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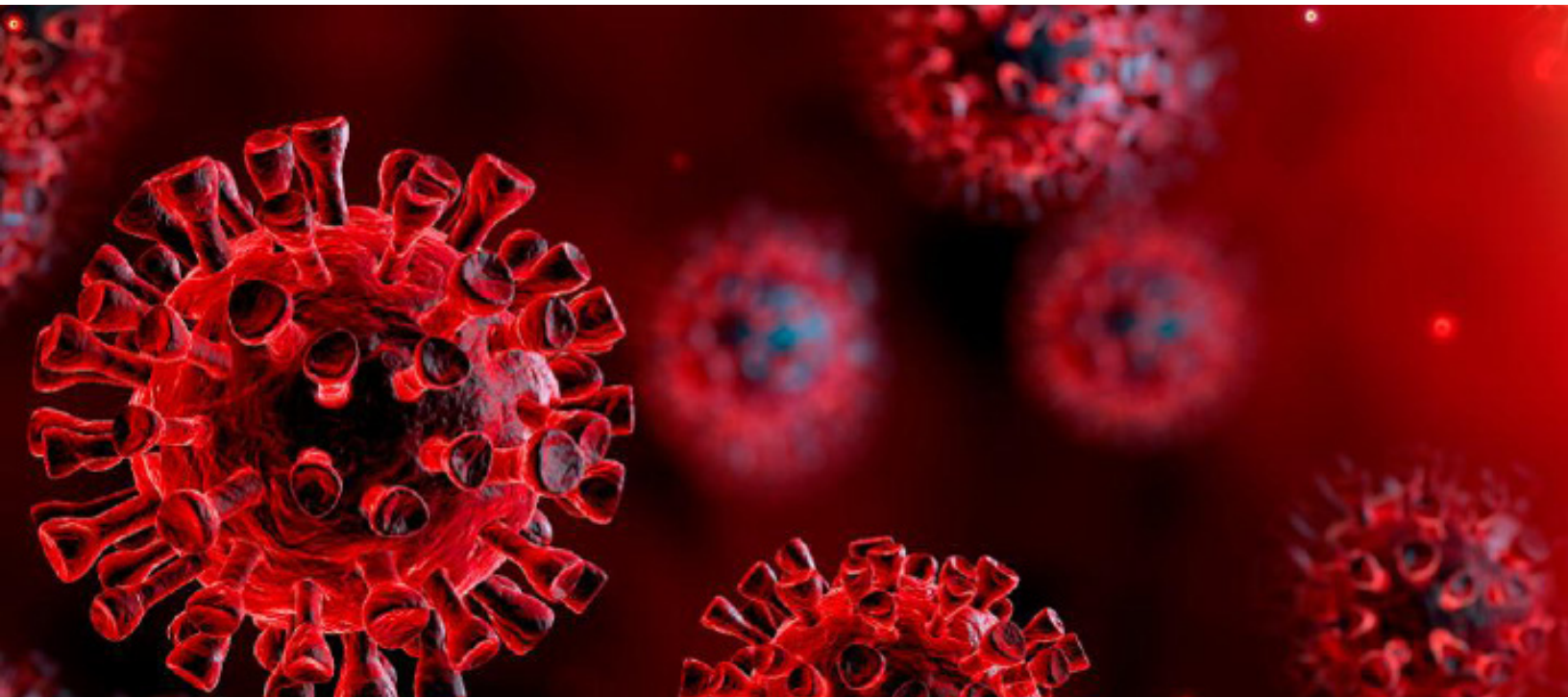


COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



MARCH 2021



Better Data | Better Decisions | Better Outcomes

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

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

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

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HIGHLIGHTS

1. COVID-19 and containment measures overview

A. COVID-19 CASES

As of 31 March, a total of 50,400¹ confirmed COVID-19 cases were recorded across Syria (243 per 100,000) ([WHO Syria Dashboard](#), [WHO NWS Dashboard](#), [NES COVID-19 Dashboard](#) 31/03/2021), up from 45,000 by the end of February with a common assumption that those detected and reported are only a small proportion of the actual figures. Some areas are observing a sharp increase in the rate of newly detected cases, which is being referred to as a third wave ([Asharq Al-Awsat](#) 02/03/2021).

Government-held areas: positivity rates remain high as rate of newly reported cases increases again

The rate of newly reported cases sharply increased in the first week of March in areas controlled by the Government of Syria ([WHO Syria](#) 31/03/2021). Alarming, more new cases have been reported this month than any previous month so far, and is being referred to anecdotally as a third wave ([Albaath Media](#) 11/03/2021). According to medical sources, the third wave of COVID-19 cases received in the capital's hospitals included greater numbers of children and adolescents unlike the previous waves ([The Syrian Observer](#) 23/03/2021).

As of 31 March a total of 18,909 cases (135 per 100,000) with 12,731 recorded recoveries, and 1,265 deaths have now been reported in Government-controlled areas ([WHO Syria](#) 31/03/2021). Alongside this rise in reported cases, hospitalisations and home oxygen users are becoming more frequent. In As-Sweida governorate the number of patients in specialized isolation departments have been doubling weekly during March ([Al Watan online](#) 28/03/2021). Approximately 3% of all recorded cases so far have been among health workers. The overall case fatality rate stands at 6.8%, significantly higher than every other country in the region with the exceptions of Sudan and Yemen ([WHO Syria](#), [WHO EMRO](#) 31/03/2021).

Northwest Syria: While rate of newly detected cases remains far below the November and December period, cases per capita remains higher than in GoS-held areas

During March, 143 new cases were reported in northwest Syria reaching 21,318 cases overall (520 per 100,000) including 637 deaths. Most cases have been reported in Idlib (54%) ([Assistance Coordination Unit](#) 01/04/2021, [WHO NWS Dashboard](#) 31/03/2021). As of mid-March, 9% of all cases reported so far have been among health workers with an additional 4% among other staff working in health facilities and community health workers, and 11% have been among IDPs ([OCHA & WHO](#) 18/03/2021).

As COVID-19 cases have been rapidly increasing in Turkey, more than 3.3 million confirmed as of 31 March, there are rising concerns of cross-border contamination, leading to higher levels of infection in northwest Syria. While provinces in western Turkey are reporting the highest number of cases, provinces bordering northwest Syria witnessed a rise in infection in the second half of March, with Killis, Gaziantep and Hatay provinces recording worrying levels of contamination. Following rising cases and fatality numbers, Turkey announced weekend lockdowns, weekdays curfews and other restrictions during Ramadan ([Anadolu Agency](#) 03/04/2021).

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

Northeast Syria: A steep resurgence of cases and positivity rates after the low figures seen in February

The total number of reported cases in northeast Syria as of 31 March was 10,973 (474 per 100,000) including 469 deaths. Reported cases have been most frequent in Al-Hassakeh governorate. Whereas both the rate of newly confirmed cases as well as test positivity rates sharply decreased in February to the lowest levels seen since July 2020, they have been increasing alarmingly throughout March. While more new cases were reported this month (1,563) than January and February, there were still less than the months of October (3,060) and November (2,238). The 7-day rolling average test positivity rate rose from 18% on 1 March to 42% on 31 March ([NES COVID-19 Dashboard](#) 31/03/2021).

As of early March, 9% of all confirmed cases have been health workers, 6% have been among IDPs and refugees, and the overall positivity rate in camps and settlements has been 30% with the largest number of confirmed cases being in Mahmudli Camp in Raqqa Governorate (*Northeast Syria NGO Forum* 07/03/2021, [NES COVID-19 Dashboard](#) 31/03/2021).

As of 16 March, the Joint Head of the Health Authority announced the increased number of cases and deaths due to COVID-19. As a result, possible lockdowns were being considered by the Crisis Cell as many activities and events were initially scheduled in March ([The Syrian Observer](#) 18/03/2021).

In northeast Syria, COVID-19 deaths continue to be recorded without confirmation via PCR test and a significant number of people are only reporting symptoms or going to the hospital when their illness is advanced (as is likely the case across all areas). As such, there continue to be concerns that the true number of COVID-19 deaths may be much higher than the reported figures ([OCHA & WHO](#) 18/03/2021).

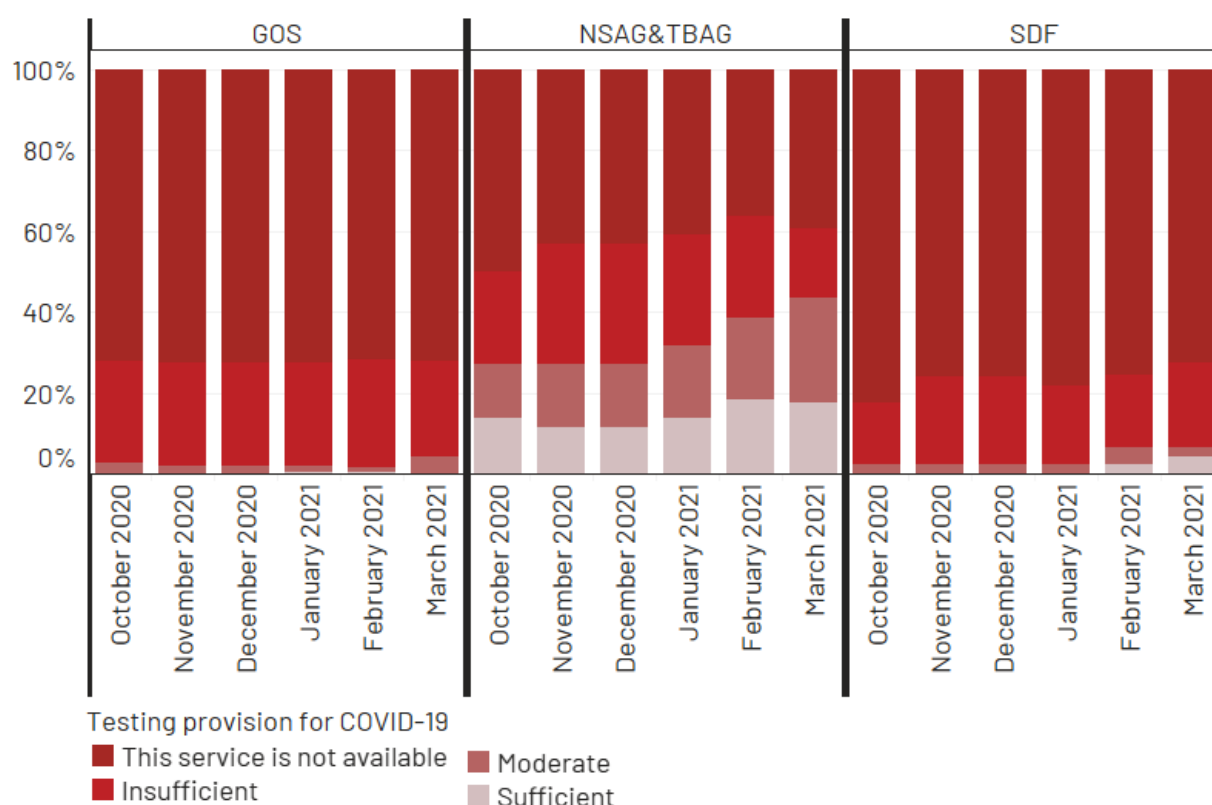
Cases continue to be under-reported due to limited testing capacities and social stigma

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

Limited testing capacities

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

Figure 1. Proportion of sub-districts with sufficient testing provision, as reported by community focal points (*HNAP Rapid Assessment 19/10/2020 To 29/03/2021*)².



In government-held areas, 70,942 tests were reported to have been conducted as of 16 April ([WHO Syria 16/04/2021](#)). 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. Since August 2020, there are some reports showing that some Ministry of Health workers were extorting citizens seeking PCR tests by tripling its set cost of 127,000 SYP ([Center for Operational Analysis and Research 19/03/2021](#)), already an extremely prohibitive cost for most Syrians. Community focal points in more than 96% of sub-districts report insufficient testing provision, 91% reporting insufficient quarantine space and 88% reporting insufficient isolation and monitoring space for suspected cases ([HNAP 31/03/2021](#)).

In northwest Syria, two new labs in northern Aleppo and Idlib governorates opened between September and early November, quadrupling daily testing capacity in northwest Syria to 1,000 tests ([OCHA 21/12/2020](#)). As of 31 March, a total of 107,787 tests have been conducted. 55% of tests conducted to date were in Aleppo and 45% were in Idlib where the positivity rate is higher ([WHO NWS Dashboard 31/03/2021](#), [Assistance Coordination Unit 1/04/2021](#)).

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

In the northeast, testing capacities, which had been decreasing since November 2020 due to test kit shortages, rose from 1,493 in February to 5,545 throughout March ([NES COVID-19 Dashboard 28/02/2021](#)), with a predictable increase in recorded cases. Community focal points in 94% of sub-district have reported insufficient testing provision ([HNAP 31/03/2021](#)), quarantine space for diagnosed cases and isolation and monitoring space for suspected cases in March. Complicating the provision of testing as well as the COVID-19 response overall is the reliance on international partners due to limited support from the Government of Syria: Health facilities, checkpoints and ports of entry controlled by the government in areas in the northeast have not complied with health measures and there have been failures the sharing of tests and epidemiological data, with resolutions difficult given the precarious political relationship between the government and the Self-Administration ([Center for Operational Analysis and Research 19/03/2021](#)).

As with other areas of Syria, authorities in the northeast are still far from being able to conduct testing at WHO recommended rates (between 10-30 negative tests for every positive). One issue is the number of tests currently available, expected to only last three to four months if they are continued to be used at the same rate. Beyond tests, stocks of diagnostic consumables such as filter tips for pipettes, microcentrifuge tubes, and medical alcohol are at critical levels ([OCHA 18/03/2021](#)). As of the 18 OCHA was not aware of any northeast Syria NGOs planning to procure laboratory supplies. Efforts to increase testing are further undermined by continued reservations of the population to seek treatment ([WHO & OCHA 18/03/2021](#), [NES COVID-19 Dashboard 28/02/2021](#)).

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

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

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

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

One million AstraZeneca vaccines have been secured via the COVAX facility with the purpose of serving both Government of Syria-controlled areas as well as the northeast. Limited vaccination campaigns have already begun for health workers in Government-controlled areas in accordance with the three stage plan (see figure 2), but no vaccination campaigns are yet taking place in other areas of control. Concerns have been raised about how vaccines will be reaching the northwest under this agreement ([MedGlobal](#) 05/03/2021).

Additionally, a request for 855,000 doses have also been granted via COVAX to cover approximately 20% of the population in the northwest in a separate cross-border plan, with an initial batch expected to arrive in May for a campaign start towards the end of June or beginning of July. Priority recipients are to include healthcare workers, high-risk groups, and other cluster front-line groups depending on availability. Data collection of priority groups, registers, standard operating procedures development and training material for the campaign are all ongoing ([OCHA](#) 26/03/2021). Overall, COVAX is aiming to vaccinate 20% of the population in all areas of Syria by the end of the year.

Doubts remain about Syria's preparedness levels to receive, store, distribute, and vaccinate, considering the country's current logistic, economic, and social conditions. Storage is the main challenge to vaccination efforts, given the persistent power cuts in Syria, lack of fuel and addition to cold chain challenges. Limited open border crossings and security challenges will also hinder the roll-out ([Enab Baladi](#) 09/01/2021). However, the assignment of AstraZeneca via COVAX does reduce some of these concerns with its relative ease of storage and transportation requirements.

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

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

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

WHO is expected to support vaccine transportation throughout Syria and will reportedly oversee an automated pre-registration platform to identify target groups ([Center for Operational Analysis and Research 22/02/2021](#)). However, according to the Syrian Observer, the Ministry of Health allegedly completed scheduling the names of those eligible to receive the vaccine in the first stage, indicating that the plan provides for the use of only half of the quantity during this stage ([The Syrian Observer 12/02/2021](#)). The mechanisms for registration, specific local allocations, mobility and access conditions remain unclear, which is concerning considering the potential security ramifications. Indeed, many Syrians, especially those whose affiliation, perceived or real, to opposition civilian or military groups or individuals wanted for conscription, will likely refuse to disclose their personal data ([Center for Operational Analysis and Research 22/02/2021](#)) resulting in potential large gaps in immunization coverage ([Syria Direct 14/01/2021](#)).

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

Continued increases in transmission possible

Crowding, inadequate shelter, poor access to basic services and limited livelihood opportunities make it nearly impossible to properly adhere to physical distancing or other public health precautions, putting most of the population affected by a decade of conflict at risk of COVID-19 infection, especially IDPs. According to HNAP Regional COVID-19 Vulnerability Maps, 68% of the population was at high COVID-19 risk in GoS-controlled areas by the end of Feb (9.2 million people), 89% in SDF-controlled areas (2.2 million people), and 64% in areas controlled by non-state armed group and Turkish-backed armed forces (2.8 million people) ([HNAP 08/03/2021](#)) (see [Context](#)). Nationally, 1.8 million people are over 60 years old ([HNAP 11/08/2020](#)) and 40% of the adult population in the northwest is estimated to have comorbidities. Both factors could lead to poorer outcomes ([MedRxiv 07/05/2020](#)).

B. CONTAINMENT MEASURES

While some localised movement restrictions remain in place, most containment measures have been lifted since February, most notably in the northeast where partial lockdowns had been implemented for three months since November 2020. No sub-districts reported lockdowns or curfews in March.

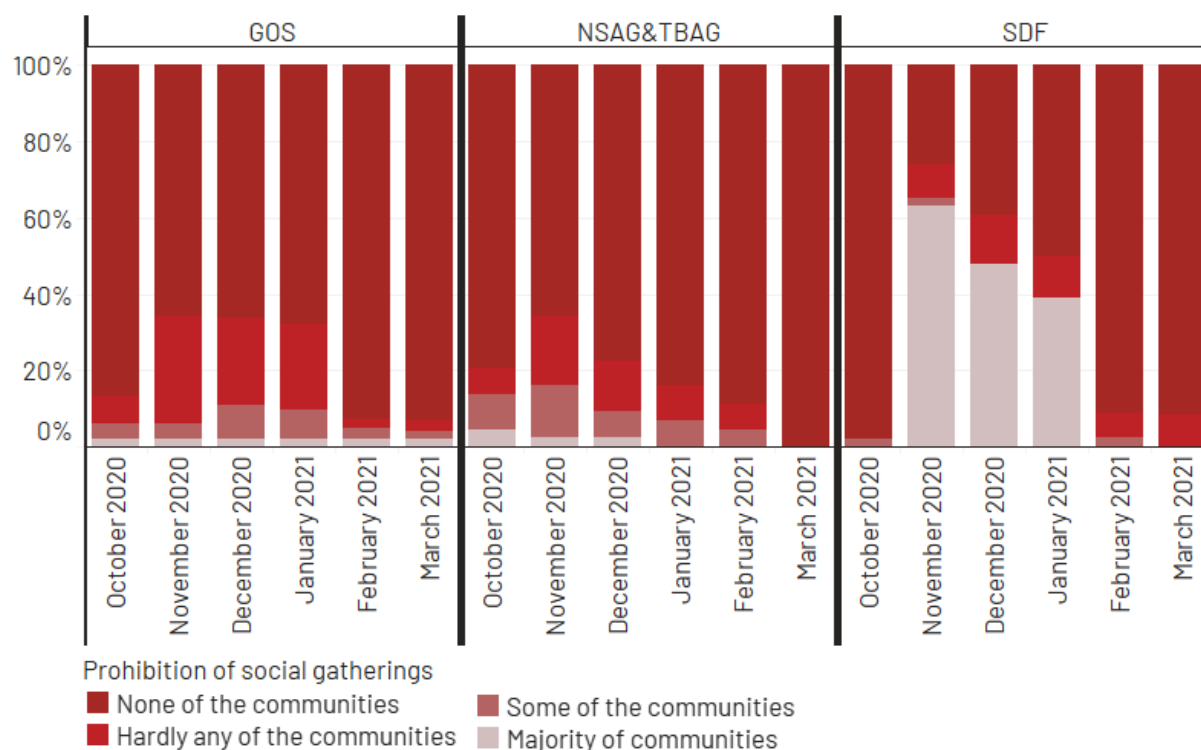
In GoS-held areas, while most of the preventive measures continue to be lifted, precautionary measures are being more strictly enforced. In a few sub-districts such as in Tartous governorate, gatherings were prohibited in March ([HNAP COVID-19 Rapid Assessment 31/03/2021, 16/03/2021, 02/03/2021](#)), including condolence and wedding halls which were closed for 15 days from 28 March ([Al Watan online 28/03/2021](#)). Several schools had to shut off due to a large surge of cases among children in Damascus ([Reuters 04/03/2021](#)). While a total lockdown seems unlikely to be considered by the authorities, due to the significant economic losses the previous one caused ([Syrian Observer 11/12/2020](#)), localised restrictions could still be implemented ([OCHA & WHO 01/02/2021](#)). Stricter implementation of COVID-19 distance measures was observed in February, with officials threatening to shut down restaurants and tourist spots if adherence to measures were not abided by ([Garda world 05/02/2021](#)).

While some localised restrictive measures were put in place, travel remains relatively unimpeded. Commercial international flights continue to be functioning at Damascus, Aleppo, Latakia and Qamishli airports (OCHA & WHO 01/02/2021) however at a much reduced rate than before COVID-19 ([flightradar 28/02/2020, World Bank 28/02/2020](#)). Aleppo international airport resumed its services, with a flight from Aleppo to Lebanon on 15 January ([Enab Baladi 27/01/2021](#)) and to Erbil, Iraq early March ([Al Watan online 03/03/2021](#)). A COVID-19 negative test issued not more than 96 hours before departure is required for travelers coming into Syria at accredited laboratories ([OCHA & WHO 01/02/2021](#)). However, no PCR test is required for domestic travel, which could result in further spread of the virus across the country ([Syria TV 21/12/2020](#)). Previously closed, 7 out of a total of 15 points of entry in GoS-controlled areas have been partially opened for travelers ([OCHA & WHO 01/02/2021](#)).

In the northwest, the majority of sub-districts had little to no communities who were implementing COVID-19 mitigation measures such as closure of public spaces, lockdown or mask wearing in March ([HNAP 31/03/2021, HNAP 16/03/2021, HNAP 02/03/2021](#)).

In northeast Syria, following a reduction in daily confirmed cases, all lockdown and restrictions in place since 30 October to prevent COVID-19 were lifted on 4 February. The majority of sub-districts had little to no communities who were implementing COVID-19 mitigation measures such as closure of public spaces, lockdown or mask-wearing in March ([HNAP 31/03/2021, HNAP 16/03/2021, HNAP 02/03/2021](#)). Face-masks are no longer mandatory in public spaces, which raises concerns as it will likely lower people's risk perception of the virus, while infection continues to occur ([OCHA & WHO 16/02/2021](#)).

Figure 3. Proportion of sub-districts with prohibition of social gathering over the last six months as reported by community focal points ([HNAP COVID-19 Rapid Assessment 19/10/2020 To 29/03/2021](#))².



Most international land borders continue to be closed, with some limited exemptions for humanitarian and commercial movements. While the number of trucks decreased in the second half of 2020 compared to January to June, levels are rising again in 2021, with a number of trucks used increasing in February 2021 compared to January (1,047), however still remaining below the levels of early 2020 ([Logistics Cluster 25/03/2021](#)). The Fishkabour/Semalka crossing point from Iraq to NES reopened for humanitarian workers on 8 February ([OCHA & WHO 16/02/2021](#)) and started to re-allow commercial movement flow in March ([WHO & OCHA 03/03/2021](#)).

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



March 2021

2020



Containment
measures



Economic

- November 6 ■ Idlib authorities called for urgent additional support.
Closure of markets and schools
- November 8 ■ Three schools closed in Aleppo, GoS-controlled areas, following rise in cases
- November 23 ■ Extension of partial lockdown in NES until 20 December
- November 30 ■ Syrian Pound US Dollar exchange rate lowest since June (2,648 SYP/USD)
- December 10 ■ Closure of schools for 15 days in Dara'a governorate (GoS-held areas)
- December 15 ■ Limitations of gatherings for a month in GoS-held areas
Closure of schools in Northwest
- December 21 ■ Reopening of domestic airports in GoS-controlled areas (Aleppo, Lattakia
and Qamishli)

2021

- January 20 ■ Lockdown in northeast Syria extended until 3rd February
- January 27 ■ SYP at an all-time low of 3,000 SYP/USD
- January 30 ■ Turkey requires negative PCR result at the border
- February 4 ■ Lockdowns are lifted in northeast Syria
- February 28 ■ SYP at an all-time low of 3,750 SYP/USD

C. PREVENTATIVE MEASURES

Improved COVID-19 awareness

While most people report being aware and having sufficient understanding about self-protection and preventive measures, only between 53–60% of the sub-districts report a majority of communities having sufficient knowledge of COVID-19 risk across the country at the end of March 2021, a stable proportion since early 2021 ([HNAP 31/03/2021](#)).

In the 4 main camps in the northeast, more than 90% of the households did not report difficulties understanding information about COVID-19 in January, except in Mahmoudli camp, Ar-Raqqa governorate, where this proportion decreased to almost 80%. Among IDPs facing difficulty in understanding COVID-19 information, the major challenge reported was the lack of information, reported between 5% (Abu Khashab camp) and 17% (Mahmoudli). In Mahmoudli camp, lack of clarity of the information was also reported by 13% of respondents ([REACH Initiative, REACH Initiative, REACH Initiative, REACH Initiative 12/01/2021](#)).

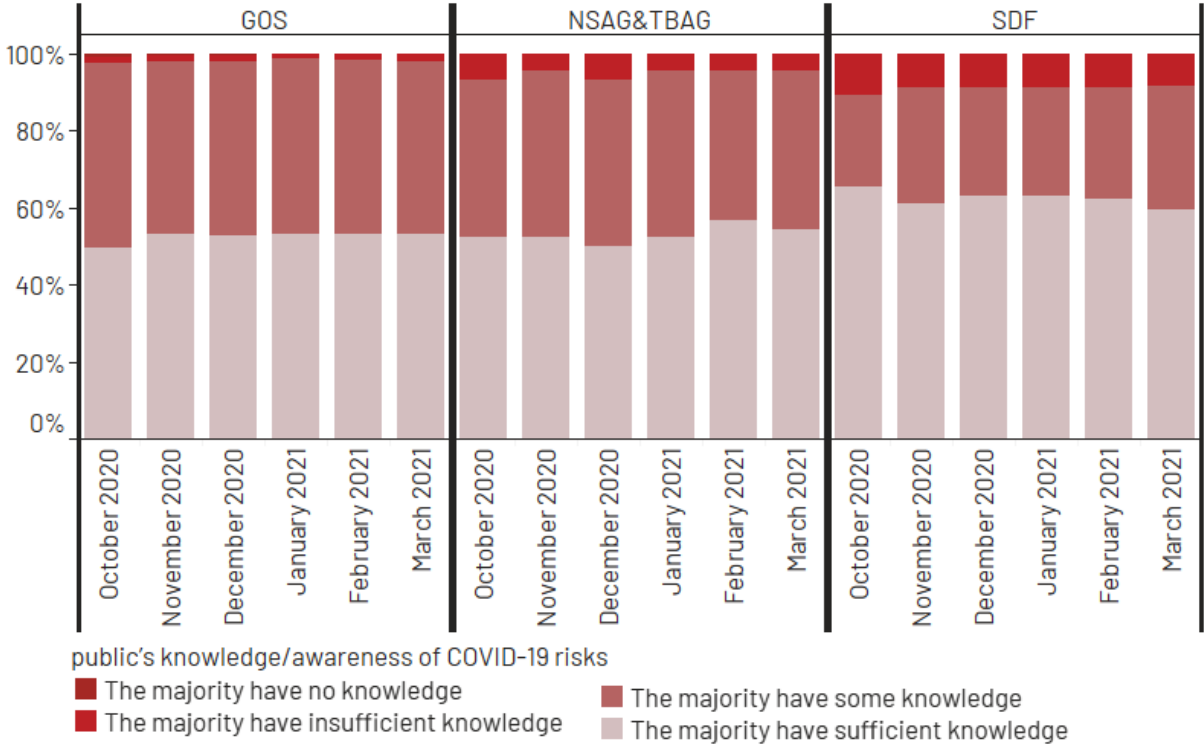
But still limited risk perception

Due to a lack of strong enforcement and consistent adequate communication and guidance by authorities to the population about the likely scale of undetected transmission, the urgency and necessity of taking precautionary measures are not always well understood. Across informal settlements in the northeast, the proportion of the population thinking that COVID-19 is an important issue varies considerably across informal sites and settlements ([REACH Initiative 18/01/2021](#)). Risk perception remains relatively low, emphasizing the need for humanitarian actors to focus on attitude and behaviour changes, especially as preventive measures have been widely relaxed ([WHO & OCHA 16/02/2021](#)). This is supported by the COVID-19 Rapid Assessments and the REACH KAP surveys, which both found that whilst overall knowledge of COVID-19 risks and awareness of preventive measures are gradually improving across Syria, critical gaps remain in abiding to the mitigation measures, with reluctance to isolate when exposed to COVID-19 cases notably still reported ([HNAP 16/02/2021](#), [REACH Initiative KAP NWS 07/12/2020](#), [REACH Initiative KAP NES 06/12/2020](#)). At the end of March, in over half of sub-districts in GoS-held areas, community focal points reported that in general the majority of the population would stay at home and wait for symptoms to improve if they felt sick, rather than go to a hospital or call a doctor, which has remained almost unchanged during the last seven months. In northern Syria, there seems to be less reluctance to seek treatment. In NSAG & TBAF-held areas, in two-thirds of the sub-districts, community focal points report that the majority of the

population would go to the hospital upon experiencing symptoms. The proportion slightly decreased in SDF-held areas but still in over half of sub-districts going to the hospital would be the first choice, closely followed by the option of staying at home and calling a doctor ([HNAP COVID-19 Rapid Assessment 07/09/2020 to 31/03/2021](#)). In all the assessed camps in the northeast (Washokani, Serekaniye, Mahmoudli and Abu Khashab), washing hands regularly was the most widely used measures adopted by households, followed by staying home as much as possible as to prevent the spread of COVID-19 virus in January ([REACH Initiative, REACH Initiative, REACH Initiative, REACH Initiative 12/01/2021](#)).

Following the lifting of the lockdown and all public health measures, such as mandatory mask-wearing, a continued decrease in risk perception of COVID-19 among communities was noted early February in the northeast. Individuals continue to avoid reporting their symptoms and not seeking testing or treatment, leading to higher mortality rates as a significant number of patients only coming to health centers when their illness is too advanced. If new variants were confirmed to have arrived in the region, leading to renewed rapid levels of contamination, implementing new restrictive policies will likely be met with resistance, raising concerns of a potential new uncontrolled wave of infection ([OCHA & WHO 18/03/2021](#), [NES NGO Forum 07/03/2021](#)). In the five main camps in the northeast, all IDPs reported being aware of COVID-19 in January. However, risk perception levels varied. Washokani and Al-Hol camps (Al-Hassakeh governorate), reported quite a low risk perception with no measures being implemented in either of them ([REACH Initiative 12/01/2021](#), [WHO & OCHA 03/03/2021](#)). A slight improvement was noted in Serekaniye camp (Al-Hassakeh governorate), and Abu Khashab (Deir-ez-Zor governorate), with a few reporting engaging in physical distancing ([REACH Initiative, REACH Initiative 12/01/2021](#)). The highest risk perception was reported in Mahmoudli camp (Ar-Raqqa governorate), where almost half reported engaging in physical distancing ([REACH Initiative 12/01/2021](#)).

Figure 4. The public’s knowledge and awareness of COVID-19 risks over the last six months as reported by community focal points by proportion of subdistricts ([HNAP COVID-19 Rapid Assessment 19/10/2020 To 29/03/2021](#))².



Campaigns transitioned toward social media, but outreach remains limited

Social media in both northwest and northeast was reported to be the main sources of COVID-19 information in the last KAP Survey in October, with an increase in the proportion of people mentioning it as a trusted source, notably in the northeast ([REACH Initiative KAP NWS 07/12/2020](#), [REACH Initiative KAP NES 06/12/2020](#)). As a result, poor internet connection and lack of smartphones, especially in rural areas, have been barriers to access information and services ([Protection and Community Services Sector Inside Syria 01/02/2021](#)). However, in the 4 main camps in the northeast, IDPs received almost all of their COVID-19 information from NGOs or charities, except in Serekaniye camp where this rate decreased to more than 70%, in January ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#) 12/01/2021).

In GoS-held areas, online solutions have been developed to provide medical information. The most popular ones are a platform named Doctor's Stethoscope, run by 150 volunteer doctors and reaching more than 410,000 followers. Another social media group, 'Sterilize it', also gained momentum, with more than 270,000 followers, with doctors and volunteers providing a 24-hour phone service to seek COVID-19 information ([Salon Syria 02/03/2021](#)).

In the northeast, while underutilized in 2020, telephone hotline B used to refer COVID-19 patients has been experiencing an upward trend, with almost 70% of calls coming from Raqqa and 30% from Al-Hassakeh and Qamishli. However, the use of the hotline A, which provides general COVID-19 information, declined significantly in 2021, with only 55 calls in February 2021, compared to 3,400 in September 2020 (Northeast Syria NGO Forum 07/03/2021), highlighting a likely fatigue and lower risk perception among the communities, raising concerns about unmonitored transmission.

Money is the main barrier to abide to preventative measures

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

Figure 5. Proportion of sub-districts enforcing mask-wearing in the last six months, as reported by community focal points ([HNAP Rapid Assessment](#) 19/10/2020 To 29/03/2021)².

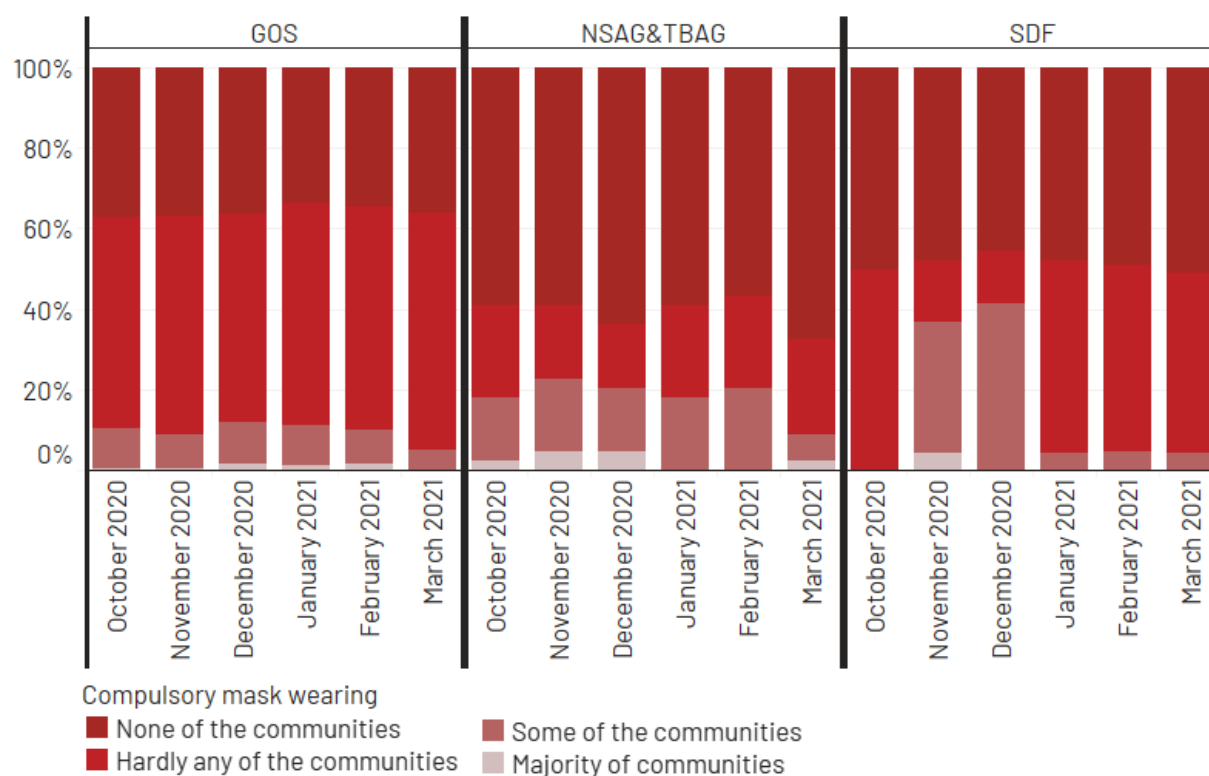


Figure 6. Proportion of sub-districts with presence of social distancing measures in public places in the last six months, as reported by community focal points ([HNAP Rapid Assessment](#) 19/10/2020 To 29/03/2021).

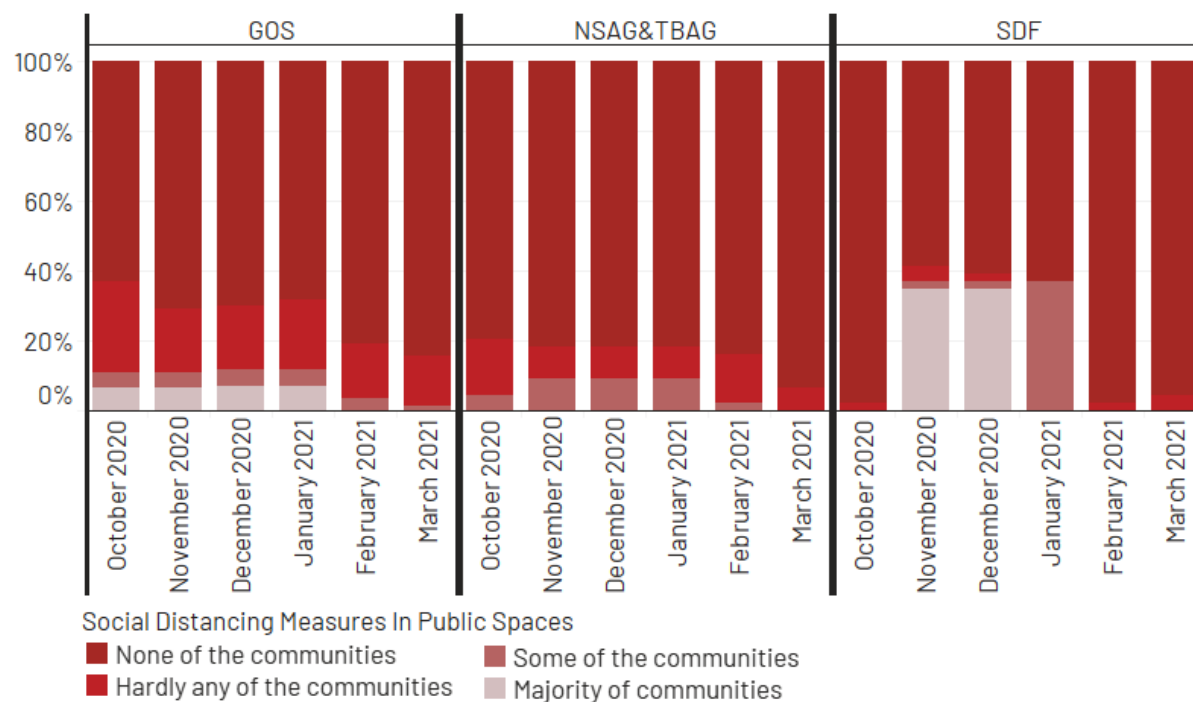
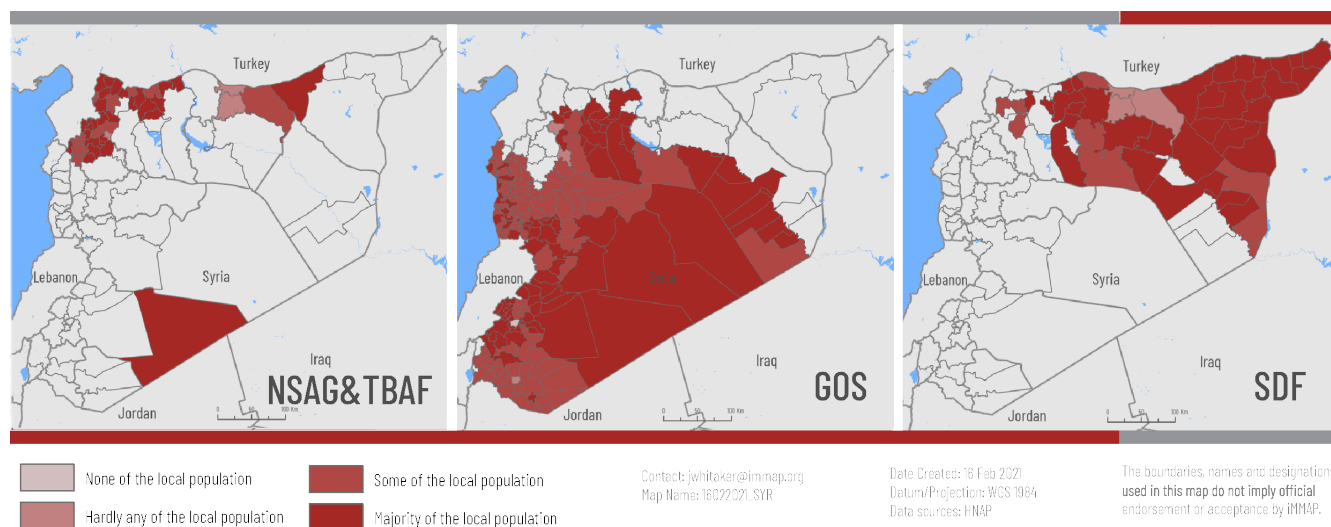
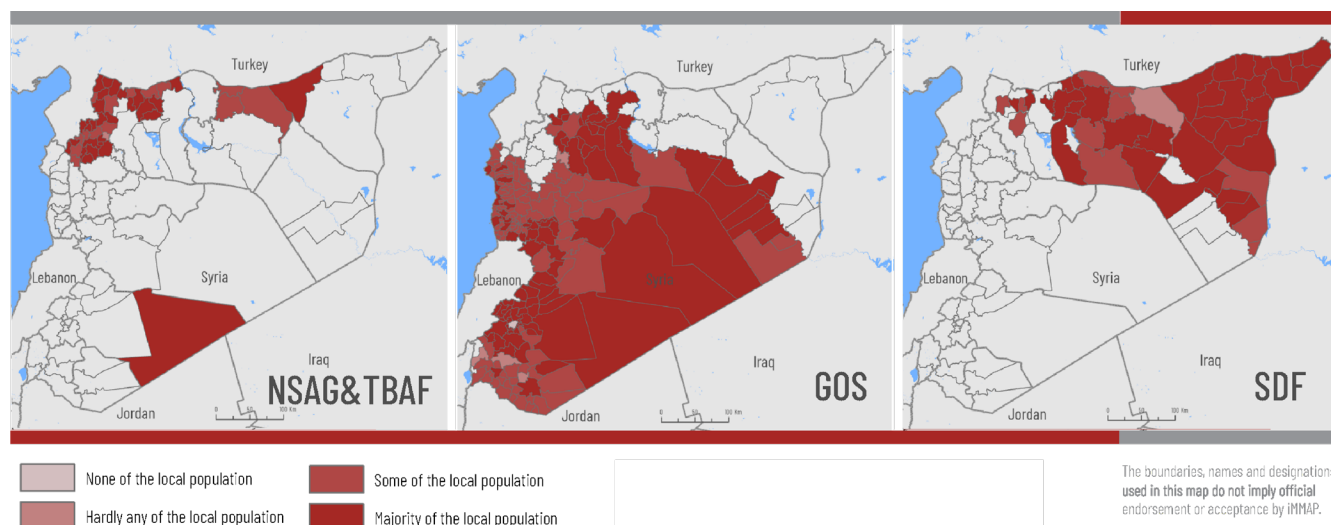


Figure 7.

Map 1. Proportions of sub-districts in need of masks in March, as reported by community focal points ([HNAP Rapid Assessment 29/03/2021](#))².



Map 2. Proportions of sub-districts in need of disinfectant spray/gel in March, as reported by community focal points ([HNAP Rapid Assessment 29/03/2021](#))².



2. Drivers and humanitarian consequences

A. DRIVERS

An already fragile health system

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

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

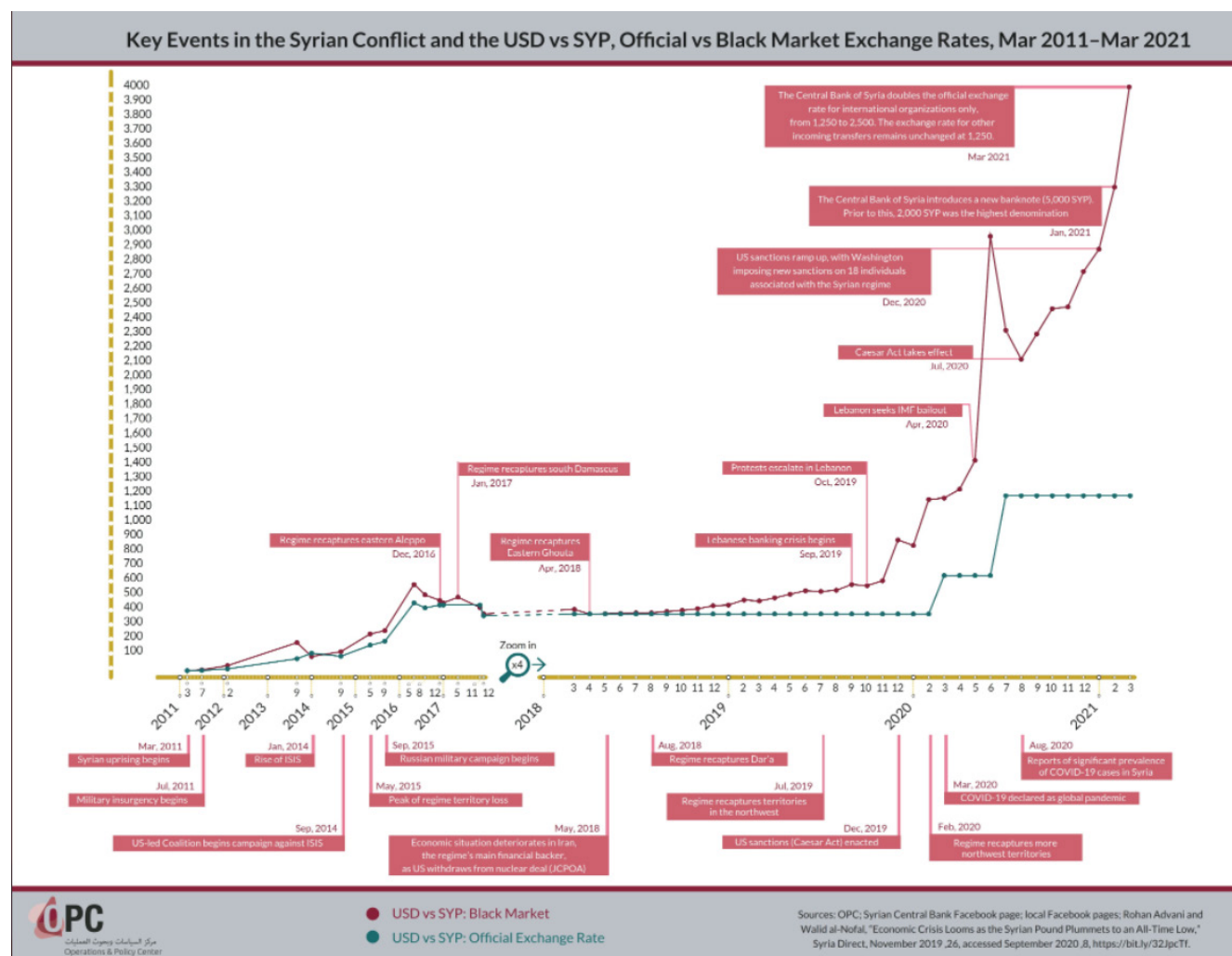
Economic experts from Damascus University estimated the economic losses due to the COVID-19 lockdown measures of 1 trillion Syrian Pounds (SYP) per month, amounting to four trillion in total ([Al Watan](#) 11/04/2020), representing almost half of the 2021 Syrian Government budget ([Atlantic Council](#) 01/12/2020). Already the high cost of the war had weakened the country's economic situation. According to World Vision, the estimation of the economic losses, based on the lost value of production (GDP), after 10 years of conflict reaches USD 1.2 trillion. Even if the war ended today, the cost will accumulate USD 1.7 trillion more through to 2035 as a consequence of the negative effects on health and education for children who will contribute less to GDP once they are working adults ([World Vision](#) 03/2021).

As a result of the pre-existing economic crisis, coupled with COVID-19 restriction measures and, in June 2020, the implementation of new US economic sanctions, the Syrian Pound devalued by close to 80% in 2020 ([Needs and Response Summary](#) 22/02/2021), with the Currency Depreciation Index increasing by more than three folds since early 2020 ([LSE](#) 09/02/2021). As a result, prices keep rising, without any improvement in livelihood perspectives. In January 2021, the US announced they will continue their sanctions policy against the Syrian government ([Enab Baladi](#) 04/01/2021), leading to increased difficulties for small businesses and people to import goods, receive remittances or transfer funds and exacerbating humanitarian needs. The devaluation of the Syrian Pound continued to increase, reaching in March a rate of 4,700

SYP per USD in the informal market ([North Press Agency](#) 18/03/2021), after already having reached a new record low in February. As a consequence, a restriction on liquidity movement was implemented by the authorities in March, prohibiting the transport of more than 1 million SYP between governorates ([Zaman Al Wasl](#) 22/03/2021) as well as a limit on the withdrawals in banks, which cannot exceed 2 million SYP per day ([Reuters](#) 28/03/2021). Following these measures, on 28 March, there was a sudden short upgrade, with the currency rate improving to 3,400 SYP per USD ([The Syrian Observer](#) 29/03/2021). However, this positive effect was short lived, with the depreciation restarting two days later, highlighting the lack of control of the government on the economic situation ([The Syrian Observer](#) 30/03/2021).

Despite this devaluation, the Central Bank of Syria (CBS) has been maintaining its official rate of 1,250 SYP per USD since June 2020 ([WHO & OCHA](#) 03/03/2021) and is managing three different rates parallel to the black market in March. On 22 March, the CBS decided to give a preferential exchange rate to international NGOs and UN agencies of 2,500 SYP per dollar for them to sustain their operations. However, banks and companies have to remain with the official exchange rate of 1,256 SYP per dollar, negatively impacting Syrians who depend on remittances from abroad ([The Syria Report](#) 23/03/2021). The third exchange rate, 2,250 SYP per USD, applies to the fees for men paying to avoid mandatory military service ([The Syria Report](#) 23/03/2021). The use of different rates reflects the government's attempts to avoid people using the exchange rates on the black market, which contributes to the devaluation of the currency.

Figure 8. Key Events in the Syrian Conflict and the USD vs SYP Official vs Black Market Exchange Rates
(Operations and Policy Center 07/04/2021).



In February, due to months of inflation and currency depreciation, the Central Bank introduced a new banknote of 5,000 SYP, more than the double of the previous highest denomination (2,000) ([The Syrian Observer](#) 25/02/2021, [LSE](#) 09/02/2021). Even though it is still difficult to assess if the introduction of the banknote has also affected prices, traders reported that customers were less able to buy items costing SYP 5,000 or less, as the prices were increasing across the board ([WFP](#) 28/02/2021).

The Turkish Lira continues to be used in the northwest as an alternative to the Syrian Pound, and is often the most commonly reported currency for purchasing essential commodities for IDP communities ([REACH Initiative](#) 31/01/2021). The continued decrease of the Turkish Lira value against the dollar, which notably decreased on 21 March for two days before returning to its previous trend afterward, caused an increase in prices, especially felt by the population of Idlib and its countryside ([Syrian Observatory for Human Rights](#) 23/03/2021).

Lebanon's financial crisis, which has seen capital control measures for foreign currency, has left Syria without its last escape route from international sanctions and has deprived access to USD reserves. It is expected that the Lebanese's economic decline will continue to impact Syria's economy throughout the first two quarters of 2021 ([WFP](#) 23/03/2021). Considering the past trend and how close the Syrian currency is linked to the Lebanese one, the depreciation is likely to continue over the next months.

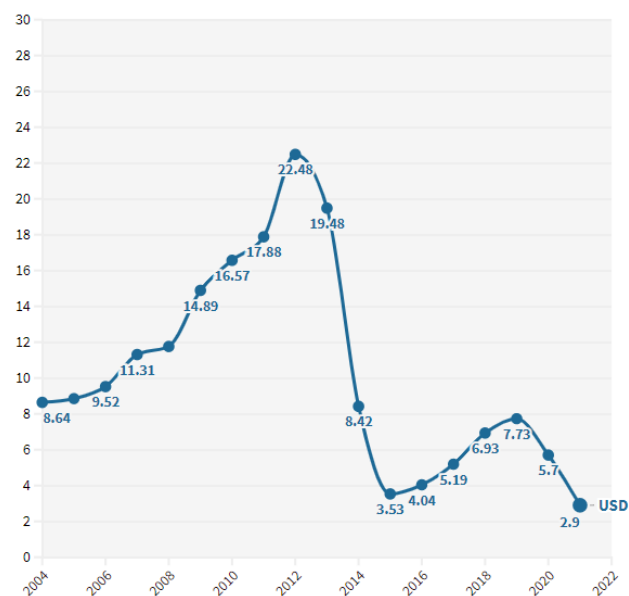
The regional economic downturn further reduced economic flows into Syria. The estimated annual USD 1.6 billion of remittances ([Syria Direct](#) 12/04/2020) supports about 1 million Syrians (or 200,000 households). In March 2018, it was estimated that remittances inflows were 36% higher than total wages and salaries in Syria. However, due to the pandemic, labor sectors were heavily affected in the main countries of origin (Saudi Arabia, Lebanon, Jordan and Turkey), resulting in a decrease in remittance ([Mercy Corps](#) 25/01/2021) by 50% in 2019/2020 compared to 2017 ([OCHA & WHO](#) 29/10/2020). This decrease is expected to have the highest impact on the 90% of the Syrian population who were already living below the poverty line before COVID-19 ([ICRC](#) 21/03/2021).

The government's public expenditure in 2021 is expected to decrease by around 85%, with a planned reduction of the allocation of salaries, wages, social support and subsidies allocations. Social benefits are projected to significantly decrease in value, resulting in an increase of 65% in the cost of living of Syrians in 2021 (based on the current value of the SYP) ([Enab Baladi](#) 07/01/2021), and could increase even more if the Pound continues to depreciate as forecast ([Enab Baladi](#) 07/01/2021). In its held areas, the GoS allocated

a one-time financial grant of 50,000 SYP (about USD 10) to its employees earning about 60,000 SYP, including those on part-time contracts and conscripts. About 40,000 SYP will also be allocated to pensioners ([AlJazeera](#) 16/03/2021), as the elderly have been deeply affected by COVID-19 with lower access to health services and 70% of older people lacking access to medication ([Protection Cluster](#) 11/02/2021). In the northeast, an official from the Autonomous Administration announced mid-March that the salaries of public workers will increase between 25% and 30%. No precision regarding the date of this increase was provided ([North Press Agency](#) 18/03/2021). 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.

The economic downturn of Syria and the COVID-19 related restrictions have increased the vulnerability of the population. Since last year, the number of people in need has increased by 20%, resulting in approximately 13.4 million people in need of humanitarian assistance out of 18 million (UN 02/2021). Due to sanctions and movement restrictions, people have lost their livelihoods and, consequently, their purchasing power to cover their basic needs, increasing their vulnerability. For instance, two of population groups affected by this are Palestinian refugees in Syria, whom more than 91% live below the poverty line ([UNRWA](#) 05/03/2021), and people living in the northwest where high level of poverty is seen across the area ([Education Cluster](#) 26/03/2021).

Figure 9. Syria's general budget between 2004 and 2021 in billion USD informal exchange rate ([Enab Baladi](#) 07/01/2021).



Basic infrastructure severely impacted by a decade of conflict

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

About 6.7 million people remained internally displaced in 2020, and an estimated 5.65 million people across the country have shelter needs ([Shelter & NFI Sector 17/11/2020](#)), with poorer conditions more prevalent in Idlib, Aleppo, Rural Damascus governorates, Ar-Raqqa city and in camps in the northeast and northwest ([Al-Araby 20/11/2020](#), [Human Rights Watch 15/10/2020](#)). These needs are influenced by seasonal variation and are currently at their highest during the winter, with million people facing harsher conditions. Severe fuel shortages since 2020 have also further exacerbated the needs, especially during winter with higher demand for heating.

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, further exposing Syrians 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 section).

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 and 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 ([Needs and Response Summary 2021](#)). About 26% of water infrastructure has been damaged, including 51% of wells, 23% of water towers/tankers, and 9% of pumping stations ([World Bank 06/02/2019](#)). Regional water shortages, including a drought in Turkey, and continued disruptions to infrastructure under Turkish control, that supplies water to northeast Syria, have also decreased water availability and is further increasing the barriers to practice COVID-19 preventive measures. Gap analysis indicates that across 27 sub-districts, 1.3 million people lack some form of WASH services ([OCHA 21/10/2020](#)). Syria continues to suffer from an unreliable electricity network, under 10% of power infrastructure fully functioning ([World Bank 06/02/2019](#)) and overall low access to the internet (about 47% as of January 2020) ([DataReportal 18/02/2020](#)).

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

B. DISPLACEMENT

Reduced population movements in 2020 and economic conditions increasing as a push factor

2020 saw a decrease in displacement flows, with almost all displacement reported occurring within governorates, notably due to a combination of lower conflict intensity after the end of the offensives early 2020, and COVID-19 related movement restrictions ([HNAP 29/03/2021](#), [IDP Task Force 12/2020](#)).

Between March and December 2020, there was a three-fold decrease in the number of monthly average IDP movements compared to the year before.

While the conflict and insecurity still drive most of the displacement, the share of IDPs reporting access to services and livelihood opportunities as the main reason for displacement continues to increase. In February 2021, among the 20,700 newly displaced people, mostly in Idlib and Aleppo governorates, a third mentioned the deterioration of the economic conditions as a push factor and another third reported livelihood opportunities in the place of displacement as a pull factor ([HNAP 04/03/2021](#)). Overall in 2020, the security situation remained by far the main push factor for displacement among IDPs who were displaced for the first time in 2020. However, for those displaced four or more times, the main reason for the latest displacement is related to the economic deterioration that COVID-19 exacerbated. The deterioration of the economy is the dominant push factor for latest displacement for IDPs households in Tartous (96%) and Latakia (77%) governorates, whereas it is a less common push factor amongst displaced persons in Deir-ez-Zor (37%), Ar-Raqqa (35%), Al-Hassakeh (22%), and As-Sweida (20%) governorates ([HNAP Governorate Profiles 16/12/2020](#)).

3. COVID-19 RELATED HUMANITARIAN CONSEQUENCES



Health: Overwhelmed healthcare system

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

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

An overall shortage of healthcare workers, and challenging conditions for those that remain is a significant issue in Syria, hampering the COVID-19 medical response.

Infections among healthcare workers continues: The healthcare workforce has been further reduced since the beginning of the pandemic, following high rates of infections among healthcare workers. As of 18 March, 654 COVID-19 cases among health workers have been confirmed in GoS-held areas, an increase of almost 50% in a month, with 29 confirmed deaths. In the northeast, as of the same date, while the overall cases recorded in the areas decreased since the last peak in October 2020, the number of cases among health staff has remained stable. 787 staff have been reported infected with COVID-19, nearly 9% of all cases in the region, with the majority of cases reported in Al-Hassakeh governorate and sub-district (Northeast Syria NGO Forum 07/03/2021). As of the same period in the northwest, the percentage of confirmed cases among medical healthcare workers is 7.3%, encompassing nurses, doctors and midwives, while a further 5.3% have been reported among health auxiliary workers ([OCHA 26/03/2021](#)), a decrease compared to 2020 rates. While this high ratio can be explained by the targeting of tests for healthcare workers, the effect on the healthcare system remains devastating. The steady increase in affected healthcare workers across the country since July further disrupts the fragile healthcare system which is already dealing with insufficient numbers of qualified healthcare personnel and preventive kits (see [c. Preventative measures](#) section).

Continued attacks on health facilities further disrupting healthcare: The pandemic in Syria has negatively affected the mental well-being of civilians and healthcare staff, adding psychological stress and burnout. Yet, continued attacks on healthcare facilities are another factor further disrupting service delivery and driving new mental health needs for healthcare workers and the population. According to a survey conducted in December 2020 in the northwest, close to 60% of civilians surveyed in the northwest have been directly impacted by an attack on a healthcare facility or health worker. About a third reported directly witnessing or experiencing an attack, and about half are now reporting being afraid to go to seek healthcare due to fear of an attack, especially among women, and a similar proportion would be afraid to live near a health facility. Additionally, about a third reported greater irritability, loss of sleep, feeling of depression and nightmares. Even if they are willing to go to a health service, about 25% of civilian respondents mentioned being now unable to receive medical treatment due to an attack on a health facility ([IRC 02/03/2021](#)). Almost 80% of health workers have witnessed at least one attack on a health facility, mentioning 4 attacks on average, with some reporting up to 20. 80% report having a coworker or patient injured or killed as a result. This has led to high rates of anxiety and fear, with almost 75% of healthcare workers mentioning these attacks have negatively impacted their well-being, with some suffering from insomnia, nightmares and increased nervousness ([IRC 02/03/2021](#)).

This insecurity and climate of fear prompted many of the health staff to leave the country, further hampering the response ([OCHA 26/03/2021](#), [SAMS 22/03/2021](#)). About 70% of healthcare providers have fled the country since the beginning of the conflict ([Human Rights watch 02/02/2021](#)), leaving only 1.4 healthcare providers for 10,000 people in the northwest compared to the world average of 16 to 10,000 and IASC standard of 22 per 10,000 ([MedGlobal 05/03/2021](#)). In As-Sweida governorate, GoS-held areas, 17 doctors have left the country in the last five months, over 143 others have been issued passports, and over 200 resignations and terminations among nursing staff have been recorded in the past three months ([Al Watan online 25/02/2021](#)). 14% of communities in the northwest and 8% in the northeast reported shortage of health staff as a barrier to access healthcare in February ([REACH Initiative northwest 24/03/2021](#) [REACH Initiative northeast 24/03/2021](#)), a stable rate since October.

Attacks on health facilities and warehouses supported by health partners in the northwest, around Aleppo and Idlib, in March, are further hindering the response to medical needs and depleting the medical stocks in the region. These resulted in at least one hospital out of service ([OCHA 26/03/2021](#)), and 80% of MSF and Al Ameen COVID-19 supplies in this area destroyed, impacting the delivery of medical care to about 100,000 people ([MSF 23/03/2021](#)).

Reluctance to seek medical care leads to increased fatality rate: Despite the drop in the positivity rate in the northeast particularly in 2021, there remains some concerns regarding the reluctance of people seeking treatment, as shown by the high fatality rate among ventilated patients ([NES COVID-19 Dashboard 31/03/2021](#)). More than 40% of deaths occurred after 48 hours of admission, indicating that the population seeks medical care only when they show severe symptoms. Fear of social stigma, loss of livelihood and lack of knowledge about the services provided in the health facilities are the main reasons behind these late admissions (Northeast Syria NGO Forum 07/03/2021).

Healthcare facilities are overstretched by the increasing number of patients admitted

Overwhelmed healthcare facilities, with occupancy rate in GoS at its highest: The health situation in the Government controlled areas worsened at the end of February and throughout March, particularly in Damascus, Ghouta and the Al-Sahel regions, with fast rising infection levels recorded. Medical staff reported higher severity of symptoms among patients and a faster spread, pointing to the possibility of the transmission of a new COVID-19 strain, likely the B.1.1.7 UK ([MedGlobal 26/03/2021](#)).

COVID-19 patients are being turned away and transferred between hospitals in order to find a vacant bed ([Associated Press 19/03/2021](#)). The MoH announced that the occupancy rate of ICU beds reached 100% mid-March in the four state run hospitals, being the first such public statement since the start of the pandemic. Hospitals had to stop admitting new patients ([The Syrian Observer 23/03/2021](#)), as the isolation areas were receiving doubled numbers of people in the last two weeks of March ([The Syrian Observer 24/03/2021](#)). As a result, the number of medical staff rotations increased by two-fold in health facilities, to keep up with the high influx of patients ([The Syrian Observer 23/03/2021](#)). Despite the high occupancy rate of ICU beds and ventilators in the GoS held-areas, some beds and officials remain unoccupied as officials in the GoS use their connections to reserve them ([Center for Operational Analysis and Research 19/03/2021](#)), driving popular frustration.

Non-COVID-19 services disrupted by the pandemic: The healthcare system has been further overstretched since the outbreak of COVID-19, with the pandemic disrupting the response to non-COVID-19 patients ([Center for Operational Analysis and Research 19/03/2021](#)). Specialized hospitals were also diverted to receive COVID-19 patients instead ([Al Watan online 27/03/2021](#)). COVID-19 also disrupted national routine surveillance systems, with only the Early Warning, Alert and Response Network (EWARN) system operational for communicable diseases ([WHO & OCHA 03/03/2021](#)). This has resulted in renewed and severe transmission of other communicable diseases, such as leishmaniasis, reaching epidemic level in the northwest, as well as a likely rise in untreated non-communicable illnesses, such as diabetes, tuberculosis or high blood pressure ([Center for Operational Analysis and Research 19/03/2021](#)). Routine immunization activities have also been disrupted, with less than 70% of DPT3, measles and polio vaccines administered in GoS-held areas in 2020 ([WHO 22/03/2021](#)), compared to 99% in December 2019 for DPT3, 89% for measles and 85% for polio immunization activities ([WHO 31/12/2019](#)). Rates of polio vaccination are however reportedly higher in camps in the northeast, between 80 and 100% in Washokani and Serekaniye camps, Al-Hassakeh governorate, Mahmoudli camp, Ar-Raqqa governorate and Abu Khashab camp, Deir-ez-Zor governorate ([REACH Initiative, REACH Initiative, REACH Initiative, REACH Initiative 12/01/2021](#)). Such indirect effects will negatively impact the health status of the Syrian population, leading to further health needs.

Shortfalls in medical services, medications and equipment still largely reported across the different areas of control

As of 3 March, only 57 public hospitals (64%) are fully functioning ([WHO & OCHA 03/03/2021](#)) with no change noted compared to February. Throughout the last quarter of 2020, almost 75% of health facilities in the northwest were reportedly fully and partially functioning compared to 68% in the previous quarter, indicating a remarkable increase in the functioning of health facilities with now 423 out of 565 healthcare facilities operational in the northwest ([Health Cluster & WHO 17/03/2021](#)).

Insufficient COVID-19 medical services widely reported across all areas of control in March. Lack of testing provision and quarantine and isolation spaces for confirmed COVID-19 cases were reported in more than 90% of the assessed sub-districts under GoS and northeast at the end of March, especially in Rural Damascus, and Al-Hasakeh and Deir-ez-Zor governorates ([HNAP COVID-19 Rapid Assessment](#) 31/03/2021). The situation improved in the northwest in March with only about 57% of the sub-districts reporting these types of shortage in NSAG areas ([HNAP COVID-19 Rapid Assessment](#) 31/03/2021).

The quality of health care services provided in Syria remains significantly affected by the overcrowding in the health facilities in February. Nearly a third of the assessed communities in northeast and half in northwest considered the congestion as a barrier to access healthcare, with a slight increase in the overcrowding compared to January in the northeast ([REACH Initiative northwest](#) 24/03/2021, [REACH Initiative northeast](#) 24/03/2021).

The health system suffers from shortage of qualified personnel in health facilities as a result of the continued conflict and the challenging situation of the recent COVID-19 pandemic. According to an assessment in December in the northwest, almost half of the respondents mentioned the lack of specialists and about a third complained about shortages of trained medical personnel. This is resulting in a high number of working hours per doctor, with more than 1 in 6 health workers reporting working at least 80 hours a week, often in multiple facilities ([International Rescue Committee](#) 02/03/2021).

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

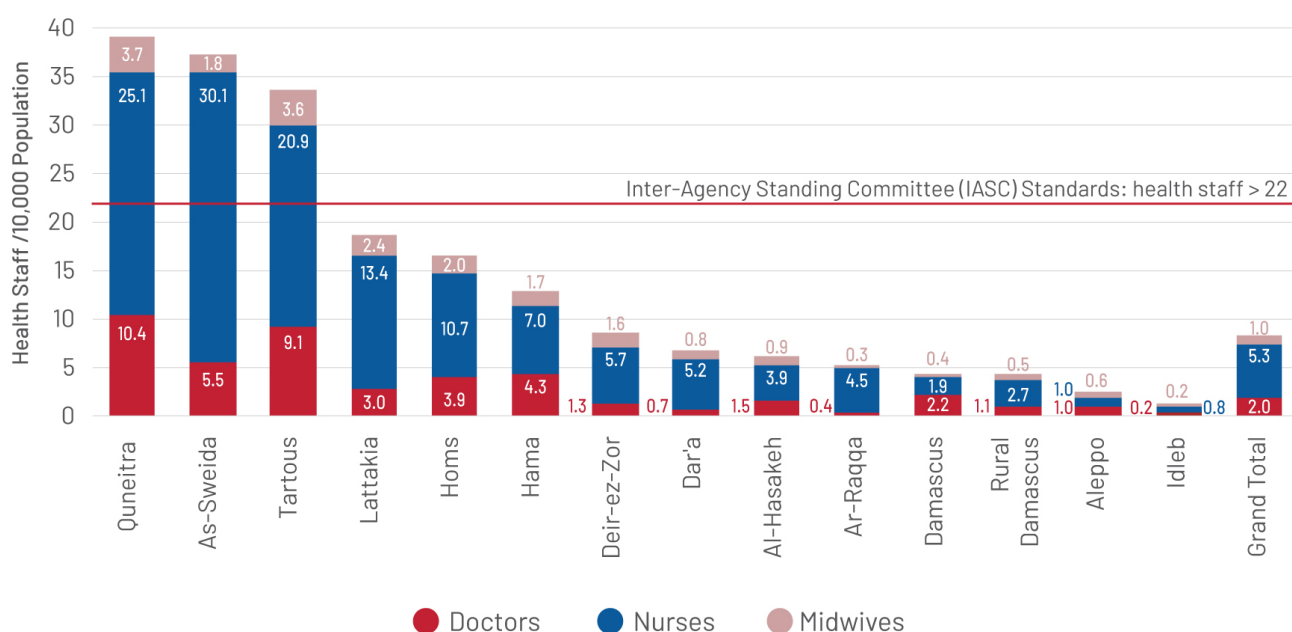
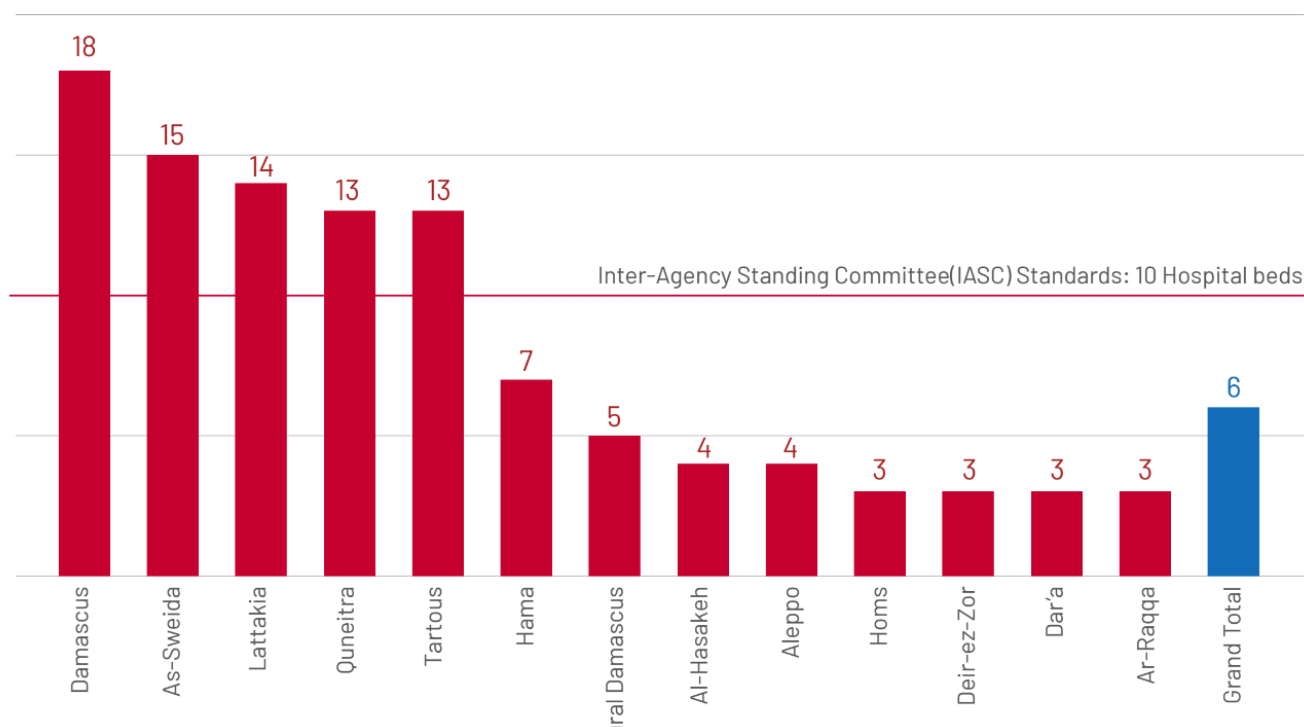


Figure 12. Number of hospital beds (including ICU) / 10,000 population in public hospitals compared to the national average, December 2019 ([WHO HeRAMS 2019](#)).



Acute shortages of COVID-19 medical equipment, notably PPE and masks, especially in health facilities under GoS control ([The Syrian Observer](#) 19/03/2021). As a result, healthcare workers were asked to purchase their own PPE, while patients had to pay for their oxygen and ventilator ([MedGlobal](#) 05/03/2021). This seems to be less of an issue in northern Syria, with only 6% of the assessed communities in the northeast and 12% in the northwest mentioning the lack of protective equipment or supplies at health facilities as a barrier to access healthcare since January ([REACH Initiative northeast](#), [REACH Initiative northwest](#) 24/03/2021). This suggests that lack of PPE may not be perceived as such a deterrent for accessing healthcare, perhaps due to a low risk perception rather than sufficient PPE, as needs appear to be much higher (see figures 6 and 7). Main reasons behind such shortage of equipment are the US sanctions and financial restrictions imposed on the Syrian government, hindering the imports of medical supplies and equipment ([Reuters](#) 04/03/2021).

The lack of medication or medical equipment at healthcare facilities was reported as a barrier to access healthcare in 36% and 53% of communities in the northeast and northwest respectively in February, stable percentages since January ([REACH Initiative northeast](#) 24/03/2021, [REACH Initiative northwest](#) 24/03/2021). According to a survey by IRC in December in the northwest, lack of medication is the most pressing concern for 70% of health staff ([International Rescue Committee](#) 02/03/2021). Shortage in medications in the GoS held areas is notably linked to the pharmaceutical companies inability to import medicines after the collapse of the SYP ([Syria Direct](#) 18/03/2021). Weak and uncoordinated quality control procedures of procurement and transportation of medicines into the northeast between health authorities and facilities is further exacerbating shortages of quality medication in the region ([Center for Operational Analysis and Research](#) 19/03/2021).

Shortfalls in oxygen tanks, particularly in GoS held areas ([The Syrian Observer](#) 24/03/2021), with as of mid-March, only 60 oxygen generating stations in public health facilities ([Syria Direct](#) 18/03/2021). High prices of oxygen tanks continued to limit access to such equipment, as prices of COVID-19 equipment dramatically increased since the beginning of the pandemic. Before the outbreak, in GoS areas, an oxygen cylinder used to cost USD 100 per tank and USD 800 for a ventilator, and now costing USD 500 and USD 12,000 respectively ([Syria Direct](#) 18/03/2021). PCR test is also unaffordable for the population, particularly in private hospitals, since it reached around USD 28 in the black market at a time when regular wages did not exceed USD 100 ([Associated Press](#) 19/03/2021).

Due to these shortages, coupled with overwhelmed hospitals, health personnels are reported to have implemented an oxygen rationing system. Anecdotal evidence mentions that some patients can only access oxygen in shifts, commuting between their home and the health center, further increasing the risk of infection ([HRW](#) 02/09/2020).

Lack of funding led to the closure of COVID-19 centres and decreasing number of healthcare workers: In the northwest, as of the end of 2020, 12 COVID-19 health facilities remained operational, with 243 ICU beds and 601 oxygen cylinders, mostly funded by health partners ([Health Cluster, WHO](#) 17/03/2021) and, as of 26 March, 25 active Community-based Treatment Centre (CCTCs), with 1,111 beds. Compared to last month, one additional COVID-19 CCTC was opened in the city of Al Bab. However, due to a lack of funding, eight COVID-19 CCTCs remained deactivated ([OCHA](#) 26/03/2021). The number of community health workers also decreased by 30% since early 2021 ([OCHA](#) 26/03/2021) for the same reason, and further COVID-19 activities are expected to cease in the coming months, in particular patient transportation referral system and IPC and screening measures ([OCHA](#) 02/03/2021).

In the northeast, as of 3 March, there are 15 CCTCs currently fully or partially operational, with a total capacity of 963 beds for moderate-severe cases and 80 for ICU. 8 more COVID-19 treatment centres for moderate-severe and critical cases are planned to open ([WHO & OCHA](#) 03/03/2021).

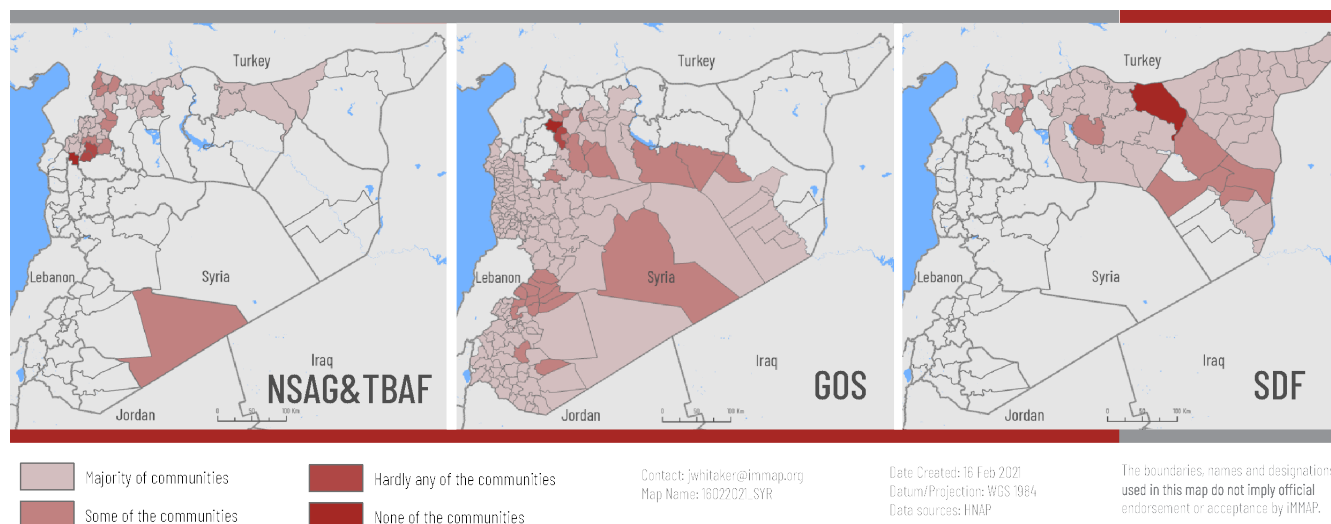
Lack of access to healthcare, notably due to unaffordability, remains a main barrier

Access to healthcare services continues to be a challenge across Syria. In February, nearly three quarters of communities assessed in the northeast and half in the northwest reported that they do not have access to health services, similar numbers since December ([REACH Initiative](#) 24/03/2021, [REACH Initiative](#) 24/03/2021). Access to health services in the northeast was the second lowest rate reported nationwide and as a result, about half of the assessed households in the northeast reported health to be their top priority need ([HNAP Priority Needs and Access to Services](#) 25/03/2021).

High cost of health services, equipment and treatment: Unaffordability of healthcare services continues to be one of the main barriers to seek healthcare in private or public facilities. In GoS areas, the average cost of one night stay at an intensive care unit dedicated to COVID-19 in a private hospital was reported to be about USD 290, a price that also increased following the recent influx of patients and subsequent higher demand for such service ([The Syrian Observer](#) 23/03/2021). High cost of such services continued to be cited as a challenge in almost half of communities assessed in northwest and even more in northeast, reported by 83% in February, rates that remain similar since December ([REACH Initiative northwest](#), [REACH Initiative northeast](#) 24/03/2021). In camps in the northeast, among households who had required health treatment in January and faced barriers, the most commonly reported was lack of affordability of such services, reported between 60 and 80%, with the highest rate assessed in Serekaniye camp, Al-Hassakeh governorate ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#) 12/01/2021).

Shortages and high cost of medicine continue to be reported with medicine prices in Al-Hassakeh governorate among the highest in the country. Medicine was allegedly costing about 30 to 40% more than in Damascus, notably due to transportation fees ([Enab Baladi](#) 18/02/2021). A third of assessed households reported not being able to buy their medicine in February, mainly due to lack of income (76%) and shortages of medicines available (17%) ([WFP](#) 11/03/2021).

Map 3. Access to public health services as reported by community focal points – March ([HNAP COVID-19 Rapid Assessment](#) 29/03/2021).



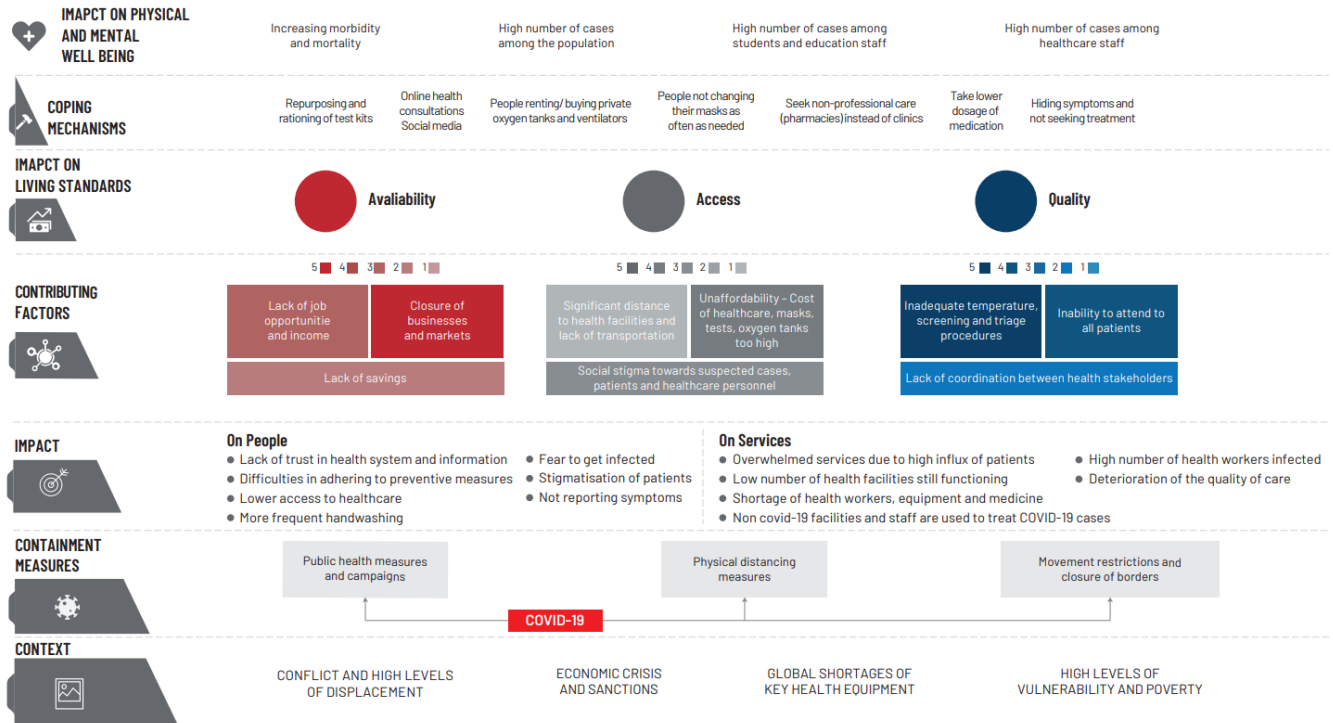
Coping strategies

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

Resorting to going to pharmacies instead of clinics was mostly used by the population as a health coping strategy, in light of the lack and high cost of healthcare. This was reported by nearly 90% of communities in northeast and northwest from December to February ([REACH Initiative northwest](#) 24/03/2021, [REACH Initiative northeast](#) 24/03/2021). Fear of going to a health center could also result in people relying on lower quality care, such as self-medication or use of homemade treatments ([International Rescue Committee](#) 02/03/2021). For those who cannot access hospitals, they may also face increased barriers to supplemental care from private pharmacies. Conversely, those with chronic conditions may worsen without access to these facilities, forcing many with preventable or manageable conditions to add to the hospital burden during the pandemic.

Social media continues to be used as an alternative source for health services: Anecdotal evidence continues to show that social media, in particular Facebook, remains one of the main sources of health-related information, as distrust and unaffordability of private and public hospitals drive people's reluctance to seek healthcare, notably in the GoS controlled areas. Two Facebook groups, "Your health is a blessing" and "Doctor's stethoscope", run by a group of doctors received requests from about 46,000 members for consultations ([Salon Syria](#) 12/03/2021). Social media is also being used to financially support people who are unable to afford the medicines and/or medical equipment in light of the high cost of medical supplies and oxygen cylinders ([Salon Syria](#) 12/03/2021).

Problem Tree Health





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

Inflation and inability to meet basic needs

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

Almost all assessed communities in the northwest and about 85% in the northeast continued to report insufficient income in February ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)), a stable proportion since November, with the highest rate reported in Central and South Syria (87%). Only less than 10% of households reported to be able to cover their expenses, a decrease by 77% due to the economic downturn and pandemic ([HNAP Socio-Economic and Shelter Conditions 23/03/2021](#)). As a result, many households are forced to prioritize their spending among food, heating, health or abiding by COVID-19 mitigation measures. According to the 2020 MSNA, more than 80% of Syrians report a significant deterioration in their ability to meet basic needs since August 2019, with close to two-thirds of Syrians being unable to meet the basic needs of their household ([OCHA 22/02/2021](#)).

Following the deterioration of the economic conditions, poverty levels have been increasing since 2020. 98% of Syrian's are now estimated to live in extreme poverty, less than USD 1.90 per day. Almost all in Central and South Syria and 91% of the Palestinian refugees in Syria living below the poverty line, less than USD 2 per day ([UNRWA 05/03/2021](#), [HNAP Socio-Economic and Shelter Conditions 23/03/2021](#)). Almost 60% of people in the northwest and 52% daily labour workers in Syria are found to be below or critically below the Survival Minimum Expenditure Basket (SMEB). The situation seems to be better in the northeast, with only a quarter below or critically below the

SMEB. However, as the economic situation is projected to deteriorate, the 20% of individuals at risk of falling below the SMEB would be especially vulnerable in the coming months ([HNAP 23/03/2021](#)).

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

COVID-19 continues to disproportionately disrupt livelihoods in the northeast. More than 70% of assessed communities reported one or more livelihood sectors still being partially or totally affected by COVID-19 in February, a continuous decrease since December. In the northwest, this is closer to two thirds, similar to the month before ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)). Data by HNAP also confirms this trend, with households in the northeast more likely to report COVID-19-related reasons as a barrier to employment or diversifying income (24%) than in other areas ([HNAP 23/03/2021](#)).

The economic effects of COVID-19 precautionary measures have been disruptive for informal sector workers, who rely on daily income for essential goods and services, notably IDPs. More than 90% of IDPs in both northwest and northeast Syria, as well as more than 90% of residents in the northwest and more than 80% in the northeast relied on daily waged labour as a common source of income in February ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)). This continues a trend of increasing reliance on daily labour as a result of the rapid devaluation of salaries since January 2020 ([HNAP 24/08/2020](#), [HNAP 03/2021](#)), with its informal nature inherently vulnerable to disruptions and low wages such as COVID-19 mitigation measures, undermining household income and resilience to future shocks. In the northeast, in February, 22% of communities reporting COVID-19 related barriers in accessing services mentioned markets reduced opening hours or days due to COVID-19 as a main reason ([REACH Initiative 24/03/2021](#)).

Due to closure of businesses and revenue loss, an estimated 200,000-300,000 jobs were lost by October 2020 and 15% of small and medium sized businesses had permanently closed ([UNFPA 2021](#)). The tourism sector suffered a high impact following the pandemic, with the number of tourists decreasing by 80% in 2020. As a result, hotel occupancy decreased, along with revenues, resulting in the closure of more than 2,000 facilities ([Syria Times 10/03/2021](#)). 66% of households reported lack of employment opportunities as their primary barrier to livelihood, with rates that significantly rise in Northeast Syria (82%) and North Syria (78%) ([HNAP Socio-Economic and Shelter Conditions 23/03/2021](#)). Women and persons with disability seem to be even more impacted in the northwest, where more than half of women and almost half of person with a disability mentioning lack of employment

opportunities ([REACH Initiative 24/03/2021](#)), compared to 35% and almost 25% in the northeast ([REACH Initiative 24/03/2021](#)).

Palestinian refugees have also been heavily impacted, with a third mentioning the head of households had lost his or her jobs (UNRWA 08/2020). As a result, as of December 2020, half of the working-age population is estimated to be unemployed, and over 60% among the youth, compared to 20 and 9% respectively in 2010 ([OCHA 22/02/2021](#)). Rates of unemployment increases significantly among young women, reaching 50% nationwide and 83% in North Syria ([HNAP Socio-Economic and Shelter Conditions 23/03/2021](#)).

Loss of income

The impact of COVID-19 restrictions on livelihood continues despite general relaxation, with about half of the population (44%) reported having lost one or more sources of income due to COVID-19 restrictions in February and more than a third having lost more than half of their salary. The highest rates, with more than 50% of households reported having lost one or more sources of income were reported in As-Sweida and Dar'a governorates, with even about 15% reporting the entire income loss of February in each of these governorates ([WFP 11/03/2021](#)). Already close to 50% of the Syrian population reported having lost one or more sources of income because of the economic recession and the COVID-19 pandemic in 2020 ([WFP 17/02/2021](#)). In the northwest, almost all KIs reported that their communities had insufficient income ([REACH Initiative 24/03/2021](#)). In the northeast, a slightly lower rate was reported for insufficient income, although still quite high (86%) ([REACH Initiative 24/03/2021](#)).

Decreasing purchasing power

Purchasing power continues to decrease, with on average household expenditures now exceeding the average income by 20% ([OCHA 25/02/2021](#)). KIs reported having no cash or low purchasing power in 88% of the assessed communities in the northwest and 77% in the northeast as a challenge to accessing markets in January ([REACH Initiative NES 01/03/2021](#), [REACH Initiative NWS 01/03/2021](#)). The national average terms of trade between wheat flour and wage labour or male sheep, a proxy indicator for purchasing power for workers or livestock owners, decreased by 13% between January and February, with an overall almost 50% decrease in a year. Regional variations continued to be reported, especially, between coastal and cross border areas, where trade requirements are higher compared to the northwest and southern areas ([WFP 28/02/2021](#)). To earn the cost of a monthly basic Survival Minimum Expenditure Basket, a daily worker would

have had to work 63 days in the northwest in January and 71 days in the northeast ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)).

Notably due to the currency depreciation and increased prices of fuel and transportation, prices of basic goods continued to increase in March. Purchasing power continues to be severely reduced, with in March the median value of daily per-capita income at SYP 1,934, (USD 0.66), an extremely concerning situation as this is less than half what is usually considered extreme poverty (less than USD 1.90 per day). The median value of daily per-capita expenditure is SYP 2,407 SYP (USD 0.82), higher than the income rate, meaning that most households will have to resort to coping strategies to meet their basic needs. On average, 60% of expenditures are food-related and 9% on fuel, with higher fuel expenditures reported in northern Syria (15% North Syria and 14% NWS) ([HNAP Socio-Economic and Shelter Conditions 23/03/2021](#)). In the northeast, among the 4 camps, Washokani, Serekaniye, Mahmoudli and Abu Khashab, Mahmoudli, in Ar-Raqqa governorate, seems the worst off with income lower than expenditure, with food at the top of the list of household expenditure in all camps ([REACH Initiative 12/01/2021](#)).

Figure 13. Monthly income and expenditure ([HNAP Socio-Economic and Shelter Conditions 23/03/2021](#)).

	INCOME	EXPENDITURE
Monthly Average	SYP 200,000	SYP 241,500
Lowest female-headed households	SYP 170,000 – North Syria	203,500 – GoS
Lowest male-headed households	SYP 180,000 – Northwest	221,500 – Northwest

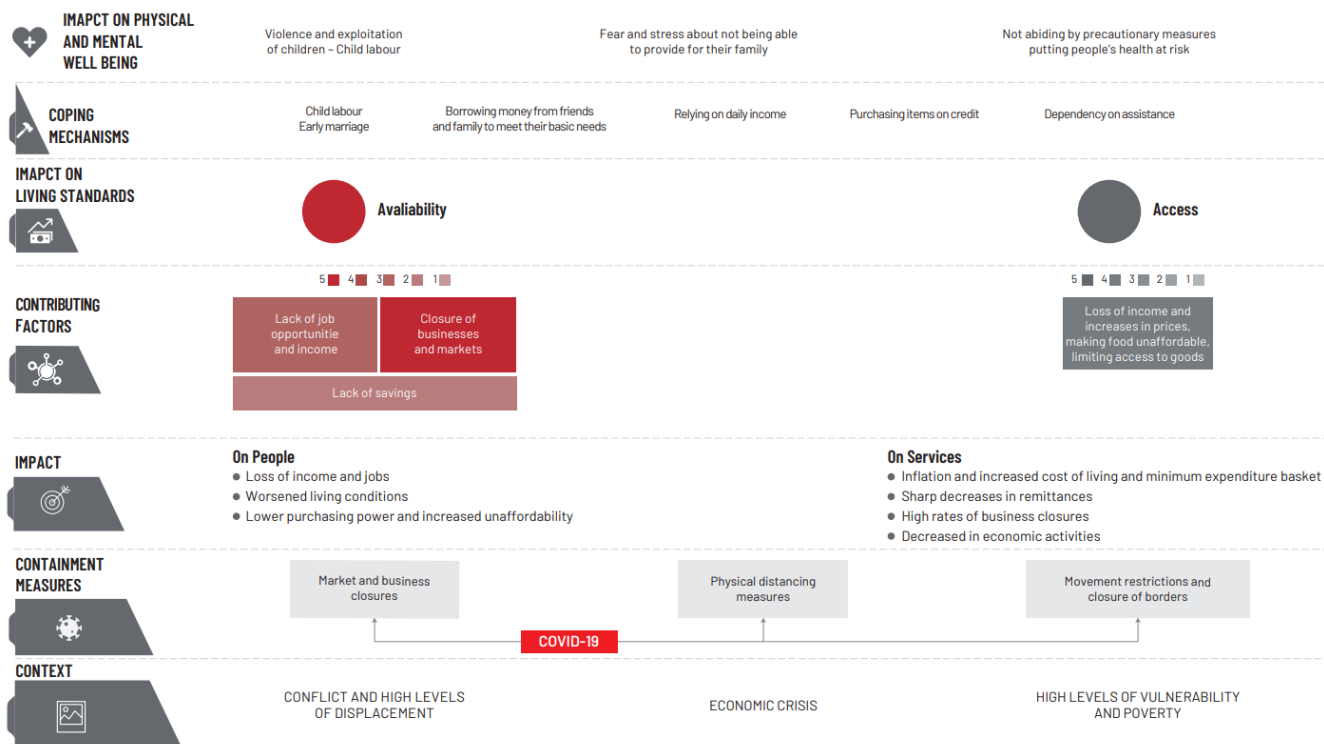
The impact of the crisis is hitting hardest for the 98% of Syrians who are now estimated to be below the poverty line, an increase of 10 percentage points compared to pre-COVID in 2019. In 2020, the “working poor” category emerged, with the minimum survival basket not being affordable by most working households since the end of 2020 ([OCHA 22/02/2021](#)). As a result, safety nets and livelihood resources are more strained than ever, compounding the humanitarian needs of 11.7 million people, including 6.2 million IDPs. In GoS-held areas, due to dire conditions, anecdotal evidence points to an increase in the number of women resorting to selling their hair to get additional income ([Salon Syria 23/02/2021](#)).

Increased reliance on remittances and humanitarian assistance

In GoS-held areas, due to lack of employment opportunities, households reported mostly relying on remittances ([Mercy Corps 25/01/2021](#)). Both in northwest and northeast, IDPs continue to be the ones reporting mostly relying on loans and remittances (55% and 34%) compared to residents. In addition, in the northwest, 40% of IDPs reported relying on humanitarian assistance, almost a 10 percentage point increase compared to January, while only 10% of IDPs continue to rely on this source of livelihood in the northeast ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)). However, in February, 5% of surveyed households reported difficulties obtaining remittances and food assistance in As-Sweida and Dara'a governorates, GoS-held areas, and in Al-Hassakeh governorate, in the northeast ([WFP 11/03/2021](#)).

Households in the 4 main camps in the northeast are all reporting borrowing money by taking debt, mostly to cover their food, medical and other basic expenses, with the highest percentage in Mahmoudli Camp (57%). On average, households reported taking debt of about SYP 350,000 SYP ([REACH Initiative Washokani](#), [REACH Initiative Serekaniye](#), [REACH Initiative Mahmoudli](#), [REACH Initiative Abu Khashab 12/01/2021](#)).

Problem Tree Livelihoods



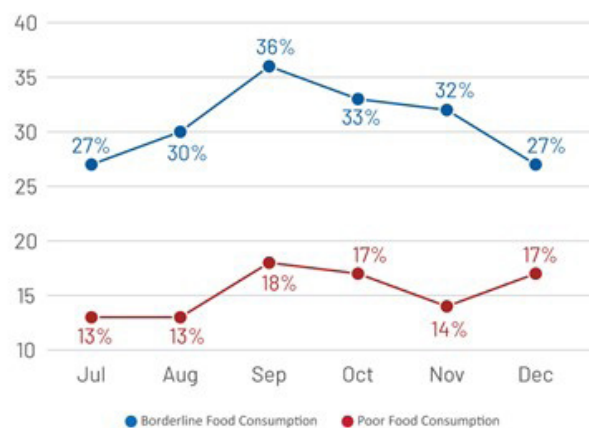


Food security: Sharp rise in food insecurity levels, notably due to increase in food prices and shortages of staple foods

COVID-19 containment measures, as well as depreciation of the Syrian pound continue to contribute to higher food prices, staples shortages, closure of the market and disrupting trade and supply lines ([WFP 23/02/2021](#)). Coupled with the loss of job opportunities, particularly for those relying on daily wage labor or seasonal work, and lack of income, this led to a significant deterioration in food security indicators with even more households unable to meet their food needs. While the food security situation worsened before COVID-19, owing to a depreciation of the Syrian Pound and increases in fuel and food prices since late 2018, the deterioration has since accelerated. According to WFP, 12.4 million people are food insecure in 2021, about 60% of the population – the highest number recorded so far in Syria. This is a significant increase from the 9.3 million food insecure estimated in May 2020. Among these, the number of severely food insecure people numbers more than doubled in 2021 compared to last year, to stand at 1.3 million people ([WFP 22/02/2021](#)). An additional 1.8 million people are estimated to be at risk of falling into severe food insecurity, and considering the worsening trend, the food security situation is likely to further deteriorate in 2021 ([WFP 17/02/2021](#)).

In February 2021, and since October 2020, around half of households surveyed by WFP reported inadequate (poor and borderline) food consumption³, 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 in four households that were assessed as having 'borderline' food consumption in July have been categorized since December as having poor food consumption⁴. In February, the highest levels were recorded among female-headed households (59%) and in Hama (58%), Dar'a (52%) and Ar-Raqqa (52%) governorates. While the highest rate was recorded in Aleppo governorate (58%) in January, a marked improvement of close to 10 percentage points was recorded this month. While levels of inadequate food consumption among displaced populations improved following a marked deterioration early 2021, they continue to record high levels of food insecurity, with 57% of returnees along with 51% of IDPs reported poor or borderline food consumption, compared to 43% of resident households ([WFP 11/03/2021](#)).

Figure 14. National average level of poor and borderline food consumption in the last six months ([WFP 31/12/2020](#)).



³ Food Consumption Score is the most commonly used food security indicator. It represents households' dietary diversity and nutrient intake and is calculated by inspecting how often households consume food items from the different food groups during a 7-day reference period (WFP)

Prices of commodities continue to escalate

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

Food prices in all 14 governorates of Syria continue to rise with the nationwide average price of WFP's standard reference food basket increased by about 13% in a month, reaching a new record high of SYP 136,398 in February, from 121,000 SYP in January. Already, the national average food basket price in January 2021 was 222% higher than a year ago, highlighting the spiraling inflation Syrians continue to face. Between January and February, the highest monthly increase of food basket was reported in Quneitra governorate by 17% reaching SYP 137,508, while Idlib governorate continued to report the highest price at SYP 175,724. Compared to last year, Aleppo governorate recorded the highest increase (up 282%), while Damascus recorded the lowest increase, however still in a very upward trend (up 192%). The increase in food prices can be attributed to the continued depreciation of the SYP/USD exchange rate in the informal market as well as the continuing fuel shortages across the country ([WFP 28/02/2021](#), [WFP 18/03/2021](#), [UNICEF 30/03/2021](#)).

The national average retail price of basic food items such as wheat flour, Egyptian white rice, bulgur, subsidized bread, vegetable oil and sugar continue to increase throughout Syria in February. The cross-border region reported the highest average price of rice and bread (up 18% in a month). However, the coastal region reported the highest price of vegetable oil (up 19% in a month). Northwest Syria reported the highest retail price of wheat flour (up 25% in a month). The southern region reported the highest retail price of sugar (up 21% in a month). In March, the GoS also set fixed prices for shawarma sandwiches, depending on cooking and quantity of chicken, between SYP 1000 and 1,500, highlighting rising inflation ([The Syrian Observer 30/03/2021](#), [WFP 28/02/2021](#)). Due to the decreased availability of locally grown products and the depreciation of the pound driving up prices of imported products, fresh food items mostly reported an increase in prices since, like tomatoes, most were not produced in Syria in January in both northwest and northeast ([REACH Initiative NWS 24/02/2021](#), [REACH Initiative NES 24/02/2021](#)).

Restricted access to food as a result of high prices

Increased market prices have dramatically worsened the dire situation of Syrian communities. Almost all the communities in the Northwest and Northeast continued to report barriers to accessing sufficient food, mostly due to high cost of food (above 80% in both NWS and NES) and unavailability of certain food items (about 20%) in February, similar to past months ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)). According to an UNRWA assessment, almost all Palestinian refugee households are struggling to purchase food due to increasing prices ([UNRWA 05/03/2021](#), [FAO 23/03/2021](#)). Anecdotal information about the Syrians' celebrations of Nowruz showed that the festivities were not celebrated as the previous years, due to the high prices of food such as meat and vegetables ([Al-Araby 21/03/2021](#)).

The latest increases in the food basket price were largely driven by the doubling in subsidized bread prices in government-controlled areas at the end of 2020, due to fuel shortage and depreciation of the currency ([WFP 28/12/2020](#)). Shortage of fuel and flour, increasing price, closure of private bakeries and administrative corruption continue to drive a bread crisis in Syria ([Syrian Observatory for Human Rights 01/02/2021](#), [Al-Watan online 30/01/2021](#)). In January 2021, the national average price of subsidized bread remained stable compared to a month before, reaching SYP 109 per bundle, however still 140% higher than last year ([New Lines Institute 09/02/2021](#)). In December, Al-Hasakah governorate had the lowest proportion of households with inadequate food needs. However, since the military siege in January, the population is facing a dire bread crisis, which continues to result in sharp food needs, due to closure of public mills and most of the private bakeries, leading to severe flour shortages and subsequent unavailability of bread ([Syria Times 08/03/2021](#)). Low access to bakeries was also reported in central and south Syria, with a third of households facing access issues to such service and more than half prioritising this need for infrastructure ([HNAP Priority Needs and Access to Services 25/03/2021](#)). Likewise, increase in price of flour has led to the closure of 40 bakeries early March in northeast Syria, Al-Hassakeh governorate, in the cities of Qamishli, al-Jawadiyah and al-Qahtaniyah ([Syria 07/03/2021](#)).

Unavailability of food

In northwest Syria, two-thirds of assessed communities had a fully functioning fresh food market in November. However, this was only the case in a quarter of communities in the northeast, with more than 40% reporting no fresh food market at all, highlighting more severe food availability issues ([REACH Initiative NWS 01/03/2021](#), [REACH Initiative NES 01/03/2021](#)). Among the communities reporting barriers in accessing sufficient food, between 21 and 23% and 27% of KI continued to report unavailability of certain food items as a challenge to access sufficient food in the northwest and northeast in February ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)). In GoS-held areas, the government announced the launch of a “Sugar Free Week” challenge in March to attempt to mitigate the unavailability and high price of basic food items and sugar ([Syria TV 09/03/2021](#)).

High use of severe food-based coping mechanisms

As the economic downturn has been impeding households’ ability to meet their basic needs, severe negative coping mechanisms are increasing. After months of increased food prices and income losses, most people seem to have exhausted their capacities to cope. Driven by a higher use of household resorting to severe coping strategies, the national average reduced Coping Strategy Index (rCSI) reached a new highest record in February (19.8), having already peaked in December 2020 (18.5), highlighting a continued deterioration of the situation, with almost all female-headed households (94%) in February adopting at least one food-based coping strategy ([WFP 11/03/2021](#)) and around 85% of the interviewed households reportedly resorting to at least one consumption-based coping strategy to cover their essential food needs in December.

In February, almost all returnees and IDPs reported adopting at least one food-based coping mechanism compared to 86% of residents. In February 2021, two-thirds of assessed households across the country reported buying food on credit, an increase of 11% since December 2020, with peaks recorded in Dar’a (88%) and Quneitra (83%) governorates. This strategy is even more widely adopted among displaced populations (returnees and IDPs), compared to residents. Similarly, almost half of the assessed households reported borrowing food or money to buy food in February, peaking at 64% in Dar’a governorate. More than two-thirds of the interviewed households reported relying on less preferred and less expensive food, with a peak recorded in As-Sweida governorate (84%). 60% of interviewed households in Syria indicated consuming animal-source protein less than two times a week in February, highlighting the decrease in dietary diversity, which could lead to rising malnutrition levels. Almost half

of surveyed households reported reducing adult food to prioritize their children’s food needs, a slight increase from January. Child labour and early school dropouts were also reported as coping strategies in February, with 10% of households reported taking children out of school to work instead, with rates even higher in Al-Hassakeh governorate (26%) and among IDPs (15%) ([WFP 11/03/2021](#)).

According to the October 2020 MSNA, more than 70% of Syrians took on new debts since August 2019, with many selling assets and livestock, eating less to feed children, child labor ([Needs and Response Summary 25/02/2021](#)). 53% of households in the northwest reports having taken on debt since the displacement ([HNAP 10/2020](#)). In NES, in February, two-thirds of the communities borrow money to buy food which is the second most adopted coping strategy NWS (60%). With a slight change in percentage from last month, communities of NWS and NES rely on less preferred food between 66% and 62%, respectively the first and third most adopted coping strategy. Skipping meals (59%) in NWS and buying food with money usually used for other things (63%) in NES are the following most used coping strategies ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)). Almost all Palestinian refugees are consuming cheaper or low nutritious food to cope with limited food access ([UNRWA 05/03/2021](#)). While most of these coping strategies were used before the COVID-19 crisis, the rates, frequency and increased combination of multiple coping mechanisms increased significantly in 2020.

Agriculture: Shortages and high cost of inputs

While in 2020, limited impact on crop plantation and harvest activities was reported due to COVID-19 and public health measures, with only 30% of community focal points mentioning that agriculture-based livelihoods had been partially affected ([REACH Initiative 12/2020](#)), plantation for the 2021 agricultural season might be more severely affected. Shortages and high prices of agricultural inputs, notably high-quality seeds and fertilizers, due to COVID-19 trade and economic related restrictions and disrupted supply chains, continue to heavily constrain agriculture, notably in the northwest, as Syria heavily relies on them to meet half of its national grain requirements, ([OCHA 26/03/2021](#), [Food Security Cluster 10/03/2021](#)). This is further threatening farmers' income and driving up food prices, further exacerbating food affordability issues already faced by most households ([FAO 11/03/2021](#)).

Residents in about 60% of communities in the northwest, and 70% in the northeast continued to rely on income from crop production or livestock products, to meet basic needs ([REACH Initiative 24/03/2021](#), [REACH Initiative 24/03/2021](#)).

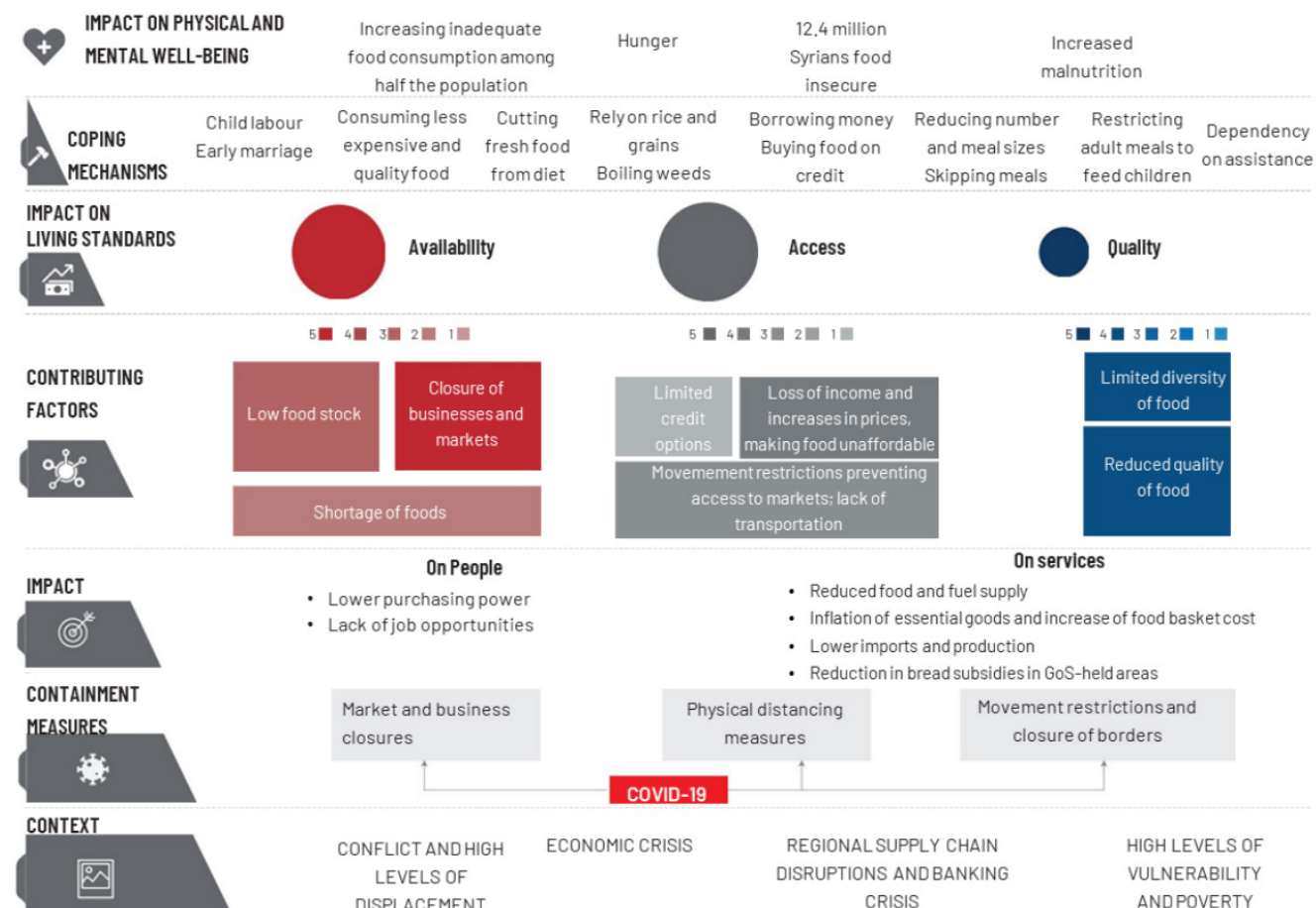
The main effect of the pandemic on agriculture activity has been on the prices of inputs, especially seed and fertilizers. COVID-19 precautionary measures and fuel shortages, currency depreciation and economic sanctions, importation constraints, and high transportation costs have all contributed to a general rise in the prices of some agricultural inputs and products since March 2020. In the northwest, lack of access to resources such as water, seed stock, fertilizers and vaccines for livestock continued to be reported as a barrier to access income from agriculture in about a third of residents and a fourth of IDPs in February ([REACH Initiative 24/03/2021](#)). In the northeast, this continued to be less of an issue, with only about a fifth of residents mentioning it as a main barrier ([REACH Initiative 24/03/2021](#)).

High costs of poultry, cattle and sheep feed and limited availability of pasture in the northwest continue to restrict livestock activities, increasing prices of these food products ([OCHA 26/03/2021](#), [Food Security Cluster 10/03/2021](#)). Across the 35 sites monitored by FAO across northeast Syria, Homs, Hama, Aleppo, Tartous, Deir-ez-Zor, Rural Damascus, Al-Hassakeh and Dara'a governorates, in December and January, GoS-held areas seem to be most significantly impacted with highest wheat and top-dressing fertilizers prices found in Tartous, Rural Damascus and Homs governorates in December. Deir-ez-Zor, in the northeast, also reports high dressing fertilizer prices. Mean herbicide prices increased by 25% between December and January, and by almost 50% compared to

September 2020 ([Food Security Cluster 08/02/2021](#)).

Shortages of fuel and electricity across the country, as well as limited fuel subsidies to farmers in GoS-held areas, keep preventing mechanised agricultural activities, limiting production and raising costs of production and driving up food prices ([Food Security Cluster 10/03/2021](#)). 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 have been demanding higher crop prices, further driving up food prices.

Problem Tree Food Security





Nutrition: Rising malnutrition due to inadequate and less diverse diets

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

Due to the worsening economic crisis, significant increase in severe food insecurity levels have been recorded in 2020 ([WFP 23/03/2021](#)), leading to a significant deterioration of the nutrition situation, which is expected to worsen even further over the next months, particularly in Northwest Syria ([UNICEF 30/03/2021](#)).

Almost 90,000 under five children are acutely malnourished across the country, with a rising number of admissions in treatment centers of malnourished children with complications, an increase by two-folds in some districts ([Needs and Response Summary 22/02/2021](#)). While about one out of eight children in Syria is chronically malnourished, this ratio is worse in areas hosting displaced populations, such as in the northeast, Rural Damascus, Idlib (1 out of 5 children), and Aleppo (1 out of 4 children) ([HRP 2020 30/12/2020](#)). Precise data is lacking for the northeast, but available evidence points to similar proportions of chronic malnutrition, with up to one children in three suffering from stunting in some areas ([OCHA 25/02/2021](#)). Surveillance data remains scarce and limited. Fearing COVID-19 infection, some mothers in the northwest have been refusing the use of Mid-Upper Arm Circumference tapes to screen their children for malnutrition ([OCHA 02/03/2021](#)), further limiting accurate and updated nutrition data availability.

In northwest Syria, the prevalence of chronic malnutrition among under-five children increased from 19% to 34% between May 2019 and October 2020 ([Nutrition Sector 08/12/2020](#)). The prevalence of global acute malnutrition (GAM) doubled over the same period, now reaching the severe emergency standard of 2% ([OCHA 21/10/2020](#)), with hospital admissions for severely malnourished children increasing by over 70% since March 2020 compared to the same period in 2019 ([OCHA 21/12/2020](#), [Nutrition Cluster 08/12/2020](#)).

Pregnant and Lactating Women (PLWs) also report high rates of acute malnutrition in the northwest, with 11% in October ([OCHA 02/03/2021](#)) with even more serious rates in areas affected by displacement, where between 20% and 37% of mothers are reportedly malnourished ([Nutrition Cluster 08/12/2020](#)) and 40% around Idlib ([OCHA 02/03/2021](#)). While nutrition conditions worsened, in

2020, less than half of PLW in need of moderate acute malnutrition services in the northwest were reached. Overall, 2,000 people in need could not be reached in 2020 by nutrition partners due to COVID-19 restrictions ([OCHA 26/01/2021](#)).

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

With increasing levels of food insecurity throughout 2020, as a result of COVID-19 disruptions and related worsened economic conditions, dietary quality and diversity have likely been negatively affected. The high price of suitable food or formula continued to be the most commonly reported challenge to feed young children, reported by almost all KIs in assessed communities in both northwest and northeast ([REACH Initiative Northeast 25/03/2021](#), [REACH Initiative Northwest 25/03/2021](#)). 60% of assessed households in February ate animal-source protein less than two times a week. This decreases to even one time per week among households with poor or borderline food consumption, highlighting a risk of further rise in malnutrition rates in the future ([WFP 11/02/2021](#)).



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

Widespread COVID-19 infections in schools, impacting education services

Since the reopening of schools in September 2020, reported cases in schools have sharply increased, as most schools are not equipped to implement physical distancing measures. 2,339 cases were reported by mid-March 2021, of which 1,440 were teachers and 889 students, including 20 deaths ([UNICEF 30/03/2021](#)), with the highest cases in Rural Damascus, Homs, and Hama governorates in February ([OCHA & WHO 16/02/2021](#)).

During the second semester, in GoS-held areas, 410 infections have been recorded, of which 310 were among teachers and personnel staff and 100 among students ([Syrian Arab News Agency 28/03/2021](#)). In March, 110 cases were reported over the last week of the month, including 39 in Tartous governorate, 33 in Damascus, and 16 in Damascus countryside ([Syrian Arab News Agency 28/03/2021](#)). In Latakia governorate, at least 83 teachers and 37 students were reportedly infected during the second semester, leading to the closure of 6 classrooms, according to the Director of Education. In As-Sweda governorate, 9 cases have been reported, of which 8 were teachers and administrative personnel and one was a student ([Al Watan online 16/03/2021](#)). Despite a rising number of infections, the Health Directorate officials at the Ministry of Education announced that school closures were not considered, to prevent students from missing out on more classes ([The Syria Report 23/03/2021](#)).

Confirmed cases among staff and students highlight the challenges faced by the education sector in Syria, with schools not being able to provide the right infrastructure conditions to guarantee a safe and secure environment. Classrooms are overcrowded and schools lack functioning toilets or hand-washing facilities. This poses an additional risk to the health of teachers and administrative staff, who represent more than half of confirmed cases in COVID-19 in the Ministry of Education-run schools, GoS areas ([UNICEF 30/03/2021](#), [OCHA & WHO 16/02/2021](#)). As a result, overcrowding in classes has been a growing concern, and was reported as a challenge to access education in about half of the communities in the northwest and more than 60% in the northeast, preventing parents from sending their kids to school in February ([REACH Initiative NWS 30/03/2021](#), [REACH Initiative NES 30/03/2021](#)).

In northwest Syria, one out of three teachers (6,000) have not been paid for over a year and one out of four schools (320) is running with unpaid teachers. As a result teachers have been protesting since 13 February, further disrupting education services ([Education Cluster 26/03/2021](#)). Thus, an effective COVID-19 response alone is unlikely to significantly improve attendance if the enduring economic downturn does not improve. Due to changes in the education curricula and the arrest of teachers, the half a million students residing in the northeast under the SDF authorities have been facing poorer education conditions. Rising overcrowding, exposing them further to the risk of COVID-19 infection, and closure of classrooms, has led to higher rates of school drop-out ([Syrian Network for Human Rights 10/03/2021](#)).

Education costs unaffordable for most households

Additionally, with the loss and reduction of incomes, the weakening SYP, and the increase in expenditure, more children have been dropping out of school despite their reopening to generate additional income or because the associated expenses of education cannot be met. In January, communities reported that child labor was preventing children from going to school, at similar rates than the month before: in 81% of communities in the northwest, and 54% in the northeast, and early marriage in 45% of the communities in the northwest and 17% in the northeast. Unaffordability of a private tutor continued to be reported as a barrier by KIs between 30% and 20% of communities where barriers to education access were reported in the northwest and northeast (respectively) in February ([REACH Initiative NWS 30/03/2021](#), [REACH Initiative NES 30/03/2021](#)).

School closures and challenges with remote learning

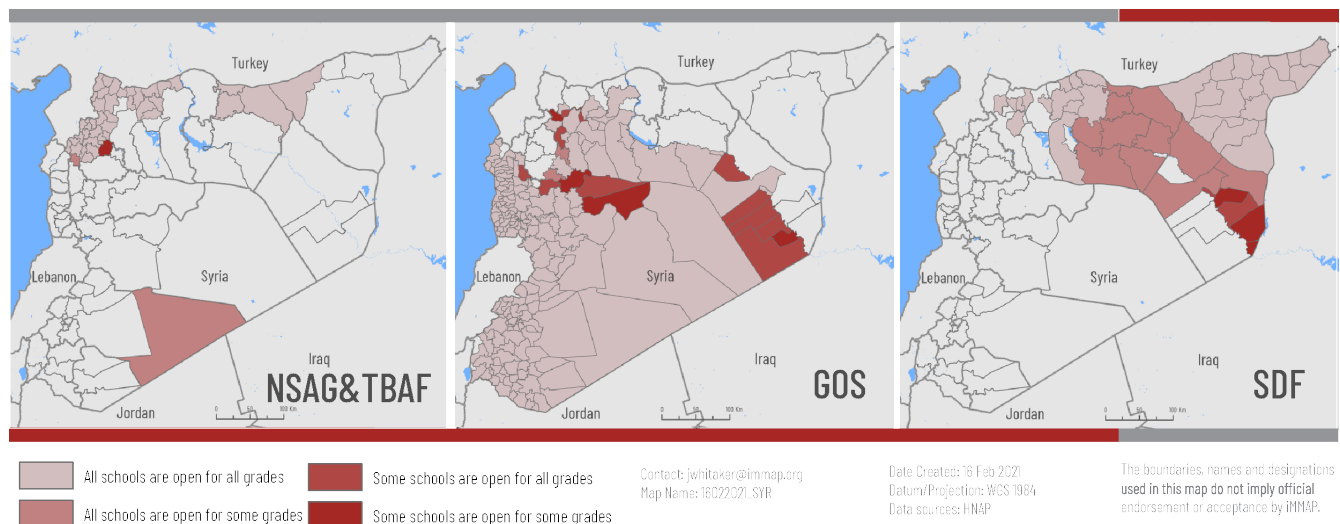
Following the interruption of classes from March to September due to school closure, a distance education system was launched. Remote or mixed education programs continue to be highly demanded, particularly in the northwest, due to the increased cases of COVID-19 and school closure ([OCHA 02/03/2021](#)), even though there has been a decrease in the number of assessed communities reporting schools closure in February ([REACH Initiative NWS 30/03/2021](#)).

In the northwest, 28% of assessed communities reported schools not always functioning in person for at least some days in February, a significant decrease compared to 83% reported the previous month. As a result, a similar decrease of education programmes taking place online (11% compared to 22% the previous month) was also noted. In the northeast, no community reported that education facilities had been closed due to COVID-19 and no online education service continued to be reported ([REACH Initiative NWS 30/03/2021](#), [REACH Initiative NES 30/03/2021](#)). As this trend continues, further support to teachers, such as incentives, internet provision, and training are urgently needed to accommodate this new organization ([OCHA 02/03/2021](#)).

Many challenges have arisen from the implementation of remote learning. As of February, in the northwest, lack of access to the internet, electricity, equipment was a barrier to accessing online education services for about a fifth of the respondents, decreasing 10% from the previous month ([REACH Initiative NWS 30/03/2021](#)). 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](#)).

In camps in the northeast, barriers to accessing education continued to be widely reported. While most related to lack of prioritization of education compared to other pressing needs, fear of COVID-19 and school closure due to COVID-19 were reported at low levels in Abu Khashab (17%) ([REACH Initiative Abu Khashab 12/02/2021](#)) and Serekaniye camp (3%) ([REACH Initiative Serekaniye 12/02/2021](#)). Lack of income was also a secondary reason reported, notably in Mahmoudi camp, where 14% of households mentioned children having to work instead of attending school ([REACH Initiative Mahmoudi 12/02/2021](#)).

Figure 15. Access to School education as reported by community focal points – March ([HNAP 29/03/2021](#))².

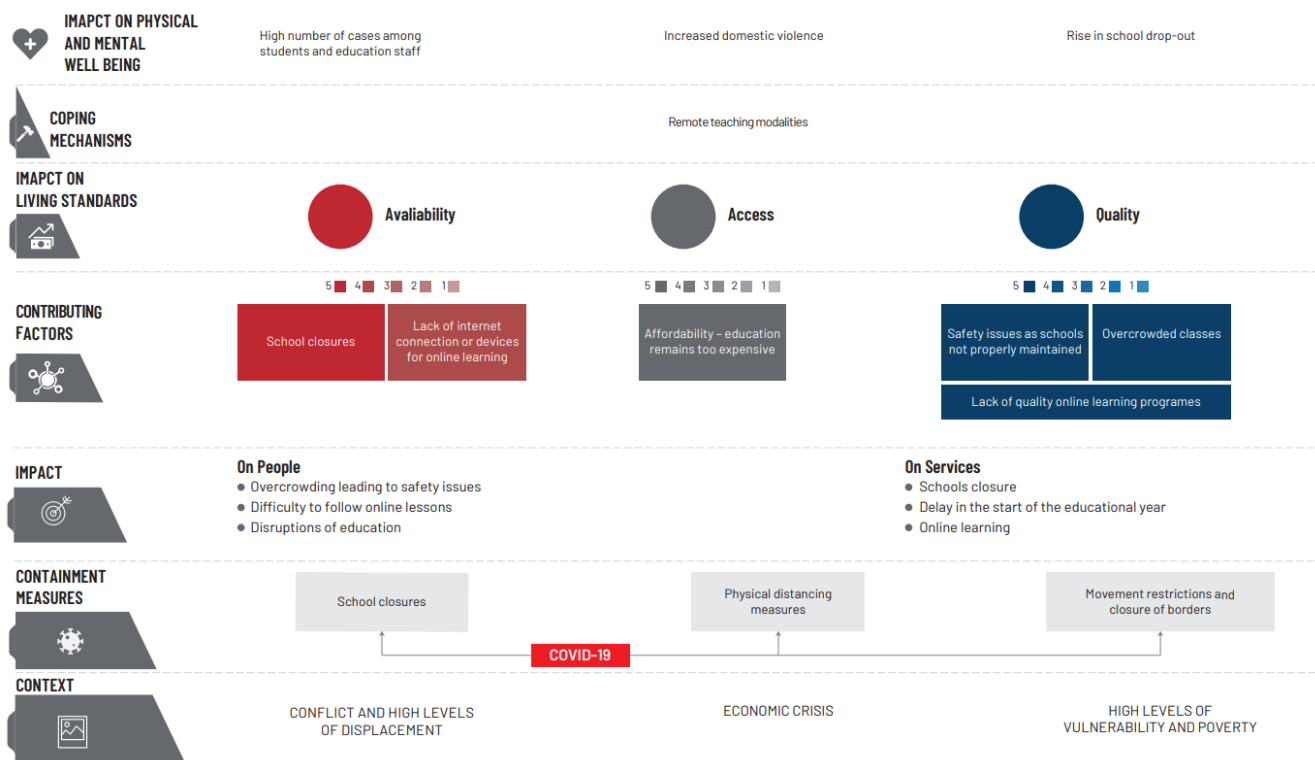


High rates of school drop-out

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. Throughout Syria, 6.9 million people are in need of education, of which 15% are people with disabilities, and an estimated 2.45 million children are out of school, a 15% increase compared to 2019 ([OCHA 30/12/2020](#)). COVID-19 has played an important role in increasing the extreme living conditions as almost 95% of all school-aged children live in areas where the conditions of education were assessed as catastrophic in 2020, mainly concentrated in Aleppo, Idlib and rural Damascus governorates, resulting in a risk of 1.6 million children dropping out of school already in 2020 ([UNICEF 03/12/2020](#)).

In northern Syria, two-thirds of children were out of school in November 2020, due to the COVID-19 crisis according to Save the Children. In the northwest, about 50% of students in some areas have not attended schools since March 2020. In camps in the northeast, similar rates were reported by teachers in Al-Hol, Roj, and Areesha, with at least 5,500 children dropping out of school in 2020 ([Save the Children 10/12/2020](#)). In January 2021, due to the low numbers of schools opened among the four main camps in the northeast, with Mahmoudli Camp, Ar-Raqqa governorate, the one with the most opened (two schools), the percentage of children aged 6-17 attending schools were lower than half, between 37 and 47% ([REACH Initiative Mahmoudli](#), [REACH Initiative Washakoni](#), [REACH Initiative Serekaniye](#), [REACH Initiative Abu Khashab 12/02/2021](#)).

Problem Tree Education





Protection: Rise in protection issues and restriction of services

Psychological distress and stigmatisation

Due to COVID-19, increased psychological traumas, such as stress and anxiety have been widely reported. Children have been particularly affected, with 27% of households reporting their children show signs of psychological distress, a two-fold increase in percentage points in 2020, likely as a result of the COVID-19 pandemic, especially among the ones not attending school ([Needs and Response Summary 22/02/2021](#)). In the northwest, suicide levels have been increasing, following high levels of depression, due to worsened economic vulnerability and poor living conditions ([OCHA 26/03/2021](#)).

Some level of social stigmatization related to COVID-19 infection continues to be reported, especially in the northeast (Northeast Syria NGO Forum 07/03/2021). However, the scale and extent of this stigmatisation remain unclear. Anecdotal evidence had pointed to some levels of bullying, social exclusion, people being prevented from entering shops, or even leading to women being rejected by their spouse in extreme cases in 2020 (Protection Cluster 27/11/2020).

Higher rates of child labour

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](#)). Reports of child labour being used to meet basic needs are high, likely due to prolonged school closures, a shift to online learning (excluding vulnerable groups, see [Education](#)) and overall limited livelihood opportunities. Child labour was present in almost two-thirds of surveyed resident communities and 80% of surveyed IDP communities in the northwest in January and February. Even more concerning is the high proportion of children below 12 years who are involved in child labor, reaching 19% in January and 17% in February ([REACH NWS 24/03/2021](#)). The rates decrease slightly in the northeast, but this strategy remains widespread with slightly less than half of resident communities and about 60% of IDP communities reporting resorting to that coping mechanism since December. However, the proportion of children below 12 years old who are involved in child labor decreased significantly, from 21% in January to 12% in February ([REACH Initiative NES 24/03/2021](#)). Early marriage has also been more widely reported to meet basic needs, present in around 40 to 50%

(northwest) and 25% (northeast) of surveyed residents and IDP communities since December ([REACH Initiative NWS 22/02/2021](#), [REACH Initiative NES 24/03/2021](#)). Both have been significantly affecting school attendance for those children (see [Education](#) for more details) which is likely having important psychological consequences for children who are cut off from their standard socialisation patterns, and cut off from available psychosocial support in schools.

Increase in GBV coupled with limited access to protection services

Increases in domestic violence, notably in northwest Syria, continued to be reported ([OCHA 21/12/2020](#)). 56% of surveyed protection partners reported an increase in GBV due to COVID-19 in December. More than half of respondents highlighted violence or abuse within the family as a primary protection issue for women and girls, as well as lack of safe space and privacy due to COVID-19 ([Protection and Community Services Sector Inside Syria 01/02/2021](#)).

The limited access to protection services due to COVID-19 related movement restrictions ([HNAP 31/03/2021](#)) continues to exacerbate these protection needs even more so for GBV survivors ([UNHCR 07/02/2021](#)). However, the situation seems to be improving, notably in SDF and GoS areas, with less than 20% of sub-districts in the former and about 25% in the latter where KIs reported no such access as of 30 March, compared to 60 and 80% respectively a month before. Lack of access to psychosocial services continues however to be an issue in NSAG & TBAF areas, where more than half continue to report no such access, still a decrease from the 80% reported a month before ([HNAP COVID-19 Rapid Assessment 30/03/2021](#)). Limited access to protection services is particularly acute in Aleppo and Idlib governorate, Al Bab, Ariha and Jarablus sub-districts ([Health Cluster & WHO 17/03/2021](#)).

People with disabilities are believed to comprise 27% of Syria's population, but 75% do not have access to medical care (UNDP 10/2020), despite having greater needs of assistance or caregivers ([Protection Cluster 11/02/2021](#)).

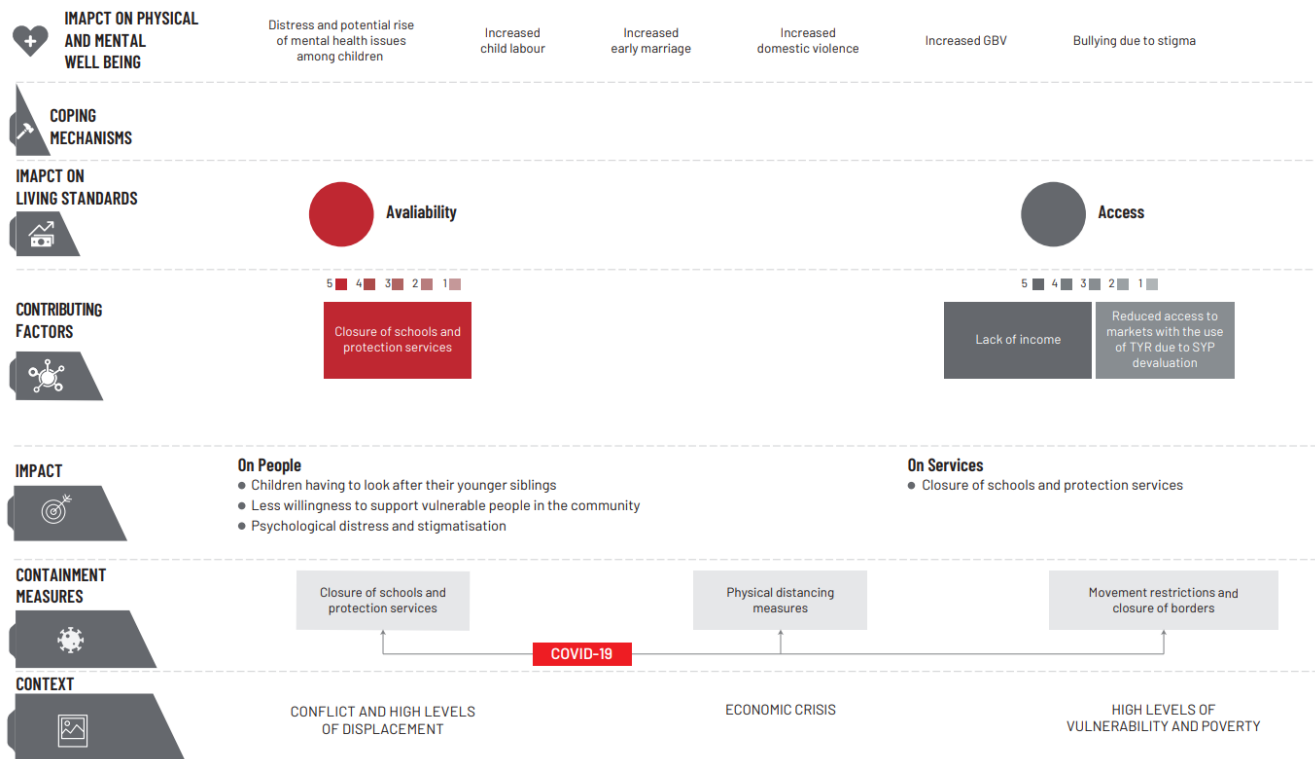
According to an online survey conducted by the Protection and Community Services Sector Inside Syria among 213 partners and staff in December, protection activities had to limit in-person meetings and large gatherings due to restrictions measures, particularly affecting community centers and facilities where most of the protection assistance was being delivered. The suspension of services, combined with new ways of services delivery, led to a drop in beneficiaries, sometimes by as much as 70%, and on average between 30 and 50% ([Protection and Community Services Sector Inside Syria](#) 01/02/2021).

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

Unequal COVID-19 response

While there were initial concerns about a potential instrumentalization of the COVID-19 response to further impose restrictions on former opposition-held communities, no additional state security crackdown and protection-related consequences was noted since the pandemic. However, continued security and political constraints have impacted and limited COVID-19 response in reconciled areas, with some experts estimating the amount of support provided there might be three times less than support provided to more loyalist areas. The GoS has also been restricting the response in the northeast, by first refusing testing the region's samples and hindering data-sharing with regional authorities, resulting in an overreliance on support from health INGOs in the northeast. However, even international actors have been facing barriers to respond by the GoS, which for example prevented WHO to supply testing kits to private and non-governmental actors ([Center for Operational Analysis and Research](#) 19/03/2021).

Problem Tree Protection





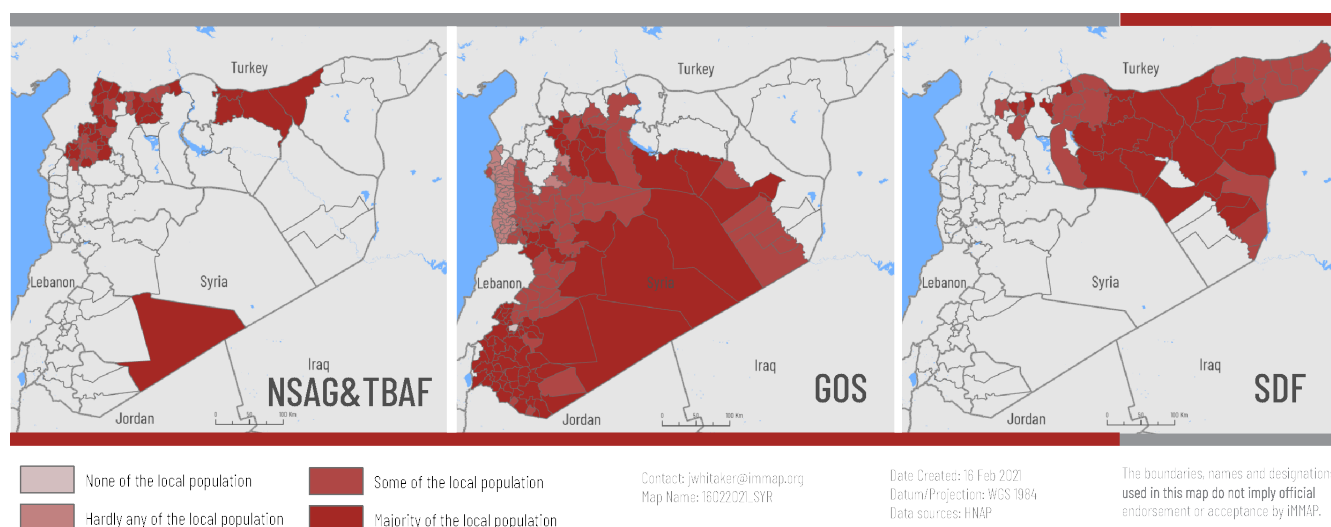
WASH: Lack of infrastructure and unaffordable WASH items contributing to the spread of COVID-19

While previous surveys show that practicing hygiene measures, such as handwashing, was among the most widely adopted measures, access to water and hygiene items remains limited mostly due to limited economic resources and availability of water services. High levels of poverty are hindering access to WASH services and supplies for most of the population, with people prioritizing other essential items such as food, increasing their reliance on humanitarian aid ([OCHA 22/03/2021](#)).

Soap and water remain 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. However, in GoS-controlled areas, the need for masks was only reported in slightly less than half of the sub-districts. Soap and water are still reported to be highly needed in the northwest (67%), while this proportion drops to half of the population in the northeast, and even less in GoS-controlled areas (45%) ([HNAP COVID-19 Rapid Assessment 30/03/2021](#)).

Figure 16. Proportions of sub districts in need of basic hygiene items in March ([HNAP Rapid Assessment 29/03/2021](#))².



Despite the risk posed by the virus, soap and hygiene items are still widely reported to be unaffordable in the northeast, with still only about one-fifth of the communities able to afford soap, and even fewer adult hygiene items in February ([REACH Initiative NES 24/03/2021](#)). Across the IDP population in the four main camps in the northeast, the main barrier to accessing soap or hygiene items was affordability. More than half of IDPs living in Mahmoudli, Ar-Raqqa governorate, and Serekaniye, Al-Hassakeh governorate, camps, northeast, reported facing barriers in accessing soap, largely due to unaffordability ([REACH Initiative, REACH Initiative 12/01/2021](#)). This is much less of an issue in the northwest where these items are more affordable, with 70% able to afford soap and half hygiene items ([REACH Initiative NWS 24/03/2021](#)). However, only less than half of the camp populations in the northwest have access to both soap and water and handwashing facilities, while 22% of camp populations have no soap at all and 18% have no handwashing facilities ([OCHA 26/03/2021](#)).

Compared to pre-COVID-19, February 2020, the prices of all COVID-19 related items have increased. However, compared to six months ago, the price trends are more mixed, with surgeon masks, gloves and soap bars being more affordable, following a decrease in prices. While alcohol spray and bleach continued to report increased prices in February ([WFP 28/02/2021](#)). In mid-February, the GoS approved the export of face masks and disinfectants, as the domestic production supposedly already covers the local needs. This will likely drive prices further up, as occurred in June when a similar decision was taken by the government ([Syria TV 19/02/2021](#)).

Similarly, water remains out of reach for most communities due to its price. High prices of trucked water was reported as a challenge for more than half of the communities in the northwest in February ([REACH Initiative 24/03/2021](#)) while in the northeast, this concern is only mentioned in one third of the communities, as the more common source for water is piped network ([REACH Initiative 24/03/2021](#)). As a result, in both northeast and northwest, KIs in around 60 to 70% of assessed communities continued to report that not all households have access to sufficient water in February ([REACH Initiative 24/03/2021](#)). In a recent WASH Cluster household level survey, this even peaked to almost 80% of people stating they did not have access to sufficient water during the previous month ([OCHA 26/03/2021](#)). Households in the northeast have the lowest access nationwide to safe water (63%) ([HNAP Priority Needs and Access to Services 25/03/2021](#)), with Deir-ez-Zor and Al-Hassakeh governorates be particularly affected, with in half assessed sub-districts, all assessed communities reported insufficient access to water for a proportion of households ([REACH Initiative 24/03/2021](#)). Across 410 IDP sites, limited income and infrastructure are

leading to households limiting their water usage, such as reducing drinking water consumption, with the average water consumption standing at 26 liters in the northwest in February, below the SPHERE standard daily 30 liters ([OCHA 26/03/2021](#)).

Water shortages across the country further exacerbate WASH needs

As most of the WASH infrastructure is considered poorly or non-functional in almost half of all sub-districts, access to basic services is severely restricted and increasingly unaffordable ([2021 Needs and Response Summary 15/03/2021](#), [HNAP 03/2021](#)). In April 2020, populations surveyed in camps in the northwest already pointed out the lack of infrastructure as a more pressing issue than COVID-19 itself ([Science Direct 06/01/2021](#)). Access to safe water through piped systems remains a challenge, with only 65% out of 209 systems in Idlib and slightly more than half of 241 systems in Aleppo currently functioning ([OCHA 26/03/2021](#)). Among the IDPs living across 410 sites in northwest Syria about a fifth reported no chlorination of water and at least 70% of wastewater disposers were untreated and half of sewerage systems were non-functional ([OCHA 26/03/2021](#)). 15% of the stations in Aleppo and 16% of the stations in Idlib are running without being chlorinated ([OCHA 26/03/2021](#)). As a result, in the northwest camps, 70% of IDPs rely on trucked water from WASH partners. In Idlib governorate, 1.7 million people (two-thirds in camps and half in communities) are fully relying on water trucking ([OCHA 26/03/2021](#)).

WASH infrastructure seems to be better in the northeast, with around two-thirds of the communities reported piped water network the most common source for drinking water ([REACH Initiative 24/03/2021](#)), while in the northwest, private water trucking was the source most commonly used ([REACH Initiative 24/03/2021](#)). The main water station (Alouk) resumed operations at the end of January 2021, following several cuts over 2020. As of 29 March, two new water stations, Al-Abbas and Mahqan, restarted their operations, increasing the total number of operational water stations in Deir-ez-Zor, northeast, to 66 out of 69 ([Al Watan online 29/03/2021](#), [Tishreen news 02/03/2021](#)). Further disruptions to already under-providing water infrastructure will increase reliance on alternative water sources that are more expensive and less hygienic, further complicating the prevention of COVID-19 infection and increasing the risk of COVID-19 transmission ([UNICEF 02/02/2021](#)).

In March, airstrikes in the northwest, northern Idlib, resulted in a heavy impact on humanitarian and COVID-19 operations, further damaging WASH infrastructure. As a result of shelling, fires broke out in a CARE-supported

warehouse, leading to the destruction of hygiene and other humanitarian supplies planned for about 25,000 people ([CARE 23/03/2021](#)). At least five NGOs temporarily suspended operations, including WASH distributions and health support at medical centres ([UN 26/03/2021](#)).

Funding shortfalls exacerbating WASH needs

In the northwest, lack of funding, especially in the second half of 2020, has resulted in an increase in response gaps, compounding further the WASH needs of the population. Three million people, across more than 700 locations, are estimated to be in need of WASH assistance and not receiving any ([OCHA 26/03/2021](#)). 200,000 people in Idlib governorate are no longer receiving water via piped network since February, due to lack of funds required to support the 15 water stations in the area ([OCHA 02/03/2021](#)).

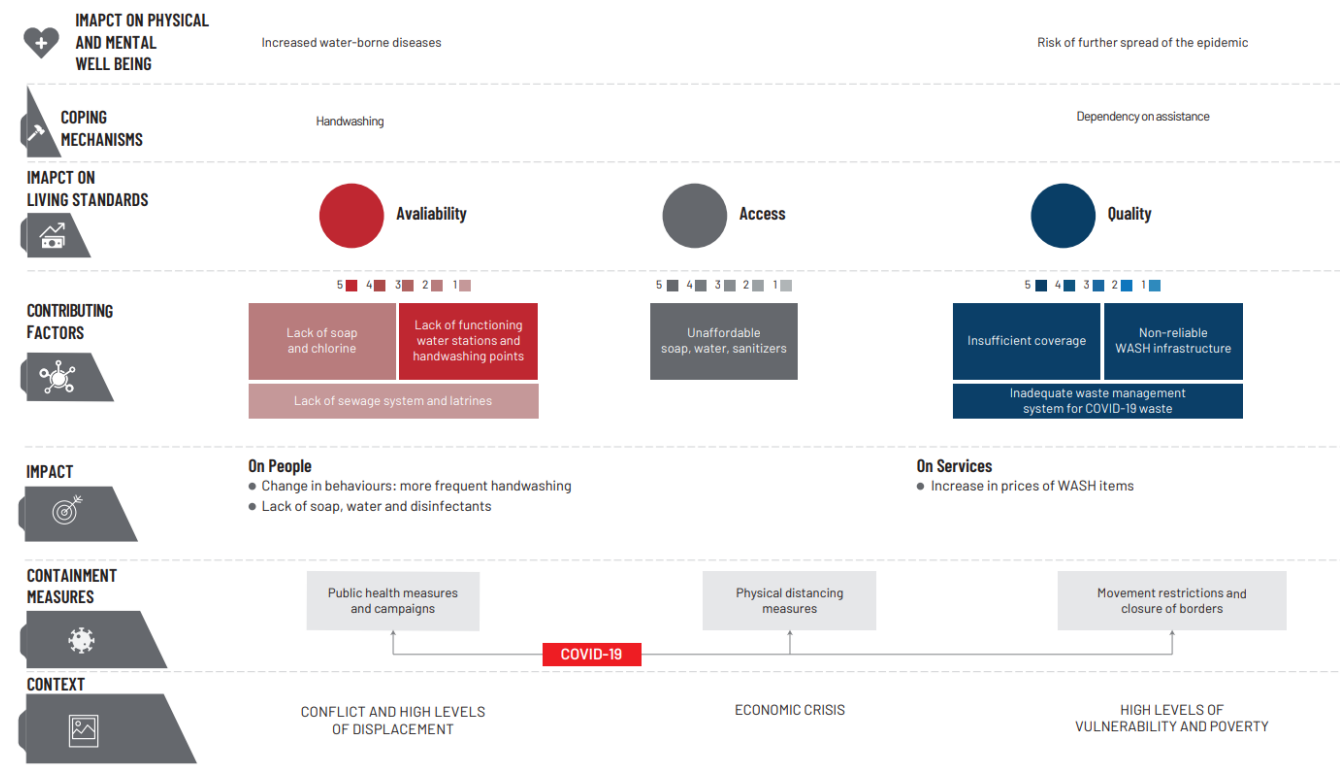
Women and girls, as well as returnees are among the communities facing the most issues accessing WASH services ([OCHA 22/03/2021](#)). 75% of female-headed households in IDPs sites reported lack of access to bathing facilities ([NWS CCCM cluster IDP Sites Integrated Monitoring Matrix 20/01/2021](#), *NES Sites and Settlements Working Group 12/2020*). These groups, as well as children and people with disabilities, are particularly vulnerable to any reduction in the level of WASH services and are likely to face increased protection risks as a result ([OCHA 26/03/2021](#)).

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

Lack of adequate WASH infrastructure, notably in camps and settlements, coupled with overcrowding, continue to be reported as a barrier to implement COVID-19 prevention measures and contain the epidemic. Poor access to basic services and WASH infrastructure in camps also exacerbate the risk of COVID-19 infection, especially for the close to 2 million IDPs sheltering in informal settlements, planned camps and collective shelters ([OCHA Needs and Response Summary 15/03/2021](#)). Handwashing facilities in communal latrines were reported to be widely unavailable in Mahmoudli camp, Ar-Raqqa governorate, Abu Khashab camp, Deir-ez-Zor governorate, and less widely available in Washokani camp, Al-Hassakeh governorate ([REACH Initiative](#), [REACH Initiative](#), [REACH Initiative](#), [REACH Initiative 12/01/2021](#)).

Already, about a 30% increase in the number of cases of water-borne diseases, such as diarrhea and leishmaniasis, was reported in the northwest in January 2021, compared to 2017, a number expected to further rise considering the lack of WASH services ([OCHA 26/01/2021](#)). Dana, Azaz, Idlib, Albab, Maaret Tamesrin, Daret Ezza, Afrin and Atareb sub-districts are considered significant hotspots for waterborne disease, with Dana, Maaret Tamesrin, Afrin, Azaz and Al-Bab sub-districts reporting the highest number of leishmaniasis cases ([OCHA 26/03/2021](#)). More than half of the communities in the northwest have a sewage system in place ([REACH Initiative 24/03/2021](#)), an issue even more prevalent in the northeast where 85% of communities have no such infrastructure ([REACH Initiative 24/03/2021](#)).

Problem Tree WASH





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

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

Shelter needs continue to remain high across Syria, with almost 6 million people in need of some sort of shelter assistance in 2021. Of which two-thirds are in severe needs notably around Aleppo, Idlib, Ar-Raqqa and Rural Damascus governorates, as well as camps in northern Syria. Almost 2 million IDPs live in inadequate shelter conditions, residing in informal last-resort and spontaneous settlements ([Needs and Response Summary](#) 22/02/2021). The shelter situation continued to deteriorate in 2020, with higher levels of unavailability of affordable shelter reported. Lower occupancy rates required in communal shelters due to COVID-19 preventive measures, and continued insecurity and displacement movements in northern Syria ([Needs and Response Summary](#) 22/02/2021).

Crowding, inadequate shelter and poor access to basic WASH and health services makes it challenging to properly adhere to physical distancing or other public health precautions and put IDPs at risk of COVID-19 infection. In the northwest, camps/sites 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 ([HNAP](#) 16/12/2020), and 13% live in non-sustainable shelters such as tents and unfinished buildings ([HNAP](#) 25/03/2021). In the northeast, four out of five informal camps had waiting lists in January, due to recent new arrivals, mainly driven by economic reasons such as lack of livelihood opportunities, need for humanitarian assistance, and rent not being affordable (NES Sites and Settlements Working Group 17/02/2021). Overcrowding in shelters continues to be reported as a main issue in communities in which COVID-19 risk indicators were reported in February, a concern increasing slightly since the previous month to reach about 50% of surveyed communities in both northern regions ([REACH Initiative NWS](#) 24/03/2021, [REACH Initiative NES](#) 24/03/2021). Almost all camps in the northeast reported a higher number of individuals sharing a household than the national average of 5 individuals, with 5.9 individuals per shelter in January in Washokani camp, Al-Hassakeh governorate ([REACH Initiative](#) 12/01/2021), 5.6 in Mahmoudli camp in Ar-Raqqa governorate ([REACH Initiative](#) 12/01/2021), and 5.4 in Abu Khashab camp in Deir-ez-Zor governorate ([REACH Initiative](#) 12/01/2021).

Nationwide, 22% of households reported three or more persons per room on average in January, especially in northwest and north Syria where this rate increases to almost 50%, and 4% of households reported sharing their shelter with at least another household, with slightly higher proportions in northern Syria ([HNAP](#) 23/03/2021).

Higher shelter and heating needs during the winter season

Unaffordability of rent, lack of and expensive heating, and repairs continued to hamper access to appropriate shelter across the country. High rent prices continued to be overly reported as one of the main shelter challenges for the majority of northern Syria communities in February, especially in the northwest, where almost two-thirds of the KI cited this issue. This seems to be less of an issue in the northeast where this proportion only reaches about 20% ([REACH Initiative NWS](#) 24/03/2021, [REACH Initiative NES](#) 24/03/2021). Across the country, 15% of households mentioned rental subsidies as the most pressing priority need, a proportion even higher among very vulnerable households ([HNAP Spring Priority Needs](#) 25/03/2021).

The health and safety impacts of overcrowding and living in damaged buildings became even more acute during the winter season, with approximately 3.1 million people estimated to need winter assistance across Syria ([Shelter & NFI Sector](#) 18/01/2021). Both fuel and electricity have become scarcer and more expensive over 2020 (see [Logistics](#)). The informal national average price of heating diesel continued to increase in February, by 15% compared to January, reaching SYP 1,257 per litre, due to continuous high demand in the winter season and limited supply of diesel at formal prices. The cross-border region reported the highest price (SYP 1,650) and northeast Syria the lowest (SYP 783) ([WFP](#) 28/02/2021).

As a result, almost all surveyed communities in both northwest and northeast continued to report that heating fuel was unaffordable in February ([REACH Initiative](#) 24/03/2021, [REACH Initiative](#) 24/03/2021). In NWS, almost two-thirds of communities who reported barriers to access electricity continued to mention the high cost of fuel as the main challenge in February ([REACH Initiative](#) 24/03/2021). Similarly, this is reported to be less of an issue in the NES, with only about a third of communities mentioning it ([REACH Initiative](#) 24/03/2021).

Electricity access remains limited across Syria, especially in the northwest, where it is only available for 5–6 hours a day, whereas it increases to 12 hours per day in the northeast, owing primarily to non-functioning networks ([REACH Initiative](#) 24/03/2021, [REACH Initiative](#) 24/03/2021). In GoS-held areas, Latakia governorate officials announced in March that due to lack of electricity, there was a high chance of increased load shedding from 5 to 6 hours ([Al Watan online](#) 26/03/2021). About 60% of households across the country reported to not have access to electricity ([HNAP](#) 25/03/2021), notably negatively impacting WASH, heating and health services ([OCHA](#) 30/03/2021). As a result, a third of households identified electricity as their fourth priority need ([HNAP](#) 25/03/2021). COVID-19 only slightly exacerbated these poor conditions, with 3% of communities in the northeast reporting that repairs to electricity infrastructure had been delayed due to COVID-19 measures ([REACH Initiative](#) 24/03/2021).

Key informants in more than 40% of resident communities and about 60% of IDPs communities reported lacking heating in northwest Syria in February, a stable rate, after an almost 15 percentage points increase among IDPs the month before. Lack of insulation continues to be a challenge, for 40% among residents and 50% among IDP communities, however the rates of key informants mentioning it as an issue decreased for the first time since November, as the temperatures have started to increase ([REACH Initiative NWS](#) 24/03/2021). Similarly, in the northeast in February, all rates decreased slightly compared the month before, with about 25% of residents and a third of IDP communities lacking heating and 35% of residents and 38% of IDPs lacking insulation from the cold ([REACH Initiative NES](#) 24/03/2021).



Logistics: Fuel crisis leading to severe shortages and skyrocketing prices

Syria's domestic fuel production has not been able to meet the population's requirements, leading to acute reliance on external supplies. Due to border closures and delays in imports resulting from the COVID-19 context and the enforcement of US sanctions in June, external supplies of fuel have significantly decreased, leading to severe fuel shortages in the country since September and increases in price of manually refined kerosene, transport fuels, petrol and diesel.

Shortages of fuel

Most of the governorates continued to face power and fuel shortages in March, illustrated by consistent reports of long queues at fuel stations ([Logistics Cluster](#) 07/03/2021). Nationwide, female-headed households were reported to have a slightly higher demand for fuel than male-headed households, with the northwest reporting the highest demand across the country ([HNAP](#) 25/03/2021). In GoS-held areas, fuel subsidies had already been significantly reduced in December, 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 ([OCHA](#) 20/01/2021).

Mid-March, the logjam of shipping in the Suez Canal exacerbated further the severe fuel shortages in Syria and government officials had to ration fuel following delays in the delivery of crucial oil tankers ([The Guardian](#) 28/03/2021, [Al Watan online](#) 27/03/2021). End of March, the Fuel Committee in Damascus had to cut the amount of gasoline allocated to private and public vehicles (taxis) by 50%, claiming a decrease in fuel demand, while the decision most likely attempted to cope with fuel shortages ([Al Watan online](#) 29/03/2021). In the northwest, airstrikes in March resulted in the destruction of the fuel market in Sarmada, along with a logistics centre and two gas facilities near the Bab Al-Hawa crossing ([OCHA](#) 26/03/2021), further limiting fuel availability in the area and constraining trade.

Limited supply of low quality fuel was already reported in the northeast in January, with 80% of surveyed fuel vendors mentioning limited manually refined petrol supply in the market, driving further up the prices for high quality diesel and petrol, mainly imported from Europe via Turkey ([REACH Initiative](#) 22/02/2021). In December, vendors in northwest Syria also reported that they had limited supply from their providers and import restrictions due to the

border closings were also main logistic challenges ([Reach Initiative 20/01/2021](#)). Dollar exchange, and transportation cost were also cited as main challenges ([NES Cash Working Group 20/01/2021](#)).

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

Unaffordability of fuel

In addition to rationing supplies, GoS also stopped subsidizing the most popular Octane-90 gasoline and set a unified price of 750 SYP per litre, a 60% price increase compared to last month ([The Syria report 23/03/2021](#)). As a result, the price of unsubsidized fuel also increased by more than 50%, from 1,300 SYP to 2,000, and the price of cooking butane gas by close to 40% ([AlJazeera 16/03/2021](#)). Already in February, fuel and diesel prices had already witnessed a sharp increase, with the informal national average price of transport diesel reaching almost SYP 1,200 per litre, more than 6 times the official diesel price of SYP 174 per litre. The northwest recorded the highest prices, especially in Idlib (SYP 2,230), followed by Aleppo governorate (SYP 1,600) ([WFP 28/02/2021](#)).

Furthermore, due to the fluctuation of the Turkish lira, fuel prices have also been impacted in northwest Syria in March, bringing the price of 1 liter of imported diesel to 5.5 TYR (+0.5 TYR), 1 liter of imported gasoline at 5.8 (+0.3 TYR), a gas cylinder at 84 TYR (+6 TYR) mid-March ([Syrian Observatory for Human Rights 23/03/2021](#)). For reference, the informal exchange rate in Idlib on 15 March was 572 SYP/TYR (approximately 0.13 USD at the time) ([sp-today 31/03/2021](#)). The northeast continued to have the lowest prices, however recorded the highest increases in February, with SYP 202 in Al-Hassakeh governorate, up by 35% in a month, followed by Ar-Raqqa governorate with SYP 658/litre, up by 66% in a month ([WFP 28/02/2021](#)).

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](#)).

Delays in delivery

Due to the depreciation of the currency, inflation, reduced capacity due to COVID-19 and fuel shortages, humanitarian programs have also been impacted, leading to delays in delivery. According to surveys across organisations, almost all actors reported an increase in operating costs since July. COVID-19 related restrictions, while mostly lifted, continue to impact service delivery as new modalities require additional staff or longer periods of activity ([OCHA & WHO 03/03/2021](#)).

4. Information gaps: what are we missing?

REVIEW OF COVID-19 ASSESSMENTS CONDUCTED IN JANUARY-MARCH 2021

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

SEPARATING COVID-19 EFFECTS FROM OTHER DRIVERS REMAINS A CHALLENGE

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

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

LACK OF INFORMATION ON GOS-CONTROLLED AREAS

Population awareness

COVID-19 information needs:

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

Information channels:

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

Barriers to implementing preventative measures:

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

COVID-19 RELATED IMPACT

Livelihood:

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

COUNTRY-WIDE

Accurate epidemiological data:

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

Treatment-seeking behavior:

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

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

Public perceptions of COVID-19 vaccines:

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

Impact on remittances:

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

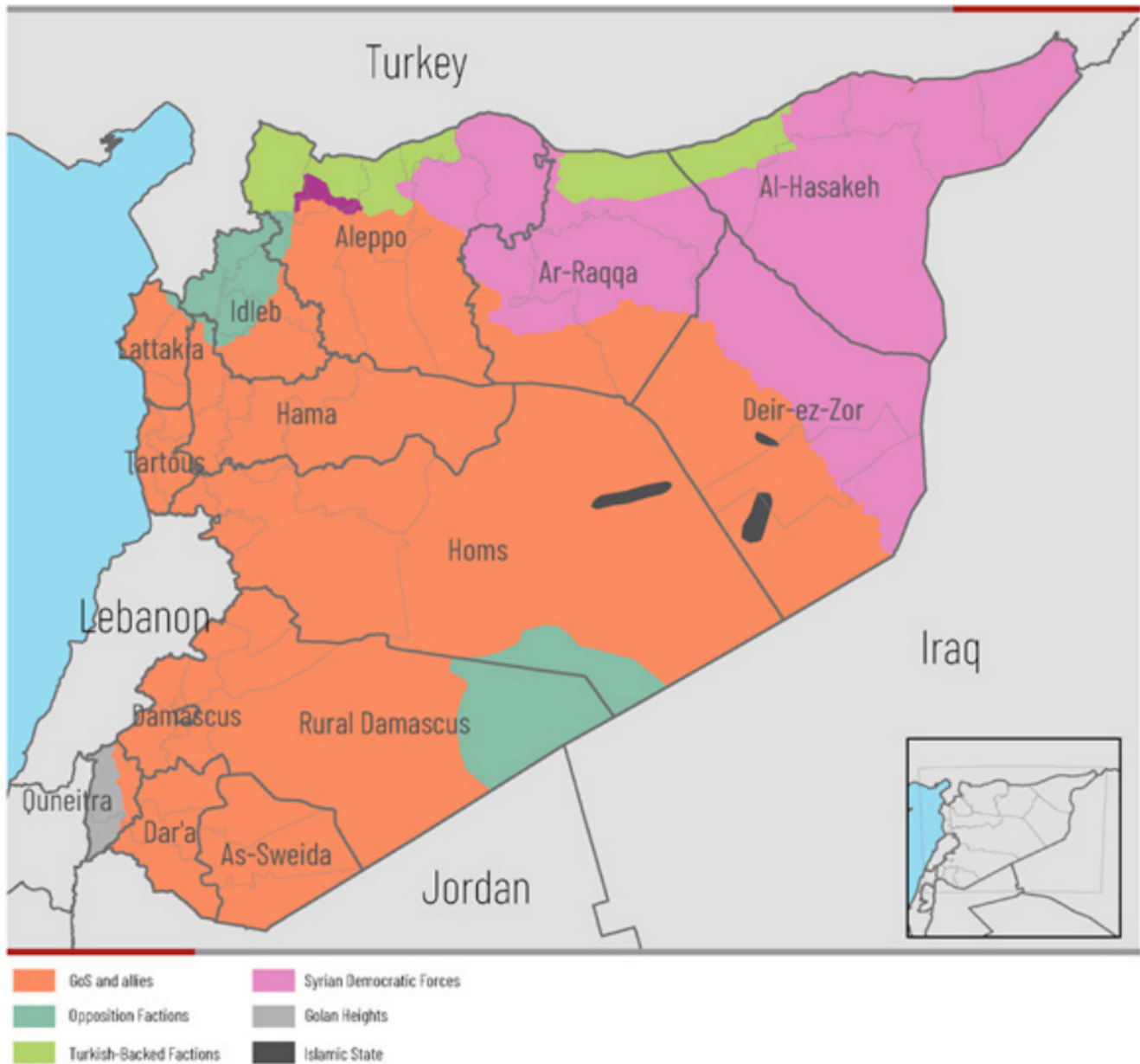
Nutrition:

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

Annex

CONTEXT

Map 4. Areas of Control in Syria ([Liveuamap](#), 08/11/2020).



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

Government of Syria (GoS)-controlled areas:

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

Northwest Syria:

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

Northeast Syria:

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

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

ABOUT THIS REPORT

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

Methodology.

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

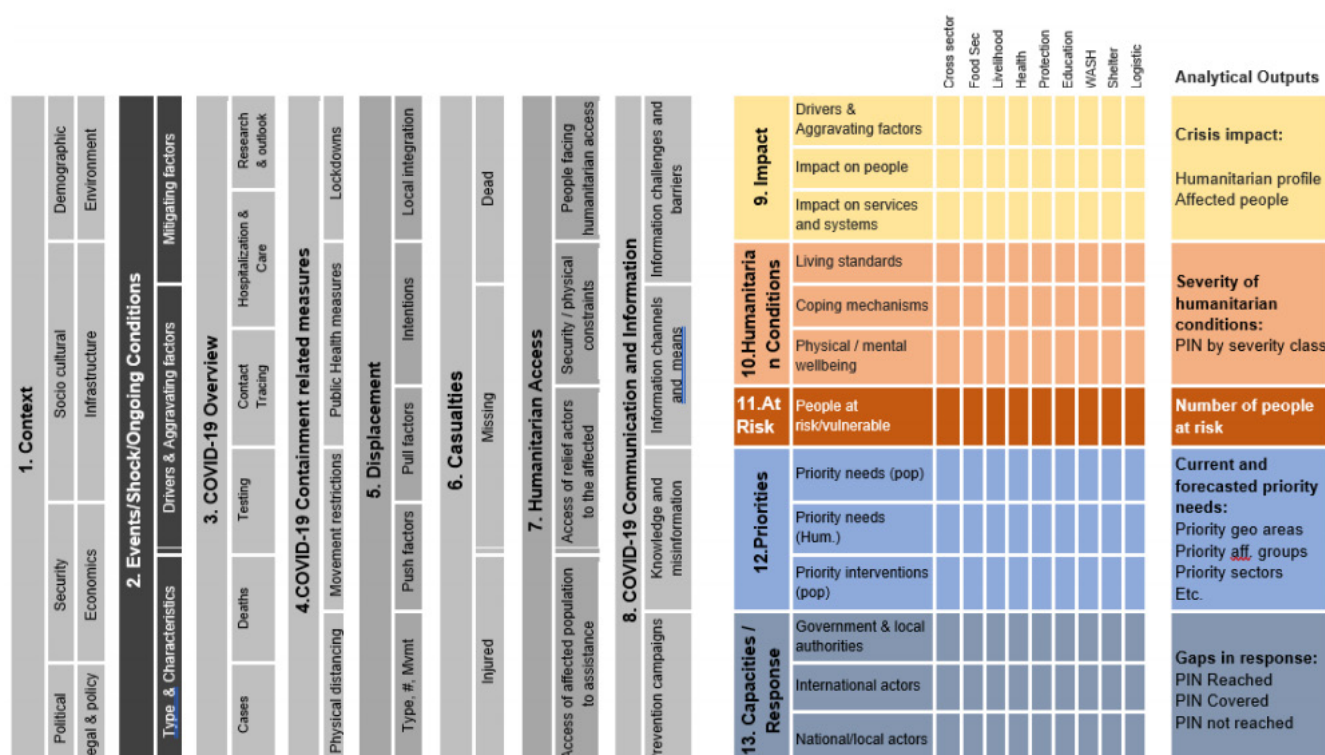
- Provides the entire suite of tools required to develop and derive quality and credible situation analysis;
- Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;
- Offers end user's with an audit trail on the amount of evidence available, how data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

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

The Secondary Data Analysis Framework

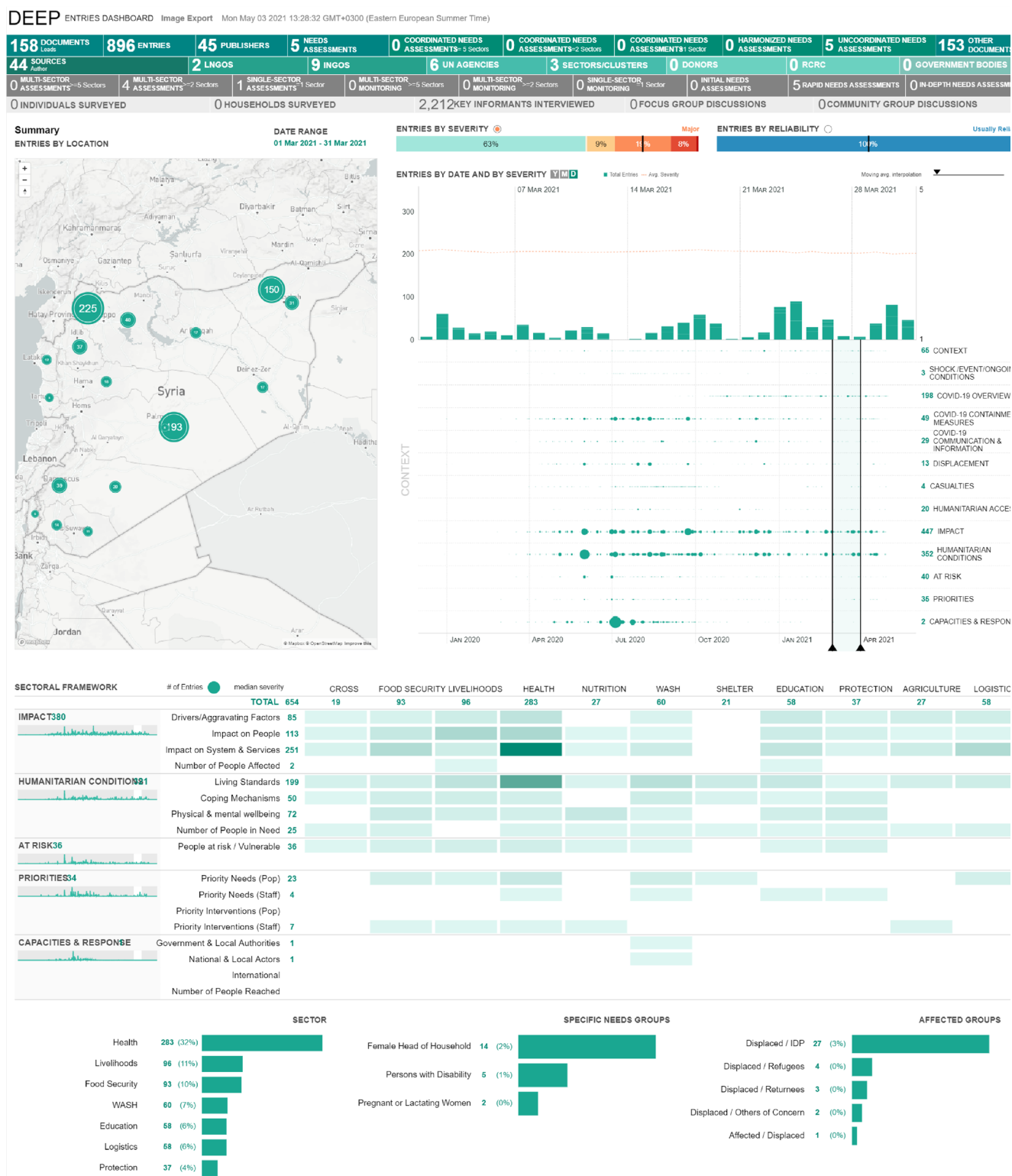
focuses on assessing critical dimensions of a humanitarian crisis and facilitate an understanding of both unmet needs, their consequences and the overall context within which humanitarian needs have developed and humanitarian actors are intervening. A graphic representation of the SDAF is available in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

Figure 17. Secondary Data Analysis Framework.



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

Figure 18. Information captured for Syria in DEEP between 01/03 and 31/03/2021.





Thank you.



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