Initiative NWS](#) 22/02/2021). Lack of training is also an issue affecting the quality of care. Lack of personnel and expertise in critical care is notably significant, highlighted by the high mortality of patients who have received invasive ventilation ([WHO & OCHA](#) 16/02/2021). In the northeast, out of 58 intubated patients who received invasive ventilation, 55 died in December ([WHO & OCHA](#) 12/01/2021).

### **Occupancy rate:**

While, according to government officials, occupancy rates of isolation centers in GoS-held areas, notably Homs, Latakia and Tartous governorates, are reportedly decreasing, with even some hospitals closing their isolation sections ([Sham FM](#) 31/01/2021, [Al Watan online](#) 16/02/2021, [Albaath Media](#) 11/02/2021), according to WHO, between 12 January and 3 March, no isolation centres have been shut down by the government ([OCHA & WHO](#) 16/02/2021). An increase in COVID-19 patients were even reported in hospitals in Damascus early February ([Syrian Arab News Agency](#) 23/02/2021). Low occupancy is likely to be linked to public distrust in government healthcare facilities, resulting in COVID-19 patients reluctant to seek treatment ([The National News](#) 16/02/2021), rather than declining infection rates. The social stigma associated with COVID-19, alongside the pressure to maintain income and livelihood, has reportedly been inducing people to hide symptoms and avoid seeking treatment or self-isolating. ICUs in the northwest have been experiencing increased occupancy rates than regular averaged between October to December 2020, with more than 3,100 people admitted in Community-based Treatment Centres ([WHO & OCHA](#) 16/02/2021).

## **High costs as a among major barriers to access healthcare access**

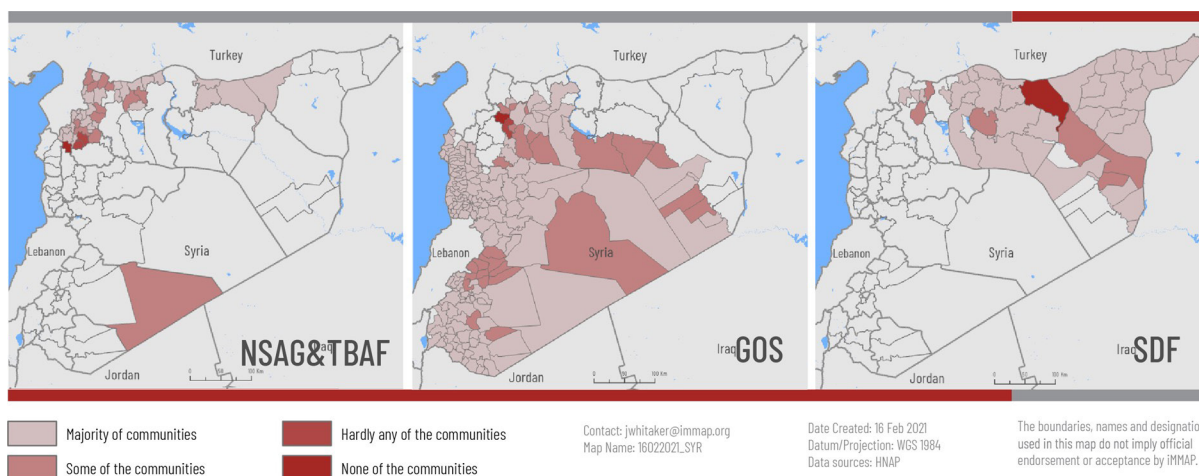
### **Prices of medical equipment:**

Border closure and the fluctuation of the exchange rate have affected the availability and prices of COVID 19 medical supplies in markets ([WHO & OCHA](#) 01/02/2021). In the GoS-held areas, a PCR test costs 100 USD and oxygen tank 200 USD ([The National News](#) 16/02/2021). Mid-February, the GoS approved the export of face masks and disinfectants, as the domestic production supposedly already covers the local needs. This will likely drive prices further up, as seen before in June when a similar decision was taken by the government ([Syria TV](#) 19/02/2021).

### **Unaffordability of health services:**

Access to healthcare services continues to be a challenge across Syria. In January, nearly three quarters of communities assessed in the northeast and half in the northwest reported that they do not have access to health services ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). Unaffordability of healthcare services continues to be reported as one of the main barriers. In GoS areas, the average price of one day at an intensive care unit in a private hospital was reported to be about USD 560 ([The National News](#) 16/02/2021). High cost of such services was cited as a challenge in 46% of communities assessed in the northwest and even more in the northeast reported by 80% in January ([REACH Initiative NES](#), [REACH Initiative NWS](#) 22/02/2021).

**Map 1.** Access to public health services as reported by community focal points – February ([HNAP – COVID-19 Rapid Assessment](#) 15/02/2021).



These access issues particularly affect people with disabilities, who already lack proper assistance and face significant mobility and accessibility barriers ([Protection Cluster](#) 11/02/2021). 75% of people with disabilities are estimated not to have access to medical care in 2021 ([Needs and Response Summary](#) 22/02/2021). The elderly are also another vulnerable group, with nearly 70% of older people lacking access to medication as a result of COVID 19 ([Protection Cluster](#) 11/02/2021). Women and girls are also more highly affected by these issues, with access to health services including sexual and reproductive health being frequently reported by surveyed protection partners as a main issue resulting from the COVID-19 situation ([Protection Cluster, UNHCR](#) 01/02/2021).

### In light of striking prices of medical services and consultations, patients resorted to alternatives

Anecdotal evidence continues to show that social media, Facebook and WhatsApp, remains one of the main sources of health-related information, as distrust and unaffordability of private and public hospitals drive people's reluctance to seek healthcare ([The National News](#) 16/02/2021). Resorting to pharmacies instead of clinics was mostly used as well by the population as coping strategies in light of the lack of healthcare. This was reported by nearly 90% of communities in northwest and northeast in December and January ([REACH Initiative NES](#), [REACH Initiative NWS](#) 22/02/2021).



## **Livelihoods: Inflation and reduced employment opportunities result in lower purchasing power**

### **Livelihood activities are still affected by COVID-19 related closures, resulting in lack of employment**

COVID-19 seems to have more strongly disrupted livelihoods in the northeast, with more than 80% of assessed communities reporting one or more livelihood sectors still being partially or totally affected by COVID-19 in January, a slight decrease compared to a month before, compared to close to two-thirds in the northwest ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). Data by HNAP also confirms such a trend, with IDPs households in the northeast more likely to report COVID-19-related reasons as a barrier to employment or diversifying income (26%) than in other areas ([HNAP](#) 16/12/2020).

The economic effects of COVID-19 precautionary measures have been disruptive for informal sector workers, who rely on daily income for essential goods and services, notably IDPs. 31% of IDP households reported daily labor as their primary livelihood activity, and 49% reported it as one of their income-generating activities ([HNAP](#) 16/12/2020). More than 90% of communities in the northwest and more than 80% in the northeast rely on daily waged labour as a common source of income ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). This continues a trend of increasing reliance on daily labour as a result of the rapid devaluation of salaries since January 2020 ([HNAP](#) 24/08/2020), with its informal nature inherently vulnerable to disruptions and low wages such as COVID-19 mitigation measures, and consequently undermining household income and resilience to future shocks.

In GoS-controlled areas, according to the Ministry of Social Affairs and Labor, more than 320,000 people registered for the National Campaign for Emergency Social Response by 28 April 2020 ([OCHA & WHO](#) 09/05/2020). No updated figure has since been provided. More than half of the assessed communities reported lack of employment opportunities as barriers to meeting basic needs in the northwest ([REACH Initiative](#) 22/02/2021), a proportion that increases to almost two-thirds in the northeast ([REACH Initiative](#) 22/02/2021). While women and persons with disability report higher rates in both areas, these vulnerable groups seem to be even more impacted in the northwest where more than half of women and more than 40% of person with a disability mentioning lack of employment opportunities ([REACH Initiative](#) 22/02/2021), compared to 40% and almost 25% in the northeast ([REACH Initiative](#) 22/02/2021).

## **Loss of income**

The economic recession and the COVID-19 affected people's sources of income. Close to 50% of the Syrian population report having lost one or more sources of income because of the economic recession and the COVID-19 pandemic in 2020 ([WFP](#) 17/02/2021). As of December 2020, half of the working-age population is estimated to be unemployed, and over 60% among the youth, compared to 20 and 9% respectively in 2010 ([OCHA](#) 22/02/2021). However, the livelihood effects vary regionally depending on the extent and length of the restrictions and lockdown measures. According to a survey by CARE focusing on women, in the northeast, where a lockdown was enforced for 3 months between November 2020 and January 2021, women reported work interruptions and barriers to access markets and sell their products. However, women in the northwest reported not seeing a significant impact of COVID-19 on their livelihood as their work was already unstable before the pandemic ([CARE International](#) 25/02/2021).

## Decreasing purchasing power

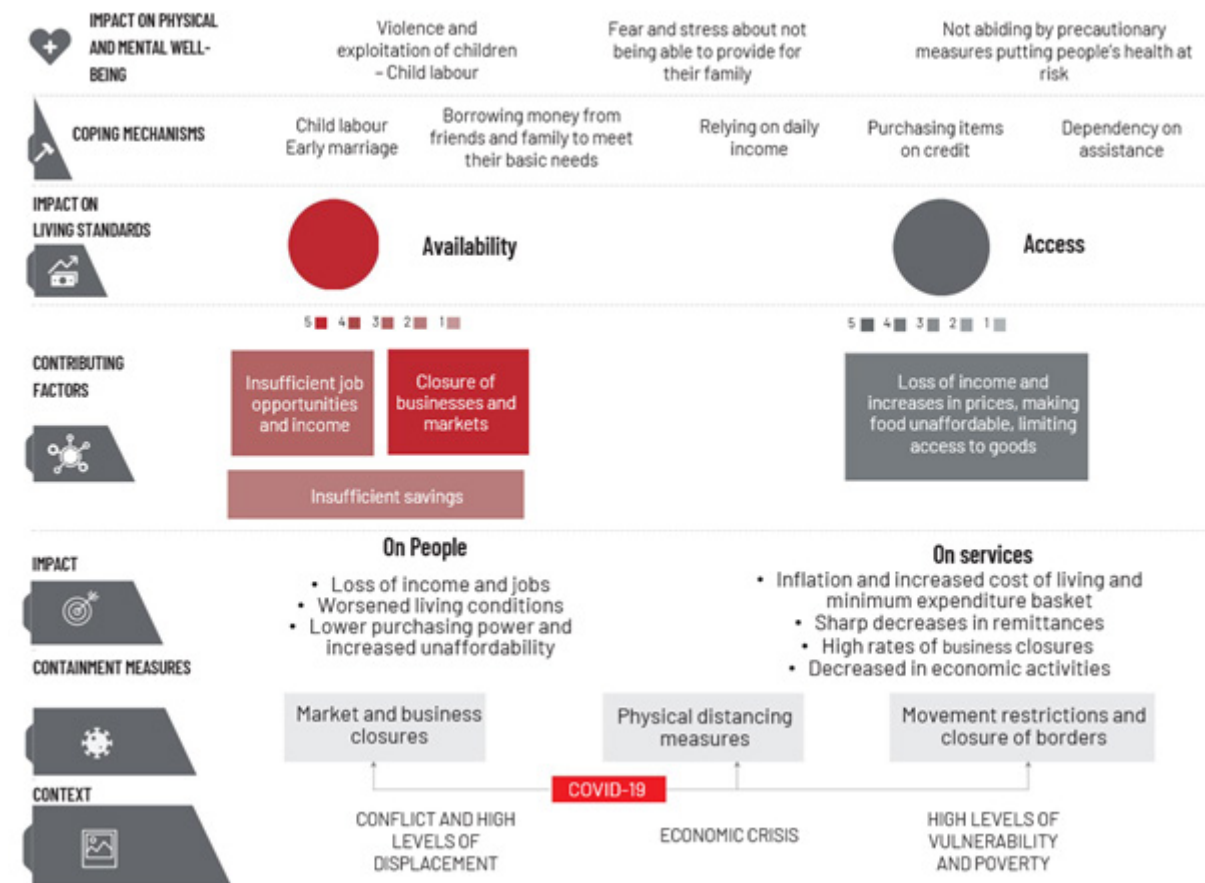
Purchasing power continues to decrease, with on average household expenditures now exceeding the average income by 20% ([OCHA](#) 25/02/2021). KIs report having no cash or low purchasing power in 88% of the assessed communities in the northwest and 77% in the northeast as a challenge to accessing markets in January ([REACH Initiative NES](#) 01/03/2021, [REACH Initiative NWS](#) 01/03/2021). The national average terms of trade between wheat flour and wage labour or male sheep, a proxy indicator for purchasing power for worker or livestock owner, remains overall stable in January compared to a month before, with still regional variations between coastal and cross border areas, where trade requirements are higher compared to the northwest and southern areas ([WFP](#) 23/02/2021). To earn the cost of a monthly basic Survival Minimum Expenditure Basket, a daily worker would have had to work 64 days in the northwest in January and 68 days in the northeast ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). As the cost of living has been increasing, daily labourers have been demanding higher wages to compensate but considering the continued depreciation of the currency throughout 2020, increased wages will not be enough for Syrians to regain their lost purchasing power, especially as the value of the pound continues to drop further ([Mercy Corps](#) 13/01/2021).

The impact of the crisis is hitting hardest for the 90% of Syrians who are now estimated to be below the poverty line, an increase of 3–4 percentage points compared to pre-COVID in 2019, among which 55 to 65% are living in extreme poverty. In 2020, the “working poor” category emerged, with survival basket not being affordable by most working households since the end of 2020 ([OCHA](#) 22/02/2021). As a result, safety nets and livelihood resources are more strained than ever, compounding the humanitarian needs of 11.7 million people, including 6.2 million IDPs.

## Displaced populations are the most vulnerable to income insufficiency

COVID-19 measures continue to exacerbate the already high vulnerability of displaced communities, children, women and girls, putting them at higher risk of exploitation ([CARE International](#) 25/02/2021, [UNHCR](#) 07/02/2021). Displaced populations widely suffer from income insufficiency, particularly those displaced in the past six to twelve months who reported the lowest national average household income ([HNAP](#) 08/12/2020). Findings from UNRWA socio-economic assessment in June 2020 also highlighted the high impact of COVID-19 and its economic-related consequences on Palestinian refugees, who were already among the most vulnerable groups in the country ([Needs and Response Summary](#) 22/02/2021).

## Problem tree Livelihoods





## **Food security: Sharp rise in food insecurity levels, notably due to increase in food prices and shortages of staple foods**

COVID-19 containment measures, as well as depreciation of the Syrian pound continue to contribute to higher food prices, staples shortages, closure of the market and disrupting trade and supply lines ([WFP 23/02/2021](#)). Coupled with the loss of job opportunities, particularly for those relying on daily wage labor or seasonal work, and lack of income, this led to a significant deterioration in food security indicators with even more households unable to meet their food needs. While the food security situation worsened before COVID-19, with already a depreciation of the Syrian Pound and increases in fuel and food prices since late 2018, the deterioration has since accelerated. According to WFP, 12.4 million people are food insecure in 2021, about 60% of the population, a significant increase

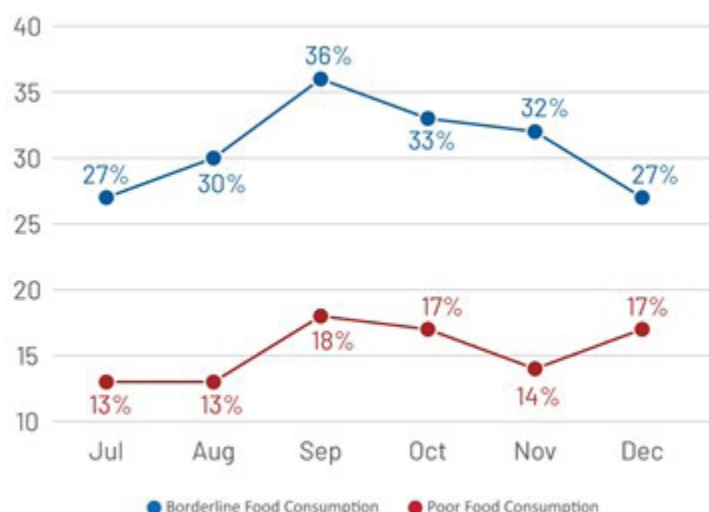
from the previous 9.3 million food insecure estimated in May 2020, the highest number recorded so far in Syria. Among these, the number of severely food insecure people numbers more than doubled in 2021 compared to last year, to stand at 1.3 million people ([WFP 22/02/2021](#)), with 1.8 million more people at risk of falling into severe food insecurity ([WFP 17/02/2021](#)).

In December, around half of households surveyed by WFP reported inadequate (poor and borderline) food consumption, similarly to October and November, close to a 40% increase compared to the levels recorded a year ago. In addition to an overall increase in inadequate food consumption in 2020, the significant deterioration of food security conditions is further highlighted by the increase in the share of poor food consumption: around one out of four households who had reported borderline food consumption since July was categorized, in December, as having poor food consumption<sup>4</sup>.

---

<sup>4</sup> Food Consumption Score is the most commonly used food security indicator. It represents households' dietary diversity and nutrient intake and is calculated by inspecting how often households consume food items from the different food groups during a 7-day reference period (WFP).

**Figure 13.** National average level of poor and borderline food consumption in the last six months ([WFP 31/12/2020](#))



### Prices of commodities continue to escalate

Due to currency depreciation, transportation cost, increased cost of living, recent suspension of exports to Lebanon and COVID-19 prevention measures, food prices in December increased by 236% in 2020 compared to 2019, and were 29 times higher than the five-year pre-crisis average. Essential food items needed to survive are becoming increasingly out of reach as prices continue to rise across the country ([WFP 23/02/2021](#)), with the cost of basic foods, like bread, rice, lentils and oil and sugar, far exceeding average salaries ([WFP 17/02/2021](#)).

In the northwest and northeast Syria, among the more than 96% of KIs communities reporting barriers in accessing sufficient food, over 80% of communities reported the high cost of food as a common challenge ([REACH Initiative NWS 22/02/2021](#), [REACH Initiative NES 22/02/2021](#)). WFP's Standard Reference Food Basket increased in price in all 14 governorates in January, increasing by about 8%, reaching close to 121,000 SYP, far exceeding the highest-paid official government monthly salary of about 80,000 SYP. The largest increase was in Ar-Raqqa (+13%), and the highest prices overall continue to be recorded in Idlib where a food basket cost around 151,000 SYP ([WFP 23/02/2021](#)). A similar rise in price of essential food and other items is also identified by REACH, reporting that a Survival Minimum Expenditure Basket is now the most expensive ever recorded in both the northwest and the northeast with 15% and 7% increase in a month. This is recorded to be increasing in every sub-district in January where data is available and mostly in the northwest ([REACH Initiative 24/02/2021](#), [REACH Initiative 24/02/2021](#)). The wide gap between the prices of items used by vendors was

also a trend reported in January in the northeast, leading to unequal purchasing power across the region ([NES Cash Working Group 20/01/2021](#)).

Due to the decreased availability of locally grown products and the depreciation of the pound driving up prices of imported products, fresh food items mostly reported an increase in prices since, like tomatoes, most were not produced in Syria in January in both northwest and northeast. Similarly, bulk food prices also recorded a slight increase since December, by 12% in the northwest and 4% in the northeast. Chicken is the item which saw the most significant price increase, with its value more than doubling since December in the northwest and increasing by 15% in the northeast, due to increasing costs of raising livestock in the winter and increased input prices. As a result, eggs prices also recorded a slight increase in the northwest ([REACH Initiative NWS 24/02/2021](#), [REACH Initiative NES 24/02/2021](#)). Homs and Hama governorate, in GoS-held areas, also recorded a high increase in egg prices, up by almost 20% since December ([WFP 23/02/2021](#)).

The latest increases in the food basket price were largely driven by the doubling in subsidized bread prices in government-controlled areas at the end of 2020, due to fuel shortage and depreciation of the currency ([WFP 28/12/2020](#)). Shortage of fuel and flour, increasing price, closure of private bakeries and administrative corruption continue to drive a bread crisis in Syria ([Syrian Observatory for Human Rights 01/02/2021](#), ([Al Watan online 30/01/2021](#)). While Syrians are relying even more heavily on bread to stave off hunger, it remains unaffordable for many due to continued prices increase ([New Lines Institute 09/02/2021](#)). In January 2021, the national average price of subsidized bread remained stable compared to a month before,

reaching SYP 109 per bundle, however still 140% higher than last year. High levels of diversion of subsidised bread and flour are reported, driving further price increases. Bread can be sold for 5 to 10 times the subsidized rate on unofficial markets, leading to state employees stealing it and reselling it on the black market, as their salaries are worth less and less every month ([New Lines Institute](#) 09/02/2021). Commercial bread prices also remained relatively stable in January, around 480 SYP, still more than 370% more expensive than in 2020, with the highest reporting price in the cross-border region where its value triples (1,231 SYP) ([WFP](#) 23/02/2021). However, in northeast, the price of bread decreased by 24% between December and January due to new bakeries selling subsidised bread put in place by local authorities ([REACH Initiative NES](#) 24/02/2021).

## Unavailability of food

In northwest Syria, two-thirds of assessed communities had a fully functioning fresh food market in November. However, this was only the case in a quarter of communities in the northeast, with more than 40% reporting no fresh food market at all, highlighting more severe food availability issues ([REACH Initiative NWS](#) 01/03/2021, [REACH Initiative NES](#) 01/03/2021). Among the communities reporting barriers in accessing sufficient food, between 21 and 27% of KI continued to report unavailability of certain food items as a challenge to access sufficient food in the northwest and northeast ([REACH Initiative NWS](#) 22/02/2021; [REACH Initiative NES](#) 22/02/2021). In Rubkan camp, at the border with Jordan, significant bread shortages were reported at the end of January, due to a government crackdown on smugglers, raising concerns that government-held areas are already witnessing a severe food crisis ([Syria Direct](#) 04/02/2021).

## Rise in agricultural inputs' prices

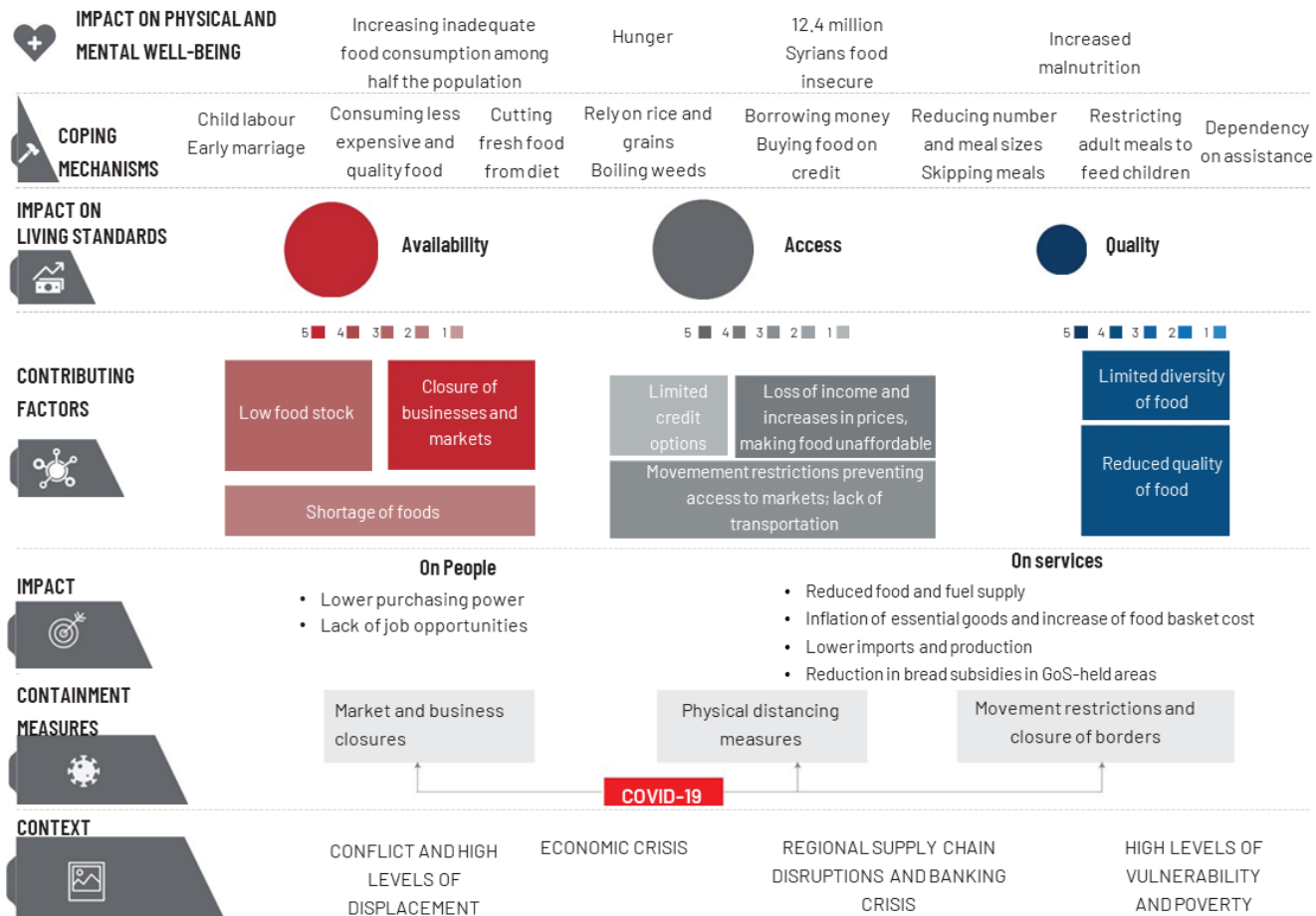
Overall, limited impact on crop plantation and harvest activities was reported due to COVID-19 and public health measures. Across the country, farmers were able to plant 70% of the land allocated for cereal production ([FAO 10/04/2020](#)). In the northwest and northeast, about 30% of community focal points reported that agriculture-based livelihoods had been partially affected by COVID-19; this is the least affected of the livelihood sectors included in the survey ([REACH 12/2020](#)). Residents in about 60% of communities in the northwest, and 70% in the northeast continued to rely on income from crop production or livestock products, to meet basic needs ([REACH Initiative NWS 22/02/2021](#); [REACH Initiative NES 22/02/2021](#)). However, plantation for the 2021 agricultural season might be more severely affected, as COVID-19 economic restrictions and subsequent border closures limited seed imports on which Syria heavily relies on to meet half of its national grain requirements ([Needs and Response Summary 22/02/2021](#)).

The main effect of the pandemic on agriculture activity has been on the prices of inputs, especially seed and fertilizers. COVID-19 precautionary measures and fuel shortages, currency depreciation and economic sanctions, importation constraints, and high transportation costs have all contributed to a general rise in the prices of some agricultural inputs and products since March. In the northwest, lack of access to resources such as water, seed stock, fertilizers and vaccines for livestock continued to be reported as a barrier to access income from agriculture in about a third of residents and close to a fifth of IDPs in January ([REACH Initiative NWS 22/02/2021](#)). In the northeast, this continued to be less of an issue, with

only about a fifth of residents mentioning it as a main barrier ([REACH Initiative NES 22/02/2021](#)). Across the 35 sites monitored by FAO across northeast Syria, Homs, Hama, Aleppo, Tartous, Deir-ez-Zor, Rural Damascus, Al-Hasakeh and Dara'a governorates, the price of many common agriculture inputs continued to increase between December and January, especially fodder, poultry and cattle feed, nitrate fertilizers, herbicides and diesel, following continued currency depreciation. GoS-held areas seem to be most significantly impacted with highest wheat and top dressing fertilizers prices found in Tartous, Rural Damascus and Homs governorates in December. Deir-ez-Zor, in the northeast, also reports high dressing fertilizer prices. Mean herbicide prices increased by 25% between December and January, and by almost 50% compared to September 2020 ([Food Security Cluster 08/02/2021](#)).

Diesel shortages have adversely affected mechanized operations during the winter season and are likely to continue in the future ([FAO 22/12/2020](#)), impacting the agricultural production. The farmers' shares of fuel were cut down by a third compared to the supplies delivered in 2019 and the government has been sponsoring fewer subsidies, leading to higher costs of production ([Enab Baladi 06/01/2021](#)). Mean diesel prices increased by more than 40% in January 2021 compared to October 2020 ([Food Security Cluster 08/02/2021](#)). As a result of these additional expenses, farmers are demanding higher crop prices, further driving up food prices.

## Problem tree Food Security





## **Nutrition: Rising malnutrition due to inadequate and less diverse diets**

Monthly surveillance data has shown a deteriorating nutritional situation in northwest Syria, with increasing both acute and chronic malnutrition, particularly among IDPs.

While about one out of eight children in Syria is chronically malnourished, this ratio is worse in areas hosting displaced populations, such as in the northeast, Rural Damascus, Idlib (1 out of 5 children), and Aleppo (1 out of 4 children) ([HRP 2020](#) 30/12/2020). Precise data is lacking for the northeast, but available evidence points to similar proportions of chronic malnutrition, with up to one children in three suffering from stunting in some areas ([OCHA](#) 25/02/2021). In northwest Syria, the prevalence of chronic malnutrition among under-five children increased from 19% to 34% between May 2019 and October 2020 ([Nutrition Sector](#) 08/12/2020). The prevalence of global acute malnutrition (GAM) doubled over the same period, now reaching the severe emergency standard of 2% ([OCHA](#) 21/10/2020), with hospital admissions for severely malnourished children increasing by over 70% since March 2020 compared to the same period in 2019 ([OCHA](#) 21/12/2020, [Nutrition Cluster](#) 08/12/2020). Pregnant and Lactating Women (PLWs) also report high rates of acute malnutrition in the northwest, 11% in October ([OCHA](#) 21/10/2020), with even more serious rates in areas affected by displacement, where between 20% and 37% of mothers are reportedly malnourished ([Nutrition Cluster](#) 08/12/2020). While nutrition conditions worsened, in 2020, less than half of PLW in need of moderate acute malnutrition services in the northwest were reached. Overall, 2,000 people in need could not be reached in 2020 by nutrition partners due to COVID-19 restrictions ([OCHA](#) 26/01/2021).

The risk of increased malnutrition among mothers and children is of serious concern ([Nutrition Cluster](#) 08/12/2020), with acute malnutrition projected to threaten the lives of 90,000 children in Syria in hard-to-reach areas and IDPs camps notably. Without appropriate treatment and interventions, up to half of these children could die due to related complications of acute malnutrition ([Needs and Response Summary](#) 22/02/2021).

With increasing levels of food insecurity throughout 2020, as a result of COVID-19 disruptions and related worsened economic conditions, dietary quality and diversity have likely been negatively affected. The high price of suitable food or formula continued to be the most commonly reported challenge to feed young children, reported by almost all KIs in assessed communities in both northwest and northeast ([REACH Initiative](#) Northwest 22/02/2021, [REACH Initiative](#) Northeast 22/02/2021).



## Education: Lack of affordability and challenges with remote learning leading to high rates of school drop-out

### Widespread COVID-19 infections in schools

Since the reopening of schools in September, reported cases in schools have sharply increased, as most schools are not equipped to implement physical distancing measures. 2,124 cases reported by mid-January, including 20 deaths. Of these, about half of the cases were reported to be teachers and other staff, with the highest cases in Rural Damascus, Homs, and Hama governorates ([OCHA & WHO](#) 16/02/2021). Fear of catching the virus reportedly prompted more than 2,000 teachers in As-Sweida governorate, in November, to request referrals and sick leave out of concern for themselves and the students due to the lack of proper health precautionary measures in schools ([Al Watan Online](#) 06/12/2020). Confirmed cases among staff and pupils highlight the challenges faced by the education sector in Syria with general overcrowded classrooms, insufficiently qualified teaching personnel, lack of reliable salary for teachers, poor or damaged infrastructure and a lack of basic WASH infrastructure ([OCHA & WHO](#) 30/11/2020; [UNICEF](#) 02/02/2021; [The Syrian Observer](#) 04/02/2021). As a result, overcrowding in classes has been a growing concern, and was reported as a challenge to access education in about half of the communities in the northwest and more than 60% in the northeast, preventing parents from sending their kids to school ([REACH Initiative](#) NWS 22/02/2021, [REACH Initiative](#) NES 22/02/2021). Thus, COVID-19 response alone is unlikely to significantly improve attendance as the enduring economic downturn continues.

### Education costs unaffordable for most households

Additionally, with the loss and reduction of incomes, the weakening SYP, and the increase in expenditure, more children have been dropping out of school despite their reopening to generate additional income or because the associated expenses of education cannot be met. In January, communities reported that child labor was preventing children from going to school, at similar rates than the month before: in 78% of communities in the northwest, and 62% in the northeast, and early marriage

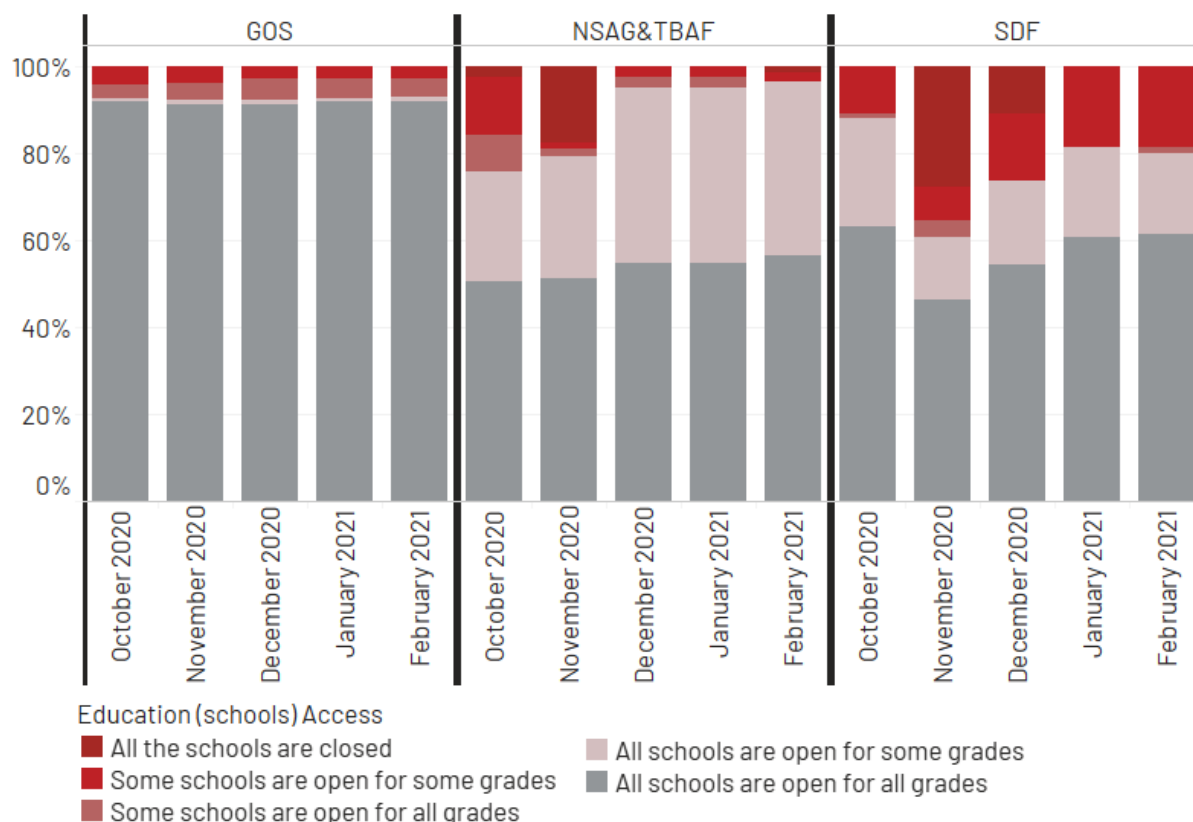
in 39% of the communities in the northwest and 24% in the northeast ([REACH Initiative](#) NWS 22/02/2021, [REACH Initiative](#) NES 22/02/2021). Unaffordability of a private tutor was also reported as a barrier by KIs by about a fourth of communities where barriers to education access were reported in the northwest and northeast ([REACH Initiative](#) NWS 22/02/2021; [REACH Initiative](#) NES 22/02/2021).

### School closures and challenges with remote learning

In January, access to education continues to be limited by school closures due to COVID-19 restrictions in northern Syria. About two-thirds of protection partners in December reported that children's access to education worsened due to COVID-19 ([Protection Cluster](#) 01/02/2021). In the northwest, 83% of assessed communities reported schools not always functioning in person for at least some days in January, with about 22% of education programmes taking place online. In the northeast, about half of the communities reported that education facilities had been closed for at least a few days due to COVID-19, however no online education services continued to be reported ([REACH Initiative](#) NWS 22/02/2021; [REACH Initiative](#) NES 22/02/2021).

Due to the closure of education facilities, children's only option has been to learn remotely, which many do not have the means to do so ([Save the Children](#) 10/12/2020). The absence of coherent remote curriculums, coupled with insufficient or lack of internet/phone coverage and the lack of money needed to purchase internet or phone access have been significant barriers to remote education ([Save the Children](#) 10/12/2020). As of January, in the northwest, lack of access to the internet, electricity, equipment was a barrier to accessing online education services for about a third of the respondents ([REACH Initiative](#) NWS 22/02/2021). When available, close to half of the KI reported similar access issues in communities to access online education services ([REACH Initiative](#) NES 22/02/2021). In addition, insufficient literacy and numeracy of caregivers, coupled with their burden for various demands, limited the support they were able to provide to their children during home/distance learning ([REACH Initiative](#) 01/12/2020).

**Figure 14.** Status of schools in the last five months as reported by community focal points ([HNAP](#) 7/9/2020 to 15/2/2021).<sup>2</sup>

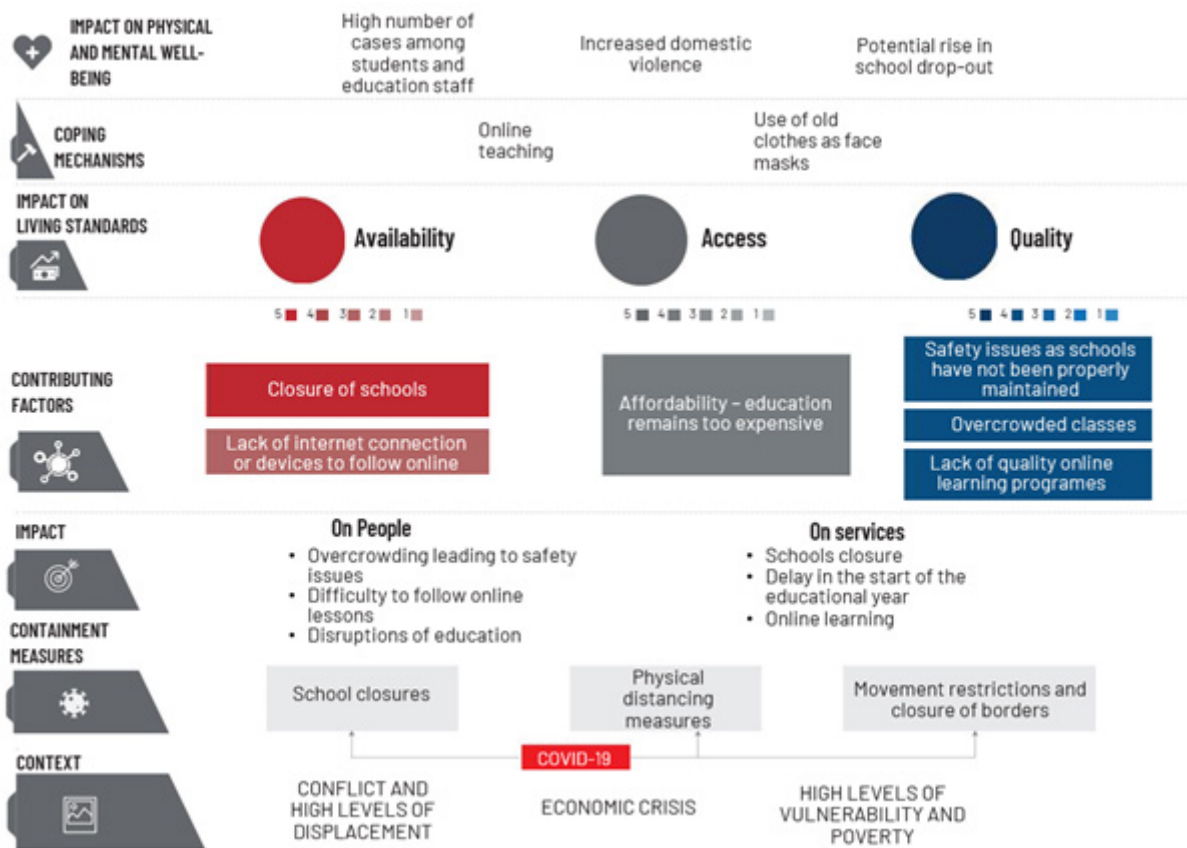


## High rates of school drop-out

Lack of suitable alternatives to remote learning, coupled with reduced livelihood opportunities for parents, has led to a high drop-out rate amongst children in 2020 across the country, especially in the north. 2.4 million children are out of school in 2020, of which about 40% are girls, a 15% increase compared to 2019, with an additional 1.6 million children considered at risk of dropping out ([OCHA](#) 30/12/2020). This proportion increases in northern Syria with two-thirds of children out of school in this area in November, due to the COVID-19 crisis according to Save the Children. In the northwest, about 50% of students in

some areas have not attended schools since March 2020. In camps in the northeast, similar rates were reported by teachers in Al-Hol, Roj, and Areesha, with at least 5,500 children dropping out of school in 2020 ([Save the Children](#) 10/12/2020). In the northeast, following school closures, a decrease in children's interest in learning and parents' interests in teaching were reported in informal settlements (61% in Ar-Raqqa, Deir-ez-Zor, and Menbij and 49% in Al-Hasakeh) ([REACH Initiative](#) 18/01/2021, [REACH Initiative](#) 18/01/2021).

## Problem tree Education





## Protection: Rise in protection issues and restriction of services

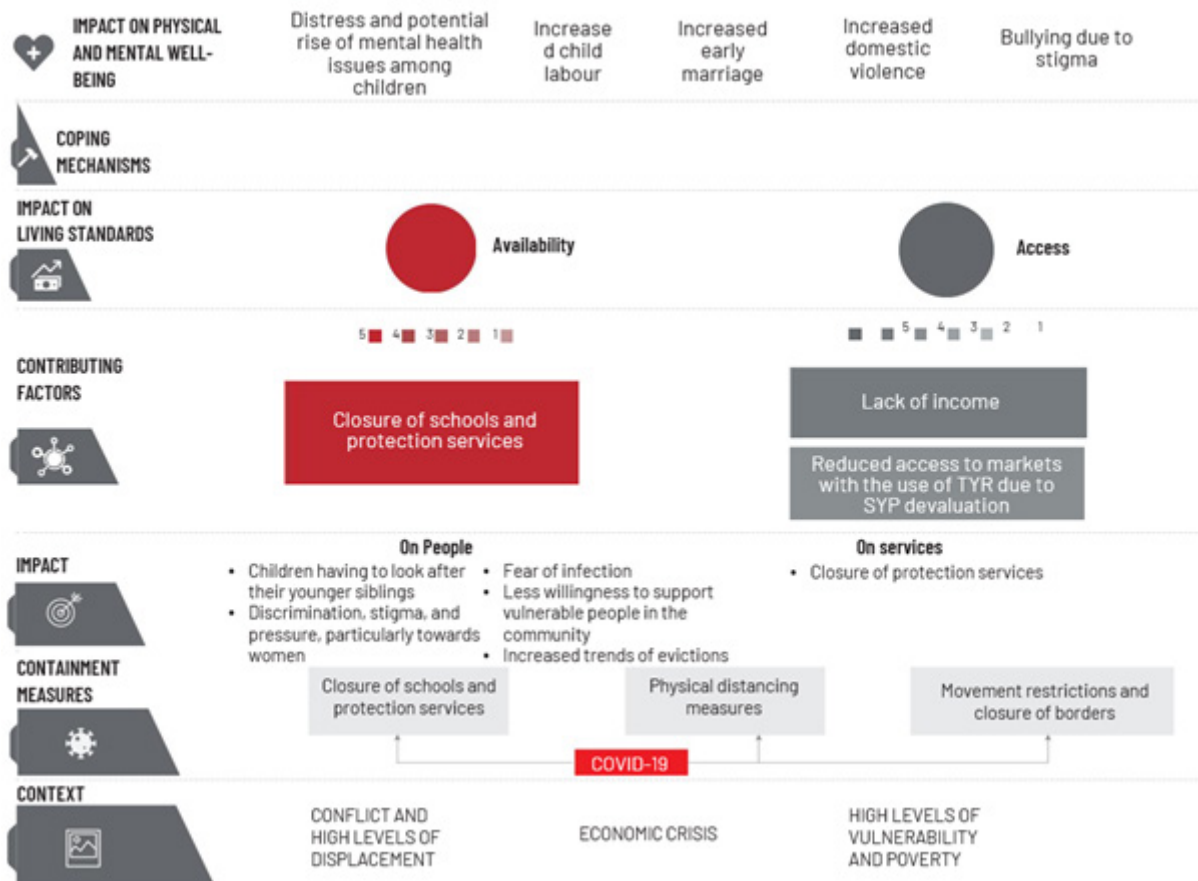
Due to COVID-19, psychological trauma, such as stress and anxiety, has been widely reported. Children have been particularly affected, with 27% of households reporting their children show signs of psychological distress, a two fold increase in percentage points in 2020, likely as a result of the COVID-19 pandemic ([Needs and Response Summary](#) 22/02/2021). COVID-19 and widespread fears of infection are also causing social pressure and social stigma. Anecdotal evidence points to some levels of bullying, social exclusion, people being prevented from entering shops, or even leading to women being rejected by their spouse in extreme cases (Protection Cluster 27/11/2020). However, the scale and extent of this stigmatisation remain unclear.

Due to an overall deterioration of economic conditions, increased protection issues were reported by a third of surveyed protection partners, as well as economic exploitation, particularly affecting children ([Protection and Community Services Sector Inside Syria](#) 01/02/2021). Child labour increased, likely due to prolonged school closures, shift to online learning and overall limited livelihood opportunities and was reported to be used to meet basic needs by almost two-thirds of surveyed resident communities and 80% of surveyed IDP communities in the northwest in January and February ([REACH Initiative](#) NWS 28/01/2021). Even more concerning is the high proportion of children below 12 years who are involved in child labor, reaching 19% ([REACH Initiative](#) NWS 22/02/2021). The rates decrease slightly in the northeast but this strategy remains widespread with 54% of resident communities and 62% of IDP communities reporting resorting to that coping mechanism in January and February with still about 21% of children below 12 years involved in child labor ([REACH Initiative](#), NES 22/02/2021). Early marriage has also been more widely reported to meet basic needs, present in around 40% (northwest) and 25% (northeast) of surveyed residents and IDP communities in December and January ([REACH Initiative](#) NES, [REACH Initiative](#), NWS 22/02/2021). Both have been significantly affecting school attendance for those children (see [Education](#) for more details).

Increases in domestic violence, notably in northwest Syria, continue to be reported ([OCHA](#) 21/12/2020). 56% of surveyed protection partners reported an increase in GBV due to Covid-19 in December ([Protection and Community Services Sector Inside Syria](#) 01/02/2021). Similarly, the ongoing economic pressure and poverty has resulted in increasing violence, especially towards female headed-households ([CARE International](#) 25/02/2021). However due to COVID-19 related movement restrictions, access to protection services continues to be hindered, even more so for GBV survivors ([UNHCR](#) 07/02/2021). By 16 February, accessing psychological support is a continued major issue among communities, with between 60% in SDF areas and 80% of sub-districts in NSAG & TBAF and GoS-held areas where KIs report no such access ([HNAP](#) 16/02/2021). According to an online survey conducted by the Protection and Community Services Sector Inside Syria among 213 partners and staff in December, protection activities had to limit in-person meetings and large gatherings due to restrictions measures, particularly affecting community centers and facilities where most of the protection assistance was being delivered. The suspension of services, combined with new ways of services delivery, led to a drop in beneficiaries, sometimes by as much as 70%, and on average between 30 and 50% ([Protection and Community Services Sector Inside Syria](#) 01/02/2021).

Due to limited livelihood opportunities in the COVID-19 context, more women might be compelled to travel, sometimes for long distances, to find work and provide support to their family, resulting in them being exposed to a heightened risk of violence while on the road. Lack of resources might also drive further women into resorting to survival sex or being more vulnerable to sexual exploitation ([CARE International](#) 25/02/2021). Similarly, people with disabilities who have been facing a lot of obstacles to comply with protective measures against COVID-19, remain highly vulnerable to exploitation and abuse within their own locality, especially in times of economic recession. Lack of everyday facilities and infrastructures that cater to their disability has been additionally compounded by abuse and violence in their community ([Protection Cluster](#) 11/02/2021).

## Problem tree Protection





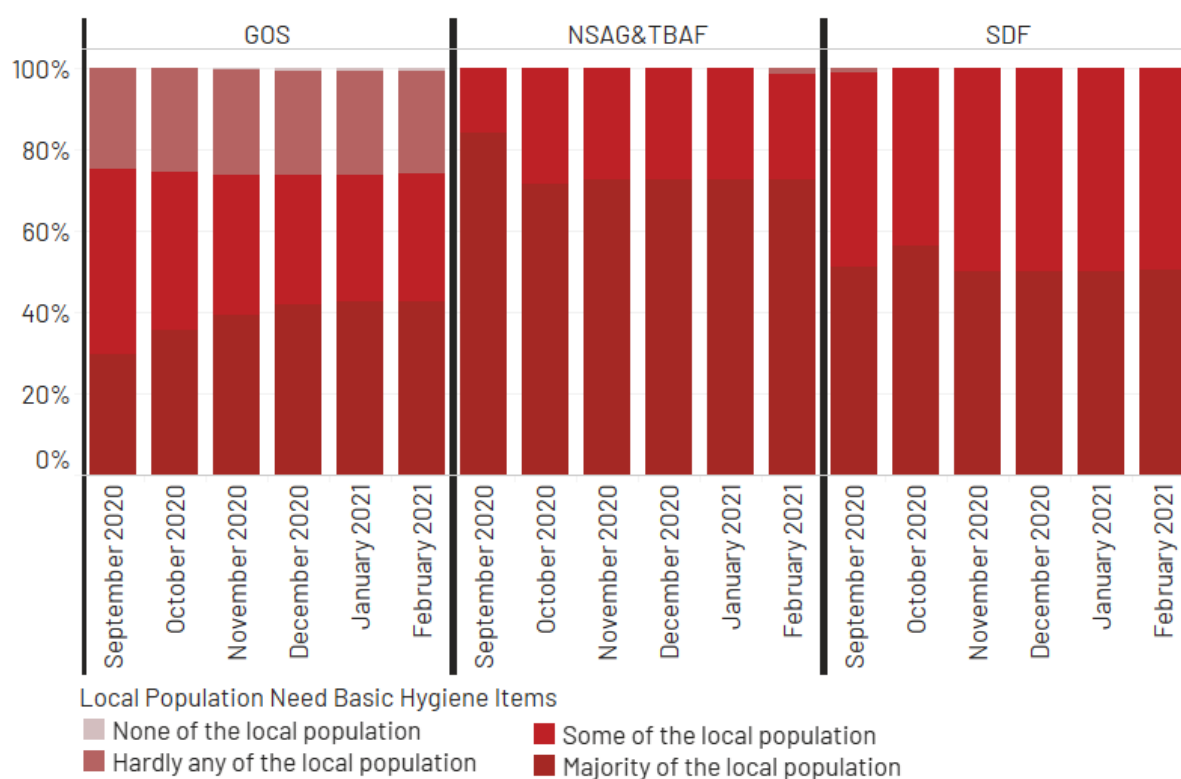
## WASH: Lack of infrastructure and affordable WASH items contributing to the spread of the infection

While previous surveys show that practicing hygiene measures, such as handwashing, was among the most widely adopted measures, access to water and hygiene items remains limited mostly due to lack of economic resources and limited availability of water services.

## Soap and water still unavailable and unaffordable to most

Across Syria, the majority of the population in about two thirds of the sub-districts are in need of disinfectants and masks, except in GoS-controlled areas where masks are only reported to be needed in slightly over half of the sub-districts. Soap and water are still reported to be highly needed in the northwest (73%), while this proportion drops to half of the population in the northeast, and even less in GoS-controlled areas (43%) ([HNAP](#) 16/02/2021).

**Figure 15.** Proportions of sub districts in need of basic hygiene items in the last six months ([HNAP Rapid Assessment](#) 7/9/2020 to 15/2/2021).<sup>2</sup>



Among 205 IDP sites in northwest Syria, almost two-thirds did not have sufficient water storing capacity for one day and about a fifth reported no chlorination of water. About half of the people living in camps have soap, water and handwashing facilities. Compounding these needs, 70% of the sites also did not receive hygiene kits in the last three months ([OCHA](#) 26/01/2021).

Despite the risk posed by the virus, soap and hygiene items are still widely reported to be unaffordable in the northeast, in January, with only about one fifth of the communities able to afford soap, and even less adult hygiene or household cleaning items ([REACH Initiative](#) 22/02/2021). In the northwest, while the proportions are much lower, still half of the assessed communities reported not being able to afford these three items ([REACH Initiative](#) 22/02/2021). The prices of most hygiene items have increased across northern Syria in January compared to the previous month. In the northwest, the hygiene component of the Survival Minimum Expenditure Basket (SMEB) rose by 9% ([Reach Initiative](#) 24/02/2021) and 19% in the northeast ([REACH Initiative](#) 24/02/2021). However, in areas locally producing COVID-19 items, like facemasks and hand sanitisers, such as in the northeast, the prices of these items actually decreased in January ([REACH Initiative](#) 24/02/2021).

Similarly, water remains out of reach for most communities due to its price. The prices of water trucking increased in the northwest by 12% ([Reach Initiative](#) 24/02/2021) and significantly in the northeast by 37% due to power cuts at Alouk water station ([REACH Initiative](#) 24/02/2021). The majority of KIs in communities where barriers to accessing sufficient water were reported in January cited the high cost of water trucking as a common challenge in the northwest (81%) ([REACH Initiative](#) 22/02/2021) and a bit more than half in the northeast ([REACH Initiative](#) 22/02/2021). As a result, in both northeast and northwest, KIs in around 60 to 70% of assessed communities report that not all households have access to sufficient water, a sharp decrease of almost 20 percentage point compared to the month before in the northwest ([Reach Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021).

Limited income is leading to households limiting their water usage, such as reducing drinking water consumption, a coping strategy reported by half of the communities in the northeast in December ([REACH Initiative](#) NES 28/01/2021) and washing hands less frequently, reported by 7% of the communities in the northwest and 16% in the northeast in January ([Reach Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). Both worrying trends in a COVID-19 context where handwashing remains one of the most effective precautionary measures against the risk of infection.

## **Water shortages have been reported across the country, further exacerbating WASH needs**

Government-held areas, especially Rural Damascus governorate, have been facing severe water shortages since August 2020, as lack of fuel and electricity have impeded the functionality of water pumps and stations. While frequent in the summer, the shortages actually intensified throughout the last months of 2020, despite heavy rainfalls, as fuel and electricity have become scarcer in the country.

In the northwest, provision of water via pipe networks is not fully functional as only around two thirds of the pumping stations are operational, with the majority of them using chlorine for water sterilization. These stations are functioning through diesel generators due to lack of electricity, for which the fuel accounts for 30% of the total WASH cluster expenses ([OCHA](#) 26/01/2021), a share that might continue to increase considering the fuel shortages reported in the country (see [Logistics](#)). About 150,000 residents in Al-Bab Subdistrict have been suffering from a water crisis since 2017, due to cut off water supply from the water station supplying the area, and since has been dependent on local resources to procure water ([UNICEF](#) 02/02/2021).

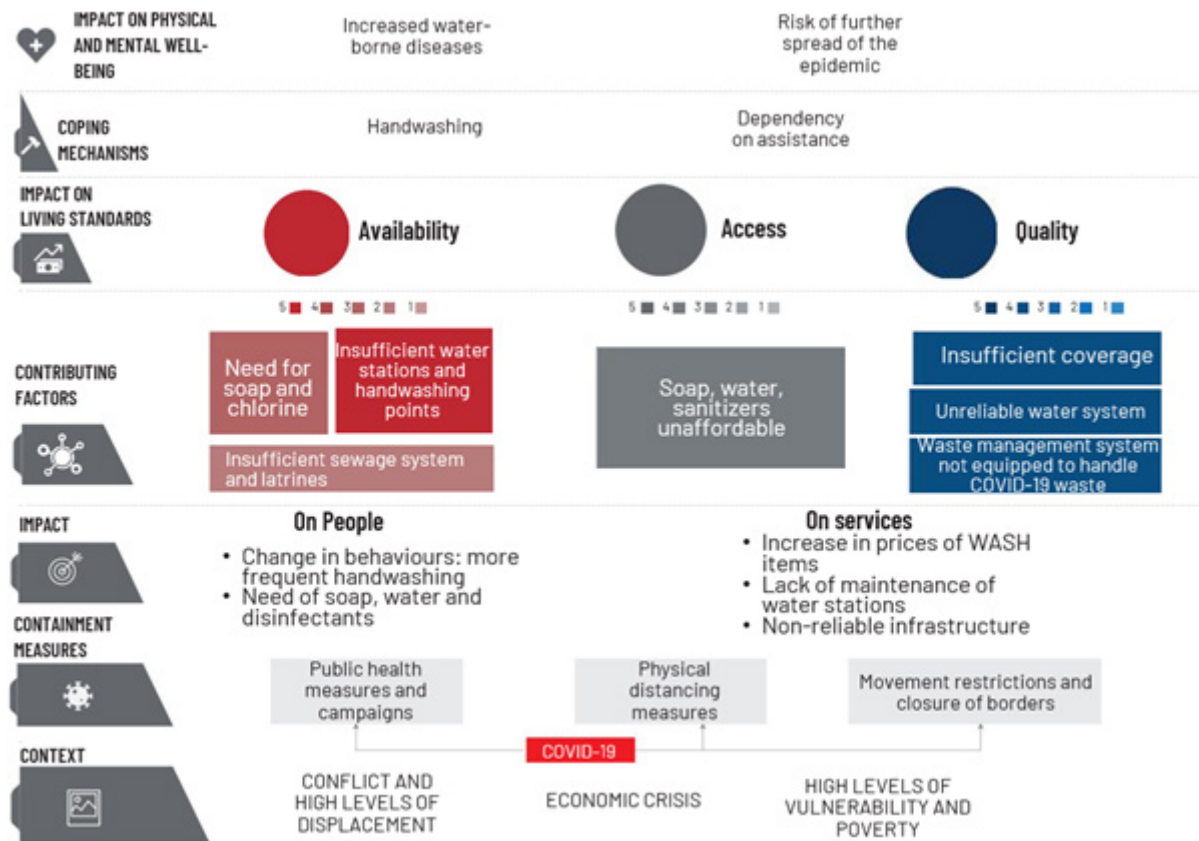
In the northeast, the main water station (Alouk) resumed operations at the end of January 2021, with a capacity sufficient for supplying Al-Hasakeh city ([Albaath Media](#) 06/01/2021), after operating at partial capacity in late November ([UNICEF](#) 01/01/2020), and a period of suspension in early December 2020 ([REACH Initiative](#) 20/01/2021). The last cut mid-January resulted in 8 consecutive days without water for some areas before the water station managed to supply the city again at the end of January 2021 ([Deutsche Welle](#) 24/01/2021). Due to frequent cuts, in Al-Hasakeh, people are resorting to digging new wells to cope with water shortages, which risks to negatively affect the soil, and in turn the productivity of the agricultural sector ([iMMAP](#) 31/01/2021). Gharanij water station, in Deir Ez-Zor governorate, resumed high-capacity operation in February 2021, after seven years of operating at 10% capacity which had left the population to rely on expensive trucked water. The water station is now one of the three operational water stations, out of 33, in the region, supplying around 25,000 people in Gharanij town ([North Press Agency](#) 17/02/2021). Electricity interruptions are also affecting the functionality of the Al-Hamma water purification plant, thus affecting the water quality in Al-Hasakah city and other areas supplied (NES Cash Working Group 17/12/2020). Further disruptions to already under-providing water infrastructure will increase reliance on alternative water sources that are more expensive and less hygienic, further complicating the prevention of COVID-19 infection and increasing the risk of COVID-19 transmission ([UNICEF](#) 02/02/2021).

## **Lack of infrastructure in camps contributing to the spread of the virus**

Lack of adequate WASH infrastructure, notably in camps and settlements, coupled with overcrowding, continue to be reported as a barrier to implement COVID-19 prevention measures and contain the epidemic. Already, about a 30% increase in the number of cases of water-borne diseases was reported in the northwest in January 2021, compared to 2017, a number expected to further rise in case considering the lack of WASH services ([OCHA](#) 26/01/2021). In northwest Syria, notably in Aleppo governorate, increasing reports mention the inability of the medical sector to properly and safely dispose of medical waste, an issue that became acutely more needed with the COVID-19 pandemic, as it has been contributing to the continuous increasing rate of infections ([Syria Direct](#) 27/01/2021). Less than half of the communities in the northwest have a sewage system in place ([REACH Initiative](#) 22/2/2021), an issue even more prevalent in the northeast where 86% of communities have no such infrastructure ([REACH Initiative](#) 22/2/2021).

Gaps in WASH infrastructure continue to be a real concern within IDP camps, with often multiple families depending on shared latrines and reservoirs. Recent flooding incidents in the northwest compounded the situation, affecting close to 142,000 IDPs across 400 IDP sites early February, leaving about 25,000 tents destroyed or damaged ([UNHCR](#) 11/02/2021). Many sites are now inaccessible and with even more damaged WASH infrastructure, increasing the risk of uncontrolled COVID-19 transmission ([Health Cluster](#) 28/01/2021).

## Problem tree WASH



## **Shelter: Overcrowding and harsh winter conditions exposing IDPs to a greater risk of COVID-19 infection**

### **Overcrowding and inadequate shelter expose IDPs to greater risks of COVID-19 infection**

About 6.7 million people remain internally displaced in 2020, and an estimated 5.88 million people across the country are in need of shelter support in 2021. More than a third of IDPs live in inadequate shelter conditions, with a higher prevalence of poor shelter conditions in Idlib, Aleppo, Rural Damascus governorates, Ar-Raqqa city and in camps in the northeast and northwest ([Needs and Response Summary](#) 22/02/2021). The shelter situation deteriorated in 2020, with the even higher unavailability of affordable shelter, the lower occupancy rates required in communal shelters due to COVID-19 preventive measures and continued insecurity and displacement movements in northern Syria ([Needs and Response Summary](#) 22/02/2021).

Crowding, inadequate shelter and poor access to basic services make it nearly impossible to properly adhere to physical distancing or other public health precautions and put IDPs at risk of COVID-19 infection. In the northwest, camps/sites that are often overcrowded and lack proper infrastructure, increasing the possibility of rapid COVID-19 infection ([CCCM and Shelter & NFI Sector](#) 04/12/2020). About a third of IDP households in the northwest live in tents, and 10% live in damaged shelters ([HNAP](#) 16/12/2020). In the northeast, four out of five informal camps had waiting lists in January, due to recent new arrivals, mainly driven by economic reasons such as lack of livelihood opportunities, need for humanitarian assistance, and rent not being affordable ([NES Sites and Settlements Working Group](#) 17/02/2021). Overcrowding in shelters continues to be reported by more than 40% of the communities as a main issue in northwest and northeast communities where COVID-19 risk indicators were reported ([REACH Initiative](#) NWS 22/02/2021; [REACH Initiative](#) NES 22/02/2021). As a result, cases of COVID-19 continue to be reported in camps, still representing about 10.5% of confirmed cases in the northwest, a stable proportion compared to December and January ([WHO & OCHA](#) 16/02/2021). Although confirmed cases of infection in camps in the northeast remain low, with only 13 confirmed cases inside the Al-Hol camp and no new cases confirmed as of 12 January, four cases at Areesha camp and six at Mahmoudli in December, incidences are likely far higher than official numbers, since testing and screening are severely limited (NES Sites and Settlements Working Group 20/01/2021, [OCHA & WHO](#) 23/12/2020). An inadequate shelter is estimated to increase the risk of illness and disease by 25% throughout a person's lifetime, while overcrowded shelter conditions can significantly increase the spread of infectious diseases, putting those in

need of shelter at more significant health risks ([Interaction](#) 19/02/2020). Additionally, intergenerational living is common in displacement situations, leaving the elderly further exposed to potential contamination from other household members, with limited isolation possibilities.

Unaffordability of rent, heating, and repairs continue to hamper access to shelter across the country. High rent prices continued to be overly reported as one of the main renting shelter challenges in both northwest and northeast ([REACH Initiative](#) NWS 22/02/2021, [REACH Initiative](#) NES 22/02/2021).

### **Higher shelter and heating needs during the winter season**

The health and safety impacts of overcrowding and living in damaged buildings became even more acute during the winter season, with approximately 3.1 million people estimated to need winter assistance across Syria ([Shelter & NFI Sector](#) 18/01/2021). Both fuel and electricity have become scarcer and more expensive over the year (see [Logistics](#)). The national average price of heating fuel increased significantly in northeast, by 20% and remained overall stable in the rest of Syria ([WFP](#) 23/02/2021). As a result, almost all surveyed communities in both northwest and northeast continued to report that heating fuel was unaffordable in January ([REACH Initiative](#) 22/02/2021, [REACH Initiative](#) 22/02/2021). In the northwest, almost two-thirds of communities who reported barriers to access electricity mentioned the high cost of fuel as the main challenge ([REACH Initiative](#) 22/02/2021). This is reported to be less of an issue in the northeast, with only about a third of communities mentioning it ([REACH Initiative](#) 22/02/2021).

Electricity access remains limited across Syria, particularly in the northwest where electricity is reported to be only available for 5-6 hours per day, while it increased to 12 hours per day in the northeast, mostly due to non-functioning networks ([REACH Initiative](#) 22/02/2021). Electricity prices related items, such as amperes, have also increased, further limited access to this service. Government-provided power is unreliable, with frequent cuts, so many are left to resort to amperes. Anecdotal information from Aleppo governorate shows that amperes prices can vary greatly, depending on the private generators' owners, with some reporting paying between 6,500 SYP and 10,000 SYP per month., while official prices are 65 SYP per hour ([Enab Baladi](#) 10/02/2021). Many families in Aleppo governorate are reported to use kerosene lanterns as alternative solutions for generators to save some money ([Enab Baladi](#) 08/02/2021).

Coupled with widespread loss of income due to the

COVID-19 crisis, this prevented people from accessing vital supplies and heating sources ahead of the winter season ([Shelter & NFI Sector](#) 17/11/2020, [OCHA](#) 21/10/2020). Key informants in almost half of resident communities and 65% of IDPs communities reported lacking heating in northwest Syria in January, a sharp increase of almost 15 percentage points among IDPs compared to a month before. Similarly, close to 40% of KIs in resident communities report lacking insulation from the cold, while this is a challenge for 60% of the IDPs communities, a proportion continuing to

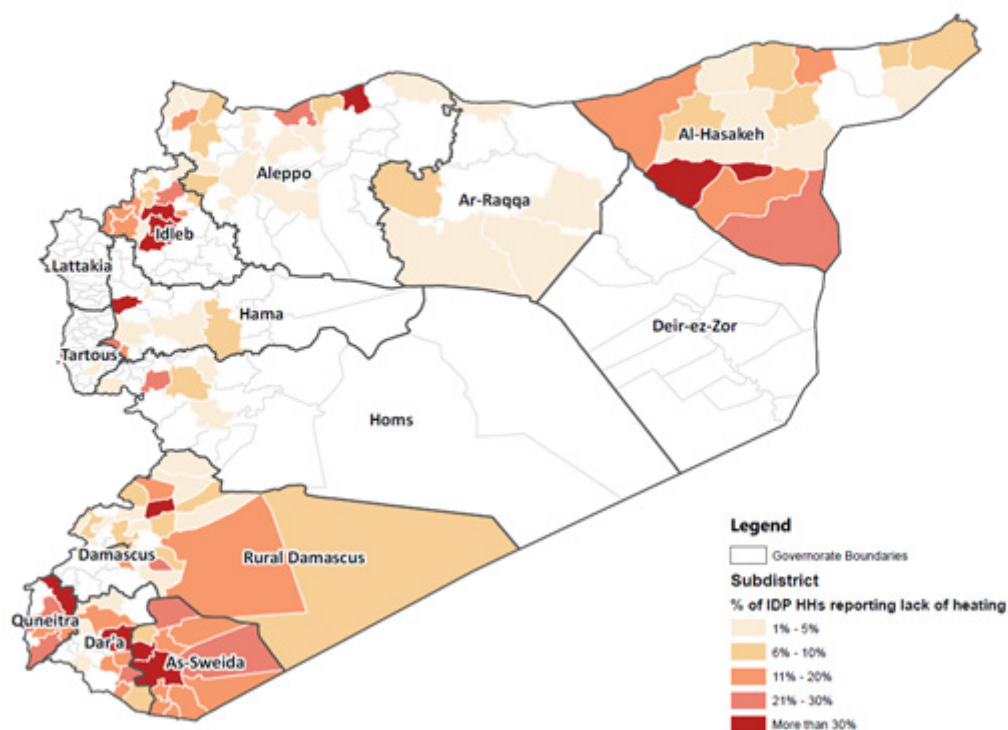
slightly increase compared to December ([REACH Initiative](#) NWS 22/02/2021). Lower proportions were reported in the northeast, at similar rates compared to December, with about 30% of resident communities and 45% of IDPs communities reported lacking heating, while 37% of residents and 40% IDPs lacked insulation from the cold ([REACH Initiative](#) NES 22/02/2021). Figure 9 shows that lack of heating was being reported as a primary issue by many IDP households in November even before the harsher winter temperatures would begin.

**Map 2.** Percentage of IDP households reporting lack of heating as a primary issue ([HNAP](#) 11/12/2020)

### LACK OF HEATING BY SUB-DISTRICT

Map: % of households reporting lack of heating as primary issue

**5%** of IDP households nationwide reported a lack of heating as the primary issue



## Logistics: Fuel crisis leading to severe shortages and skyrocketing prices

Syria's domestic fuel production has not been able to meet the population's requirements, leading to external supply reliance. Due to the closure of borders and delays in imports resulting from the COVID-19 context and the enforcement of US sanctions in June, external supplies of fuel have significantly decreased, leading to severe fuel shortages in the country since September and increases in price of manually refined kerosene, transport fuels, petrol and diesel. Fuel allotments in government-held areas were significantly reduced, from 200 liters to 100, leading to shortages in domestic and agricultural use and increased demand on unofficial markets leading to prices skyrocketing, making it inaccessible and unaffordable for most Syrians. Informal diesel prices continued to increase in January 2021, although at a slower pace than in December. The highest price continues to be reported in the northwest, reaching 1,919 SYP in Idlib governorate, followed by GoS-controlled areas, Rural Damascus governorate, where the price reached 1,304 SYP. The northeast reported the lowest prices across Syria, with 783 SYP reported in Deir-ez-Zor governorate and even lower in Al-Hasakeh governorate, 150 SYP ([WFP](#) 23/02/2021). In the northwest, unofficial market prices for heating fuel are up to ten times the subsidized rate ([OCHA](#) 20/01/2021). Prices of informal butane also continue to increase. The informal national average price of one butane gas cylinder was SYP 23,659/refill in January 2021, almost 20% more than in December, 8 times higher than the formal butane gas cylinder price of SYP 2,785/refill ([WFP](#) 23/02/2021).

Limited supply of low quality fuel was reported in the northeast in January, with 80% of surveyed fuel vendors mentioning limited manually refined petrol supply in the market, driving further up the prices for high quality diesel and petrol, mainly imported from Europe via Turkey ([REACH Initiative](#) 22/02/2021). In December, vendors in northwest Syria also reported that they had limited supply from their suppliers and import restrictions due to the border closings were also main supply challenges ([Reach Initiative](#) 20/01/2021). Dollar exchange, and transportation cost and supply issues were also cited as main challenges (NES Cash Working Group 20/01/2021).

In addition to reduced supply and increased prices, communities in northern Syria are also constrained by the limited number of places where fuel is actually available for purchase. In the northwest, while about half of the communities had a fully functioning fuel market, similarly only a third had a fuel station ([REACH Initiative](#) NWS 01/03/2021). In the northeast, about 80% of the communities did not have a fully functioning fuel market in November 2020. Similarly, only a third of communities had a fuel station ([REACH Initiative](#) NES 01/03/2021).

As a result, fuel smuggling has increased between the northeast and Syrian government-held areas as well as territories under the control of the Turkish-backed Syrian National Army and popular discontent has been rising ([Mercy Corps](#) 14/01/2021).

### 3. Information gaps: what are we missing?

#### REVIEW OF COVID-19 ASSESSMENTS CONDUCTED IN JUNE-DECEMBER 2020

Between June and December 2020, at least 123 needs assessments related to COVID-19 were conducted in Syria. More than half of them were rapid assessments (60%) and two-thirds used key informants interviews, highlighting the limitations posed by the COVID-19 context. Only 2% of these assessments were at household level. However, the unit of analysis and reporting in half of the assessments was the sub-district, providing a good level of data disaggregation. Unsurprisingly, health was the sector most covered, followed by containment measures, communication especially up until the summer, and then the WASH sector. Since September and the reopening of schools, about 20% of assessments were related to the Education sector. Almost all assessments were looking at all population groups, but IDPs was the top ranking group being surveyed when needs assessments were only looking at a specific to a vulnerable group.

#### SEPARATING COVID-19 EFFECTS FROM OTHER DRIVERS REMAINS A CHALLENGE

Overall, Syria's COVID-19 information landscape remains rich, and sector-specific information is being collected and shared regularly. Health remains the sector with the most related information, followed by food security and livelihoods and education, without surprise as these are the most disrupted sectors and impacted by COVID-19 related restrictions. A low number of COVID-19 related needs assessments in the protection sector makes quantifying identified impacts and trends difficult. Information is often available for different vulnerable groups — displaced populations, female-headed households, children, etc. It is also possible to disaggregate information by geographical areas, although central and southern Syria are the areas where needs are least reported. Data is only available in areas with regular access. When assessments have not been conducted, there is a general tendency to center the analysis and draw conclusions from information or data from main cities and extrapolate these findings to generalize it to the entire governorate, erasing some of the disparities that may exist between urban and rural areas.

One of the main challenges has been identifying the unique COVID-19 effect on humanitarian needs due to

the overcutting effects of the pandemic and related consequences. After almost a decade of conflict, economic challenges over the past years, and such high levels of vulnerabilities, it is difficult to untangle the specific effect of the COVID-19 pandemic on the humanitarian needs from other factors at play in the country. All drivers are intertwined and impact the same population: the COVID-19 related restrictions had such a disproportionate effect on the economy as the economy was already weak; similarly, the healthcare system has been unable to cope with this new influx of patients having been decimated by the war over the past years. The end of the pandemic will not resolve the healthcare gaps or the dire livelihood conditions resulting from the economic crisis.

#### LACK OF INFORMATION ON GOS-CONTROLLED AREAS

##### Population awareness

##### *COVID-19 information needs:*

The majority of surveyed focal points report that communities in their subdistrict have sufficient knowledge and awareness of COVID-19 risks. However, there is no recent data on those remaining communities' information needs, particularly in GoS-controlled areas. Whereas in the northwest and northeast, where information on what to do after having symptoms or being tested positive is the main information need, it is unclear what gaps in knowledge persist in GoS-controlled areas that may aid in designing Risk Communication Community Engagement (RCCE) initiatives.

##### *Information channels:*

Similarly, while social media messaging has been identified as both a widely used and trusted source of information for northwest and northeast Syria, there is no recent update for levels of utilization and trust for different channels of communication that could support RCCE activities.

##### *Barriers to implementing preventative measures:*

About 40% of the population in the northwest and northeast Syria reported facing barriers to preventive measures, the main ones being insufficient money to buy protective items and not being able to afford not working ([REACH Initiative 22/10/2020](#), [REACH Initiative 22/10/2020](#)). Such barriers in GoS-controlled areas are less clear and

quantifiable.

## COVID-19 RELATED IMPACT

### *Livelihood:*

COVID-19 has disrupted the livelihood sector overall (see [Livelihoods](#)), disruptions that have not recovered following the easing of restrictions. This suggests a longer-lasting impact, likely related to the partial or total closure of businesses throughout the year ([UN](#) 16/09/2020) and coinciding with a deteriorating economy (see [Drivers and Humanitarian Consequences](#)). The impact on individual livelihood sectors has not been equal: for example, in October in the northwest, trade-related jobs were the most severely impacted, according to key informants ([REACH](#) 11/12/2020). The impact on the livelihood sector in GoS-controlled areas, such as business closures and lost livelihood opportunities, has not yet been thoroughly assessed. Frequent monitoring could aid in understanding the long-lasting impact of COVID-19 in Syria and may support response efforts.

## COUNTRY-WIDE

### *Accurate epidemiological data:*

An accurate and harmonized number of COVID-19 cases and fatalities is not available, hampering the understanding of the crisis's true scale. The reported number of COVID-19 cases is likely an underestimation of the real scale of the epidemic. There are great difficulties in deploying efficient tracking, monitoring and response systems due to the economic crisis, the impact of the ongoing conflict, the added operational difficulties due to COVID-19, and an under-resourced healthcare system. The inability of sufficient testing and timely identification of COVID-19 clusters could further spread the epidemic.

### *Treatment-seeking behavior:*

It has been identified that social stigma and fear of livelihood loss is leading to reluctance to seek treatment which has resulted in underreporting of cases, patients seeking treatment at a late stage when severe symptoms have already developed, and some victims of the disease likely dying at home without seeking treatment at all.

A deeper understanding of what is driving treatment-seeking behaviors, and how this differs among factors such as acceptance of the virus, location, gender, socio-economic status, service availability, service quality, service awareness, and service access may assist partners increase the utilization of services going underused despite suspected widespread transmission.

### *Public perceptions of COVID-19 vaccines:*

As authorities and organizations prepare for the procurement and distribution of vaccines, there is insufficient information on what the public perceptions are that may influence their uptake by the population. These may include trust in vaccination safety and efficacy in general ([The Lancet](#) 10/09/2020), trust in the different types of COVID-19 vaccines being circulated, trust in the authorities or organizations that will administer them ([Nature](#) 11/01/2021), and trust in the countries that are developing and supplying them ([Aawsat](#) 22/12/2021). As these are likely to vary among the population, more information on public perceptions may support vaccination efforts and targeted information campaigns.

### *Impact on remittances:*

The estimated \$1.6 billion of remittances sent to Syria each year ([Syria Direct](#) 12/04/2020) are estimated to have reduced by up to 50% from the start of the epidemic until October ([OCHA & WHO](#) 29/10/2020). More information on the reduction, which countries remittances are flowing from, the methods by which they are sent, and what groups are most reliant upon them, may assist in understanding the impact that restrictions, whether implemented in the source country or Syria, may have on the humanitarian conditions of those groups.

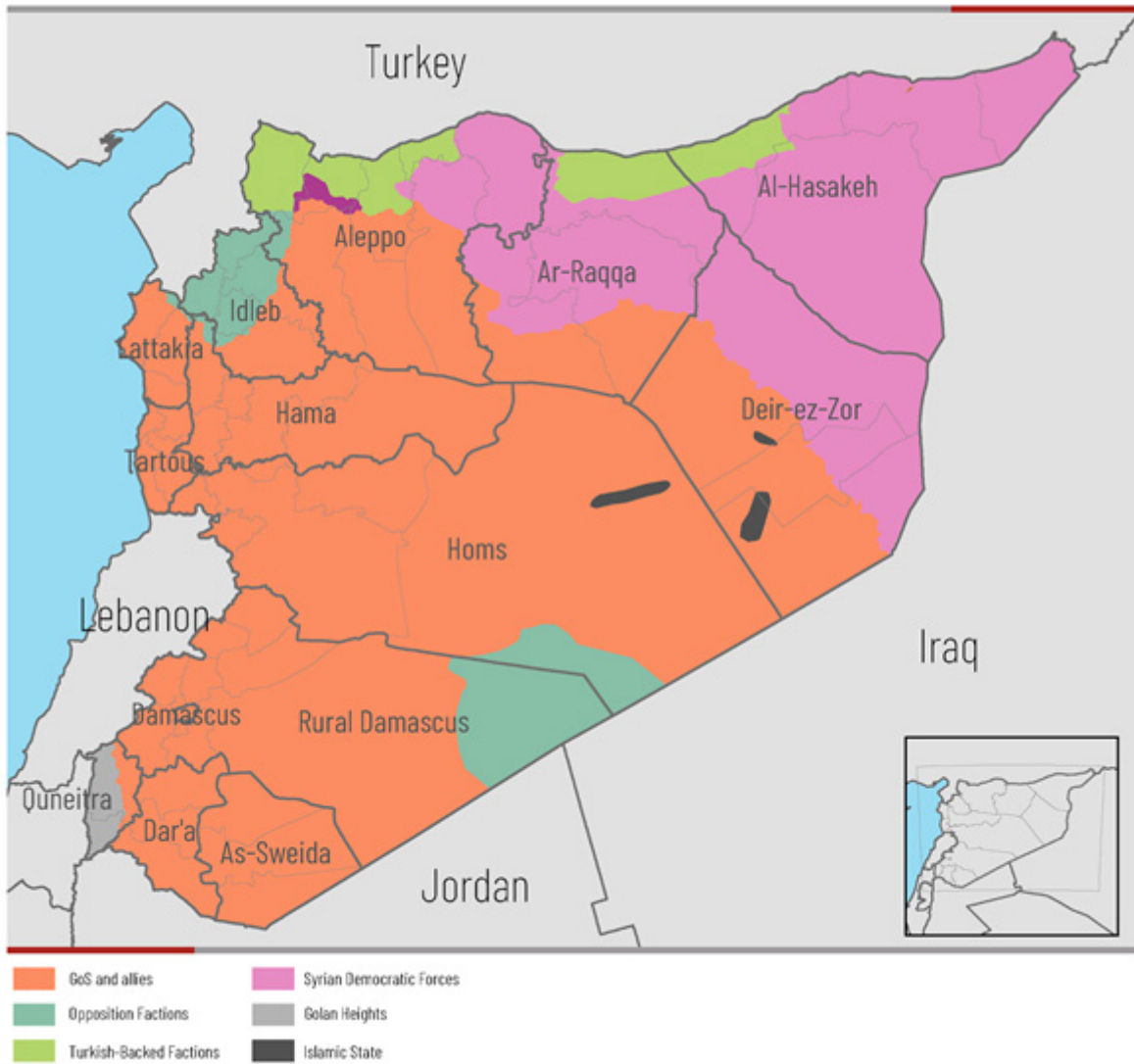
### *Nutrition:*

Data showing an increased rate of acute malnutrition has been reported since the end of 2020. However, information is lacking for the other parts of the country, northeast and government-controlled areas. Considering the similar poor baseline, the high levels of vulnerability and similar rise in food insecurity, malnutrition is likely to also be an issue in these areas, although data is missing to confirm or inform this hypothesis.

# Annex

## CONTEXT

**Map 3.** Areas of Control in Syria ([Liveuamap](#) 08/11/2020)



This report refers to three main areas of Syria as does most of the source data included in the analysis:

### **Government of Syria (GoS)-controlled areas:**

This refers to Syria's area controlled by the Government of Syria and allies, primarily in cities along the western spine and central and southern Syria.

### **Northwest Syria:**

This refers to Syria's area controlled by non-state armed groups and Turkish-backed armed forces in northern and western Aleppo governorate, a significant portion of Idlib governorate, and smaller areas in Latakia and Hama governorates.

### **Northeast Syria:**

This refers to the area of Syria controlled by the Syrian Democratic Forces (SDF) and administered by The Self Administration of North and East Syria (SANES).

Sources may use different definitions of these three areas depending, amongst other factors, on the time of publication. Therefore original sources must be consulted to understand what areas findings of this report should be applied to.

## **ABOUT THIS REPORT**

The OFDA COVID-19 support project is currently implemented by IMMAP and DFS in six countries: DRC, Burkina Faso, Nigeria, Bangladesh, Syria, and Colombia. The project duration is twelve months and aims at strengthening assessment and analysis capacities in countries affected by humanitarian crises and the COVID-19 pandemic. The project's main deliverables are a monthly country level situation analysis, including an analysis of main concerns, unmet needs, and information gaps within and across humanitarian sectors.

### **Methodology.**

A comprehensive Secondary Data Analytical Framework has been designed to address specific strategic information needs of UN agencies, INGOs, NGOs, clusters, and HCTs at the country level. It is essentially a methodological toolbox used by Analysts and Information Management Officers during the monthly analysis cycle. The Analytical Framework:

- Provides the entire suite of tools required to develop and derive quality and credible situation analysis;
- Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;
- Offers end user's with an audit trail on the amount of evidence available, how data was processed, and conclusions reached;
- Aligns with global efforts and frameworks.

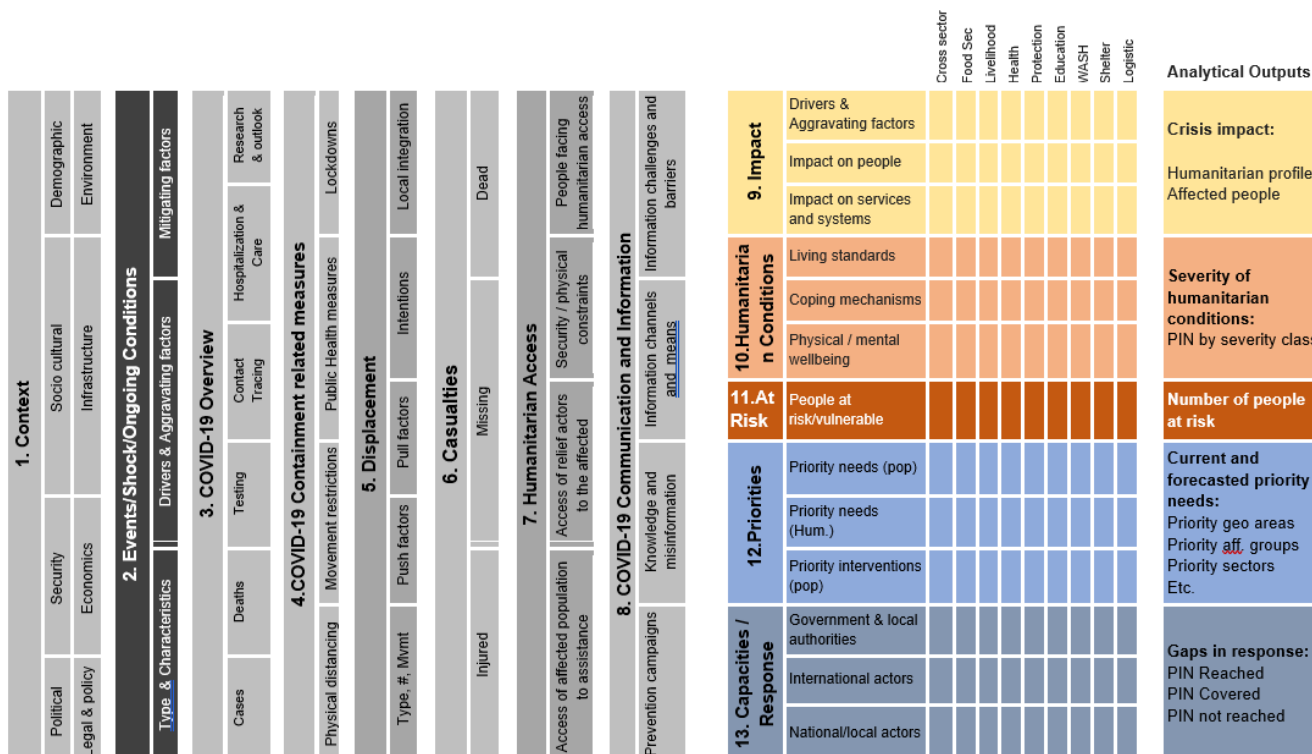
The two most important tools used throughout the process are the Secondary Data Analysis Framework (SDAF) and the Analysis Workflow.

## The Secondary Data Analysis Framework

focuses on assessing critical dimensions of a humanitarian crisis and facilitate an understanding of both unmet needs,

their consequences and the overall context within which humanitarian needs have developed and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 8.

**Figure 16.** Secondary Data Analysis Framework



The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details of the information captured for this report are available on the next page:

**Figure 17.** Information captured for Syria in DEEP between 01/02 and 28/02/2021

<b>116</b> DOCUMENTS 161 SOURCES	<b>612</b> ENTRIES	<b>39</b> PUBLISHERS	<b>3</b> NEEDS ASSESSMENTS	<b>0</b> COORDINATED NEEDS ASSESSMENTS	<b>0</b> COORDINATED NEEDS ASSESSMENTS	<b>0</b> COORDINATED NEEDS ASSESSMENTS	<b>0</b> HARMONIZED NEEDS ASSESSMENTS	<b>3</b> UNCOORDINATED NEEDS ASSESSMENTS	<b>113</b> OTHER DOCUMENTS
<b>38</b> SOURCES 161 SOURCES	<b>1</b> LINGOS	<b>6</b> INGOS	<b>7</b> UN AGENCIES	<b>6</b> SECTOR S/CLUSTERS	<b>1</b> DONORS	<b>0</b> RCRC	<b>1</b> GOVERNMENT BODIES	<b>0</b> RAPID NEEDS ASSESSMENTS	<b>0</b> IN-DEPTH NEEDS ASSESSMENT
<b>0</b> MULTI-SECTOR ASSESSMENTS	<b>0</b> MULTI-SECTOR ASSESSMENTS	<b>3</b> SINGLE-SECTOR ASSESSMENTS	<b>0</b> MULTI-SECTOR MONITORING	<b>0</b> MULTI-SECTOR MONITORING	<b>0</b> SINGLE-SECTOR MONITORING	<b>0</b> INITIAL NEEDS ASSESSMENTS	<b>0</b> RAPID NEEDS ASSESSMENTS	<b>0</b> IN-DEPTH NEEDS ASSESSMENT	<b>0</b> IN-DEPTH NEEDS ASSESSMENT
<b>0</b> INDIVIDUALS SURVEYED	<b>0</b> HOUSEHOLDS SURVEYED	<b>0</b> KEY INFORMANTS INTERVIEWED	<b>0</b> FOCUS GROUP DISCUSSIONS	<b>0</b> COMMUNITY GROUP DISCUSSIONS	<b>0</b> COMMUNITY GROUP DISCUSSIONS	<b>0</b> COMMUNITY GROUP DISCUSSIONS	<b>0</b> COMMUNITY GROUP DISCUSSIONS	<b>0</b> COMMUNITY GROUP DISCUSSIONS	<b>0</b> COMMUNITY GROUP DISCUSSIONS

## Summary

ENTRIES BY LOCATION

DATE RANGE

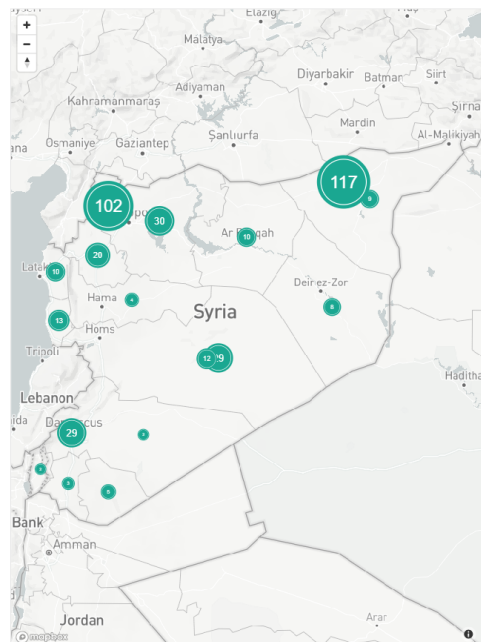
01 Feb 2021 - 28 Feb 2021

ENTRIES BY SEVERITY

78% 9% 1% 6%

ENTRIES BY RELIABILITY

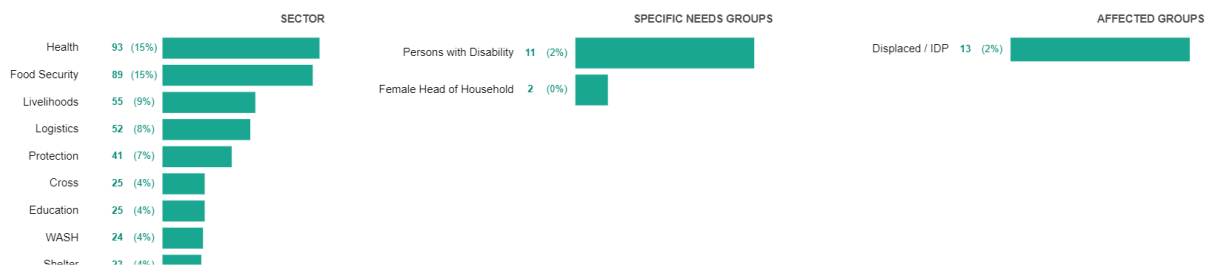
10% Usually Reliable



ENTRIES BY DATE AND BY SEVERITY



SECTORAL FRAMEWORK	# of Entries	<div><div></div>median severity</div>		CROSS	FOOD SECURITY LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS	
		TOTAL	372	25	89	55	93	5	24	23	25	41	19	52
IMPACT267	Drivers/Aggravating Factors	65												
	Impact on People	74												
	Impact on System & Services	172												
	Number of People Affected	9												
HUMANITARIAN CONDITION50	Living Standards	84												
	Coping Mechanisms	30												
	Physical & mental wellbeing	36												
	Number of People in Need	10												
AT RISK23	People at risk / Vulnerable	23												
PRIORITIES3	Priority Needs (Pop)	1												
	Priority Needs (Staff)													
	Priority Interventions (Pop)													
	Priority Interventions (Staff)	2												
CAPACITIES & RESPONSE	Government & Local Authorities													
	National & Local Actors													
	International													





Thank you.



---

## Contact

### Global project manager

Benjamin Gaudin

email: [bgaudin@immap.org](mailto:bgaudin@immap.org)

### Syria focal point

James Whitaker

email: [jwhitaker@immap.org](mailto:jwhitaker@immap.org)

---

## Website

**Direct Link :** <https://immap.org/>



Scan to access  
the website