



Main Implementing Partner



iMAP/DFS COVID-19

Situation Analysis

Update #4

Period: 22 November - 31 December 2020



SYRIA

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

Infection remains widespread despite a decreasing rate of newly reported cases

As of 31 December, a total of 39,800¹ cases (193 per 100,000) were recorded across the country ([MoH GoS](#), [WHO](#), [AANES](#)). Most of these cases were not linked to a suspected source, demonstrating widespread community transmission. Cases reported via schools increased four-fold, to 1,540 on 10 December compared to the prior month. Of these, 860 were reported among teachers and staff, especially in Rural Damascus, Homs and Hama governorates ([OCHA & WHO](#) 23/12/2020). The disease has stigma, and there is a reluctance to seek testing or treatment.

Government-held areas

As of 30 December, more than 11,200¹ confirmed cases had been recorded in government-held areas, including 696 deaths ([Syrian Arab News Agency](#) 30/12/2020), a 50% increase in official death mortality compared to a month earlier. Between mid-November and the end of December, the average weekly number of newly reported cases almost doubled, reaching 105, peaking mid-December. As only patients with severe conditions in hospitals and clinics are being tested, the real scale is likely even greater ([Syrian Arab News Agency](#) 16/12/2020). The low number of tests and lack of accurate information from the government means that case numbers are certainly a large undercount of the actual number of cases ([The Syria report](#) 16/12/2020). Reports of 100% bed occupancy rates have increased in December, notably in As-Sweida and Homs governorates ([OCHA](#) 16/12/2020).

Northwest Syria

As of 31 December, 20,300¹ total confirmed cases in Northwest Syria were reported, of which 9,197 were in Aleppo and 11,703 in Idlib governorates ([EWARN](#) 31/12/2020). The 50% increase in cases from 18 November to 21 December is due to higher testing capacities and rising rates of infection ([OCHA](#) 18/11/2020; [OCHA](#) 21/12/2020). In Idlib, 50% of ICU beds and 80% of ventilators are occupied continuously, with a peak at 80% ICU beds occupation in November, highlighting the drastic increase in cases ([Enab Baladi](#) 02/12/2020). Cases also appear to be rising in camps, with more than 1,800 cases reported as of early December. This represents about 10% of the region's total cases, of which half were recorded in the previous three weeks ([Humanitarian Response Coordinators](#) 08/12/2020).

Northeast Syria

As of 31 December, 8,100¹ cases have been reported in the northeast. The transmission rate slowed in late November following a lockdown ([OCHA & WHO](#) 09/12/2020). The weekly average number of cases continued to reduce, peaking at

¹ Large numbers (1,000+) have been rounded to the nearest 100. There is a possibility of duplicated detection of cases between reporting channels.

140 at the end of October, declined to 46 early December and 21 as of 3 January. A decrease in transmission appears to have occurred in some areas, such as Tabqa governorate but the figures might not necessarily provide an accurate reflection of the prevalence of infection across the region, as reduced testing capacity due to supply shortages complicates trend analysis. Similarly, while the positivity rate of samples declined from 42% in November to 31% in December, it is still far higher than the 5% WHO goal (AANES 03/01/2021, [OCHA](#) 09/12/2020). Among reported deaths at 9 COVID-19 facilities, about 40% died within 24 hours of admission and many others died within 48 hours. This late presentation to the centers highlights patients' reluctance to seek treatment and inadequate referral from other health facilities, resulting in delays in admission of COVID-19 patients ([OCHA & WHO](#) 09/12/2020).

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

Considering the limited number of tests being performed the actual number of cases and deaths likely far surpasses official figures. Official statistics show a rapid increase in cases, but the high positivity rate and death reports suggest that the true scale of the epidemic is largely underestimated. While the GoS officials announced in December 2020 that Syria was discussing with Russia to obtain the "Sputnik V" vaccine ([Middle East Monitor](#) 22/12/2020), it is unlikely that vaccination will be implemented in time to curb the current trend of rising infections.

Limited testing capacities

In government-held areas, as of 21 November, the Ministry of Health reported that laboratories in Damascus, Aleppo, Latakia, Rural Damascus, and Homs had conducted 64,000 tests ([OCHA & WHO](#) 30/11/2020). However, as PCR tests were limited in November to only critical cases admitted in health centers ([Syria TV](#) 20/12/2020), tests and cases do not reflect the epidemic's scale. Two new labs in northern Aleppo and Idlib governorates opened between September and early November, quadrupling daily testing capacity in northwest Syria to 800-1,000 tests ([OCHA](#) 21/12/2020, [OCHA](#) 09/12/2020). By the end of 2020 a total of 73,817 tests were recorded ([EWARN](#) 31/12/2020). A test kit shortage reduced testing in the northeast in December by 36%, with only 3,441 tests conducted (AANES 03/01/2021, [WHO & OCHA](#) 23/12/2020).

The testing rate is still far below what would be required to more accurately detect infection prevalence. Testing capacity overall is between 500 and 1,000 tests per day, compared to 12,000 daily tests in Lebanon which has a population that is three times smaller ([MedGlobal](#) 14/10/2020). Health authorities still struggle to keep up with the spread of the epidemic and to significantly scale up their testing operations. Contact tracing continues to be a challenge, notably in remote governorates and camps, due to lack of personnel, community stigma and individual reluctance to go to hospitals ([OCHA & WHO](#) 09/12/2020).

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

Issues with social acceptance of those infected and fear of stigmatization, or even bullying, by the community reportedly further prevents people from seeking a test or treatment ([Enab Baladi](#) 13/11/2020, [Al Jazeera](#) 05/10/2020). Many now consider COVID-19 "shameful" and hold COVID-19 patients responsible for their infection because they did not adhere to protective measures ([Enab Baladi](#) 13/11/2020). Health workers and health facilities are negatively being perceived and seen as "spreaders" of the virus. Social stigma and patients' reluctance to go to hospitals mean that

significant numbers of people with symptoms are likely not seeking care or are being treated at home, leading to further difficulty in ascertaining the real scale of the epidemic, as well as increasing the likelihood of such patients to develop more severe symptoms, 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). While anecdotal evidence continues to report this phenomenon, its scale remains difficult to ascertain. In the northeast, overall levels of hospitalizations in COVID-19 dedicated health facilities were low at the end of November, despite suspicions of widespread and rising infections among the population, due to the patients' reluctance to seek treatment ([OCHA & WHO](#) 09/12/2020). Awareness campaigns may have contributed in reinforcing this behavior in instances where going to hospitals was discouraged unless they had critical symptoms to avoid exhaustion of healthcare resources. In GoS-held areas, fear and deep distrust of state institutions are also driving people from reporting symptoms or seeking care, as patients refuse to go to public hospitals ([Physicians for Human Rights](#) 08/12/2020, [Enab Baladi](#) 13/11/2020).

Continued increases in transmission possible

As 59% of the population in the northwest are Internally Displaced Persons (IDPs) ([HNAP](#) 11/08/2020), and many live in overcrowded settlements ([REACH](#) 19/09/2020), contagion potential is high, compounded winter crowding. Crowding, inadequate shelter and poor access to basic services make it nearly impossible to properly adhere to physical distancing or other public health precautions and put IDPs at risk of COVID-19 infection ([Al-Araby](#) 20/11/2020, [Human Rights Watch](#) 15/10/2020). The Ministry of Health of the Syria Interim Government in the northwest estimated that around 64,000 people are at critical risk of infection ([The Syria report](#) 14/10/2020). In the northwest, around 40% of the adult population is estimated to have comorbidities and around 76,000 people are over 60 years old. Both factors could lead to poorer outcomes ([MedRxiv](#) 07/05/2020). Nationally, 1.8 million people are over 60 ([HNAP](#) 11/08/2020).

b. Containment measures

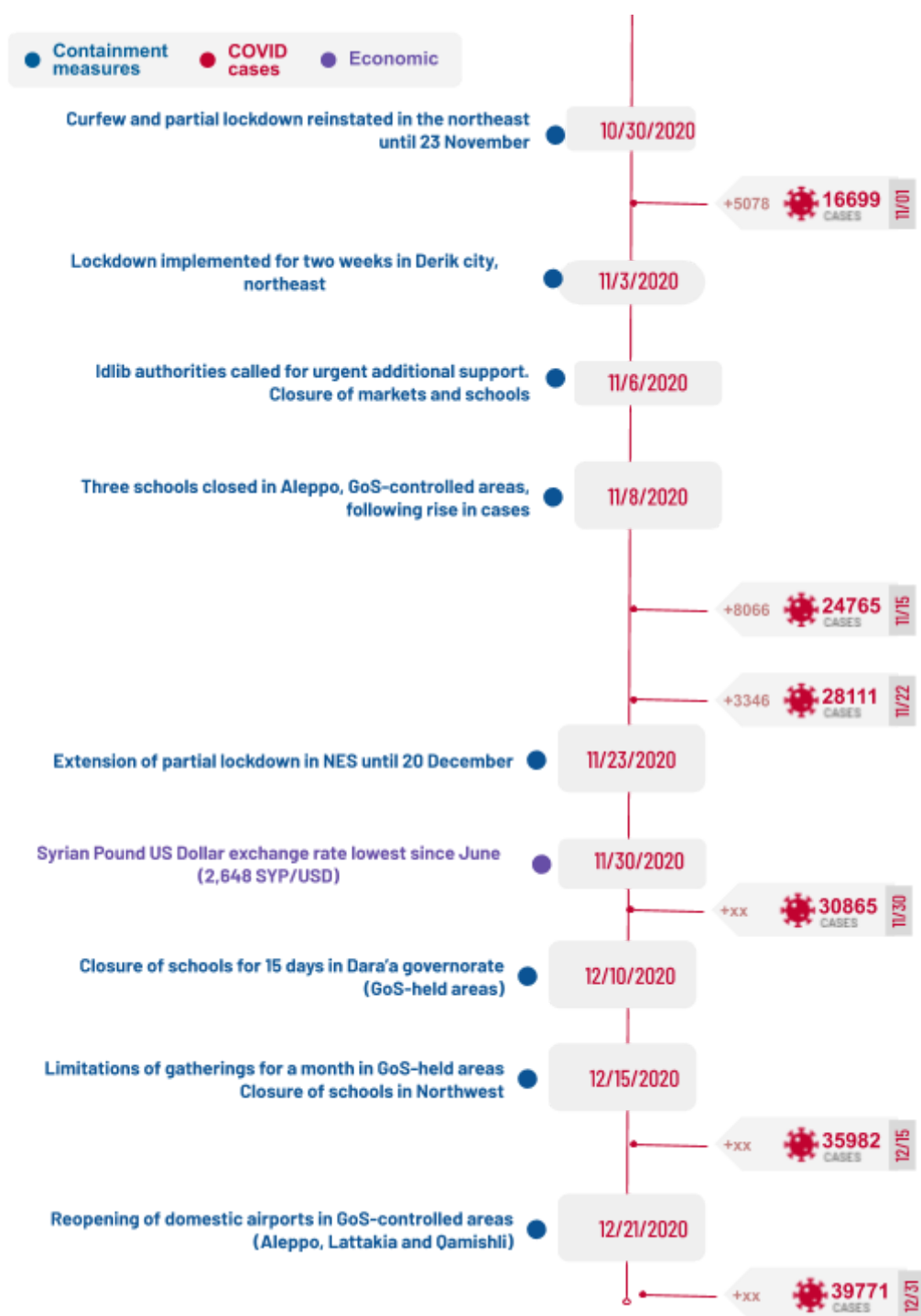
While authorities initially closed most public services and restricted movement, progressive relaxation of these containment measures took place during the summer. Since then, most activities returned to pre-COVID levels as authorities reduced and lifted containment measures and schools reopened across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

In GoS-held areas, mid-December, containment measures were tightened, with new limitations imposed on gatherings such as weddings and funerals in most governorates for at least one month ([Al Watan](#) 17/12/2020, [Sham](#) FM 14/12/2020, [Al-Khabar](#) 02/12/2020), and public health rules were more strongly enforced, with the penalty of arrests for anyone not complying in As-Sweida governorate ([Al Watan](#) 28/11/2020). A total lockdown seems not to be considered by the authorities due to the significant economic losses the previous one led to ([Syrian Observer](#) 11/12/2020). In Dara'a governorate, rising cases in schools led local authorities to shut down education facilities for 15 days in mid-December ([Enab Baladi](#) 10/12/2020). While new restrictive measures were put in place, travel remains relatively unimpeded. The domestic airports in Aleppo, Lattakia and Qamishli reopened on 21 December, at a rate of four flights per day, with no

PCR test required for domestic travel, which could result in further spread of the virus across the country ([Syria TV](#) 21/12/2020, [Syria TV](#) 16/12/2020).

In the northwest, education facilities were closed mid-December for a month and held only remotely online due to rising cases ([Syrian Interim Government](#) 15/12/2020).

In northeast Syria, containment measures were further tightened in November, building on the partial lockdown measures announced on 30 October, and since then extended until 20 December. Food shops were opened only until 4pm, places of worship were only allowed to open one time per week, while all major gatherings (weddings, funerals, conferences, etc.) were strictly prohibited. Education facilities were allowed to open as long as strict health procedures were implemented. A complete lockdown was imposed in Al-Hasakeh, Ar-Raqqa, Tabqa, and Qamishli cities for 10 days starting 26 November ([AANES Syria](#) 05/12/2020, [AANES Syria](#) 21/11/2020).



c. Preventative measures

Many people do not practice mitigation measures

While most people report being aware and having sufficient understanding about self-protection and preventive measures, only between 50 and 60% of the population report having sufficient knowledge of COVID-19 risk across the country in December ([HNAP](#) 07/12/2020), and not all community members report to be fully committed to adhering to protective measures. While general awareness of preventative measures seems to be improving, with surveys showing improvement in mask wearing in the northwest, critical gaps remain in abiding to the mitigation measures, with still reluctance to isolate when exposed to COVID-19 cases reported notably ([OCHA](#) 21/12/2020). Economic hardship and critical living conditions, especially in the winter season, limit the extent to which people are able to engage in such preventative efforts. While more than 70% of the population in northwest/northeast reports washing their hands more frequently than pre-COVID-19 ([REACH](#) 22/10/2020, [REACH](#) 22/10/2020), the cost of hygiene items, overcrowding in shelters, and low enforcement of mitigation measures by local authorities are key barriers to adherence.

Money is the main barrier to adhere to preventative measures

About 40% of the population in northwest and northeast Syria reported facing barriers to preventive measures. The main barriers are the high cost of protective supplies and not being able to forgo employment ([REACH](#) 22/10/2020, [REACH](#) 22/10/2020). The Northeast continues to report the lowest adherence to preventive guidelines, with 93% of households reported facing at least one barrier to implementing preventative measures, with the most reported barrier being a lack of money ([Rojava Information Center](#) 01/12/2020). The risk of income loss is also one of the main reasons driving people from reporting symptoms to avoid quarantine in the northwest (Protection Cluster 27/11/2020), likely explained by the overreliance on daily labour in this region (close to 50% of the population ([OCHA](#) 16/09/2020)).

Low risk perception

Risk Communication and Community Engagement efforts reached an estimated 15 million people by the end of September, yet survey information and anecdotal evidence suggest that the risk perception across Syria is very low, leading to low adherence to individual preventive measures that has been observed in some communities. There is a lack of strong enforcement and inadequate communication by government authorities to the population about the likely scale of undetected transmission.

Figure 1: Proportion of communities enforcing mask-wearing, as reported by community focal points (HNAP 18/12/2020)²

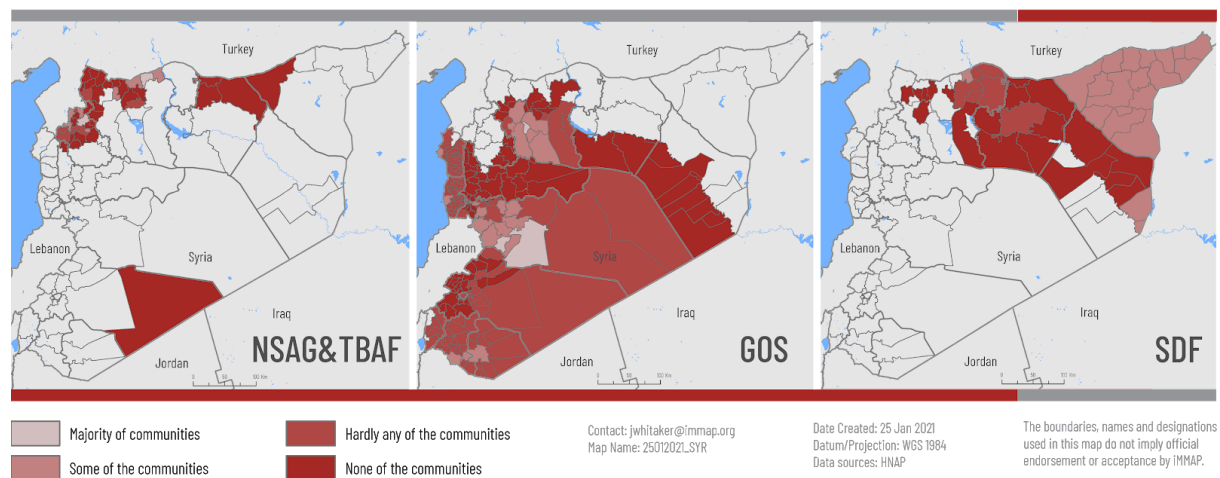
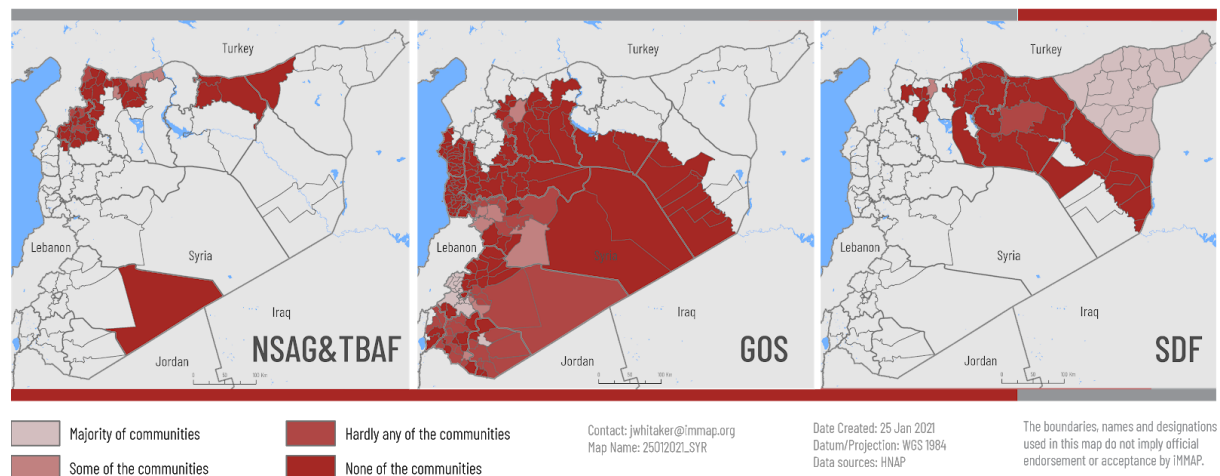


Figure 2: Presence of social distancing measures in public places among communities, as reported by community focal points (HNAP 18/12/2020)²



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

2. Drivers and humanitarian consequences

a. Drivers

An already fragile health system

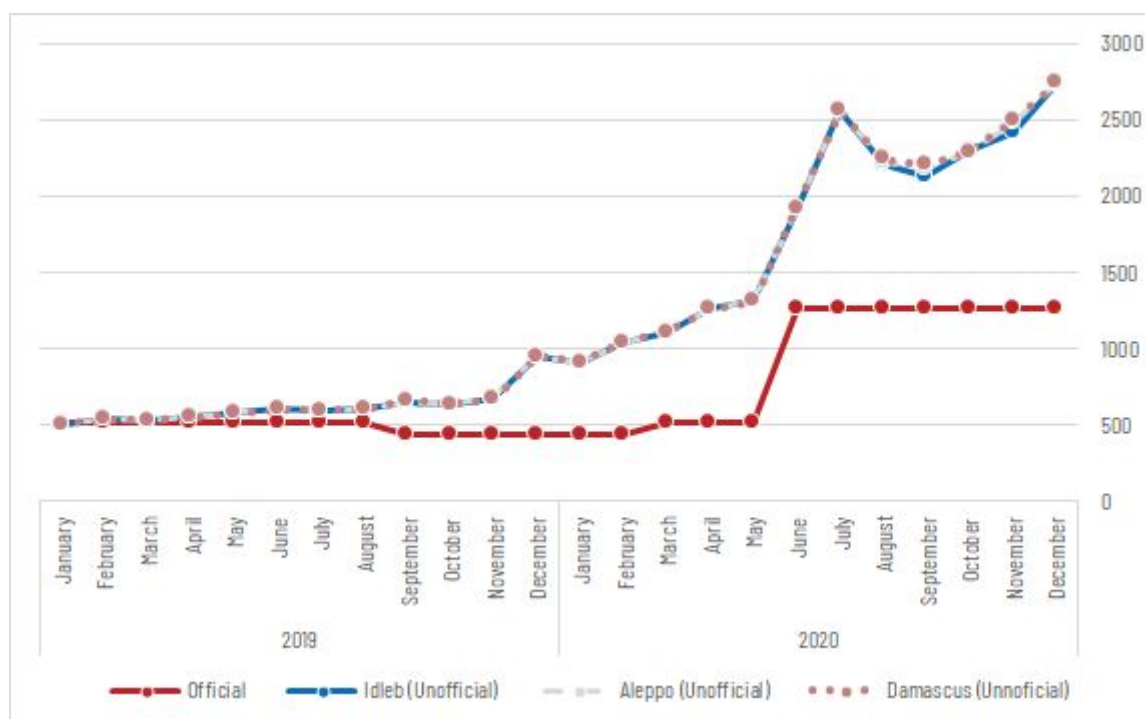
The health system was neither prepared nor capable of dealing with the pre-existing health needs, and even less so the COVID-19 epidemic. In December 2019, about 50% of the 113 hospitals across the country considered partially or fully non-functioning ([Health Cluster](#) 04/2020, [WHO](#) HeRAMS 2019)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

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

While precautionary measures against the spread of the virus were crucial to containing transmission, they exacerbated socio-economic vulnerabilities and created new humanitarian crises by reducing availability and access to basic services and employment opportunities, adding another layer of complexity in the humanitarian response. The decade of conflict, inflation, and regional shocks had already fragilized the Syrian economy, but COVID-19 restrictions since March further heavily impacted employment opportunities across the country, devaluing salaries and pushing up prices of basic goods and further increasing dependence on negative coping mechanisms. Economic experts from Damascus University estimated the economic losses due to the COVID-19 lockdown measures of 1 trillion Syrian Pounds (SYP) per month, amounting to four trillion in total (USD 1.5 million) ([Al Watan](#) 11/04/2020), representing almost half of the 2021 Syrian Government budget ([Atlantic Council](#) 01/12/2020).

As a result of the pre-existing economic crisis, coupled with COVID-19 restriction measures and, in June 2020, the implementation of new US economic sanctions, the Syrian Pound devalued faster over the first six months of 2020 than over the past nine years of the conflict ([World Vision](#) 01/07/2020). The value of the Syrian Pound continued to weaken at the end of 2020 on the informal exchange rate market and reached a monthly average of SYP 2,638 per USD in November 2020, more than a 10% depreciation compared to October, outpacing its previous low record of June 2020 ([WFP](#) 30/11/2020). The regional economic downturn further reduced economic flows into Syria. The yearly \$1.6 billion of remittances ([Syria Direct](#) 12/04/2020) support about 1 million Syrians (or 200,000 households). These remittances declined by 50% in 2019/2020 compared to 2017 ([OCHA & WHO](#) 29/10/2020). Similarly, due to COVID-19 restrictions, the reduced inflow of foreign currency by expatriates and tourists further weakened the Pound ([The Syria report](#) 25/11/2020). Despite an official exchange rate of 1,250 SYP per USD, the GoS itself has had no other recourse but to use the unofficial exchange rate. On 1 December, the Syrian Central Bank issued a special US dollar official exchange rate for conscription exemption payments – the new special exchange rate is reportedly 2,550 SYP per USD, much closer to unofficial rates ([Enab Baldi](#) 14/12/2020).

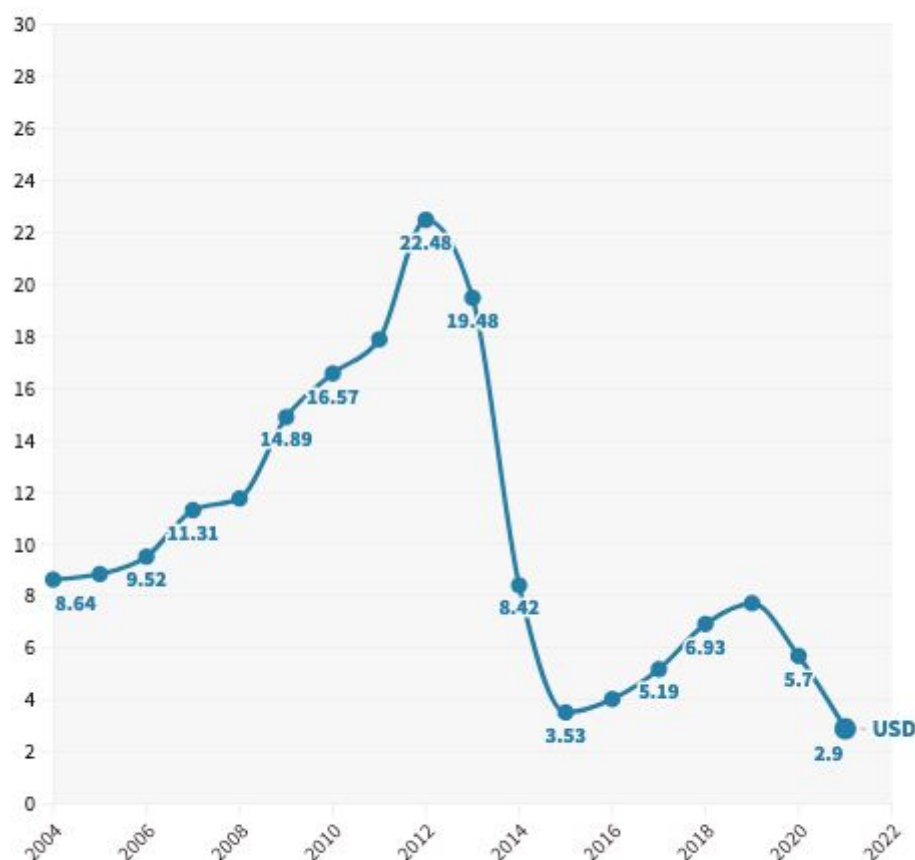
Figure 3: Informal SYP/USD exchange rate on the first of each month in Damascus, Aleppo and Idlib and the formal rate of the Central Bank of Syria ([sp-today](#) 01/12/2020)³



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

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

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



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

Basic infrastructure severely impacted by a decade of conflict

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

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

COVID-19 added more pressure on a fragile health care system, already deeply affected by almost a decade of conflict. Before the pandemic, the World Bank estimated that "more people may have been killed in Syria due to a breakdown of the health system than due to direct fatalities from the fighting" ([World Bank](#) 10/07/2017). The deliberate targeting of hospitals and medical workers in opposition-held areas has contributed to more than 70% of the healthcare workforce leaving the country, leaving Syria vulnerable to this health crisis ([OCHA & WHO](#) 07/10/2020, [OCHA](#) 06/03/2020). As a

result, there are few specialists left to handle COVID-19 patients (pulmonology, intensive care, infectious diseases, infection prevention and control, etc.) ([Migration and Health](#) 03/07/2020).

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

Forty-three percent of the education infrastructure was estimated to be non-functional in Syria by 2017, with secondary and vocational schools among the most targeted, with more than 14% of the buildings fully damaged ([World Bank](#) 10/07/2017). The number of teachers in the formal education system is less than half the pre-war level ([World Bank](#) 06/02/2019). The education system was therefore unprepared to shift to online learning, with 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).

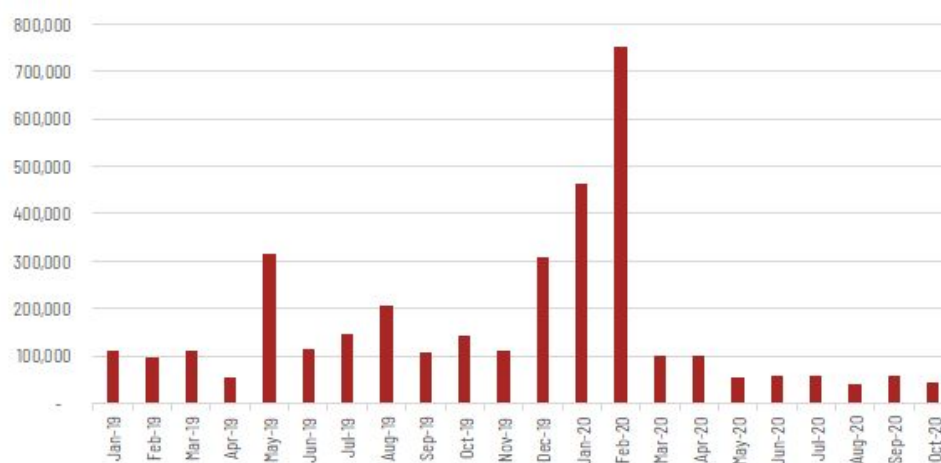
b. Displacement

Reduced movements in 2020

Since February 2020, the population has been experiencing different lockdown and other COVID-19 related movement restrictions, which could partially explain the decrease in displacement flows and conflict intensity. There were 160 battle⁴ events recorded by ACLED in August compared to close to 400 in February ([ACLED](#)). Between January and October, 97% of estimated displacement was reported to be within-governorates, notably in Aleppo and Idlib governorates ([IDP Task Force](#) 12/2020).

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

Figure 5: Estimated IDP movements by month, 2019-2020 (CCCM, HNAP & OCHA 10/2020)



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

Thirteen of the 29 land border crossings are fully closed since July 2020, notably due to new COVID-19 restrictions. The impact of these closures on cross-border movements has been significant: about 900 people left Syria between March and August 2020, compared to almost 6,800 during the same period in 2019 (WFP & IOM 09/11/2020).

c. COVID-19 related humanitarian consequences

Inability to meet basic needs

In November and December, around half of the surveyed households reported that they had lost one or more income sources due to COVID-19 related restrictions over the past month. More than a third lost more than half of their monthly salary each month since October. Nearly half of returnee households, and slightly less among IDPs and residents, reported job lay-offs in December. In government-controlled areas such as As-Sweida governorate, two-thirds of households report losing one or more sources of income due to the pandemic in November and December, 15% to 25% having lost almost entirely their November or December income (WFP 31/12/2020, WFP 30/11/2020). In mid-October, the GoS announced new economic measures, including a restructuring of income tax brackets. This is unlikely to provide assistance to the poorest households (OCHA & WHO 30/11/2020). In the northeast, half of the surveyed households in Ar-Raqqa governorate reported losing one or more income sources due to the pandemic in December. Almost one out of four households lost all their December income (WFP 31/12/2020). COVID-19 seems to have more strongly disrupted livelihoods in the northeast, with over half of the assessed communities reported being negatively affected, compared to 40% in the northwest (REACH Initiative Northeast 21/12/2020, REACH Initiative Northwest 21/12/2020). Data by HNAP also confirms such a trend, with IDPs households in the northeast more likely to report COVID-19-related reasons as a barrier to employment (26%) than in other regions (HNAP 16/12/2020).

Increased use of negative coping mechanisms

As the economic downturn has been impeding households' ability to meet their basic needs, negative coping mechanisms are increasing. While in November, the national average reduced Coping Strategy Index (rCSI)⁵ slightly decreased, it reached its highest national average in December since 2020 (18.5), with around 85% of the interviewed households still reported resorting to at least one food-based coping strategy to cover their essential food needs. This was especially the case among female-headed households (92%) and the [displaced populations](#). After months of increased food prices and income losses, most people seem to have exhausted their capacities to cope, with more than 80% of interviewed households reported having already depleted their savings in November or December. rCSI scores peaked in Al-Hasakeh in December and remained higher than the average in Deir-ez-Zor, Dara'a, As-Sweida and Rural Damascus ([WFP 31/12/2020](#), [WFP 30/11/2020](#)). The most commonly reported food-coping strategies were consuming less preferred or expensive food, borrowing money, cutting other expenses to buy food, skipping meals, restricting adult consumption to feed children, and consuming low-quality food ([REACH Initiative Northwest 21/12/2020](#), [REACH Initiative Northeast 21/12/2020](#), [WFP 31/12/2020](#)).

In [GoS-held areas](#), more than two-thirds of the population reported buying food on credit, with the highest share recorded in As-Sweida (81%) in November ([WFP 30/11/2020](#)). In the [northwest](#), high reliance on debt, credit, loans, remittances, and humanitarian assistance was reported by the population to meet their needs ([FAO 23/12/2020](#), [REACH Initiative Northwest 21/12/2020](#)). Similar strategies were reported in the northeast, although to a lower proportion, with fewer residents relying on humanitarian assistance than in the northwest ([REACH Initiative Northeast 21/12/2020](#)). Among IDPs, coping mechanisms such as borrowing money or buying on credit have also been widely reported, as well as child labor, which was mostly reported in the northeast, and for households with members with disabilities, a disproportionate amount of household spending further increases reliance on negative coping mechanisms and reduces resilience to economic shocks ([HNAP 16/12/2020](#)). In Al-Hol camp in the northeast, spending savings, selling assets and early marriage were also mentioned in October ([REACH Initiative 26/12/2020](#)).

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

i) [Health: Overwhelmed healthcare system](#)

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

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

High medical costs are a major barrier to healthcare access

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

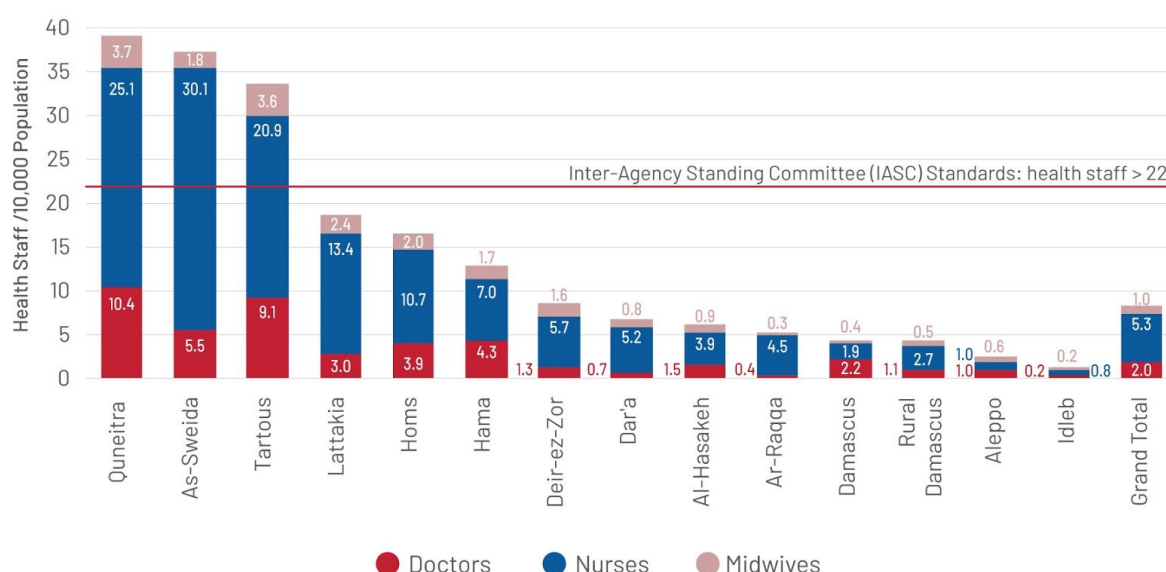
Fourteen percent of households reported challenges in accessing medical care in November and December. The rate was almost doubled in As-Sweida governorate ([WFP](#) 31/12/2020). More than a third of interviewed households reported not being able to purchase the necessary medicines, primarily due to lack of financial resources (71%) and shortage of medicines in pharmacies (21%) in November ([WFP](#) 30/11/2020), and close to half of the surveyed households in Dara'a, As-Sweida and Quneitra governorates could not buy their medicines in December ([WFP](#) 31/12/2020). In government-held areas, the inability to purchase medical supplies was also reported, notably in Dara'a governorate ([Albaath Media](#) 05/12/2020). The high cost of transportation to functioning public facilities was noted in Dara'a and Damascus ([Physicians for Human Rights](#) 08/12/2020). In the northwest, almost half of the communities reporting barriers to access healthcare cited the high cost of health services as a common challenge ([REACH Initiative](#) Northwest 21/12/2020). Prohibitive medicine costs, especially since the closure of crossings, was also a challenge ([FAO](#) 23/12/2020). This appears to be more of an issue in the northeast, with close to 80% of communities having restricted access to healthcare citing high cost as the main barrier ([REACH Initiative](#) Northeast 21/12/2020).

Overstretched healthcare system due to a lack of availability of equipment and staff

The scarcity of health centers, ICU beds, ventilators, medicine, and staff has hampered the health response to the epidemic. In the northwest, there were only nine dedicated COVID-19 hospitals, and 36 isolation and treatment centers, for a population of 4 million people as of mid-November ([Médecins Sans Frontières](#) 11/11/2020). Increasing reports continue to highlight the lack of availability of adequate equipment at medical facilities such as swabs, test kits, PPEs and oxygen tanks. PPEs availability continued to be reported as insufficient across the country ([OCHA & WHO](#) 23/12/2020). In Dara'a governorate, in the GoS-held area, following rising infections, the health Directorate announced mid-December that it had been unable to secure oxygen tanks and PPEs ([Syria TV](#) 18/12/2020). Similarly, the governorate experienced a shortage of PCR swabs for more than a week in December, resulting in significant testing delays ([Syria TV](#) 20/12/2020). In the northeast, several local Health Committees reported shortages in swabs, limiting sample collection ([OCHA & WHO](#) 30/11/2020). To cope with the lack of healthcare, patients have rented oxygen tanks and ventilators at expensive fees ([Amnesty International](#) 12/11/2020), above the already expensive average price of about 42,000 SYP (USD 15) ([Enab Baladi](#) 26/11/2020).

In GoS-held areas, in Salhad city, in As-Sweida governorate, according to a hospital director, all departments were closed due to lack of medical staff ([Al Watan online](#) 02/12/2020). In Dara'a governorate, most doctors left or have been dismissed by the local authorities as they had been accused of working with the opposition ([Middle East Eye](#) 10/12/2020). Shortage of health staff was reported as a barrier to access healthcare in about 15% of communities in northern Syria ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020).

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



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

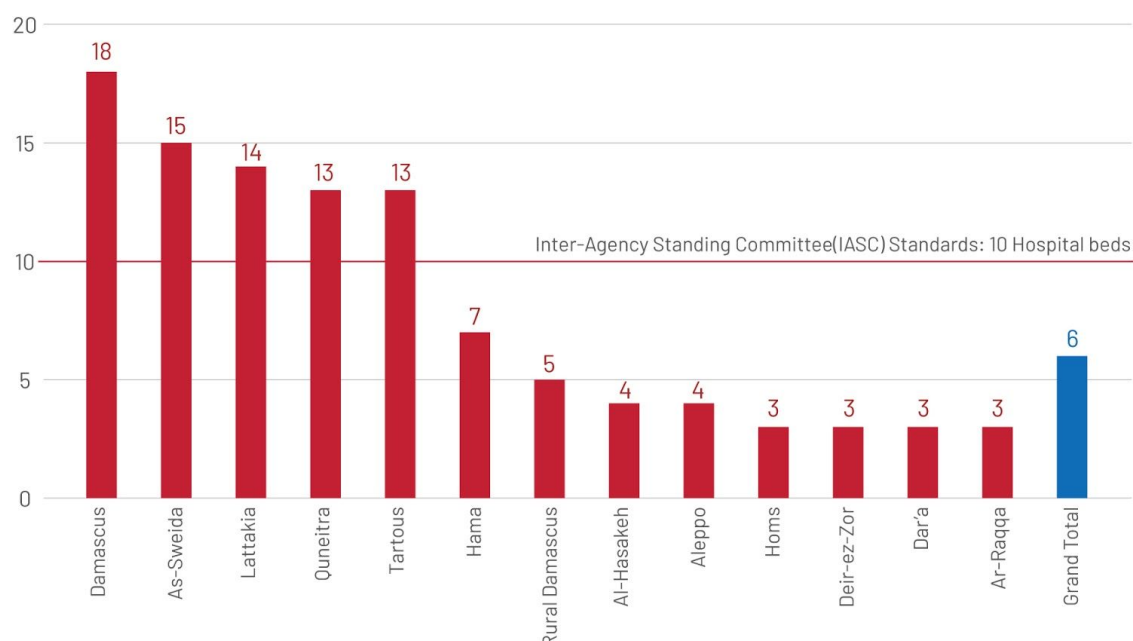
Of particular concern is the high number of health workers affected by the disease, with 239 reported cases among health staff in GoS-held areas as of 8 December (OCHA & WHO 09/12/2020) and 637 in the northeast as of the end of December (OCHA & WHO 23/12/2020). In the northwest, 9% of current cases are among healthcare workers in December, with an additional 4% among auxiliary workers in the health sector (OCHA 21/12/2020). While this high ratio can be explained by the targeting of tests for healthcare workers, the effect on the healthcare system remains devastating. As of 30 November, there were 77 health staff from humanitarian organizations in self-isolation/quarantine, with a further 56 who had been in self-isolation or quarantine at some point during the month (OCHA & WHO 09/12/2020). The steady increase in affected healthcare workers across the country since July further disrupts the fragile healthcare system, facing already insufficient numbers of qualified healthcare personnel and preventive kits resulting in an overstretched healthcare capacity.

The healthcare system is overwhelmed

"[We are] completely helpless in the face of the unprecedented magnitude of the disaster"
 Health Directorate Director in Homs (Enab Baladi 26/11/2020).

In November-December 2020, cases exceeded most health centers' capacity. In GoS-held areas, bed occupancy rates of 100% were reported in As-Sweida, Homs, and Dara'a governorates and up to 80% in Idlib governorate (OCHA & WHO 16/12/2020, Syria TV 20/12/2020, Enab Baladi 02/12/2020, Enab Baladi 26/11/2020). Some health facilities had to suspend surgeries as all health personnel are mobilized to attend to COVID-19 patients (Tishreen news 03/12/2020, Enab Baladi 13/11/2020). Health facilities in some areas are turning away patients (Albaath Media 03/12/2020). Overcrowding in health facilities has been reported as a barrier to healthcare access in close to half of the communities in the northwest and about a quarter in the northeast (REACH Initiative Northwest 21/12/2020, REACH Initiative Northeast 21/12/2020).

Figure 7: Number of hospital beds (including ICU) / 10,000 population in public hospitals, December 2019 (WHO HeRAMS 2019)



ii) ***Livelihoods: Inflation and reduced employment opportunities resulting in fewer households able to meet their basic needs***

Inflation

The pandemic, and its related government preventive measures, added to the already worsening economic situation and caused widespread inflation across all commodities since March 2020. In both the northwest and northeast, insufficient income was widely reported as a barrier to meet basic needs, 95% in the northwest and 87% in the northeast ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). A recent assessment by Kassiou, a Syrian newspaper, estimated that the average Syrian family's cost of living has increased by 74% since the beginning of 2020. To have a comfortable standard of living, a Syrian family would need 700,000 SYP (USD 304) per month, while currently, the average public sector salary is around 55,000 SYP (USD24), leaving most families unable to meet their basic needs ([Kassiou](#) 05/11/2020, [Atlantic Council](#) 01/12/2020). As a result of price inflation, many households are forced to prioritize their spending among food, heating, health or abiding by COVID-19 mitigation measures.

Lack of employment

The economic effects of COVID-19 precautionary measures have been felt even more significant among the informal sector workers, relying on daily income for essential goods and services, notably in the agricultural sector and IDPs. 31% of IDP households reported daily labor as their primary livelihood activity, and 49% reported it as one of their income-generating activities, with northern Syria reporting the highest share of displaced households reporting daily

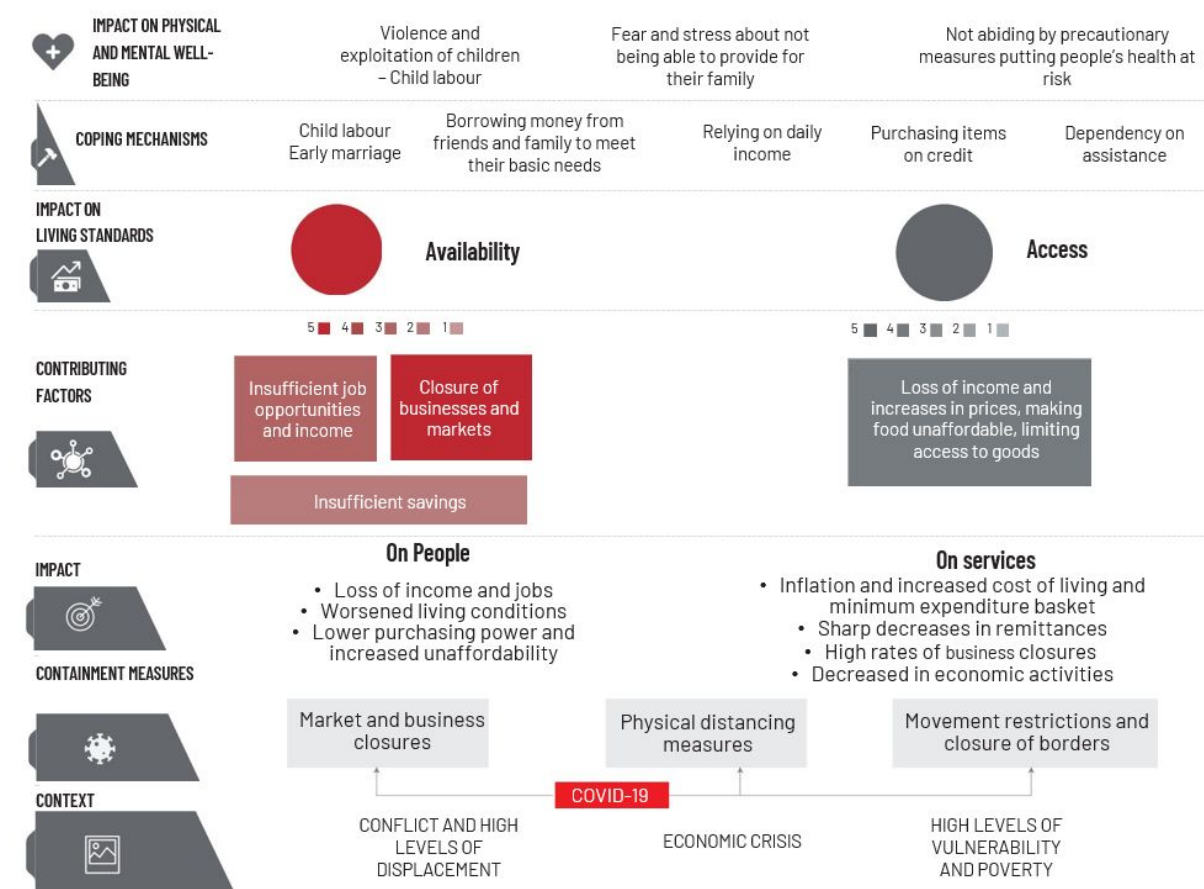
labor as their main source of livelihood (53%) ([HNAP](#) 16/12/2020). Daily labor was reported to be widely disrupted in the northeast, in over 70% of communities, and to a lower extent in the northwest, in over a third of communities ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020).

In GoS-controlled areas, according to the Ministry of Social Affairs and Labor, more than 320,000 people registered for the National Campaign for Emergency Social Response (OCHA & WHO 02/09/2020). Lack of employment was high in northwest and northeast, with a significant proportion in the former (75% and 54%, respectively) ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). Among IDPs, this was also the first barrier to employment or diversifying income reported, even more widely among camp households (84% compared to 67%) ([HNAP](#) 16/12/2020).

Displaced populations are the most vulnerable to income insufficiency

Displaced populations widely suffer from income insufficiency, particularly those displaced in the past six to twelve months who reported the lowest national average household income ([HNAP](#) 16/12/2020). Among IDPs, a sufficient income was estimated to be around 250,000 SYP (104 USD), yet most were unable to secure such an amount, with more than 80% of displaced families across the country reported that their income does not cover their needs ([OCHA & WHO](#) 16/12/2020). Female-headed households were reported to be especially vulnerable, with on average earning 35% less than their male counterparts (121,000 SYP (50 USD)). In northern Syria, the gap was even wider, with female-headed households' income reported to be only at about 82,000 SYP (35 USD), 58% less than the one of male-headed households in the region ([HNAP](#) 16/12/2020). More than a third of displaced households are headed by a member with disabilities, significantly affecting the household's ability to secure sufficient economic resources ([HNAP](#) 16/12/2020). KIs in 39% of communities in the northwest and 29% of communities in the northeast reported the lack of employment opportunities for persons with a disability ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020).

Problem tree Livelihoods



iii) **Food security: Sharp increase in food insecurity levels due to an increase in food prices, shortages of staple foods, and movement restrictions**

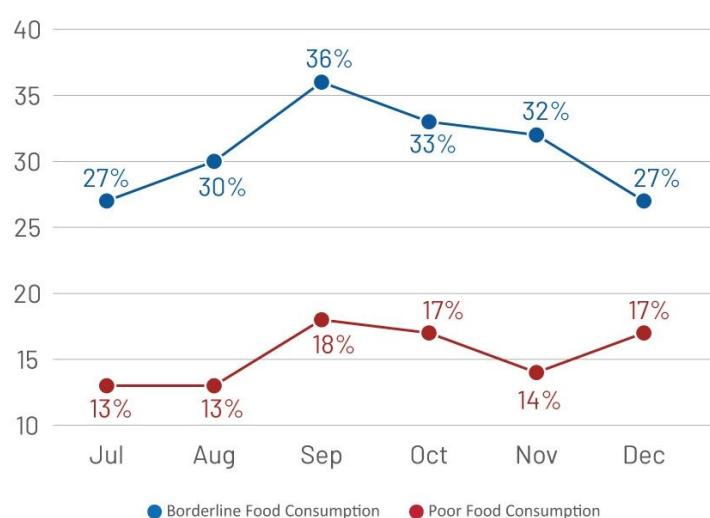
The effects of COVID-19 mitigation measures, the loss of job opportunities, particularly for those relying on daily wage labor or seasonal work, and the continued rise in food prices, led to a significant deterioration in food security indicators, with even more households unable to meet their food needs.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

While the food security situation worsened before COVID-19, with already a depreciation of the Syrian Pound and increases in fuel and food prices since late 2018, the deterioration has since accelerated. Food insecurity in Syria remained at critical levels. In December, around half of households surveyed by WFP reported inadequate (poor and borderline) food consumption⁶, similarly to October and November, close to a 40% increase compared to the levels

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

recorded a year ago. In addition to an overall increase in inadequate food consumption in 2020, the significant deterioration of food security conditions is further highlighted by the increase in the share of poor food consumption: around one out of four households who had reported borderline food consumption since July was categorized, in December, as having poor food consumption. In December, Aleppo, Ar-Raqqa, and Hama governorates, recorded the households' highest share with inadequate food consumption (around 50%). The most significant monthly increase was reported in Dara'a and As-Sweida governorates, up by more than one-third of respondents in December. The prevalence of inadequate food consumption was higher among returnees (55%) compared to IDPs (47%) and residents (40%), a two-fold rise of the poor food consumption level recorded a month earlier. While residents seem to be better off compared to displaced populations, the share of households with poor food consumption peaked in October, increasing by up to 30% compared to September, the highest level in 2020, before going back to September levels in November and December (WFP 31/12/2020). According to REACH, the loss of income, as well as rise in food prices, linked to the end of the agricultural season and the increased reliance on costly imported fresh food items, resulted in insufficient food consumption for about 40% of households in the northeast (REACH Initiative Northeast 21/12/2020, WFP 23/11/2020).

Figure 8: National average level of poor and borderline food consumption in the last six months (WFP 31/12/2020)



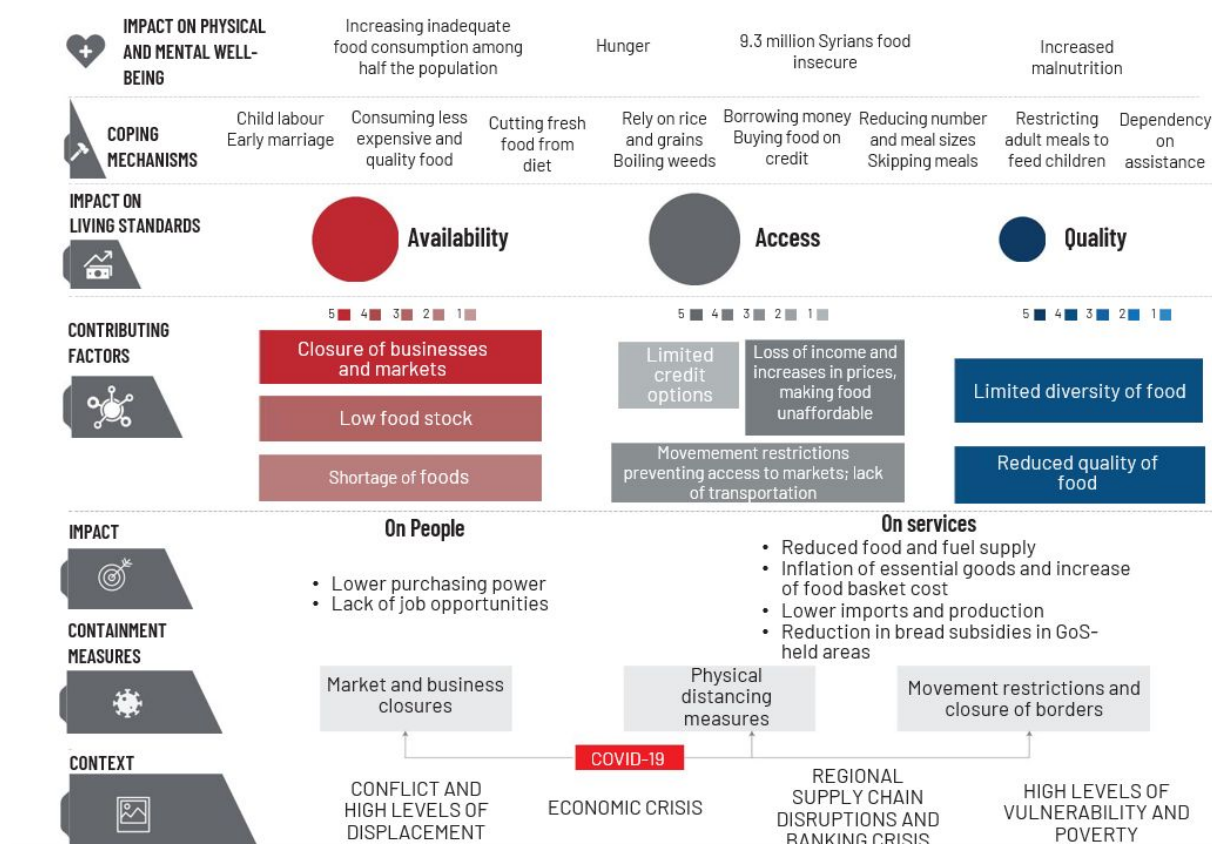
Increase in food prices and unaffordability of food

In the northwest and northeast Syria, among the more than 95% of KIs communities reporting barriers in accessing sufficient food, between 83 and 84% of communities reported the high cost of food as a common challenge (REACH Initiative Northwest 21/12/2020, REACH Initiative Northeast 21/12/2020). The national average price of a standard reference food basket continued to increase in November, particularly in Idlib governorate, standing at SYP 99,243 and the highest recorded price since WFP started monitoring prices in 2013, exceeding the highest-paid official government monthly salary of about SYP 80,000. In November, the national average food basket price was 75% higher than six months ago and 251% higher compared to November 2019 (WFP 28/12/2020). The latest increases in the food basket price were largely driven by the doubling in subsidized bread prices in government-controlled areas, due to fuel shortage and depreciation of the currency (WFP 28/12/2020).

Unavailability of food

In the northwest and northeast Syria, among the more than 95% of KIs communities reporting barriers in accessing sufficient food, about a third reported unavailability of a particular food as a challenge ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). Availability of cheaper food indeed was reported to have reduced in the northwest markets due to the closure of bazaar because of COVID-19 restrictions, previously the source of cheaper food items ([FAO](#) Northwest 23/12/2020). In the northeast, the import of fresh food products has been restricted, resulting in limited availability ([Enab Baladi](#) 19/12/2020).

Problem tree Food Security



iv) Nutrition: Rising malnutrition due to inadequate and less diverse diets

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

In northwest Syria, the prevalence of chronic malnutrition among under-five children increased from 19% to 34% between May 2019 and October 2020 ([Nutrition Sector](#) 08/12/2020). While about one out of eight children in Syria is chronically malnourished, this ratio is worse in areas hosting displaced populations, such as in the northeast, Rural Damascus, Idlib (1 out of 5 children), and Aleppo (1 out of 4 children) ([OCHA](#) 30/12/2020). The prevalence of acute malnutrition doubled over the same period, now reaching the severe emergency standard of 2% ([OCHA](#) 21/10/2020), with

severely malnourished children in need for hospital admissions increased by over 70% since March 2020 compared to the same period in 2019 ([OCHA](#) 21/12/2020, [Nutrition Cluster](#) 08/12/2020). For Pregnant and Lactating Women, the proxy prevalence of acute malnutrition across northwest Syria is at 11% ([OCHA](#) 21/10/2020), with between 20 and 37% of mothers reportedly malnourished in northwest Syria ([OCHA](#) 21/12/2020, [Nutrition Cluster](#) 08/12/2020).

With increasing levels of food insecurity throughout 2020, as a result of COVID-19 disruptions and related worsened economic conditions, diet quality and diversity have likely been deeply affected. The high price of suitable food or formula was the most commonly reported challenge to feed young children, reported by KIs in between 93 and 94% of communities ([REACH Initiative](#) Northeast 21/12/2020, [REACH Initiative](#) Northwest 21/12/2020). According to October mVAM data, around 60% of surveyed households reported a decrease in their consumption level of protein-rich foods, only eating animal-sourced protein or pulses fewer than two times a week, likely driving a further deterioration of the nutrition situation ([WFP](#) 23/11/2020). The risk of increased malnutrition among mothers and children is of serious concern ([Nutrition Cluster](#) 08/12/2020).

ix) Agriculture: Rise in agricultural inputs' prices

Overall, limited impact on farming activities was reported due to COVID-19 and public health measures. Across the country, farmers were able to plant 70% of the land allocated for cereal production ([FAO](#) 10/04/2020). In the northwest and northeast, about 30% of community focal points reported that agriculture-based livelihoods had been partially affected by COVID-19; this is the least affected of the livelihood sectors included in the survey ([REACH](#) 10/2020).

The main effect of the pandemic on agriculture activity has been on the prices of inputs. 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 agriculture inputs and products since March ([Food Security Cluster](#) 28/12/2020, [FAO](#) 22/12/2020). In the northeast, agriculture as a source of income was reportedly affected in 37% of communities ([REACH Initiative](#) Northeast 21/12/2020). Across the 35 sites monitored by FAO in October across Homs, Hama, Aleppo, Tartous, Deir-ez-Zor, Rural Damascus, Al-Hasakeh and Dara'a governorates, most of the agricultural input's prices continued to increase by 20% on average compared to September and by close to 50% compared to July, with the highest reported for barley seed (about 50% increase) ([FAO](#) 22/12/2020, [FAO](#) 03/12/2020). While reportedly available, pesticides also remained, on average, too expensive for most farmers ([FAO](#) 22/12/2020). Fodder prices also kept rising, at an average of 22% between September and October ([FAO](#) 03/12/2020). Diesel shortages have adversely affected mechanized operations during the winter season and are likely to continue in the future ([FAO](#) 22/12/2020). As a result of these additional expenses, farmers are demanding higher crop prices, further driving up food prices.

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

Widespread COVID-19 infections in schools

After more than six months of closure, schools reopened in September in all areas of Syria, with more than 3.8 million students returning to school ([The Syria Report](#) 30/09/2020, [Syrian Observatory of Human Rights](#) 24/09/2020, [The Syria Report](#) 16/09/2020). Since then, reported cases in schools have sharply increased, with 1,540 cases reported by 10 December, a four-fold increase compared to November. Of these, 860 were reported to be teachers and other staff, with the highest cases in Rural Damascus, Homs, and Hama governorates ([OCHA & WHO](#) 23/12/2020). Fear of catching the

virus reportedly prompted more than two thousand teachers in As-Sweida governorate, in November, to request referrals and sick leave out of concern for themselves and the students due to the lack of proper health precautionary measures in schools ([Al Watan online](#) 06/12/2020). The rise in the case highlights the challenges the education sector in Syria faces with general overcrowded classrooms, insufficiently qualified teaching personnel, poor or damaged infrastructure and a lack of basic WASH infrastructure ([OCHA & WHO](#) 30/11/2020). As a result, overcrowding in classes has been a growing concern, preventing parents from sending their kids to school with overcrowding in schools reported as a challenge to access education in 58% of the communities in the northwest and 71% in the northeast ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). About 60% of teachers surveyed by Save the Children mentioned COVID-19 as one of the main reasons leading children to drop out of school, although slightly less than child labor (61%) and poverty (63%) ([Save the Children](#) 10/12/2020) and so COVID-19 response alone is unlikely to significantly improve attendance as the enduring economic downturn continues

Education costs unaffordable for most households

Additionally, with the loss and reduction of incomes, the weakening SYP, and the increase in expenditures, 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 ([REACH](#) 22/07/2020).

Around 63% of teachers reported that poverty is hampering caregivers from sending their children to schools ([Save the Children](#) 01/12/2020). For IDP households with at least one child out of education, being unable to afford education was the primary reason for 19%, and of those households with at least one member having a disability, this rises to 27% ([HNAP](#) 16/12/2020). More than 60% of teachers also cited child labor as one of the primary reasons preventing children from attending school, particularly in the northeast, where the rate rises to 71% ([Save the Children](#) 01/12/2020). Similar rates were found by REACH with child labor and early marriage reported to prevent children from going to school in 78% of residential communities and 44% of IDPs communities in the northwest, and 61% among residents and 25% among IDPs in the northeast ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). Among IDPs, vulnerable (34%) and very vulnerable (37%) households are more likely to report not being able to afford to send their children to school, with the rate among very vulnerable households increasing to 50% in the northeast ([HNAP](#) 16/12/2020). Unaffordability of a private tutor was also reported as a barrier by KIs in a third of communities where barriers to education access were reported in the northwest and northeast ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020).

Challenges with remote learning

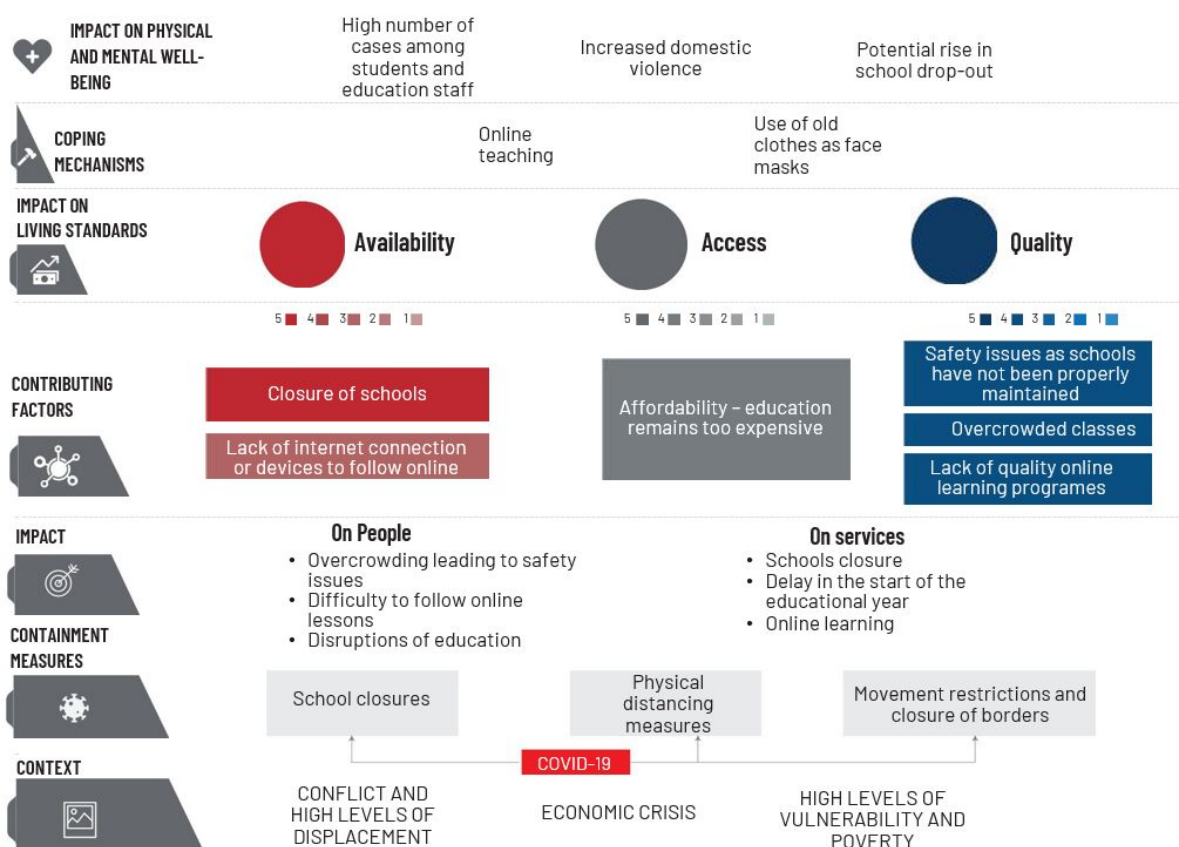
Due to the closure of education facilities, children's only option has been to learn remotely, which many do not have the means to do so ([Save the Children](#) 10/12/2020). The absence of coherent remote curriculums, coupled with insufficient or lack of internet/phone coverage and the lack of money needed to purchase internet or phone access have been significant barriers to remote education ([Save the Children](#) 10/12/2020). As of September, 44% of the northwest 1,017 IDPs sites were fully using remote learning and 52% not using it ([OCHA](#) 21/12/2020).

High rates of school drop-out

Lack of suitable alternatives to remote learning, coupled with reduced livelihood opportunities for their parents, has led to a high drop-out rate in 2020. Due to the COVID-19 crisis, higher school drop-out rates have been reported across the country, especially in the north. HNAP reports that about half of the children among IDPs households do not attend schools as of the end of 2020 ([HNAP](#) 16/12/2020). According to Save the Children, due to the COVID-19 crisis, two-thirds of children are now out of school in northern Syria. In the northwest, about 50% of students in some areas stopped

attending schools since March 2020. In camps in the northeast, similar rates were reported by teachers in Al-Hol, Roj, and Areesha, with at least 5,500 children dropping out of school in 2020 ([Save the Children](#) 10/12/2020). Attendance was also confirmed as lower for children living inside camps by HNAP, with less than half reported going to schools, and with lack of affordability being the main reason ([HNAP](#) 16/12/2020). Only central and southern Syria shows a different trend, with a 77% of attendance rate among IDPs households ([HNAP](#) 16/12/2020).

Problem tree Education



vi) Protection: Rise in protection issues and restriction of services

Protection issues, such as child labor, early and forced marriage, and GBV have reported to be rising in 2020 across the country. To meet basic needs, child labor was reported to be used between 63% and 78% among residents and IDPs in both northwest and northeast in November, while early marriage was a coping strategy used by about 40% among these groups in northern Syria ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). Both have been significantly affecting school attendance for those children, as more than 60% of teachers cited child labor as one of the primary reasons preventing children from attending school, particularly in the northeast, where the rate rises to 71% ([Save the Children](#) 01/12/2020) (see [Education](#) for more details). Increases in domestic violence, notably in northwest Syria, continue to be reported ([OCHA](#) 21/12/2020), although it is unclear to what extent.

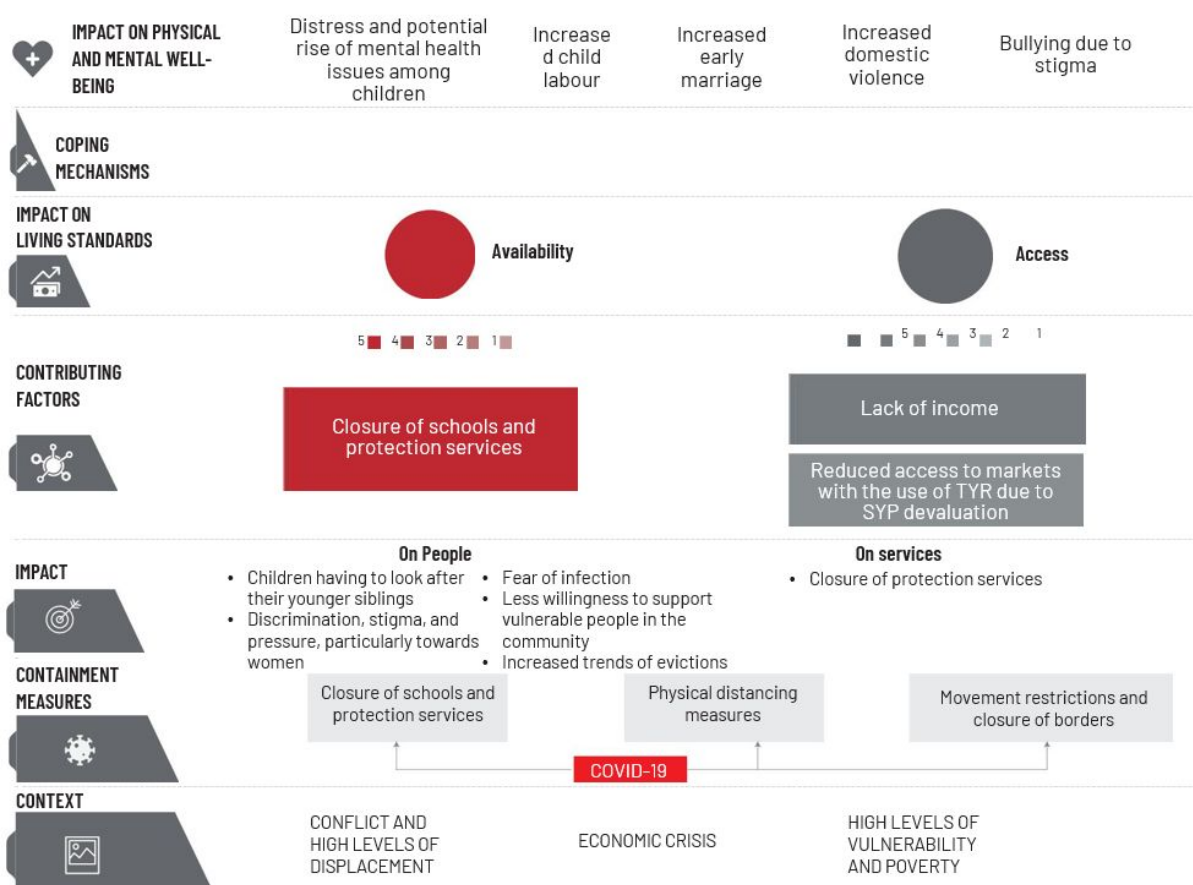
Restrictions of movements and forced quarantine measures have impeded access to protection services. By 7 December, only 16% of psychosocial support structures were reportedly fully available in NSAG & TBAF areas, with Ar-Raqqa and Deir-ez-Zor governorates still the most underserved. While this rate was higher in GoS and SDF areas, it

remains well below pre-COVID levels, with 21% and 33% services available, respectively, mostly in Aleppo, As-Sweida and Dara'a governorates ([HNAP](#) 07/12/2020).

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

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

Problem tree Protection



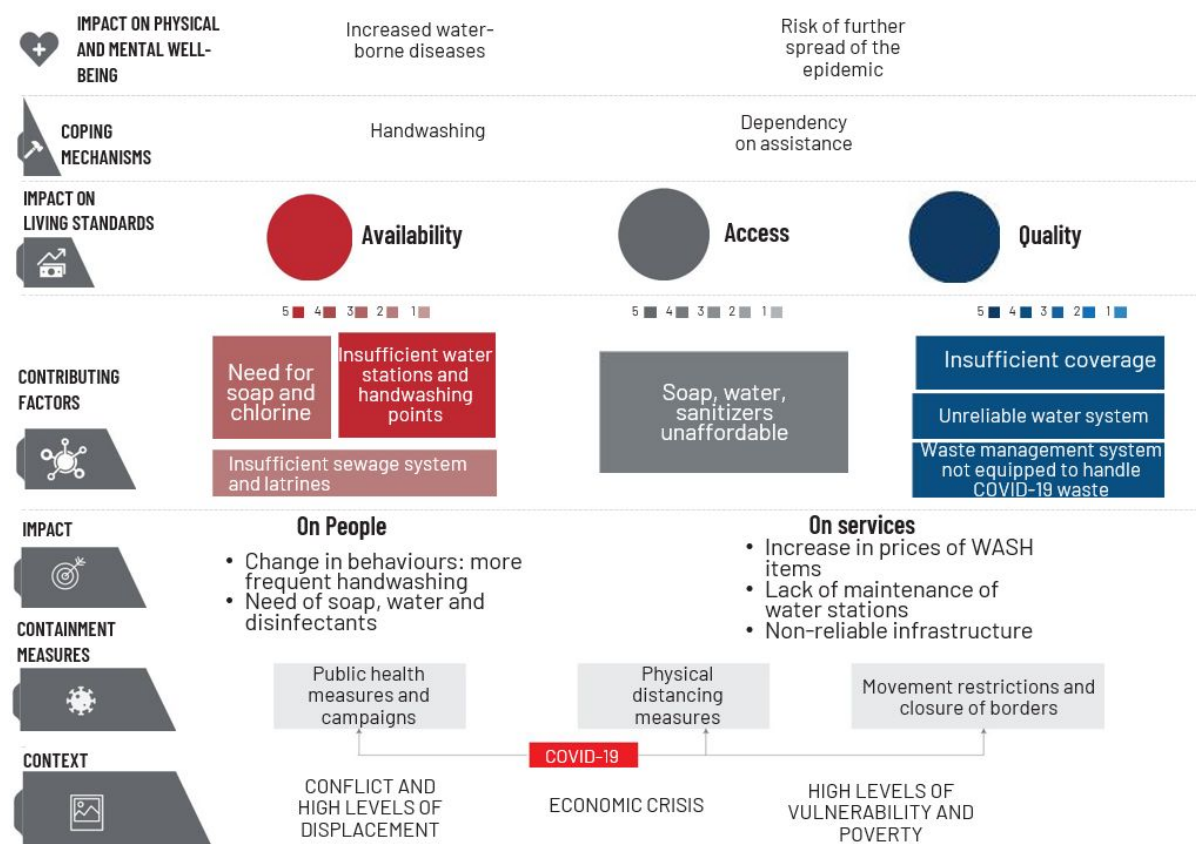
vii) WASH: Soap and water still unavailable and unaffordable to most

Previous surveys show that practicing hygiene measures, such as handwashing, was the most widely adopted measure (75%) ([GTS & HNAP](#) 27/08/2020), access to water and hygiene items remains limited mostly due to lack of economic resources.

In the northeast, close to two-thirds of the population (64%) of the KIs reported that soap was unaffordable for most people. However, this does not seem to be an issue in the northwest, where only a third of the KIs reported it to be an issue ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). In the northwest, the majority of populations in around 73% - 75% of sub-districts are reported to be in need of soap, water, masks, and disinfectant as of early December, a proportion that has not changed much since the summer ([HNAP](#) NSAG 07/12/2020). In the northeast, masks and disinfectants are also reported to still not be enough, with the majority of the population in more than 70% of sub-districts reported to be in need ([HNAP](#) SDF 07/12/2020). While in government-held areas, the need for such items decreased, it remains above 50% regarding masks and disinfectants (55% and 60% respectively) ([HNAP](#) GOS 07/12/2020).

In northwest Syria, 70% of communities where KIs reported that not all households had access to sufficient water ([REACH Initiative](#) Northwest 21/12/2020), while in the northeast, this was an issue for 58% of communities ([REACH Initiative](#) Northeast 21/12/2020). KIs in communities where barriers to accessing sufficient water were reported cited the high cost of water trucking as a common challenge, with a higher rate in the northwest (85%) than in the northeast (66%) ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020). To cope with the lack of water, 7% of people report washing hands less frequently in northwest Syria and 15% in the northeast ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020), a worrying trend in a COVID-19 context where handwashing remains one of the most effective precautionary measures against the risk of infection.

Problem tree WASH



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

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

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

In the northwest, 1.5 million people, of which 79% are women and children, live in 1,160 camps/sites that are often overcrowded and lack proper infrastructure, increasing the possibility of rapid COVID-19 infection ([CCCM and Shelter & NFI Sector](#) 04/12/2020). About a third of IDP households in the northwest live in tents, and 10% live in damaged shelters ([HNAP](#) 16/12/2020). In the northeast, the Al-Hol camp was initially designed to host a maximum number of 10,000 people and is currently hosting close to 70,000 people, causing high levels of overcrowding ([REACH](#) 10/2019, [WHO](#) 03/2019). Crowded conditions in camps and poor access to basic services make it nearly impossible to adhere to physical distancing or other public health precautions properly ([WHO in The Lancet](#) 31/03/20, [Al-Araby](#) 20/11/2020, [Human Rights Watch](#) 15/10/2020). Overcrowding in shelters was reported by more than 45% of communities in the northwest and

northeast as a challenge to mitigate the risk of COVID-19 infection ([REACH Initiative](#) northwest, 21/12/2020, [REACH Initiative](#) northeast 21/12/2020).

In addition to the overcrowding, necessary WASH infrastructure is lacking, with often multiple families depending on shared latrines and reservoirs. Dire living conditions in Al-Hol camp, northeast, have been frequently reported, such as frequent flooding latrines, landfills inside the camps and outbreaks of worms in water tanks, coupled with lack of medical infrastructure, are leading to widespread health and humanitarian concerns ([Human Rights Watch](#) 23/07/2019). Lack of toilets was reported as a shelter issue for IDPs in 31% of communities in the northeast and 23% in the northwest ([REACH Initiative](#) Northeast 21/12/2020, [REACH Initiative](#) Northwest 21/12/2020). The inadequate shelter is estimated to increase the risk of illness and disease by 25% throughout a person's lifetime, while overcrowded shelter conditions can significantly increase the spread of infectious diseases, putting those in need of shelter at more significant health risks ([Interaction](#) 19/02/2020).

Cases have already been reported in camps, with more than 1,800 cases reported in the northwest as of early December, about 10% of the overall cases reported in the region, of which half were in the previous three weeks ([Humanitarian Response Coordinators](#) 08/12/2020). Although cases of infection inside the Al-Hol camp in the northeast remains low (only 13 confirmed cases), in addition to four cases at Areesha camp and six at Mahmoudli, since testing and screening are severely limited, incidences are likely far higher than official numbers ([OCHA & WHO](#) 23/12/2020). Additionally, intergenerational living is common in displacement situations, leaving the elderly further exposed to potential contamination from other household members, with limited isolation possibilities.

Higher shelter and heating needs with the upcoming winter season

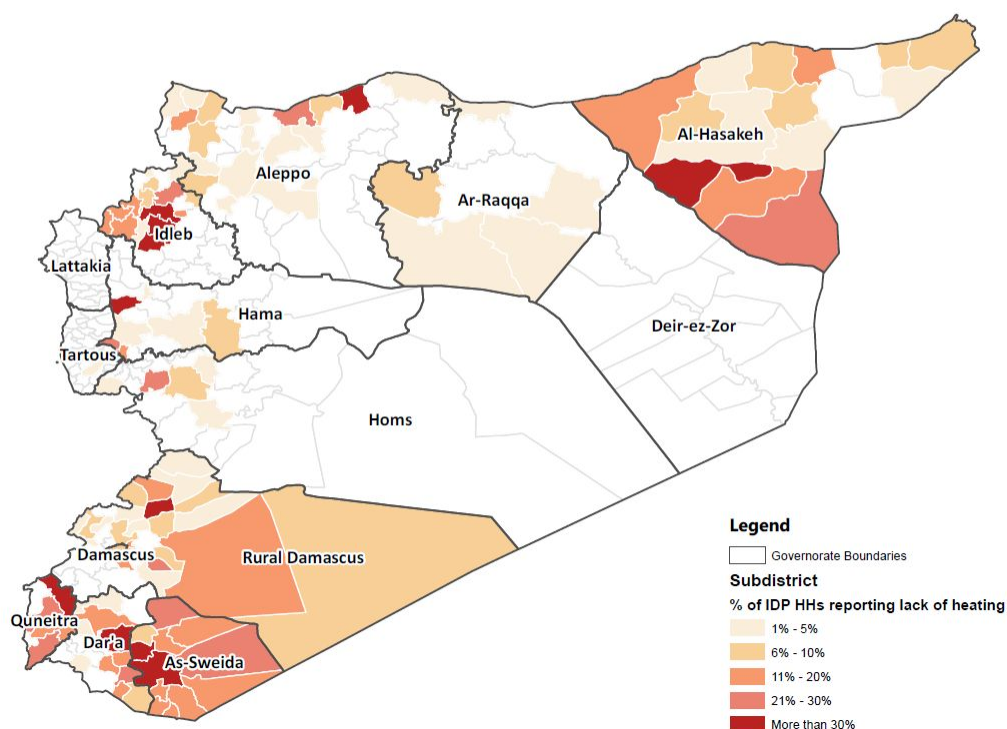
The health and safety impacts of overcrowding and living in damaged buildings became even more acute during the winter season. Approximately 3.1 million people are estimated to need winter assistance across Syria, with more dire needs among people living in camps, collective shelters, informal settlements, and areas of high altitude and snowfall ([Shelter & NFI Sector](#) 17/11/2020). Both fuel and electricity have become scarcer and more expensive over the year. Coupled with widespread loss of income due to the COVID-19 crisis, this prevented people from accessing vital supplies and heating sources ahead of the winter season ([Shelter & NFI Sector](#) 17/11/2020, [OCHA](#) 21/10/2020). As prices of basic items have continued to increase, access to NFIs continues to be lifesaving, especially during winter when vulnerable families cannot access basic items to keep them warm, such as heating fuel, blankets, and winter clothes. About 20% of both residents and IDPs lack heating in northwest Syria, with 18% residents and 29% IDPs households reporting lacking insulation from the cold ([REACH Initiative](#) Northwest 21/12/2020). Slightly higher proportions were reported in the northeast, with 24% of residents and 33% of IDPs households reported lacking heating, while 21% of residents and 25% IDPS lacked insulation from the cold ([REACH Initiative](#) Northeast 21/12/2020). Figure 9 shows that lack of heating was being reported as a primary issue by many IDP households in November even before the harsher winter temperatures would begin.

Figure 9: Percentage of IDP households reporting lack of heating as a primary issue (HNAF 11/12/2020)

LACK OF HEATING BY SUB-DISTRICT

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

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



Unaffordability is also hampering access to shelter across the country, with high rent prices overly reported as one of the main shelter challenges in both northwest (94%) and northeast (91%) ([REACH Initiative](#) Northwest 21/12/2020, [REACH Initiative](#) Northeast 21/12/2020).

xii) **Logistics: Fuel crisis leading to severe shortages and skyrocketing prices**

Syria's domestic fuel production has not been able to meet the population's requirements, leading to external supply reliance. Due to the closure of borders and delays in imports resulting from the COVID-19 context and the enforcement of US sanctions in June, external supplies of fuel have significantly decreased, leading to severe fuel shortages in the country since September. Fuel allotments in government-held areas were significantly reduced, leading to shortages in domestic and agricultural use and increased demand on unofficial markets leading to prices skyrocketing, making it inaccessible and unaffordable for most Syrians. In northwest Syria, compared to mid-June, per liter prices were around 28% higher for imported first type benzine, 31% for imported first type diesel, 13% for locally refined diesel and 40% for a gas cylinder as of 20 December ([OCHA](#) 21/12/2020). KIs in 70% of communities where barriers to accessing electricity were reported, cited the high cost of fuel for generators as a common challenge ([REACH Initiative](#) Northwest 21/12/2020).

3. Information gaps: what are we missing?

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 population awareness in GoS-controlled areas

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

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

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

COVID-19 related impact on businesses and livelihood sectors

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 [Economic section](#)). 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 reluctance of the population to seek treatment has resulted in underreporting of cases, patients seeking treatment 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.

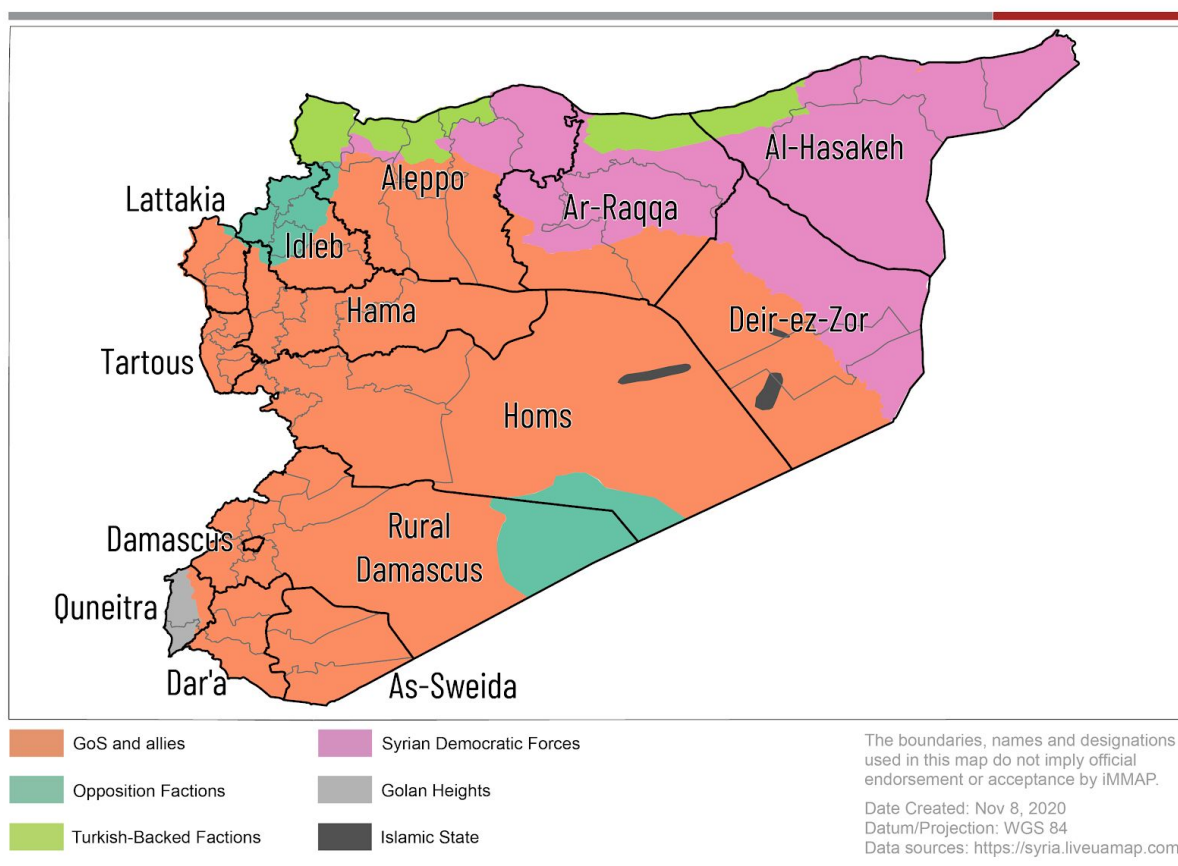
Public perceptions of COVID-19 vaccines: As authorities and organizations prepare for the procurement and distribution of vaccines, there is insufficient information on what the public perceptions are that may influence their uptake by the population. These may include trust in vaccination safety and 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.

Annex

Context

Map 2: 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 Autonomous Administration of North and East Syria (AANES).

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

About this report

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

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

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

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

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

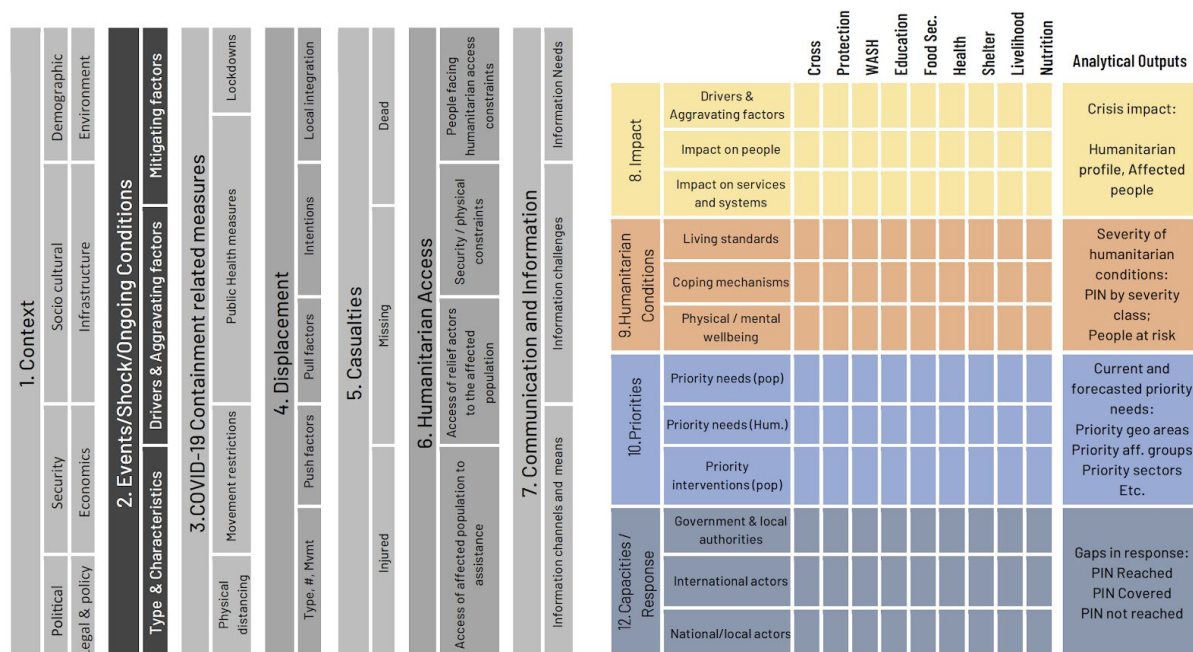
The Secondary Data Analysis Framework focuses on assessing critical dimensions of a humanitarian crisis and facilitate an understanding of both unmet needs, their consequences and the overall context within which humanitarian needs have developed and humanitarian actors are intervening. A graphic representation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

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

1. Source publisher and author(s) of the information;
2. Date of publication/data collection of the information and URL (if available);
3. Pillar/sub-pillar of the analysis framework the information belongs to;
4. Sector/sub-sectors the information relates to;
5. Exact location or geographical area the information refers to;
6. Affected group the information relates to (based on the country humanitarian profile, e.g. IDPs, returnees, migrants, etc.);
7. Demographic group the information relates to;

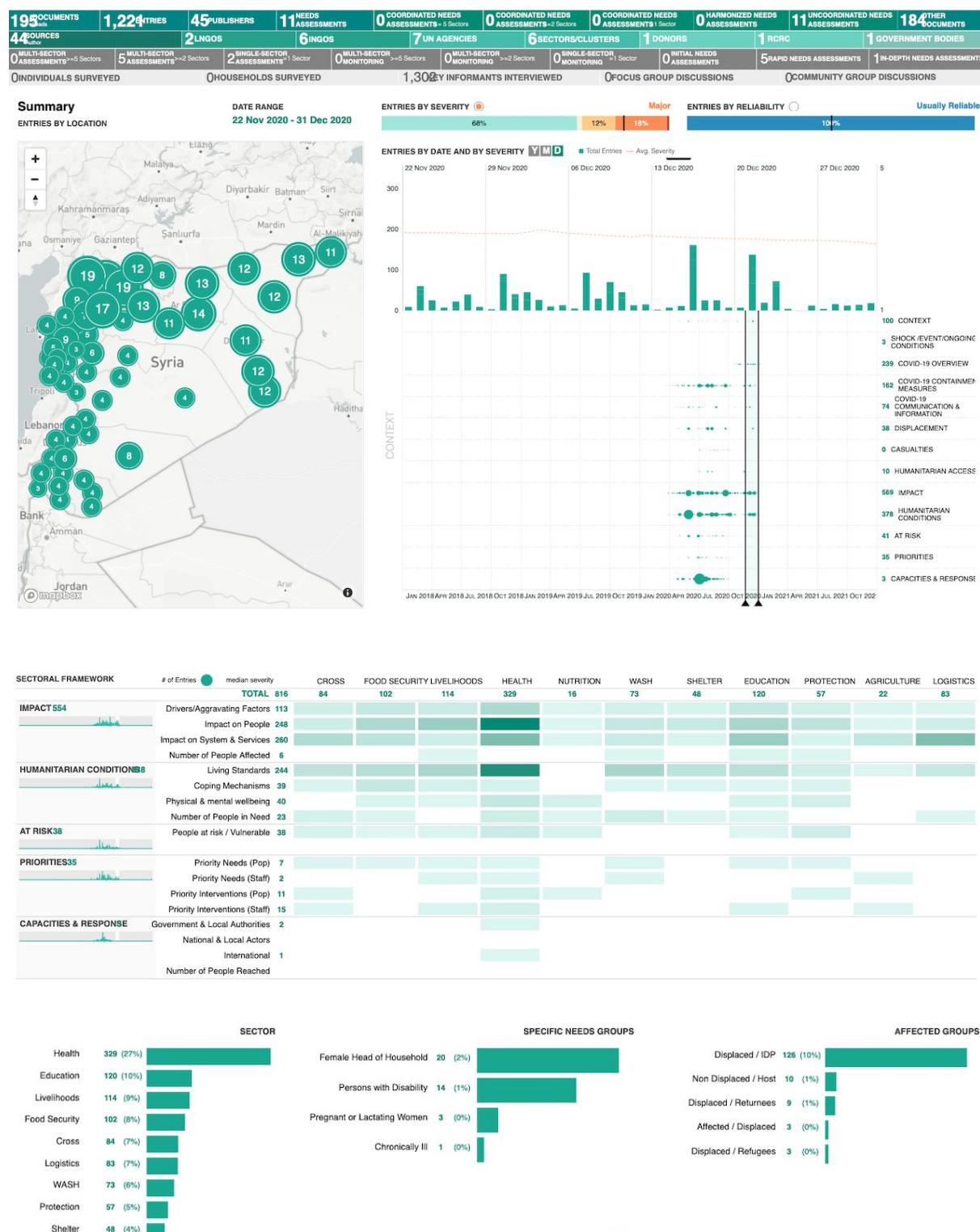
8. The group with specific needs the information relates to, e.g. female-headed household, people with disabilities, people with chronic diseases, LGBTI, etc;
9. Reliability rating of the source of information;
10. Severity rating of humanitarian conditions reported;
11. Confidentiality level (protected/unprotected)

Figure 9 – Secondary Data Analysis Framework



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 4 - Information captured for Syria in DEEP between 22/11/2020 and 31/12/2020



Analysis Workflow. IMMAP/DFS analysis workflow builds on a series of activities and analytical questions specifically tailored to mitigate the impact and influence of cognitive biases on the quality of the conclusions. The IMMAP/DFS workflow includes 50 steps. As the project is kicking off, it is acknowledged that the implementation of all the steps will

be progressive. For this round of analysis, several structured analytical techniques were implemented throughout the process to ensure quality results.

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

Table 6 - iMMAP/DFS Analysis Workflow December 2020

| iMMAP/DFS Workflow - December 2020 | | | | | |
|------------------------------------|---|--|---|---|--|
| | 1. Design & planning | 2 Data collation & collection | 3. Exploration & preparation of data | Analysis & sense making | Sharing & learning |
| Main activities | Definitions of audience, objectives and scope of the analysis | Identification of 195 relevant documents (articles, reports) | Categorization of the available secondary data (664 excerpts) | Description (summary of evidence by pillar/sub pillar of the framework) | Report drafting, charting and mapping |
| | Key questions to be answered, analysis context, Analysis Framework | Identification of relevant needs assessments | Assessment registry (142 needs assessment reports) | Explanation (identification of contributing factors) | Editing and graphic design |
| | Definition of collaboration needs, confidentiality and sharing agreements | Data protection & safety measures, storage | Additional tags | Interpretation (priority setting, uncertainty, analytical writing) | Dissemination and sharing |
| | Agreement on end product(s), mock up and templates, dissemination of products | Interview with key stakeholders | Information gaps identification | Information gaps & limitations | Lessons learnt workshop, recommendations for next analysis round |
| | Analysis Framework | SDR Folder | DEEP (SDAF) | Interpretation sheet | Revised report template |
| Tools | Analysis Canvas | Naming convention | DEEP (Assessment Registry) | | Analytical writing guidance |
| | Data sharing agreements | | Coding scheme | | Lessons learnt Template |
| | Report template | | | | |