



Main Implementing Partner



COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



JANUARY 2021

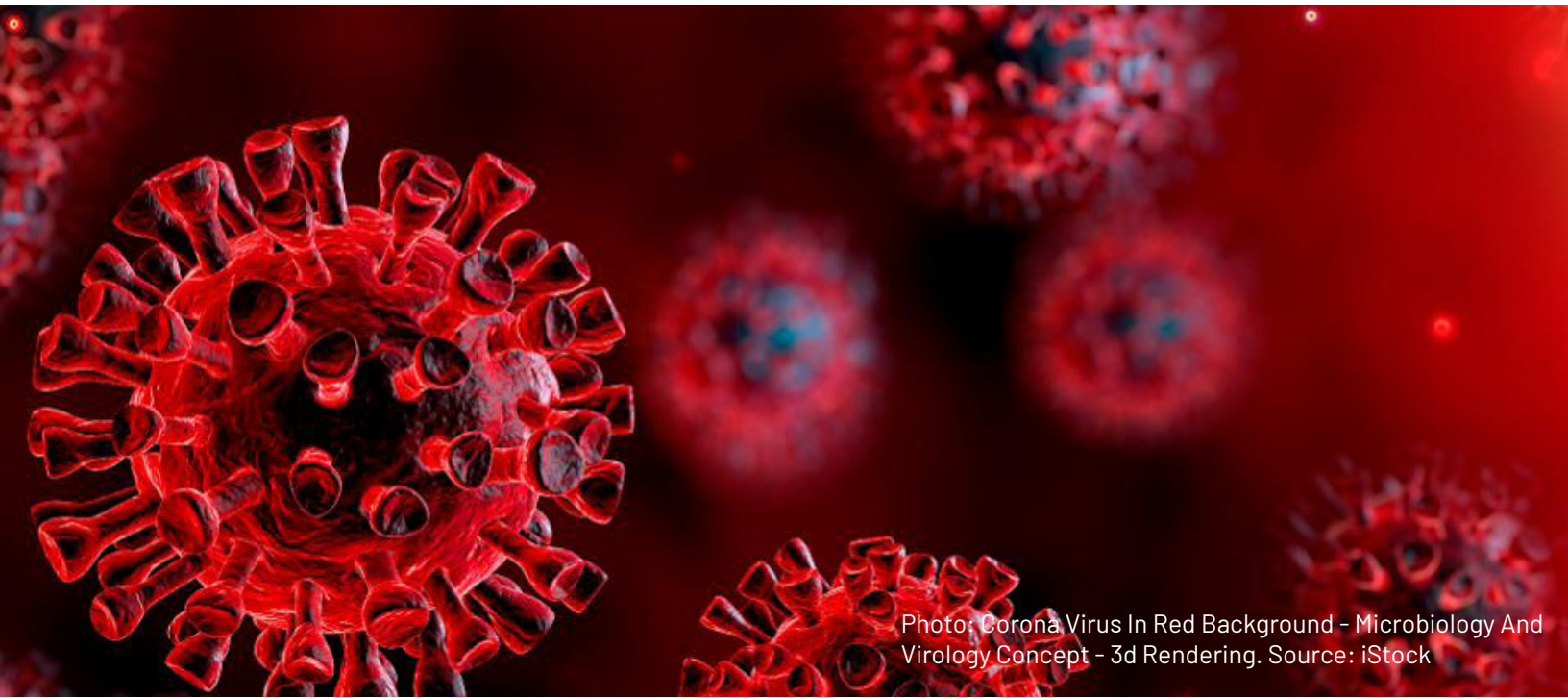


Photo: Corona Virus In Red Background - Microbiology And Virology Concept - 3d Rendering. Source: iStock

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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

Infection remains widespread despite a decreasing rate of newly reported cases and positivity rates

As of 31 January a total of 43,500¹ cases (211 per 100,000) were recorded across the country ([MoH GoS](#), [WHO](#), [NES COVID-19 Dashboard](#)).

While testing remains too limited to understand the true extent of the outbreak, there are indications that Syria may be experiencing a renewed wave of infections, with continued widespread community transmission. Cases reported in schools continue to increase, although at a slower rate, almost doubling since mid-December reaching 2,100¹ cases by mid-January, including 80 deaths. Of these, half were reported among teachers and staff ([WHO & OCHA](#) 01/02/2021).

Government-held areas: still high positivity rates despite decreasing number of confirmed cases

As of 31 January, more than 14,000¹ confirmed cases had been recorded in government-held areas, including 921 deaths (MoH 31/01/2021), about double the caseload as of the end of November. While daily reported cases have decreased in January ([WHO & OCHA](#) 01/02/2021), more than 50% of tests are coming back positive in As-Sweida and Tartous governorates and 60% in Homs governorate ([OCHA](#) 20/01/2021). As only patients with severe conditions in hospitals

and clinics are being tested and with limited testing and accurate information from the government, the real scale is likely even greater ([The Syria report](#) 16/12/2020). Reports of 100% bed occupancy rates increased in December, notably in As-Sweida and Homs governorates ([OCHA](#) 16/12/2020).

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

As of 31 January, about 21,000¹ total confirmed cases in Northwest Syria were reported, mostly in Aleppo and Idlib governorates ([Assistance Coordination Unit](#) 31/01/2021), an increase of only a few hundred compared to a month ago. Although the rate of new cases between December and January declined sharply compared to November and December (7% increase compared to 47%), the number of deaths associated with COVID-19 increased by 46%, reaching 380 COVID-19 associated deaths half of which were in just two districts, Harim and Idlib ([WHO & OCHA](#) 26/01/2020 & [Assistance Coordination Unit](#) 31/01/2021). However, anecdotal information suggests that COVID-19 remains widespread, notably due to people still being reluctant to seek testing and treatment due to stigmatisation and concerns about the loss of livelihoods ([OCHA](#) 26/01/2021). Cases in camps continue to represent about 10.5% of all confirmed cases, a stable proportion compared to December, with most being reported in Harim camp ([OCHA](#) 26/01/2021).

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

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

As of 31 January, 8,000¹ cases have been reported in the northeast, including almost 400 deaths ([NES COVID-19 Dashboard](#) 01/02/2021) with around 13–30 daily cases ([SANES](#) 31/01/2021). The transmission rate has been continuously slowing down since late November following a lockdown ([OCHA & WHO](#) 09/12/2020). The weekly average number of cases had significantly reduced, starting from 140 at the end of October, to 21 as of 3 January, then to 10 as of 31 January. Camps continue to report cases in northeast Syria, especially Washshukanni camp in Al-Hassakeh, where the virus is reported to be spreading exponentially among the more than 10,000 displaced people living there ([The Syria report](#) 06/01/2021). No new cases have been confirmed as of 12 January at Al-Hol camp due to limited testing capacity (NES Sites and Settlements Working Group 20/01/2021). A decrease in transmission appears to have occurred in some areas, but the figures likely do not provide an accurate reflection of the prevalence of infection across the region, as reduced testing capacity due to supply shortages complicates trend analysis. Similarly to the other geographical areas, the true prevalence is likely much higher as testing capacity and case detection ability remains limited in the northeast. In December, among reported deaths at nine COVID-19 facilities, about 40% died within 24 hours of admission and many others died within 48 hours. This late presentation to the centers may highlight patients' reluctance to seek treatment and inadequate referral from other health facilities, resulting in delays in admission of COVID-19 patients ([OCHA & WHO](#) 09/12/2020).

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

Considering the limited number of tests being performed the actual number of cases and deaths is likely to far surpass official figures. High positivity rates and death reports suggest that the true scale of the epidemic is largely underestimated. Community stigmatisation, fear of income loss, and reluctance to go to hospitals continue to participate in the underreporting of cases alongside limited testing capacities.

Limited testing capacities

Contact tracing and testing remain challenges across the country, notably in remote governorates and camps ([WHO & OCHA](#) 12/01/2021). The testing rate is still far below what would be required to more accurately detect infection prevalence. Health authorities still struggle to keep up with the spread of the epidemic and to significantly scale up their testing operations.

In government-held areas, as of 25 January, the Ministry of Health reported that laboratories in Damascus, Aleppo, Latakia, Rural Damascus, and Homs had conducted a total 91,400 tests since the start of the epidemic, with 550 tests on a daily basis ([WHO & OCHA](#) 01/02/2021). However, as PCR tests were limited in November to only critical cases admitted in health centers ([Syria TV](#) 20/12/2020), tests and cases do not reflect the epidemic's scale.

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, [OCHA](#) 09/12/2020). As of 31 January, a total of 84,400 tests have been performed ([Assistance Coordination Unit](#) 31/01/2021).

By the end of 2020 a total of 73,817 tests were recorded in the northeast ([EWARN](#) 31/12/2020). Testing capacity continues to decrease in January 2021 due to test kit shortages, with only 61 tests conducted on average per week, after already a drop by 36% in December in the number of tests performed ([WHO & OCHA](#) 12/01/2021, SANES 03/01/2021, [WHO & OCHA](#) 23/12/2020).

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

Issues with social acceptance of those infected and fear of stigmatization or even bullying by the community continue to be reported, driving people's reluctance to seek treatment or testing and to support community members. Many now consider COVID-19 "shameful" and hold COVID-19 patients responsible for their infection because they did not adhere to protective measures ([Enab Baladi](#) 13/11/2020). Health workers and health facilities are perceived negatively and seen as "spreaders" of the virus. Social stigma and patients' reluctance to go to hospitals mean that significant numbers of people with symptoms are likely not seeking care or are being treated at home. This leads to further difficulty in ascertaining the real scale of the epidemic, as well as increases the likelihood of patients to present to facilities late and develop more severe symptoms

hereby decreasing their chance of survival ([OCHA & WHO](#) 29/10/2020). Such a high fatality rate at COVID-19 treatment facilities is, in turn, strengthening people's reluctance to seek treatment ([OCHA & WHO](#) 09/12/2020). In the northeast, overall levels of hospitalizations in COVID-19 dedicated health facilities were low at the end of November, despite suspicions of widespread and rising infections among the population, due to the patients' reluctance to seek treatment ([OCHA & WHO](#) 09/12/2020).

Awareness campaigns may have contributed in reinforcing this behavior in instances where going to hospitals was discouraged unless they had critical symptoms to avoid exhaustion of healthcare resources.

While anecdotal evidence continues to report this phenomenon, its scale remains difficult to ascertain. 69% of the respondents to REACH monthly surveys in the northwest and 87% in the northeast believed that COVID-19 is generating discrimination, especially against Covid-19 positive or suspected people and healthcare workers ([REACH Initiative](#) 08/01/2021, [REACH Initiative](#) 08/01/2021).

In GoS-held areas, fear and deep distrust of state institutions are also driving people from reporting symptoms or seeking care, as patients refuse to go to public hospitals ([Physicians for Human Rights](#) 08/12/2020, [Enab Baladi](#) 13/11/2020).

Vaccination: plans started but campaigns will face significant obstacles

In GoS-held areas, Government officials announced they will likely receive the “Sputnik V” COVID-19 vaccines in the first quarter of 2021 ([Enab Baladi](#) 09/01/2021), after negotiations with Russia. High-risk groups, such as health workers, elderly, and people with co-morbidities would be prioritized ([WHO & OCHA](#) 01/02/2021).

Initiatives are taking place to facilitate the acquisition of vaccines for the northwest by local authorities and international partners ([Enab Baladi](#) 09/01/2021). Plans are underway for vaccination of about 20% of the population, 850,000 people, of which 3% will be for frontline workers. However, this is unlikely to be taking place before the second quarter of 2021 due to high operational costs, lack of logistics capacity and misinformation and reluctance by the population to get vaccinated ([WHO](#) 28/01/2021). No arrangement has been announced at the time of writing (05/02/2020) in northeast Syria to obtain vaccines ([HRW](#) 02/02/2021).

However, lack of storage capacity and the security situation are likely to hinder and delay the roll-out ([Enab Baladi](#) 09/01/2021, [Syria Direct](#) 14/01/2021). Due to the insecurity and hostilities, people may not be able to access

vaccinations when the campaign will start and will likely face additional security risks going to the health centers. Opposition members and others targeted by the regime will not feel safe enough to access vaccines, resulting in potential large gaps in immunization coverage ([Syria Direct](#) 14/01/2021). Doubts also remain about Syria’s preparedness levels to receive, store, distribute, and vaccinate, considering the country’s current logistic, economic, and social conditions. Storage is the main challenge to vaccination efforts, given the persistent power cuts in Syria and lack of fuel and addition to cold chain challenges, limited open border crossings will also be an issue. ([Enab Baladi](#) 09/01/2021).

In addition, considering already the stigmatisation and reluctance to get tested or treated, there are concerns that vaccines would not be accepted widely. In a poll, conducted by the newspaper Enab Baladi, out of 191 respondents, 72% reported that the vaccine is a source of anxiety and only a third reported they would get vaccinated ([Enab Baladi](#) 09/01/2021), similar to the rate found in Jordan, Kuwait, and some other countries in the region ([Vaccines](#) 12/01/2020).

Communication campaigns have started to also include the topic of COVID-19 vaccines to generate public demand ([OCHA & WHO](#) 12/01/2021).

Continued increases in transmission possible

As 63% of the population in the northwest are Internally Displaced Persons (IDPs) ([HNAP](#) 11/08/2020), and many live in overcrowded settlements ([REACH](#) 19/09/2020), contagion potential is high, compounded by winter crowding and recent flooding. Crowding, inadequate shelter and poor access to basic services make it nearly impossible to properly adhere to physical distancing or other public health precautions and put IDPs at risk of COVID-19 infection ([Al-Araby](#) 20/11/2020, [Human Rights Watch](#) 15/10/2020). The Ministry of Health of the Syria Interim Government in the northwest estimated that around 64,000 people are at critical risk of infection ([The Syria report](#) 14/10/2020). In the northwest, around 40% of the adult population is estimated to have comorbidities and around 76,000 people are over 60 years old. Both factors could lead to poorer outcomes ([MedRxiv](#) 07/05/2020). Nationally, 1.8 million people are over 60 ([HNAP](#) 11/08/2020). According to HNAP Regional COVID-19 Vulnerability Maps, 9,371,553 were at high COVID-19 risk in GoS-controlled areas in December, 1,973,610 were at high risk in SDF-controlled areas, and 2,918,316 were at high risk in areas controlled by non-state armed group and Turkish-backed armed forces ([HNAP](#) 11/01/2021)(see [Context](#)).

B. CONTAINMENT MEASURES

While authorities initially closed most public services and restricted movement, progressive relaxation of these containment measures took place during the summer of 2020. However since mid-October, following an acceleration of reported cases and low community compliance, tighter containment and public health restrictions were imposed in December in both GoS-controlled areas and northeast Syria, with mandatory wearing of masks in public ([OCHA & WHO](#) 23/12/2020, [Xinhuanet](#) 17/12/2020) and higher fines for non-abiders to the policy (up to 25,000 pounds per driver and 1,000 per citizen not using a facemask) ([Sham](#) FM 15/12/2020, [SANES Syria](#) 05/12/2020, [Al-Khabar](#) 02/12/2020).

In GoS-held areas, mid-December, containment measures were tightened, with new limitations imposed on gatherings such as weddings and funerals in most governorates for at least one month ([Al Watan](#) 17/12/2020, [Sham](#) FM 14/12/2020, [Al-Khabar](#) 02/12/2020), and public health rules were more strongly enforced, with the penalty of arrests for anyone not complying in As-Sweida governorate ([Al Watan](#) 28/11/2020). Soldiers were spotted circulating in the city of Busra mid-December and disseminating, via loudspeakers, awareness messages reminding people of the necessity to wear facemask and gloves to prevent COVID-19 transmission, threatening non-compliant shop-owners with shutting down their businesses ([Enab Baladi](#) 02/01/2021). A total lockdown seems unlikely to be considered by the authorities due to the significant economic losses accrued the previous one led to ([Syrian Observer](#) 11/12/2020).

In Dara'a governorate, rising cases in schools led local authorities to shut down education facilities for 15 days in mid-December ([Enab Baladi](#) 10/12/2020). While new restrictive measures were put in place, travel remains relatively unimpeded. The domestic airports in Aleppo, Latakia and Qamishli reopened on 21 December, at a rate of four flights per day, with no PCR test required for domestic travel, which could result in further spread of the virus across the country ([Syria TV](#) 21/12/2020, [Syria TV](#) 16/12/2020).

In the northwest, education facilities were closed mid-December for a month and held only remotely online due to rising cases (also see [Education](#)) ([Syrian Interim Government](#) 15/12/2020). As preventive measures were mostly not abided by, in Tartous governorate, a new compromise was implemented with cafes allowed to remain open until midnight if the occupancy rate was reduced and physical distance was maintained ([Albaath Media](#) 13/01/2021).

In northeast Syria, containment measures were further tightened in November, with a partial lockdown announced on 30 October 2020, and since then extended three times,

until 3 February 2021 ([SANES](#) 20/01/2021). Early closure of food shops and markets continued, as well as places of worship except for the weekly prayers. All major gatherings (weddings, funerals, conferences, etc.) continue to be strictly prohibited but education facilities are allowed to open as long as strict health procedures are implemented. Authorities continued to require all citizens to wear masks in public transports and weekly prayers, and use personal protection measures ([SANES](#) 20/01/2021). Due to continued low levels of mask-wearing, coordinated campaigns were implemented to promote the importance of face masks to prevent COVID-19 infection ([WHO & OCHA](#) 12/01/2021).

Most international land borders continue to be closed, with some limited exemptions for humanitarian movements. 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).

Timeline



January 2021



C. PREVENTATIVE MEASURES

Despite communication campaigns, gaps in knowledge remain

In the northwest, according to data collected in October, gaps in COVID-19 understanding remained, as 52% of the respondents continued to believe that all patients with COVID-19 show symptoms and two-thirds only mentioned the possibility of airborne transmission. However, ways of contracting COVID-19 and people most at risk were rightly identified. Despite evidence of misinformation surrounding preventative measures, respondents were also fairly aware about the correct preventative measures and identified wearing masks (79%), washing hands (77%), avoiding crowds (72%) as strategies to reduce the chance of getting infected with COVID-19 ([REACH Initiative](#) 07/12/2020).

In the northeast, according to data collected in October in Al-Hassakeh governorate, gaps in COVID-19 understanding were also high, as 50% of the respondents continued to believe that all patients with COVID-19 show symptoms and only two-thirds mentioned the possibility of airborne transmission. However, people most at risk, elderly, people with pre-existing conditions and health workers were rightly identified, at higher proportions than in August. Despite evidence of misinformation surrounding preventative measures, respondents were fairly aware about the correct preventative measures and identified wearing masks (80%), avoiding crowds (56%) and washing hands (47%) as strategies to reduce the chance of getting infected with COVID-19 ([REACH Initiative](#) 06/12/2020).

While campaigns have adapted to the heavy reliance on social media, outreach limitations continue to be reported

In northwest Syria, in October, almost all of the population reported receiving COVID-19 information from social media messaging (97%) and 76% from relatives and family. However, health workers at health facilities were most frequently mentioned as a most trusted source (65%) ([REACH Initiative](#) 07/12/2020). In Al-Hassakeh governorate (northeast) in October, 88% reported to receive most of their COVID-19 information from social media messaging and 73% from relatives and family. While television was the most frequently mentioned as a most trusted source to receive COVID-19 information (66%), the proportion of respondents indicating social media as a trusted source increased significantly between the August (45%) and October (65%) rounds ([REACH Initiative](#) 06/12/2020). Protection actors also report adapting their way of working due to the pandemic, increasing their reliance and use of social media to raise protection awareness. According to a survey conducted in December among 213 protection partners and staff, more than 70% reported using Whatsapp and social media platforms, like Facebook and Youtube, at a slightly lower rate (64%). As a result, poor internet connection and lack of smartphones, notably in rural areas, have been barriers to access information and services ([Protection and Community Services Sector Inside Syria](#) 01/02/2021).

In GoS-held areas, Dara'a governorate, due to limited efforts, the people themselves are carrying out Covid-19 prevention campaigns ([Enab Baladi](#) 02/01/2021). In the northeast, in informal settlements in Ar-Raqqa, Deir-ez-Zor, and Menbij governorates, lack of materials and unclear COVID-19 information ranked the highest among the reported reasons for a difficulty in understanding it ([REACH Initiative](#) 18/01/2021).

Limited uptake on application of preventive measures

While most people report being aware and having sufficient understanding about self-protection and preventive measures, only between 50-60% of the sub-districts report having sufficient knowledge of COVID-19 risk across the areas of control end of January ([HNAP](#) 28/01/2021), and not all community members report to be fully committed to adhering to protective measures. While general awareness of preventative measures seems to be improving, critical gaps remain in abiding to the mitigation measures, with reluctance to isolate when exposed to COVID-19 cases notably still reported.

In the northwest, in October, 72% of respondents indicated that they undertook preventive measures to mitigate the risk of contracting COVID-19, 10 percentage points higher than in August. Among the measures taken, washing hands ranked first (78%), followed by wearing masks (63%) and avoiding crowds (58%). 96% of respondents also reported using hand sanitizer if available before entering a public building. In October,

61% of respondents reported wearing a face mask when out of the house for shopping or when participating in social gatherings or visits, an increase to previous months ([REACH Initiative](#) 07/12/2020).

In the northeast, in October, Al-Hasakeh governorate, 95% of respondents indicated that they undertook preventive measures to mitigate the risk of contracting COVID-19. Among the measures taken, wearing a mask ranked first (75%), avoiding crowds (61%), wearing gloves (54%) and washing hands (50%). 87% of respondents also reported using hand sanitizer if available before entering a public building. A higher proportion of respondents (58%) reported wearing a face mask when out of the house for work than in August or when participating in social gatherings or visits ([REACH Initiative](#) 06/12/2020). In informal camps, only 2% of the respondents mentioned that everyone practised physical distancing in their everyday life, with the most reported barrier to physical distancing being that their living conditions not allowing for it ([REACH Initiative](#) 18/01/2021).

Money is the main barrier to adhere to preventative measures

Economic hardship and critical living conditions, especially in the winter season, limit the extent to which people are able to engage in such preventative efforts. The cost of hygiene items, overcrowding in shelters, and low enforcement of mitigation measures by local authorities are key barriers to adherence. In the northwest, in October, 67% people reported they faced barriers in taking preventive measures, similarly to the previous round. Among those who reported barriers, lack of money to buy protective items and the necessity to go to work continued to rank high, around 40% ([REACH Initiative](#) 06/12/2020). In Al-Hasakeh governorate, northeast, 24% of respondents reported that they face barriers in taking preventive measures to mitigate the risk of contracting COVID-19, a decrease by almost half compared to August. Among those, lack of money to buy protective items remain the main barrier, although the proportion also decreased by half over the same time period (reaching 10%)([REACH Initiative](#) 06/12/2020). The risk of income loss is also one of the main reasons driving people from reporting symptoms to avoid quarantine in the northwest (Protection Cluster 27/11/2020), likely explained by the overreliance on daily labour in this region (close to 50% of the population)([OCHA](#) 16/09/2020).

Low risk perception

Risk Communication and Community Engagement efforts reached an estimated 15 million people by the end of September, yet survey information and anecdotal evidence suggest that the risk perception across Syria is very low, leading to low adherence to individual preventive measures that has been observed in some communities. Across informal settlements in the northeast, the proportion of the population thinking that COVID-19 is an important issue varies considerably across informal sites and settlements from around 0% to around 100% ([REACH Initiative](#) 18/01/2021). Due to a lack of strong enforcement and inadequate communication by authorities to the population about the likely scale of undetected transmission, the urgency and necessity of taking precautionary measures is not always well understood. Anecdotal testimonies also highlight the apparent contradiction in measures enforced by local authorities as a reason behind the reluctance to implement measures, for example with restaurants and coffee places being closed while crowded buses are still allowed ([Al Watan online](#) 13/01/2021).

Figure 1. Proportion of communities enforcing mask-wearing, as reported by community focal points ([HNAP 20/01/2020](#))²

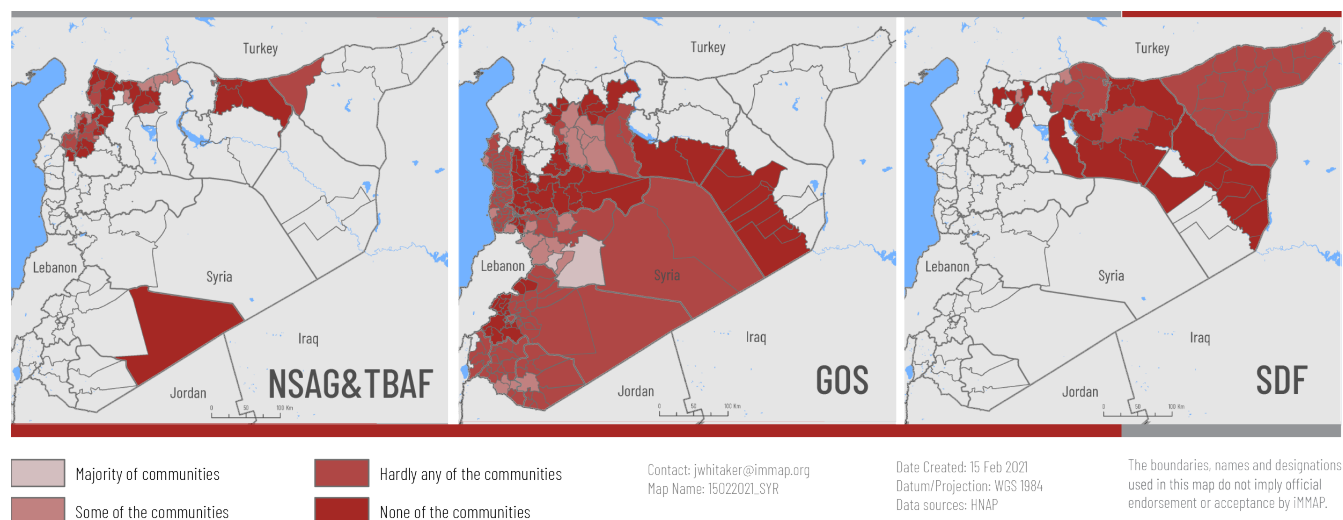
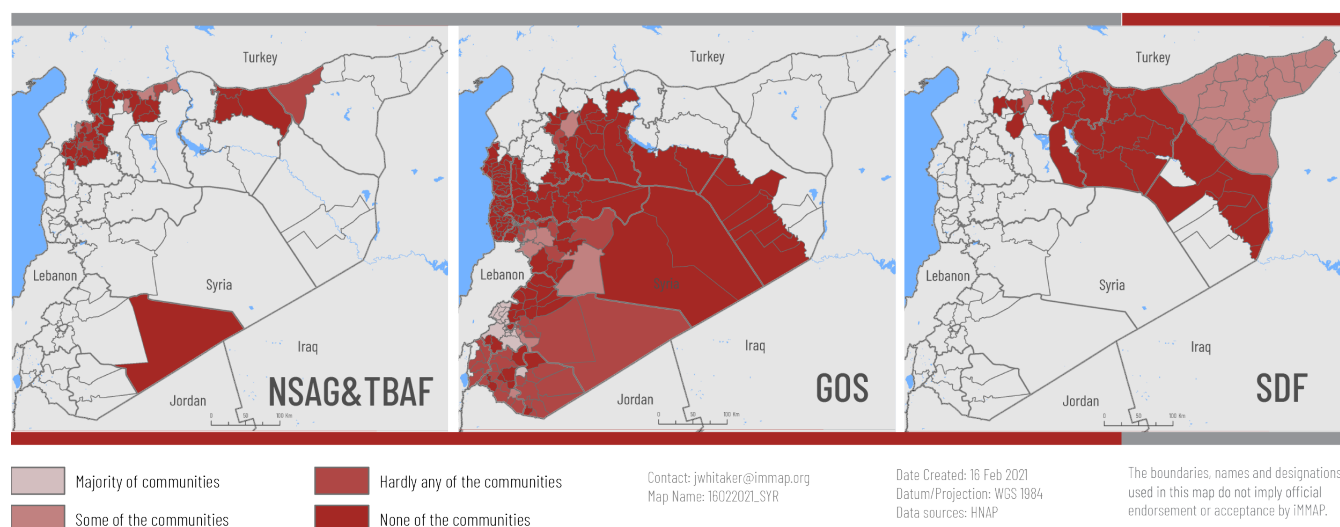


Figure 2. Figure 2: Presence of social distancing measures in public places among communities, as reported by community focal points ([HNAP 20/01/2020](#))²



² The maps display entire sub-districts where community focal points were surveyed and do not represent areas of control. Source reports and subsequent methodology are available from the Humanitarian Needs Assessment Program (<http://hnep.info>).

2. Drivers and humanitarian consequences

Drivers

An already fragile health system

The health system was neither prepared nor capable of dealing with the pre-existing health needs, and even less so the COVID-19 epidemic. In December 2019, about 50% of the 113 hospitals across the country considered partially functional or non-functional ([Health Cluster](#) 04/2020, [WHO](#) HeRAMS 2019) and about 33% of health centers reportedly damaged ([WHO](#) HeRAMS 2019), figures that are likely to have increased during the offensives in both northwest and northeast that occurred early 2020. During key informant interviews in the northwest, many participants raised the problems of a lack of medical facilities and/or the distance to any existing facilities ([FAO](#) 23/12/2020). In the northeast, only 26 (9%) of 270 public healthcare facilities were functioning in April 2020 ([NES Forum](#) 16/04/2020).

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

While precautionary measures against the spread of the virus were crucial to containing transmission, they exacerbated socio-economic vulnerabilities and created new humanitarian crises by reducing availability and access to basic services and employment opportunities, adding another layer of complexity in the humanitarian response. The decade of conflict, inflation, and regional shocks had already severely weakened the Syrian economy, but COVID-19 restrictions since March 2020 further heavily impacted employment opportunities across the country,

devaluing salaries and pushing up prices of basic goods and increasing dependence on negative coping mechanisms. Economic experts from Damascus University estimated the economic losses due to the COVID-19 lockdown measures of 1 trillion Syrian Pounds (SYP) per month, amounting to four trillion in total (USD 1.5 million) ([Al Watan](#) 11/04/2020), representing almost half of the 2021 Syrian Government budget ([Atlantic Council](#) 01/12/2020).

As a result of the pre-existing economic crisis, coupled with COVID-19 restriction measures and, in June 2020, the implementation of new US economic sanctions, the Syrian Pound devalued faster over the first six months of 2020 than over the past nine years of the conflict ([World Vision](#) 01/07/2020). In January 2021, the US announced they will continue their sanctions policy against Syria ([Enab Baladi](#) 04/01/2021), aiming at reducing the flows of funding to the government in a more significant manner, according to the economic researcher Manaf Quman ([Enab Baladi](#) 04/01/2021).

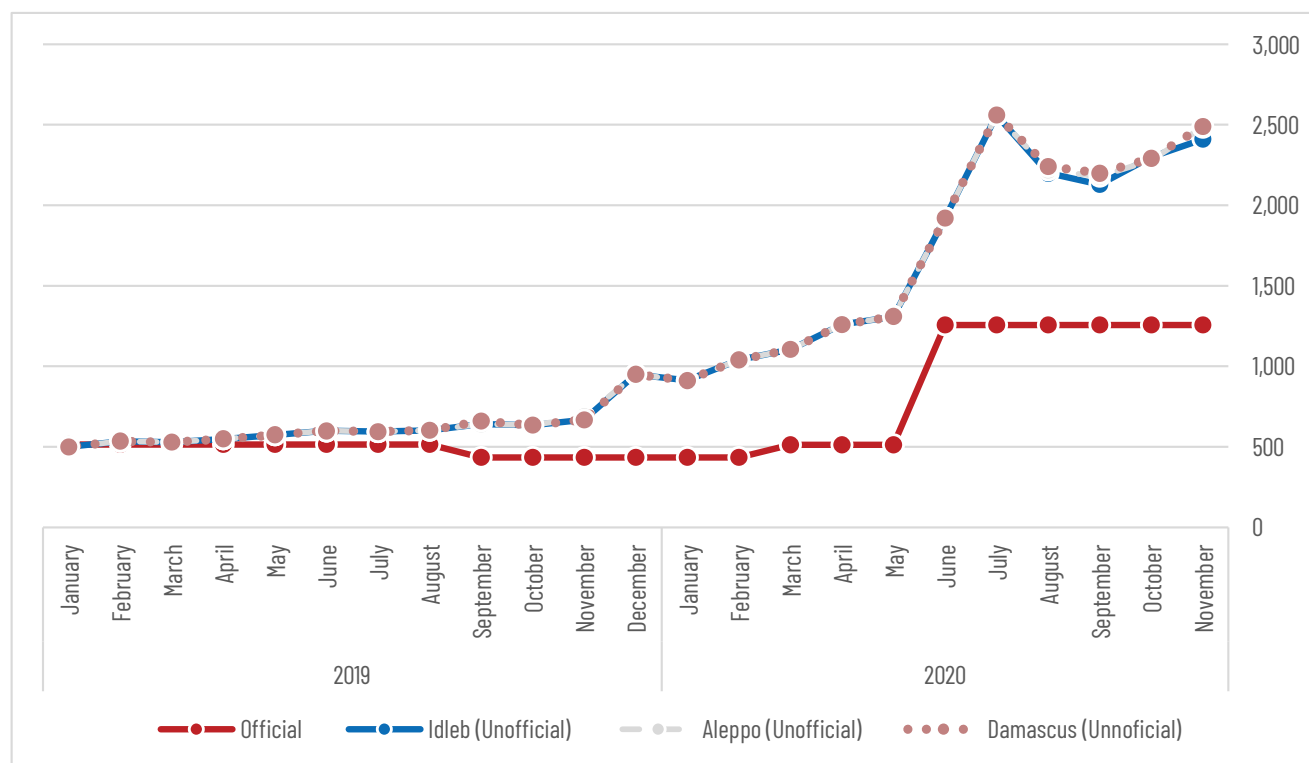
The value of the Syrian Pound continued to weaken in January 2021 on the informal exchange rate market and reached a new record low on 27 January with SYP 3,000 per USD ([Syrian Observatory for Human Rights](#) 27/01/2021). Despite an official exchange rate of 1,250 SYP per USD, the GoS itself has had no other recourse but to use the unofficial exchange rate. On 1 December, the Syrian Central Bank issued a special US dollar official exchange rate for conscription exemption payments – the new special exchange rate is reportedly 2,550 SYP per USD, much closer to unofficial rates ([Enab Baladi](#) 14/12/2020). In

January, due to the inflation, the Central Bank of Syria launched a new five thousand Syrian Pounds banknote ([Syrian Observatory for Human Rights](#) 24/01/2021).

The Turkish Lira continues to be used in the northwest as an alternative to the Syrian Pound, and is often the most commonly reported currency for purchasing essential commodities for IDP communities ([REACH](#) 31/01/2021). As with the SYP/USD exchange rate, the SYP/TRY rate has also deteriorated with the fall in value of the Syrian Pound reaching 409 SYP for buying and 402 for selling in Idlib and Aleppo countryside ([Syrian Observatory for Human Rights](#) 27/01/2021).

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

Figure 3. Figure 3: Informal SYP/USD exchange rate on the first of each month in Damascus, Aleppo and Idlib and the formal rate of the Central Bank of Syria ([sp-today](#) 16/02/2020; [Central Bank of Syria](#) 16/02/2020)³

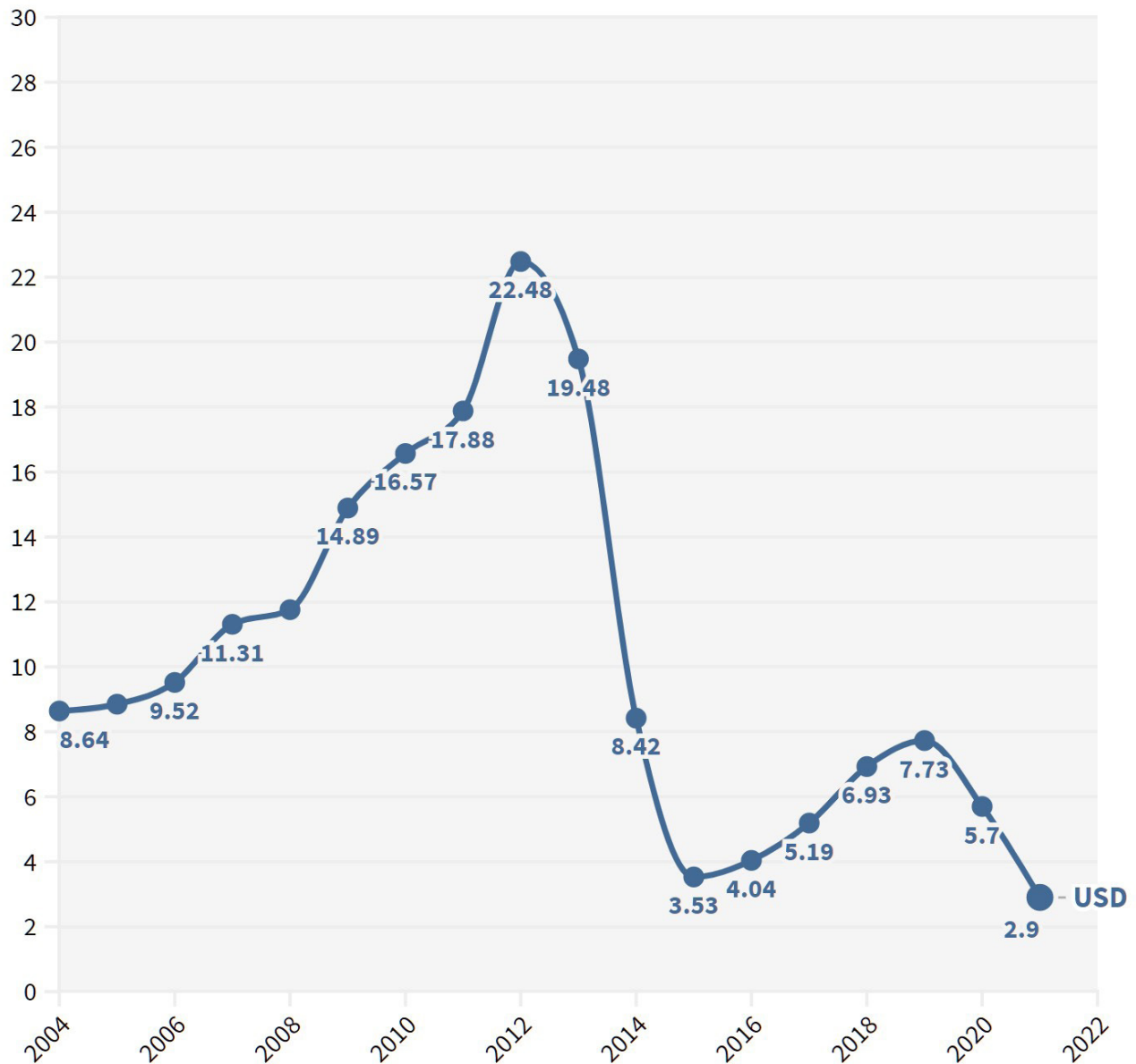


³ Data is captured by partners of the source who capture the rate used by money exchangers each day in Idlib, Aleppo and Damascus, and the value on the first day of each month is visualized.

In GoS-held areas, total revenue in 2020 was 83% lower than the pre-war budget of 2010. The 2021 approved budget's value decreased by almost a third compared to last year, in inflation-adjusted US dollar terms. While in absolute value, the GoS budget doubled from 2019 to 2020, reaching 8.5 trillion Syrian pounds. Due to the sharp depreciation of the Syrian Pound and the significant economic slowdown in 2020, the 2021 budget's value will be the smallest budget since 2010 ([Atlantic Council](#) 01/12/2020). Despite USD 30 to 105 billion in lending from Iran since the beginning of the war ([Atlantic Council](#) 01/12/2020), the 2021 budget will likely result in additional austerity measures on Syrians in GoS-controlled areas. According to a political economist, the decline in government spending on individuals in 2021 will be close to 85% ([Enab Baladi](#) 07/01/2021), as allocation of salaries, wages, social support allocations, and subsidies are projected to significantly decrease in value, resulting in an increase of 65% in the cost of living of Syrians in 2021 with the current value of the SYP ([Enab Baladi](#) 07/01/2021), and could increase even more if the Pound continues to depreciate as forecast.

To ensure some influx of capital, the Government of Syria has been selling its debt. However, as there is no tax revenues and foreign currency left, it is unlikely that they will be able to repay them ([Mercy Corps](#) 25/01/2021). 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. Already the 2021 budget shows a 85% decrease in government spending on subsidies and salaries, significantly decreasing the purchasing power of most Syrians ([Enab Baladi](#) 07/01/2021).

Figure 4. Syria's general budget between 2004 and 2021 in USD informal exchange rate ([Enab Baladi](#) 07/01/2021)



The impact of this is expected to hit hardest for 83% of Syrians who were below the poverty line before the COVID-19 crisis ([OCHA](#) 2019). As a result, safety nets and livelihood resources are more strained than ever, compounding the humanitarian needs of 11.7 million people, including 6.2 million IDPs.

Basic infrastructure severely impacted by a decade of conflict

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

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

COVID-19 added more pressure on a fragile health care system, already deeply affected by almost a decade of conflict. Before the pandemic, the World Bank estimated that “more people may have been killed in Syria due to a breakdown of the health system than due to direct fatalities from the fighting” ([World Bank](#) 10/07/2017). The deliberate targeting of hospitals and medical workers in opposition-held areas has contributed to more than 70% of the healthcare workforce leaving the country, leaving Syria vulnerable to this health crisis ([OCHA & WHO](#) 07/10/2020, [OCHA](#) 06/03/2020). As a result, there are few specialists left to handle COVID-19 patients (pulmonology, intensive care, infectious diseases, infection prevention and control, etc.) ([Migration and Health](#) 03/07/2020) (see [Health](#)).

Similarly, the poor coverage and quality of WASH infrastructure has been driving up WASH needs even before the pandemic. Before the war, while most urban areas had adequate sewage systems, only some of these were

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

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

A. DISPLACEMENT

Reduced movements in 2020

Since February 2020, the population has been experiencing different lockdown and other COVID-19 related movement restrictions, which could partially explain the decrease in displacement flows and conflict intensity. Between January and October, 97% of estimated displacement was reported to be within-governorates, notably in Aleppo and Idlib governorates ([IDP Task Force](#) 12/2020), likely due to a combination of conflict dynamics and ability to return increasing more national movements particularly following the offensives in early 2020, while at the same time COVID-19 restrictions increasing the barriers for international movements: 13 of the 29 land border crossings have been fully closed since July 2020. The impact of these closures on cross-border movements has been significant: about 900 people left Syria between March and August 2020, compared to almost 6,800 during the same period in 2019 ([WFP & IOM](#) 09/11/2020).

There were 167 battle⁴ events recorded by ACLED in November 2020 compared to close to 383 in February. Similarly, there was a very significant drop in explosions and remote violence incidents recorded, by 60% between February and March 2020, from a peak of 951 incidents to 370 ([ACLED](#)). However, since summer 2020, both types of violence (battles and explosions) have restarted a slow upward trend, with 254 battles recorded in December, close to January 2020 levels, and 460 explosions and remote violence incidents since December ([ACLED](#)).

While the security situation remains by far the main push factor for displacement among IDPs who were displaced for the first time (about half of the IDPs in 2020). For those displaced four or more times, the main reason (34%) for the latest displacement is related to the economic deterioration that COVID-19 exacerbated, as compared to only 15% of those displaced three or fewer times. The deterioration of the economy is the dominant push factor for latest displacement for IDPs households in Tartous (96%) and Latakia (77%) governorates, whereas it is less commonly quoted amongst displaced persons in Deir-ez-Zor (37%), Ar-Raqqa (35%), Al-Hassakeh (22%), and As-Sweida (20%) governorates ([HNAP](#) 16/12/2020).

⁴ Defined by ACLED as violent interaction between two politically organized armed groups at a particular time and locations: <https://acleddata.com/2019/03/14/acleddata-introduces-new-event-types-and-sub-event-types/>

B. COVID-19 RELATED HUMANITARIAN CONSEQUENCES

Inflation and inability to meet basic needs

The pandemic, and its related government preventive measures, added to the already worsening economic situation has resulted in widespread inflation across all commodities since March 2020. The Central Bureau of Statistics reported an average inflation rate of 200% in 2020 with goods inflation reaching 300% ([WFP](#) 19/01/2021). A recent assessment by Kassoun, a Syrian newspaper, estimated that the average Syrian family's cost of living has increased by 74% since the beginning of 2020. To have a comfortable standard of living, a Syrian family would need 700,000 SYP (USD 304) per month, while currently, the average public sector salary is around 55,000 SYP (USD24), leaving most families unable to meet their basic needs ([Kassoun](#) 05/11/2020, [Atlantic Council](#) 01/12/2020). Almost all KIs in the northwest reported that their communities had insufficient income, a rate slightly lower in northeast although still very high (88%) in December ([REACH Initiative](#) 28/01/2021, [REACH Initiative](#) 28/01/2021). Similar rates were already reported in November. As a result, many households are forced to prioritize their spending among food, heating, health or abiding by COVID-19 mitigation measures. Across Syria, 76.5% of protection partners reported that an inability or difficulty to buy basic necessities is the main impact of the COVID-19 crisis on people, 70% reporting inability or difficulty to pay rent, 62% report loss of employment or livelihoods and 42% report inability or difficulty to pay utilities ([Protection Cluster](#) 01/02/2021).

Increased use of negative coping mechanisms

As the economic downturn has been impeding households' ability to meet their basic needs, negative coping mechanisms are increasing. While reduced Coping Strategy Index (rCSI)⁵ scores were on an upward trend before the COVID-19 crisis, they significantly increased in 2020. The national average rCSI reached its highest national average in 2020 in December (18.5), with around 85% of the interviewed households reportedly resorting to at least one consumption-based coping strategy to cover their essential food needs. This was more common amongst [displaced populations](#), as well as female-headed households (92%) which could be explained by women being overrepresented in sectors most affected by COVID-19 such as the informal, services, and hospitality sectors and having less employment opportunities ([ILOSTAT](#) 21/6/2020; [UNCTAD](#) 14/04/2020; [World Economic Forum](#) 16/12/2019; [Livelihoods](#)). The highest rCSI average over the last six months was reported in Al-Hasakeh (22.1), followed by Deir-ez-zor (21.2)(northeast) and Dar'a (20.5) (GoS-held areas). After months of increased food prices and income losses, most people seem to have exhausted their capacities to cope, with more than 80% of interviewed households reported having already depleted their savings in November or December. rCSI scores peaked in Al-Hasakeh in December and remained higher than the average in Deir-ez-Zor, Dara'a, As-Sweida and Rural Damascus ([WFP](#) 31/12/2020, [WFP](#) 30/11/2020).

⁵ The rCSI is an experience-based indicator measuring the behaviour of households over the past seven days when they did not have enough food or money to purchase food. The reduced CSI uses a standard set of five individual coping behaviors that can be employed by any household, anywhere. The maximal rCSI is 56 (WFP).

In the northwest, assessed communities reported that people borrow money to cope with the lack of income (72%). The highest ranked food coping mechanism in the northeast was skipping meals (64%). In both northwest and northeast the second most used food coping strategy was buying food with money usually used for other things (64% and 63%), followed by borrowing money to buy food (62%) and relying on less preferred food and/or lower food quality (53%) ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). In GoS-held areas, more than two-thirds of the population reported buying food on credit, with the highest share recorded in As-Sweida (81%) in November ([WFP](#) 30/11/2020). Other most commonly reported food-coping strategies were buying smaller quantities of goods, restricting adult consumption to feed children, cutting meat from their diets, consuming low-quality food and selling non-productive assets (NES Cash Working Group 20/01/2021). More extreme coping strategies have also been reported anecdotally, with a rising number of IDPs engaging in dangerous labour, such as collecting garbage in the northwest, increasing their risk to catch the virus from medical waste ([Syria Direct](#) 27/01/2021). Similarly, while most of these coping strategies were used before the COVID-19 crisis, the rates, frequency and increased combination of multiple coping mechanisms increased significantly in 2020.

In GoS-held areas, due to lack of employment opportunities, households report mostly relying on remittances ([Mercy Corps](#) 25/01/2021). Both in northwest and northeast, IDPs are the ones reporting mostly relying on loans and remittances (51% and 35%) compared to residents. In addition, in the northwest, a third of IDPs report relying on humanitarian assistance compared to 10% in the northeast ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021).

Among IDPs, coping mechanisms such as borrowing money or buying on credit were also been widely reported, as well as child labor ([HNAP](#) 16/12/2020). In the northeast, across the informal settlements in four governorates (Al-Hasakeh and Ar-Raqqa, Deir-ez-Zor, and Menbij), purchasing food on credit was one of the most used strategies (more than 60%), followed by eating smaller meals which was reported across the settlements (between 55% and 78%) ([REACH Initiative](#) 18/01/2021, [REACH Initiative](#) 18/01/2021). In Al-Hol camp, spending savings, selling assets and early marriage were also mentioned in October ([REACH Initiative](#) 26/12/2020).

Reports also highlighted that community support systems are weakening in the northwest, with a reduction in willingness to support neighbours due to the risk of COVID-19 infection, leaving elderly and vulnerable households even less able to cope (Protection Cluster 27/11/2020).

I. Health: Overwhelmed healthcare system

"[We are] completely helpless in the face of the unprecedented magnitude of the disaster"

Health Directorate Director in Homs ([Enab Baladi](#) 26/11/2020).

The low availability of health equipment, personnel, functioning health facilities, and testing capacity is further overstressing an already weak healthcare system. Coupled with both greater challenges in accessing healthcare and reluctance to seek treatment, this is leaving many without care. Major hospitals have already exceeded their capacity and are not able to cope with the influx of patients. As a result of limited supplies, sick patients are being turned away when the necessary resources are unavailable.

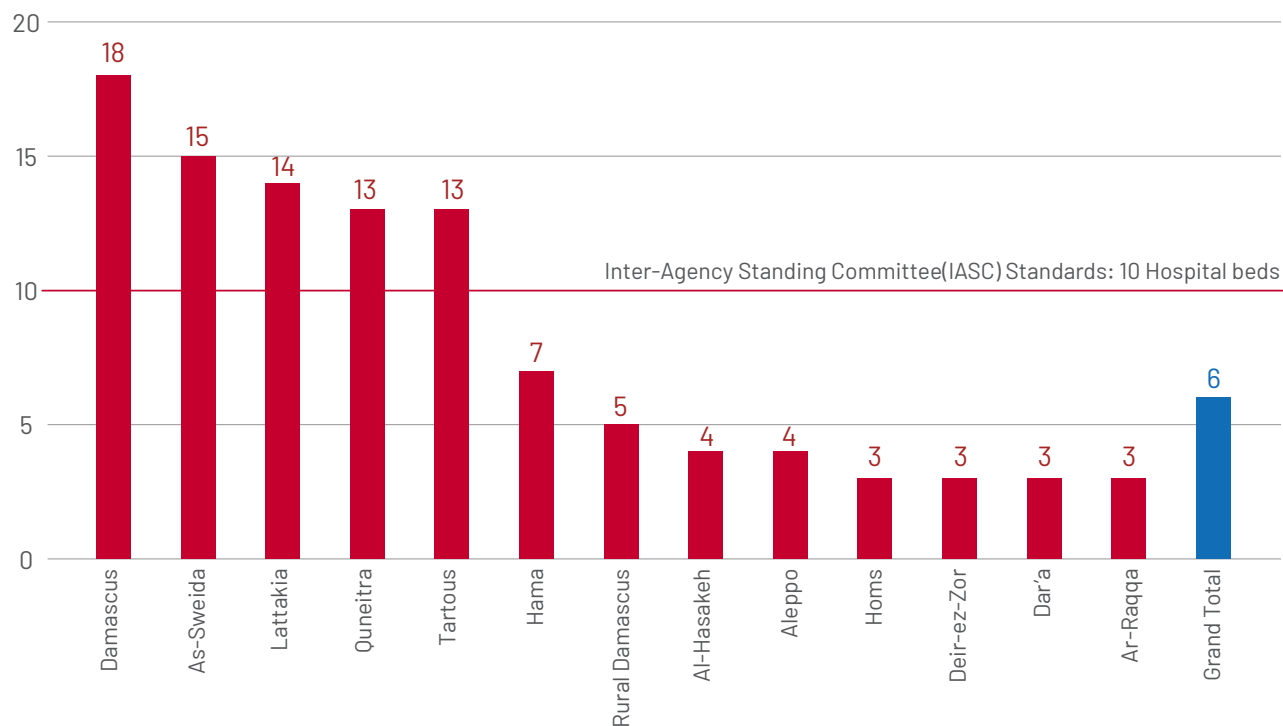
Overstretched healthcare system without the equipment it needs

The scarcity of functioning health centers, ICU beds, ventilators, medicine, and staff has hampered the health response to the epidemic. Since 1 December 2019, over 80 health facilities have temporarily or permanently suspended services in northwest Syria due to the armed conflict and out of 577 assessed facilities, 62% are fully functional ([WHO & Health Cluster](#) 20/11/2020) with only 9 dedicated COVID-19 hospitals, 212 ICU beds and 162 ventilators for a population of 4 million ([International Rescue Committee](#) 27/01/2021). An increasing number of reports highlight the lack of availability of adequate equipment at medical facilities such as swabs, test kits, PPEs and oxygen tanks. PPEs availability continued to be reported as insufficient across the country ([OCHA & WHO](#) 23/12/2020).

Facilities do not have the capacity to isolate and treat COVID-19 patients

In November–December 2020, cases exceeded most health centers' capacity. In GoS-held areas, bed occupancy rates of 100% were reported in As-Sweida, Homs, and Dara'a governorates and up to 80% in Idlib governorate ([OCHA & WHO](#) 16/12/2020, [Syria TV](#) 20/12/2020, [Enab Baladi](#) 02/12/2020, [Enab Baladi](#) 26/11/2020). Some health facilities had to suspend surgeries as all health personnel are mobilized to attend to COVID-19 patients ([Tishreen news](#) 03/12/2020, [Enab Baladi](#) 13/11/2020). Health facilities in some areas are turning away patients ([Albaath Media](#) 03/12/2020). Overcrowding in health facilities has been reported as a barrier to healthcare access in close to half of the communities in the northwest and about a quarter in the northeast ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). The loss of beds in Dara'a is now similar to 2011, with only 15% remaining undamaged in 2019 ([Enab Baladi](#) 02/01/2021), and where all 250 beds in isolation centres have been fully occupied over the past few weeks ([SAMA TV](#) 02/01/2021). In northeast Syria and GoS-controlled areas, almost no sub-districts have quarantine and isolation spaces to monitor COVID-19 cases ([HNAP](#) 27/01/2021, [HNAP](#) 27/01/2021), and lack of such services has also been reported in northwest Syria, with two-thirds of sub-districts also missing such spaces ([HNAP](#) 27/01/2021). In GoS-controlled areas, most governorates have reportedly insufficient spaces for COVID 19 cases in health facilities ([HNAP](#) 27/01/2021).

Figure 5. Number of hospital beds (including ICU) / 10,000 population in public hospitals, December 2019 ([WHO](#) HeRAMS 2019)

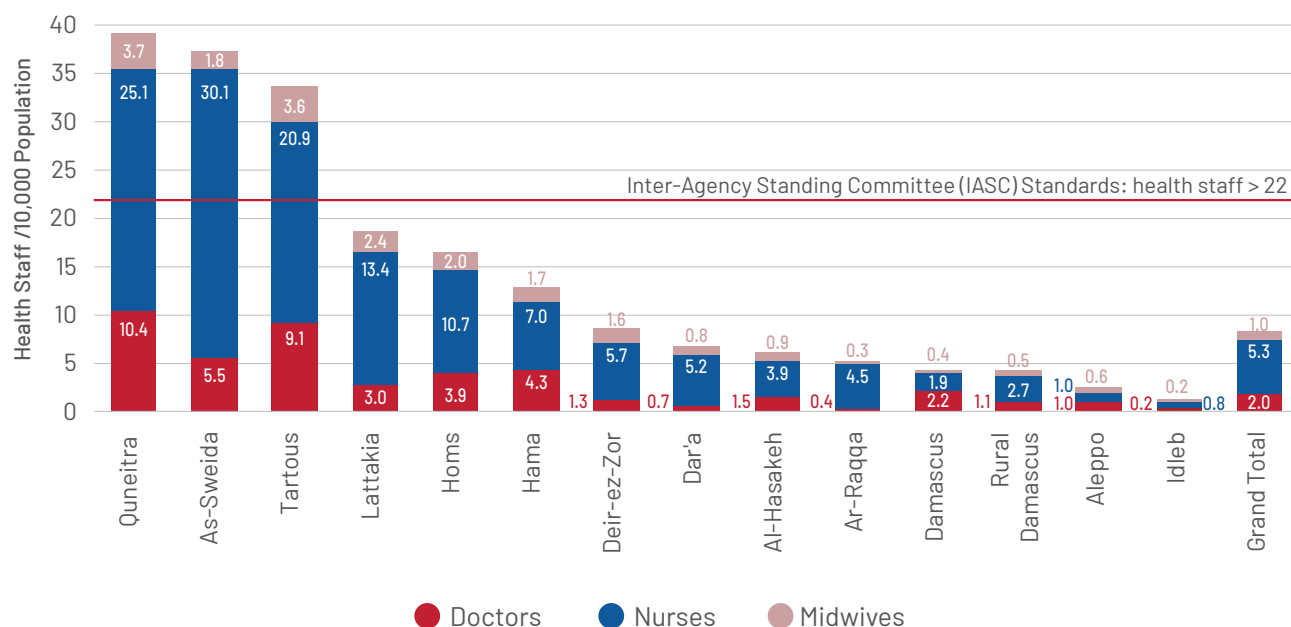


Not enough qualified medical staff available

A shortage of qualified medical staff continues to be reported hampering the medical response to COVID-19 ([Enab Baladi](#) 02/01/2021). In Salhad city, all departments were closed due to lack of medical staff in December according to a hospital director ([Al Watan online](#) 02/12/2020). In Dara'a governorate, most doctors have been displaced or dismissed by the local authorities as they had been accused of working with the opposition ([Middle East Eye](#) 10/12/2020) and there are reports of detention of health care workers by the Government of Syria who accuse them of diagnosing patients' without liaising with the Ministry of Health ([Daraa Martyrs](#) 16/12/2020). In the northeast, the need for more staff and training has been made evident by the deaths of 55 of the 58 intubated patients who received invasive ventilation ([WHO & OCHA](#) 12/01/2021). The shortage of health workers was a barrier to access

healthcare for 14% of assessed communities in the northwest ([REACH Initiative](#) 28/01/2021) and 10% in the northeast ([REACH Initiative](#) 28/01/2021), and has remained mostly consistent since October ([REACH Initiative](#) 28/01/2021).

Figure 6. Number of health staff (doctors, nurses, and midwives) per 10,000 population in public health centers, December 2019 ([WHO HeRAMS 2019](#))



High rates of infection among healthcare workers further disrupt a fragile healthcare system

The toll on health workers continues, with 100 doctors in GoS-controlled areas reportedly having died due to COVID-19 ([Sham FM](#) 09/01/2021), and with 20 doctors having passed away in the northwest ([Syria Direct](#) 14/01/2021). As of 1 February 2021, 459 cases, of which 28 deaths, have been reported officially among healthcare workers in GoS-controlled areas, almost double since mid January ([WHO & OCHA](#) 01/02/2021). As of 26 January, 1,513 cases have been reported among the health care workers in the northwest, representing 7.4% of all cases, a slight decrease compared to December, due to strengthened infection prevention control training and equipment ([WHO & OCHA](#) 26/01/2021). In the northeast, 774 cases among healthcare workers have been reported as of 31 January, of which 37 had been reported in the last month ([NES COVID-19 Dashboard](#) 31/1/2021). While this high ratio can be explained by the targeting of tests for healthcare workers, the effect on the healthcare system remains devastating. The

steady increase in affected healthcare workers across the country since July further disrupts the fragile healthcare system which is already dealing with insufficient numbers of qualified healthcare personnel and preventive kits.

Taking precautionary measures remains difficult even for healthcare workers due to an overall shortage of PPE as well as prohibitive costs (see [c. Preventative measures](#)). Precautionary measures in hospitals are still not yet fully adhered to in Dara'a governorate, with reports of medical staff not wearing face masks and lack of sterilisation of common areas undermining the healthcare response to the pandemic ([Enab Baladi](#) 02/01/2021).

High medical costs among major barriers to healthcare access

Costs of examinations and procedures have increased in Syria ([Mercy Corps](#) 13/01/2021). In the northwest, almost half of the KIs of communities reporting barriers to accessing healthcare cited the high cost of health services as a common challenge ([REACH Initiative](#) 28/01/2021). This rate is significantly higher in northeast Syria where two-thirds of respondents reported facing this issue ([REACH Initiative](#) 28/01/2021). Patients continue to report having to purchase their medical supplies, such as oxygen ventilators and medicines, at their own expense. In Dara'a, a ventilator costs 242 USD per day and a swab costs 80 USD, making it unaffordable to most ([Enab Baladi](#) 02/01/2021). Almost 50% of the surveyed population in Dara'a, As-Sweida and Quneitra governorates reported not having the means to purchase their needed medicines in December ([WFP](#) 31/12/2020).

To cope with the lack of healthcare, patients have rented oxygen tanks and ventilators at expensive fees ([Amnesty International](#) 12/11/2020), above the already expensive average price of about 42,000 SYP (USD 15) ([Enab Baladi](#) 26/11/2020). Yet the limited production of oxygen in the northwest has created severe shortage in the market and high prices for the few remaining, reaching 25 TL (6 USD) for one refill ([Enab Baladi](#) 31/12/2020).

The economic crisis and sanctions have halted supplies of basic medical items, such as prescriptions. So for those who can't access hospitals, they may also face increased barriers to supplemental care from private pharmacies. Conversely, those with chronic conditions may worsen without access to these facilities, forcing many with preventable or manageable conditions to add to the hospital burden during the pandemic.

In the northwest, half of respondents reported lack of medicine or medical equipment at the health facility as a barrier to access healthcare ([REACH Initiative](#) 28/01/2021). This is also a significant barrier in northeast Syria, although at a lower rate (33%) ([REACH Initiative](#) 28/01/2021). However about one out of five households in Al-Hasakeh and Ar-Raqqa governorates mentioned shortage of medicines in pharmacies in December and November, a concern for households that have elderly members with chronic diseases ([WFP](#) 31/12/2020). Patients who are left without medical care reportedly resort to vitamins, minerals and easily available medicines to try to treat COVID-19 ([Enab Baladi](#) 31/12/2020).

II. Livelihoods: Inflation and reduced employment opportunities resulting in lower purchasing power

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

COVID-19 seems to have more strongly disrupted livelihoods in the northeast, with more than 90% of assessed communities reported that at least one livelihood sector was still being partially or totally affected by COVID-19, compared to close to two-thirds in the northwest in December ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). In the northeast, manufacturing was the livelihood sector most affected ([REACH Initiative](#) NES 28/01/2021). Data by HNAP also confirms such a trend, with IDPs households in the northeast more likely to report COVID-19-related reasons as a barrier to employment (26%) than in other regions ([HNAP](#) 16/12/2020).

The economic effects of COVID-19 precautionary measures have been disruptive for informal sector workers, who rely on daily income for essential goods and services, notably IDPs and those working in the agricultural sector. 31% of IDP households reported daily labor as their primary livelihood activity, and 49% reported it as one of their income-generating activities, with northern Syria reporting the highest share of displaced households reporting daily labor as their main source of livelihood (53%) ([HNAP](#) 16/12/2020). This continues a trend of increasing reliance on daily labour as a result of the rapid devaluation of salaries since January 2020 ([HNAP](#) 24/08/2020), with its informal nature inherently vulnerable to disruptions such as COVID-19 mitigation measures, and consequently undermining household income and resilience to future shocks. Daily labor was reported to be widely disrupted in the northeast, in over 70% of communities, and to a lower extent in the northwest, in over a third

of communities ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020).

In GoS-controlled areas, according to the Ministry of Social Affairs and Labor, more than 320,000 people registered for the National Campaign for Emergency Social Response by 28 April ([OCHA & WHO](#) 09/05/2020). No updated figure was since then provided. Lack of employment was high in the northwest and northeast, with a significant proportion in the latter (73% and 53%, respectively). Half of the KIs in the northwest reported that lack of employment opportunities for women was the main barrier they faced to meet basic needs, and close to 40% reported similar challenges for women in the northeast ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). Among IDPs, this was also the most frequently reported barrier to employment or diversifying income, even more widely among camp households (84% compared to 67%) ([HNAP](#) 16/12/2020).

Loss of income

In November and December, around half of households surveyed by WFP mVAM reported that they had lost one or more income sources due to COVID-19 related restrictions. More than a third had lost more than half of their monthly salary since October. Nearly half of returnee households, and slightly less among IDPs and residents, reported job lay-offs in December. Loss of income has been most drastic in As-Sweida and Ar-Raqqa governorates, with 53% and 58% of surveyed households respectively having lost one or more income sources in the last six months. In Ar-Raqqa, one in four had lost almost all of their December income ([WFP](#) 31/12/2020, [WFP](#) 30/11/2020). In the northeast, half of the surveyed households in Ar-Raqqa governorate reported losing one or more income sources due to the pandemic in December. Almost one out of four households lost all of their December income ([WFP](#) 31/12/2020).

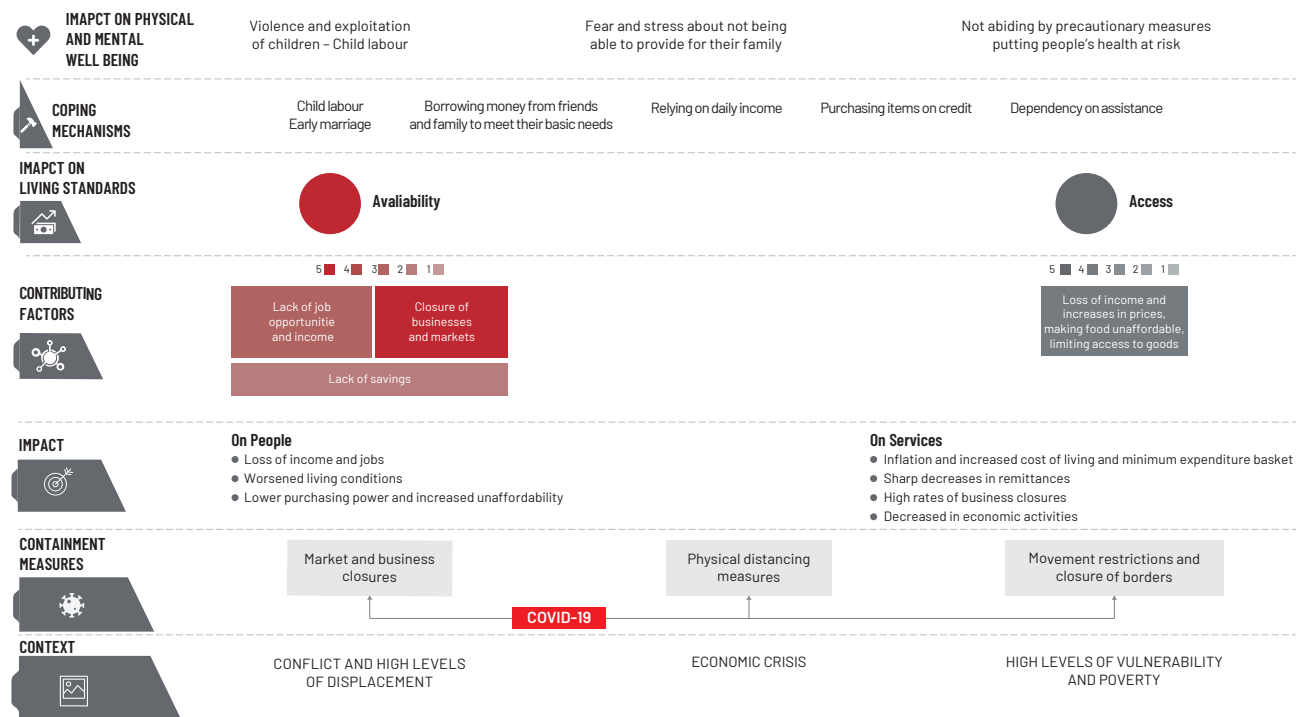
Decreasing purchasing power

The national average terms of trade (ToT) between wheat flour and wage labour, a proxy indicator for purchasing power, increased by 5% between November and December 2020 reaching 4.1 kgs of wheat flour/daily wage ([WFP](#) 19/01/2021). The unskilled worker in Syria has to work an additional 2.5 weeks to purchase a basket of essential goods compared to early 2020. A day labourer has to now work for 67 days to afford the cost of a basic Survival Minimum Expenditure Basket in the northwest and 64 days in the northeast ([REACH Initiative](#) NWS, [REACH Initiative](#) NES 28/01/2021). As the cost of living has been increasing, daily labourers have been demanding higher wages to compensate ([Mercy Corps](#) 13/01/2021). While it increased overall, northwest reports the lowest wage (SYP 3,325 per day), almost 30% below the wages in northeast Syria ([WFP](#) 19/01/2021). Considering the continued depreciation of the currency throughout 2020, increased wages will not be enough for Syrians to regain their lost purchasing power, especially as the value of the pound continues to drop further ([Mercy Corps](#) 13/01/2021).

Displaced populations are the most vulnerable to income insufficiency

Displaced populations widely suffer from income insufficiency, particularly those displaced in the past six to twelve months who reported the lowest national average household income ([HNAP](#) 08/12/2020). Among IDPs, a sufficient income was estimated to be around 250,000 SYP (104 USD), yet most were unable to secure such an amount, with more than 80% of displaced families across the country reporting that their income does not cover their needs ([OCHA & WHO](#) 16/12/2020). Female-headed households were also reported to be especially vulnerable, with on average earning about 121,000 SYP in September 2020 (50 USD), 35% less than their male counterparts. In northern Syria, the gap was even wider, with female-headed households' income reported to be only at about 82,000 SYP (35 USD), 58% less than male-headed households in the region ([HNAP](#) 08/12/2020). More than a third of displaced households are headed by a member with disabilities, significantly affecting the household's ability to secure sufficient economic resources ([HNAP](#) 08/12/2020). KIs in 35% of communities in the northwest and 28% of communities in the northeast reported the lack of employment opportunities for persons with a disability in December, almost identical to the rates reported in November ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021).

Problem tree Livelihoods



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

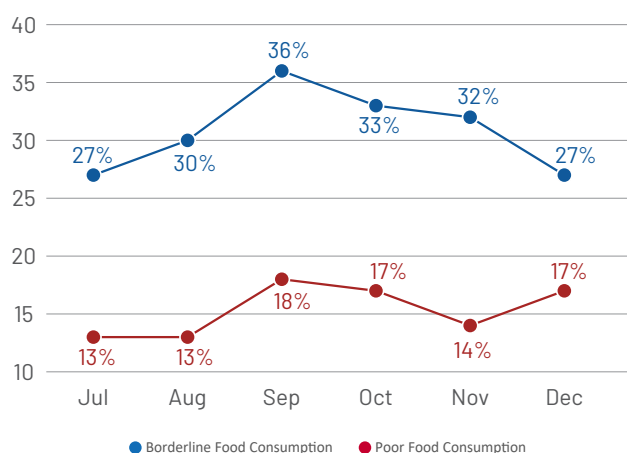
The effects of COVID-19 mitigation measures, the loss of job opportunities, particularly for those relying on daily wage labor or seasonal work, and the continued rise in food prices, led to a significant deterioration in food security indicators with even more households unable to meet their food needs. According to WFP, 9.3 million people in Syria were food insecure in June, 46% of the country's population ([WFP 29/06/2020](#)), and this number was predicted to possibly exceed 11 million ([UN Security Council 27/08/2020](#)), as over 2.2 million Syrians were at risk of slipping further into food insecurity without urgent assistance ([WFP 02/09/20](#)).

While the food security situation worsened before COVID-19, with already a depreciation of the Syrian Pound and increases in fuel and food prices since late 2018, the deterioration has since accelerated. Food insecurity in Syria remained at critical levels. In December, around half of households surveyed by WFP reported inadequate (poor and borderline) food consumption⁶, similarly to October and November, close to a 40% increase compared to the levels recorded a year ago. In addition to an overall increase in inadequate food consumption in 2020, the significant deterioration of food security conditions is further highlighted by the increase in the share of poor food consumption: around one out of four households who had reported borderline food consumption since July was categorized, in December, as having poor food consumption. In December, Aleppo, Ar-Raqqa, and Hama governorates, recorded the households' highest share with inadequate food consumption (around 50%). The most significant monthly increase was reported in Dara'a and As-Sweida governorates, up by

more than one-third of respondents in December ([WFP 31/12/2020](#)). As of December, Al-Hasakeh governorate in the northeast, was ranked among the lowest in terms of the proportion of households with inadequate food needs. However, following a SDF siege in January on the main city, food indicators are likely to have worsened since then, with reports of acute bread shortages ([Al Watan Online 30/01/2021](#)). The prevalence of inadequate food consumption was higher among returnees (55%) compared to IDPs (47%) and residents (40%), a two-fold rise of the poor food consumption level recorded a month earlier. While residents seem to be better off compared to displaced populations, the share of households with poor food consumption peaked in October, increasing by up to 30% compared to September, the highest level in 2020, before going back to September levels in November and December ([WFP 31/12/2020](#)).

⁶ Food Consumption Score is the most commonly used food security indicator. It represents households' dietary diversity and nutrient intake and is calculated by inspecting how often households consume food items from the different food groups during a 7-day reference period ([WFP](#)).

Figure 7. National average level of poor and borderline food consumption in the last six months ([WFP 31/12/2020](#))



Increase in food prices and unaffordability of food

Due to currency depreciation, transportation cost, increased cost of living, recent suspension of exports to Lebanon and COVID-19 prevention measures, food prices in December increased by 236% in 2020 compared to 2019, and are now 29 times higher than the five-year pre-crisis average. In December, the food basket's cost went above 100,000 SYP for the first time in all governorates ([WFP 19/01/2021](#)), exceeding the highest-paid official government monthly salary of about SYP 80,000. In November, the national average food basket price was 75% higher than six months ago and 251% higher compared to November 2019 ([WFP 28/12/2020](#)). The latest increases in the food basket price were largely driven by the doubling in subsidized bread prices in government-controlled areas, due to fuel shortage and depreciation of the currency ([WFP 28/12/2020](#)).

In the northwest and northeast Syria, among the more than 96% of KIs communities reporting barriers in accessing sufficient food, between 83 and 84% of communities reported the high cost of food as a common challenge ([REACH Initiative NWS 28/01/2021](#), [REACH Initiative NES 28/01/2021](#)). In the northwest,

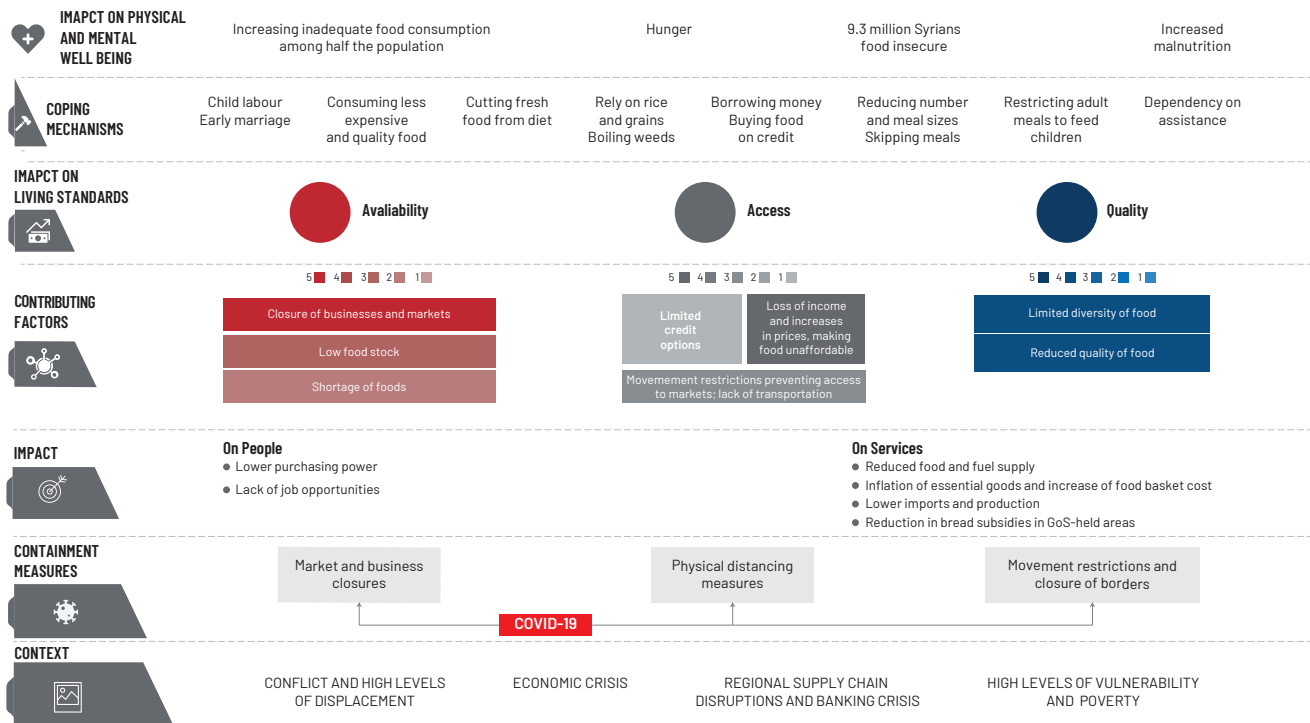
the value of the Survival Minimum Expenditure Basket (SMEB) food component increased by 25% since June, costing about 1,300 SYP more than in the northeast ([REACH Initiative 20/01/2021](#)). Similarly, in the northeast, the value of the SMEB in December increased by 27% since June 2020, reaching 195,625 SYP, the highest recorded in market monitoring exercises in the northeast with the vegetable component increasing even more significantly, up by 39% ([REACH Initiative 20/01/2021](#)). In addition, the wide gap between the prices of items used by vendors is a continued trend in the northeast, leading to unequal purchasing power across the region (NES Cash Working Group 20/01/2021). Closure of bakeries along with a bread shortage and high cost of subsidized wheat have fuelled protests in the northeast this month ([Syria In Context 20/01/2021](#)).

Due to the reduction of bread subsidies by the government in November, prices of bread, subsidised and commercial, continue to rise, with the highest increase in Idlib (SYP 1,177/ bundle)([WFP 19/01/2021](#)). In the northeast, in Qamishlo governorate, while flour prices kept increasing, bread prices were kept low due to an imposed price ceiling, resulting in many bakeries closing ([Rojava Information Center 18/01/2021](#)). To cope, bakery owners have been selling large portions of subsidized flour allocations to people selling or smuggling it into government-held areas.

Unavailability of food

In the northwest and northeast Syria, among the more than 96% of KIs communities reporting barriers in accessing sufficient food, between 20 and 26% reported unavailability of a particular food as a challenge ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). Bread shortages continue to be reported across all areas of Syria, with most recent acute needs reported in the city of Al-Hasakeh following the SDF siege in January and in Deir-ez-Zor ([Al Watan Online](#) 30/01/2021, [Mercy Corps](#) 14/01/2021). Availability of cheaper food indeed was reported to have reduced in the northwest markets due to the closure of bazaar because of COVID-19 restrictions, previously the source of cheaper food items ([FAO](#) Northwest 23/12/2020). In the northeast, the import of fresh food products has been restricted, resulting in limited availability ([Enab Baladi](#) 19/12/2020).

Problem tree Food Security



IV. Nutrition: Rising malnutrition due to inadequate and less diverse diets

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

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). While about one out of eight children in Syria is chronically malnourished, this ratio is worse in areas hosting displaced populations, such as in the northeast, Rural Damascus, Idlib (1 out of 5 children), and Aleppo (1 out of 4 children) ([HRP](#) 2020 30/12/2020). The prevalence of acute malnutrition 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). Between 20% and 37% of mothers in areas affected by displacements are reportedly malnourished in northwest Syria ([Nutrition Cluster](#) 08/12/2020), compared to the overall 11% of Pregnant and Lactating Women (PLWs) acutely malnourished reported in the northwest in October ([OCHA](#) 21/10/2020). In 2020, less than half of PLW in need of services for moderate acute malnutrition in the northwest were reached. Overall, 2,000 people in need could not be reached by nutrition partners due to COVID-19 restrictions in 2020 ([OCHA](#) 26/01/2021).

With increasing levels of food insecurity throughout 2020, as a result of COVID-19 disruptions and related worsened economic conditions, dietary quality and diversity have likely been negatively affected. The high price of suitable food or formula was the most commonly reported challenge to feed young children, reported by KIs in 95 and 94% of communities in the northwest and northeast respectively ([REACH Initiative](#) Northwest 28/01/2021, [REACH Initiative](#) Northeast 28/01/2021). According to October mVAM data, around 60% of surveyed households reported a decrease in their consumption level of protein-rich foods, only eating animal-sourced protein or pulses fewer than two times a week, likely driving a further deterioration of the nutrition situation ([WFP](#) 23/11/2020). The risk of increased malnutrition among mothers and children is of serious concern ([Nutrition Cluster](#) 08/12/2020).

V. Agriculture: Rise in agricultural inputs' prices

Overall, limited impact on farming activities was reported due to COVID-19 and public health measures. Across the country, farmers were able to plant 70% of the land allocated for cereal production ([FAO 10/04/2020](#)). In both northwest and northeast, residents in about 70% of communities relied on income from crop production, or livestock in the latter, to meet basic needs ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). In the northwest and northeast, about 30% of community focal points reported that agriculture-based livelihoods had been partially affected by COVID-19; this is the least affected of the livelihood sectors included in the survey ([REACH 12/2020](#)).

The main effect of the pandemic on agriculture activity has been on the prices of inputs, seed and fertilizers notably. COVID-19 precautionary measures and fuel shortages, currency depreciation and economic sanctions, importation constraints, and high transportation costs have all contributed to a general rise in the prices of some agricultural inputs and products since March ([Food Security Cluster](#) 28/12/2020, [FAO 22/12/2020](#)). In the northwest, lack of access to resources such as water, seed stock, fertilizers and vaccines for livestock was a barrier to access income from agriculture for about a third of residents and close to a fifth of IDPs in December ([REACH Initiative](#) NWS 28/01/2021). In the northeast, this was reported to be less of an issue, with only about a fifth of residents mentioning it as a main barrier ([REACH Initiative](#) NES 28/01/2021). However, across the 35 sites monitored by FAO in October across northeast Syria, Homs, Hama, Aleppo, Tartous, Deir-ez-Zor, Rural Damascus, Al-Hasakeh and Dara'a governorates, most of the agricultural input's prices continued to increase by 20% on average compared to September and by close to 50% compared to July, with the highest reported for barley seed (about 50% increase)

([FAO 22/12/2020](#), [FAO 03/12/2020](#)). While reportedly available, pesticides also remained, on average, too expensive for most farmers ([FAO 22/12/2020](#)). Fodder prices also kept rising, at an average of 22% between September and October ([FAO 03/12/2020](#)).

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

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

Widespread COVID-19 infections in schools

After more than six months of closure, schools reopened in September in all areas of Syria, with more than 3.8 million students returning to school ([The Syria Report](#) 30/09/2020, [Syrian Observatory of Human Rights](#) 24/09/2020, [The Syria Report](#) 16/09/2020). Since then, reported cases in schools have sharply increased, with 2,124 cases reported by mid-January, including 80 deaths. Of these, about half of the cases were reported to be teachers and other staff, with the highest cases in Rural Damascus, Homs, and Hama governorates ([WHO & OCHA](#) 01/02/2021). Fear of catching the virus reportedly prompted more than two thousand teachers in As-Sweida governorate, in November, to request referrals and sick leave out of concern for themselves and the students due to the lack of proper health precautionary measures in schools ([Al Watan Online](#) 06/12/2020). The rise in the case highlights the challenges faced by the education sector in Syria with general overcrowded classrooms, insufficiently qualified teaching personnel, poor or damaged infrastructure and a lack of basic WASH infrastructure ([OCHA & WHO](#) 30/11/2020). As a result, overcrowding in classes has been a growing concern, and was reported as a challenge to access education in half of the communities in the northwest and northeast Syria, preventing parents from sending their kids to school ([REACH Initiative](#) NWS, [REACH Initiative](#) NES 28/01/2021). About 60% of teachers surveyed by [Save the Children](#) mentioned COVID-19 as one of the main reasons leading children to drop out of school, although slightly less than child labor (61%) and poverty (63%) ([Save the Children](#) 10/12/2020). Thus, COVID-19 response alone is unlikely to significantly improve attendance as the enduring economic downturn continues.

Education costs unaffordable for most households

Additionally, with the loss and reduction of incomes, the weakening SYP, and the increase in expenditure, more children have been dropping out of school despite their reopening to generate additional income or because the associated expenses of education cannot be met.

Around 63% of teachers reported that poverty is hampering caregivers from sending their children to schools ([Save the Children](#) 01/12/2020). For IDP households that had at least one child out of education, being unable to afford education was the primary reason for 19%, and of those households with at least one member having a disability, this rises to 27% ([HNAP](#) 16/12/2020). More than 60% of teachers also cited child labor as one of the primary reasons preventing children from attending school ([Save the Children](#) 01/12/2020). In December, communities reported that child labor was preventing children from going to school in 75% of communities in the northwest, and 59% in the northeast, and early marriage in 39% of the communities in the northwest and 22% in the northeast ([REACH Initiative](#) NWS, [REACH Initiative](#) NES 28/01/2021). Among IDPs, vulnerable (34%) and very vulnerable (37%) households are more likely to report not being able to afford to send their children to school, with the rate among very vulnerable households increasing to 50% in the northeast ([HNAP](#) 16/12/2020). Unaffordability of a private tutor was also reported as a barrier by KIs by 21 to 27% of communities where barriers to education access were reported in the northwest and northeast ([REACH Initiative](#) NWS, [REACH Initiative](#) NES 28/01/2021).

School closures and challenges with remote learning

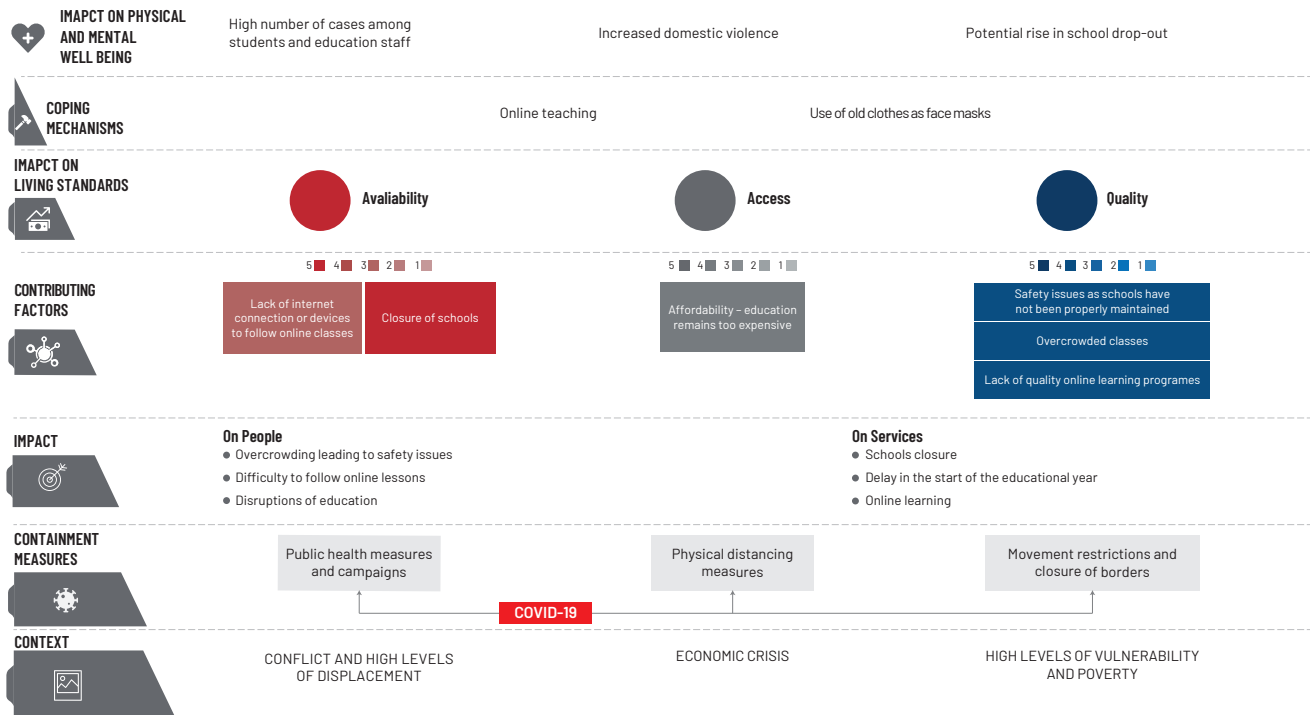
In December, access to education continues to be limited by school closures due to COVID-19 restrictions in northern Syria. While in GoS-held areas, more than 3.6 million students started their first Semester Exams of 2020/2021 in January ([Syrian Arab News Agency](#) 06/01/2021), more than two-thirds of schools across northern Syria closed for at least a few days. In the northwest, 81% of assessed communities reported schools not always functioning in person for at least some days in December, with about 22% of education programmes taking place online. However, in the northeast, no online education services were reported ([Reach Initiative](#) NWS 28/01/2021, [Reach Initiative](#) NES 01/12/2020).

Due to the closure of education facilities, children's only option has been to learn remotely, which many do not have the means to do so ([Save the Children](#) 10/12/2020). The absence of coherent remote curriculums, coupled with insufficient or lack of internet/phone coverage and the lack of money needed to purchase internet or phone access have been significant barriers to remote education ([Save the Children](#) 10/12/2020). As of December, 44% of the northwest 1,017 IDPs sites were fully using remote learning and 52% not using it ([OCHA](#) 26/01/2021). In the northwest, lack of access to the internet, electricity, equipment was a barrier to accessing online education services for about a third of the respondents in December ([Reach Initiative](#) 28/01/01/2021). In addition, insufficient literacy and numeracy of caregivers, coupled with their burden for various demands, limited the support they were able to provide to their children during home/distance learning ([Reach Initiative](#) 01/12/2020).

High rates of school drop-out

lack of suitable alternatives to remote learning, coupled with reduced livelihood opportunities for parents, has led to a high drop-out rate amongst children in 2020 across the country, especially in the north. 2.4 million children are out of school in 2020, of which about 40% are girls, a 15% increase compared to 2019, with an additional 1.6 million children considered at risk of dropping out ([OCHA](#) 30/12/2020). In the northeast, following school closures, a decrease in children's interest in learning and parents' interests in teaching were reported in informal settlements (61% in Ar-Raqqa, Deir-ez-Zor, and Menbij and 49% in Al-Hasakeh) ([REACH Initiative](#) 18/01/2021, [REACH Initiative](#) 18/01/2021). HNAP reports that about half of the children among IDPs households do not attend schools as of the end of 2020 ([HNAP](#) 16/12/2020). According to Save the Children, due to the COVID-19 crisis, two-thirds of children are now out of school in northern Syria. In the northwest, about 50% of students in some areas stopped attending schools since March 2020. In camps in the northeast, similar rates were reported by teachers in Al-Hol, Roj, and Areesha, with at least 5,500 children dropping out of school in 2020 ([Save the Children](#) 10/12/2020). Attendance was also confirmed as lower for children living inside camps by HNAP, with less than half reported going to schools, and with lack of affordability being the main reason ([HNAP](#) 16/12/2020). Only central and southern Syria shows a different trend, with a 77% of attendance rate among IDPs households ([HNAP](#) 16/12/2020).

Problem tree Education



VII. Protection: Rise in protection issues and restriction of services

Due to COVID-19, psychological trauma, such as stress and anxiety, has been widely reported, with 76% of surveyed protection partners mentioning it as one of the main protection issues especially women and girls, elderly population and people with disabilities ([Protection and Community Services Sector Inside Syria](#) 01/02/2021).

Due to an overall deterioration of economic conditions, increased protection issues were reported by a third of surveyed protection partners, as well as economic exploitation, particularly affecting children ([Protection and Community Services Sector Inside Syria](#) 01/02/2021). Child labour increased, likely due to prolonged school closures in 2020 and overall limited livelihood opportunities and was reported to be used among residents (74% of communities) and IDPs (82%) to meet basic needs in the northwest in December ([REACH Initiative](#) NWS 28/01/2021). The rates decrease

slightly in the northeast but this strategy remains widespread with 57% of resident communities and 65% of IDP communities reporting resorting to that coping mechanism ([REACH Initiative](#) NES 28/01/2021). Early marriage has also been more widely reported, between 30 to 40% among residents and IDPs in northern Syria ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021), and overall by half of the protection partners surveyed in December ([Protection and Community Services Sector Inside Syria](#) 01/02/2021). Both have been significantly affecting school attendance for those children, as more than 60% of teachers cited child labor as one of the primary reasons preventing children from attending school, particularly in the northeast, where the rate rises to 71% ([Save the Children](#) 01/12/2020)(see [Education](#) for more details).

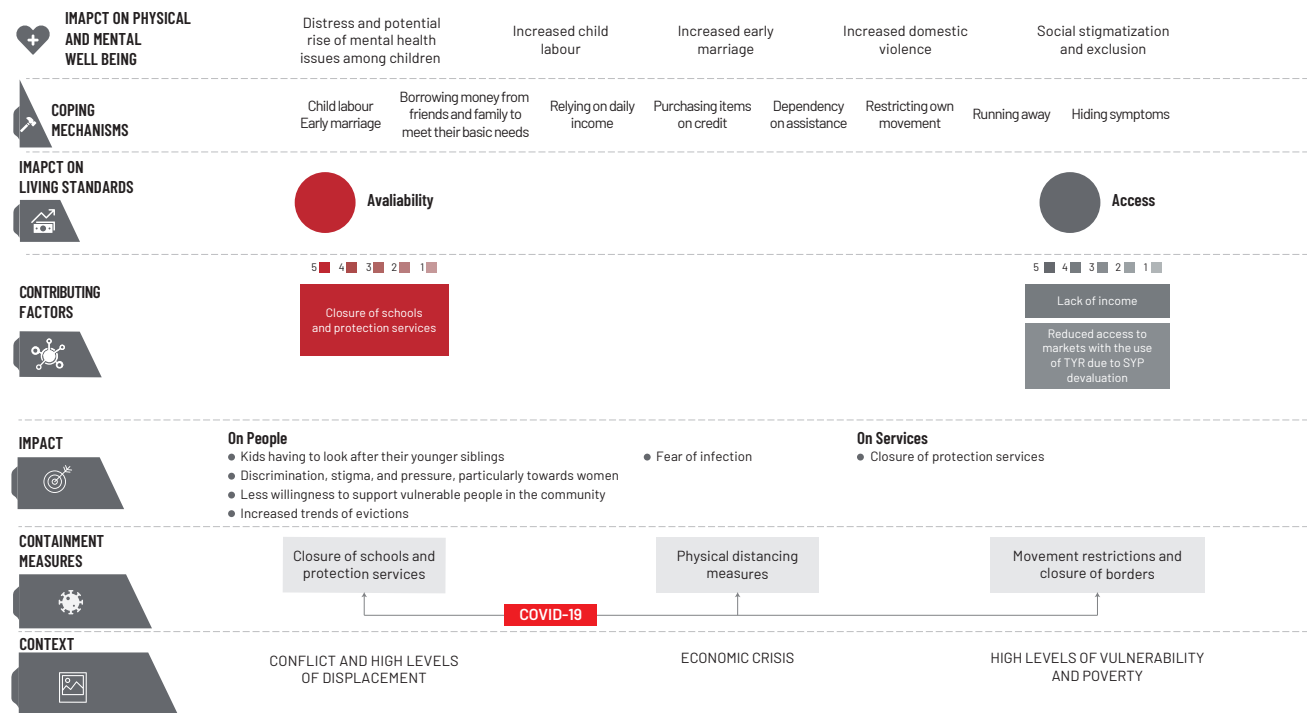
Increases in domestic violence, notably in northwest Syria, continue to be reported ([OCHA](#) 21/12/2020), although it is unclear to what extent. 56% of surveyed protection partners reported an increase in GBV due to Covid-19 in December ([Protection and Community Services Sector Inside Syria](#) 01/02/2021).

Restrictions of movements and forced quarantine measures have impeded access to protection services. By 20 January 2021, the majority of communities had access to psychosocial services in only 14 to 21% of sub-districts in NSAG & TBAF and GoS-held areas. The situation was slightly better in SDF areas, where this rate reached 39% ([HNAP](#) 27/01/2021). According to an online survey conducted by the Protection and Community Services Sector Inside Syria among 213 partners and staff in December, protection activities had to limit in-person meetings and large gatherings due to restrictions measures, particularly affecting community centers and facilities where most of the protection assistance was being delivered. While most of the activities have since restarted, partners report having to more greatly rely on digital tools. However, lack of connectivity and confidentiality have hampered the online implementation of protection activities. The suspension of services, combined with new ways of services delivery, led to a drop in beneficiaries, sometimes by as much as 70%, and on average between 30 and 50% ([Protection and Community Services Sector Inside Syria](#) 01/02/2021). GBV victims, faced with limited protection services, resorted to not speaking up and running away and restricting their own movement ([UNFPA](#) 01/01/2021).

An emerging issue has been protection issues faced by health personnel in GoS-held areas. While healthcare workers and structures have been targeted throughout the war, GoS authorities have reportedly arrested medical workers not following Ministry of Health recommendations to limit testing to only severe cases. According to the Detainees and Kidnapped Division of the Martyrs Documentation Office in Dara'a governorate, government forces have arrested four medical workers, including a doctor, in the week to 18 December, who diagnosed patients with COVID-19, without first referring to the Ministry of Health ([The Syrian Observer](#) 18/12/2020).

COVID-19 and widespread fears of infection are also causing social pressure, distress, and increasingly social stigma. As a result of this stigmatization, bullying, social exclusion, prevention from entering shops, or even leading to women being rejected by their spouse in extreme cases have been reported (Protection Cluster 27/11/2020, [The Independent](#) 26/08/2020). The social stigma associated with COVID-19, alongside the pressure to maintain income and livelihood, is reportedly inducing people to hide symptoms and avoid seeking treatment or self-isolating (Protection Cluster 27/11/2020, [OCHA](#) 21/10/2020).

Problem tree Protection



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

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

Soap and water still unavailable and unaffordable to most

Across Syria, the majority of the population in about two thirds of the sub-districts are in need of disinfectants and masks, except in GoS-controlled areas where masks are only reported to be needed in slightly over half of the sub-districts. Soap and water are still reported to be highly needed in the northwest (73%), while this proportion drops to half of the population in the northeast, and even less in GoS-controlled areas (42%) ([HNAP](#) 27/01/2021). Among 205 IDP sites in northwest Syria, almost two-thirds did not have sufficient water storing capacity for one day and about a fifth reported no chlorination of water. About half of the people living in camps have soap, water and handwashing facilities. Compounding these needs, 70% of the sites also did not receive hygiene kits in the last three months ([OCHA](#) 26/01/2021).

Despite the risk posed by the virus, soap and hygiene items are still widely reported to be unaffordable in the northeast ([REACH Initiative](#) NES 28/01/2021). 18% of households in Newroz Camp in Northeast Syria have difficulties procuring hand/body soap, mainly due to high prices, low quality and lack of distribution ([REACH Initiative](#) 17/12/2020). In the northwest, while the proportions are much lower, still half of the assessed communities reported not being able to afford hygiene items and a third soap ([REACH Initiative](#) NWS 28/01/2021). KIs in communities where barriers to accessing

sufficient water were reported in December cited the high cost of water trucking as a common challenge, with a higher rate in the northwest (85%) than in the northeast (59%) ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). The prices of most hygiene items have increased across northern Syria in December compared to the previous month. In the Northwest, the hygiene component of the SMEB (Survival Minimum Expenditure Basket) rose by 6% ([REACH Initiative](#) 20/01/2021) and 8% in the northeast ([REACH Initiative](#) 20/01/2021). The prices of water trucking increased in the northwest by 14% compared to November ([REACH Initiative](#) 20/01/2021), however remained stable in the northeast ([REACH Initiative](#) 20/01/2021).

Lack of access to sufficient and quality water

The majority of people in the northwest (85%) do not have sufficient access to water ([REACH Initiative](#) NWS 28/01/2021), while in the northeast the same applies to slightly more than half of the population ([REACH Initiative](#) NES 28/01/2021). Paired with the high costs of water trucking, these might draw to a serious water crisis if not addressed.

Limited income is leading to households limiting their water usage, such as reducing drinking water consumption, a coping strategy reported by half of the communities in the northeast ([REACH Initiative](#) NES 28/01/2021) and washing hands less frequently, reported by 7% of the communities in the northwest and 14% in the northeast ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021). Both worrying trends in a COVID-19 context where handwashing remains one of the most effective precautionary measures against the risk of infection.

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

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

In the northwest, provision of water via pipe networks is not fully functional as only around two thirds of the pumping stations are operational, with the majority of them using chlorine for water sterilization. These stations are functioning through diesel generators due to lack of electricity, for which the fuel accounts for 30% of the total WASH cluster expenses ([OCHA](#) 26/01/2021), a share that might continue to increase considering the fuel shortages reported in the country (see [Logistics](#)).

In the northeast, the main Water Station (Alouk) resumed operations in January 2021, with a capacity sufficient for supplying Al-Hasakah city ([Albaath Media](#) 06/01/2021), after operating at partial capacity in late November ([UNICEF](#) 01/01/2020), and a period of suspension in early December 2020 ([REACH Initiative](#) 20/01/2021). However, it was again suspended on 16 January and was reportedly functional again as of the 22 January, with an expected delay of up to three days for the water to actually arrive to those depending on it in the Al-Hasakeh governorate ([NPA](#) 16/01/2021, [DW](#) 24/01/2021). Electricity interruptions are also affecting the functionality of the Al-Hamma water purification plant, thus affecting the water quality in Al-Hasakah city and other areas supplied (NES Cash Working Group 17/12/2020). Alternative water sources are more expensive and less hygienic, further complicating the prevention of COVID-19 infections.

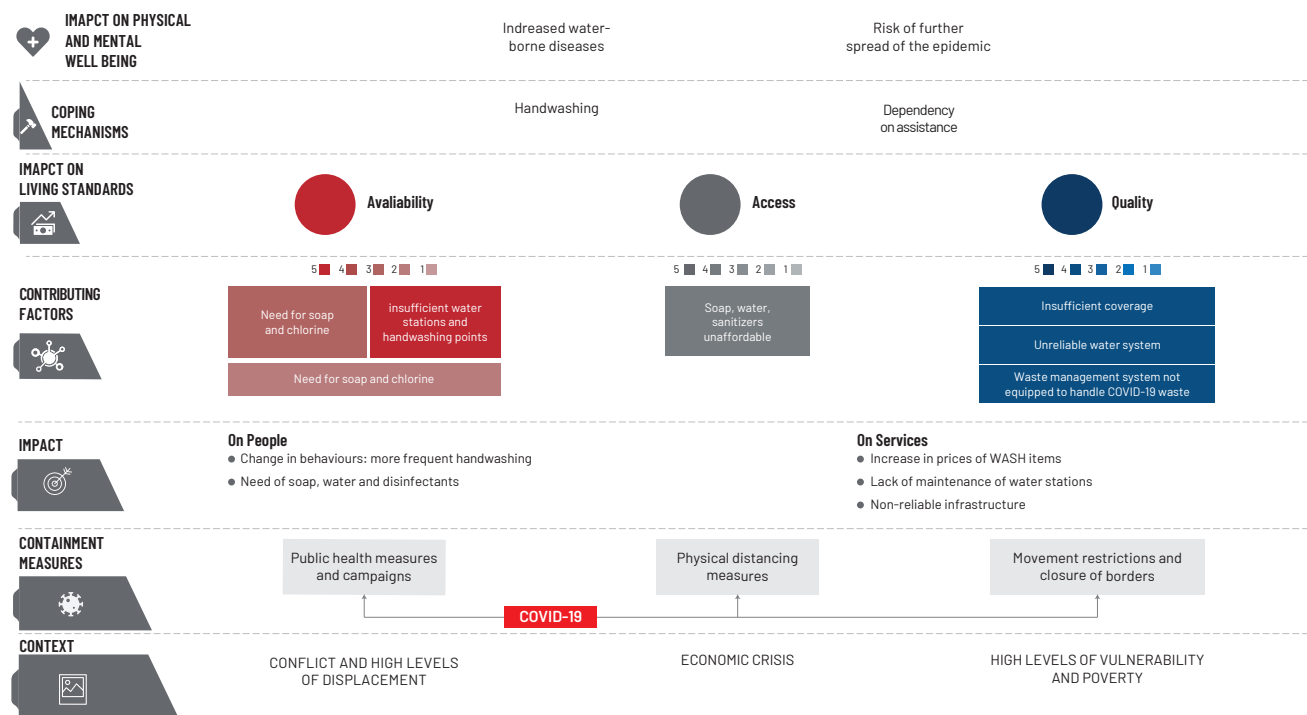
Lack of infrastructure contributing to the spread of the virus

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. Most people face difficulties in applying sanitation and hygiene measures, contributing to faster spread of the virus ([Middle East Eye](#) 09/01/2021). Already, about a 30% increase in the number of cases of water-borne diseases was reported in the northwest in January 2021, compared to 2017, a number expected to further rise in case considering the lack of WASH services ([OCHA](#) 26/01/2021). In northwest Syria, notably in Aleppo governorate, increasing reports mention the inability of the medical sector to properly and safely dispose of medical waste, an issue that became acutely more needed with the COVID-19 pandemic, as it has been contributing to the continuous increasing rate of infections ([Syria Direct](#) 27/01/2021).

Gaps in WASH infrastructure continue to be a real concern within IDP camps, with often multiple families depending on shared latrines

and reservoirs. Recent flooding incidents in the northwest compounded the situation, affecting close to 70,000 IDPs across 200 IDP sites at the end of January ([OCHA](#) 26/01/2021). Many sites are now inaccessible and with even more damaged WASH infrastructure, increasing the risk of uncontrolled COVID-19 transmission ([Health Cluster](#) 28/01/2021). Dire living conditions in Al-Hol camp, northeast, have been frequently reported, such as frequent flooding latrines, landfills inside the camps and outbreaks of worms in water tanks, coupled with lack of medical infrastructure, are leading to widespread health and humanitarian concerns ([Human Rights Watch](#) 23/07/2019). Lack of toilets was reported as a shelter issue for IDPs in 17% of communities in the northwest and 23% of communities in the northeast ([REACH Initiative](#) NWS, [REACH Initiative](#) NES 28/01/2021). The inadequate shelter is estimated to increase the risk of illness and disease by 25% throughout a person's lifetime, while overcrowded shelter conditions can significantly increase the spread of infectious diseases, putting those in need of shelter at more significant health risks ([Interaction](#) 19/02/2020).

Problem tree WASH



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

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

About 6.7 million people remain internally displaced in 2020, and an estimated 5.65 million people across the country are in need of shelter. More than 33% of IDPs live in inadequate shelter conditions, with a higher prevalence of poor shelter conditions in Idlib, Aleppo, Rural Damascus governorates, Ar-Raqqa city and in camps in the northeast and northwest (HNO 2020).

In the northwest, camps/sites that are often overcrowded and lack proper infrastructure, increasing the possibility of rapid COVID-19 infection (*CCCM and Shelter & NFI Sector* 04/12/2020). About a third of IDP households in the northwest live in tents, and 10% live in damaged shelters (*HNAP* 16/12/2020). Crowded conditions in camps and poor access to basic services are leading many unable to implement physical distancing. Overcrowding in shelters continues to be reported by more than half of

the population in northwest and northeast as a challenge to mitigate the risk of COVID-19 infection (*REACH Initiative* NWS, *REACH Initiative* NES 28/01/2021).

Cases of COVID-19 continue to be reported in camps, representing about 10.5% of confirmed cases in the northwest, a stable proportion compared to December, with most being reported in Harim camp (*OCHA* 26/01/2021). Although confirmed cases of infection in camps in the northeast remain low, with only 13 confirmed cases inside the Al-Hol camp and no new cases confirmed as of 12 January, four cases at Areesha camp and six at Mahmoudli in December, incidences are likely far higher than official numbers, since testing and screening are severely limited (NES Sites and Settlements Working Group 20/01/2021, *OCHA & WHO* 23/12/2020). Additionally, intergenerational living is common in displacement situations, leaving the elderly further exposed to potential contamination from other household members, with limited isolation possibilities.

Higher shelter and heating needs during the winter season

The health and safety impacts of overcrowding and living in damaged buildings became even more acute during the winter season. Approximately 3.1 million people are estimated to need winter assistance across Syria, with more dire needs among people living in camps, collective shelters, informal settlements, and areas of high altitude and snowfall ([Shelter & NFI Sector](#) 18/01/2021). Both fuel and electricity have become scarcer and more expensive over the year. Coupled with widespread loss of income due to the COVID-19 crisis, this prevented people from accessing vital supplies and heating sources ahead of the winter season ([Shelter & NFI Sector](#) 17/11/2020, [OCHA](#) 21/10/2020). As prices of basic items have continued to increase, access to NFIs continues to be lifesaving, especially during winter when vulnerable families cannot access

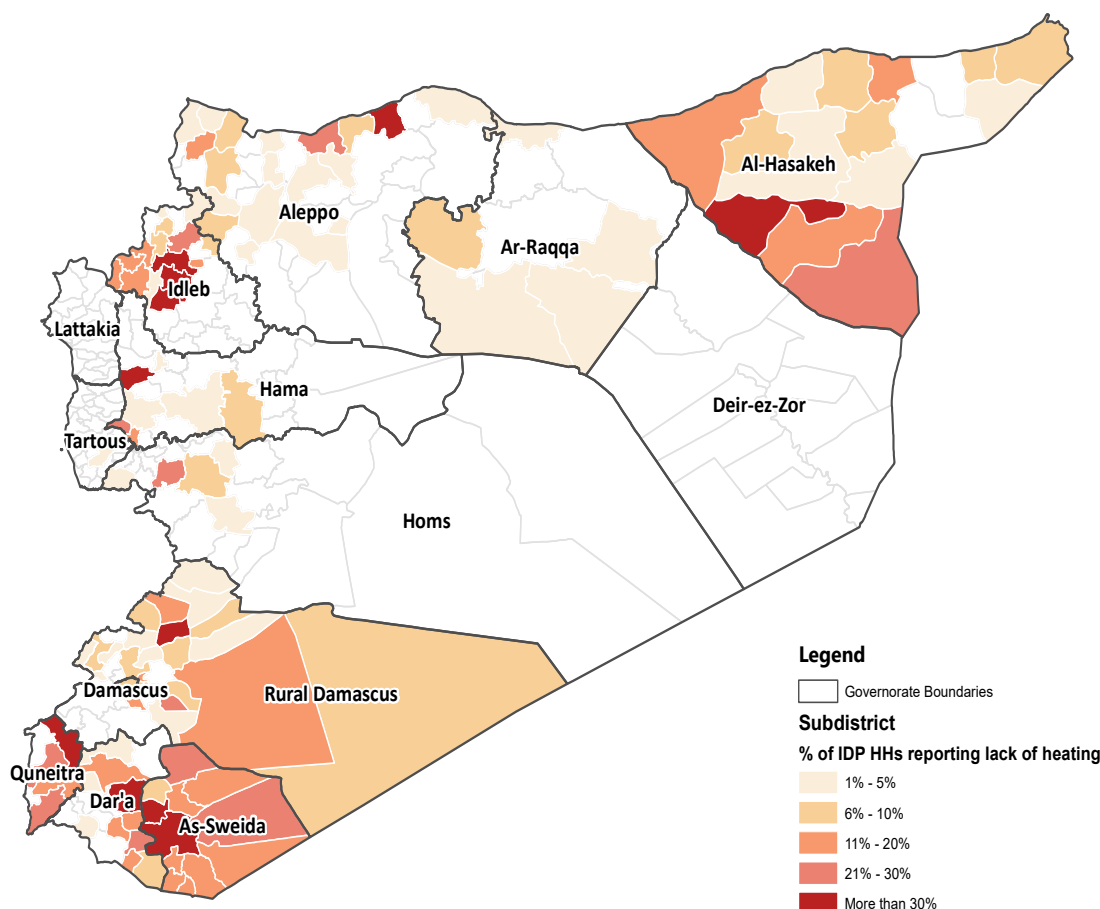
basic items to keep them warm, such as heating fuel, blankets, and winter clothes. Almost half of both residents and IDPs lack heating in northwest Syria in December, a rate that doubled compared to a month before. Similarly, residents report lacking insulation from the cold in over 30% of communities while this is a challenge for more than half of the IDPs, a proportion also doubling compared to November ([REACH Initiative](#) NWS 28/01/2021). Lower proportions were reported in the northeast, although also increasing compared to November, with 30% of residents and 46% of IDPs households reported lacking heating, while 35% of residents and 41% IDPs lacked insulation from the cold ([REACH Initiative](#) Northeast 28/01/2021). Figure 9 shows that lack of heating was being reported as a primary issue by many IDP households in November even before the harsher winter temperatures would begin.

Map 1. Percentage of IDP households reporting lack of heating as a primary issue ([HNAP](#) 11/12/2020)

LACK OF HEATING BY SUB-DISTRICT

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

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



Unaffordability of rent, heating, and repairs continue to hamper access to shelter across the country. In GoS-controlled areas, following a government-led increase of prices of cement mid-December ([Enab Baladi](#) 10/01/2021), reconstruction work was halted, resulting in a new income hit for daily labourers and leaving

many still having to spend another winter in damaged shelters. High rent prices were overly reported as one of the mains shelter challenges in both northwest (96%) and northeast (98%), as well as heating fuel being too expensive ([REACH Initiative](#) NWS 28/01/2021, [REACH Initiative](#) NES 28/01/2021).

X. Logistics: Fuel crisis leading to severe shortages and skyrocketing prices

Syria's domestic fuel production has not been able to meet the population's requirements, leading to external supply reliance. Due to the closure of borders and delays in imports resulting from the COVID-19 context and the enforcement of US sanctions in June, external supplies of fuel have significantly decreased, leading to severe fuel shortages in the country since September and increases in price of manually refined kerosene, transport fuels, petrol, diesel increased. In December, the informal price of transport diesel increased by close to 20% since November and almost by 120% since June, with highest prices reported in Idlib and Aleppo governorates ([WFP 19/01/2021](#)). Due to higher demand in winter, heating fuel prices have also increased by 20% over the same time period, with the same governorates reporting the highest increase ([WFP 19/01/2021](#)). Fuel allotments in government-held areas were significantly reduced, from 200 liters to 100, leading to shortages in domestic and agricultural use and increased demand on unofficial markets leading to prices skyrocketing, making it inaccessible and unaffordable for most

Syrians. In the northwest, unofficial market prices for heating fuel are up to ten times the subsidized rate ([OCHA 20/01/2021](#)). KIs in 70% of communities where barriers to accessing electricity were reported, cited the high cost of fuel for generators as a common challenge ([REACH Initiative](#) NWS 28/01/2021). Vendors in northwest Syria also reported that they had limited supply from their suppliers and import restrictions due to the border closings were also main supply challenges ([Reach Initiative 20/01/2021](#)). In the northeast, two-thirds of vendors reported shortage of fuel sources, notably high quality diesel shortages which was reported lacking by almost all fuel vendors, and two-thirds reported unavailability of high quality petrol ([Reach Initiative 20/01/2021](#)). Dollar exchange, and transportation cost and supply issues were also cited as main challenges (NES Cash Working Group 20/01/2021).

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

3. Information gaps: what are we missing?

Review of COVID-19 assessments conducted in June–December 2020

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

Separating COVID-19 effects from other drivers remains a challenge

Overall, Syria's COVID-19 information landscape remains rich, and sector-specific information is being collected and shared regularly. Health remains the sector with the most related information, followed by food security and livelihoods and education, without surprise as these are the most disrupted sectors and impacted by COVID-19 related restrictions. A low number of COVID-19 related needs assessments in the protection sector makes quantifying identified impacts and trends difficult. Information is often available for different vulnerable groups — displaced populations, female-headed households,

children, etc. It is also possible to disaggregate information by geographical areas, although central and southern Syria are the areas where needs are least reported. Data is only available in areas with regular access. When assessments have not been conducted, there is a general tendency to center the analysis and draw conclusions from information or data from main cities and extrapolate these findings to generalize it to the entire governorate, erasing some of the disparities that may exist between urban and rural areas.

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

Lack of information on GoS-controlled areas

Population awareness

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

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

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

COVID-19 related impact

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

WASH: Limited data is available regarding prices and affordability of WASH items in GoS-held areas.

Country-wide

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

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

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

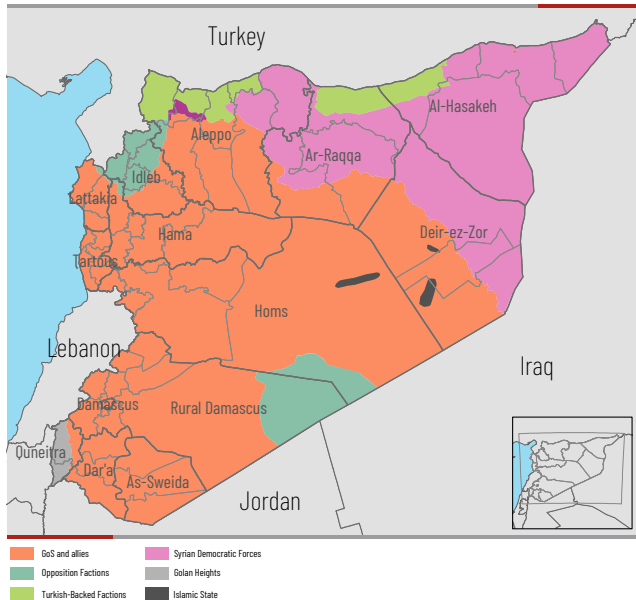
Impact on remittances: The estimated \$1.6 billion of remittances sent to Syria each year ([Syria Direct](#) 12/04/2020) are estimated to have reduced by up to 50% from the start of the epidemic until October ([OCHA & WHO](#) 29/10/2020). More information on the reduction, which countries remittances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

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

ANNEX

Context

Figure 8. 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.

The first phase of the project (August–November 2020) is focused on building a comprehensive repository of available secondary data in the DEEP platform, building country networks and providing a regular analysis of unmet needs and the operational environment within which humanitarian actors operate. As the repository builds up, the analysis provided each month will become more complete and robust.

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.

On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. In addition, all the captured information receives additional tags, allowing to break down further results based on different categories of interest, as follows:

1. SOURCE PUBLISHER AND AUTHOR(S) OF THE INFORMATION;
2. DATE OF PUBLICATION/DATA COLLECTION OF THE INFORMATION AND URL (IF AVAILABLE);
3. PILLAR/SUB-PILLAR OF THE ANALYSIS FRAMEWORK THE INFORMATION BELONGS TO;
4. SECTOR/SUB-SECTORS THE INFORMATION RELATES TO;
5. EXACT LOCATION OR GEOGRAPHICAL AREA THE INFORMATION REFERS TO;
6. AFFECTED GROUP THE INFORMATION RELATES TO (BASED ON THE COUNTRY HUMANITARIAN PROFILE, E.G. IDPS, RETURNEES, MIGRANTS, ETC.);
7. DEMOGRAPHIC GROUP THE INFORMATION RELATES TO;
8. THE GROUP WITH SPECIFIC NEEDS THE INFORMATION RELATES TO, E.G. FEMALE-HEADED HOUSEHOLD, PEOPLE WITH DISABILITIES, PEOPLE WITH CHRONIC DISEASES, LGBTI, ETC;
9. RELIABILITY RATING OF THE SOURCE OF INFORMATION;
10. SEVERITY RATING OF HUMANITARIAN CONDITIONS REPORTED;
11. CONFIDENTIALITY LEVEL (PROTECTED/UNPROTECTED)

Figure 9. 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.COVID19- Containment related measures																															
Physical distancing	Movement restrictions	Public Health measures												Lockdowns																	
4. Displacement																															
Type, #, Mvmt	Push factors	Pull factors	Intentions											Local integration																	
5. Casualties																															
Injured	Missing		Dead																												
6. Humanitarian Access																															
Access of affected population to assistance	Access of relief actors to the affected population	Security / physical constraints	People facing humanitarian access constraints																												
7. Communication and Information																															
Information channels and means		Information challenges												Information Needs																	
12. Capacities / Response	Government & local authorities																8. Impact	Drivers & Aggravating factors										Crisis impact: Humanitarian profile, Affected people			
	International actors																	Impact on people													
	National/local actors																	Impact on services and systems													
	11.Priorities		Priority needs (pop)															9.Humanitarian Conditions	Living standards										Severity of humanitarian conditions: PIN by severity class; People at risk		
		Priority needs (Hum.)															Coping mechanisms														
		Priority interventions (pop)																	Physical / mental wellbeing												
10.At Risk		People at risk/vulnerable																													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

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

Figure 10. Information captured for Syria in DEEP between 01/01 and 31/01/2021

DEEP ENTRIES DASHBOARD Image Export Sun Feb 28 2021 17:33:40 GMT+0200 (Eastern European Standard Time)

110 DOCUMENTS	537 ENTRIES	28 PUBLISHERS	1 NEEDS ASSESSMENTS	0 COORDINATED NEEDS ASSESSMENTS	0 COORDINATED NEEDS ASSESSMENTS	0 COORDINATED NEEDS ASSESSMENTS	0 HARMONIZED NEEDS ASSESSMENTS	1 UNCOORDINATED NEEDS ASSESSMENTS	109 OTHER DOCUMENTS
43 SOURCES	1 LINGOS	19 INGOS	6 UN AGENCIES	2 SECTORS/CLUSTERS	0 DONORS	0 RCRC	1 GOVERNMENT BODIES		
0 MULTI-SECTOR ASSESSMENTS	0 MULTI-SECTOR ASSESSMENTS	1 SINGLE-SECTOR ASSESSMENTS	0 MULTI-SECTOR MONITORING	0 MULTI-SECTOR MONITORING	0 SINGLE-SECTOR MONITORING	0 INITIAL NEEDS ASSESSMENTS	1 RAPID NEEDS ASSESSMENTS	0 IN-DEPTH NEEDS ASSESSMENTS	
0 INDIVIDUALS SURVEYED	0 HOUSEHOLDS SURVEYED	34 KEY INFORMANTS INTERVIEWED	0 FOCUS GROUP DISCUSSIONS	0 COMMUNITY GROUP DISCUSSIONS					

Summary

ENTRIES BY LOCATION

DATE RANGE

01 Jan 2021 - 31 Jan 2021

ENTRIES BY SEVERITY

87%

5%

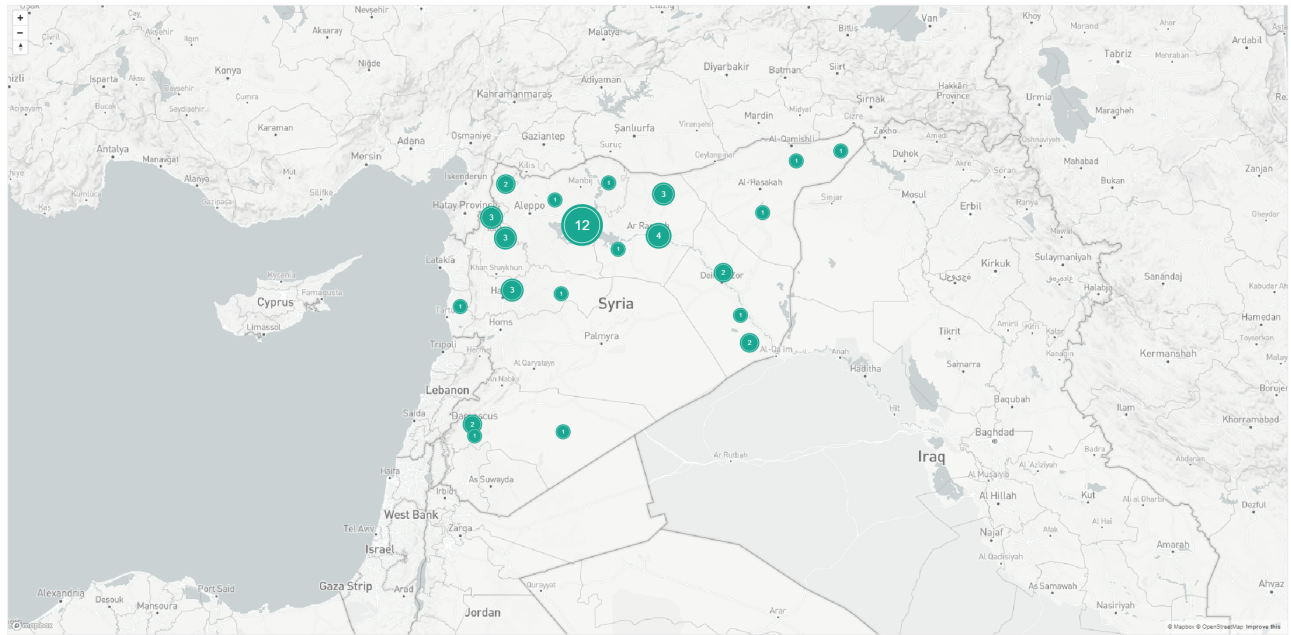
Major

Risk

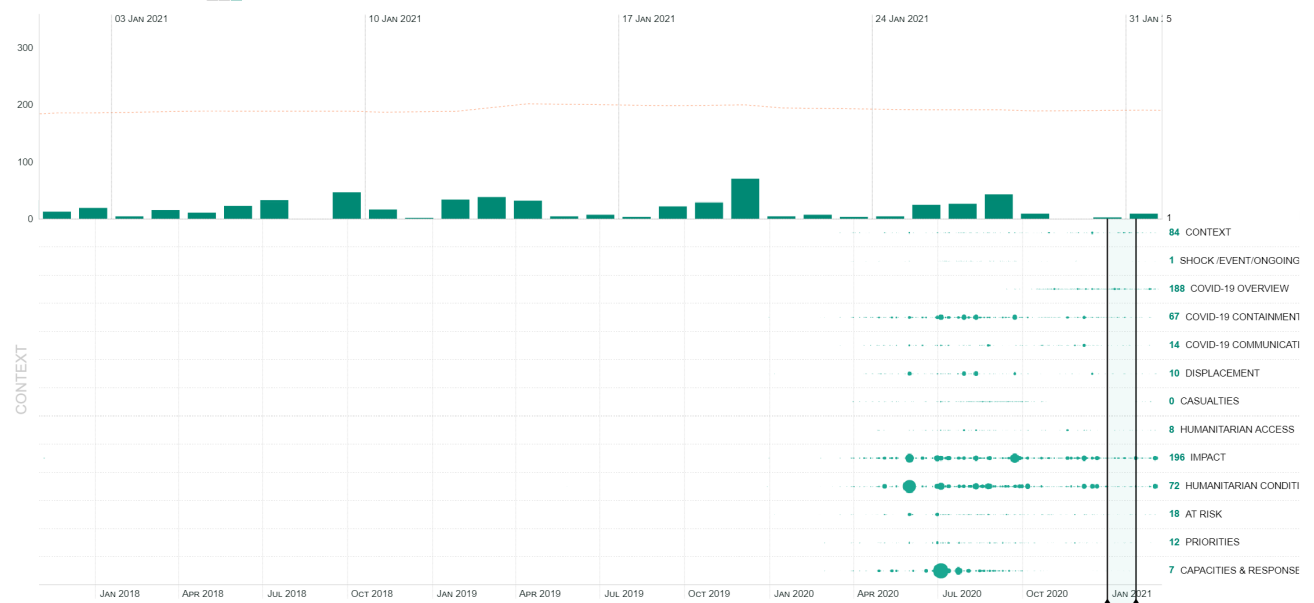
ENTRIES BY RELIABILITY

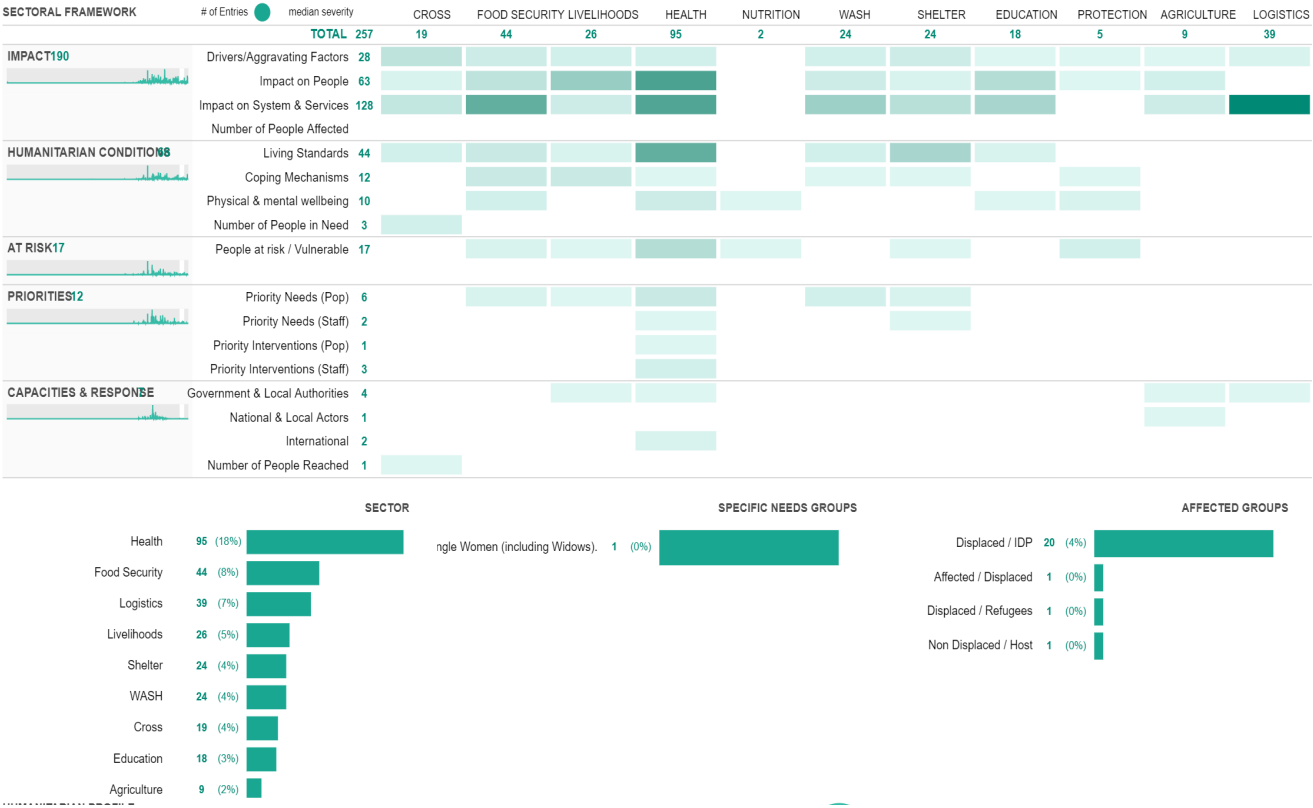
100%

Usually Reliable



ENTRIES BY DATE AND BY SEVERITY





Analysis Workflow. IMMAP/DFS analysis workflow builds on a series of activities and analytical questions specifically tailored to mitigate the impact and influence of cognitive biases on the quality of the conclusions. The IMMAP/DFS workflow includes 50 steps. As the project is kicking off, it is acknowledged that the implementation of all the steps will be progressive. For this round of analysis, several structured analytical techniques were implemented throughout the process to ensure quality results.

- The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts in tailoring their analytical approach and products to specific information needs, research questions or information needs.

- The Analysis Framework was piloted and definitions and instructions set to guide the selection of relevant information as well as the accuracy of the tagging.
- An adapted interpretation sheet was designed to process the available information for each SDAF pillar and sub pillar in a systematic and transparent way. The Interpretation sheet is a tool designed so analysts can bring all the available evidence on a particular topic together, judge the amount and quality of data available and derive analytical judgments and main findings in a transparent and auditable way.
- Information gaps and limitations (either in the data or the analysis) were identified. Strategies have been designed to address those gaps in the next round of analysis.

Figure 11. iMAP/DFS Analysis Workflow January 2021

iMAP/DFS Workflow - October 2020					
	1. Design & planning	2 Data collation & collection	3. Exploration & preparation of data	Analysis & sense making	Sharing & learning
Main activities	Definitions of audience, objectives and scope of the analysis	Identification of 122 relevant documents (articles, reports)	Categorization of the available secondary data (664 excerpts)	Description (summary of evidence by pillar/sub pillar of the framework)	Report drafting, charting and mapping
	Key questions to be answered, analysis context, Analysis Framework	Identification of relevant needs assessments	Assessment registry (122 needs assessment reports)	Explanation (identification of contributing factors)	Editing and graphic design
	Definition of collaboration needs, confidentiality and sharing agreements	Data protection & safety measures, storage	Additional tags	Interpretation (priority setting, uncertainty, analytical writing)	Dissemination and sharing
	Agreement on end product(s), mock up and templates, dissemination of products	Interview with key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop, recommendations for next analysis round
Tools	Analysis Framework	SDR Folder	DEEP (SDAF)	Interpretation sheet	Revised report template
	Analysis Canvas	Naming convention	DEEP (Assessment Registry)		Analytical writing guidance
	Data sharing agreements		Coding scheme		Lessons learnt Template
	Report template				



THANK YOU.



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