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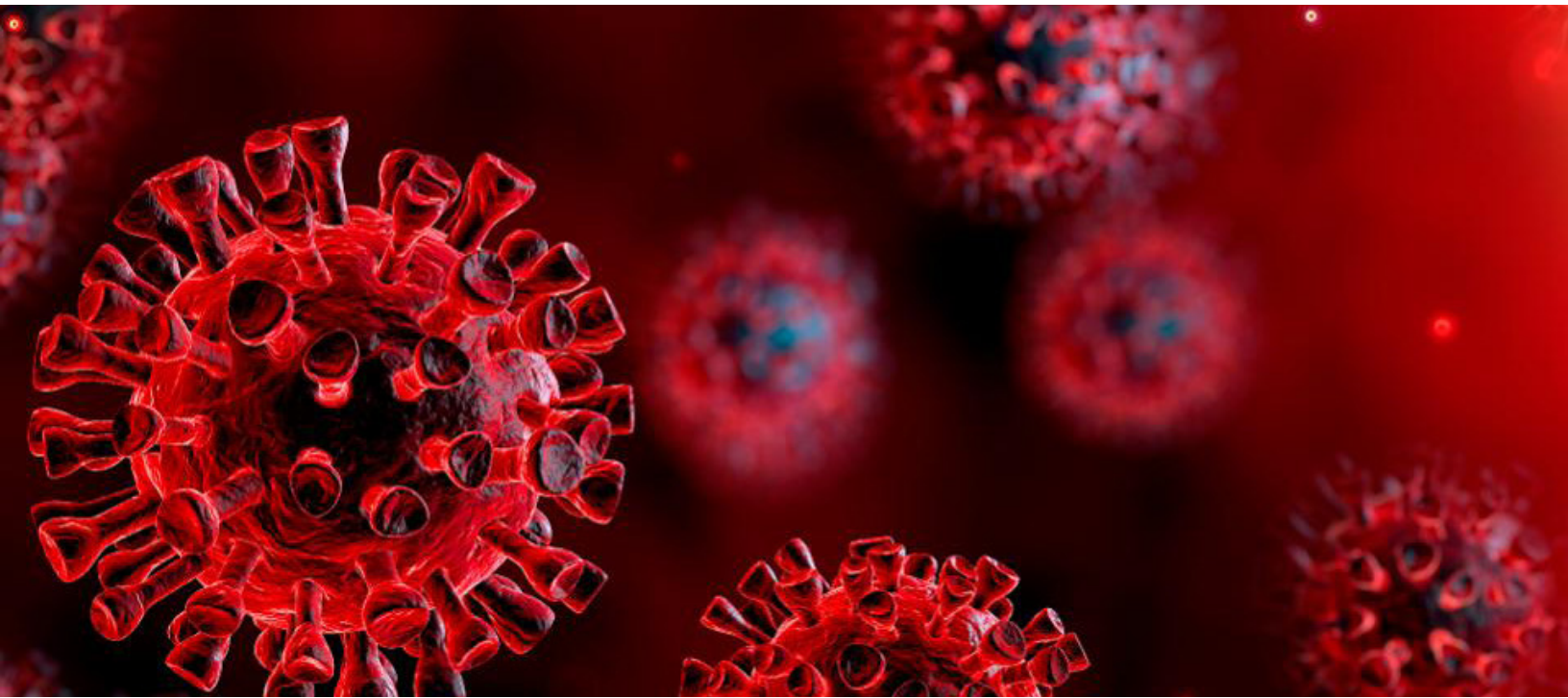


COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



MAY 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.

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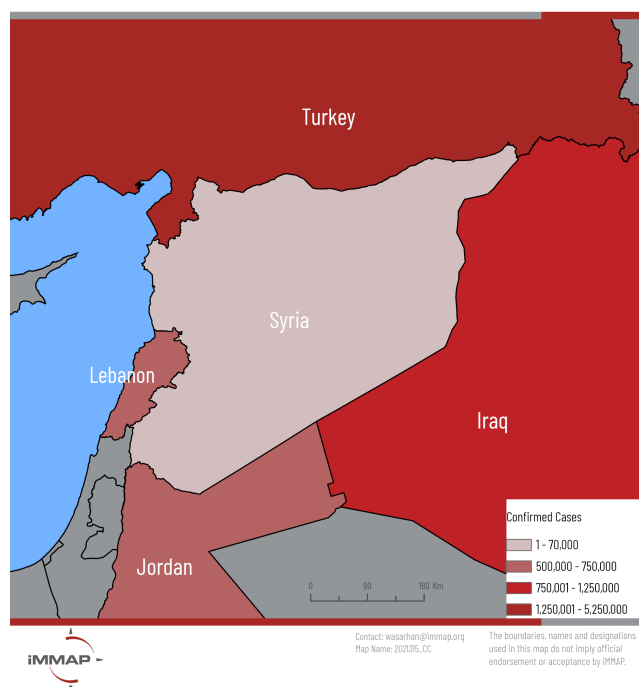
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1. COVID-19 Overview

A. COVID-19 CASES

By 31 May, more than 66,000¹ positive COVID-19 cases were recorded across Syria (370 per 100,000) ([WHO Syria Dashboard](#), [WHO NWS Dashboard](#), [NES COVID-19 Dashboard](#) 31/05/2021), up from 60,800 registered at end of April, and with a common assumption that cases detected and reported are only a small proportion of the actual figures.

Figure 1. Comparison between Numbers of COVID-19 confirmed cases in Syria and countries bordered by as of 31 May ([WHO COVID-19 Dashboard](#) 31/05/2021)



Government-held areas:

By the end of May a total of 24,496 cases (175 per 100,000) were reported in GoS-controlled areas of which 1,770 have died ([Syrian Arab News Agency](#) 01/06/2021). As it stands, the case fatality rate of approximately 7.3% is significantly higher than every other country in the region with the exceptions of Sudan and Yemen. The high case fatality ratio may be partially explained by delays in seeking treatment and a focus on testing only those who present with more severe symptoms at healthcare facilities. Approximately 4% of all recorded cases so far have been among health workers with the majority of infections taking place in Damascus, Latakia and Aleppo governorates ([WHO Syria](#)

[Dashboard](#), [WHO EMRO](#) 31/05/2021). Compared to the previous month, a decrease in the rate of newly reported cases in GoS-held areas was observed towards the end of April, a trend that continued throughout the entire month of May, with daily reported cases ranging from 27 to 81 ([WHO Syria Dashboard](#) 31/05/2021).

Northwest Syria:

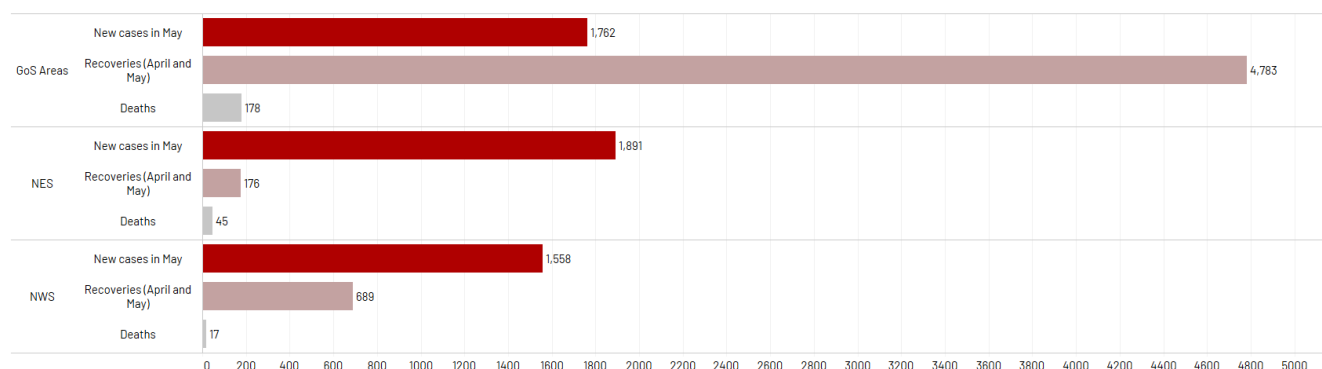
As of 31 May, the number of confirmed cases in the northwest stood at 23,541 cases, with a sizeable increase in the number of new cases reaching 1,453 recorded in May compared to 665 recorded in April ([WHO NWS Dashboard](#) 31/05/2021, [ACU](#) 31/05/2021). In the northwest, overcrowding and lack of camp management remain major challenges in the fight against the pandemic in IDP sites, as of 8 May 10% of all confirmed cases in northwest Syria were from camps ([UNHCR](#) 01/06/2021). The overall positivity rate since July 2020 has been approximately 18% ([WHO NWS Dashboard](#) 30/04/2021).

Northeast Syria:

As of the end of May, the number of confirmed cases by authorities was 17,820 cases (790 per 100,000) including 1,027 cases among health workers, and 767 deaths ([NES COVID-19 Dashboard](#) 31/05/2021). Reported cases continue to be most frequent in Ar-Raqqa and Al-Hassakeh governorates. While the positivity rate has dropped from approximately 43% in April to 32% by the end of May, only 5,890 tests were conducted in May compared to 13,305 in April ([NES COVID-19 Dashboard](#) 31/05/2021). This relative drop in testing rates is more likely due the limited availability of testing equipment. As such, there continues to be a growing concern that the true number of COVID-19 cases may be much higher than the reported figures. The region continues to lack essential health supplies, including to prevent, test and treat COVID infections. Notably, after a 57% increase in confirmed cases between March and April, recorded deaths from COVID-19 have increased by nearly 50% in May ([OCHA](#) 26/05/2021).

¹ Large numbers (1,000+) in this section have been rounded to the nearest 100. There is a possibility of the same cases being reported in multiple areas of control.

Figure 2. Number of New Cases, Recoveries and Deaths reported in May ([WHO Syria Dashboard](#), [WHO NWS Dashboard](#), [NES COVID-19 Dashboard](#) 31/05/2021)



TESTING CAPACITIES

The true number of cases and deaths is likely to far surpass official figures considering the limited number of tests being performed ([OCHA](#) 28/04/2021, [WHO](#) 24/05/2021). Community stigmatization, fear of income loss, reluctance to go to hospitals and limited testing continue to contribute to the underreporting of cases.

In May, authorities across Syria continued to report low infection rates relative to neighboring countries, although the actual number of positive cases is likely to be higher due to lack of transparency and low testing rates. The seven functioning test centers in GoS-held areas conducted just over 79,000 tests as of 31 May ([WHO Syria](#) 31/05/2021). However, as PCR tests have been limited to only critical cases admitted in health centers since November ([Syria TV](#) 20/12/2020), tests and cases cannot reflect the scale of the epidemic.

In northeast Syria, two COVID-19 medical centers stopped functioning altogether in May due to a lack of funds and medical supplies, and the only laboratory in the region was reportedly experiencing critical shortage in supplies and limited PCR testing capacity ([MSF](#) 06/05/2021). As a result, while the number of tests administered in the northeast had risen to 13,298 in April, it fell again in May to 5,890 ([NES COVID-19 Dashboard](#) 31/05/2021). Further, the reliance on international partners, due to limited support from the GoS, continues to complicate the provision of testing, as well as the overall COVID-19 response in the northeast. Health facilities, checkpoints and ports of entry controlled by the government in areas in the northeast have not complied with health measures and there have been failures in sharing tests and epidemiological data, given the precarious political relationship between the government and the Self-Administration ([Center for Operational Analysis and Research](#) 19/03/2021). As with other areas of Syria, authorities in the northeast are still far from being able to conduct testing at WHO recommended rates (between

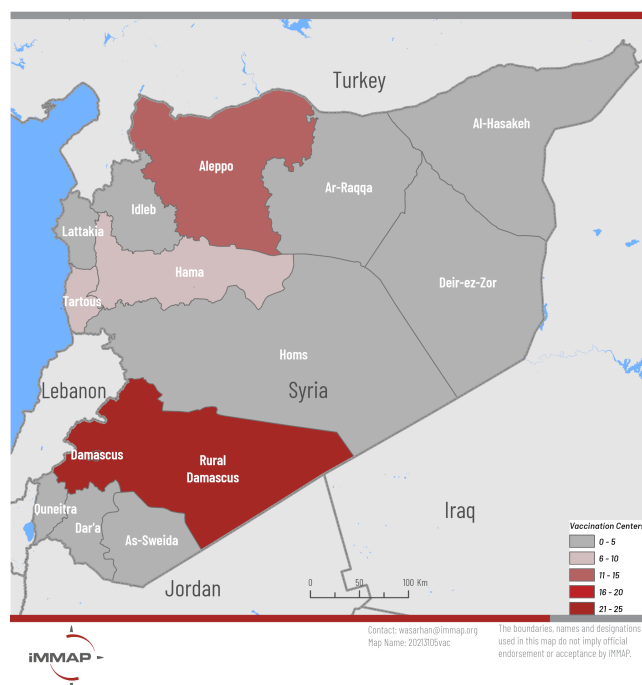
10–30 negative tests for every positive). The shortage of testing supplies flagged over the previous few months is now at a critical point. As of 29 April, there is a shortage of RNA extraction kits in the only COVID-19 laboratory in northeast Syria, and it is likely to run out of COVID-19 testing equipment within a week ([Middle East Eye](#) 29/04/2021, [IRC](#) 29/04/2021, [The Guardian](#) 29/04/2021). Efforts to increase testing are further undermined by continued reservations of the population to seek treatment ([WHO & OCHA](#) 18/03/2021, [NES COVID-19 Dashboard](#) 28/02/2021).

In northwest Syria, 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 6 June, 5 testing laboratories remain functional in the region. Together, these labs have conducted a total of 139,674 tests, while registering 23,862 positive cases since July 2020 ([WHO NWS Dashboard](#) 06/06/2021).

VACCINATION, DELIVERIES AND ROLLOUT

On 22 April 2021, Syria received a total of 256,800 doses of COVID-19 vaccines for GoS-held areas and northwest Syria ([OCHA](#) 26/05/2021). On 5 April, the Syrian Minister of Health stated that MoH will utilize 71 hospitals, 96 vaccination clinics and 416 mobile teams in remote areas, distributed across all governorates controlled by the Syrian government ([Tishreen news](#) 05/05/2021). However, according to the official online vaccination web portal administered by the Ministry of Health, only 82 vaccination centers are available for registration to the public ([Syrian MOH](#) 06/06/2021).

Figure 3. Number of vaccination centers available to choose from on the MOH online portal in each governorate ([Vaccination portal MOH](#) 06/06/2021)



A first batch of vaccines from the COVAX Facility was airlifted by WHO from Damascus to Qamishli towards the end of May, with the aim of covering 9,000 health workers ([OCHA](#) 26/05/2021). As of mid-April, an estimated 55,000 doses of COVID-19 vaccines had reached the northwest region through Turkey ([Human Rights Watch](#) 10/06/2021). The Syrian Immunization Group (SIG), affiliated with the Idlib Health Directorate (IHD), organized a special conference on 29 April with the participation of several other civil society organizations, journalists and media activists. The team announced 1st May as the official start date of the vaccination campaign in northern Syria ([Enab Baladi](#) 06/05/2021). As of the start of May, Phase 1 of the vaccination campaign was launched in the Aleppo and Idlib countrysides. Over the course of 25 days, this phase planned to cover 53,000 health and relief workers spread across 82 facilities. The Qatar Red Crescent Society began monitoring this phase of the WHO COVID-19 vaccination campaign in northern Syria, as part of the COVAX Facility ([Qatar Red Crescent Society](#) 09/05/2021). Two more vaccine batches are expected to arrive in Idlib by the end of 2021. Together these batches will aim to provide coverage for approximately 850,000 people in the region ([Reuters](#) 11/05/2021).

COVAX plans to vaccinate 20% of the entire Syrian population by the end of the year

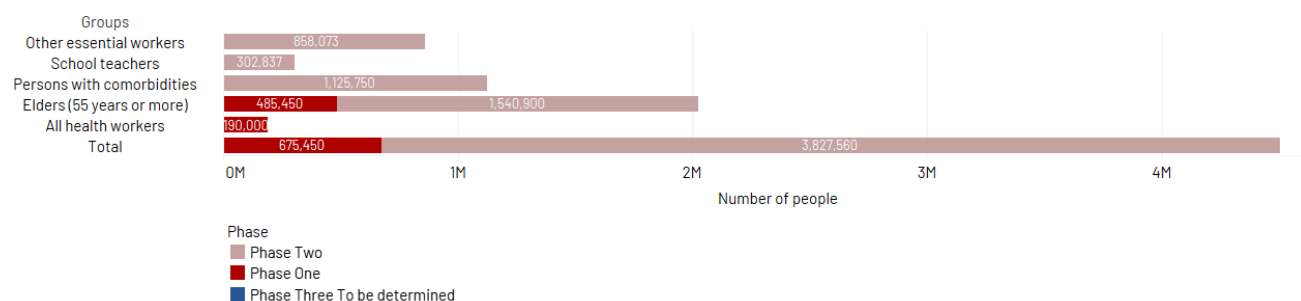
Overall, COVAX is aiming to vaccinate 20% of the population in all areas of Syria by the end of the year. While it is a vital first step to protect medical workers and those most vulnerable, more vaccines will be needed as soon as possible ([WHO](#) 14/04/2021, [Middle East Eye](#) 29/04/2021, [OCHA](#) 28/04/2021).

One million doses of the AstraZeneca vaccines have been secured via COVAX with the purpose of serving both Government of Syria-controlled areas as well as the northeast. Limited vaccination campaigns have already begun for health workers in GoS-controlled areas in accordance with the three stage plan ([see figure 4](#)), with all health workers in quarantine sections in public hospitals being vaccinated. For the public, an online platform will be used for registrations, with priority for the elderly and those with chronic diseases ([The Syrian Observer](#) 07/04/2021). According to the Syrian Observer, the Ministry of Health allegedly completed registering those eligible to receive the vaccine in the first stage, indicating that the plan would use 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).

Additionally, a request for 855,000 doses has also been granted via COVAX to cover approximately 20% of the population in the northwest in a separate cross-border plan. The first 54,000 doses of the AstraZeneca vaccine have arrived in Idlib ([Middle East Monitor](#) 21/04/2021), with 6,070 individuals vaccinated as of 16 May ([WHO NWS Dashboard](#) 16/05/2021). Priority recipients include healthcare workers, high-risk groups, and other cluster front-line groups depending on availability.

Doubts remain about Syria's ability to effectively store, distribute, and vaccinate, considering the country's current logistic, economic, and social conditions. Storage and cold chain challenges are the main challenge to vaccination efforts, given the persistent power cuts in Syria and lack of fuel. Limited open border crossings and security challenges will also hinder the roll-out ([Enab Baladi](#) 09/01/2021). However, the assignment of AstraZeneca via COVAX does reduce some of these concerns with its relative ease of storage and transportation requirements. In addition, considering the existing stigmatisation and reluctance to get tested or treated, there are concerns that vaccines would not be accepted widely. According to community focal points interviewed by REACH Initiative and HNAP in May, in the northeast, between 65 and 70% of them reported that the majority of members of their community would be willing to get the COVID-19 vaccine if it was made available to them. The main barrier among those not willing to get the vaccine was the lack of trust in the vaccine and concern over its presumed side effects ([REACH Initiative & HNAP](#) 03/06/2021).

Figure 4. Groups and numbers of those targeted for vaccination in the announced three phase plan covering GoS-controlled areas and northeast Syria ([WHO](#) 16/02/2021)



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 79% of the population in GoS-controlled areas was at high COVID-19 risk by April (11 million people), 87% in SDF-controlled areas (2 million people), and 68% in areas controlled by non-state armed group and Turkish-backed armed forces (3 million people) ([HNAP](#) 07/05/2021) ([see Context](#)). Nationally, 1.8 million people are over 60 years old ([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

Brief Regional Overview

Since early 2021, little to no constraining COVID-19 related mitigation measures, such as curfews or movement restrictions, have been implemented in GoS-held areas or the northwest.

In Government-held areas, preventive measures were mostly lifted, although some localised restrictions were temporarily reported in April ([OCHA & WHO](#) 05/04/2021). Governorates in GoS-held areas had little to no communities who were implementing COVID-19 mitigation measures, such as closure of public spaces, lockdown or mask wearing, in May, similar to past months ([HNAP](#) 25/05/2021). Public and education offices extended their restrictions of the number of staff present on site until mid-April, and continued implementing reduced working hours in April ([The Syria report](#) 07/04/2021). While some localised restrictive measures were put in place, travel remains relatively unimpeded.

In the northwest, the majority of sub-districts, similar to what was observed over the previous months, in May, had no communities implementing COVID-19 mitigation measures such as closure of public spaces, lockdown or mask wearing ([HNAP](#) 25/05/2021). Following the implementation of a lockdown in Turkey mid-April to mid-May, Bab al Hawa crossing was closed from 30 April to 16 May ([Bab Al Hawa crossing border](#) 26/04/2021) but the movement of commercial and humanitarian trucks was allowed to continue during this lockdown period ([UNICEF](#) 26/05/2021).

Northeast Syria continues to be the only region where containment measures are in place. After a reduction in daily confirmed cases, containment measures were lifted in February, ending a 3-months partial lockdown. However, following a surge in cases in April, new restrictions were implemented in the region, including a combination of full and partial lockdowns ([WFP](#) 17/05/2021). These curfews were imposed between 13 April and 16 May resulting in the closure of all schools, universities, markets, and non-essential services, with exceptions granted to the pharmaceutical and humanitarian organizations. Gatherings were also prohibited ([UNICEF](#) 26/05/2021, [ANF News](#) 05/05/2021, [AANES](#) 03/04/2021). After the law was lifted two months prior, the mandatory use of face masks was reintroduced in April 2021, under a SYP 1,000 penalty ([AANES](#) 03/04/2021). However, this sudden change in containment policy resulted in lower compliance rates compared to the previous lockdown ([Northeast Syria NGO Forum](#) 07/04/2021).

Figure 5. Proportion of sub-districts with prohibition of social gathering over the last six months as reported by community focal points ([HNAP COVID-19 Rapid Assessment](#) 14/12/2020 To 24/05/2021).

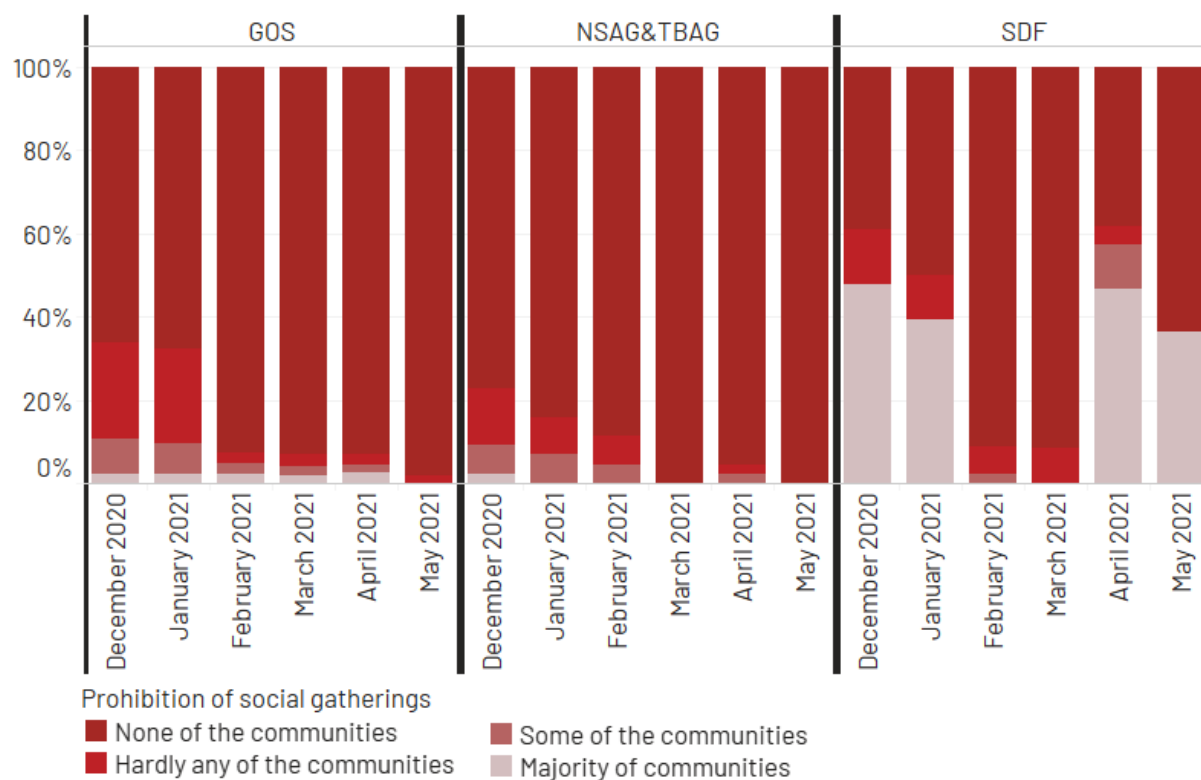
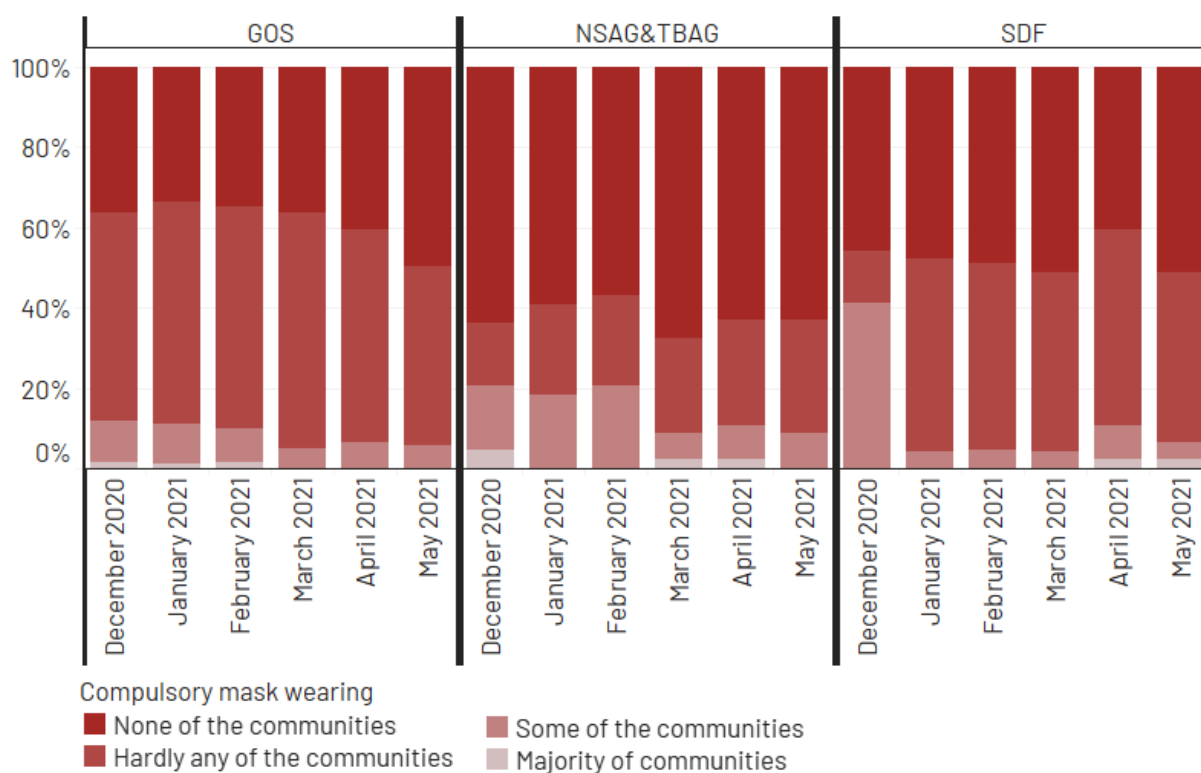


Figure 6. Proportion of sub-districts enforcing mask-wearing in the last six months, as reported by community focal points ([HNAP COVID-19 Rapid Assessment](#) 14/12/2020 To 24/05/2021).



Movement Restrictions

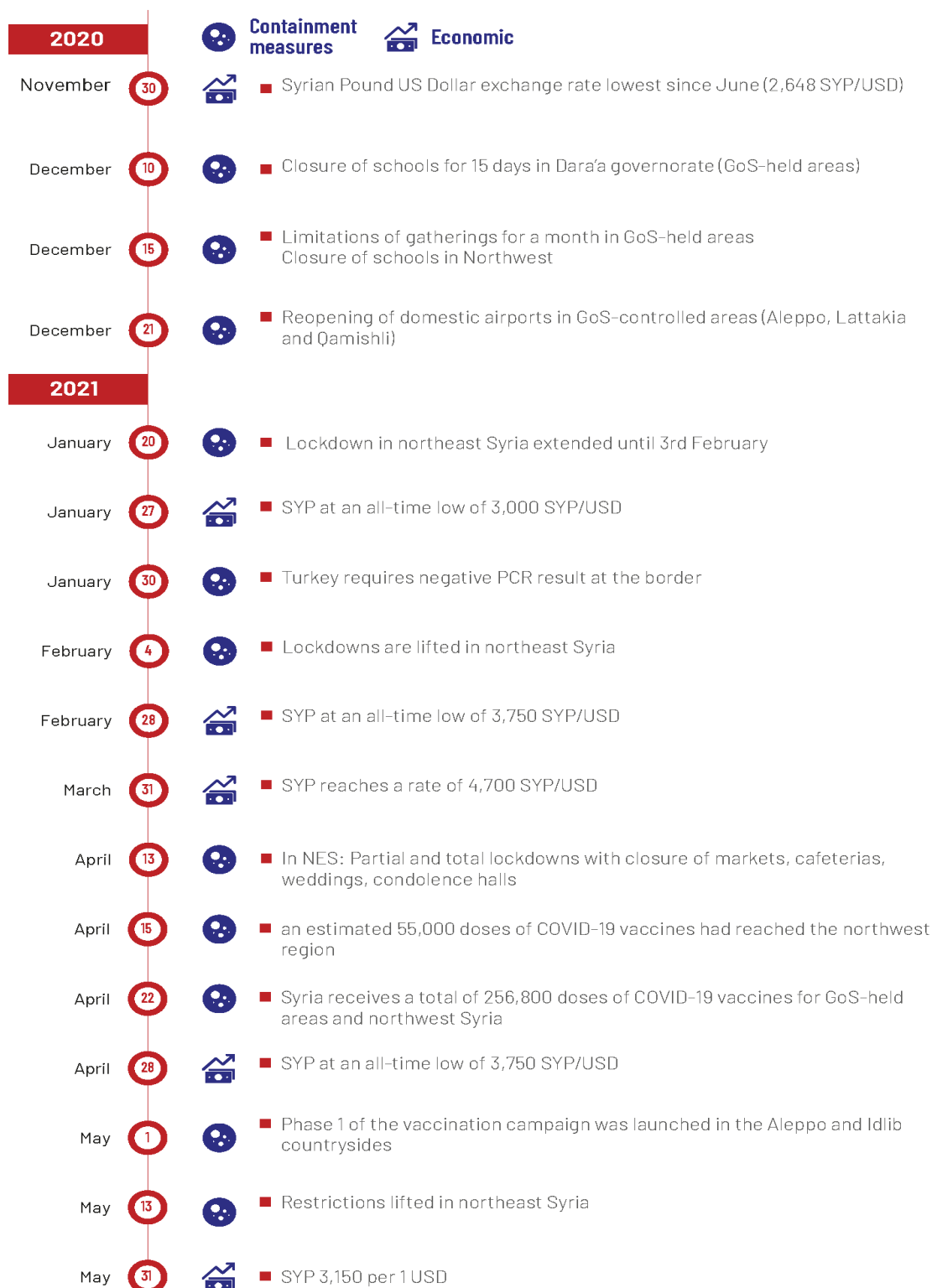
Most international land borders continue to be closed, with some limited exemptions for humanitarian and commercial movements. While the number of trucks decreased in the second half of 2020 compared to January to June, levels are rising again in 2021, with a number of trucks used increasing in April compared to a month before (+34% in a month), however still remaining below the levels of early 2020 ([Logistics Cluster](#) 11/05/2021). Through the first two weeks of May, out of 10 crossing points, including internal and international points, half were opened for trucks and 25% for humanitarian partners ([HNAP](#) 25/05/2021). Only one crossing point between GoS-held areas and the northwest was entirely open for commercial trucks, whereas two crossing points between GoS-held areas and the northeast were opened. Both crossing points were entirely open for commercial trucks travelling back and forth but were closed for humanitarian partners ([HNAP](#) 25/05/2021). The transit points between Syria and Turkey were more open for humanitarian partners, with half of the 10 points entirely open, with only a few days of closed transit points reported in other locations. On the other hand, only half of the crossing points were open, while the rest were closed for commercial trucks ([HNAP](#) 25/05/2021). Accessibility and security constraints remain the largest impediments facing humanitarian actors, especially in terms of reaching vulnerable communities with life-saving relief supplies inside Syria ([OCHA](#) 12/05/2021).

In early May, measures against COVID-19 such as temperature check, awareness campaigns, quarantine and isolation, testing and presence of medical units were reported at the majority of the border crossing across Syria, with the exception of Jelighem, Latakia, Al-Qaeim, Hura and Ghazawiyet Afrin crossing points ([HNAP](#) 25/05/2021).

Timeline



May 2021



C. PREVENTATIVE MEASURES

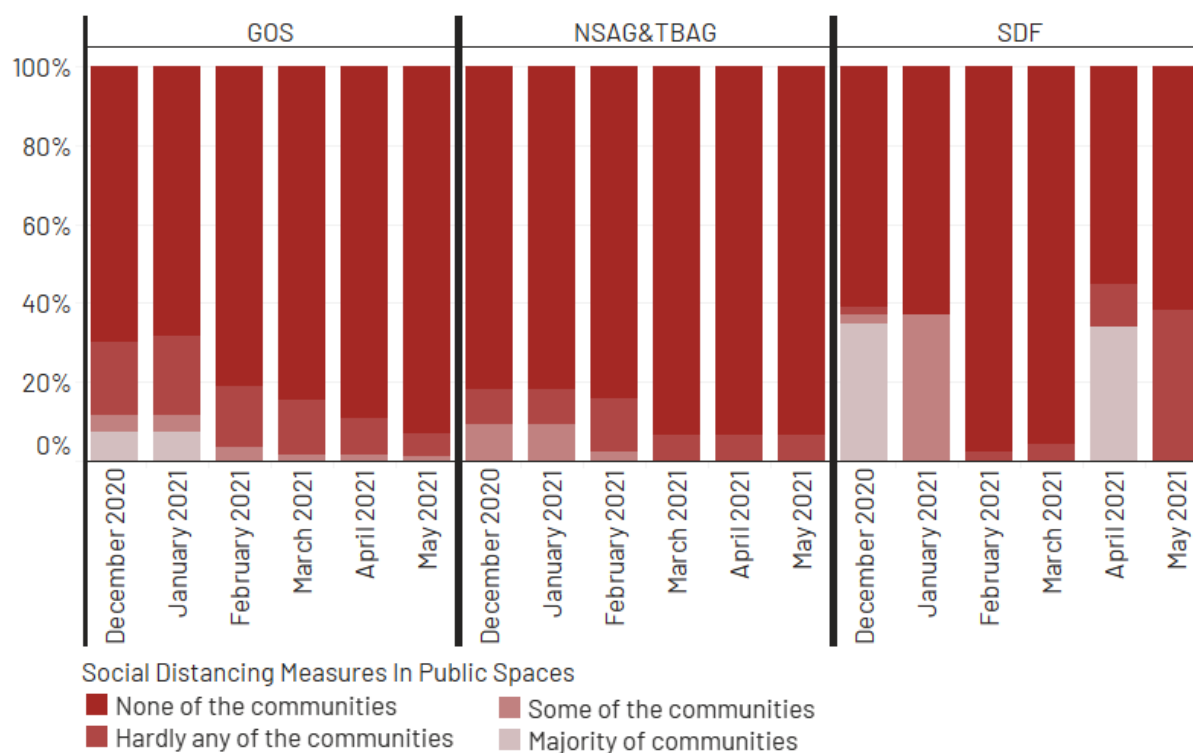
Improved COVID-19 awareness but still limited risk perception

Since early 2021, most people report being aware of self-protection measures, with 50% to 60% of sub-districts declaring having sufficient knowledge of COVID-19 risks ([HNAP](#) 27/05/2021). In the northeast, according to healthcare workers focal points interviewed by REACH Initiative and HNAP in May, community members reported an overall good knowledge of COVID-19 symptoms, especially in urban communities, with the vast majority citing difficulty breathing, loss of taste/smell and fever. Among all community focal points, more than a third cited that compared to the past three months, their community's level of concern regarding COVID-19 had somewhat increased. Urban communities and female focal points were more likely to report higher levels of concern ([REACH Initiative & HNAP](#) 03/06/2021).

Due to a lack of strong enforcement and consistent adequate communication by authorities, the urgency and necessity of taking precautionary measures are not always well understood by the population. In March, 75% of interviewed households, with an even higher proportion in Ar-Raqqa governorate, reported adhering to precautionary measures such as staying indoors and avoiding gatherings. However, the rate was almost 15% lower than that reported at the beginning of the pandemic in Syria ([WFP](#) 13/04/2021).

As of the end of May, in over half of the sub-districts in GoS-held areas, community focal points reported that the majority of the population generally prefers to stay at home and wait for symptoms to subside if they felt sick, as opposed to seeking medical treatment; a trend that has remained almost unchanged during the last seven months. A change was observed in the northeast in April, with community focal points being more evenly split between the two options. For the first time, the most answered option by KIs in nearly half of the sub-districts was to actually stay at home rather than go to the hospital. In northwest Syria, there seems to be less reluctance to seek treatment. In NSAG & TBAF-held areas, in two-thirds of the sub-districts, community focal points reported that the majority of the population would visit the hospital upon experiencing symptoms. The proportion decreases in SDF-held areas but still in over half of sub-districts going to the hospital would be the first choice ([HNAP](#) 07/09/2020 to 27/05/2021). In the northeast, overall, close to 90% of community focal points interviewed by REACH Initiative and HNAP in May believed that the majority of members in their community would seek treatment if ill. KIs among healthcare workers were slightly less positive, indicating that more than 20% would self-isolate at home if they were to report symptoms. Overall, community members are more likely to seek care when symptoms are severe enough to require hospitalization according to slightly more than 40% of KIs among healthcare workers. In communities where deaths from COVID-19 were reported, their assessment of their community members' willingness to seek medical assistance was higher (63%), highlighting this link between the severity of symptoms and treatment-seeking behaviors ([REACH Initiative & HNAP](#) 03/06/2021).

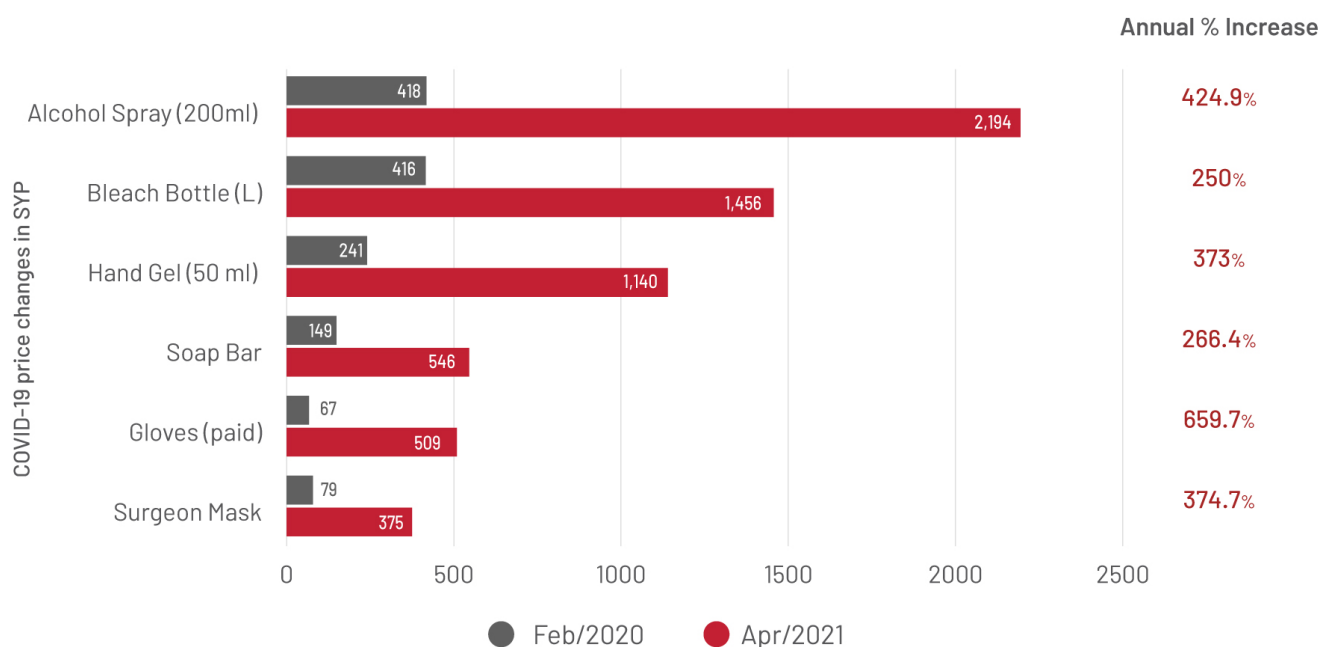
Figure 7. Proportion of sub-districts with social distancing measures in public spaces in the last six months, as reported by community focal points ([HNAP COVID-19 Rapid Assessment](#) 14/12/2020 To 24/05/2021)



Money is the main barrier to abiding by preventative measures

Economic hardship and critical living conditions limit the extent to which people are able and willing 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 remains the main barrier, although the proportion also decreased by half over the last 2020 semester, reaching 10% in December 2020 ([REACH Initiative](#) 06/12/2020). In the northwest, the risk of income loss is also one of the main reasons driving people from reporting symptoms to avoid quarantine (Protection Cluster 27/11/2020), likely explained by the overreliance on daily labor in this region (close to 50% of the population) ([OCHA](#) 16/09/2020).

Figure 8. COVID-19 protective items price changes between February 2020 and April 2021 ([WFP](#) 31/05/2021):



D. COVID-19 ECONOMIC IMPACTS

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

As a result of the pre-existing economic crisis, coupled with COVID-19 restriction measures and the implementation of new US economic sanctions in June 2020, reconfirmed in January 2021, and the ongoing economic crisis in neighboring Lebanon, the Syrian Pound devalued by close to 80% in 2020 ([WFP](#) 23/03/2021, [Needs and Response Summary](#) 22/02/2021, [LSE](#) 09/02/2021). Especially in GoS-held areas, the combined effects of the COVID-19 2020 lockdown and 10 years of conflict resulted in high economic losses ([World Vision](#) 03/2021, [Atlantic Council](#) 01/12/2020, [Al Watan](#) 11/04/2020).

Lebanon's financial crisis, which has seen capital control measures for foreign currency, left Syria without its last escape route from international sanctions and has deprived access to USD reserves ([WFP](#) 23/03/2021). As seen in previous months, considering past trends and how close the Syrian Pound is linked to Lebanese currency, the crisis in Lebanon continues to impact SYP depreciation as the Lebanese pound exchange rate reached 14,150 LBP per USD on 08 June ([FSC](#) 26/04/2021, [Lira Rate](#) 8/06/2021).

The continued depreciation of the SYP along with the economic ramifications of COVID-19 impacted the prices of imports and exports affecting product supply chains ([FSC](#) 08/05/2021). Consequently, prices for consumers have risen in order to cover their production costs, leading food prices to climb to historically high levels, increasing by more than 250% in a year ([OCHA](#) 26/05/2021, [WFP](#) 17/02/2021). Along with the economic downturn in Syria, COVID-19 related restrictions have increased the vulnerability of the population. Since last year, the number of people in need has increased by 20%, resulting in approximately 13.4 million people in need of humanitarian assistance out of 18 million ([OCHA](#) 30/03/2021). Due to sanctions and movement restrictions, people have lost their livelihoods and, consequently, their purchasing power to cover their basic needs, increasing their vulnerability.

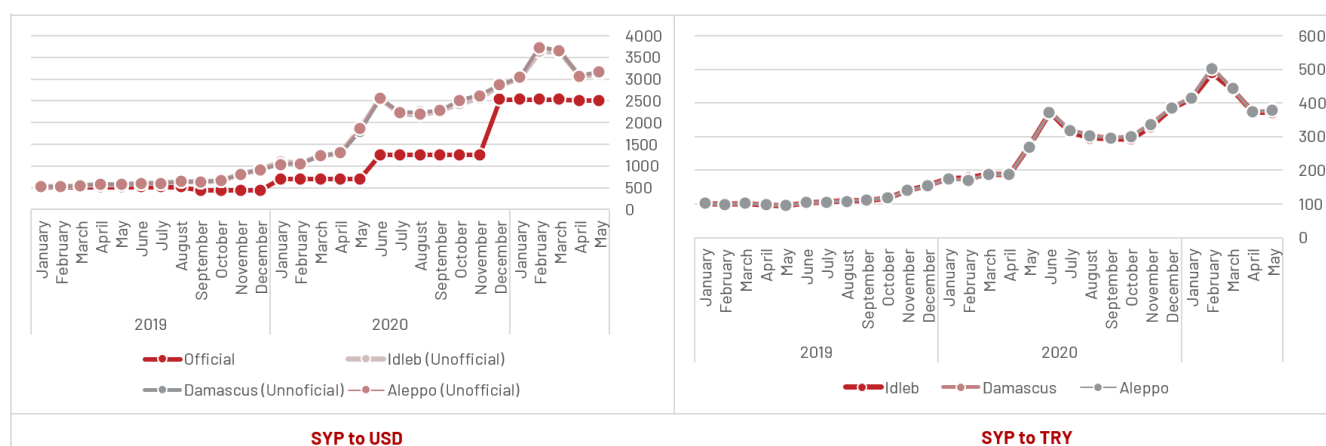
Devaluation of the currency and exchange rates

At the end of March, the devaluation of the Syrian Pound reached a new record of SYP 4,700 per 1 USD in the informal market ([North Press Agency](#) 18/03/2021). However, in April, the Syrian Pound strengthened, reaching SYP 3,200 per 1 USD on 10 April, its strongest level in two months ([The Syrian Observer](#) 12/04/2021), but devalued again slightly at the end of the month, reaching SYP 3,400 per 1 USD ([OCHA](#) 28/04/2021). In GoS held-areas, the exchange rate appreciated around 27% in Damascus, Hama and Homs governorates, reaching SYP 3,175 per USD. As a result, the price of some items and food decreased ([WFP](#) 31/05/2021). However, this still has not compensated for the overall low value of the Syrian Pound and volatility over the past six months, particularly in GoS-held areas, which has been driving up the prices of basic commodities, including bread and fuel ([IMMAP](#) 06/04/2021). In May, the exchange rate was relatively stable, only slowly increasing from an average

of SYP 3,000 per 1 USD at the beginning of the month, to SYP 3,150 per 1 USD at the end of the month ([Karam Shaar](#) 31/05/2021).

In northern Syria, the currency volatility less impacted the economic market, given its higher dependency on cross-border trade with Turkey for the northwest and its greater autonomy in getting USD at a different agreed rate for the northeast. As a result, in the northeast, in April, the median exchange rate decreased by 11% and recorded its highest exchange rate at SYP 3,550 per 1 USD in Shaddadah community, Al-Hasakeh governorate ([REACH Initiative NES](#) 27/05/2021). Similarly, in the northwest, the median exchange rate decreased by 5%, reaching its highest exchange rate in Dabeq community in Aleppo governorate at SYP 4,020 per 1 USD ([REACH Initiative NWS](#) 27/05/2021).

Figure 9. SYP/USD vs. SYP/TRY exchange rate on the first of each month in Damascus, Aleppo and Idleb ([sp-today](#) 31/05/2021; [Central Bank of Syria](#) 31/05/2021)



Adjusting for currency depreciation in March, the Central Bank of Syria (CBS) introduced a new exchange rate in April, the fourth one issued, in efforts to prevent people from using the black market value, which contributes to the devaluation of the currency. It raised the official exchange rate in the banking and exchange bulletin for the first time since June 2020, from 1,250 SYP per 1 USD to SYP 2,512 per 1 USD. On 22 March, the CBS had already decided to give a preferential exchange rate to international NGOs and UN agencies of SYP 2,500 per 1 USD to allow them to sustain their operations. A third exchange rate, SYP 2,250 per 1 USD, applies to the fees necessary to avoid male mandatory military service ([The Syria Report](#) 23/03/2021). The latest exchange rate for importers, merchants and manufacturers is placed at SYP 3,375 per 1 USD. Following the introduction of this new exchange rate, the informal market currency value slightly improved but not enough to

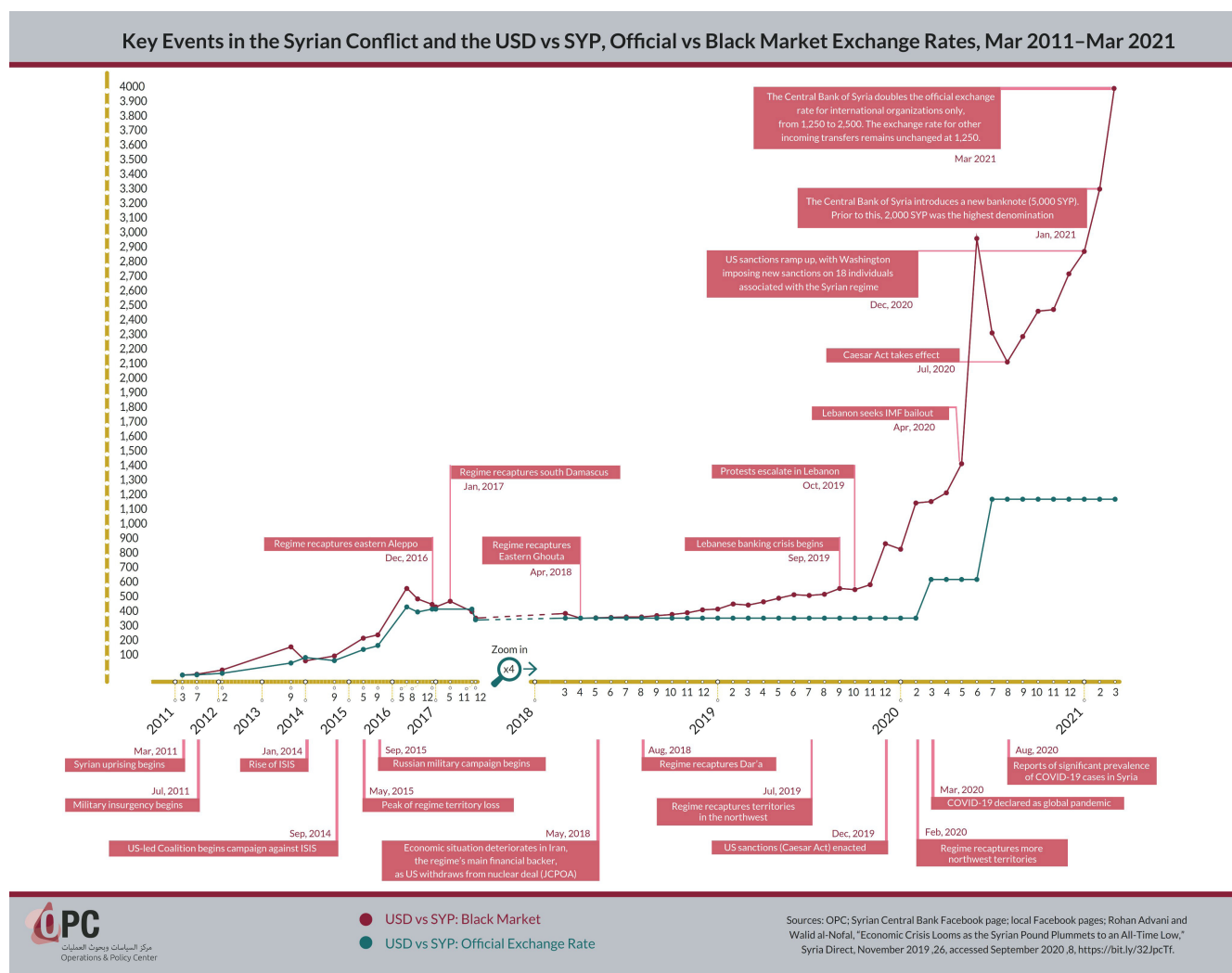
significantly narrow the gap between the black and official market rates ([The Syria Report](#) 14/04/2021).

In May, the liquidity and transfers movement, as well as withdrawal limitations restrictions imposed by the GoS in March remained in place. The liquidity movement restrictions limit the transfer of up to SYP 5 million within governorates and SYP 1 million in GoS-held areas, while bank withdrawals cannot exceed SYP 2 million per day ([The Syrian Observer](#) 12/04/2021).

Due to the devaluation of the SYP, the Turkish Lira (TRY) continues to be used in the northwest as an alternative, and is often the most commonly reported currency for purchasing essential commodities for IDP communities ([REACH Initiative](#) 31/01/2021). Consequently, almost all vendors have been using different currencies to avoid

incurring big losses in the northwest since 2021. In Aleppo governorate, 60% of vendors reported selling items in both SYP and TRY in April, while in Idlib governorate almost half of the vendors reported only selling in TRY ([REACH Initiative](#) 27/05/2021).

Figure 10. Key Events in the Syrian Conflict and the USD vs SYP Official vs Black Market Exchange Rates ([Operations and Policy Center](#) 07/04/2021)



Remittances negatively affected by the COVID-19 context in neighboring countries and high exchange rates

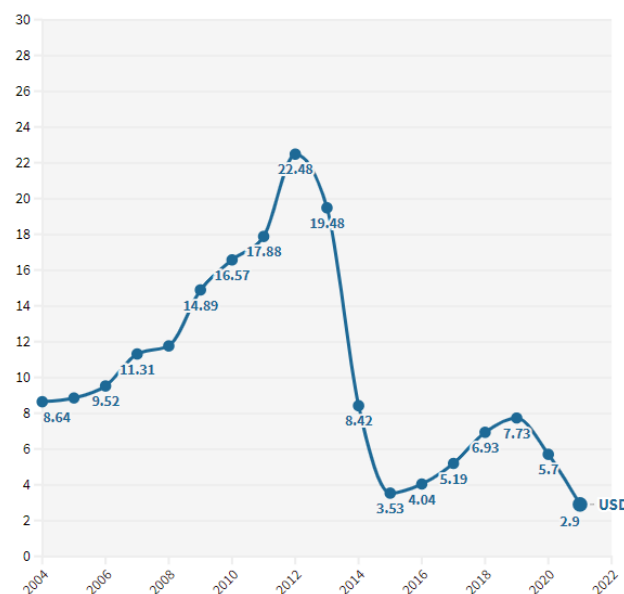
The regional economic downturn further reduced economic flows into Syria. An estimated annual USD 1.6 billion of remittances supports about 1 million Syrians (or 200,000 households) ([Syria Direct](#) 12/04/2020). On average, remittance inflows continue to surpass total wages and salaries in Syria. However, 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 by 50% in 2019/2020 compared to 2017 ([OCHA & WHO](#) 29/10/2020). This decrease is expected to have the highest impact on the 90% of the Syrian population who are now living below the poverty line. Movement restrictions in months prior have also meant reduced access to remittances. With the latter being disrupted, this has adversely affected the economic standing of recipients and beneficiaries across Syria. In April 2021, 4% of interviewed households reported difficulties in obtaining remittances and/or food assistance due to movement restrictions, with a higher proportion observed in Ar-Raqqa (12%), Quneitra (9%) and Dar'a (8%) governorates ([WFP](#) 17/05/2021).

Due to COVID-19 and the high fees charged by the GoS to unregistered hawala offices², remittances have declined, resulting in lower revenues for households, further limiting their ability to meet their basic needs ([IMMAP](#) 06/04/2021). The exchange rate for receiving personal remittances from abroad was raised to SYP 2,500 per USD in mid-April, limiting the ability of Syrian households to rely on this source of income ([The Syrian Observer](#) 29/04/2021). However, businesses were allowed to choose their preferred remittance currency (SYP or USD) ([The Syrian Observer](#) 29/04/2021).

Decrease in Public expenditure

The SYP 8,500 billion Syrian budget for 2021 was approved by the government on 15 December, equal to USD 2.9 billion (at exchange rate of SYP 2,850 per 1 USD). The government's public expenditure in 2021 decreased by around 85% compared to 2020, with a planned reduction of the allocation of salaries, wages, social support and subsidies allocations. Social benefits are projected to significantly decrease in value, resulting in an increase of 65% in the cost of living of Syrians in 2021 (based on the current value of the SYP) ([Enab Baladi](#) 07/01/2021). 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.

Figure 11. Syria's general budget between 2004 and 2021 in billion USD informal exchange rate ([Enab Baladi](#) 07/01/2021)



² Hawala is an informal method of transferring money, without any physical money actually being transferred, but instead relying on a global network of trusted hawala agents across the world to arrange the exchange of money from one place to another.

2. COVID-19 RELATED HUMANITARIAN CONSEQUENCES



Health: Overwhelmed healthcare system

The response to COVID 19 has been hampered by shortages of medicines, healthcare personnel and medical capacity, as well as the lack of funding and austerity measures affecting the remaining functional health facilities. Coupled with unequal accessibility³ and affordability to health services, more people are relying on healthcare alternatives, such as visiting pharmacies, in light of lack of proper care. In northwest Syria, the failure to extend the Security Council Authorization allowing cross-border assistance, at the end of June, would result in 1 million people, already facing high health needs, being left without medical treatment ([OCHA](#) 26/05/2021).

Healthcare workers exposed to high COVID-19 transmission rate, poor conditions and attacks, leading to further disruptions of the healthcare system

Infections among healthcare workers continues

By 16 May, 211 doctors had died due to COVID-19 infections in the GoS-held areas, 172 of whom died in 2020 ([Syrian Observatory for Human Rights](#) 16/05/2021). In the northeast, the overall cases recorded in the areas rose dramatically in May, the highest number of new daily cases were reported at the end of May, relative to the previous peak registered in November 2020. In this region, 1,025 medical staff have been reportedly infected with COVID-19, accounting for nearly 6% of all cases in the region – approximately the same as the previous month ([NES dashboard](#) 31/05/2021). As of the same date in the northwest, the percentage of confirmed cases among medical healthcare workers stood at 6.8%, encompassing nurses, doctors and midwives, with a further 4.9% reported among auxiliary workers in the health sector, a slight decrease compared to April rates ([NWS dashboard](#) 31/5/2021).

The overall shortage of healthcare workers and the challenging conditions that are driving more away, are a significant issue in Syria. Doctors and other health personnel providing medical assistance have been arrested and targeted since the beginning of the conflict, which has negatively impacted the necessary provision of and access to healthcare ([OCHA](#) 07/04/2021). In GoS-held areas, in March, shortage of healthcare workers was the highest rate reported across the country, mentioned by 35% of assessed communities ([REACH Initiative & HNAP](#)

17/05/2021). In the northwest, 12% of communities and 8% in the northeast reported a shortage of health staff as a barrier to access healthcare in April ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

Healthcare services continue to be disrupted

Disrupted health services despite reduction in COVID-19 cases in GoS-controlled areas

A new surge of COVID-19 cases in March and April overwhelmed medical facilities, especially in GoS-held areas where the occupancy rate of ICU beds reached 100% ([Al Jazeera](#) 02/04/2021, [Syria TV](#) 03/04/2021). Patients had to be turned away and a lack of oxygen supplies, following the shipment of 25 tons of oxygen to Lebanon by the GoS, resulted in a higher death rate ([Daraj](#) 12/05/2021, [Ministry of Health](#) 26/04/2021). However, in May, the occupancy rate in Damascus reportedly started to decrease, with 10% of ICU beds being occupied earlier in the month ([Tishreen news](#) 04/05/2021). Despite this significant decrease, anecdotal evidence indicates that some hospitals had to stop routine medical services, such as kidney dialysis, in April due the lack of capacity to maintain the machines, as most of medical resources were focused on COVID-19 patients. The cancelation of these treatments left many patients without care, as treatment at private hospitals are unaffordable to most ([Enab Baladi](#) 03/05/2021).

Overall, the lack of resources is stretching the healthcare system in GoS-controlled areas. Two thirds of the ambulances in Syria have been destroyed since 2011, hindering the rapid response to emergencies, resulting in operational gaps and life-threatening delays ([WHO](#) 10/05/2021). Following the economic downturn, the Syrian government has been implementing austerity measures since the end of March 2021 while reducing its support to the health sector. As a result, in public hospitals, some clinical surgeries were postponed indefinitely, ambulatory services of non-surgical patients were limited to providing pain relief, and patients were transferred to private hospitals after the closure of specialized public hospitals. Similarly, laboratories limited their services to only conduct blood tests ([Daraj](#) 12/05/2021).

³ In the context of this report, Accessibility refers to peoples' ability to access basic/essential goods or services in light of physical, logistical, security, financial constraints and/or social discrimination

Healthcare system is further overstretched in northern Syria

In the northeast, the situation continues to be concerning, with a continued upsurge in cases coupled with the limited capacity of health centers ([Save the Children](#) 15/04/2021). Hospitals are running out of funds and medical supplies to respond while facing a sharp increase in confirmed cases. As PCR tests positivity rates were as high as 47% in April, community transmission is believed to be even higher ([MSF](#) 06/05/2021).

In the northwest, the number of confirmed new COVID-19 cases in May was more than double that recorded in April ([WHO NWS Dashboard](#) 31/05/2021), likely also stretching healthcare capacity. Six COVID-19 dedicated hospitals in Idlib and Northern Aleppo were already at full capacity in April ([Syria Direct](#) 01/05/2021). Health services continue to be disrupted by attacks, with Al Atareb surgical hospital only operating at 25% capacity after an attack in March ([OCHA](#) 26/05/2021).

Lack of medical services, medications and equipment remain an issue across the different areas of control

COVID-19 medical services continue to be reported as insufficient across all areas of control, with lack of funding further disrupting care

As of 25 May, critical scarcity in testing provision and isolation monitoring spaces continued to be reported by key informants in GoS-held areas, mostly in Rural Damascus, Ar-Raqqa and Aleppo governorates, and the northeast, mostly in Deir-ez-Zor, Al-Hasakeh and Aleppo governorates, with rates between 77% and 96% respectively. While the provision of medical services and isolation spaces in the northwest is reportedly better, with KIs still assessing that between 54% to 60% in sub-districts have insufficient infrastructure to meet the population's medical needs, similar to April ([HNAP NWS](#), [HNAP NES](#), [HNAP GoS](#) 25/05/2021).

COVID-19 testing capacity in the northeast continues to face a dire situation, with 94% of sub-districts still reporting insufficient testing provision, quarantine and isolation spaces ([HNAP](#) 25/05/2021). Necessary supplies are nearing stockout, due to the rising number of new cases. The only COVID-19 testing laboratory in Qamishli was expected to run out of testing kits in the first week of May, likely explaining the sharp decrease in confirmed new cases in May, over 2,000 compared to more than 5,300 in April ([NES COVID-19 Dashboard](#) 31/05/2021), albeit signs of continued community transmission. In addition, the COVID Treatment Facilities (CTFs) are also becoming overstretched – 16 isolation centers were already at full capacity in April and seven CTFs were forced to cease

operations in March, with two more in April in Al-Hasakeh governorate, due to a lack of funding, with a four more also at risk of closure ([MSF](#) 05/05/2021, [IRC](#) 29/04/2021, [Northeast Syria NGO Forum](#) 07/04/2021).

Health care services in Syria remain significantly affected by the overcrowding in the health facilities in April. Nearly a third of the assessed communities in the northeast and half of those in the northwest considered the congestion as a barrier to healthcare access, similar to the month before. Moreover, the quality of healthcare services is also affected by the lack of privacy for women and girls in the health facilities in March: 16% of the assessed communities in the northwest and 10% in the northeast considered the lack of privacy for females as a barrier to healthcare access in April, a slight decrease compared to March ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

Shortages of COVID-19 medical equipment, notably medicines, remain widely reported in Syria

In April, about 40% of communities, where COVID-19 risk indicators were reported, mentioned the lack of medicines or medical equipment at health facilities as a barrier to healthcare access in the northeast. Similarly, the top priority health needs in the region were treatment of chronic diseases and medicines. In the northwest, this proportion rose to 50% in communities with COVID-19 risk indicators, slightly lower than in March. Treatment for chronic diseases was also mentioned as a top priority health need. As of the same period, 8% of communities, where COVID-19 risk indicators were reported, mentioned the lack of necessary protective equipment or supplies at health facilities as a barrier to healthcare access in the northeast and 10% in the northwest, at similar rates compared to a month before ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

The continued closure of the crossline shipments could lead to a humanitarian crisis as most pharmaceutical companies in northern Syria are procuring their stock from GoS-held areas ([Northeast Syria NGO Forum](#) 07/04/2021). At least one hospital in Deir-ez-Zor, in the northeast, stated that it is running out of medicines in April, with management raising concerns that it may need to close if it is not replenished ([IRC](#) 29/04/2021). The cost of medicines available at pharmacies has dramatically increased, especially in the northeast, as pharmacists had to purchase medicines in USD as a result of the Syrian Pound fluctuation ([REACH Initiative](#) 19/04/2021).

Lack of access to healthcare, notably due to unaffordability, remains a main barrier

Access to healthcare services continues to be a challenge across Syria

As of 30 April, access to functioning medical facilities continues to be a challenge across Syria with only about a half of the hospitals still functioning ([UNICEF](#) 26/05/2021). In April, three quarters of communities assessed in the northeast and more than half of those in the northwest reported that they do not have access to healthcare, numbers which remain stable since December ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021)

High cost of health services, equipment and treatment:

Unaffordability of healthcare services continues to be one of the main barriers to seek healthcare in private and public facilities.

In April 2021, nearly one out of five interviewed households reported facing challenges in accessing medical care, with a higher proportion recorded among IDPs and returnees (22-23%) compared to residents (18%) ([WFP](#) 17/05/2021). Unaffordability of healthcare services continues to be one of the main barriers to seek healthcare in private or public facilities, with 15% of respondents indicating lack of money as the main impediment to receive healthcare services. In addition, nearly 40% of households reported not being able to purchase the necessary medicines in April, mainly due to a lack of financial resources, followed by a shortage of medicines available through pharmacies ([WFP](#) 17/05/2021).

The high cost of such services continued to be cited as a challenge in April, in 44% of communities assessed in the northwest, and even more in the northeast, reported by 87%, rates that remain similar since December ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021). In Ar-Raqqa governorate, in the northeast, more than 90% of the camp population in Twahina and Tel Samen camps reported being unable to afford health services in March ([REACH Initiative](#) 20/05/2021). In the northeast, according to community focal points interviewed by REACH Initiative and HNAP in May, among the ones that reported that their community members would not take any action if they thought they had COVID-19, the majority mentioned healthcare expenses as the main deterring factor (81%). Consequently, financial assistance was perceived by KIs as the main activity that would encourage individuals to seek healthcare ([REACH Initiative & HNAP](#) 03/06/2021).

As a result, among residents and IDPs in assessed communities in the northeast, healthcare was the highest priority need reported in April, along with livelihoods.

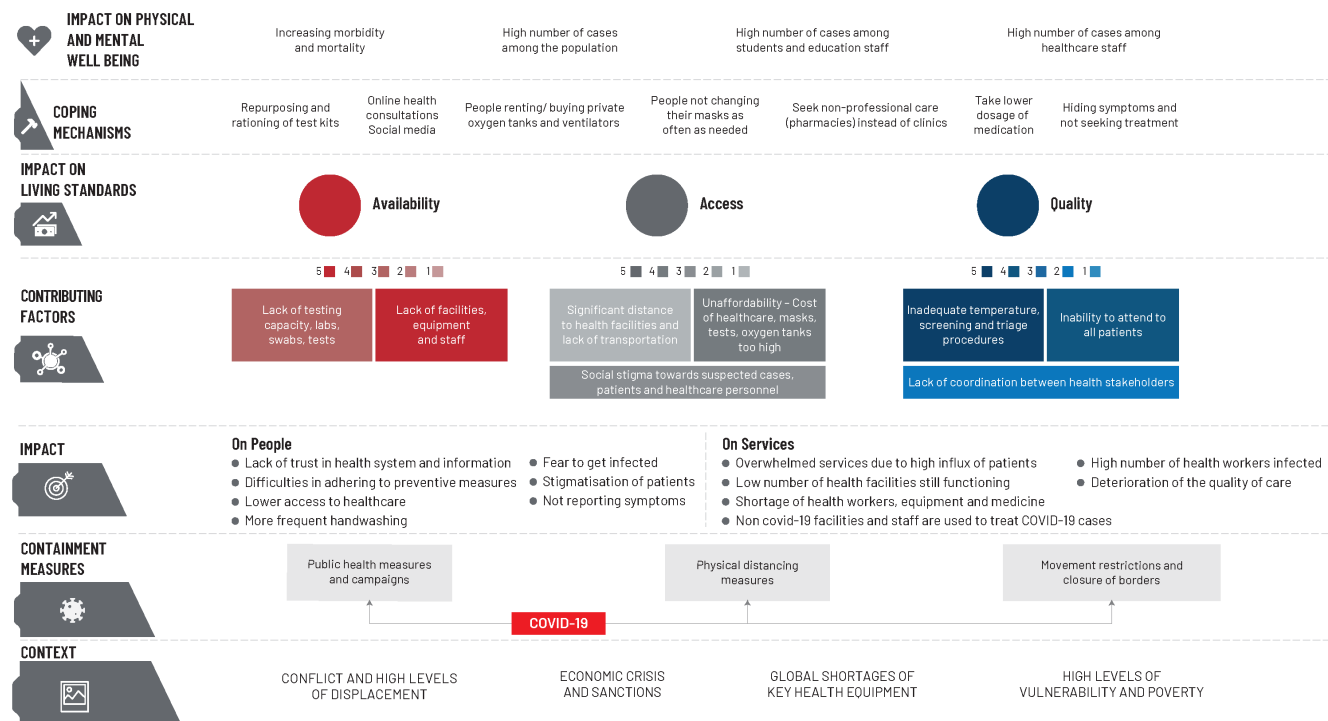
Likewise, in the northwest, among residents, the highest priority needs reported overall were healthcare, and livelihoods ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

Coping strategies

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

Resorting to using pharmacies instead of clinics was frequently used by the population as a coping strategy, in light of the lack and high cost of healthcare. This was reported by nearly 90% of communities in the northeast and northwest from December to April ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021). To cope with the lack of access to certain medicines, households reported decreasing the recommended number of doses of medications in March in one fifth of the assessed communities in the northeast ([REACH Initiative NES](#) 19/04/2021).

Health problem tree





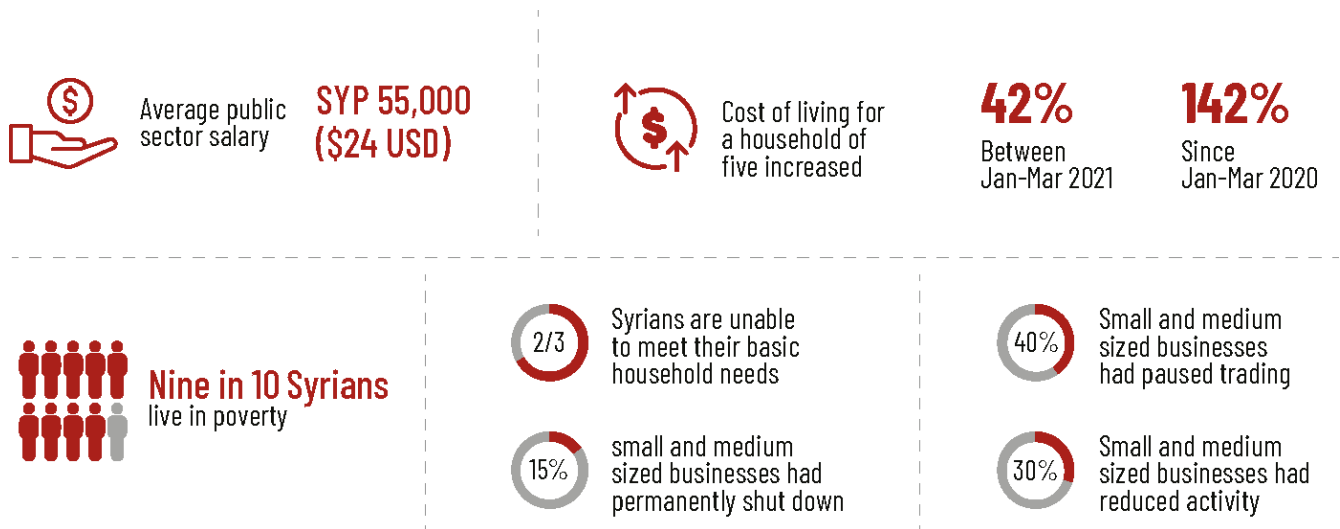
Livelihoods: Inflation and unemployment resulting in lower purchasing power

Widespread poverty caused by high levels of inflation and insufficient income

The pandemic and its related government preventive measures added to the economic recession unfolding since 2019, which drove widespread inflation across all commodities since March 2020. The value of the Survival

Minimum Expenditure Basket in both the northwest and the northeast remained similar to last month, after a record high value was recorded in March, standing at SYP 411,125 and SYP 350,900 respectively ([REACH Initiative NES, REACH Initiative NWS](#) 27/05/2021). As the average public sector salary is around SYP 55,000 (USD 24), this leaves most families unable to meet their basic needs ([Atlantic Council](#) 01/12/2020). Further, 29% of the population in 2021 was living below the SMEB rate compared to 9% in 2020 ([HNAP](#) 08/04/2021).

Figure 12. Overview of Livelihood section: (sources in text)



Purchasing power continues to decrease, with household expenditures far exceeding the average income. Between January 2020 to January 2021, a 40% decrease in median income of Syrians was reported, while the expenditure to income ratio increased from 107% to 121% between 2020 and 2021, highlighting income insufficiency for most households ([HNAP](#) 12/04/2021). Almost all assessed communities in the northwest and northeast continued to report insufficient income in April, since November ([REACH Initiative NES, REACH Initiative NWS](#) 03/06/2021), as well as Central and South Syria (87%) in February ([HNAP](#) 12/04/2021). As a result of dire economic conditions, livelihood was the highest priority need reported in April among both IDPs and residents, in the northeast and northwest ([REACH Initiative NES, REACH Initiative NWS](#) 03/06/2021).

The national average terms of trade between wheat flour and wage labor or male sheep, a proxy indicator for purchasing power for workers or livestock owners, increased by 9% between March and April, the first increase in the past six months; however, this still is 20% lower than a year ago. Regional variations continued to be reported, especially, between coastal and cross border

areas, where trade requirements are higher compared to the northwest and southern areas ([WFP](#) 31/05/2021). To earn the cost of a monthly basic Survival Minimum Expenditure Basket, a daily worker would have had to work 63 days in the northwest in March and 70 days in the northeast, a decrease in both regions, especially in the northeast compared to February ([REACH Initiative NES, REACH Initiative NWS](#) 03/06/2021).

Following the deterioration of economic conditions, poverty levels have been increasing since 2020. 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 reported 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). Almost 98% of Syrians, mainly located in Central and South Syria, are now estimated to live in extreme poverty, with less than USD 1.90 per day and 91% of the Palestinian refugees in Syria live below the poverty line, less than USD 2 per day ([UNRWA](#) 05/03/2021, [HNAP](#) 12/04/2021). Between January 2020 and January 2021, the rate of individuals living below

SMEB had increased by 153%, with an even higher spike of 224% being recorded in Central and South Syria ([HNAP 12/04/2021](#)). Almost 52% of daily labor workers in Syria, and 60% in the northwest, are found to be below or critically below the Survival Minimum Expenditure Basket (SMEB). The situation seems to be better in the northeast, with only a quarter below or critically below the SMEB. However, as the economic situation is projected to deteriorate, the 20% of individuals at risk of falling below the SMEB would be especially vulnerable in the coming months ([HNAP 23/03/2021](#)).

COVID-19 continues to negatively impact the livelihood sector

The impact of COVID-19 on livelihoods continues, despite the general relaxation of containment measures. In April 2021, almost half of surveyed households reported losing one or more sources of income in GoS-held areas, with the highest trends being reported in As-Sweida governorate (58%), although the rate decreased slightly from last month, and in Ar-Raqqa governorate, northeast (56%), almost a 10% increase in a month. Both governorates were also the ones with the highest rate of interviewed households reporting losing almost all their income (20%). The most affected segment continues to be the displaced population, compared to residents. Even more worrying is that over 30% of assessed households, who had previously reported no change in their income sources over the past six months, reported losing one or more sources of income for the first time in April, highlighting continued economic deterioration ([WFP 17/05/2021](#)).

COVID-19 continues to disrupt livelihoods in northern Syria, although to a lower extent. While in February, over 70% of assessed communities reported one or more livelihood sectors still being partially or totally affected by COVID-19 in the northeast, an already lower rate compared to December, only slightly more than half reported the same in April. Similarly, in the northwest, while about two-thirds reported such effects since January 2021, only 40% of assessed communities reported so in April, a decrease of 10% compared to March ([REACH Initiative NES, REACH Initiative NWS 03/06/2021](#)). These declining rates do not necessarily reflect an absence of impact but rather a normalization of COVID-19 impacts on the economy. Between January 2020 and January 2021, about a third of households reported COVID-19 as a barrier to employment and the proportion of households reporting 'no barrier' to employment decreased by more than 40% in a year, highlighting the economic recession ([HNAP 12/04/2021](#)).

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. More than 90% of IDPs in both northwest and northeast Syria, as well as more than 80% of residents relied on daily waged labor as a common source of income in April ([REACH Initiative NES, REACH Initiative NWS 03/06/2021](#)). This continues a trend of increased reliance on daily labor as a result of the rapid devaluation of salaries since January 2020 ([HNAP 24/08/2020, HNAP 03/2021](#)).

Increased reliance on complementary sources of income was reported since the start of the pandemic, however these sectors have also been disrupted. The proportion of households that reported relying on small business as a primary source of livelihood increased significantly in 2020. However, this form of income was the most impacted by the economic downturn triggered by COVID-19, with a 37% drop between January 2020 and January 2021. Additionally, revenues from the private sector, the second most reported livelihood activity, shrunk by 26% over the same time period ([HNAP 12/04/2021](#)).

Due to closure of businesses and revenue loss, an estimated 200,000–300,000 jobs were lost across all sectors, 15% of small and medium sized businesses had permanently shut down, 40% had paused trading, and 30% had reduced activity ([UNFPA 2021, HNO 2021](#)). As one of the leading sectors, the tourism sector suffered adverse effects during the pandemic, with the number of tourists decreasing by 80% in 2020. As a result, hotel occupancy dropped significantly, along with revenues, resulting in the closure of more than 2,000 facilities ([Syria Times 10/03/2021](#)).

Rising unemployment rates

More than 70% of households reported a lack of employment opportunities as their primary barrier to livelihood in April in the northeast, and more than 50% in the northwest ([REACH Initiative NES, REACH Initiative NWS 03/06/2021](#)). Women and persons with a disability seem to be even more impacted in the northwest, where more than half of women and more than 40% of people with a disability mentioning lack of employment opportunities ([REACH Initiative NWS 03/06/2021](#)), compared to slightly more than 35% for women and almost 20% for people with disability in the northeast ([REACH Initiative NES 03/06/2021](#)). From January to March, 64% of returnees with disability and 63% of returnees without disability reported no access to livelihood sources ([HNAP 16/04/2021](#)).

There has been an overall decrease in the proportion of in-work rates for people owning their own business in 2020, especially among women (–25%). At the same time, in 2020, the prevalence of in-work rate in daily wage work increased, especially in the northwest, where it increased by 104% for male and 217% for female workers ([HNAP 12/04/2021](#)).

Hence, as of December 2020, half of the working-age population was estimated to be unemployed, compared to 20% in 2010, and over 60% among the youth were unemployed, compared to 9% in 2010 ([OCHA](#) 22/02/2021). An increase of 67% of households reported no livelihood activities compared to January 2020 ([HNAP](#) 12/04/2021). Rates of unemployment increased significantly among young women, reaching 50% nationwide and 83% in northern Syria ([HNAP](#) 23/03/2021).

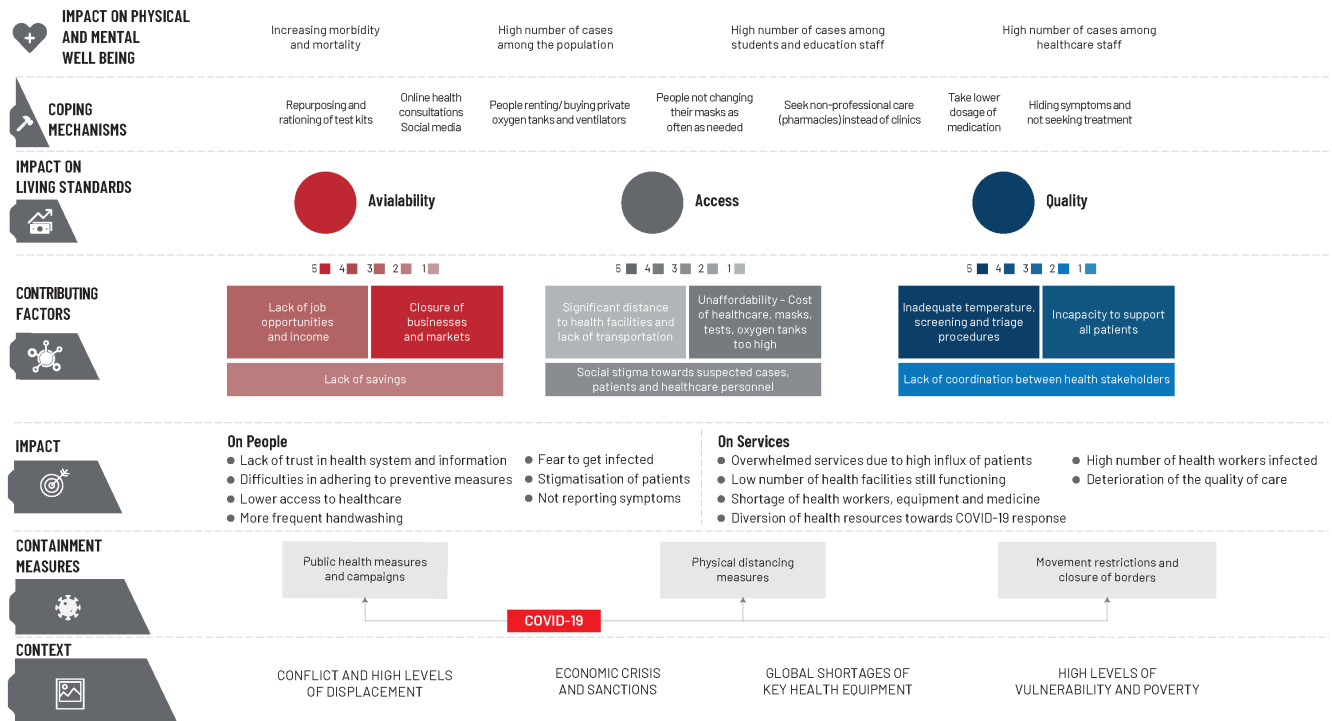
In northern Syria, more than 80% of vendors reported facing one or more supply challenges in April, with the primary barrier remaining price inflation, highlighting vendors' struggle in stocking essential items, resulting in more dependency on suppliers. Border closures were reported by 5% of surveyed vendors in the northwest, highlighting the higher dependency on cross-border trade ([REACH Initiative](#), [REACH Initiative NWS](#) 27/05/2021).

Increased reliance on remittances and humanitarian assistance

In April, 90% of Syrian households interviewed reported using at least one coping strategy ([WFP](#) 17/05/2021). In GoS-held areas, due to lack of employment opportunities, households reported mostly relying on remittances ([Mercy Corps](#) 25/01/2021). Between January 2020 to January 2021, the percentage of households receiving remittance increased from 33% to 45%, highlighting households' lower resilience and livelihood depletion ([HNAP](#) 12/04/2021). Indeed, almost 84% of interviewed households reported depletion of their savings ([WFP](#) 13/04/2021). While a third or less of residents rely on loans and remittances in northern Syria, more than 60% of IDPs in the northwest reported relying on such mechanisms in April, a rate that doubled since January ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021). Along with selling assets and livestock, anecdotal information reported an increase in the number of people offering to sell their organs ([Action Against Hunger](#) 12/04/2021, [The Syrian Observer](#) 07/04/2021).

Across informal sites and settlements in the northeast, almost all interviewed households reported borrowing money as a main coping mechanism for livelihood and 25% reported selling assistance items as their main coping mechanism in March. Other coping mechanisms reported by around half of interviewed households were selling household items, support from friends/family, using savings and low spending on NFIs ([REACH Initiative NES AlHasakeh](#), [REACH Initiative NES DeirezZor](#), [REACH Initiative NES Ar Raqqa](#), [REACH Initiative NES Aleppo](#) 11/05/2021, [REACH Initiative Twahina](#), [REACH Initiative Tel Samen](#) 20/05/2021).

Problem tree Livelihoods





Food security: Critical food insecurity levels, notably due to increase in food prices and decreasing purchasing power

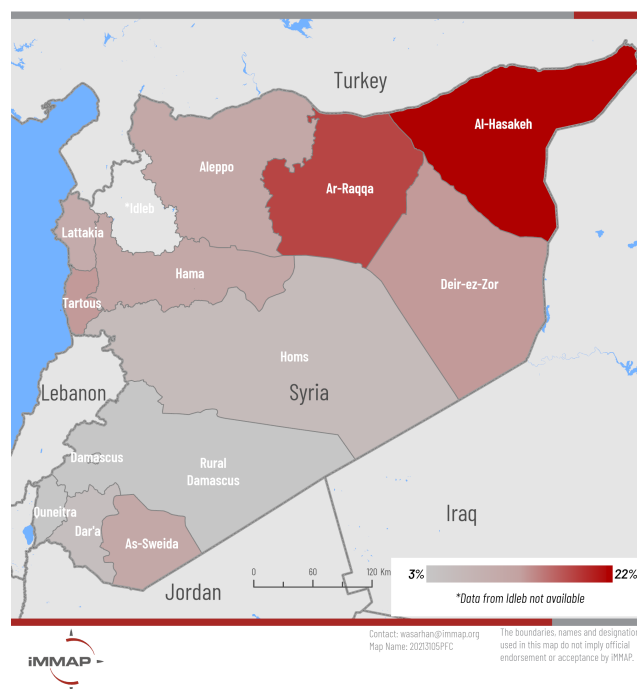
COVID-19 containment measures, as well as the depreciation of the Syrian Pound continue to contribute to higher food prices, staples shortages, market closures and disruptions in trade and supply lines. Coupled with the loss of job opportunities, particularly for those relying on daily wage labor or 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 owing to 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 – the highest number recorded so far in Syria. This is a significant increase from the 9.3 million food insecure estimated in May 2020. Among these, the number of severely food insecure people more than doubled in 2021, compared to last year, to stand at 1.3 million people (WFP 22/02/2021). In northwest Syria, an estimated 3.3 million (75%) of the population are food insecure, of which 2.7 million are internally displaced (WFP 10/04/2021). An additional 1.8 million people are estimated to be at risk of falling into severe food insecurity (WFP 17/02/2021). In northwest Syria, the failure to extend the cross-border assistance Security Council Authorization at the end of June would result in 1.4 million people, already facing critical levels of food insecurity, being left without food assistance (OCHA 26/05/2021).

Food insecurity remains critically high despite a slight improvement in April

An improvement in the food security situation is observed every year during the month of Ramadan. This year as well the same trend was reported: households mentioned an increase in the consumption of animal-source protein in April, on average two times a week. While this is the highest average consumption rate of protein over the past six months, this trend however remains below the levels reported during the month of Ramadan last year, when households consumed animal-source protein on average three times a week (WFP 17/05/2021).

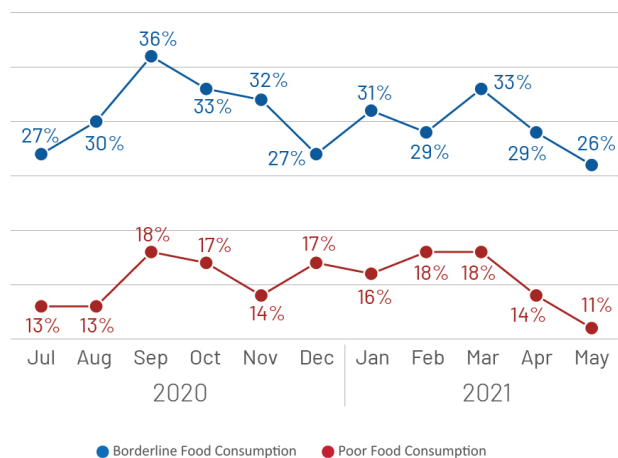
Figure 13. Percent of households by governorate reporting poor food consumption in May 2021 (WFP 31/05/2021).



As a result, in April 2021, the national average rate of inadequate food consumption decreased by 16%, compared to March, although the proportion is still around 50% higher than in April 2020. More than two out of five households (43%) reported poor and borderline food consumption, with Hama (57%) and Homs (52%) governorates still reporting the highest proportion, at slightly lower rates than in March. However, almost half of the households reported poor food consumption, an increase of 20% in a month and double the level in a year, with Quneitra governorate recording the highest proportion of households with poor food consumption (26%), more than a three-fold increase compared to April 2020, followed by Aleppo (21%) (WFP 17/05/2021).

The situation remains more acute for displaced populations. More than half of the IDPs and returnees households reported inadequate food consumption, a decrease of 10 percentage points in a month, compared to around one third of residents, who actually reported a slight increase in inadequate food consumption rate (WFP 17/05/2021).

Figure 14. National average level of poor and borderline food consumption since July 2020 (WFP 17/05/2021).

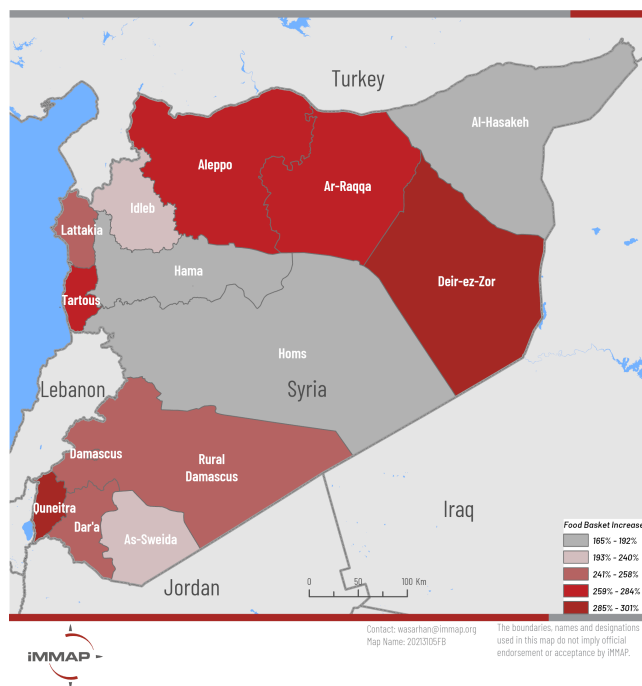


Stable commodity prices, although still unaffordable for most

Essential food items have become increasingly unaffordable as prices have been rising across the country, notably due to the depreciation of the Syrian Pound, with the cost of basic foods, such as bread, rice, lentils, oil and sugar, far exceeding average salaries. Between January 2020 and 2021, food prices have been skyrocketing, increasing by more than 250% in a year (WFP 17/02/2021).

In March 2021, the national average price of a standard reference food basket significantly increased by 33% in a month, a more than 300% increase compared to March 2020, while in April, following the strengthening of the exchange rate, food prices either remained stable or slightly decrease (WFP 31/05/2021, WFP 26/04/2021). Similarly, the price of vegetables significantly increased in the northeast, with the price of cucumbers, onions and tomatoes registering a monthly 40 to 60% increase. The cost of the Survival Minimum Expenditure Basket (SMEB) food component, calculated by REACH Initiative, remained mostly stable at SYP 267,750. Similarly in the northwest, its value remained around SYP 283,725, with most prices reporting slight decreases with the exception of cooking fuel, which still recorded a 15% increase, following continuous fuel shortages (REACH Initiative, REACH Initiative Northwest Syria 27/05/2021). Further, the WFP food basket price recorded a slight decrease in April, for the first time since August, reaching SYP 176,471, with 8 out of 14 governorates reporting a decrease in the food basket price (WFP 31/05/2021).

Figure 15. Average food basket price increase over a year (between April-2020 and April-2021) by governorate (WFP 31/05/2021)



Due to the stronger Syrian Pound value and general subsidies, a slight decrease in the price of bread was reported in the northwest and an even more significant decrease in the northeast, where it dropped by almost two-fold, between March and April (REACH Initiative, REACH Initiative Northwest Syria 27/05/2021). This is a striking opposite trend to the previous months, when the price of bread actually increased by 82% in the northeast and 25% in the northwest between February and March (REACH Initiative 13/04/2021, REACH Initiative 13/04/2021). However, due to high water shortages and agriculture challenges (see Agriculture section), particularly in the northeast, wheat prices are expected to increase significantly, especially in the northeast, which will further limit people's access to bread and risk resulting in significant food shortages.

Reduced food access and availability

Almost all communities in northwest and northeast Syria reportedly continued to experience barriers in accessing sufficient food in April, with the main barrier in both still being the high cost of food, reported by more than 80% of communities, followed by unavailability of certain food items (reported by 20%). As a result, in the northwest food was the second priority for both IDPs and residents and the third priority for IDPs in the northeast in April ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

Due to COVID-19 containment measures, almost one third of surveyed households reported facing difficulties in reaching markets, the highest level recorded in a year, an increase of 6% in a month. This was particularly acute in Al-Hasakeh governorate (39%), northeast, following new COVID-19 related restrictions implemented in April ([WFP](#) 17/05/2021).

High use of severe food-based coping mechanisms

After months of increased food prices and income losses, most people seem to have exhausted their capacities to cope. As the economic downturn is impeding households' ability to meet their basic needs, the use of severe negative coping mechanisms has been increasing. 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. As a humanitarian worker highlighted ([TCF](#) 07/06/2021):

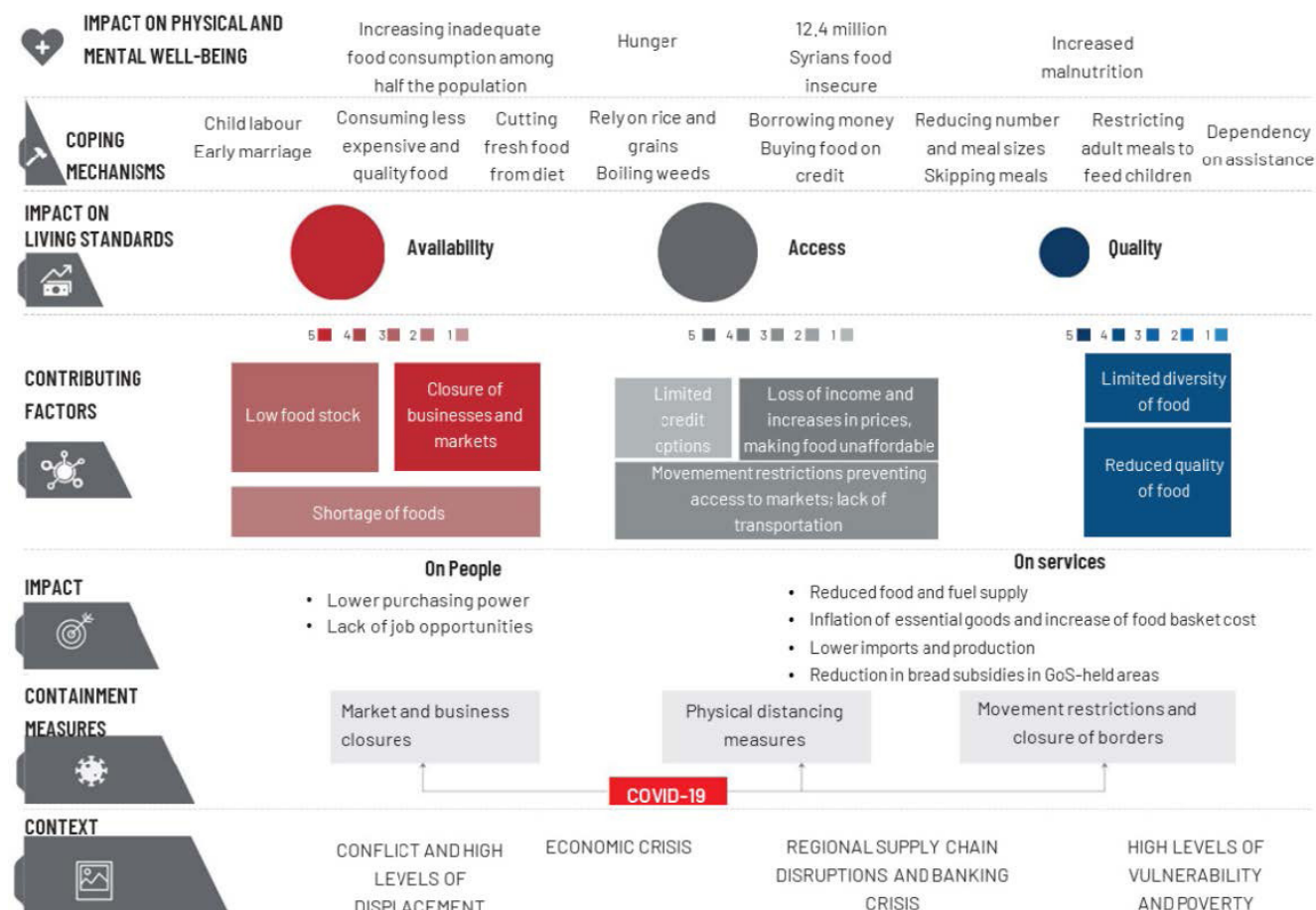
"I don't know how people are surviving, it seems mathematically impossible"

Between March and April, the national average reduced Coping Strategy Index slightly decreased from 21.0 to 20.5, however it was still higher than in early 2021. As with food consumption, the issue is even more acute among displaced populations, compared to residents, although both groups rely on food-based coping mechanisms ([WFP](#) 17/05/2021, [WFP](#) 17/05/2021). Almost all interviewed Syrians (91%) throughout all the areas of control reported adopting at least one food-based coping strategy in April and nearly half of interviewed Syrian households reported reducing adult food consumption to be able to feed their children. More than two third of households reported relying on credit and less preferred/affordable food, at even higher rates in Quneitra governorate, GoS-held areas ([OCHA](#), 26/05/2021, [WFP](#) 17/05/2021). Similar food-based coping strategies -borrowing money to buy food, relying on less preferred food or lower food quality and buying food with money usually used for other things- were reported by REACH assessed communities in April

in both northeast and northwest. Skipping meals was also frequently mentioned, especially in northern Aleppo, reported by more than 90% of KIs in Suran, Jarablus and Al-Bab sub-districts ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

Across informal sites and settlements in the northeast, the top three food coping mechanisms in April were eating smaller meals, purchasing food on credit and buying food with money usually used for other purchases ([REACH Initiative AlHasakeh](#), [REACH Initiative DeirezZor](#), [REACH Initiative ArRaqqqa](#), [REACH Initiative Aleppo](#) 11/05/2021). Similar coping strategies were reported in Twahina and Tel Samen camps, northeast, in March ([REACH Initiative Twahina](#), [REACH Initiative Tel Samen](#) 20/05/2021).

Food security problem tree



Agriculture: Shortages and high cost of inputs constraining production amidst a drought

Agricultural activities continued to be hampered by high prices of domestic and imported inputs, as a result of the currency depreciation and fuel shortages leading to a subsequent increase in transportation costs, as well as COVID-19 impacts on supply chains ([FSC 08/05/2021](#)). Most fertilizers, herbicides, insecticides and livestock fodder and feed prices have increased significantly since 2020 ([FSC 08/05/2021](#)). All governorates recorded an increase in the average selling prices of dressing fertilizers in March compared to a month before, with an overall 20% increase. The northeast recorded an even higher spike, with Deir-ez-Zor governorate reporting a close to 50% increase in March and Al-Hasakeh a 40% increase ([FSC 08/05/2021](#)). Availability was also an issue, with shortages reported in Homs, Hama, Tartous and Al-Hasakeh governorates in March ([FSC 08/05/2021](#)). In April, amongst communities reporting barriers to accessing income from agriculture, about a third of northeast and northwest residents and 20% of northwest IDPs reported lack of access to resources, such as water, seed stock, fertilizers and vaccines for livestock ([REACH Initiative NES](#), [REACH Initiative NWS 03/06/2021](#)). The inaccessible price of pesticides has likely resulted in lower use by farmers, increasing the risk of pest and crop-disease, further limiting the production, productivity and the quality of harvests ([FSC 08/05/2021](#)).

Unaffordability of diesel fuel prices in both local and black markets heavily impacted mechanized agricultural activities. Consequently, wheat and barley production are expected to decrease compared to previous years, due to lack of crucial mechanized irrigation capabilities in March and April. Fuel shortages are also expected to negatively impact the upcoming harvest, as the use of machinery would be limited ([FSC 08/05/2021](#)). High production costs may also result in farmers not harvesting the entire area ([FAQ 04/05/2021](#)). This is further threatening farmers' income and driving up food prices, further exacerbating food affordability issues already faced by most households.

The main new agricultural challenge is weather-related: with the worst drought since 1953 affecting the country, with water levels in dams at about only half capacity. Close to 90% of rain-fed wheat fields, representing about half of the entire crop, are expected to not result in any yield in 2021 ([Minister of Agriculture 22/05/2021](#)). As a result of these challenges, the Autonomous Administration in the Northeast (AANES) set the purchasing wheat price for the upcoming harvest season almost 30% higher than that set by the Damascus government. This reflects unfavorable weather conditions and the continued economic deterioration as in previous harvests, the opposite used to be the case, with the GoS offering a higher price than the AANES to incentivize farmers in the northeast to sell to them directly ([AANES 19/05/2021](#)).



Nutrition: Rising malnutrition due to inadequate and less diverse diets

Due to the worsening economic crisis, a significant increase in severe food insecurity levels was recorded in 2020 ([WFP](#) 23/03/2021), leading to a notable deterioration of the nutrition situation, with both increasing acute and chronic malnutrition, particularly among IDPs and in Northwest Syria ([Needs and Response Summary](#) 22/02/2021). An estimated 3.7 million people are currently in acute need of nutrition interventions ([Nutrition Cluster Syria](#) 28/05/2021), with almost 90,000 children under five acutely malnourished across the country ([Needs and Response Summary](#) 22/02/2021).

No updated data was released in 2021, however the latest trend in 2020 highlighted a severe deterioration of the nutrition situation, with a rising number of admissions in treatment centers of malnourished children with complications, an increase by two-folds in some districts compared to early 2020 ([Needs and Response Summary](#) 22/02/2021). In northwest Syria, a 55% increase in cases of Severe Acute Malnutrition (SAM) was recorded between January 2020 and January 2021 ([OCHA](#) 02/03/2021). The prevalence of global acute malnutrition (GAM) doubled over the same period, 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). Similarly, 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). Precise data is lacking for the northeast, but available evidence points to similar proportions of malnutrition, with up to one in three children suffering from stunting in some areas ([OCHA](#) 25/02/2021).

Pregnant and Lactating Women (PLWs) also reported high rates of acute malnutrition in the northwest, with 11% in October 2020 ([HNO](#) 06/05/2021), 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) and 40% around Idlib ([HNO](#) 06/05/2021). Almost one in three pregnant women are anaemic, a figure which is expected to continue rising due to the deteriorating socio-economic conditions ([Action Against Hunger](#) 12/04/2021). While nutrition conditions worsened, less than 20% of PLWs and under-five children were reached in 2020 ([Nutrition Cluster](#) 04/05/2021). Overall, 2,000 people in need could not be reached in 2020 by nutrition partners due to COVID-19 restrictions ([OCHA](#) 26/01/2021).

With increasing levels of food insecurity emerging 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 in April, as was reported by almost all KIs in assessed communities in both northwest and northeast ([REACH Initiative](#), [REACH Initiative](#) 03/06/2021). As of March, more than half of assessed Syrian households reported not having nutritious food, a proportion even higher among displaced people ([OCHA](#) 28/04/2021). Annual consumption of meat decreased by 25% due to high price and purchasing power of Syrians, with even lower rates reported in GoS-held areas ([Enab Baladi](#) 17/04/2021). While in March, more than 60% of assessed households ate animal-source protein less than two times a week, the lowest average national consumption rate over the past six months ([WFP](#) 13/04/2021), following the month of Ramadan the highest national average consumption rate of protein over the past six months was reported in April ([WFP](#) 17/05/2021). High water shortages, particularly experienced in the northeast, as well as further rise expected in bread prices, limiting further access to food, is expected to exacerbate children's malnutrition in the coming months.



Education: Unaffordability leading to high rates of school drop-out

Widespread COVID-19 infections in schools impacts education services

Since the reopening of schools in September 2020, reported cases of COVID-19 in education facilities have sharply increased as most schools are not equipped to implement physical distancing measures.

By the beginning of April 2,534 cases were reported, of which 1,573 were teachers and administrative staff and 961 students ([OCHA](#) 05/04/2021). Confirmed cases among staff and students highlight the challenges faced by the education sector in Syria, with schools unable to provide adequate infrastructure conditions to guarantee safe and secure environments. Classrooms are overcrowded and schools lack functioning toilets and hand-washing facilities. This poses an additional risk to the health of teachers and administrative staff, who represent more than half of confirmed COVID-19 cases recorded at schools operating in GoS-held areas ([UNICEF](#) 30/03/2021, [OCHA & WHO](#) 16/02/2021). As a result, overcrowding in classes has been a growing concern, and was reported as a challenge to access education in about 60% of the communities in the northwest and northeast, preventing parents from sending their children to school in April ([REACH Initiative NES](#) 03/06/2021, [REACH Initiative NWS](#) 03/06/2021).

School closure and the end of the school year

The Ministry of Education announced an early end of the school year from kindergarten to Grade 4 on 03 April, while Grades 5 through 7 would end their school year on 05 April ([OCHA](#) 05/04/2021). More than 1.5 million secondary students in GoS-held areas who continued to attend school in April, held their second semester exams between 25 and 29 April ([UNICEF](#) 26/05/2021). From 05 to 24 April, the Ministry of Education also suspended working hours and classes for private and public universities and for its technical institutes (industrial, commercial, home economics, computer technology, sport, art and music education), which led the Ministry of Tourism to also suspend the technical institute for tourism and hotel science and the Tourism and Hotel training Centers ([Ministry of Education](#) 04/4/2021, [Ministry of Education](#) 19/4/2021, [Ministry of tourism-Syria](#) 21/04/2021).

In the northeast, from 13 April to 16 May, multiple curfews were imposed as a preventive measure to slow down COVID-19's transmission affecting the implementation of education programmes and partners' activities in formal schools under Government of Syria control ([UNICEF](#)

26/05/2021). In Ar-Raqqa governorate (northeast) in March, no educational service was available in Twahina Camp, resulting in no school-aged children receiving education. However, in Tel Samen Camp, one education facility was reported, with 70% school-aged children receiving in person class ([REACH Initiative Twahina Camp](#) 20/05/2021, [REACH Initiative Tel Samen Camp](#) 20/05/2021).

Education costs unaffordable for most households

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 April, in the northeast, 63% of communities reported that the high cost of transportation to school was a barrier to accessing education services ([REACH Initiative NES](#) 03/06/2021). As a result, in the same month, communities reported that child labor was preventing children from going to school, at similar rates than the month before: in 80% of communities in the northwest, and 59% in the northeast (an increase of 8 points from February), as well as early marriage in 36% of the communities in the northwest and 13% in the northeast, a slight decrease for the latter. Unaffordability of a private tutor continued to be reported as a barrier by KIs between 30% of communities where barriers to education access were reported in the northwest and northeast in April ([REACH Initiative NES](#) 03/06/2021, [REACH Initiative NWS](#) 03/06/2021).

In addition, children at camps also faced barriers in accessing school in March. In the northeast Twahina camp, Ar-Raqqa governorate, 96% households reported facing barriers to education due to schools closure because of COVID-19. In Tel Samen camp, Ar-Raqqa governorate, almost half of households reported facing barriers to access education but just 13% were related to COVID-19, with the highest barrier being children having to work instead ([REACH Initiative](#), [REACH Initiative](#) 20/05/2021).

Challenges with remote learning

Following the interruption of classes from March to September, due to school closure, remote or mixed education programs were implemented. However, following a decrease in the number of communities reporting school closure since February, there has been a decrease in the use of online education services. In the 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 April, in the northeast, 63% of communities reported that the high cost of transportation to school was a barrier to accessing education services ([REACH Initiative NES](#) 03/06/2021). In the northwest, no schools were affected by closures due to COVID-19 in April, compared to 28% in February. However, in the northeast, while this was reported as an issue in March, 18% of education facilities reported not always functioning in person because schools were closed at least for some days due to COVID-19 in April ([REACH Initiative NES](#) 03/06/2021, [REACH Initiative NWS](#) 03/06/2021).

Due to limited electricity and internet networks, a lack of electronic devices and an inability to buy credit, the implementation of remote learning has been challenging. As of April, in the northwest, lack of access to internet, electricity and equipment was a barrier to accessing online education services for 9% of the respondents, decreasing by 13 percentage points from February as now most education services were actually held in person ([REACH Initiative NWS](#) 03/06/2021).

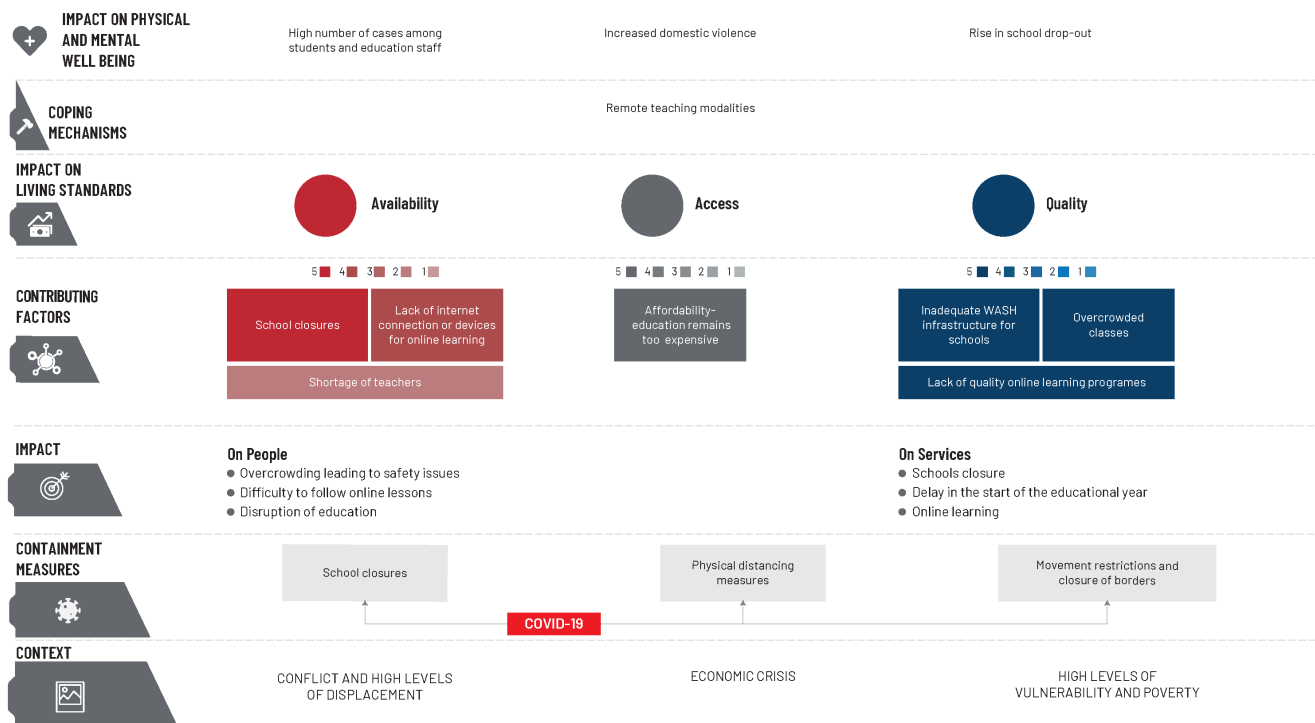
High rates of school drop-out

In 2020, almost 95% of all school-aged children already lived in areas where education conditions were assessed as catastrophic, especially in Aleppo, Idlib and rural Damascus governorates, resulting in a risk of 1.6 million children dropping out of school ([UNICEF](#) 03/12/2020). The COVID-19 context has exacerbated these poor conditions. Lack of suitable alternatives to remote learning, coupled with reduced livelihood opportunities for parents, led to a high drop-out rate amongst children in 2020 across the country, especially in the north.

Throughout Syria, 6.6 million children are in need of education, including 2.45 million who are out of schools, which represents an increase of more than 15% from last year and 15% are people with disabilities ([OCHA](#) 30/12/2020, [UNICEF](#) 26/05/2021). In March, in Central and South Syria, 13% of school-aged children reported not being in school. In the northeast and northwest, the percentage of school-aged children out of school was 37% and 50%, respectively ([REACH Initiative & HNAP CS](#) 17/05/2021, [REACH Initiative & HNAP NES](#) 17/05/2021, [REACH Initiative & HNAP NWS](#) 17/05/2021). Among returnees aged 12-23, the difference between people with disabilities and those without disabilities attending school in Syria is striking, around 30 percentage points (22% and 56% respectively). The highest rate of attendance is in Central and South Syria, 32%, and the lowest rates are in northwest and northeast with 19% ([HNAP](#) 16/04/2021).

In the northwest and the northeast approximately 30% of communities reported half or less of resident school aged-children accessed school in the 30 days of April and between about 60% reported similar attendance rate (half or less) for IDP school aged-children - a decrease by ten percentage points compared to early 2021 in the northwest and a slight increase in the northeast ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021).

Problem tree Education





Protection: Rise in protection issues and restriction of services

Psychological distress and suicide rates

The COVID-19 pandemic and its implications have exacerbated psychological distress and anxiety. The COVID-19 protective measures and restrictions have been worsening the population's anxiety about their daily livelihood and economy ([Groupe Urgence - Réhabilitation - Développement](#) 01/04/2021). In Twahina and Tel Samen camp in Ar-Raqqa governorate, in the northeast, 15-25% of the camp households had at least one member dealing with psychological distress in March ([REACH Initiative](#), [REACH Initiative](#) 20/05/2021). In the northwest, suicide levels have been increasing, following high levels of depression, due to worsened economic vulnerability and poor living conditions ([OCHA](#) 26/03/2021). Suicide levels are seen at an alarming rate among 15 to 20 year olds. The levels increased by more than 75% in the final three months of 2020, with more than 1,700 reported in the northwest ([Save the Children](#) 29/04/2021). However, availability of mental health measures are insufficient, with almost half of the functioning health systems in Syria still lacking psychosocial services as well as psychiatric units as of March 2021 ([Health Cluster](#) 31/03/2021). Lack of access to psychosocial support continues to be reported throughout the country but at a higher rate in the northeast where almost 15% had no access to any psychosocial support in May ([HNAP](#) [HNAP](#) [HNAP](#) 25/05/2021).

Higher rates of child protection issues

Due to an overall deterioration of economic conditions, almost 15% households have had children working instead of going to school in April ([WFP](#) 17/05/2021). Negative coping mechanisms such as sending underage children to work was used by more than three quarter of residents and IDPs in the northwest and by about more than half of residents and IDPs in the northeast in April, a significant decrease for the latter. Even more concerning remains the high proportion of children below 12 years who are involved in child labor, reaching 10% of communities in the northeast and close to 20% in the northwest in April, although these rates have decreased slightly over a month ([REACH Initiative NWS](#) 03/06/2021, [REACH Initiative NES](#) 03/06/2021).

In informal settlements across the northeast governorates, early marriage and child labor were reported in the majority of the communities. Deir-ez-Zor governorate reported the highest rates of both child labor and early marriage. Similarly, three-quarters of assessed communities in informal sites across the northeast reported some child

protection issues in the month of February ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#) 11/05/2021).

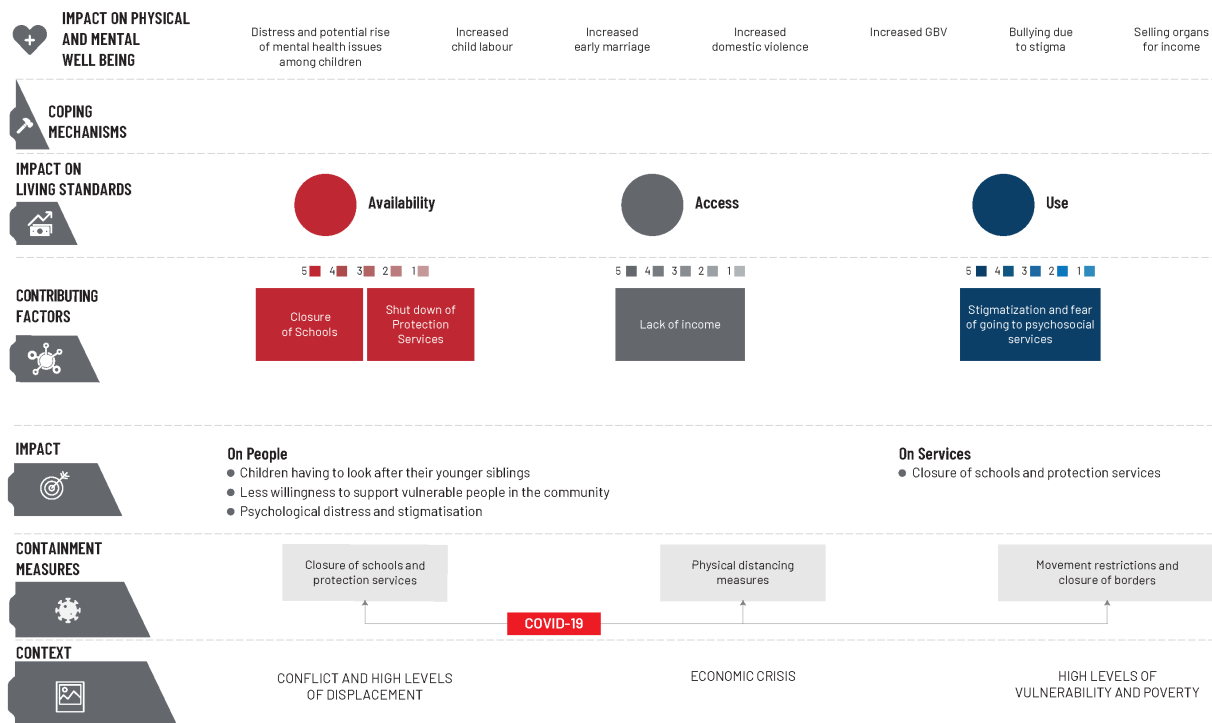
In the northeast and northwest, protection risks such as child labor and child marriage were reported in more than 60% and in almost 40% of Central and South Syria's assessed communities showing a slight decrease in March ([HNAP & REACH Initiative](#) 17/05/2021). Furthermore, in Ar-Raqqa governorate, northeast, the majority of the population, almost 90% of the communities, adopted child labor as a coping strategy in March. Similarly, early marriage was reported among more than 60% of the population in March ([HNAP & REACH Initiative](#) 17/05/2021). In Twahina and Tel Samen camp, Ar-Raqqa governorate, northeast, more than half of the camp households reported child protection concerns in the last two weeks of March as more than 60% reported child labor (under the age of 11) ([REACH Initiative](#), [REACH Initiative](#) 20/05/2021).

Due to financial constraints and hike in prices, early marriage has also been more widely reported to meet basic needs, present in around 30 to 40% (northwest) and 10-15% (northeast) of surveyed residents and IDP communities in April, a decrease of about 10 percentage points compared to the previous months ([REACH Initiative NWS](#) 03/06/2021, [REACH Initiative NES](#) 03/06/2021).

Stigmatisation continues to be a deterrent to seek healthcare

In the northeast, according to community focal points interviewed by REACH Initiative and HNAP in May, almost half of community focal points reported instances of discrimination/stigmatisation against current or former COVID-19 patients, driving people's reluctance to seek healthcare. While most instances of discrimination were of low severity, 70% reported the community would avoid these individuals, almost 40% of community focal points mentioned that stigmatization could prevent access to employment ([REACH Initiative & HNAP](#) 03/06/2021).

Problem tree Protection





WASH: Lack of infrastructure and unaffordable WASH items contributing to the spread of COVID-19

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 low mostly due to limited economic resources and availability of water services. High levels of poverty are hindering access to WASH services and supplies for most of the population, with people prioritizing other essential items such as food, increasing their reliance on humanitarian aid ([OCHA](#) 22/03/2021).

Soap and COVID-19 protective equipment remain unavailable and unaffordable to most

Across Syria, a high proportion of the population remains in need of soap and water in May, in the northwest more than 65% of sub-districts reported such need. However, the rate decreased in the northeast at the end of May, where over half of the assessed sub-districts reported this need, compared to two-third last month. Similarly to the previous month, this need seems less acute in GoS-controlled areas, with only a third of communities reporting such issues.

Masks and disinfectants are most needed in the northeast in May, at a rate of 75% across all sub-districts, similar to last month, while this lessens to around two-thirds in the northwest, and somewhat less than half in GoS areas, a stable trend ([HNAP NWS](#), [HNAP NES](#), [HNAP GoS](#) 25/05/2021).

Compared to February 2020, the prices of all COVID-19 related items, such as gloves, masks or bleach, increased. Across Syria, most COVID-19 item prices remained stable between March and April. While the national average price of gloves and soap underwent a significant markup last month at a margin of 30% and 24% respectively ([WFP](#) 26/04/2021), these items only increased by 7% and 1% between March and April ([WFP](#) 31/05/2021). In northern Syria however, the prices of these items dropped, decreasing by 9% in the northeast and 15% in the northwest compared to April ([REACH Initiative NES](#), [REACH Initiative NWS](#) 27/05/2021).

Despite the risk posed by the virus, soap and hygiene items are still widely reported to be unaffordable in the northeast, with about 20% of the communities able to afford soap, and only 10% adult hygiene items in April ([REACH Initiative](#) 03/06/2021). This is much less of an issue in the northwest where these items are more affordable, with 40% of the communities being able to afford hygiene items and 57% soap, a significant decrease compared to last month when 70% of the population could afford it ([REACH Initiative](#) 03/06/2021).

The situation is even more distressing in camps. In both Twahina and Tel Samen camps in Ar Raqqa, northeast, in March, around half of the people faced difficulties in procuring soap, with the high price of soap being the main reported challenge. Additionally, between a third and a half of the people in these camps reported no access to any hygiene item ([REACH Initiative](#), [REACH Initiative](#) 20/05/2021). Only less than half of the camp populations in the northwest had access to both soap and water and handwashing facilities in March, while 22% of camp populations have no soap at all and 18% have no handwashing facilities ([OCHA](#) 26/03/2021).

Water remains out of reach for most communities

Similarly, water remains out of reach for most communities due to its price. High prices of trucked water continue to be reported as a challenge for more than half of the communities in the northwest in April, while in the northeast, this concern is only mentioned in one third of the communities, as the more common source for water is piped network ([REACH Initiative](#), [REACH Initiative](#) 03/06/2021).

In the northeast, the estimated median monthly household expenses for water in April was at SYP 10,000, requiring two full days of work for a daily worker, with significant differences among governorates. Ar-Raqqa governorate stands with the lowest figure, SYP 1,500 per month, while in Al-Hasakeh governorate on the other hand, expenses reached an alarming SYP 16,000 per month ([REACH Initiative](#) 03/06/2021). In the northwest, median monthly household expenses are almost double those recorded in the northeast, reaching SYP 18,000 in April, about three times the estimated median daily wage ([REACH Initiative](#) 03/06/2021).

As a result, in both northeast and northwest, KIs in around 60 to 70% of assessed communities continued to report that not all households have access to sufficient water in April ([REACH Initiative](#), [REACH Initiative](#) 03/06/2021). Around 10% of the population in GoS held areas reportedly had insufficient access to water in March, except in Duma District, Rural Damascus governorate where this figure jumped to 55% following heavy military destruction of the infrastructure ([REACH Initiative](#) 17/05/2021). As a result, WASH remained a top priority need in April, especially in the northeast, where more than half of the residents indicated it as a third priority ([REACH Initiative NES](#) 03/06/2021). In the northwest, drinking water was reported as a WASH priority need in 40% of the assessed communities in Northern Aleppo and close to a third of communities in Greater Idlib ([REACH Initiative NWS](#) 03/06/2021).

Water shortages across the country further exacerbate WASH needs

As most of the WASH infrastructure is considered poor or non-functional in almost half of all sub-districts, access to basic services is severely restricted and increasingly unaffordable ([OCHA Needs and Response Summary](#) 15/03/2021, HNAP 03/2021). In April 2020, populations surveyed in camps in the northwest already pointed out the lack of infrastructure as a more pressing issue than COVID-19 itself ([Science Direct](#) 06/01/2021). Access to safe water through piped systems remains a challenge, with only 65% of 209 systems in Idlib and slightly more than half of 241 systems in Aleppo were functioning as of March. As a result, in the northwest camps, 70% of IDPs rely on trucked water from WASH partners ([OCHA](#) 26/03/2021). Similarly, across assessed communities, private water trucking continues to be the source most commonly used ([REACH Initiative](#) 03/06/2021).

WASH infrastructure seems to be better in the northeast, with around 40% of communities reporting piped water networks as the most common source of drinking water in April, however this is a sharp decrease compared to 60% reporting the same the previous month ([REACH Initiative](#) 03/06/2021). This is likely the result of the decreasing water levels of the Euphrate river since 2021 due to a drought, reaching a critical situation in May, with a reduction in the water flow from Turkey from 500 m³ to 200 m³ per second in May. This is affecting water levels in dams and reservoirs fed by the river (Euphrates, Tishreen and Baath dams), resulting in many water stations becoming partially functional or entirely non-operational, leading to recessions in water and electricity, notably in Ar-Raqqa and Deir-ez-Zor governorates. If this issue persists, it will threaten the lives of 3 million people who rely on the river for water, electricity and irrigation ([SOHR](#) 30/05/2021, [OCHA](#) 26/05/2021, [Syria Direct](#) 09/05/2021). Additionally,

following several cuts over 2020-21, the main water station, Alouk, in the northeast was operational on 27 April, although it operated at reduced capacity until it fell out of service for a period of 12. It has since then resumed function, however only one pump is being used instead of the required 4-5 pumps ([SANA](#) 08/05/2021).

The disruptions are forcing people to resort to unsafe water sources such as trucked water, already affected by the ongoing fuel crisis, and wells, or even reduce their daily water usage altogether ([OCHA](#) 28/04/2021). In assessed communities in the northwest, in March-April, around one third have resorted to at least two severe coping strategies – such as using money allocated for other things, bathing and doing laundry less frequently, buying water on credit, and reducing drinking water consumption – to compensate for the lack of water ([REACH Initiative NWS](#) 03/06/2021, [HNAP & REACH Initiative](#) 17/05/2021). In GoS-held areas, the figure falls to a fifth with all assessed communities reporting borrowing money to buy water ([REACH Initiative & HNAP](#) 17/05/2021). As for the northeast, where access to adequate water is lower than average, around one quarter of communities resorted to severe coping strategies ([REACH Initiative & HNAP](#) 17/05/2021). In Twahina and Tel Samen camps specifically, in March, around 10% of the people resorted to drinking water that was stored previously, changing hygiene practices such as less frequent handwashing, and in some cases collecting water from unprotected sources ([REACH Initiative](#) 20/05/2021, [REACH Initiative](#) 20/05/2021). Further disruptions to the already under-performing 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 its transmission ([UNICEF](#) 02/02/2021).

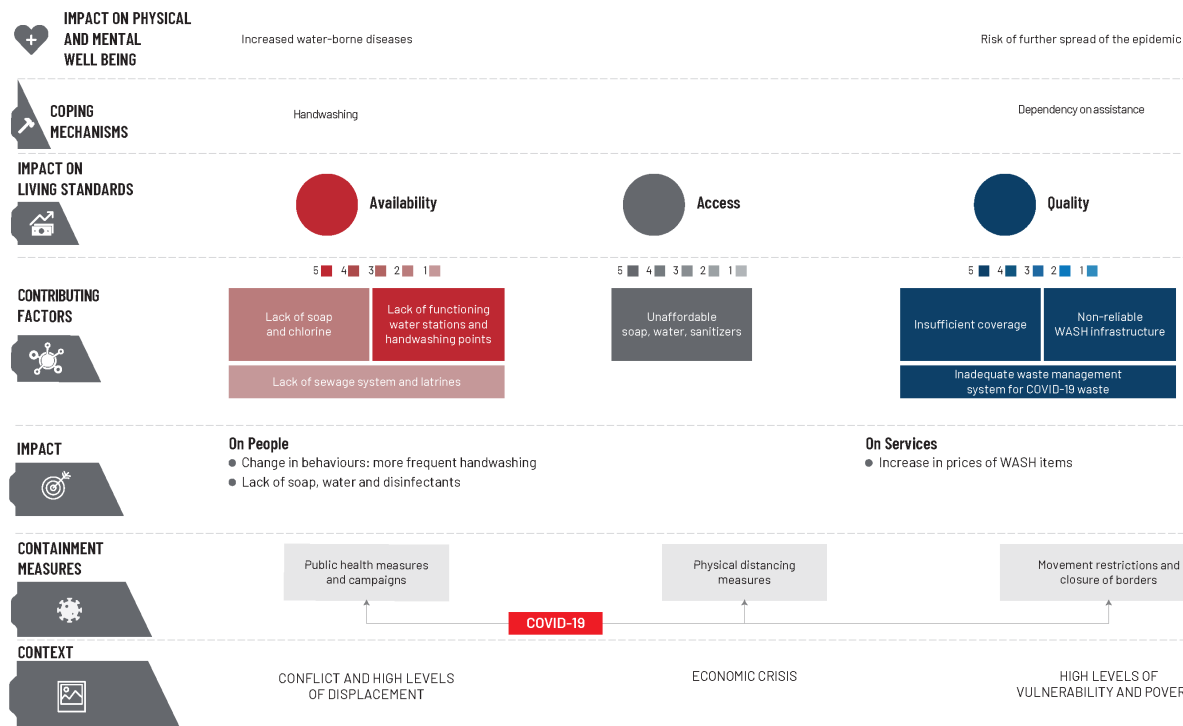
Lack of infrastructure in camps contributing to the spread of the virus

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. Poor access to basic services and WASH infrastructure in camps also exacerbate the risk of COVID-19 infection, especially for approximately 2 million IDPs sheltering in informal settlements, planned camps and collective shelters ([OCHA Needs and Response Summary](#) 15/03/2021). In February, at least half of the residents in informal sites and settlements across northeast Syria depended on communal latrines, leading to low engagement in social distancing. This was especially prevalent in Al-Hasakeh where informal settlements are highly lacking household latrines ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#) 11/05/2021).

In Ar-Raqqa governorate in the northeast, one fifth of communal latrines in Tel Samen camp lacked handwashing facilities in March, this rose to around three quarters in Twahina camp. In Twahina camp, only 75 latrines are available, resulting in one latrine for 35 individuals, much higher than the SPHERE standard of 20 persons per latrine ([REACH Initiative](#), [REACH Initiative](#) 20/05/2021). Across the informal sites and settlements in the northeast in February, around half of the people residing in informal sites and settlements had no access to handwashing facilities, reaching even 75% in Aleppo ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#) 11/05/2021).

Already, about a 30% increase in the number of cases of water-borne diseases, such as diarrhea and leishmaniasis, was reported in the northwest in January 2021, compared to 2017, a number expected to further rise considering the lack of WASH services ([Shelter & NFI Sector](#) 04/04/2021, [OCHA](#) 26/01/2021).

WASH problem tree





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

Crowding, inadequate shelter and poor access to basic WASH and health services makes it challenging to properly adhere to physical distancing or other public health precautions and puts IDPs at increasing risk of COVID-19 infection. Overcrowding and lack of proper health and WASH infrastructure in camps continue to remain a major challenge to contain COVID-19, further increasing the possibility of rapid COVID-19. In the northwest, as of 8 May 10% of all confirmed cases were reported in camps ([UNHCR](#) 01/06/2021). In March, in both Twahina and Tel Samen camp, Ar-Raqqa governorate, northeast, most of the population reported that living conditions did not allow for social distancing ([REACH Initiative](#), [REACH Initiative](#) 20/05/2021).

Overcrowding was reported as a challenge by 17.5% in the northeast, 13% in the northwest and 10% in Central and South Syria, with a striking rate of 45% in Duma district ([REACH Initiative & HNAP](#) 17/05/2021). In communities where COVID-19 risk indicators were recorded in both the northwest and northeast, this proportion rises to about half of communities mentioning overcrowding as a shelter inadequacy, similar level from previous months ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021). Across informal sites and settlements in Aleppo, Deir-ez-Zor and Ar-Raqqa governorates, all residents reported their living conditions did not allow them to practice social distancing in February, except in Al-Hasakeh governorate where the rate was at 77% ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#) 11/05/2021).

Outside of camps, damaged and inadequate shelters are also putting displaced populations at higher health risk. At least 14% of the population is estimated to live in damaged buildings, mostly IDPs. Close to a quarter of IDPs live in inadequate shelter conditions, including damaged and/or unfinished buildings or non-residential buildings ([Shelter & NFI Sector](#) 04/04/2021). Poor living conditions, with people living in unsuitable shelter types, such as damaged houses or tents, were highly reported in the northwest, being mentioned in more than half of the assessed locations. This was less of an issue in the other regions, with the exception of Al Tall district, Rural Damascus governorate, where 90% of assessed communities reported unsuitable shelter ([REACH Initiative & HNAP](#) 17/05/2021).

Unaffordability continues to be one of the main barriers in accessing shelter. In the northwest, in April, two thirds of communities mentioned rent prices were unaffordable for the majority of people ([REACH Initiative NWS](#) 03/06/2021). This was reported to be less of an issue in the northeast, with only 20% of communities expressing this barrier ([REACH Initiative NES](#) 03/06/2021), a level similar to previous months. In 97% of communities assessed, more than half of essential non-food items were inaccessible to most of the population in the northeast in March, with high rates also reported in other regions, 88% in the northwest and 80% in central and south Syria, highlighting the trend of increasing prices of most items across Syria ([REACH Initiative & HNAP](#) 17/05/2021).

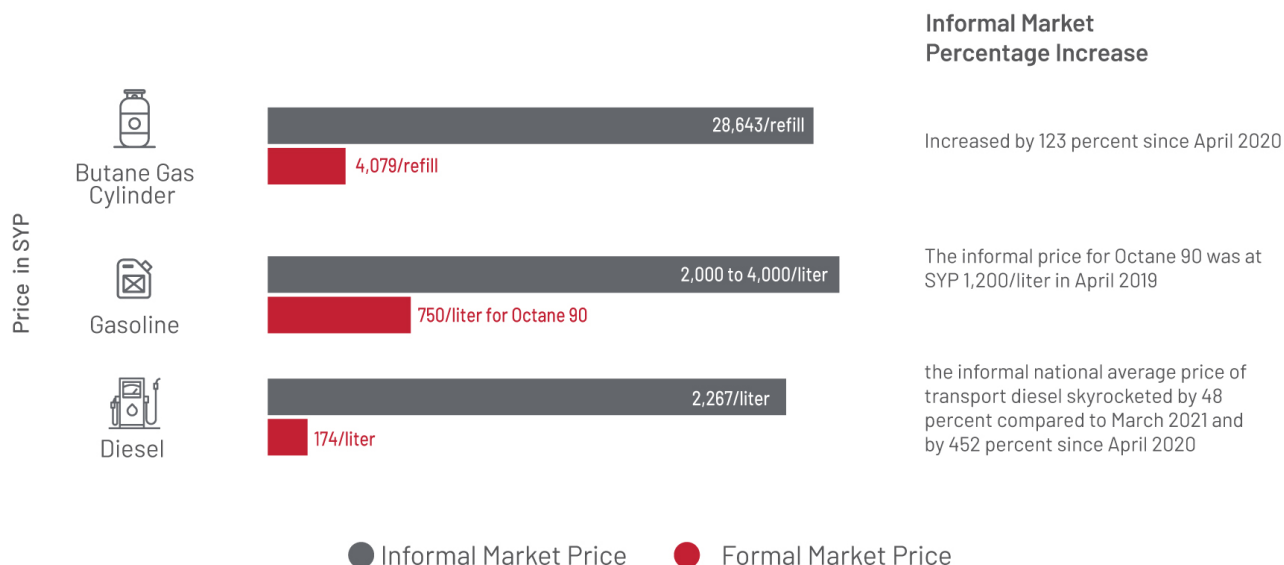
Both fuel and electricity had become scarcer and more expensive over 2020, limiting access to heating fuel and resulting in lack of insulation from the cold reported as a main challenge in the winter season, particularly in the northwest ([REACH Initiative](#) 18/04/2021). Heating fuel remained unaffordable for more than 90% of communities in March ([REACH Initiative](#) 19/04/2021, [REACH Initiative](#) 18/04/2021).

1a 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 acute reliance on external supplies. Due to border closures 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.

Figure 16. National average price-point comparisons of fuel commodities ([WFP 31/05/2021](#))



*In February 2021, around 60 percent of Syrians had not received their fuel allocations for 2021.

Fuel scarcity resulted in extreme shortages, skyrocketing costs and fuel smuggling

Due to the severe unavailability of lower quality and less expensive fuels and the devaluation of the local currencies, prices of high-quality diesel and gasoline, mostly imported from Turkey and Europe, continued to increase in April ([REACH Initiative 27/05/2021](#)). Syria's domestic fuel supply has fallen short of the population's needs, leaving the country to heavily rely on imports, as high-quality transport fuel is not available for 79% of fuel vendors in the northeast, due to the increased demand and fuel smuggling between the different areas of control. However, this slightly decreased by 6% compared to March ([REACH Initiative 27/05/2021](#)).

While between February and March, the overall price of transportation fuels rose by 30% in the northwest, with a median price of SYP 2,425 per litre ([REACH Initiative 13/04/2021](#)), in April the overall price of transportation fuel was relatively stable and only increased by 0.3% in the northwest and 2% in the northeast ([REACH Initiative 27/05/2021](#) [REACH Initiative 27/05/2021](#)). With the shortage of subsidized fuels such as gasoline and diesel fuel, affordable public transportation has become almost non-existent for residents in the northeast, with residents of Deir-ez-Zor reporting the highest rate (77%) facing issues with overpriced transportation in February ([REACH Initiative 11/05/2021](#), [REACH Initiative 11/05/2021](#)). Although in April the transportation fuel price saw a minor increase in the northeast, as of mid-May the northeast authorities announced an official fuel and gas prices rise by 300% as a result of the implementation of UN resolution 119, but following heavy protests, the measure was cancelled ([Al-Monitor 26/05/2021](#) [The Syrian Observe 19/05/2021](#)).

As a result of fuel shortages, transportation costs are skyrocketing and adversely impacting all services. KIs in close to 60% of communities in the northwest and almost 50% in the northeast reported the high cost of fuel for generators as a common challenge in April ([REACH Initiative NES](#), [REACH Initiative NWS](#) 03/06/2021). In GoS-held areas, in April, severe fuel shortages affected people's ability to reach humanitarian distribution points, as well as other services, due to the increasing prices of public transportation ([WFP](#) 24/05/2021). Higher levels of fuel smuggling across Syria ([REACH Initiative](#) 13/04/2021) and fuel bribery in GoS-held areas ([Syrian Observatory for Human Rights](#) 01/04/2021) have also been reported.

In GoS, though the government has set a unified price of SYP 750 per litre in Octane-90 gasoline in April 2021, the informal price for Octane 90 was between SYP 2,000 to 4,000/litre by May, an increase by almost two-third since 2019 ([The Syria report](#) 23/03/2021 [WFP](#) 01/06/2021). The price of 95-octane gasoline was also raised mid-April by the Ministry of Internal Trade and Consumer Protection by 25% per litre, the second increase in official fuel prices in less than a month ([WFP](#) 17/05/2021). As a result, the government started to ration the fuel and temporarily cut fuel allocations from the second week of March ([WFP](#) 01/06/2021, [WFP](#) 13/04/2021). Further, the government set up an SMS system to manage waiting lines, in which registered residents would receive a text every seven days allowing them to retrieve their 20 litres at a specific petrol station and specific time ([WFP](#) 17/05/2021, [WFP](#) 01/06/2021). Each registered resident would be allocated 25 liters of Octane 90 fuel and 30 liters of Octane 95 per week in April and part of May, except in Aleppo governorate where Octane 95 was serviced sporadically at the peak of the petrol crisis in March ([WFP](#) 01/06/2021). However, rationing was lifted in mid-May as the Syrian Government reached an agreement with the Kurdish Administration ([WFP](#) 01/06/2021). Gas prices also fluctuated upwards, with butane gas cylinder price increased by 16% per refill compared to March, due to increased transportation costs and extra agent fees, especially in Hama governorate ([WFP](#) 31/05/2021).

Electricity access remains limited

Electricity access remains restricted throughout Syria, especially in northern Syria where power was estimated to only be available for 5-6 hours a day in April in both northeast and northwest ([REACH Initiative NWS](#), [REACH Initiative NES](#) 03/06/2021). On 25 May, there was no load shedding in Idlib for 24 hours, the first time in six years after the power lines destroyed during the war were repaired ([Middle East Monitor](#) 25/05/2021). In May, as the Euphrates River level dropped and negatively affected hydroelectric production rates, there was load-shedding in a different part of Ar-Raqqa governorate, Northeast Syria ([Syria Direct](#) 09/05/2021). In March, about 60% of households across the country reported not having access to electricity ([HNAP](#) 25/03/2021), negatively impacting WASH, heating and health services ([OCHA](#) 30/03/2021).

3. Information gaps: what are we missing?

We review this section each quarter to reassess whether information gaps are both crucial for a better response as well as still valid gaps considering available information planned and ongoing assessments. While the identified gaps have remained mostly unchanged since January, we are expecting more information regarding treatment-seeking behaviours as well as public perceptions of COVID-19 vaccines for following reports.

REVIEW OF COVID-19 HUMANITARIAN ASSESSMENTS CONDUCTED IN 2021

Between January and May 2021, at least 84 humanitarian needs assessments related to COVID-19 were conducted in Syria. About half were rapid assessments, with most using key informant interviews, highlighting the limitations posed by the COVID-19 context. Very few of these assessments were at household level. However, the unit of analysis and reporting in almost two-thirds 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, an increase in the number of Education assessments was noted. Almost all assessments were looking at all population groups, but IDPs were the top-ranking group being surveyed when needs assessments were only looking at a specific vulnerable group.

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, WASH and education, without surprise as these are the most disrupted sectors, significantly 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. Although it is to be expected that such sensitive assessments would be less frequent, a rise in protection issues was reported among protection actors and reported in our monthly reports. 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.

SEPARATING COVID-19 EFFECTS FROM OTHER DRIVERS REMAINS A CHALLENGE

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, coupled as well with the US Ceasar sanctions in June 2020; 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. This issue has become even more acute as of April 2021 as most areas of control in Syria have not been implementing new COVID-19 restrictions in 2021. As a result, the main ongoing clear COVID-19 impact has been the rising number of cases and its disruption on the healthcare system. While the livelihood sector remains negatively affected, this is the lingering effects of the 2020 containment measures but no new type of impacts have been identified over the past couple of months.

LACK OF INFORMATION ON GOS-CONTROLLED AREAS

Less information is available for GoS-controlled areas overall, compared to northern Syria. While for the northwest and northeast, regular monthly assessments and updates are released, the GoS-held areas are more scarcely covered, likely resulting from more constraining access issues. Between January and May 2021, close to 1,600 COVID-19 relevant pieces of information have been identified for the northeast and 1,000 for the northwest. For GoS-held areas, only 1,000 entries have been identified, same as for the northwest, however for a territory at least three times larger, this highlights an information disparity. In addition, most of the information for GoS-controlled areas are coming from media sources, with various levels of reliability, compared to northern Syria where the majority of the information comes from national or international humanitarian actors.

COVID-19 information needs and trusted channels:

The majority of surveyed focal points in northern Syria 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 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. 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.

COVID-19 related impacts:

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. A lack of information in the GoS-held area is the main information gap in the WASH sector. Limited information is available on prices of hygiene and COVID-19 items, the status of WASH infrastructure and levels of accessibility of the population to water.

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:

Social stigma and fear of livelihood loss has been leading to reluctance in treatment seeking behavior 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. This was conducted in May in the northeast. Similar efforts in the northwest and GoS-controlled areas would be of added value.

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. This was conducted in May in the northeast. Similar efforts in the northwest and GoS-controlled areas would be of added value.

Impact on remittances:

The estimated \$1.6 billion of remittances sent to Syria each year ([Syria Direct](#) 12/04/2020) are estimated to have dropped 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 in the northwest. However, information is lacking for the other parts of the country, northeast and government-controlled areas, as well as updated information for the northwest. 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.

Education:

Information on measures implemented to stop the widespread of COVID-19 in schools, especially regarding school closure, as well as lack of WASH infrastructures have been mostly reported, as well as its consequences on the quality of education (remote learning, affordability, overcrowded classrooms, etc). However, no information has been found on the psychological impacts that students and teachers may suffer as a result. Updated attendance rates at the end of the school year would help better understanding assess COVID-19 impacts.

Annex

CONTEXT

Figure 17. 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:

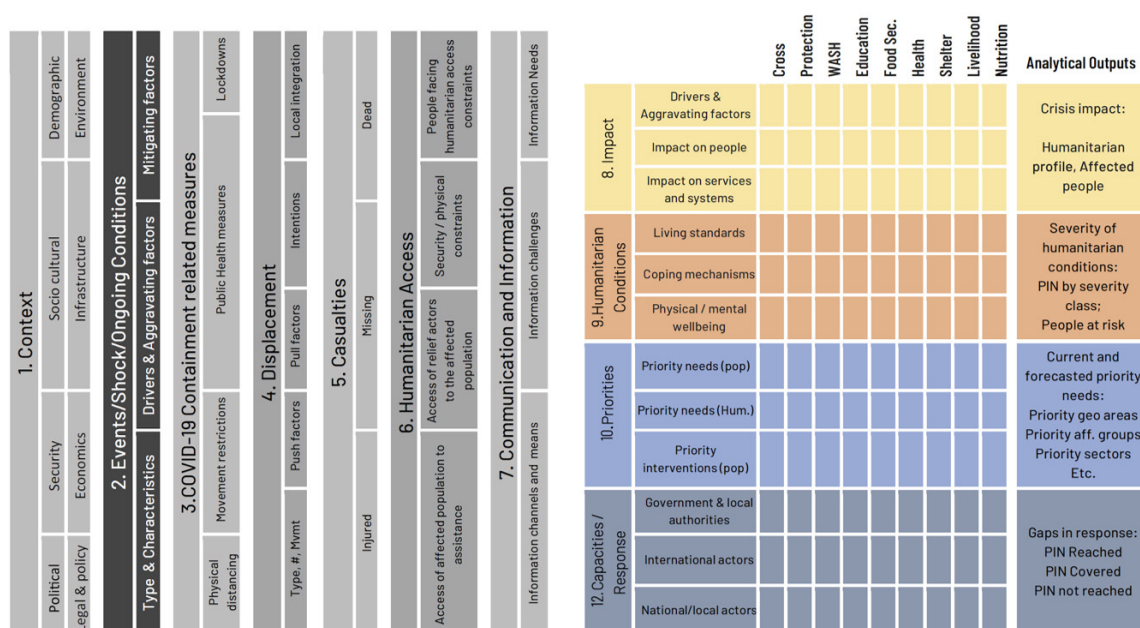
- Provides the entire suite of tools required to develop and derive quality and credible situation analysis;
- Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;
- Offers end user's with an audit trail on the amount of evidence available, how data 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 18. 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 below.

Figure 19. Information captured for Syria in DEEP between 01/05 and 31/05/2021

91 DOCUMENTS	658 ENTRIES	30 PUBLISHERS	8 NEEDS ASSESSMENTS	1 COORDINATED NEEDS ASSESSMENTS 8-5 Sectors	1 COORDINATED NEEDS ASSESSMENTS 8-2 Sectors	0 COORDINATED NEEDS ASSESSMENTS 1 Sector	0 HARMONIZED NEEDS ASSESSMENTS	7 UNCOORDINATED NEEDS ASSESSMENTS	83 OTHER DOCUMENTS
33 SOURCES		1 LINGOS	3 INGOs	7 UN AGENCIES	3 SECTORS/CLUSTERS	0 DONORS		1 RCRG	1 GOVERNMENT BODIES
5 MULTI-SECTOR ASSESSMENTS >5 Sectors	8 MULTI-SECTOR ASSESSMENTS >2 Sectors	0 SINGLE-SECTOR ASSESSMENTS 1 Sector	0 MULTI-SECTOR MONITORING >5 Sectors	0 MULTI-SECTOR MONITORING >2 Sectors	0 SINGLE-SECTOR MONITORING 1 Sector	0 INITIAL NEEDS ASSESSMENTS	7 RAPID NEEDS ASSESSMENTS	1 IN-DEPTH NEEDS ASSESSMENTS	
0 INDIVIDUALS SURVEYED	0 HOUSEHOLDS SURVEYED		1,018 KEY INFORMANTS INTERVIEWED	0 FOCUS GROUP DISCUSSIONS	0 COMMUNITY GROUP DISCUSSIONS				

Summary

ENTRIES BY LOCATION

DATE RANGE

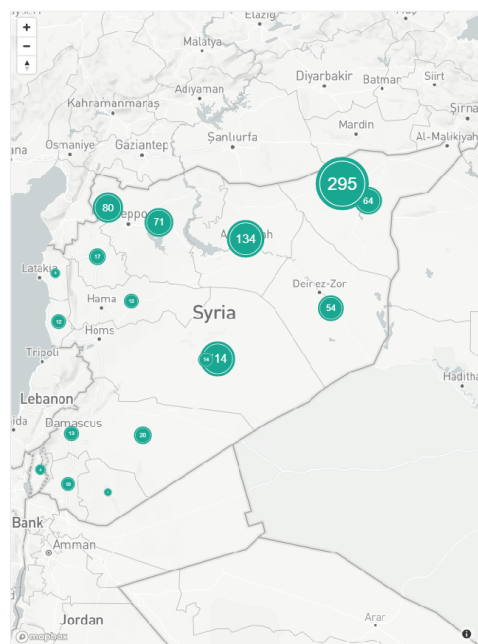
01 May 2021 - 31 May 2021

ENTRIES BY SEVERITY

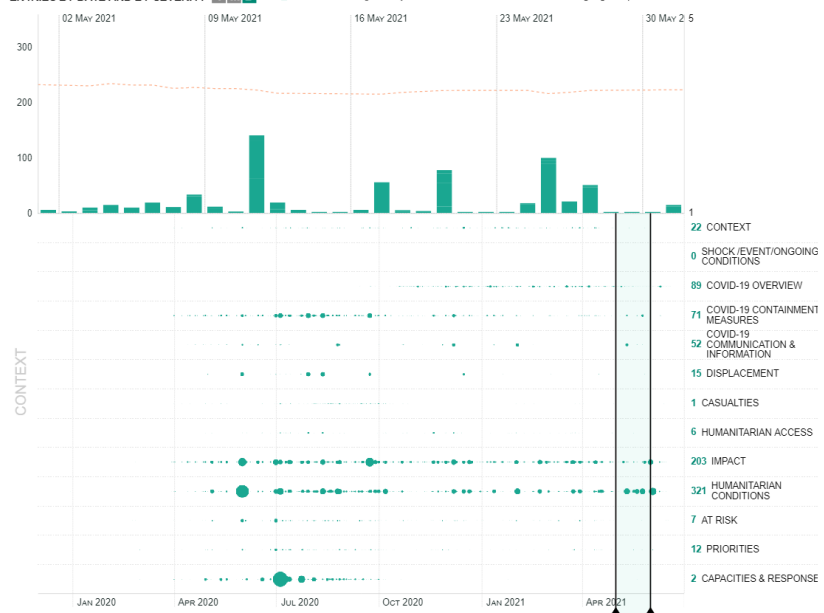
53% 10% 13% 19% 5%

ENTRIES BY RELIABILITY

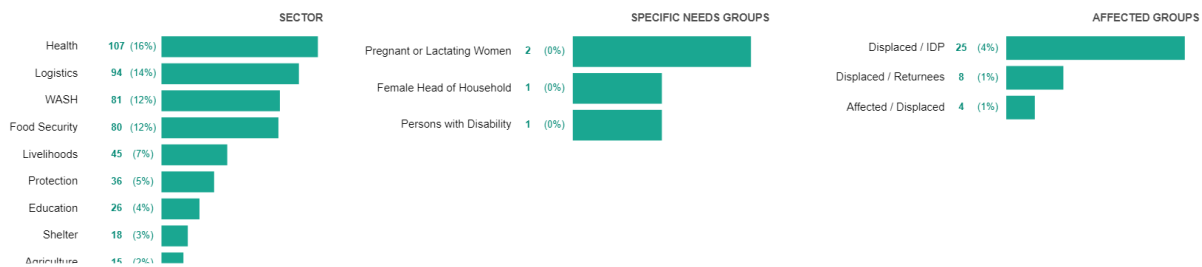
90% 10%



ENTRIES BY DATE AND BY SEVERITY



SECTORAL FRAMEWORK	# of Entries	median severity	CROSS	FOOD SECURITY LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
IMPACT 181	Drivers/Aggravating Factors	24										
	Impact on People	40										
	Impact on System & Services	140										
	Number of People Affected	1										
HUMANITARIAN CONDITIONS 51	Living Standards	233										
	Coping Mechanisms	45										
	Physical & mental wellbeing	48										
	Number of People in Need	6										
AT RISK 6	People at risk / Vulnerable	6										
PRIORITIES 11	Priority Needs (Pop)	9										
	Priority Needs (Staff)											
	Priority Interventions (Pop)											
	Priority Interventions (Staff)	2										
CAPACITIES & RESPONSE	Government & Local Authorities											
	National & Local Actors											
	International											





Thank you.



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Scan to access
the website