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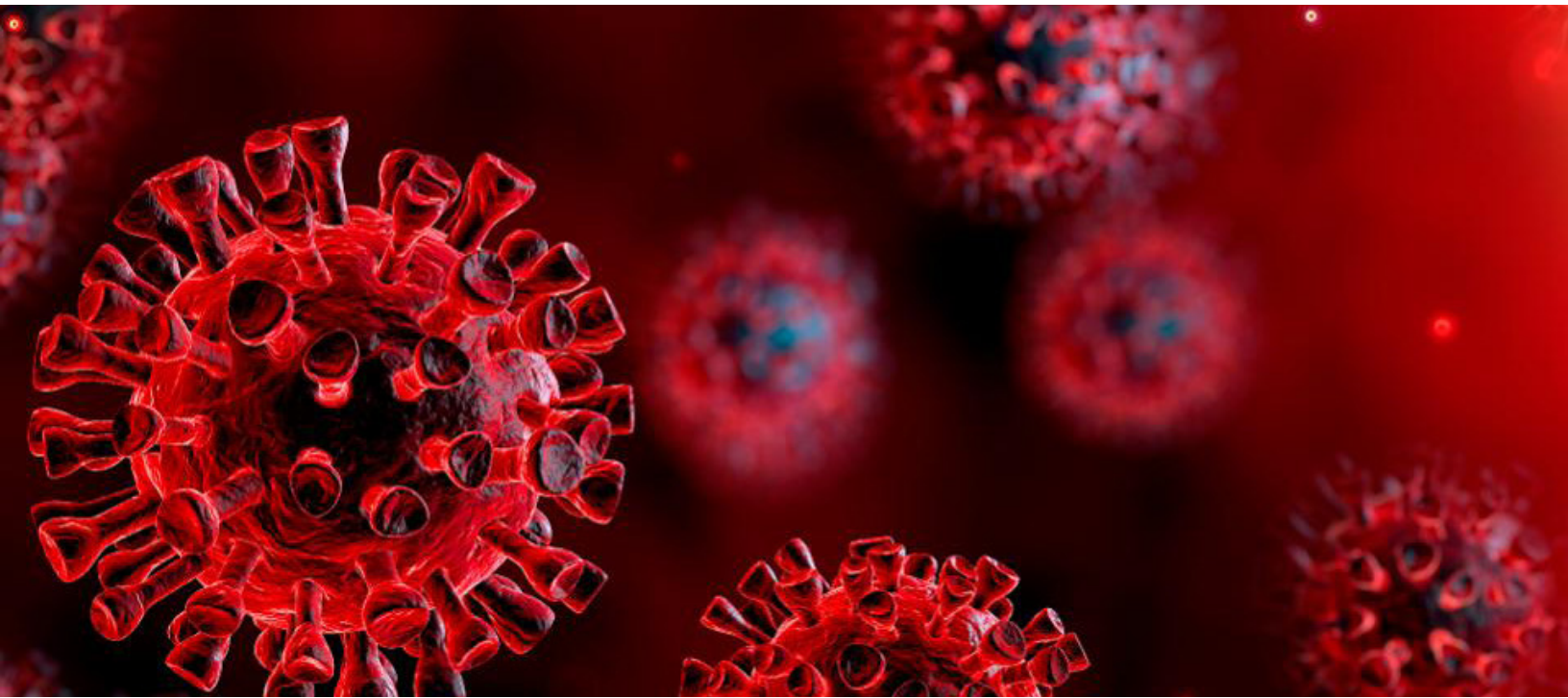


COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



APRIL 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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HIGHLIGHTS

1. COVID-19 and containment measures overview

A. COVID-19 CASES

As of 30 April, a total of 60,800¹ confirmed COVID-19 cases were recorded across Syria (293 per 100,000) ([WHO Syria Dashboard](#), [WHO NWS Dashboard](#), [NES COVID-19 Dashboard](#) 30/04/2021), up from 50,400 by the end of March, and with a common assumption that those detected and reported are only a small proportion of the actual figures.

Government-held areas: Intensive care rooms remain at maximum capacity, death rate among older people surges, and more reported cases this month than any previous

The resurgence in the rate of newly reported cases in Government controlled areas towards the end of May has continued throughout the entire month of April, ranging from 101 to 154 reported daily, totalling more cases than any month previous ([WHO Syria Dashboard](#), 30/04/2021). Urging the public to adhere to containment measures, the Director of Communicable and Chronic Diseases from the Ministry of Health highlighted a surge in deaths amongst the elderly early in the month ([The Syria Report](#) 07/04/2021)

As of 30 April a total of 22,733 cases (163 per 100,000) have now been reported in Government-controlled areas. Of these, 1,596 have died, with a case fatality rate of approximately 7%, 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 delayed treatment seeking until symptoms are more severe and a focus of testing towards those in healthcare facilities with more severe symptoms. Approximately 4% of all recorded cases so far have been among health workers ([WHO Syria Dashboard](#) 30/04/2021, [WHO EMRO](#)).

Northwest Syria: Rate of newly detected cases remains far below the peak in November and December 2021

During April, 665 new cases were reported in northwest Syria reaching 21,983 cases overall (543 per 100,000) including 649 reported deaths. Reported cases and deaths have been much lower throughout 2021 compared to the much higher figures observed between October and December 2020. Positivity rates have also been relatively low both in comparison to previous months as well as other areas of Syria: The overall positivity rate since July 2020 has been approximately 18% ([WHO NWS Dashboard](#), 30/04/2021). However, as COVID-19 cases have been rapidly increasing in Turkey, concerns remain of cross-border transmission, leading to higher levels of infection in northwest Syria.

Northeast Syria: More tests and detected cases reported than any month previous, a critical shortage of RNA extraction kits

The total number of reported cases in northeast Syria as of 31 March was 15,900 (686 per 100,000) including 653 deaths. Reported cases continue to be most frequent in Al-Hassakeh governorate. Although more cases have been reported throughout April than any month previous, the rate of newly reported cases has been decreasing throughout: The 7-day rolling average on 1st April was 193 cases by the 31st this had fallen to 90. The relatively high number of cases coincides with much more frequent testing than previous months (13,298 tests in April compared to 1,493 in February) and therefore also a rise in case detection. Positivity rates have remained consistently high, however, with the 7-day rolling average ranging from approximately 45% to 55% throughout the month. COVID-19 deaths continue to be recorded without confirmation via PCR test and a significant number of people are only reporting symptoms or going to the hospital when their illness is advanced (as is likely the case across all areas). As such, there continue to be concerns that the true number of COVID-19 deaths may be much higher than the reported figures (OCHA & WHO 18/03/2021).

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.

The phone hotlines in place for both the public and health facilities to report suspected cases are seeing an uptake in use since March, which in turn is resulting in more referrals to appropriate COVID-19 treatment facilities such as COVID-19 wards for moderate or suspected cases and ICUs for critical cases. (NES NGO Forum 13/04/2021). This may be a result of higher infection prevalence, more willingness to utilize the hotlines to seek treatment and refer patients, or both. However contract tracing is no longer being carried out by authorities and came to a halt mid-month (Northeast Syria NGO Forum 16/04/2021).

Cases continue to be under-reported due to limited testing capacities and social stigma

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

Limited testing capacities

Contact tracing and testing remain challenges across the country, notably in remote governorates and camps ([WHO & OCHA](#) 16/02/2021, Northeast Syria NGO Forum 07/03/2021). In April, authorities across Syria continued to report low infection rates relative to neighbouring countries, although the actual number of positive cases is likely to be higher due to lack of transparency and low testing rates ([The Syria report](#) 23/03/2021). In Government of Syria controlled areas there were only 6 labs for COVID-19 testing in March and the number of daily tests has been around 570 daily. For comparison, between 15,000-20,000 tests have been conducted per day in Lebanon and Jordan, both of which have less than half the population of Syria ([MedGlobal](#) 05/03/2021).

In Government-held areas, 77,277 tests were reported to have been conducted as of 30 April ([WHO Syria](#) 30/04/2021). 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 epidemic's scale. Community focal points in more than 96% of sub-districts report insufficient testing provision, 91% reporting insufficient quarantine space and 88% reporting insufficient isolation and monitoring space for suspected cases ([HNAP](#) 31/03/2021).

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 16 May, a total of 127,269 tests have been conducted ([WHO NWS Dashboard](#) 30/04/2021).

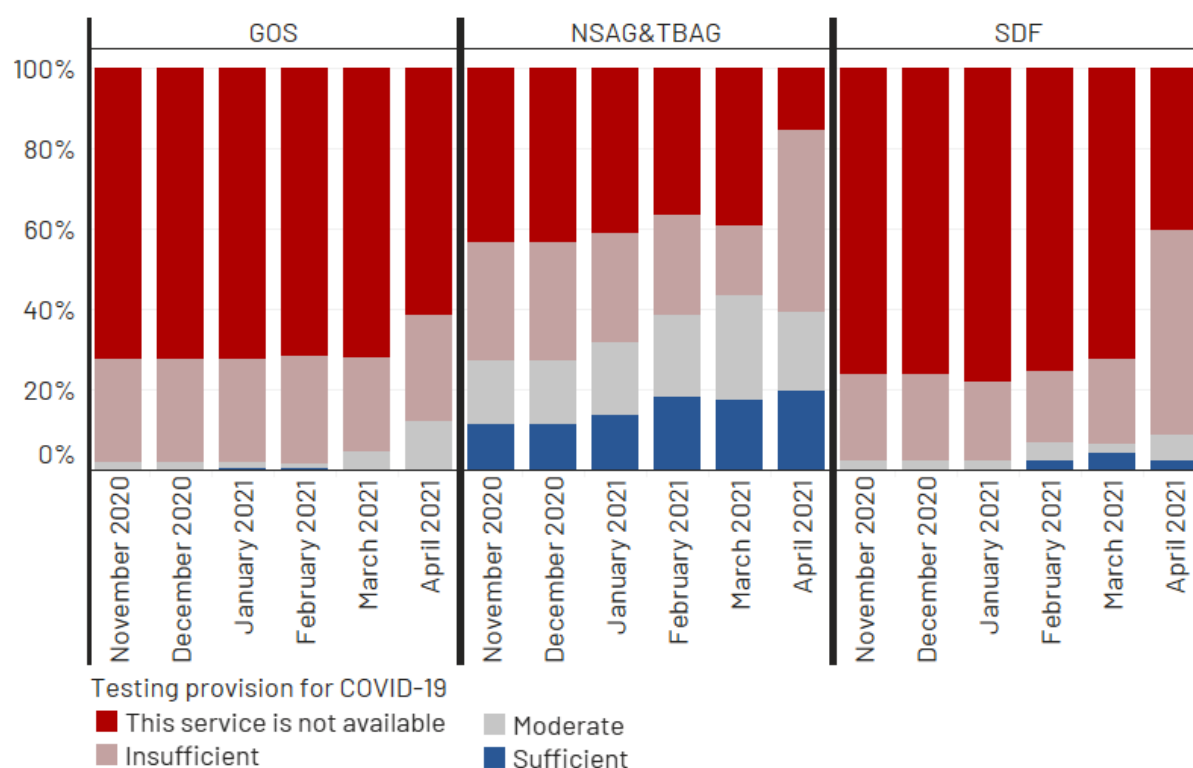
Testing capacities in the northeast, which had been decreasing since November 2020 due to test kit shortages, rose from 1,493 in February to 5,545 throughout March and rose again to 13,298 in April ([NES COVID-19 Dashboard](#) 31/04/2021), with a predictable increase in detected cases. Community focal points in 94% of sub-district have reported insufficient testing provision ([HNAP](#) 31/03/2021), quarantine space for diagnosed cases and isolation and monitoring space for suspected cases in March. The reliance on international partners, due to limited support from the Government of Syria, is complicating 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 the sharing of tests and epidemiological data, with resolutions difficult 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 [International Rescue Committee, ReliefWeb](#) 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).

Figure 1. Proportion of sub-districts with sufficient testing provision, as reported by community focal points (HNAP Rapid Assessment 30/11/2020 To 26/04/2021).²



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

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. OCHA notes that 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 the COVAX facility 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 Government-controlled areas in accordance with the three stage plan (see figure 2), with now 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 with chronic diseases ([The Syrian Observer](#) 07/04/2021). According to the Syrian Observer, the Ministry of Health allegedly completed scheduling the names of those eligible to receive the vaccine in the first stage, indicating that the plan provides for the use of only half of the quantity during this stage. ([The Syrian Observer](#) 12/02/2021). The mechanisms for registration, specific local allocations, mobility and access conditions remain unclear, which is concerning considering the potential security ramifications. Indeed, many Syrians, especially those whose affiliation, perceived or real, to opposition civilian or military groups or individuals wanted for conscription, will likely refuse to disclose their personal data ([Center for Operational Analysis and Research](#) 22/02/2021) resulting in potential large gaps in immunization coverage ([Syria Direct](#) 14/01/2021).

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 16th 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. In a poll, conducted by the newspaper Enab Baladi, out of 191 respondents, 72% reported that the vaccine is a source of anxiety and only a third reported they would get vaccinated ([Enab Baladi](#) 09/01/2021), similar to the rate found in Jordan, Kuwait, and other countries in the region ([MDPI Vaccines](#) 12/01/2020). Communication campaigns have started to also include the topic of COVID-19 vaccines to generate public demand ([OCHA & WHO](#) 12/01/2021).

Figure 2. Groups and numbers of those targeted for vaccination in the announced three phase plan covering Government of Syria controlled areas and northeast Syria ([WHO](#) 16/02/2021).

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

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).

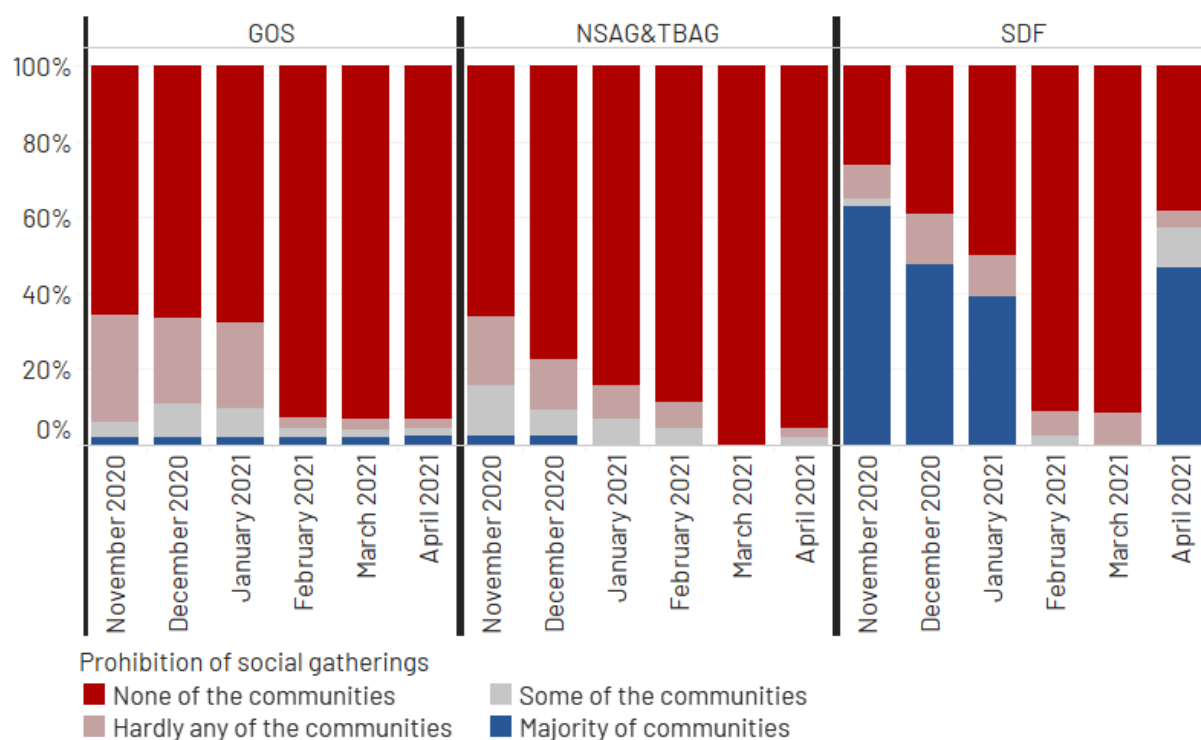
B. CONTAINMENT MEASURES

In Government-held areas, preventive measures were mostly lifted, although some localised restrictions were temporarily reported ([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 April, similar to March ([HNAP](#) 14/04/2021). During the month of Ramadan, prayers were allowed, as long as precautionary measures were abided by, except in Busra al-Sham city, Dara'a governorate, where all prayers and large group gatherings in mosques were banned, following recent rise in COVID-19 related deaths ([Syria TV](#) 13/04/2021). Public and education offices extended their restrictions of the number of staff present on site until mid-April, and continued implementing reduced working hours ([The Syria report](#) 07/04/2021). The tourism and hospitality sector remained suspended until 24 April ([Ministry of tourism-Syria](#) 15/04/2021). While some localised restrictive measures were put in place, travel remains relatively unimpeded.

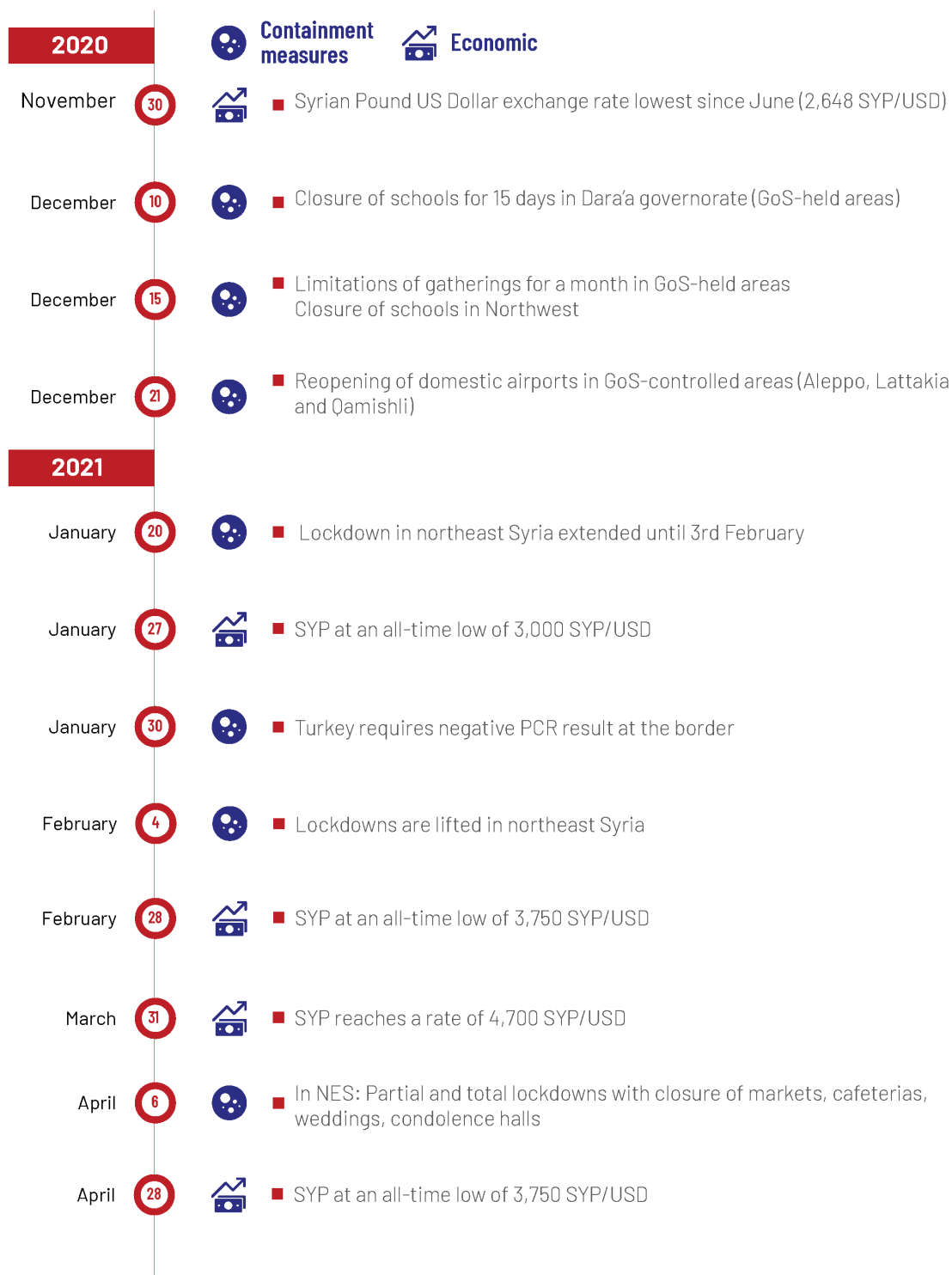
In the northwest, the majority of sub-districts had little to no communities who were implementing COVID-19 mitigation measures such as closure of public spaces, lockdown or mask wearing in April, similar to March ([HNAP](#) 14/04/2021). Following the implementation of a lockdown in Turkey mid-April, Bab al Hawa crossing has been closed down from 30 April to 16 May ([Bab Al Hawa crossing border](#) 26/04/2021).

In northeast Syria, following a reduction in daily confirmed cases, all containment measures had been lifted as of February, ending a 3-months partial lockdown. However, following a surge in cases, new restrictions were implemented in April. A new partial curfew was implemented from 6 to 22 April, with only essential services, such as groceries shops, remaining open. Weddings, condolence halls, cafeterias and markets have all been shut down, with only exceptions given to the pharmaceutical and humanitarian organisations ([AANES](#) 03/04/2021). A total curfew was also implemented in Ar-Raqqah, Qamishli, and Al-Hasakeh cities ([AANES](#) 11/04/2021, [Rojava Information Center](#) 13/04/2021). Mandatory wearing of face masks was reintroduced in April, after having been lifted two months ago, under a SYP 1,000 penalty ([AANES](#) 03/04/2021). This fast change in containment policy is resulting in lower compliance to preventive measures than seen during the previous lockdowns ([Northeast Syria NGO Forum](#) 07/04/2021). Following a halt in contact tracing, a 13-day quarantine for exposed or confirmed cases for NGO staff was implemented in the northeast ([Northeast Syria NGO Forum](#) 16/04/2021).

Figure 3. 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](#) 30/11/2020 To 26/04/2021).²



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 February 2021 compared to January (1,047), however still remain below the levels of early 2020 ([Logistics Cluster](#) 25/03/2021). While movements with Turkey at specific checkpoints continue, in January, the Government of Turkey required a negative COVID-19 test for crossing from Syria into the country, which could lead to a significant reduction in movements as most Syrians cannot afford testing ([OCHA](#) 12/01/2021). HNAP Transit Point Mapping reports from 16 February showed a 28% increase in travelers crossing international points of entry compared to 19 January, highlighting the need to reconsider precautionary measures at borders (HNAP 16/02/2021, 19/01/2021, [OCHA & WHO](#) 16/02/2021).



C. PREVENTATIVE MEASURES

Improved COVID-19 awareness but still limited risk perception

Between March and April most people reported being aware of self-protection measures, while 53%-60% of sub-districts reported sufficient knowledge of COVID-19 risks – this percentage has been relatively stable since early 2021 ([HNAP 26/04/2021](#)). Owing 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 ([World Food Programme 13/04/2021](#)). As of mid-April, in over half of 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 recover if they felt sick, as opposed to seeking medical treatment; a trend that has remained almost unchanged during the last seven months. In northern 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 slightly decreased in SDF-held areas but still in over half of sub-districts going to the hospital would be the first choice ([HNAP COVID-19 Rapid Assessment 07/09/2020 to 13/04/2021](#)).

Figure 4. Public knowledge and awareness of COVID-19 risks over the last six months as reported by community focal points by proportion of subdistricts ([HNAP COVID-19 Rapid Assessment 30/11/2020 To 26/04/2021](#)).²

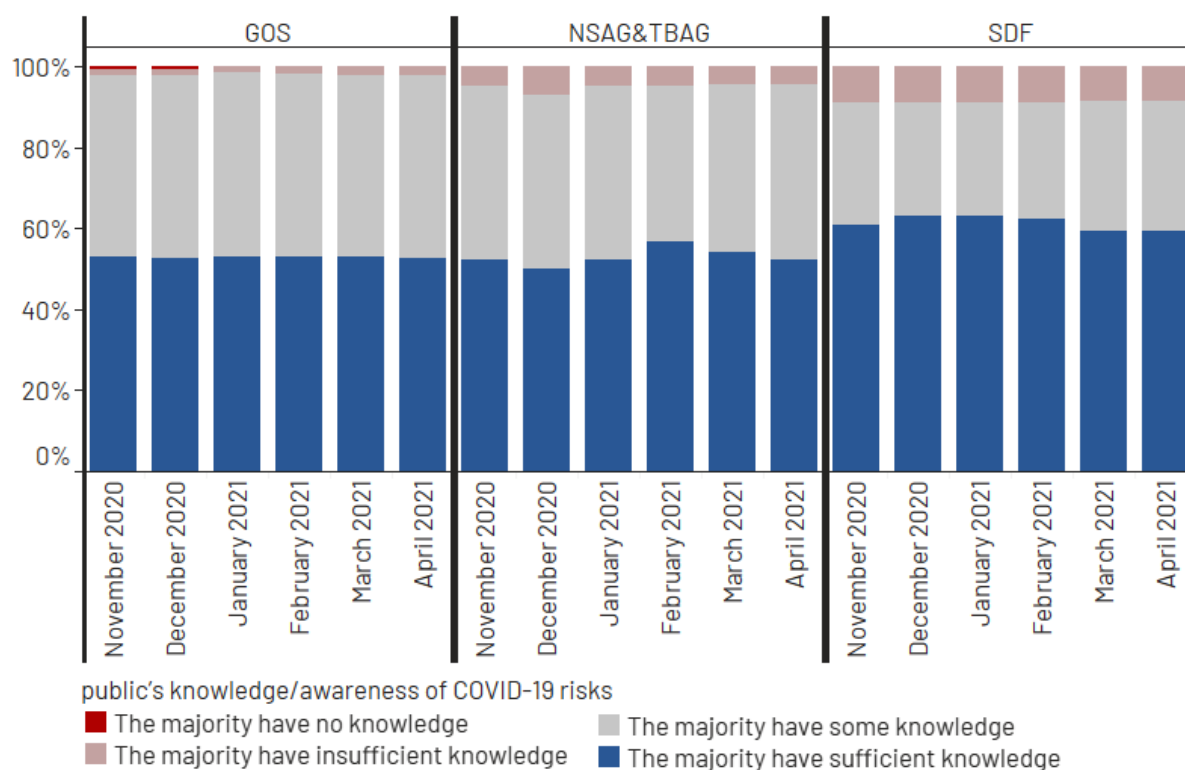


Figure 5. Proportion of sub-districts enforcing mask-wearing in the last six months, as reported by community focal points ([HNAP Rapid Assessment](#) 30/11/2020 To 26/04/2021).²

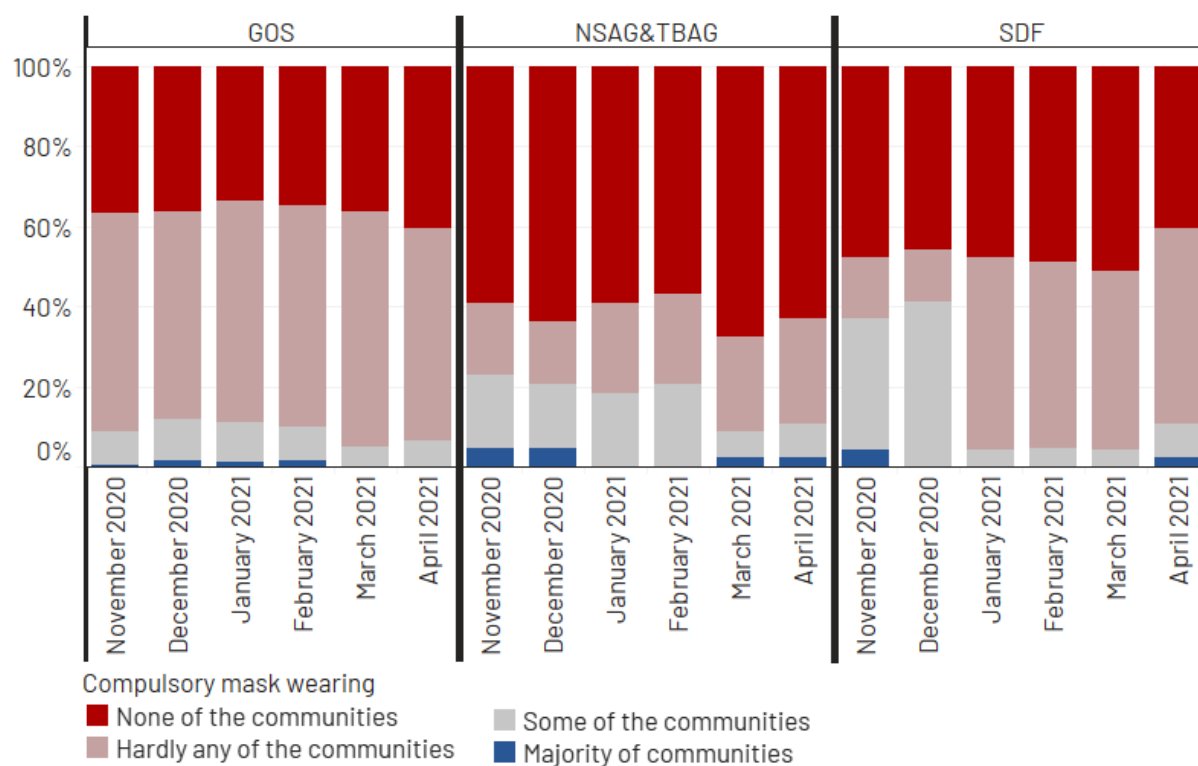
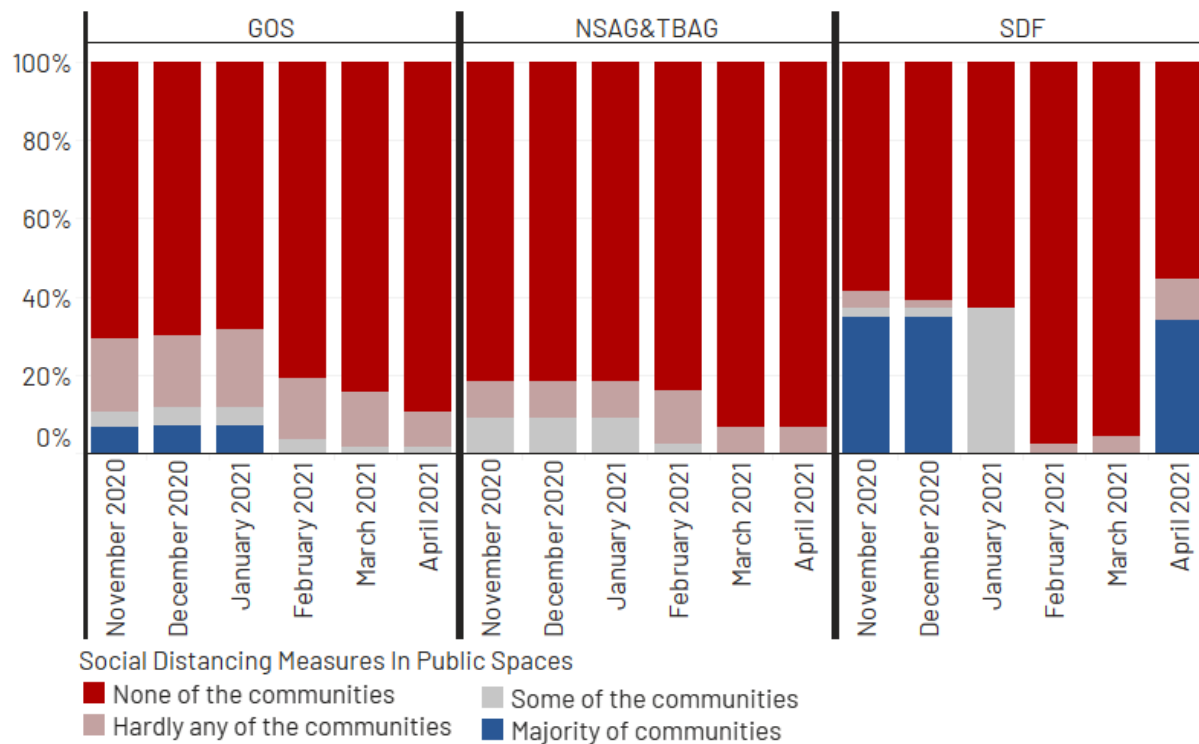


Figure 6. Proportion of sub-districts with presence of social distancing measures in public places in the last six months, as reported by community focal points ([HNAP Rapid Assessment](#) 30/11/2020 To 26/04/2021).²



Money is the main barrier to abide to 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 semester (reaching 10%) in 2020 ([REACH Initiative](#) 06/12/2020). The risk of income loss is also one of the main reasons driving people from reporting symptoms to avoid quarantine in the northwest (Protection Cluster 27/11/2020), likely explained by the overreliance on daily labour in this region (close to 50% of the population) ([OCHA](#) 16/09/2020).

D. COVID-19 ECONOMIC IMPACTS

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

Economic experts from Damascus University estimated the COVID-19-related lockdown measures resulted in economic losses of SYP 1 trillion per month, amounting to four trillion in total ([Al Watan](#) 11/04/2020), representing almost half of the 2021 Syrian Government budget ([Atlantic Council](#) 01/12/2020). The huge costs of the war had already weakened the country's economic situation. According to World Vision, economic losses, based on the lost value of production (GDP), after 10 years of conflict reached USD 1.2 trillion in March 2021 ([World Vision](#) 03/2021).

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, the Syrian Pound devalued by close to 80% in 2020, with the Currency Depreciation Index increasing by more than three folds since early 2020 ([Enab Baladi](#) 04/01/2021, [Needs and Response Summary](#) 22/02/2021, [LSE](#) 09/02/2021). As a result of the volatility of the currency, prices kept rising without any improvement in livelihood perspectives. Even though the currency strengthened at the end of March, prices of all food items remain very high ([Food Security Cluster](#) 26/04/2021).

The socio-economic impact of COVID-19, shortages of foreign-exchange currency, inflation, international sanctions and the ongoing economic crisis in Lebanon are the main factors contributing to the downturn of the economy in Syria. ([FAO](#) 24/03/2021, [WFP](#) 23/03/2021). Lebanon's financial crisis, which has seen capital control measures for foreign currency, has 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 and considering the past trend and how close the Syrian currency is linked to the Lebanese one, the crisis started in Lebanon continues to impact Syrian's pound depreciation as the Lebanese pound exchange rate reached 14,000 LBP per USD on 16 March ([Food Security Cluster](#) 26/04/2021).

The economic downturn of Syria and the 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

Between February and March, the informal USD/SYP median exchange rate in the northeast reached SYP 3,848 per USD, an increase of 27% from the previous month, with the highest rate recorded in Al-Hassakeh governorate at SYP 3,970 per USD ([REACH Initiative](#) 13/04/2021). The exchange rate in the northwest was slightly lower, reaching SYP 3,726 per USD, with the highest rate recorded in Idlib governorate at SYP 3,925 per USD ([REACH Initiative](#) 13/04/2021). At the end of March, the devaluation of the Syrian Pound reached a new record of SYP 4,700 per USD in the informal market ([North Press Agency](#) 18/03/2021), after already having reached a previous record in February. The highest peaks in March were recorded in Deir-ez-Zor governorate, northeast, Damascus, Homs and Hama governorates, GoS-held areas ([Food Security Cluster](#) 26/04/2021).

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 USD ([OCHA](#) 28/04/2021). The overall low value of the Syrian Pound and volatility, particularly in GoS held areas, continued to negatively affect the prices of basic commodities, including bread and fuel ([IMMAP](#) 06/04/2021).

Due to the depreciation of the currency 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 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. However, banks and companies had to remain with the official exchange rate of SYP 1,256 per USD, negatively impacting Syrians depending on remittances from abroad ([The Syria Report](#) 23/03/2021). 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

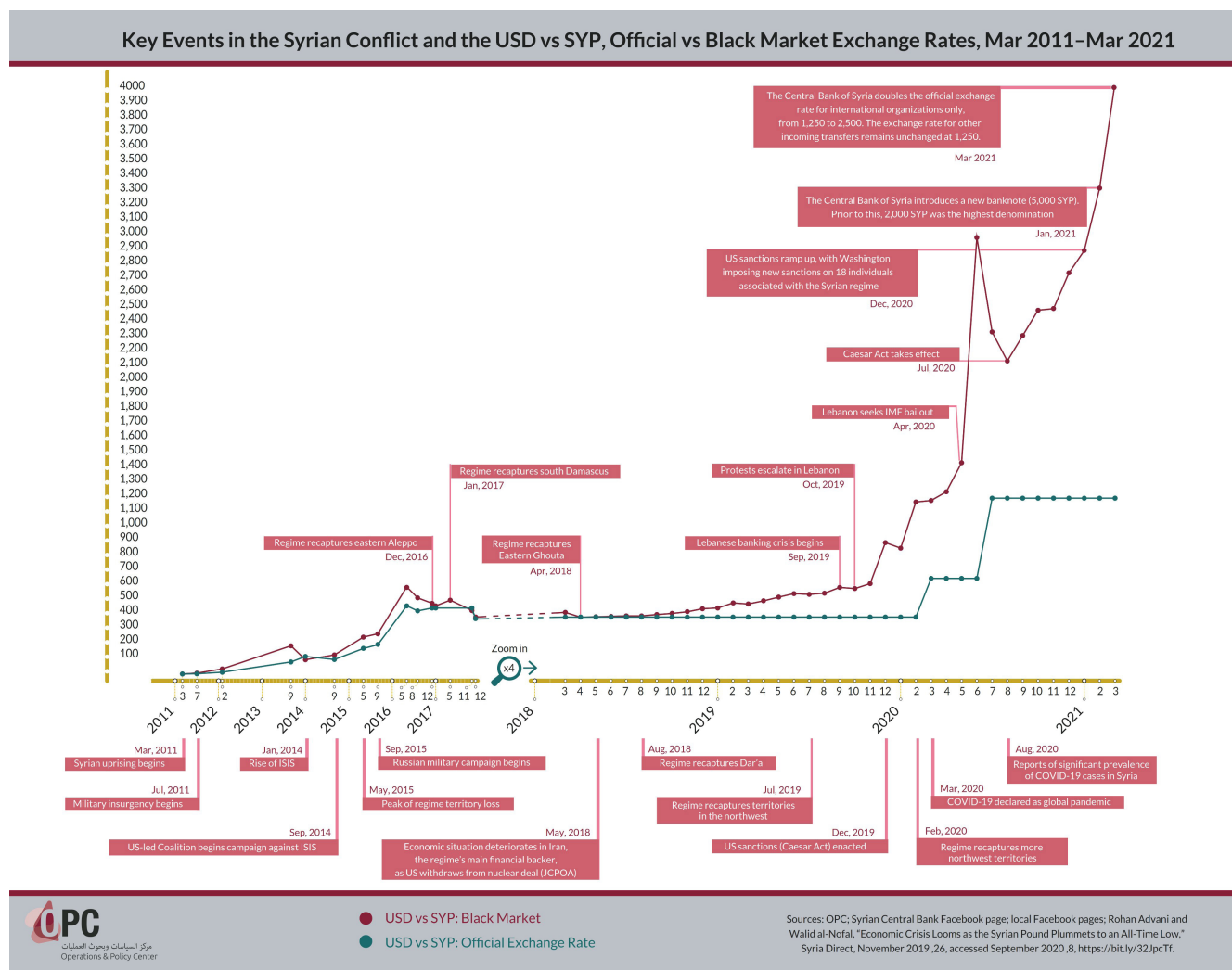
for importers, merchants and manufacturers is placed at SYP 3,375 per 1 USD. Following the introduction of this new exchange rate, the informal market currency value slightly improved but not enough to significantly narrow the gap between the black and official market rates ([The Syria Report](#) 14/04/2021).

In parallel, Al-Fadel Money Transfer and Exchange Private JSC and United Exchange Public JSC forex companies updated their exchange rate during the month of Ramadan period for merchants and industrialists dealing in Dollars in Syria, starting on 13 April. For the first ten days, the exchange rate was SYP 3,250 per 1 USD, the following ten days it was SYP 3,100 per 1 USD and the last ten days was SYP 2,900 per 1 USD. These rates were very close to the ones on the black market, aiming to avoid speculation ([The Syrian Observer](#) 13/04/2021, [The Syria Report](#) 14/04/2021).

As of April, the liquidity and transfers movement, as well as withdrawal limitations restrictions imposed by GoS in March remain 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). In GoS held areas, Syria's government and Russia are discussing opening crossing points between regime-controlled and opposition-held areas in northern Syria, allowing trade and free movement which could lead to positive effects on Syria's economy ([Enab Baladi](#) 02/04/2021).

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](#) 31/01/2021). However, even the TRY decreased to more than 8 TRY per 1 USD in April, having an immediate effect on prices of consumer goods and deteriorating living conditions in Idlib governorate ([The Syrian Observer](#) 02/04/2021). Consequently, 93% of vendors use different currencies to avoid incurring big losses in the northwest. In Aleppo governorate, 46% of vendors reported selling items in both SYP and TRY while in Idlib governorate almost half of the vendors reported only selling in TRY ([REACH Initiative](#) 13/04/2021).

Figure 7. Key Events in the Syrian Conflict and the USD vs SYP Official cv Black Market Exchange Rates (Operations and Policy Center 07/04/2021).



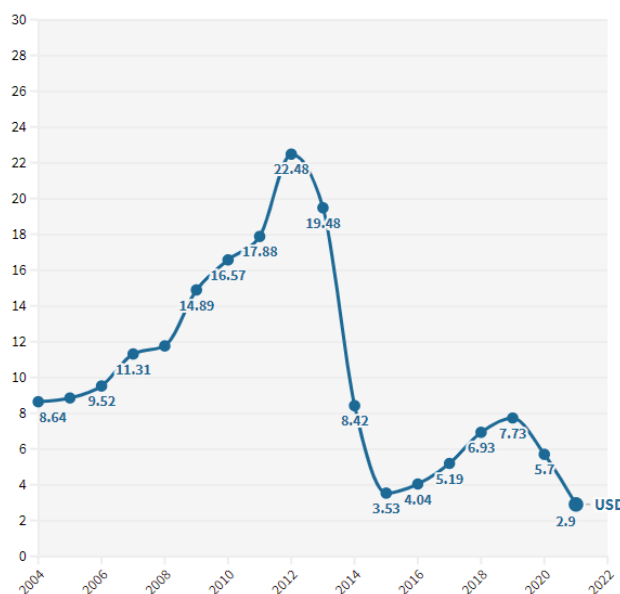
Prices, Imports and Remittances

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. In March 2018, it was estimated that remittances inflows were 36% higher than total wages and salaries in Syria ([Mercy Corps](#) 25/01/2021). However, due to the pandemic, labour 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 were already living below the poverty line before COVID-19 ([ICRC](#) 21/03/2021). Due to COVID-19 and the high fees charged by GoS unregistered hawala offices³, remittances have declined, resulting in lower revenues for households, further limiting their ability to meet their basic needs ([IMMAP](#) 06/04/2021). The price for receiving personal remittances from abroad was raised to SYP 2,500 per Dollar in mid-April ([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).

Public expenditure

The SYP 8,500 billion Syrian budget for 2021 was approved by the government, equal to USD 2.9 billion (at exchange rate of SYP 2,850 per USD). The government's public expenditure in 2021 decreased by around 85%, 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), and could increase even more if the Syrian Pound continues to depreciate as forecasted ([Enab Baladi](#) 07/01/2021). The budgetary expenditure plans to allocate SYP 3,500 billion to support food and bread subsidies and oil products. An additional SYP 50 billion is planned to be allocated to the National Fund for Social Aid, while SYP 50 billion is allocated to the Agricultural Production Support. Lastly, SYP 1,800 billion is designated to sustain electric power ([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 8. Syria's general budget between 2004 and 2021 in billion USD informal exchange rate ([Enab Baladi](#) 07/01/2021).



³ Hawala is an informal method of transferring money without any physical money actually being transferred.

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 for the functioning health facilities. Coupled with unequal accessibility and affordability to health services, more people are relying on healthcare alternatives, such as visiting pharmacies, in light of lack of proper care.

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

As of 5 April, 691 COVID-19 infections among health workers have been confirmed in GoS-held areas, with 30 confirmed deaths ([OCHA & WHO](#) 05/04/2021). Dentists were reportedly among the medical staff infected with COVID-19, with 10 dentists reportedly dying in the last year in the GoS-held areas from COVID-19 infection ([Al Watan online](#) 06/04/2021). In the northeast, the overall cases recorded in the areas rose dramatically in March, with the highest number of new daily cases at the end of March, since the previous peak in November. As of 30 April in this region, 977 medical staff have been reported infected with COVID-19, nearly 6% of all cases in the region, less than the previous month when they comprised 7% of the overall cases ([NES dashboard](#) 30/04/2021). As of the same date in the northwest, the percentage of confirmed cases among medical healthcare workers is 7.1%, encompassing nurses, doctors and midwives, with a further 5.1% reported among auxiliary workers in the health sector ([NWS dashboard](#) 30/4/2021), a decrease compared to 2020 rates (HNO 2021 29/03/2021).

An overall shortage of healthcare workers, and challenging conditions for those that remain that are driving more away, is 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 and access of healthcare ([OCHA](#) 07/04/2021).

By the end of 2020, resident doctors were the second highest proportion in public hospitals, after nurses (52.1%), comprising 24% of medical staff, while they only represented 2% of the staff in health centers ([Health Cluster](#) 31/03/2021). In the northwest, 14% of communities and 8% in the northeast reported shortage of health staff as a barrier to access healthcare in March ([REACH Initiative NWS](#) 18/04/2021 [REACH Initiative NES](#) 19/04/2021), similar rates since January. Therefore, and in order to minimize the immigration movement of doctors, the Syrian government has decided to place doctors in hospitals or health centers of their choice in addition to allowing them to have a private clinic, while performing compulsory military service ([Al Watan online](#) 06/04/2021).

Healthcare facilities are overstretched by the increasing number of patients admitted

The new surge of COVID-19 cases in March has overwhelmed the medical facilities ([Al Jazeera](#) 02/04/2021). The occupancy rate of ICU beds reached 100% in the GoS-held areas amid a sharp increase in the number of cases. Patients have to put their names on waiting lists in order to find a vacant bed or ventilator ([Syria TV](#) 03/04/2021). Hospitals in Busra Al-Sham in Dar'a stopped admitting new patients as they reached 100% of its capacity and rather urged their medical staff to visit patients at home, in order to keep up with the influx of patients and relieve the pressure on isolation units ([Ministry of Health](#) 26/04/2021).

The MoH has been planning to refer patients who require ICU beds to other governorates with a lower occupancy rate in Homs and Hama governorates ([Al Watan online](#) 21/04/2021). On 27 March, the Heart Surgery Hospital in Damascus was diverted to host coronavirus patients in light of the acceleration of cases in Damascus ([The Syria report](#) 01/04/2021). In the northeast, the situation is concerning, with the continued upsurge in cases and the limited capacity of the health centers, particularly during the lockdown where access to the medical facilities is limited ([Save the Children](#) 15/04/2021). In light of the rising cases, the Health Committee of Ar-Raqqa Civil Council, in cooperation with some concerned organizations, is seeking to establish a third quarantine center after the two centers inside Ar Raqqa are filled with COVID-19 patients ([Syria TV](#) 18/04/2021).

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

COVID-19 medical services were widely reported to be insufficient across all areas of control.

As of 13 April, critical scarcity in testing provision and isolation monitoring spaces continued to be reported in GoS-held areas, mostly in Rural Damascus, and the northeast, mostly in Ar-Raqqa and Deir-ez-Zor governorates, with rates between 88% and 96%. While the provision of medical services and isolation spaces in the northwest is reportedly better, between 50% to 60% of sub-districts still assess them insufficient to meet the population's medical needs ([HNAP NWS](#), [HNAP NES](#), [HNAP GoS](#) 14/04/2021).

Lack of funding resulted in the closure of COVID-19 centres and contact-tracing gaps

COVID-19 testing capacity in the northeast is reaching a dire situation, where 94% of sub-districts report insufficient testing provision, quarantine and isolation spaces ([HNAP](#) 15/04/2021). Necessary supplies are nearing stockout, due to the rising number of new cases. The northeast is suffering a severe shortage of medical supplies with the only COVID-19 testing laboratory in Qamishli likely running out of testing kits in the first week of May. This will affect the identification of new cases in the region where more than 5,300 cases were confirmed just in April. In addition, the COVID Treatment Facilities (CTFs) are also becoming overstretched - many are already at capacity and seven CTFs were forced to cease operations in March due to a lack of funding, with a further six also at risk at the end of April ([IRC](#) 29/04/2021, [Northeast Syria NGO Forum](#) 07/04/2021). Currently, 821 beds are available in the CTFs, only 346 of them have funding beyond 30 April, while 448 admissions to CTFs were recorded within the first week of April ([Northeast Syria NGO Forum](#) 07/04/2021).

The quality of health care services provided in Syria remains significantly affected by the overcrowding in the health facilities in March. Nearly a third of the assessed communities in the northwest and half in the northeast considered the congestion as a barrier to access healthcare, with a slight decrease compared to February in the northwest ([REACH Initiative NWS](#) 18/04/2021, [REACH Initiative NES](#) 19/04/2021). Moreover, the quality of healthcare services is also affected by the lack of privacy for women and girls in the health facilities in March. Nearly 15% of the assessed communities in the northeast and the same in the northwest considered the lack of privacy for females as a barrier to access to healthcare in March, a slight increase in the northeast and decline in the northwest compared to February ([REACH Initiative NWS](#) 18/04/2021, [REACH Initiative NES](#) 19/04/2021).

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

More than a half of the assessed communities in the northwest (20 out of 30) reported lack of medicines or medical equipment at the health facility as a barrier to accessing healthcare in the last 30 days. Of these, half of the communities reported severe shortage of medicines or medical equipment at the health facility as a barrier to accessing healthcare. In the northeast, 75% of communities reported lack of medicines or medical equipment at the health facility as a barrier to accessing healthcare in the last 30 days and mostly in Basira, Ein Issa, Hajin, Sur, and Thiban sub-districts. In GoS-controlled areas, the lack of medications at pharmacies is mainly due to the low exchange rate imposed by the Syrian government on manufacturing factories to import the raw materials needed ([Al Watan online](#) 20/04/2021). In Damascus, the government allowed businesses to finance their own imports to cover pharmaceutical imports by selling foreign currency ([The Syrian Observer](#) 13/04/2021). As a result, some medicines are no longer available including medicines for chronic diseases to manage diabetes, heart and blood pressure conditions, in addition to foreign and national medicines ([Cham Times](#) 12/04/2021), while others were replaced with lighter alternatives and more doses by the pharmacist ([Cham Times](#) 12/04/2021).

Medicines availability and affordability in the northeast deeply affected by recent GoS-imposed movement restrictions

The continued closure of the crossline shipments could lead to a humanitarian crisis as most pharmaceutical companies are procuring their stock from GoS-held areas ([Northeast Syria NGO Forum](#) 07/04/2021). At least one hospital in Deir-ez-Zor, northeast, stated that it is running out of medicines, with management raising concerns that it may need to close if it is not replenished ([IRC](#) 29/04/2021). Similar restrictive measures on border crossing supplies applied in government-held areas have also impacted the medical supplies and further weakened the health system ([Groupe Urgence - Réhabilitation - Développement](#) 01/04/2021). In the northeast, prices have increased as pharmacies have had to buy their supplies in USD ([REACH Initiative](#) 19/04/2021).

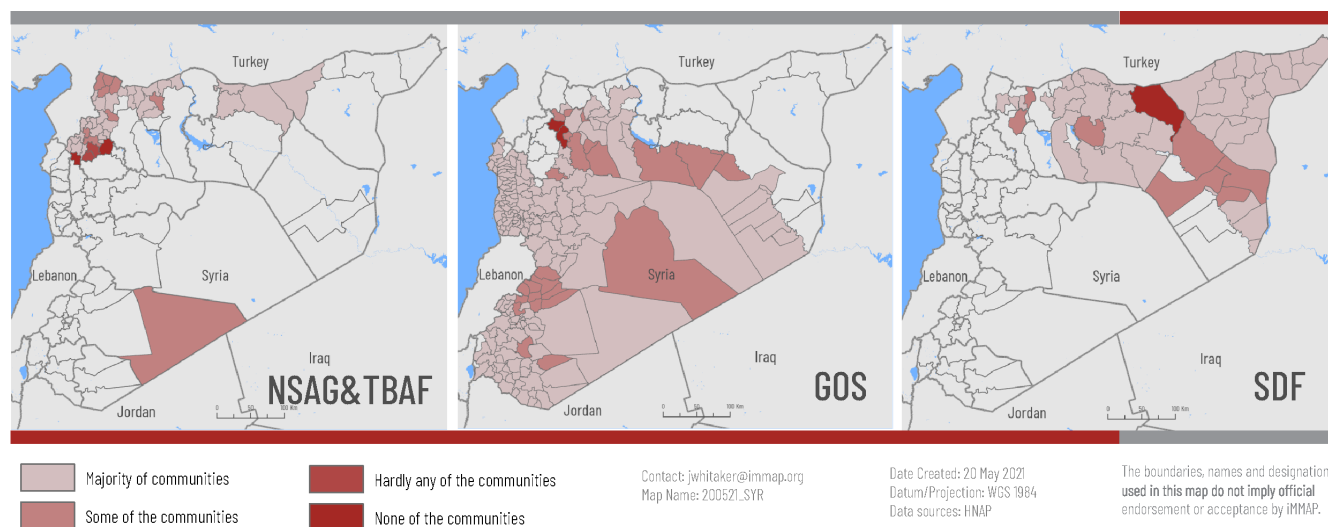
Lack of access to healthcare, notably due to unaffordability, remains a main barrier

Access to healthcare services continues to be a challenge across Syria

In March, nearly three quarters of communities assessed in the northeast and more than half in the northwest reported that they do not have access to health, numbers which remain flat since December ([REACH Initiative NES](#)

19/04/2021, [REACH Initiative NWS](#) 18/04/2021). Access to health services in the northeast was the second lowest rate reported regionally and as a result, about half of the assessed households in the northeast reported health to be their top priority need ([HNAP](#) 25/03/2021). Movement restrictions also remain one of the challenges in Syria behind the lack of accessibility to healthcare services with over a half million of Syrian women unable to seek medical care in health facilities ([Action Against Hunger](#) 12/04/2021).

Map 1. Access to public health services as reported by community focal points – April ([HNAP COVID-19 Rapid Assessment](#) 26/04/2021).



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 or public facilities. Two out of five interviewed households reported not being able to purchase the necessary medicines in March, a 21% increase from a month earlier, mainly due to lack of financial resources ([WFP](#) 13/04/2021). In Aleppo city, in light of the increase of the rising gasoline prices, patients are now charged to pay the transportation cost to the hospitals ([Syrian Observatory for Human Rights](#) 01/04/2021). In March, 18% of interviewed households reported that they faced challenges accessing medical care, of which around 25% of returnees faced financial impediment to access healthcare ([WFP](#) 13/04/2021). High cost of such services continued to be cited as a challenge in March in 44% of communities assessed in the northwest and even more in the northeast, reported by 86%, rates that remain similar since December ([REACH Initiative NWS](#), [REACH Initiative NES](#) 19/04/2021).

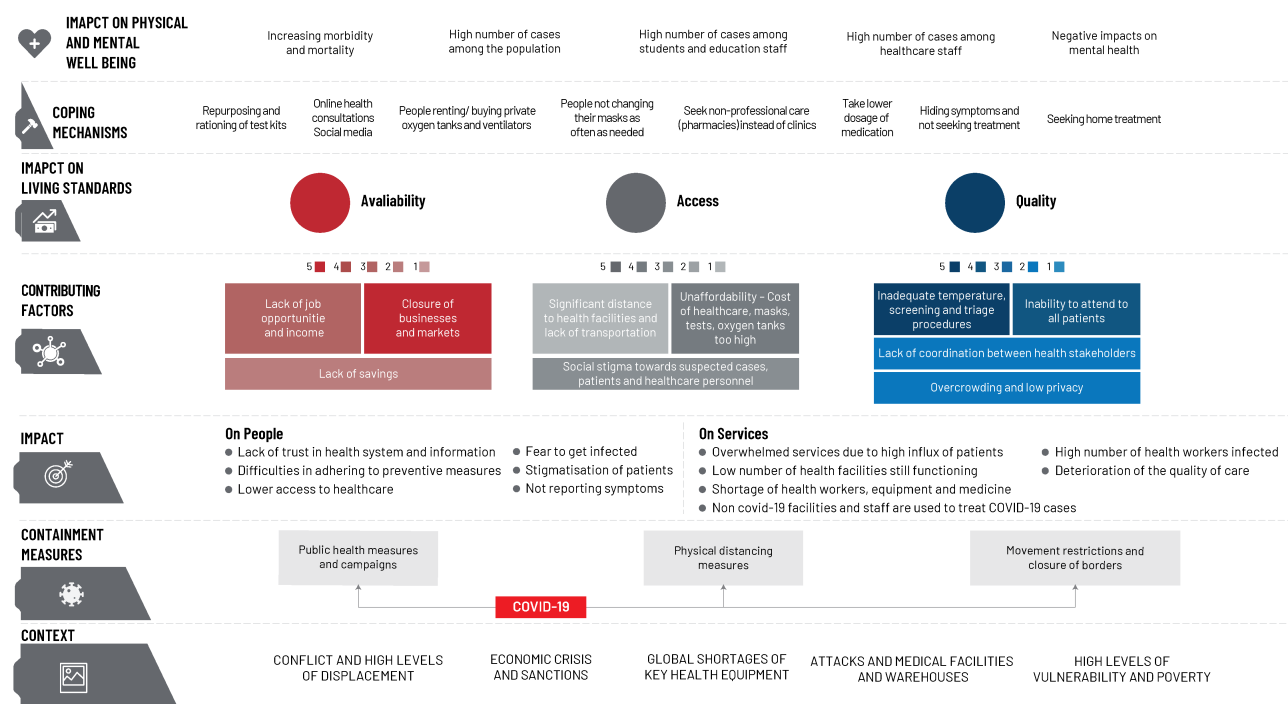
Coping strategies

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 health 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 March ([REACH Initiative NES](#) 19/04/2021), [REACH Initiative NWS](#) 19/04/2021).

The cost of medicines have dramatically increased in the pharmacies as the pharmacists had to purchase the medicines in USD as a result of the Syrian Pound fluctuation. To cope with the lack of access to certain medicines, households reported to decrease the recommended number of doses of medications in one fifth of the assessed communities in the northeast ([REACH Initiative NES](#) 19/04/2021).

Health problem tree





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

High levels of Inflation coupled with insufficient income is resulting in high levels of poverty

The pandemic and its related government preventive measures added to the already worsening economic situation, have resulted in widespread inflation across all commodities since March 2020. According to Qassioun's quarterly report, a local newspaper, the cost of living for a household of five increased by 42% between January and March 2021 and by 142% in a year. In order to secure needs, a Syrian household of five need more than SYP 1 million to cover the expenses, of which more than half is for food alone. (*The Syria report* 14/04/2021, *Enab Baladi* 17/04/2021). The value of the Survival Minimum Expenditure Basket in both northwest and northeast continued to increase in March, reaching new highest value records, more than SYP 422,000 in the northwest, a 21% increase compared to a month ago (*REACH Initiative NWS* 13/04/2021) and more than SYP 351,200 in the northeast, a 24% increase in a month (*REACH Initiative NES* 13/04/2021). 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).

Purchasing power continues to decrease, with on average household expenditures now exceeding the average income by 20% (*OCHA* 25/02/2021). 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 March (*REACH Initiative NWS* 18/04/2021, *REACH Initiative NES* 19/04/2021), a stable proportion since November, as well as Central and South Syria (87%) in February.

The national average terms of trade between wheat flour and wage labour or male sheep, a proxy indicator for purchasing power for workers or livestock owners, decreased by 15% between February and March, with an overall almost 50% decrease in a year. 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* 26/04/2021). To earn the cost of a monthly basic Survival Minimum Expenditure Basket, a daily worker would have had to work 64 days in the northwest in March and 78 days in the northeast, an increase of seven days in one month (*REACH Initiative NWS* 18/04/2021, *REACH Initiative NES* 19/04/2021).

Following the deterioration of the 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). 98% of Syrian's are now estimated to live in extreme poverty, with less than USD 1.90 per day. Almost all in Central and South Syria 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 has increased by 153%, with an even significant spike in Central and South Syria with a 224% increase (*HNAP* 12/04/2021). Almost 60% of people in the northwest and 52% daily labour workers in Syria 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 related closures resulted in loss of income and higher unemployment rates

The impact of COVID-19 on livelihoods continues despite the general relaxation of containment measures. In March 2021, an estimated 43% of the population reported having lost one or more sources of income due to COVID-19 restrictions. Reportedly, over a third of the population lost more than half of their salary. With As-Sweida governorate being the most impacted, close to 60% of households reported losing one or more sources of income in March ([WFP](#) 13/04/2021).

Northern Syria experienced similar disruptions, although to a lower extent. In February, more than 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, while only slightly more than half reported the same in March. Similarly, in the northwest, about two-thirds reported such effects each month since January 2021, with only half of the assessed communities reporting the same in March ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 18/04/2021). 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 labour as a common source of income in March ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 18/04/2021). This continues a trend of increasing reliance on daily labour as a result of the rapid devaluation of salaries since January 2020 ([HNAP](#) 24/08/2020, [HNAP](#) 03/2021). Further, low wages have undermined household income and jeopardized their ability to mitigate future economic shocks. Similarly, the proportion of households that reported relying on small business as a primary source of livelihood increased significantly in 2020. However, this form income was the most impacted by the economic downturn triggered by COVID-19, exhibiting 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).

While the proportion of households reporting engaging in small business as their primary livelihood activity increased significantly in 2020, the income of such households was the one mostly impacted by the economic downturn, with a decrease of 37% in a year. Revenues from the private sector, the next most reported livelihood activity, also shrunk by 26% in a year ([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 percent 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 decreased, along with revenues, resulting in the closure of more than 2,000 facilities ([Syria Times](#) 10/03/2021).

More than 70% of households reported lack of employment opportunities as their primary barrier to livelihood in March in the northeast, and more than 50% in the northwest, at even higher rates for women and persons with disabilities ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 18/04/2021). Women and persons with disability seem to be even more impacted in the northwest, where more than half of women and almost half of people with a disability mentioning lack of employment opportunities ([REACH Initiative NWS](#) 18/04/2021), compared to almost 40% for women and almost 25% for people with disability in the northeast ([REACH Initiative NES](#) 19/04/2021). 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 ([HNAP](#) 12/04/2021). As a result, as of December 2020, half of the working-age population was estimated to be unemployed, and over 60% among the youth, compared to 20 and 9% respectively in 2010 ([OCHA](#) 22/02/2021). An increase of 67% of Syrian households reported no livelihood activities compared to January 2020 ([HNAP](#) 12/04/2021). Rates of unemployment increase significantly among young women, reaching 50% nationwide and 83% in North Syria ([HNAP](#) 23/03/2021).

In the northwest, 84% of vendors reported facing one or more supply challenges in March, a similar rate compared to a month before. Price inflation was the most common supply challenge, reported by 82% of vendors, mostly in Idlib governorate (87%), highlighting vendors' struggle in stocking essential items, resulting in more dependency on suppliers. Overall, 36% of all surveyed vendors in the northwest reported that they would run out of stocks in less than 3 days if their supply lines were cut, whereas in January and February 25% reported they would run out of supplies in 3 to 7 days ([REACH Initiative](#) 13/04/2021). In March, 90% of vendors in the northeast reported facing supply challenges, price inflation remaining the main one, reported by 84% of the vendors. In Deir-ez-Zor governorate, 25% of surveyed vendors reported border closure impacting the supply ([REACH Initiative](#) 29/04/2021).

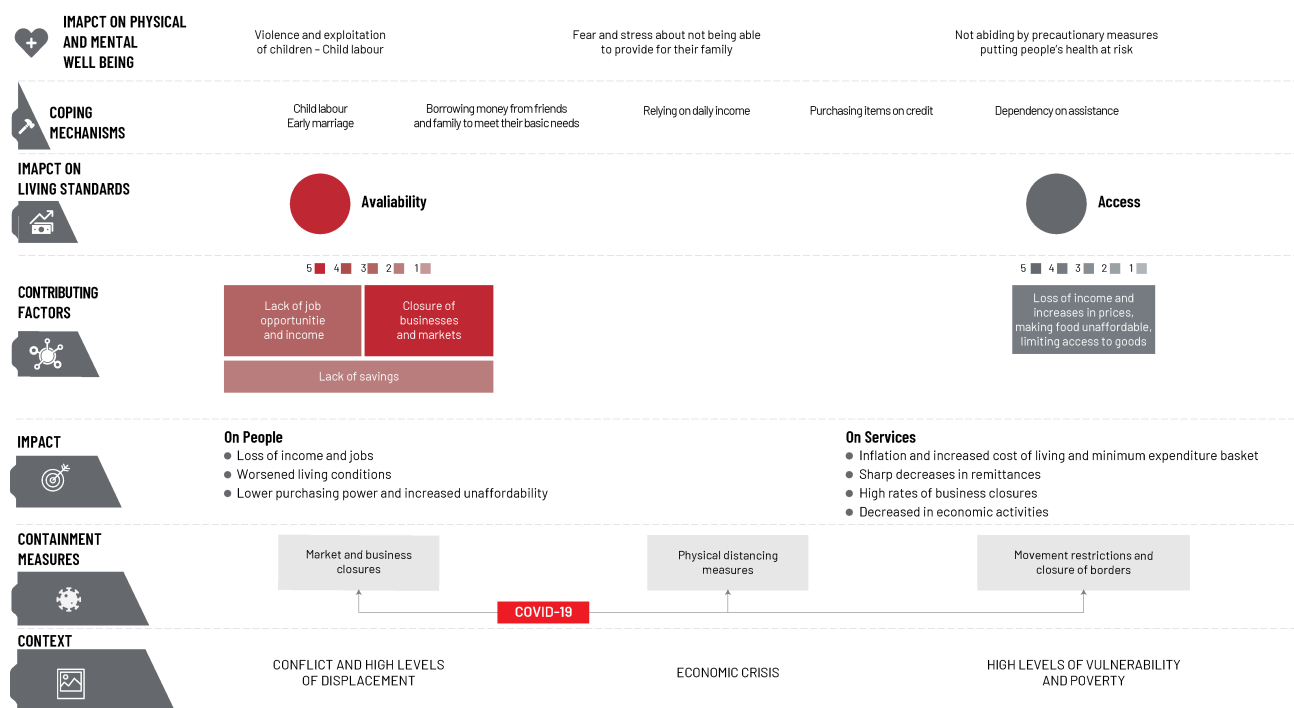
Increased reliance on remittances and humanitarian assistance

In March, 94% of Syrian reported using at least one livelihood-based coping strategy (WFP 13/04/2021). 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% interviewed households reported depletion of their savings ([WFP](#) 13/04/2021). Still about 30 to 35% of residents rely on loans and remittances in northern Syria, while more than 60% of IDPs in the northwest reported to rely on such mechanisms in March, a rate that doubled since January ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 18/04/2021). Limited access to employment is reportedly driving more young males from Aleppo to join armed groups ([Enab Baladi](#) 21/04/2021). However, in February, 5% of surveyed households reported difficulties obtaining remittances and food assistance in Ar-Raqqa, Aleppo and Rural Damascus governorates ([WFP](#) 13/04/2021).

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). In GoS-held areas, due to dire conditions, anecdotal evidence points to an increase in the number of women resorting to selling their hair to get additional income ([Salon Syria](#) 23/02/2021).

Problem tree Livelihoods





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

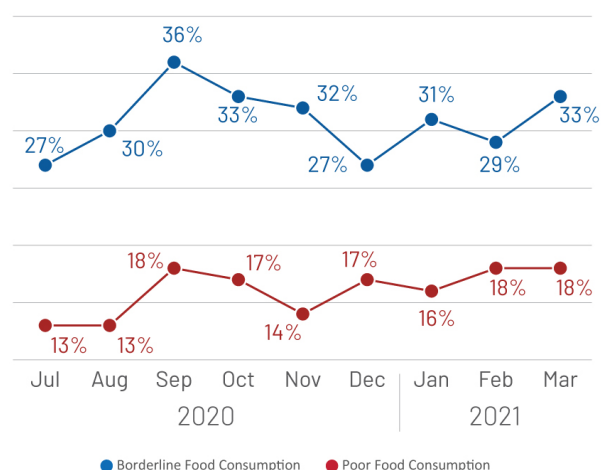
COVID-19 containment measures, as well as the depreciation of the Syrian Pound continue to contribute to higher food prices, staples shortages, market closures and disruptions in trade and supply lines. Coupled with the loss of job opportunities, particularly for those relying on daily wage labour or 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, 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, and considering the worsening trend, the food security situation is likely to further deteriorate in 2021 ([WFP 17/02/2021](#)).

Poor and borderline food consumption

More than half of the surveyed households reported poor or borderline food consumption in March, with the highest proportion reported in Hama (66%) and Homs (59%) governorates, an increase by more than 10% compared to February, and more than 70% compared to a year ago. The highest monthly increase of surveyed households with poor or borderline food consumption was reported in Lattakia governorate (up by 40%), reaching close to 60%, and Damascus governorate (up by 32%), reaching almost 50%. The share of poor food consumption continued to increase, with nearly a fifth of assessed households (18%) reporting poor food consumption in March, a rate that more than doubled in a year, particularly in Hama, Homs and Al-Hasakeh governorates. With the highest level recorded since October 2020, 60% of IDPs reported inadequate food consumption, an 18% increase compared to the month prior. Similarly, the share of returnee and resident households with poor or borderline food consumption increased, to reach about 50% in March ([WFP 13/04/2021](#)).

Figure 9. National average level of poor and borderline food consumption in the last six months (WFP 14/04/2021)⁴.



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

Prices of commodities continue to escalate

The spike in food prices can be attributed to the continuous depreciation of the Syrian Pound and Turkish Lira, the increase in fuel prices and the unstable exchange rate. Essential food items are becoming increasingly unaffordable as prices continue to rise across the country, 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, reaching SYP 180,792 – a 33% increase compared to the month prior, and a 313% increase compared to March 2020. The average food basket price in all 14 governorate continues to increase every month, with the highest increase reported in Tartous governorate in March, up by 43% in a month, while Idlib governorate continues to report the highest average food basket price of SYP 221,186 ([WFP](#) 26/04/2021). The national average retail price of wheat flour, Egyptian white rice, bulgur, sugar and red split lentils and potatoes increased between 20% to 30% between February and March. Similarly, the national average retail price of vegetable oil sharply increased in a month, up by 47%, reaching SYP 8,255/litre ([WFP](#) 26/04/2021).

As of March 2021, the value of the regional SMEB food component continued to rise, reaching record highs of SYP 293,525 in northwest Syria and SYP 265,000 in northeast Syria, both increasing by 20% in a month. In northwest Syria, fresh vegetable prices increased by 19% in a month and 243% since September 2020. Price of food items and cooking fuel also increased, notably in northwest Syria, as well as median cooking fuel cost, increasing by 32% in the northwest ([REACH Initiative](#) 13/04/2021). The situation was further aggravated in the northwest by the lockdown in Turkey, implemented mid-April, affecting price and availability of basic food items ([WFP](#) 26/04/2021). In northeast Syria, the highest price increase was reported in salt by 36% ([REACH Initiative](#) 13/04/2021).

The price of flour continued to rise in March 2021, leading to an uninterrupted increase in the price of bread. In northwest Syria, the price of flour and bread increased by 25% between February and March, reaching a regional median cost of bread at SYP 1,000 per a bag of 8 pieces ([HNAP](#) 16/04/2021, [REACH Initiative](#) 13/04/2021). Northeast Syria reported a worrying 82% increase in price of bread between February and March, driven by the 30% increase in flour price in a month ([REACH Initiative](#) 13/04/2021). Increase in transportation cost also resulted in the increase in subsidized bread prices, which reached SYP 119 per bundle⁵, with the highest price reported in the northwest Syria region (SYP 2,060/bundle) ([WFP](#) 26/04/2021).

Reduced food access and availability

Almost all communities reported households experiencing barriers to accessing sufficient food in both northeast and northwest Syria, with the main barrier in both being high cost of food ([REACH Initiative](#) 19/04/2021, [REACH Initiative](#) 18/04/2021).

As of March 2021, while 92% of households reported relying on the market as primary source of food, COVID-19 measures reportedly hindered its access. In March, more than half of interviewed households reported having no regular access to the market ([WFP](#) 13/04/2021). KIs in around 20% of communities reported the unavailability of certain food items as a main challenge accessing sufficient food in March in northern Syria ([REACH Initiative](#) 19/04/2021, [REACH Initiative](#) 18/04/2021).

⁵ A bundle is equivalent to 1.1kg of bread

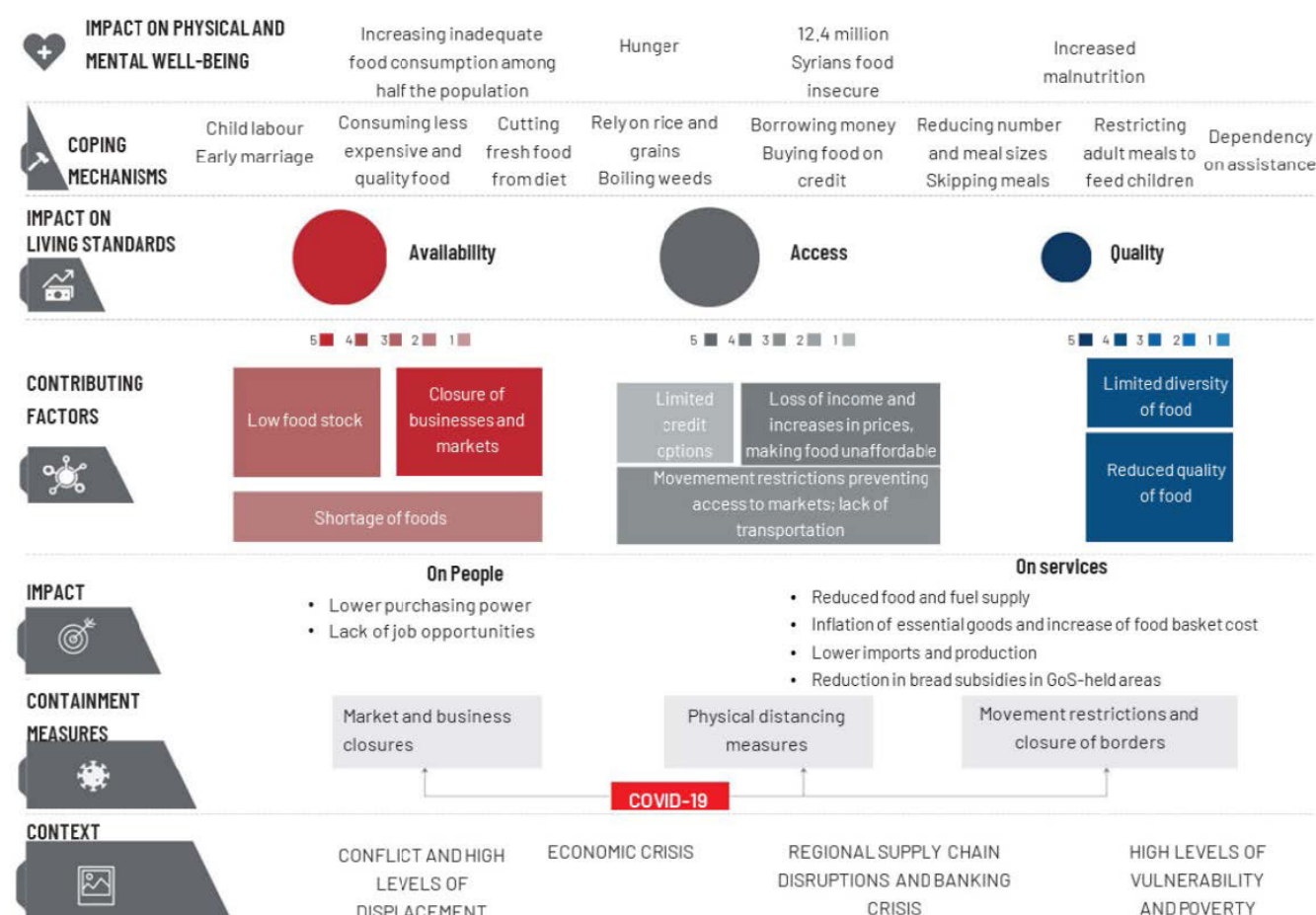
High use of severe food-based coping mechanisms

After months of increased food prices and income losses, most people seem to have exhausted their capacities to cope. As the economic downturn has been impeding households' ability to meet their basic needs, the use of severe negative coping mechanisms is 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.

Between February and March, the national average reduced Coping Strategy Index (rCSI) increased from 19.8 to 21.0, marking the highest national average level recorded since 2020. More than 90% of interviewed households reported resorting to at least one food based coping mechanism in March. The deterioration of purchasing power due to

increase of food prices pushed 73% of them to buy food on credit or consuming less preferred food, with a peak recorded in the northeast, in Al-Hasakeh (80%) and Ar-Raqqa (82%) governorates. Around 60% of interviewed households reported reducing their number of meals per day and almost half reported reduced food consumption among adults to prioritize children's consumption, with highest rates recorded in Al-Hasakeh (61%) and Lattakia (60%) governorates. The rCSI was higher among IDPs and returnees as compared to residents, with 95% of IDPs and 94% of returnees reported adopting at least one negative coping strategy, compared to 88% of residents ([WFP 13/04/2021](#)). 60% of IDPs are completely dependent on humanitarian assistance, notably to cover their food needs ([WFP 10/04/2021](#)). Buying food on credit and cutting down meals, particularly in urban areas, were also strategies reported in April ([Action Against Hunger 12/04/2021](#)).

Food security problem tree



Agriculture: Shortages and high cost of inputs

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 subsequent increase in transportation costs ([FAQ 24/03/2021](#)). 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 ([FSC 11/04/2021](#)). This is further threatening farmers' income and driving up food prices, further exacerbating food affordability issues already faced by most households ([FAQ 11/03/2021](#)).

Most fertilizers, herbicides, insecticides and livestock fodder and feed prices increased significantly in February ([FSC 11/04/2021](#)). In March, among communities reporting barriers to accessing income from agriculture, about a third of residents reported lack of access to resources, such as water, seed stock, fertilizers and vaccines for livestock, in both northeast and northwest, and slightly over 20% of IDPs in the northwest ([REACH Initiative 19/04/2021](#), [REACH Initiative 18/04/2021](#)).



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, which is expected to worsen even further over the next months, particularly in Northwest Syria ([UNICEF](#) 30/03/2021).

Monthly surveillance data has shown a deteriorating nutritional situation in northwest Syria, with both increasing acute and chronic malnutrition, particularly among IDPs. Almost 90,000 under five children are acutely malnourished across the country, with a rising number of admissions in treatment centers of malnourished children with complications, an increase by two-folds in some districts ([Needs and Response Summary](#) 22/02/2021). In northwest Syria, the prevalence of chronic malnutrition among under-five children increased from 19% to 34% between May 2019 and October 2020 ([Nutrition Sector](#) 08/12/2020). The prevalence of global acute malnutrition (GAM) doubled over the same period, now reaching the severe emergency standard of 2% ([OCHA](#) 21/10/2020), with hospital admissions for severely malnourished children increasing by over 70% since March 2020 compared to the same period in 2019 ([OCHA](#) 21/12/2020, [Nutrition Cluster](#) 08/12/2020). 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 report high rates of acute malnutrition in the northwest, with 11% in October ([OCHA](#) 02/03/2021) 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 ([OCHA](#) 02/03/2021). Maternal anemia and maternal malnutrition is expected to continue rising due to deteriorating socio-economic conditions ([Action Against Hunger](#) 12/04/2021). While nutrition conditions worsened, in 2020, less than half of PLW in need of moderate acute malnutrition services in the northwest were reached. Overall, 2,000 people in need could not be reached in 2020 by nutrition partners due to COVID-19 restrictions ([OCHA](#) 26/01/2021).

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, reported by almost all KIs in assessed communities in both northwest and northeast ([REACH Initiative Northeast](#) 18/04/2021, [REACH Initiative Northwest](#) 18/04/2021). As of March, more than half of 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). More than 60% of assessed households in March 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).



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

Widespread COVID-19 infections in schools, impacting 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). In GoS-held areas, during the second semester, 410 infections have been recorded, 310 among teachers and personnel staff and 100 among students ([Syrian Arab News Agency](#) 28/03/2021). In Homs city and countryside, 425 cases have been registered in schools since January ([Athr Press](#) 01/04/2021).

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 half of the communities in the northwest and more than 60% in the northeast, preventing parents from sending their kids to school in March ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 19/04/2021).

Overcrowded classrooms, shortages of teachers and teachers' fatigue have negatively impacted the quality of education. In the northeast and northwest, around 60% of communities reported overcrowdedness as a challenge for students to access education. In April, anecdotal information in Dara'a and Damascus highlighted cases of overcrowded classes and lack of adequate hygiene and health conditions. Lacking the necessary infrastructure, educational infrastructure schools have been unable to implement proper preventive measures. According to the General Coordinator of the Syrian Digital School, Syrian authorities did not put any measures in place to prevent the spread of COVID-19 within schools, nor did authorities prioritize teachers' needs. These two factors, coupled with a lack of training on Infection Preventive Control measures, contributed to the increasing risk of infection among students and teachers ([Enab Baladi](#) 17/04/2021).

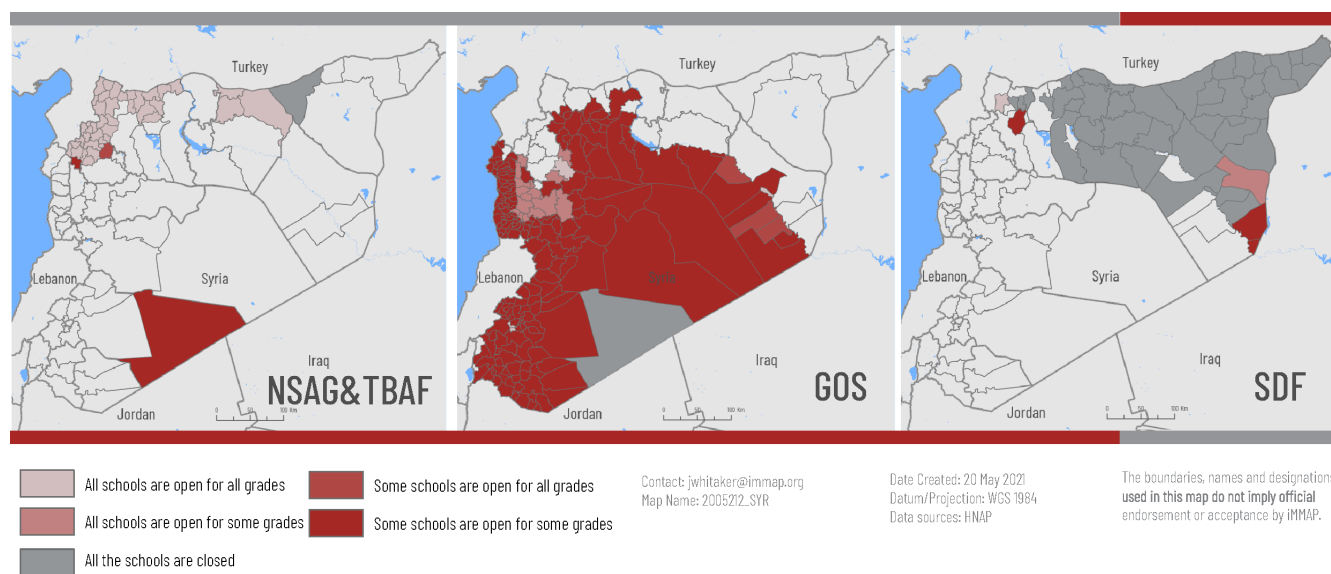
School closure and the end of the school year

Early school closure has been a measure mostly implemented in the northeast in April, with 83% of sub-districts having reported complete closure of schools. However, in the northwest, 91% of sub-districts reported schools being fully available, while in GoS held areas, 95% of sub-districts reported partially available ([HNAP](#) 13/04/2021).

In March, in GoS-held areas, Health officials from the Ministry of Education Directorate at the Ministry of Education announced that school closures were not considered to prevent students from missing out on more classes ([The Syria Report](#) 23/03/2021). Nevertheless, the Director of School Health in Homs closed two classrooms for five days during the first week of April after one infection was identified in each classroom ([Athr Press](#) 01/04/2021). The Ministry of Education announced an early end of the

school year from kindergarten to Grade 4 on 3 April, while Grades 5 through 7 would end their school year on 5 April ([OCHA](#) 05/04/2021). Secondary students would however continue to attend school, holding final exams for four days starting 25 April ([AP news](#) 03/04/2021). From 5 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, authorities closed schools, universities and institutes at least for the first two weeks of April ([Syrian Observatory for Human Rights](#) 03/04/2021).

Map 2. Access to School education as reported by community focal points - April ([HNAP](#) 26/04/2021)



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 March, communities reported that child labour was preventing children from going to school, at similar rates than the month before: in 80% of communities in the northwest, and 61% (an increase of 10 points from February) in the northeast, as well as early marriage in 39% of the communities in the northwest and 19% in the northeast. Unaffordability of a private tutor continued to be reported as a barrier by KIs between 30% and 25% of communities where barriers to education access were reported in the northwest and northeast (respectively) in March ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 19/04/2021).

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 northwest, only 2% of schools were affected by closures due to COVID-19 in March, compared to 28% a month earlier ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 19/04/2021).

Due to limited network, a lack of electronic devices and an inability to buy credit, the implementation of remote learning has been challenging. As of March, in the northwest, lack of access to internet, electricity and equipment was a barrier to accessing online education services for 10% of the respondents, decreasing by 12 percentage points from the previous month ([REACH Initiative NWS](#) 19/04/2021). The main barrier was an insufficient network, reported by around 85% of families with school aged children in Ar-Raqqa governorate, northeast, followed by unaffordability to buy credit, reported by 80% in Ar-Raqqa and Quneitra governorates. The lowest barrier reported was in Homs governorate with 55% of families reporting not having the needed devices for their children (HNO 29/03/2021).

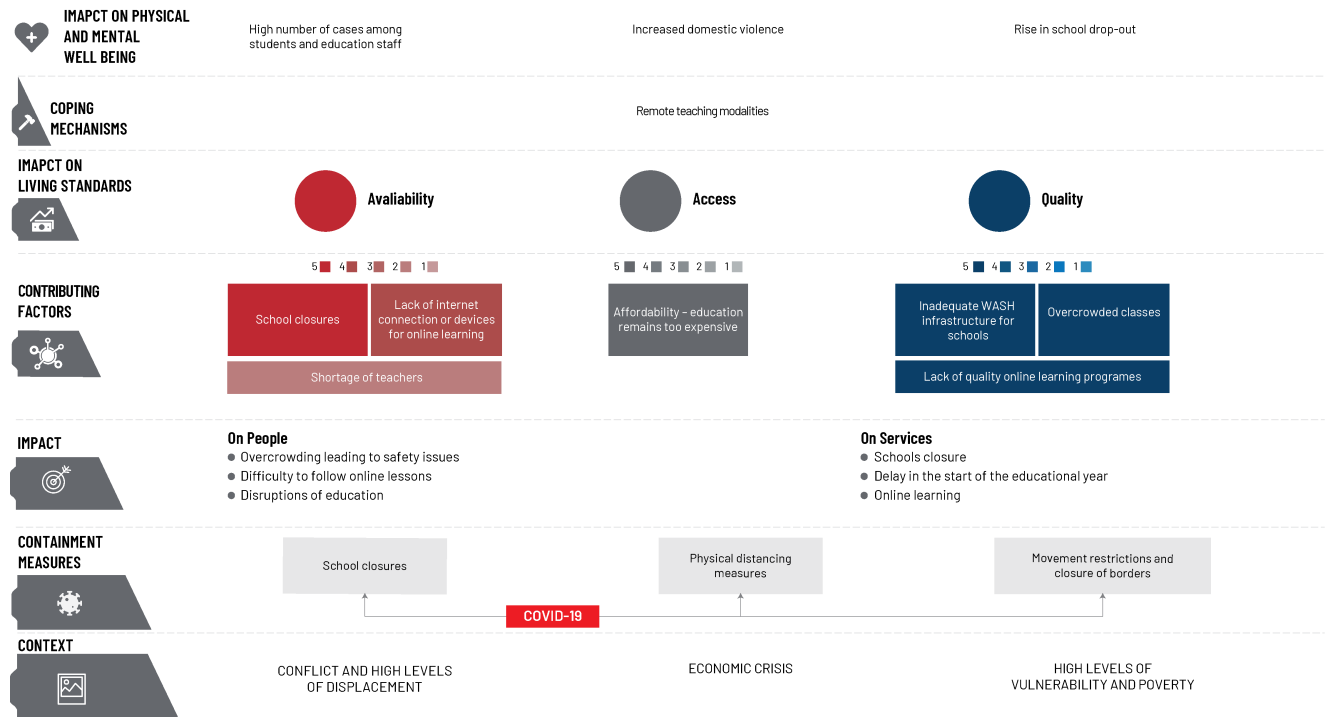
High rates of school drop-out

Almost 95% of all school-aged children already lived in areas where education conditions were assessed as catastrophic in 2020, especially in Aleppo, Idlib and rural Damascus governorates, resulting in a risk of 1.6 million children dropping out of school already in 2020 ([UNICEF](#) 03/12/2020). The COVID-19 context has exacerbated these poor conditions, resulting in higher rates of school drop-out.

Lack of suitable alternatives to remote learning, coupled with reduced livelihood opportunities for parents, has led to a high drop-out rate amongst children in 2020 across the country, especially in the north. Throughout Syria, 6.9 million people are in need of education, of which an estimated 2.45 million children are out of school, a 15% increase compared to 2019 and 15% are people with disabilities ([OCHA](#) 30/12/2020). Among returnees aged 12-23, the difference between people with disabilities and without disabilities attending school in Syria is 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 half or less of the school-aged resident children and 60% of school-aged IDP children accessed school in the last 30 days of March. This meant a decrease by ten percentage points from the previous months in the northwest and a slight increase in the northeast by 5 percentage points ([REACH Initiative NWS](#) 19/04/2021, [REACH Initiative NES](#) 19/04/2021, ([REACH Initiative NWS](#) 30/03/2021, [REACH Initiative NES](#) 30/03/2021).

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 resulted in psychological distress and anxiety. The 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 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 three-fourth in the final three months of 2020, with more than 1,700 reported in the northwest ([Save the Children](#) 29/04/2021).

Higher rates of child labour

Due to an overall deterioration of economic conditions, child labour was reported in almost two-thirds of surveyed resident communities and 80% of surveyed IDP communities in the northwest in January and February. Even more concerning is the high proportion of children below 12 years who are involved in child labour, reaching 19% in January and 17% in February ([REACH NWS](#) 24/03/2021). The rates decrease slightly in the northeast, but this strategy remains widespread with just less than half of resident communities and about 60% of IDP communities reporting resorting to that coping mechanism since December. However, the proportion of children below 12 years old who are involved in child labour decreased significantly, from 21% in January to 12% in February ([REACH Initiative NES](#) 24/03/2021). Similarly in March, both in northeast and northwest more than 10% of the children below the age of 12 were victims of child labour. 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 two-thirds of residents and IDPs in the northeast in March ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 18/04/2021).

Due to financial constraints and hike in prices, early marriage has also been more widely reported to meet basic needs, present in around 40 to 50% (northwest) and 25% (northeast) of surveyed residents and IDP communities since December ([REACH Initiative NWS](#) 22/02/2021, [REACH Initiative NES](#) 24/03/2021). In March, early marriage was reported in nearly half of the resident and IDP communities in the northwest and almost a quarter of IDPs and residents of the northeast have resorted to

early marriage ([REACH Initiative NES](#) 19/04/2021, [REACH Initiative NWS](#) 18/04/2021). Rise in child marriage was also noted in Quneitra, Latakia (urban IDPs), Deir-ez-Zor (rural and urban) and Al-Hasakeh (rural and urban) governorates ([Action Against Hunger](#) 12/04/2021).

Rise in extreme use of coping mechanisms

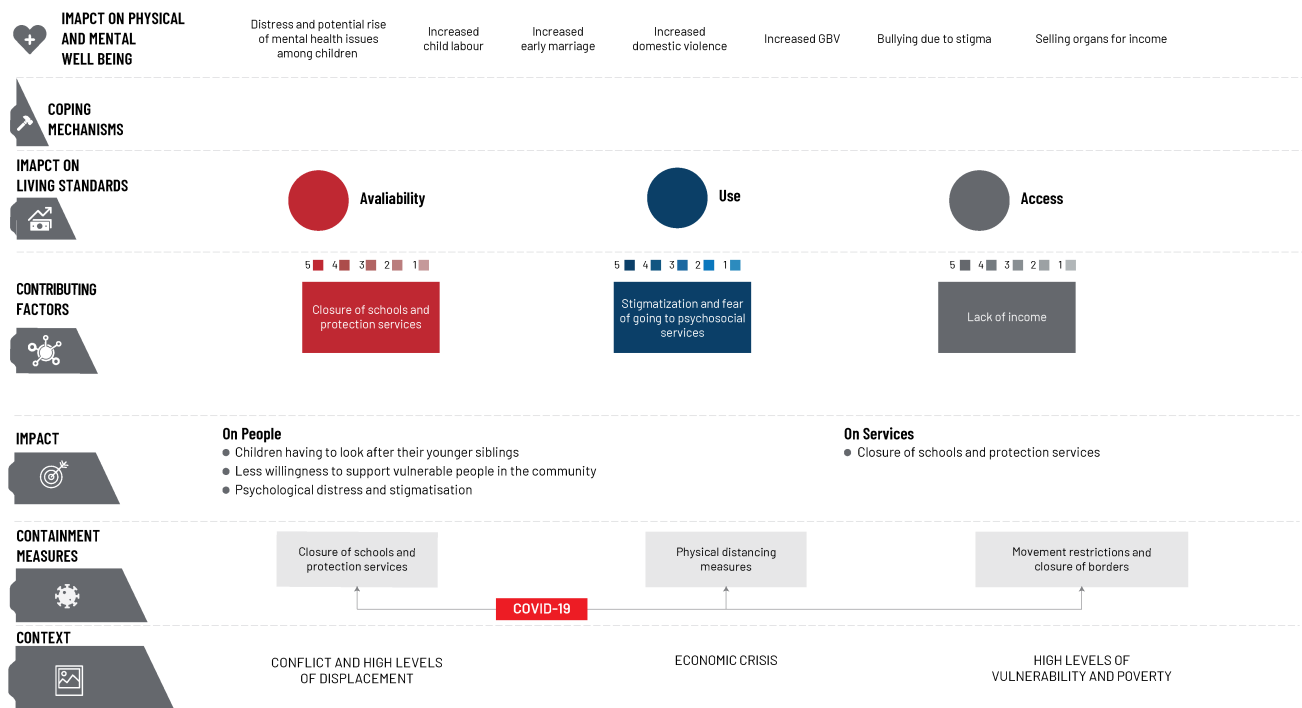
Anecdotal evidence in the GoS-held areas shows an increase in the number of people offering to sell their kidney in the black market for prices as high as USD 8000-12,000 due to poor living conditions ([The Syrian Observer](#) 07/04/2021).

Limited access to protection services

Availability of mental health measures are insufficient as more and more people show signs of distress due to COVID-19 related restrictions and stigma ([UNHCR](#) 28/04/2021). Almost half of the functioning health systems in Syria still lack psychosocial services as well as psychiatric units in the reporting month of March 2021 ([Health Cluster](#) 31/03/2021).

People with disabilities are believed to comprise 27% of Syria's population, but 75% do not have access to medical care (UNDP 10/2020), despite having greater needs of assistance or caregivers ([Protection Cluster](#) 11/02/2021). More than three fourth of the returnees are also facing difficulty accessing legal services. The rates are even higher among households having members with disability in 2020 ([HNAP](#) 16/04/2021).

Problem tree Protection





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

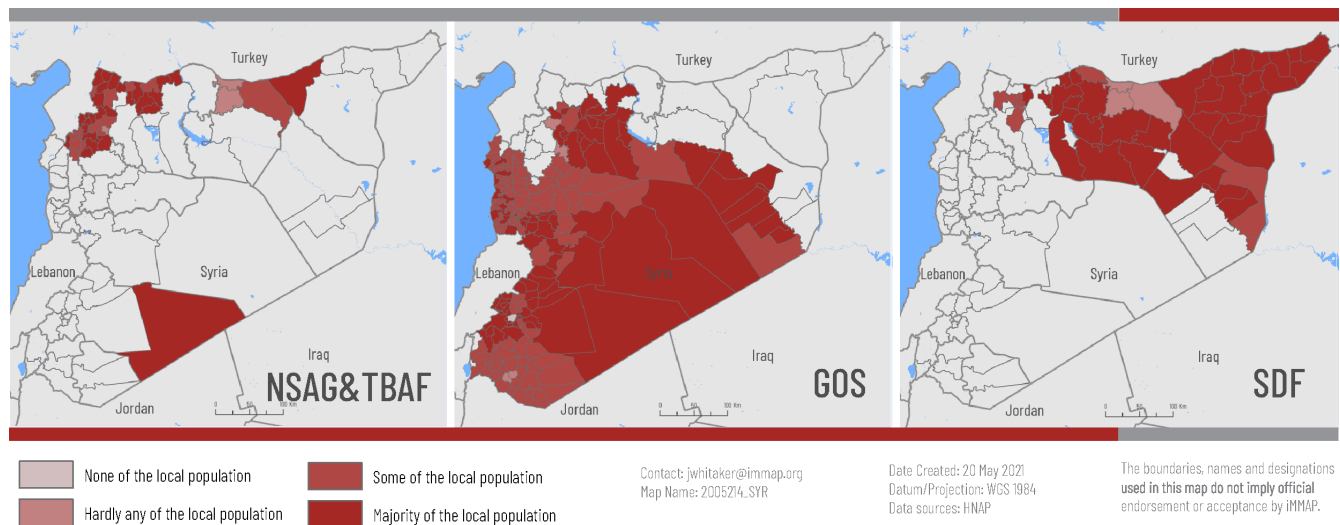
While previous surveys show that practicing hygiene measures, such as handwashing, was among the most widely adopted measures, access to water and hygiene items remains limited mostly due to limited economic resources and availability of water services. High levels of poverty are hindering access to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

unavailable and unaffordable to most

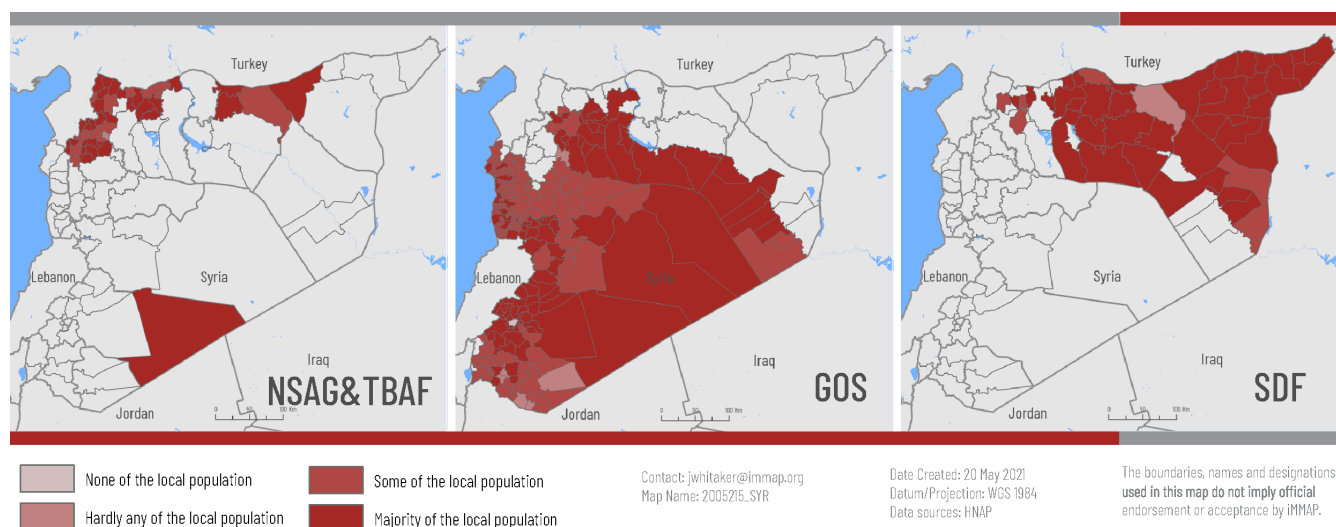
Across Syria, the majority of the population in about two thirds of the sub-districts continues to be in need of soap and water in April. Except in GoS-controlled areas where this need was only reported in more than one third, similar to last month. Masks and disinfectants are most largely needed in the northeast, around 75% of the sub-districts, a slight increase since 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 14/04/2021).

Soap and COVID-19 protective equipment remain

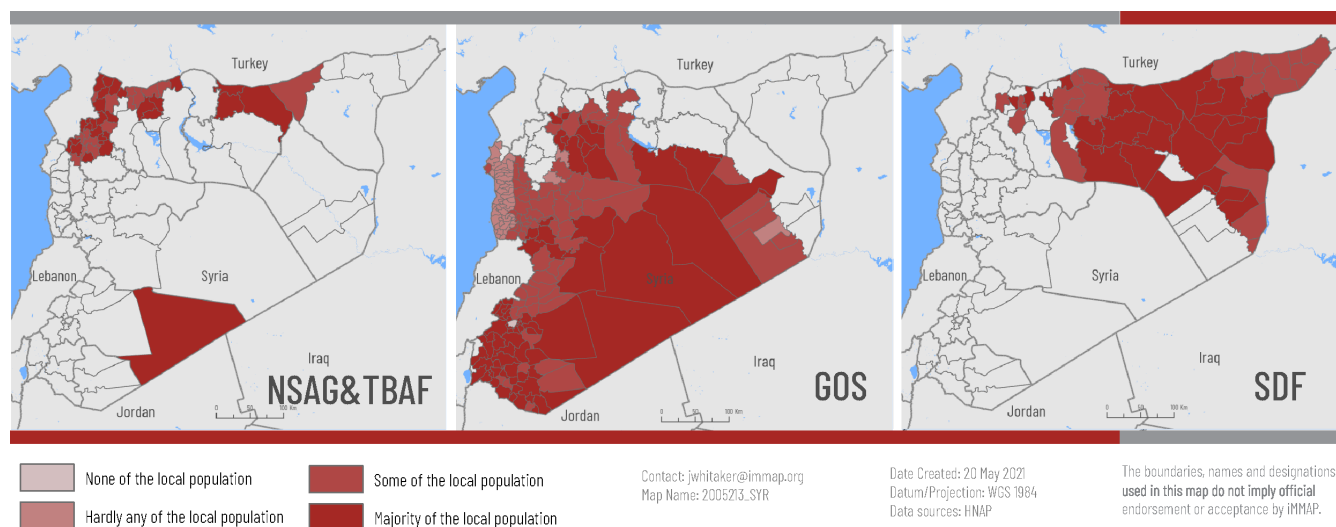
Map 3. Proportions of sub-districts in need of masks in April, as reported by community focal points ([HNAP](#) 26/04/2021)



Map 4. Proportions of sub-districts in need of disinfectant spray/gel in April, as reported by community focal points ([HNAP 26/04/2021](#))



Map 5. Proportions of sub districts in need of basic hygiene items in April ([HNAP 26/04/2021](#))



Compared to pre-COVID-19, February 2020, the prices of all COVID-19 related items have increased. Across Syria, an increase in the prices of all COVID-19 items was reported between February and March. The national average price of gloves witnessed the highest rise (30%), followed by soap (24%), bleach (16%), disinfectant (14% for spray, 9% for gel), and masks (7%) ([Food Security Cluster](#) 26/04/2021). In the northeast, however, the rise in the prices reached about one third for hand sanitizer, and one fifth for masks, despite the fact that both items are getting locally produced more frequently ([REACH Initiative NES](#) 13/04/2021). The median cost of Survival Minimum Expenditure Basket (SMEB) hygiene component increased by around one third in northwest Syria in March, reaching close to SYP 25,000, while in the northeast, a 15% increase was recorded, with a hygiene SMEB reaching SYP 27,525.

Despite the risk posed by the virus, soap and hygiene items are still widely reported to be unaffordable in the northeast, with about 15% of the communities able to afford soap, and even fewer adult hygiene items in March ([REACH Initiative NES](#) 19/04/2021). This is much less of an issue in the northwest where these items are more affordable, with 70% able to afford soap and 40% hygiene items, a decline compared to last month for the latter ([REACH Initiative NWS](#) 18/04/2021). However, only less than half of the camp populations in the northwest have access to both soap and water and handwashing facilities, 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 March, 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 NWS](#) 18/04/2021, [REACH Initiative NES](#) 19/04/2021). In the northeast, the estimated median monthly household expenses for water in March was at SYP 11,000, around 2.5 times the estimated median daily wage, with significant differences among governorates. Ar-Raqqa governorate stands with the lowest figure, SYP 1,500, while Deir Ez-Zor governorate, on the other hand, reached a very high SYP 18,000 ([REACH Initiative NES](#) 19/04/2021). In the northwest, the median monthly household expenses is almost double the one in the northeast, reaching SYP 20,418 in March, more than 3 times the estimated median daily wage ([REACH Initiative NWS](#) 18/04/2021).

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 March ([REACH Initiative NWS](#) 18/04/2021, [REACH Initiative NES](#) 19/04/2021). In a recent WASH Cluster household level survey, this even peaked to almost 80% of people stating they did not have access to sufficient water during the previous month ([OCHA](#) 26/03/2021). Households in the northeast have the lowest access nationwide to safe water (63%) ([HNAP Priority Needs and Access to Services](#) 25/03/2021), with Deir-ez-Zor and Al-Hassakeh governorates be particularly affected, with in half assessed sub-districts, all assessed communities reported insufficient access to water for a proportion of households ([REACH Initiative](#) 24/03/2021). Across 410 IDP sites, limited income and infrastructure are leading to households limiting their water usage, such as reducing drinking water consumption, with the average water consumption standing at 26 liters in the northwest in February, below the SPHERE standard daily 30 liters ([OCHA](#) 26/03/2021). Households across Syria with members with disabilities report lower access to water compared to those without members with disabilities (82% compared to 91%). In the northeast, around two thirds of households with members with disabilities have no access to regular water, while this falls to about one fifth in the northwest ([HNAP](#) 16/04/2021).

Water shortages across the country further exacerbate WASH needs

As most of the WASH infrastructure is considered poorly 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% out of 209 systems in Idlib and slightly more than half of 241 systems in Aleppo currently functioning ([OCHA](#) 26/03/2021). Among the IDPs living across 410 sites in northwest Syria about a fifth reported no chlorination of water and at least 70% of wastewater disposers were untreated and half of sewerage systems were non-functional ([OCHA](#) 26/03/2021). 15% of the stations in Aleppo and 16% of the stations in Idlib are running without being chlorinated ([OCHA](#) 26/03/2021). As a result, in the northwest camps, 70% of IDPs rely on trucked water from WASH partners. In Idlib governorate, 1.7 million people (two-thirds in camps and half in communities) are fully relying on water trucking ([OCHA](#) 26/03/2021).

WASH infrastructure seems to be better in the northeast, with around two-thirds of the communities reported piped water network the most common source for drinking water ([REACH Initiative NES](#) 19/04/2021), while in the northwest, private water trucking was the source most commonly used ([REACH Initiative NWS](#) 18/04/2021). The main water station, Alouk, resumed operations at the end of January 2021, following several cuts over 2020. However, a fire at the electricity station supplying the water station mid-April led to another interruption for two weeks, directly impacting 460,000 people in Al-Hassakeh and Tal Tamer cities and 70,000 people in Al-Hol and nearby camps. While the station returned operational on 27 April, its capacity remained insufficient to supply the majority of the population. 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 ([OCHA](#) 28/04/2021). Further disruptions to already under-providing water infrastructure will increase reliance on alternative water sources that are more expensive and less hygienic, further complicating the prevention of COVID-19 infection and increasing the risk of COVID-19 transmission ([UNICEF](#) 02/02/2021).

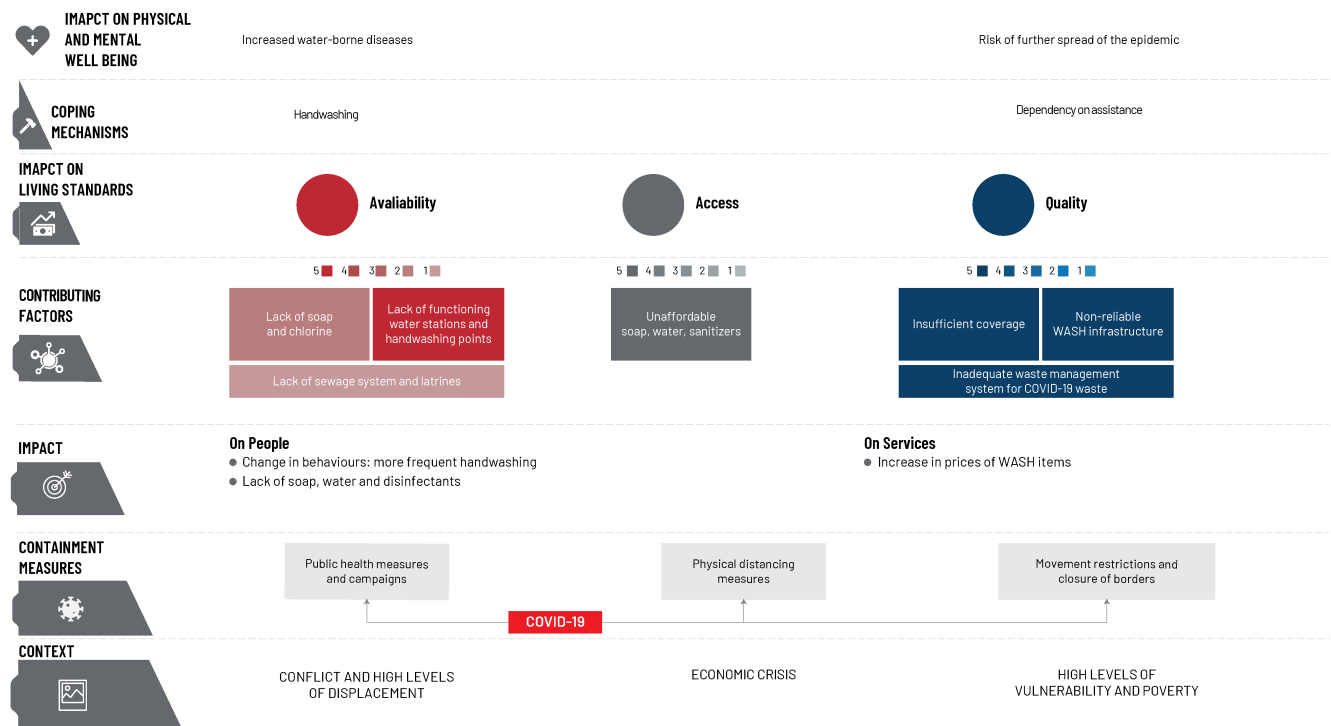
In the northeast, the vast majority of the communities continue to lack a sewage system, while this figure stands at less than half in the northwest ([REACH Initiative NES](#) 18/04/2021, [REACH Initiative NWS](#) 19/04/2021). About one third of the public hospitals in GoS areas lack waste management services, while around 10% have no safe water and/or sanitation system available ([Health Cluster WHO](#) 31/03/2021).

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 the close to 2 million IDPs sheltering in informal settlements, planned camps and collective shelters ([OCHA Needs and Response Summary](#) 15/03/2021).

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). Dana, Azaz, Idleb, Albab, Maaret Tamesrin, Daret Ezza, Afrin and Atareb sub-districts are considered significant hotspots for waterborne disease, with Dana, Maaret Tamesrin, Afrin, Azaz and Al-Bab sub-districts reporting the highest number of leishmaniasis cases ([OCHA](#) 26/03/2021).

Problem tree WASH





Shelter: Overcrowding and harsh winter 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 put IDPs at 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 11 April, close to 2,300 confirmed COVID-19 cases were reported in camps, of which 760 in Aleppo governorate and about 1,530 in Idlib governorate ([UNHCR](#) 28/04/2021). In both northwest and northeast, about half of communities where COVID-19 risk indicators were reported mentioned overcrowding as a shelter inadequacy, similar level from previous months ([REACH Initiative](#) 19/04/2021, [REACH Initiative](#) 18/04/2021).

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). Unaffordability is also a main barrier in accessing shelter, with in the northwest, in March, two thirds of communities mentioned rent prices were unaffordable for the majority of people. ([REACH Initiative](#) 18/04/2021). This was reported to be less of an issue in the northeast, with only 20% of communities expressing this barrier ([REACH Initiative](#) 19/04/2021), similar level from previous months.

The health and safety impacts of overcrowding and living in damaged buildings became even more acute during the winter season, with approximately 3.1 million people estimated to need winter assistance across Syria ([Shelter & NFI Sector](#) 18/01/2021). Both fuel and electricity have become scarcer and more expensive over 2020 (see Logistics). In the northeast, in March, among communities where winter-remated shelter inadequacies were reported, about a third of residents and close to 40% of IDPs mentioned lack of heating and lack of insulation from the cold as main challenges ([REACH Initiative](#) 19/04/2021). This was more highly reported in the northwest, with in March, more than 50% of IDPs and 40% of residents mentioning lack of heating and lack of insulation from the cold as main challenges ([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). In March, the informal national average price of heating diesel increased by 30% compared to a month before, reaching SYP 1,630 per litre, as a result of increased demand during the winter season and the decrease in government fuel allocation ([WFP](#) 26/04/2021). In GoS-held areas, the Ministry of Internal Trade and Consumer Protection raised the formal butane gas cylinder price by 26% in March ([Food Security Cluster](#) 26/04/2021).

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.

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, high-quality diesel and gasoline prices, mostly imported from Turkey and Europe, spiked in February ([REACH Initiative](#) 13/04/2021). Syria's domestic fuel supply has fallen short of the population's needs, leaving the country to heavily rely on imports, with high-quality transport fuel not available for 85% of fuel vendors in the northeast ([REACH Initiative](#) 13/04/2021). 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). This was less significant in the northeast: while high-quality petrol prices increased by 25%, transport fuel prices decreased slightly in March and manually refined petrol only slightly increased ([REACH Initiative](#) 08/04/2021, [REACH Initiative](#) 13/04/2021).

Due to fuel unavailability, the Syrian Ministry of Petroleum and Mineral Resources declared a temporary cut in fuel allocations of 15% for petrol and 20% for diesel across government-controlled areas mid-March, the second cut in fuel allocation since the beginning of the year ([WFP](#) 13/04/2021). In March, the government also stopped subsidizing the most popular Octane-90 gasoline and set a unified price of SYP 750 per liter, a more than 60% price increase compared to the month before ([The Syria report](#) 23/03/2021). The price of 95-octane gasoline was also increased by almost 50%, and non-subsidized fuel by 15% ([WFP](#) 13/04/2021).

As a result of fuel shortages, transportation costs are skyrocketing, impacting all services. 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.

Electricity access remains limited

Electricity access remains restricted throughout Syria, especially in the northwest, where electricity was estimated to only be available for 5-6 hours a day in March ([REACH Initiative](#) 18/04/2021). In the northeast, this was reported to be less of an issue, with most communities reporting accessing 12 hours of electricity per day ([REACH Initiative](#) 24/03/2021). In GoS-held areas, continuous power outages exceeding three days have been reported in the countryside of Dara'a, with load-shedding time doubling in April, reaching more than 12 hours a day ([SyriaTV](#) 04/04/2021). In Latakia governorate, officials announced in March increased load shedding from 5 to 6 hours due to a shortage of electricity ([Al Watan online](#) 26/03/2021). In northern Syria, communities continued to report in March that high cost of fuel was a main barrier to access electricity through generators, at slightly higher rates in the northeast ([REACH Initiative](#) 19/04/2021, [REACH Initiative](#) 18/04/2021).

About 60% of households across the country reported to not have access to electricity ([HNAP](#) 25/03/2021), notably negatively impacting WASH, heating and health services ([OCHA](#) 30/03/2021). As a result, a third of households identified electricity as their fourth priority need ([HNAP](#) 25/03/2021). In the northwest, about 70% of households indicated a need for fuel in January 2021, a significant increase compared to the 32% a year ago. The proportion also doubled in the northeast but to reach much lower rates, with about a quarter of households reporting electricity as a second priority need ([HNAP](#) 12/04/2021). COVID-19 only slightly exacerbated these poor conditions, with 3% of communities in the northeast reporting that repairs to electricity infrastructure had been delayed due to COVID-19 measures ([REACH Initiative](#) 24/03/2021).

3. Information gaps: what are we missing?

We review this section each month 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 ASSESSMENTS CONDUCTED IN Q1 2021

Between January and March 2021, at least 64 needs assessments related to COVID-19 were conducted in Syria. More than a third 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 more than half of the assessments was the sub-district, providing a good level of data disaggregation. Unsurprisingly, health was the sector most covered, followed by containment measures, communication especially up until the summer, and then the WASH sector. Since September and the reopening of schools, an increase in the number of Education assessments was noted. Almost all assessments were looking at all population groups, but IDPs is the top-ranking group being surveyed when needs assessments were only looking at a specific to a vulnerable group.

SEPARATING COVID-19 EFFECTS FROM OTHER DRIVERS REMAINS A CHALLENGE

Overall, Syria's COVID-19 information landscape remains rich, and sector-specific information is being collected and shared regularly. Health remains the sector with the most related information, followed by food security and livelihoods and education, without surprise as these are the most disrupted sectors and impacted by COVID-19 related restrictions. A low number of COVID-19 related needs assessments in the protection sector makes quantifying identified impacts and trends difficult. Information is often available for different vulnerable groups — displaced populations, female-headed households, children, etc. It is also possible to disaggregate information by geographical areas, although central and southern Syria are the areas where needs are least reported. Data is only available in areas with regular access. When assessments have not

been conducted, there is a general tendency to center the analysis and draw conclusions from information or data from main cities and extrapolate these findings to generalize it to the entire governorate, erasing some of the disparities that may exist between urban and rural areas.

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

LACK OF INFORMATION ON GOS-CONTROLLED AREAS

Population awareness

COVID-19 information needs:

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

Information channels:

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

Barriers to implementing preventative measures:

The main reported barriers to adhere to preventive measures continue to be insufficient money to buy protective items and not being able to afford not working in northern Syria. Such barriers in GoS-controlled areas are less clear and quantifiable.

COVID-19 RELATED IMPACT

Livelihood:

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

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. Since the school year is coming to an end, a lack of updated attendance rate is missing and would help better understanding assess COVID-19 impacts.

WASH

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:

It has been identified that social stigma and fear of livelihood loss is leading to reluctance to seek treatment which has resulted in underreporting of cases, patients seeking treatment at a late stage when severe symptoms have already developed, and some victims of the disease likely dying at home without seeking treatment at all. A deeper understanding of what is driving treatment-seeking behaviors, and how this differs among factors such as acceptance of the virus, location, gender, socio-economic status, service availability, service quality, service awareness, and service access may assist partners increase the utilization of services going underused despite suspected widespread transmission

Public perceptions of COVID-19 vaccines:

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

Impact on remittances:

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

Nutrition:

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

Annex

CONTEXT

Map 6. 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

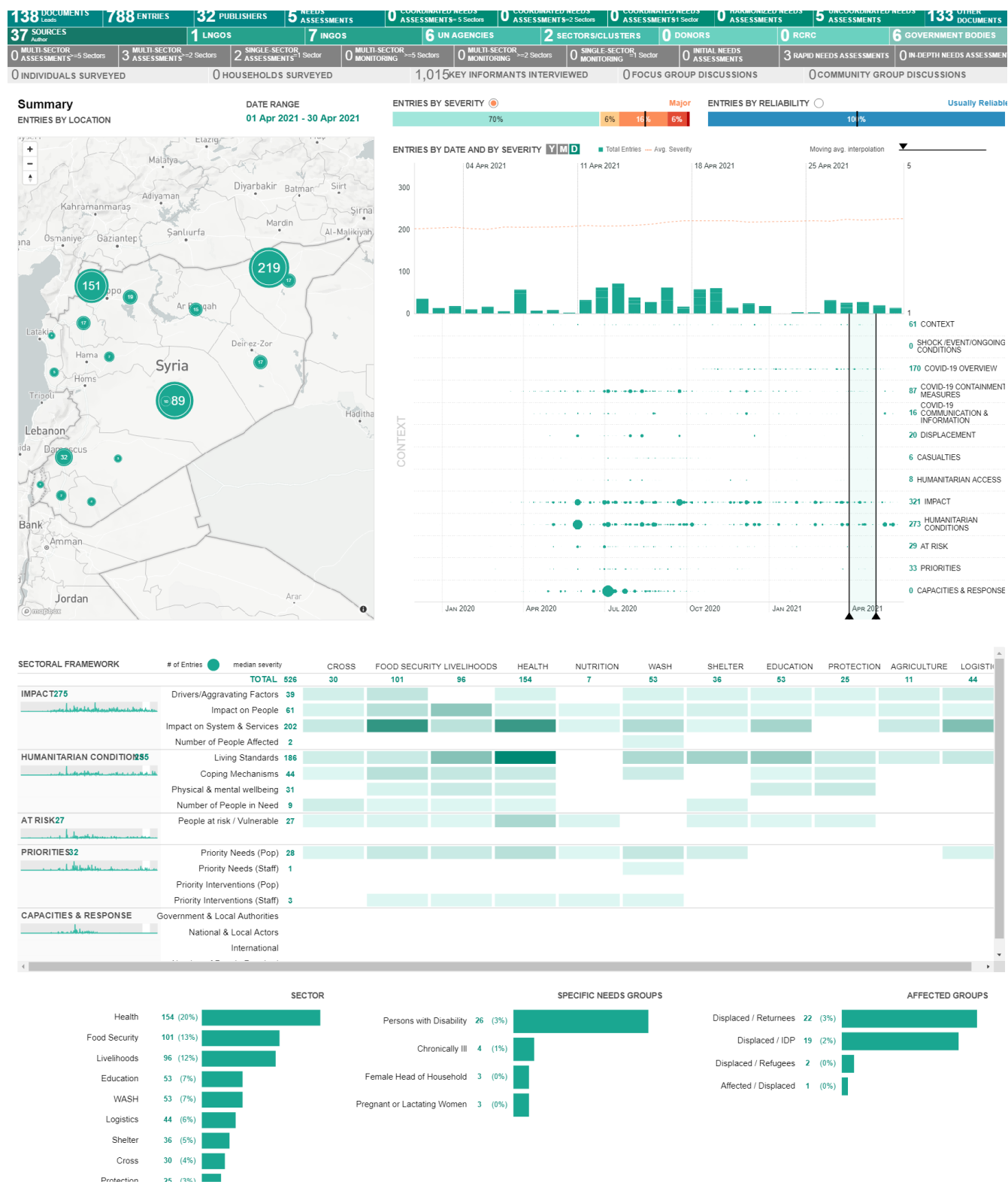
focuses on assessing critical dimensions of a humanitarian crisis and facilitate an understanding of both unmet needs, their consequences and the overall context within which humanitarian needs have developed and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 8.

Figure 10. Secondary Data Analysis Framework.

1. Context					
Political	Security	Socio cultural	Demographic		
Legal & policy	Economics	Infrastructure	Environment		
2. Events/Shock/Ongoing Conditions					
Type & Characteristics	Drivers & Aggravating factors		Mitigating factors		
3. COVID-19 Overview					
Cases	Deaths	Testing	Contact Tracing	Hospitalization & Care	Research & outlook
4.COVID-19 Containment related measures					
Physical distancing	Movement restrictions	Public Health measures	Lockdowns		
5. Displacement					
Type: #. Mvmt	Push factors	Pull factors	Intentions	Local integration	
6. Casualties					
Injured	Missing		Dead		
7. Humanitarian Access					
Access of affected population to assistance	Access of relief actors to the affected	Security / physical constraints	People facing humanitarian access		
8. COVID-19 Communication and Information					
Prevention campaigns	Knowledge and misinformation	Information channels and means	Information challenges and barriers		
9. Impact					
13. Capacities / Response	12.Priorities	11.At Risk	10.Humanitarian n Conditions	Drivers & Aggravating factors	
				Impact on people	
				Impact on services and systems	
				Living standards	
				Coping mechanisms	
				Physical / mental wellbeing	
				People at risk/vulnerable	
				Priority needs (pop)	
				Priority needs (Hum.)	
				Priority interventions (pop)	
				Government & local authorities	
				International actors	
				National/local actors	
				Cross sector	
				Food Sec	
				Livelihood	
				Health	
				Protection	
				Education	
				WASH	
				Shelter	
				Logistic	
Analytical Outputs					
				Crisis impact:	
				Humanitarian profile Affected people	
				Severity of humanitarian conditions: PIN by severity class	
				Number of people at risk	
				Current and forecasted priority needs: Priority geo areas Priority aff. groups Priority sectors Etc.	
				Gaps in response: PIN Reached PIN Covered PIN not reached	

of the information captured for this report are available below.

Figure 11. Information captured for Syria in DEEP between 01/04/2021 and 30/04/2021.





Thank you.



Contact

Global project manager

Benjamin Gaudin

email: bgaudin@immap.org

Syria focal point

Ali Al-Bayaa

email: aalbayaa@immap.org

Website

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



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