

Syria Multi-Sector

Needs Assessment

International Rescue Committee

صيدلية
Pharmacy



2024



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International Rescue Committee





Table of contents

LIST OF ACRONYMS	5
LETTER FROM THE COUNTRY DIRECTOR	6
EXECUTIVE SUMMARY	7
INTRODUCTION	9
RESEARCH OBJECTIVES	11
ENUMERATION	11
METHODOLOGY	11
FINDINGS: DEMOGRAPHICS	12
FINDINGS: PROTECTION	13
FINDINGS: HEALTH	23
FINDINGS: EDUCATION	32
FINDINGS: ECONOMIC WELLBEING	38

LIST OF ACRONYMS

CMs	Contracted Monitors
CV	Coefficient of Variation
CRFM	Client Responsiveness and Feedback Mechanism
CSD	Civil Status Documentation
FCS	Food Consumption Score
GBV	Gender-based Violence
CFP	Cash for Protection
GoS	Government of Syria
HH	Household
HNAP	Humanitarian Needs Assessment Program
HNO	Humanitarian Needs Overview
HSOS	Humanitarian Situation Overview of Syria
IDPs	Internally Displaced Persons
IRC	International Rescue Committee
KI	Key Informant
KII	Key Informant Interview
LC	Local Council
MDC	Mobile Data Capture
M&E	Monitoring and Evaluation
MEAL	Monitoring, Evaluation, Accountability, and Learning
MHPSS	Mental Health and Psychosocial Support
MPCA	Multi-Purpose Cash Assistance
NFIs	Non-food Items
NES	Northeast Syria
NGOs	Non-Government Organizations
NSAGs	Non-state armed groups
NWS	Northwest Syria
PDM	Post-Distribution Monitoring
PWD	Persons With Disability
PFA	Psychological First Aid
PM+	Problem Management Plus
PMTF	Protection Monitoring Task Force
PSS	Psycho-Social Support
rCSI	Reduced Coping Strategy Index
SDF	Syrian Democratic Force
SYP	Syrian Pound
TPM	Third Party Monitor
UASC	Unaccompanied and Separated Children
USD	United States Dollar
WASH	Water, Sanitation, and Hygiene
WGQ	Washington Group Questions

LETTER FROM THE COUNTRY DIRECTOR

As we are entering into the 14th year of conflict in Syria, the cumulative toll on the Syrian people is more devastating than ever. Needs are at an all time high, while available funding is dwindling. In 2023 alone, Syrians were faced with a devastating earthquake in February, followed by heatwaves and drought in the summer, and the highest levels of violence seen across northern Syria since 2020. Communities across northern Syria are reeling from shock after shock, resulting in overstretched services, a decimated health care system, and increasing vulnerabilities that are pushing more individuals in Syria into a cycle of poverty and displacement. The 2024 Humanitarian Needs Overview (HNO) now projects that there are more than 16.7 million people in need of humanitarian assistance – the highest since the crisis began.

In late 2023, the International Rescue Committee (IRC) conducted our annual multi-sector needs assessment in northern Syria, to help guide our program design. With all of the shifts in the context in 2023, though, we have decided to share this with our humanitarian colleagues more widely. The data presented in this report is telling.

Nearly two-thirds of the Syrians we talked to told us that finding enough food is their biggest worry, with many struggling due to the high cost of food and lack of money to buy what they need. Simply put, we are seeing a significant increase in the number of Syrian households who are eating less in terms of frequency of meals, while at the same time they struggle to ensure the meals they do eat are nutritious and diverse. Malnutrition, virtually non-existent in Syria prior to the conflict, is now a key concern; our research revealed that nearly 20% of respondents identified malnutrition as a risk their children face during developmental stages.

Across the board, female headed households are consistently facing worse situations than male-headed households, with higher rates of debt, less access to food, less access to civil documentation, and more. We also saw an almost 20% increase in vulnerabilities, including single headed households, persons with chronic illnesses and more. This increase was more visible in northwest Syria, likely due to the impact of the February 2023 earthquakes. Even further, four out of ten individuals observed child labor in local markets, with high

There are more than 16.7 million people in need of humanitarian assistance – the highest since the crisis began.



levels of poverty, followed by the necessity for all family members to work to meet daily needs cited as the reason for this.

All of these data points show that children, elderly, or vulnerable people aren't getting the care, food, shelter, or emotional support they need. With waning focus on the Syrian crisis at international levels, civilians are continuing to pay the ultimate price. It is my hope that this report will support the operations, planning and collaboration of humanitarian actors and other international stakeholders operating in northwest and northeast Syria.

Lastly, I want to express my deep thanks to the IRC Syria country program staff, for their efforts in coordinating and collating the data presented here. This publication was fully authored by the International Rescue Committee, and we hope that our efforts will be of benefit to the wider humanitarian community in Syria.

Warm regards,

Tanya Evans

IRC Syria Country Director
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A handwritten signature in blue ink, appearing to read 'Tanya Evans'.

EXECUTIVE SUMMARY

As Syria approaches 13 years of conflict, humanitarian needs have never been higher. The 2024 Humanitarian Needs Overview (HNO) estimates that 16.7 million individuals are in need of humanitarian assistance across the country. The socio-economic situation continues to deteriorate at the same time that humanitarian funding is reducing, resulting in a further breakdown in access to services and livelihoods. This was only further compounded by the February 2023 earthquakes and increase in conflict in late 2023, amplifying vulnerabilities, displacing households yet again, increasing negative coping mechanisms and millions of individuals unable to meet their basic needs.

In 2023, the International Rescue Committee conducted a multi-sector needs assessment that aims to contribute to a better understanding of the specific humanitarian needs across northern Syria, with a focus on its operational sectors: Protection, Health, Education and Economic Wellbeing. The assessment had four primary objectives:

1. Assess the needs of the target population related to each of the aforementioned sectors;
2. Identify barriers to accessing quality essential services such as Health and Education;
3. Understand the communities' preferences for humanitarian assistance and delivery modalities; and
4. Assess to which extent Protection, Health, Education and Economic Wellbeing, needs are interconnected and hence explore better ways for integration.

Protection

Several key protection needs were identified through the MSNA. 74% of respondents reported that they had faced at least one safety issue during the past 90 days. Of these, 21% reported physical and logistic constraints preventing mobility; 20% reported safety or security concerns related to displacement; 17% reported safety or security concerns related to the conflict.

In addition, households reported signs of psychosocial distress (such as nightmares, lasting sadness, extreme fatigue, and being frequently tearful or anxious) among members within their house (17% women, 13% men, 12% girls and 12% boys). These figures were higher in northwest Syria (NWS) where household members reported higher rates of distress (25% women, 17% men, 19% boys, 19% girls); this could be as a result of airstrikes and/

or displacement that occurred immediately before data collection or as a result of lasting impacts from the 2023 earthquake. Higher psychological stress was also reported among internally displaced persons (IDPs) (28% women, 19% men, 22% boys and 22% girls) compared to returnees (5% women, 4% men, 6% boys and 7% girls) and host population (18% women, 14% men, 11% boys and 11% girls), which could also be attributed to current or recent displacements.

A higher proportion of IDPs (33%) were missing official documents compared to returnees (13%) and host population (9%). Female headed households (33%) are also more likely to be missing their official documents than male headed households (12%). Of households missing documents, female headed households (45%) are also more likely to not try to renew their civil documents than male headed households (25%). Those who are missing documentation also mentioned the large impact that missing documents has on their situation including continuing education, freedom of movement and receiving humanitarian aid.

Health

There is a high need for health support especially in northeast (NES) where public health options are limited. In NES, the majority of people (47%) turn to pharmacies as the first option when they require medical attention compared with 50% of NWS who turn to public health facilities. Additionally, 14% of households mentioned medical needs as their greatest unmet need. At least one household member suffers from a chronic illness in 22% of households (15% in NES and 28% in NWS), with only 34% reporting ability to find the necessary medication consistently.

56% of households reported that they were aware of community health activities in their community with only 30% reporting that they can contact health care providers. Of those who are aware of community health care workers, respondents reported that they were useful and helpful (81%) and trusted (85%), with 85% reporting that they would like to be visited more frequently.

Mental health access across northern Syria is reported by 82% of households; however, access in NES is significantly higher than NWS (98% in NES and 68% in NWS). 17% of households mentioned at least one family member experiencing stress and 20% of respondents use psychotropic

medications for mental health/distress issues. Based on displacement status, data shows lower access to mental health services among IDPs and host population in comparison to returnees at 78%, 79% and 93%, respectively. IDPs were also more likely to have a family member with stress at 28%, compared to 16% of host population and 6% of returnees. Surveyed male headed households (84%) had more access to mental health services than female headed households (51%). In NES, prohibitive cost of mental health services was the main reason they were not able to access mental health at 86%, while in NWS, the main reasons were lack of awareness and high costs at 36% and 44%, respectively.

Education

Access to education remains an issue of concern for households in northern Syria with 6% of households mentioning education for their children as their greatest unmet need. Of respondents missing civil documents, 30% said that they are having difficulty accessing education. For children who are out of school, the main reason was participation in child labor, which was reported to be more prevalent in NES (46%) than NWS (25%). Respondents also flagged economic reasons and lack of teaching quality as major barriers to children being enrolled in school regularly. The largest factor reported as impeding children's learning acquisition is mental health (46%). 71% of respondents reported that caregivers are able to support their children's education at home, with illiteracy as the major reason that caregivers are not able to support.

Economic wellbeing

Initial findings in the economic wellbeing sector show high needs across northern Syria. Food security is a major concern with 59% of respondents mentioned that food or money to pay for food is the greatest unmet need; 60% of households were reportedly buying their food on credit/debt. The prevalence of debt remains high with 86% of respondents reported that they are in debt to another party. Of those, 91% said they are not able to pay off the debt. This included a significant increase in debt in NES compared to 2023 data.

The main challenge for households accessing food is reported to be high food prices (41%) and a lack of money to buy food (36%). Households are also engaging in negative coping mechanisms, including 26% who borrow food or rely on help from relatives or friends and 15% who are reducing the number of meals that they eat in a day. 45% of surveyed households have an acceptable food consumption

score (FCS) with higher FCS scores reported in NES (67%) than NWS (29%). Host population households show higher FCS than IDP and returnee populations, with 52% of host populations in the acceptable FCS category compared to 20% of IDPs and 41% of returnees. Similarly, male headed households are more likely to have an acceptable FCS category (46%) than female headed households (37%).

The main challenges facing the population to generate income is lack of sufficient capital to start private enterprises (38%), followed by a lack of inputs such as raw materials needed to start the project (30%), lack of knowledge of project financial management (12%) and lack of liquidity/cash needed to start the project (11.9%).



INTRODUCTION

Background

Syria remains a complex humanitarian and protection emergency characterized by over 13 years of ongoing hostilities and its long-term consequences, including widespread destruction of civilian infrastructure, explosive ordnance contamination and the largest number of internally displaced people in the world. More than 12 million Syrians continue to be displaced across Syria and the region, the highest figure in the world; 7.2 million individuals are displaced inside of Syria alone. The devastating earthquake that struck southeastern Türkiye on the 6th of February 2023 only compounded the critical situation facing Syrians, leading to almost 6,000 deaths and more than 12,800 people injured across Syria. In total, over 8.8 million people, already living in dire settings, faced yet another shock from this event.¹

Over a decade of crisis has inflicted immense suffering on the civilian population, who have been subject to massive and systematic violations of international humanitarian and human rights law. More recently, the accelerating economic deterioration and impacts of climate change have increasingly become additional key drivers of needs, compounding vulnerabilities even further. Grave rights violations and denial of humanitarian access persist, with evidence of widespread violations of international humanitarian law (IHL). 2023 also saw the largest increase in conflict-related instability since 2020. New and protracted displacement, dire conditions for internally displaced persons (IDPs), and depletion of socioeconomic resources have resulted in increased psychological distress, chronic levels of deprivation, and the use of harmful coping strategies. Refugee returns to Syria continue to remain low, with approximately 24,400 returns verified by UNHCR in the first eight months of 2023. UNHCR's latest return intention survey conducted in early 2023 indicated that while 56% of Syrians wished to return one day, only 1.1% planned on doing so in the next 12 months.

Northern Syria remains unstable and constant humanitarian efforts are insufficient to meet the population's needs. Prior to the 2023 earthquake, 15.3 million Syrians were already in need of humanitarian assistance, a 5% increase from 2022,² including 2.1 million IDPs living in already

overcrowded camps, with needs that continue to increase across all sectors.³ In 2024, this number only rose further, with 16.7 million people expecting to need humanitarian assistance, the largest number since the beginning of the crisis in 2011.⁴ Such a large population of people in need, combined with multiple shocks, is severely exacerbating humanitarian needs, overwhelming an already fragile healthcare system and putting regular income generating activities on hold. Since February 2023, the value of the Syrian Pound continued to spiral downward to a low of SYP 14,200 to USD \$1 in November 2023, further reducing purchasing power and triggering price increases for commodities. According to the 2024 Humanitarian Needs Overview (HNO), 15.4 million people across Syria are estimated to be food insecure (compared to 7.9M in 2020) and another 2.6 million are at risk of food insecurity.⁵

Despite the abundance of data collected by actors in Syria, of which many have been utilized by the International Rescue Committee (IRC) Syria country program to generate evidence and support the development of evidence-based programs, several aspects related to the IRC's programs in Northern Syria have been lacking or exist with significantly limited methodologies. Data to provide the IRC and its partners with a clearer perspective on the needs of the population for better programming is needed. Therefore, the IRC has decided to conduct a Multi-Sector Needs Assessment, both within its current areas of operation and beyond, to assess needs related to protection, health, education and economic wellbeing. The findings detailed in this report should be utilized to influence program design.

¹ <https://reporting.unhcr.org/operational/situations/syria-situation#:~:text=2024%20situation%20overview,forcibly%20displaced%20in%20the%20region>.

² <https://reporting.unhcr.org/syrian-arab-republic-operational-update>.

³ <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2023-humanitarian-needs-overview-december-2022-enar>

⁴ <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2024-humanitarian-needs-overview-february-2024>

⁵ <https://reliefweb.int/report/syrian-arab-republic/syrian-arab-republic-2024-humanitarian-needs-overview-february-2024>

About the IRC

In 1933, Albert Einstein helped found the organization that would become the International Rescue Committee (IRC). We now work in over 50 crisis-affected countries as well as communities throughout Europe and the Americas. Ingenuity, fortitude, and optimism remain at the heart of who we are. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls.

The mission of the IRC is to help people whose lives and livelihoods are shattered by conflict and disaster, including the climate crisis, to survive, recover, and gain control of their future. The impact of our programs and the influence of our ideas. All IRC programs are designed to achieve meaningful improvements in people's economic wellbeing, education, health, safety, and power to influence the decisions that affect their lives.

The IRC has been working in Syria since 2012, responding to needs in northwest and northeast Syria. The IRC supports early childhood development and provides counseling and protection services

for women and children, particularly for survivors of violence. We support health facilities and mobile health teams with critical trauma services and primary, reproductive and mental health services. Our teams promote economic recovery with job training, apprenticeships and small business support.

We also respond to shocks and emergencies in Syria, including the February 2023 earthquake. We do so both directly and through partners to ensure lifesaving services and supplies—including cash assistance, critically needed medicine and other items—reach those in need as quickly as possible. We also support Syrian refugees in neighboring countries. Learn more about the IRC's Syria response at <https://www.rescue.org/country/syria>.

Our work in the Middle East and North Africa region, in Syria, Lebanon, Jordan, Iraq, Yemen and Libya, which helped 6.3 million people in 2022, shows what is possible. That is our inspiration in the very difficult days that lie ahead.



RESEARCH OBJECTIVES

This Multi-Sector Needs Assessment has been coordinated by the IRC to acquire in-depth details regarding the needs of the population in Northern Syria 13 years into the conflict. The assessment aims to shed light to the needs related to the following four sectors: Protection, Health, Education and Economic Wellbeing. The assessment had four primary objectives:

1. Assess the needs of the target population related to each of the aforementioned sectors;
2. Identify barriers to accessing quality essential services such as Health and Education;
3. Understand the communities' preferences for humanitarian assistance and delivery modalities; and
4. Assess to which extent Protection, Health, Education and Economic Wellbeing, needs are interconnected and hence explore better ways for integration.

ENUMERATION

A private Third-Party Monitor (TPM) was contracted to conduct the primary data collection for this MSNA. The TPM was selected based on the following criteria to ease access and impartial data collection:

1. Presence and approvals to operate in all non-state armed group (NSAGs) and Türkiye-controlled areas in northwest Syria and Syrian Democratic Force (SDF)-controlled areas in northeast Syria;
2. Documented experience of previous similar projects in Syria;
3. Overall quality of the technical proposal;
4. Capacity building practices of enumerators;
5. Gender balance within teams of enumerators; and
6. Experience in utilizing mobile data capture at source and willingness to use CommCare, the IRC's Mobile Data Capture (MDC) tool of choice.

METHODOLOGY

Unit of Measurement

IRC aimed to capture a representative sample of the population and their needs, with minimum bias or influence by the IRC or the TPM. To this end, the sampling was set to district level. This means that, with respect to the sampling limitations and sampling parameters, the findings must be evaluated as being representative of the entire district as a whole. Any

findings at the sub-district, village, community/camp level must be treated as mere indications that may require additional research or triangulation with other data sources.

Geographical Targeting

The selection of assessment locations is based on the following criteria:

1. Current security and access constraints – namely that the TPM had access to the to the selected locations;
2. Non-Government of Syria (GoS) or SDF-controlled areas in northwest Syria, and non-GoS or Türkiye-controlled areas in northeast Syria; and
3. Documented presence of IDPs and returnees (according to Humanitarian Needs Assessment Program (HNAP) Data) at the community level.

Under this assessment, districts are considered the unit of measurement. The sampling calculation is conducted at the district level, utilizing the HNAP 2023 population figures.

Accounting for both the time and budget resources available for this assessment, the confidence level has been set at 90%, with a margin of error/confidence interval of 5% across all 14 districts that are accessible and with a stable security situation in Aleppo, Idleb, Al-Hassakeh, Ar-Raqqa, and Deir-ez-Zor governorates. The assessment covered eight randomly selected communities per district, generating 112 randomly selected assemblies within the 14 sections. The list was generated by applying the excel randomization function to the HNAP 2023 dataset.

Data Collection and Analysis

Data collection

The IRC uses CommCare to manage all data related to this assessment. Only the IRC can access the data warehouse where data is collected daily. Data collected on a handheld device is encrypted during storage on the device and during submission to the server and therefore is inaccessible by the enumerator or any other third party. The data is completely wiped off the device once the data is transmitted to the IRC-managed CommCare server. Before the start of data collection, the CommCare data collection tool was pre-tested for reliability, practicability, and accuracy. Data quality checks were conducted during data entry, and regular data audits were conducted on all data gathered to ensure that data quality is maintained.

Data analysis

Collected data was analyzed by the IRC Syria MEAL team, utilizing both MS Excel and MS PowerBI. Due to the IRC's data security and sharing guidelines, the PowerBI dashboard has been internally published. It is accessible by the IRC program staff, enabling them to study the relation between different aspects and support the identification of needs which the Syria country program may respond to.

Constraints and Limitations

Access approvals: Access to specific communities was denied, or support was significantly delayed for specific areas. This meant that those communities had to be replaced with another random community and hence had no chance of being included or represented in the assessment.

Limited Representativity: The findings of this research are not representative of any admin level other than the district (A2) level. Findings at the governorate, sub-district, village, and community levels must be treated as mere indications requiring additional research or triangulation with other data sources.

Sampling Missing camp: Data was collected from communities with the documented presence of IDPs or returnees, according to HNAP data. However, no data was collected from camps within the community.

Reach Analysis

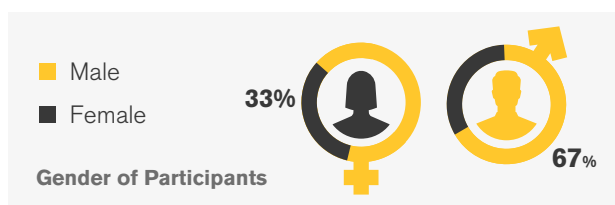
Contracted enumerators conducted a total of 2,892 surveys in the governorates of Aleppo, Idlib, Al-Hassakeh, Ar-Raqqqa, and Deir-ez-Zor, across 14 Districts, 51 Sub-Districts, and 112 communities. This excludes the minimum number of surveys that were rejected by the IRC for not meeting the quality requirements during the daily quality checks conducted by the MEAL team.

FINDINGS: DEMOGRAPHICS

Reach by Gender, Age and Displacement Status

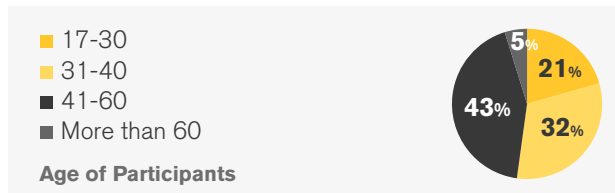
Gender

Out of all respondents, 67% were male and 33% were female (NES: 84% male, 16% female; NWS: 54% male, 46% female). This is likely due to the high percentage of male headed household in the reached locations.



Age

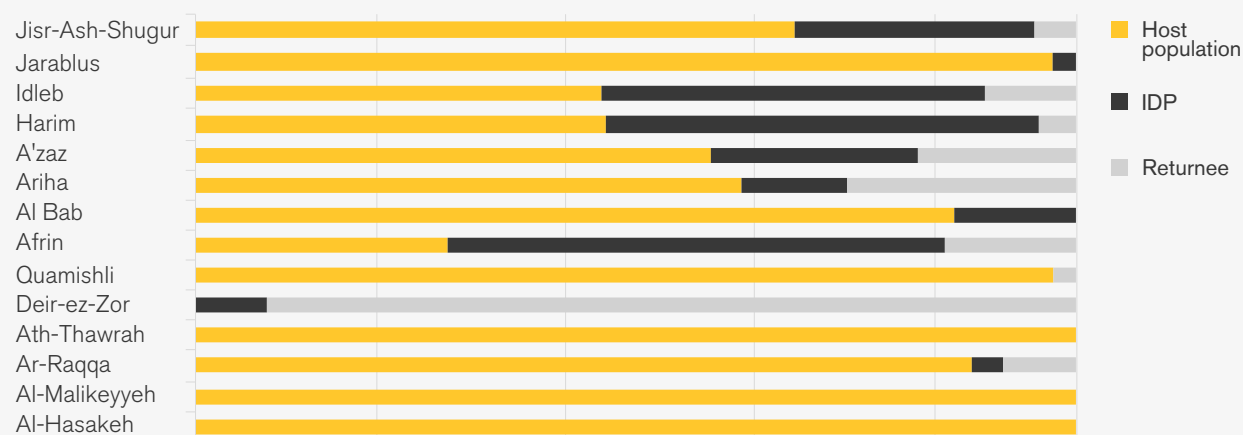
In the overall sample, 43% of the respondents were aged between 41 and 60 years, followed by 32% in the age group of 31 to 40 years, 21% in the age group of 17 to 30 years, and less than 5% were above 60 years of age.



Displacement status

68% of the respondents were host community members, 17% were IDPs, and 15% were returnees.⁶

⁶ Returnees are defined as any person or group of people who were displaced and then returned to their original place of displacement regardless of the displacement's duration.

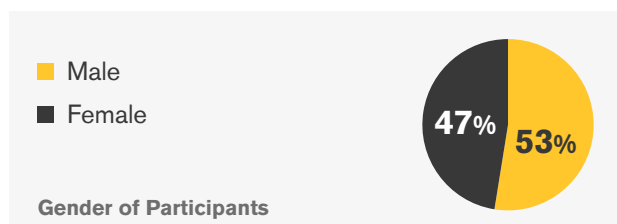


Displacement status

Household Disaggregation

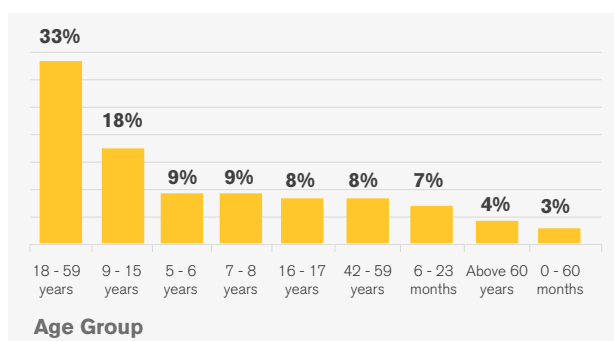
Gender

A total of 20,974 household members were covered under the assessment, of which 53% were males while 47% were females. In NES, a total of 9,514 household members were covered under the assessment, of which 47% were females while 53% were males. In NWS, a total of 11,460 household members were covered under the assessment, of which 48% were females while 52% were males.



Age

According to the data, 63% of the household members were aged between 0 and 17 years, followed by 33% in the age group of 18 to 59 years, and less than 4% were above 60 years of age. In the NES, 63% of the household members were in the 0 to 17 years age group, followed by 34% in the 18 to 59 years age group, and less than 3% were above 60 years of age. Similarly, in NWS, 63% of the household members were aged between 0 and 17 years, followed by 33% in the age group of 18 to 59 years, and less than 4% were above 60 years of age.



Household size

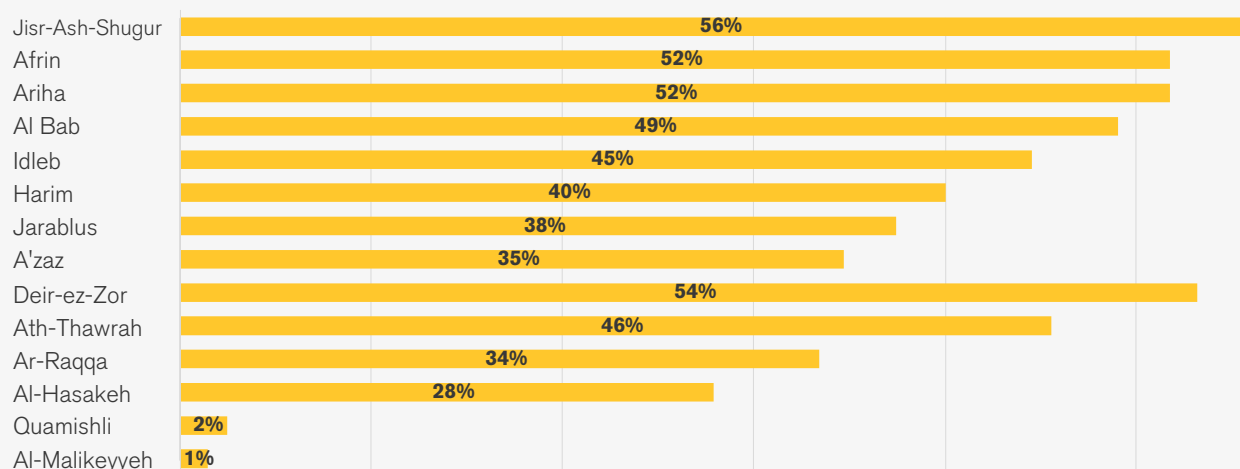
With a minimum of one, and a maximum of 26 members, an average of 7.2 members per household was observed across 2,892 participating households. Returnees had the largest household size followed by host communities and IDPs, at 7.64, 7.17, and 6.94 individuals, respectively.

Vulnerabilities

General

Households are considered vulnerable if they report at least one of the following vulnerabilities being present in their household:

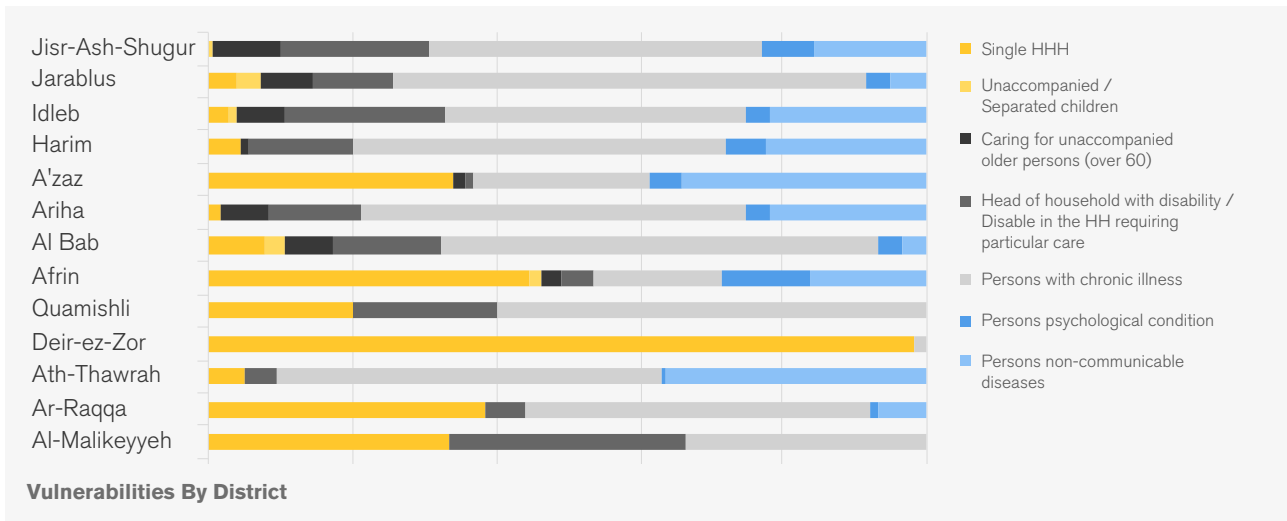
- Single headed household,
- Unaccompanied / separated children,



Percentage of the population with vulnerabilities by district

- Households with care for unaccompanied older persons (over 60),
- Head of household with disability / disability in the household requiring particular care,
- Persons with chronic illness,
- Persons with psychological condition, and
- Persons with non-communicable diseases (NCD).

39% of the respondents have reported having at least one of the vulnerability criteria in their household, broken down as follows: persons with chronic illness or psychological conditions (47%), single headed household (21%), persons with non-communicable diseases (NCD) (16%), head of household with disability (10%), and households with care for unaccompanied older persons (over 60) (5%).



Disability

12% of households reported at least one person having at least one disability⁷ (according to the Washington Group Questions) in their household.

The breakdown below is generated from the respondents who have reported having at least one disability in their household:



6% were related to mobility, or complete inability to walk or climb steps.



3% were related to difficulties or complete inability to see even when wearing glasses.



1.84% were related to difficulties in hearing, or complete loss of it even when using hearing aid.



2.84% were related to difficulties with self-care activities such as washing or dressing.



1.18% were related to difficulties in communicating, understanding, or being understood.



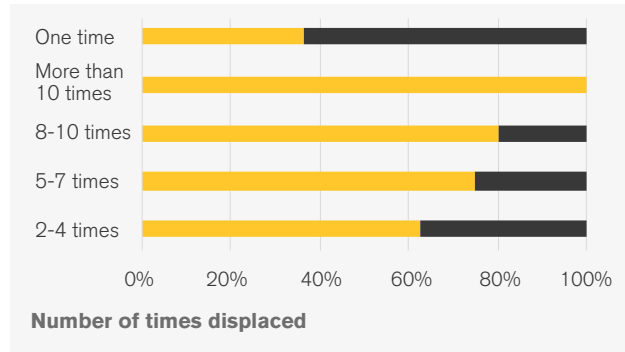
1.4% were related to difficulties in remembering or concentrating.

⁷ Any member who has some or a lot of difficulty achieving certain activities or cannot do them at all.

FINDINGS: PROTECTION

Displacement

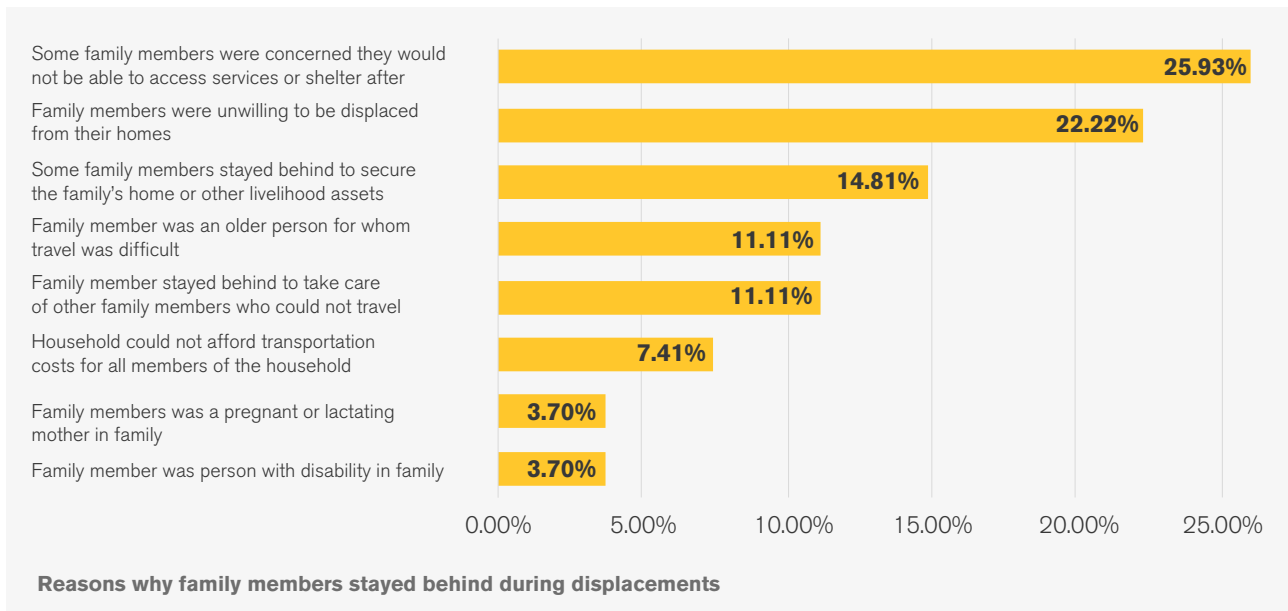
61% of IDP and returnee respondents reported being displaced more than one time before arriving at their current location, including a 3-member household which reported being displaced up to 10 times. In NES, 35% of IDP and returnee respondents reported being displaced more than one time before arriving at their current location. In NWS, 71% of IDP and returnee respondents reported being displaced more than one time before arriving at their current location. Displacement (more than once before arriving at their current location) among female headed households was higher in comparison to male headed households at 82% and 59%, respectively.



Challenges of displacement

12% of respondents or one of their household members were physically injured as a direct result of either conflict or displacement. 2% of respondents mentioned that at least one member of the household was left behind during the displacement. The reported reasons that household

members were left behind included concerns that they would not be able to access services or shelter after displacement (26%), family members were unwilling to be displaced from their homes (22%), or some family members stayed behind to secure the family's home or other livelihood assets (15%).



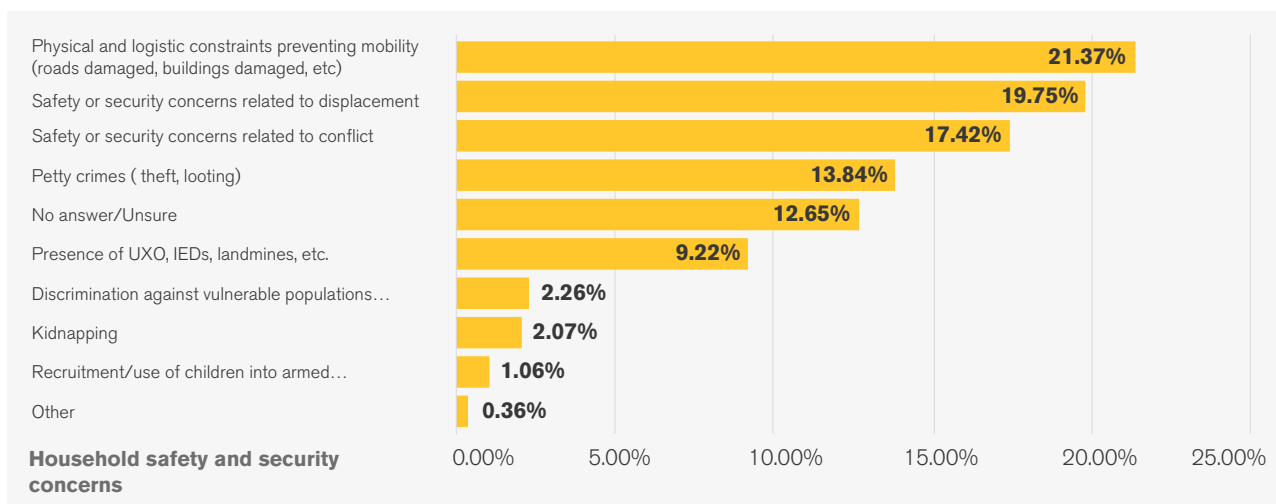
Household safety and security concerns over the past 90 days

Physical and logistic constraints preventing mobility (roads damaged, buildings damaged, etc.) were reported by 21% of respondents (24% in NES and 19% in NWS) as the main safety issue faced during the past 90 days, followed by concerns related to displacement at 20% (11% in NES and 25% in NWS), concerns related to conflict at 17% (10% in NES and 22% in NES) and petty crimes (theft, looting) at 14% (22% in NES and 9% in NWS).

Host communities face physical and logistic constraints preventing mobility, conflict and petty crimes the most while IDPs mentioned displacement,

physical and logistic constraints preventing mobility and conflict. Returnees are faced by displacement and physical and logistic constraints preventing mobility and conflict the most.

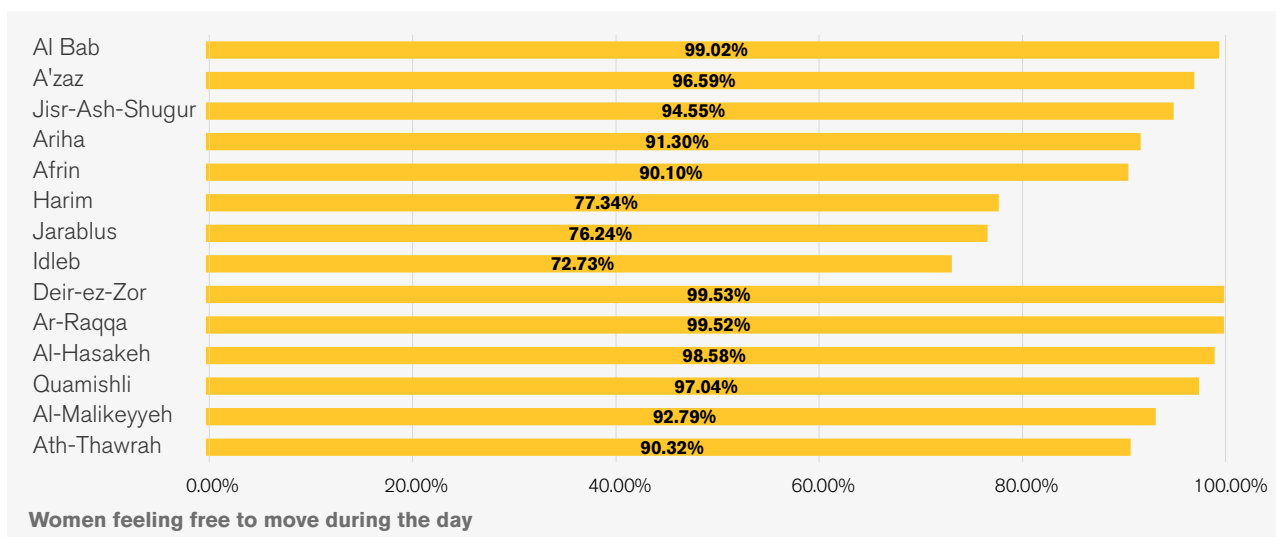
Female headed households main safety issue is displacement (22%) followed by conflict (21%) and physical and logistic constraints preventing mobility (18%) while male headed households mentioned that the main safety issue was physical and logistic constraints preventing mobility (22%), followed by concerns related to displacement (19%) and concerns related to conflict (17%).



Women's movement in daytime

Respondents were asked about their perception of women's ability to move freely during the day. 9% of respondents (4% in NES and 13% in NWS) believed that women can't move freely during day for many reasons including norms and traditions at 46% (60% in NES and 45% in NWS), conflict and security concerns at 29% (20% in NES and 29% in

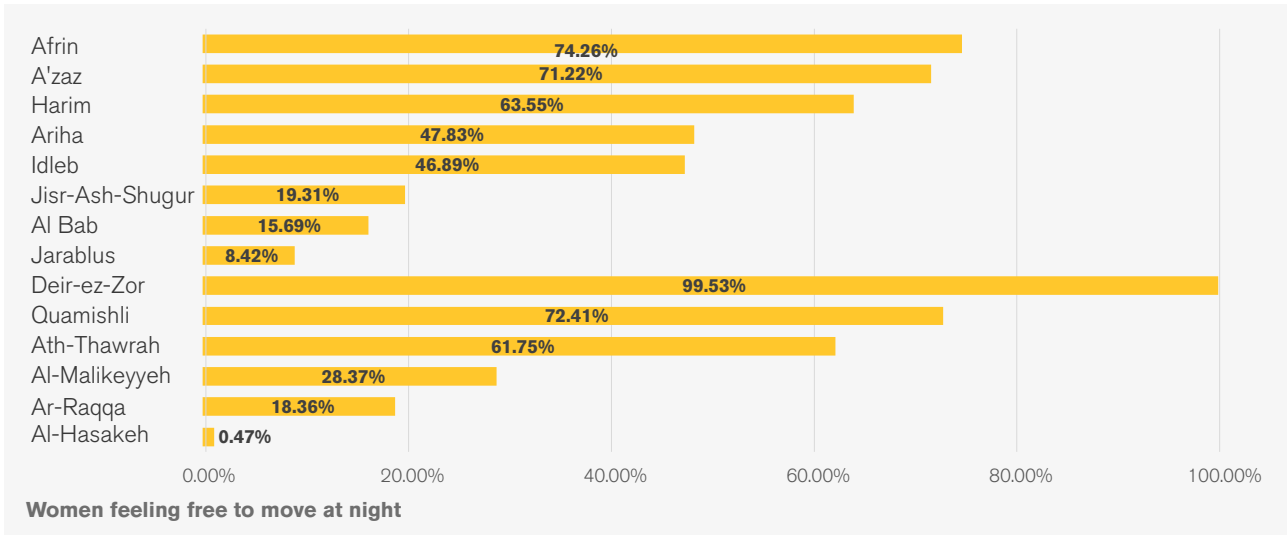
NWS) and no male companion at 11% (all in NWS). A higher percentage of surveyed IDPs believed that women are unable to move freely during the day in comparison to host community and returnee households at 22% and 6%, respectively. 12% of female respondents and 7% of male respondents believed that women can't move freely during day.



Women's movement at night

Respondents were asked about their perception of women's ability to move freely at night. 55% of respondents (53% in NES and 57% in NWS) believed that women can't move freely during night for many reasons including norms and traditions (53%), conflict and security concerns (23%), and no male companion (12%). A higher percentage of surveyed host population respondents believed

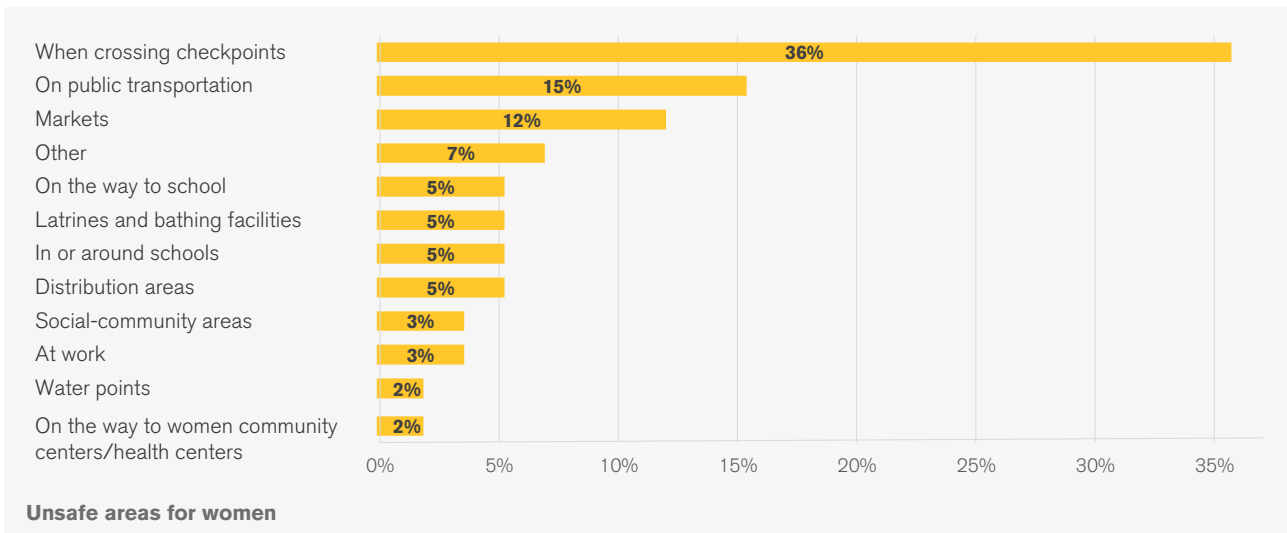
that woman can't move freely during the night in comparison to IDP and returnee respondents at 64%, 50% and 16%, respectively. Slightly more female respondents believed that woman can't move freely during the night more than male respondents; 57% of female respondents and 54% of male respondents believed that women can't move freely during night.



Perceptions of safe spaces for women

When asked about the perception of safety for women, 45% of respondents (42% in NES and 48% in NWS) believe that woman feel unsafe in some areas, such as checkpoints at 36% (100% in NES and 36% in NWS), on public transportation at 16% (all in NWS), and in the market at 12% (all in NWS). A higher percentage of surveyed returnee

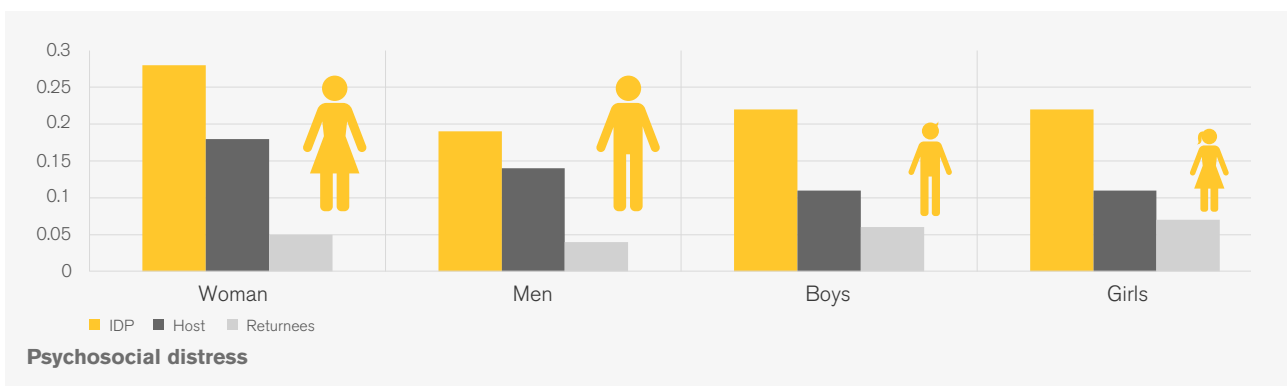
and IDP respondents believe that woman feel more unsafe in comparison to the host population. 75% of returnee, 58% of IDP and 50% of host population respondents were aware of unsafe areas for woman. A higher percentage of male respondents believed that there were unsafe areas for woman than female respondents at 58% and 50%, respectively.



Psychosocial distress

Higher percentages of respondents reported that women in their household displayed signs of psychosocial distress in comparison to men with 17% of respondents (10% in NES and 25% in NWS) reporting that women in their household displayed signs of psychosocial distress (such as nightmares, lasting sadness, extreme fatigue, and being frequently tearful or anxious) while 13% (10% in NES and 17% in NWS) reported that men displayed signs of psychosocial distress, 12% (5% in NES and 19% in NWS) reported that boys displayed signs of psychosocial distress, and 12% (5% in NES and 19% in NWS) reported that girls displayed signs of psychosocial distress.

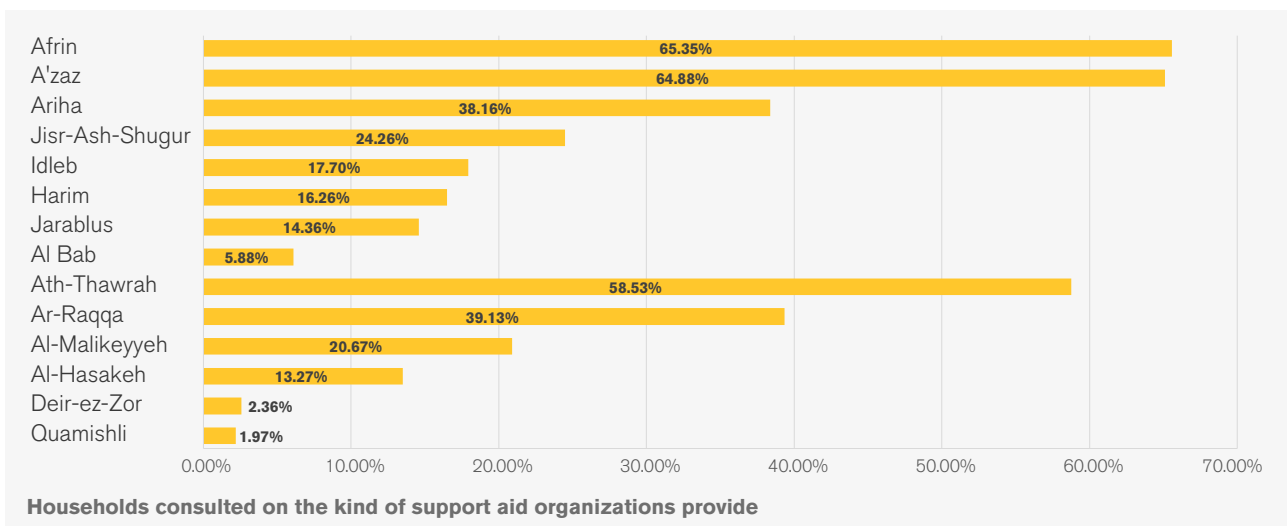
28% of IDP respondents, 18% of host population and 5% of returnees reported that women in their household displayed signs of psychosocial distress (such as nightmares, lasting sadness, extreme fatigue, and being frequently tearful or anxious). 19% of IDP respondents, 14% of host population and 4% of returnees reported that men displayed signs of psychosocial distress, 22% of IDP respondents, 11% of host population and 6% of returnees reported that boys displayed signs of psychosocial distress, and 22% of IDP respondents, 11% of host population and 7% of returnees reported that girls displayed signs of psychosocial distress.

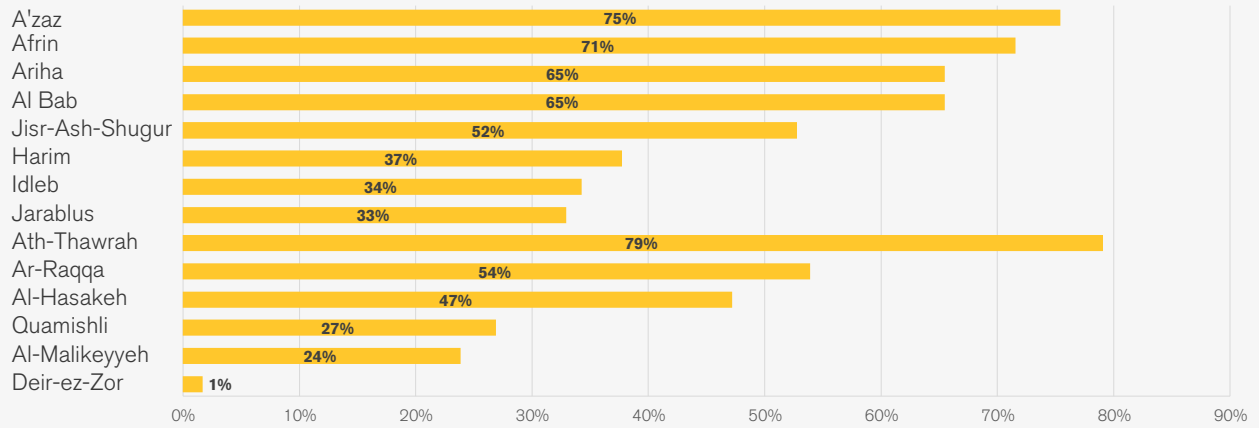


Participation in humanitarian assistance

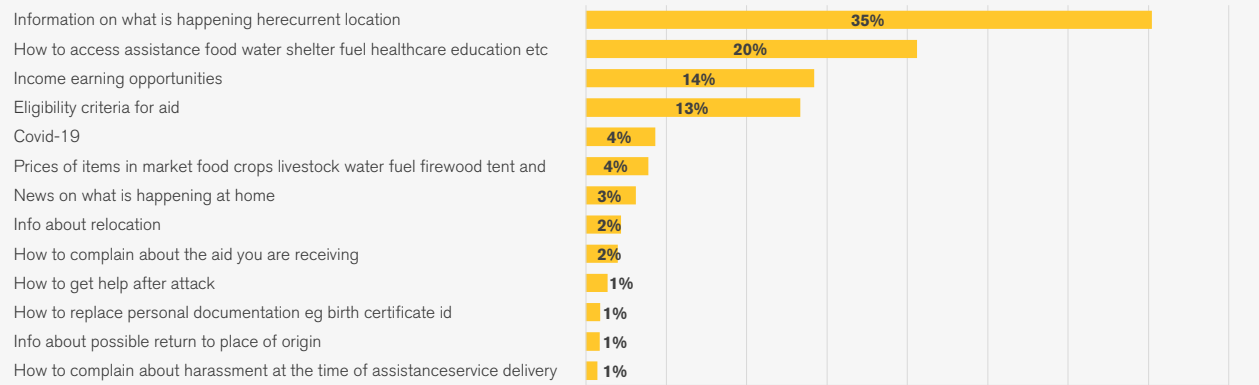
70% of respondents (76% in NES and 64% in NWS) mentioned that no one in their family has been consulted about the type of assistance available, while 51% of respondents (61% in NES and 44% in NWS) have no one in their household aware of a feedback or complaints mechanism for humanitarian assistance. 35% of respondents reported that the most critical information they need from the service provided is information on what is

happening here/at the current location, 20% of respondents reported how to access assistance (food, water, shelter, fuel, healthcare, education, etc.) is the second most important information, 14% of respondents reported that income earning opportunities are the third most crucial information, and 13% of respondents reported that eligibility criteria for aid are the fourth most crucial information.





Households aware of a humanitarian assistance feedback or complaints mechanism

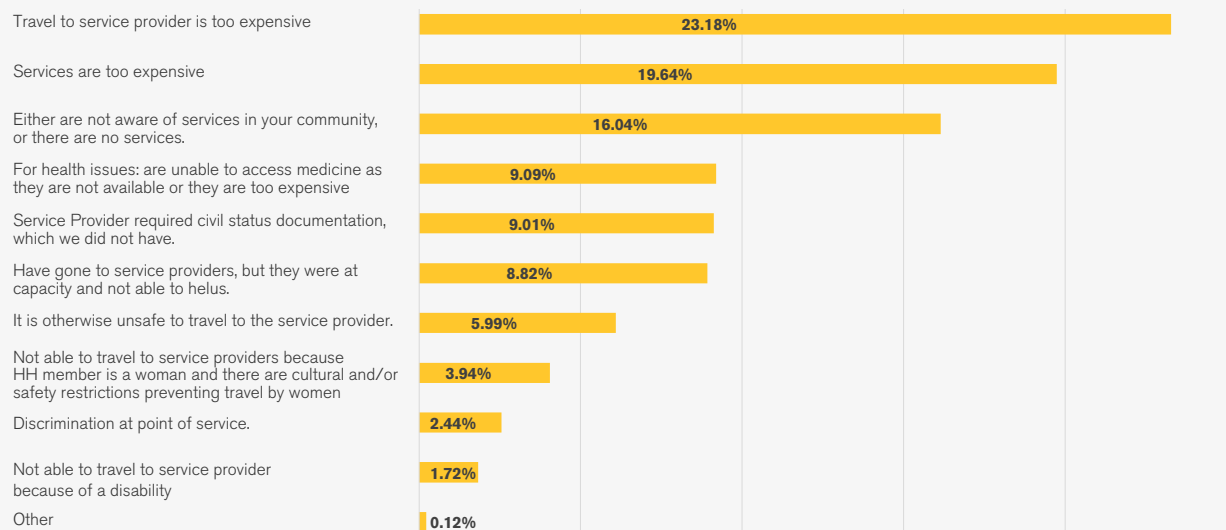


Top information households need from aid providers

Challenges facing households to obtain services

23% of respondents (25% in NES and 22% in NWS) reported that travel to service providers is too expensive, 20% (21% in NES and 19% in NWS) reported that services are too expensive, and 16%

of respondents (16% in NES and NWS) either are not aware of services in their community or reported that there are no services.

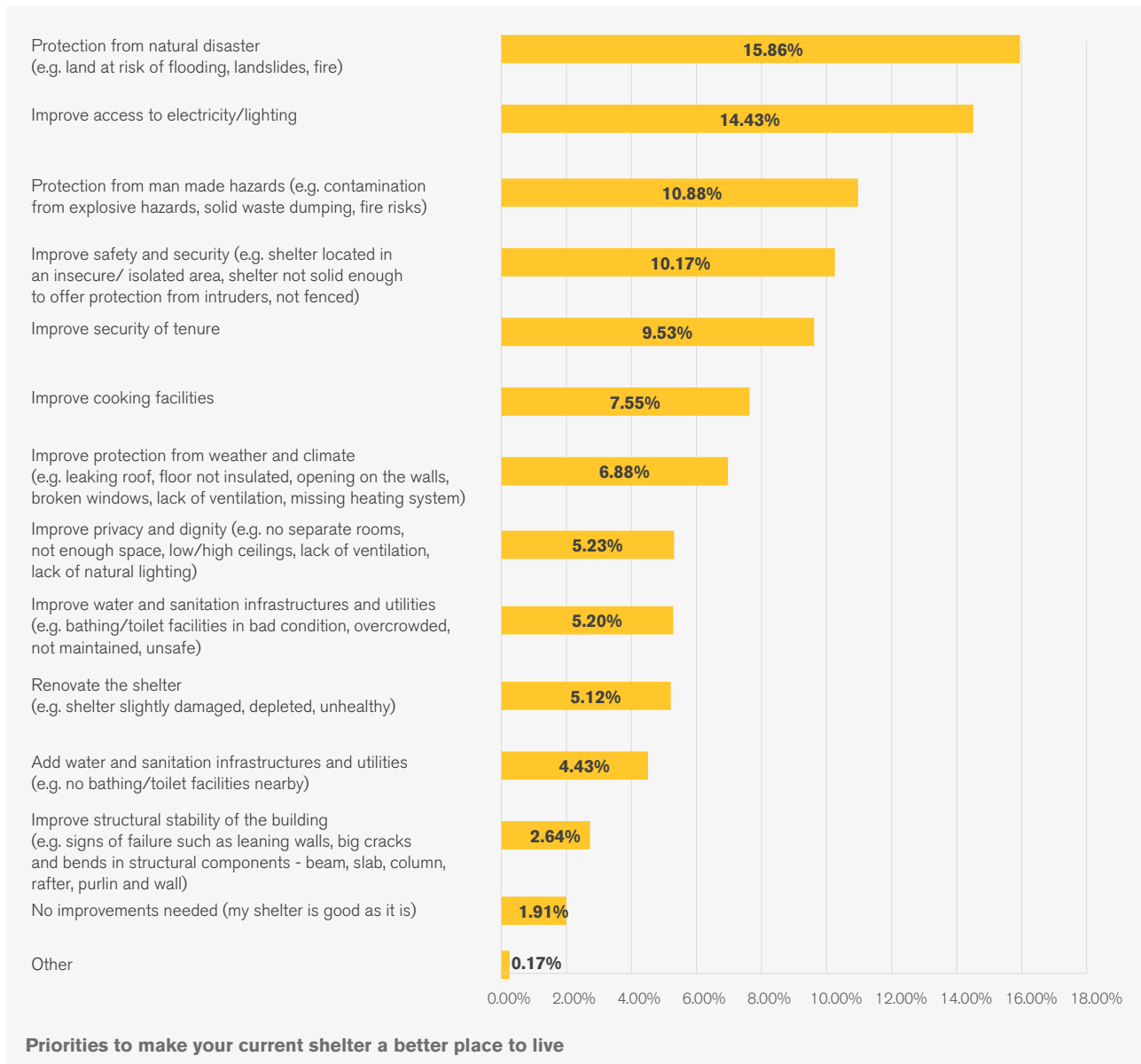


Challenges facing households when trying obtain services

Shelter

Protection from natural disaster is the first reason why respondent's current shelter needs to be a better place to live as per 16% of them (20% in NES and 12% in NWS), followed by improved access to electricity/lighting (14%; 18% in NES and 11% in NWS). While in NES, 12% also mentioned

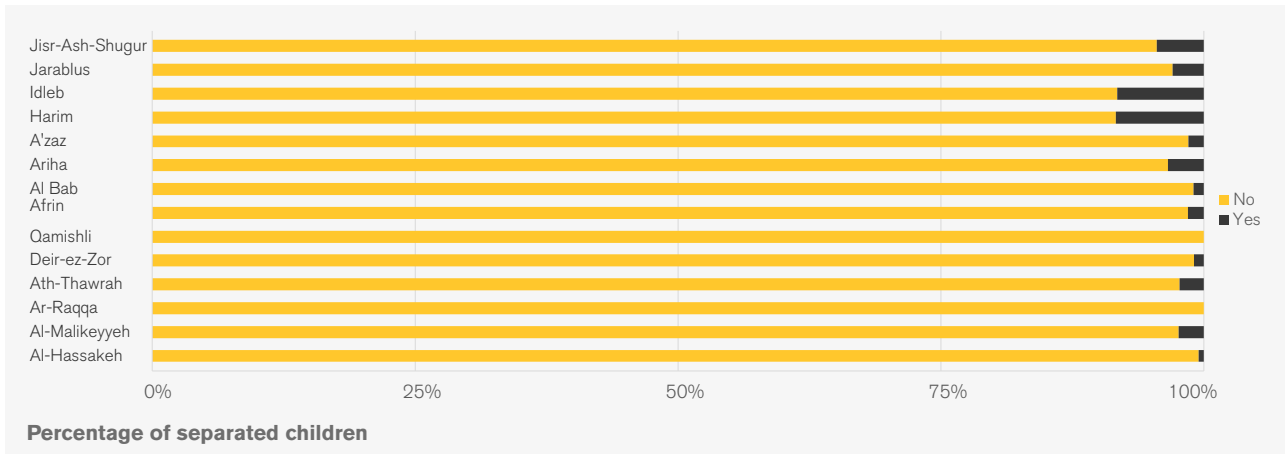
improved cooking facilities (12%) and in NWS, 13% mentioned improved safety and security (e.g. shelter located in an insecure/ isolated area, shelter not solid enough to offer protection from intruders, not fenced).



Separated children

3% of respondents (1% in NES and 4% in NWS) reported that they have children not living with them. This is due to many reasons: married and left house (35%), left house to seek employment (24%) and left house to study (19%). 7% of IDP respondents,

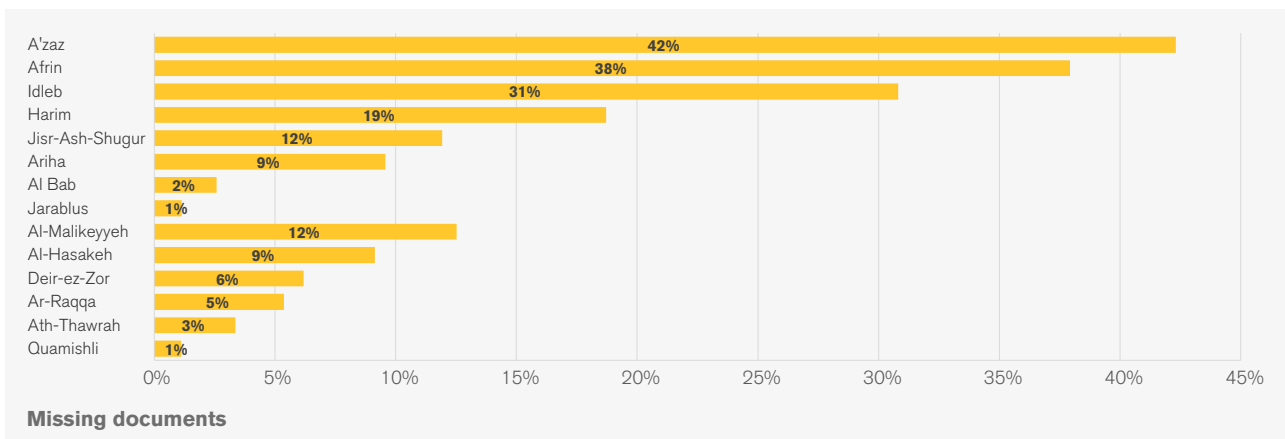
2% returnees and 2% host population reported that they have children not living with them while 10% of female headed household and 2% of household by male reported that they have children not living with them.



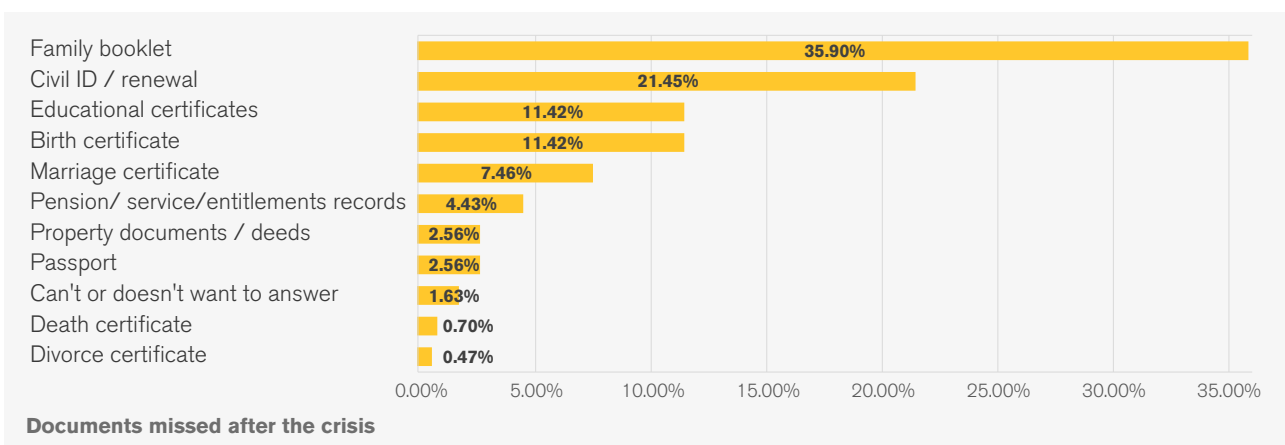
Missing documents

14% of respondents (6% in NES and 20% in NWS) reported that they are missing their official documents due to the crisis. 36% of them reported that they are missing a family booklet, followed by civil ID (21%), birth certificate (11%), and educational certificate (11%). 9% of host population respondents, 33% of

IDPs and 13% of returnees reported that they are missing their official documents due the crisis while 33% of female headed household and 12% of male headed household reported that they are missing their official documents after the crisis.



Missing documents

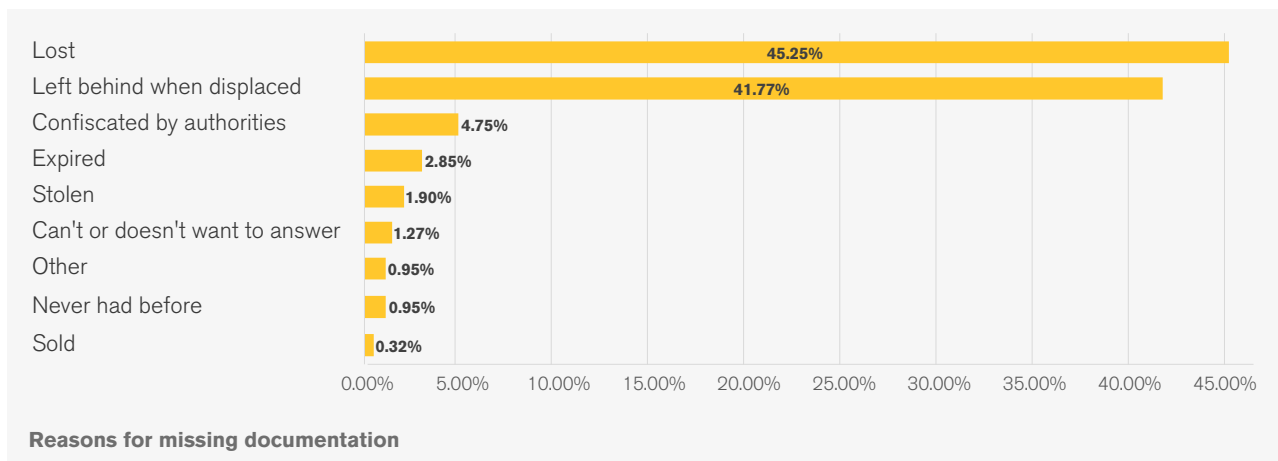


Documents missed after the crisis

Reasons of missing documents

The main reason of missing civil documents was being lost according to 45% of respondents across northern Syria in general. In NWS, the main reason was left behind while displacement (51%), followed by lost (39%) and confiscated by authorities (4%).

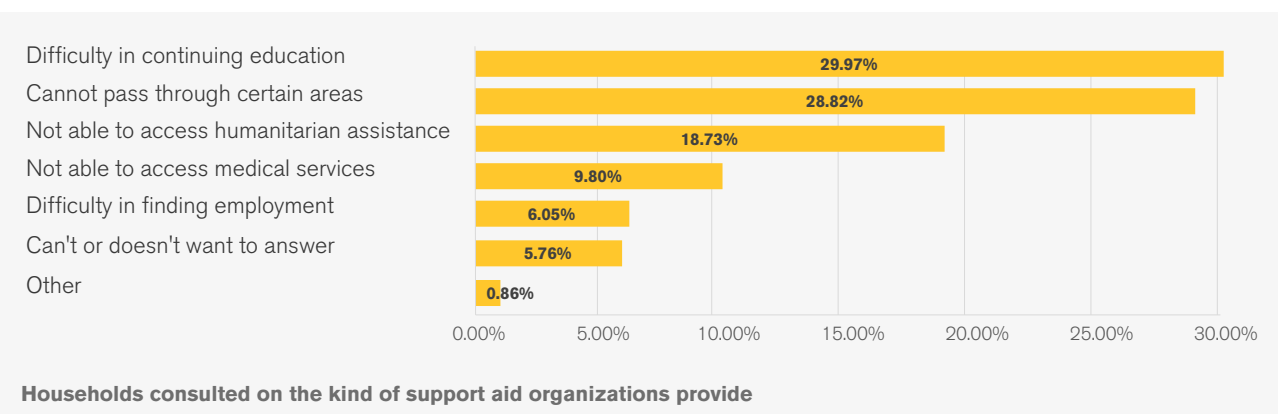
In NES, 67% of respondents reported that the main reason for missing civil documents was that it was lost, followed by left behind when displaced (10%) and confiscated by authorities (8%).



Impact of losing documents

Because of missing civil documents, 30% of respondents said they were having difficulty continuing their education. 29% of respondents said they can't move freely and can't pass through certain areas, and 19% of respondents said that

a missing civil document prevented them from receiving humanitarian aid. Across NWS and NES, reported percentages varied, however, inability to move freely was the most reported impact in NES while difficulty to continue education was in NWS.



Renewing or obtaining new civil documents

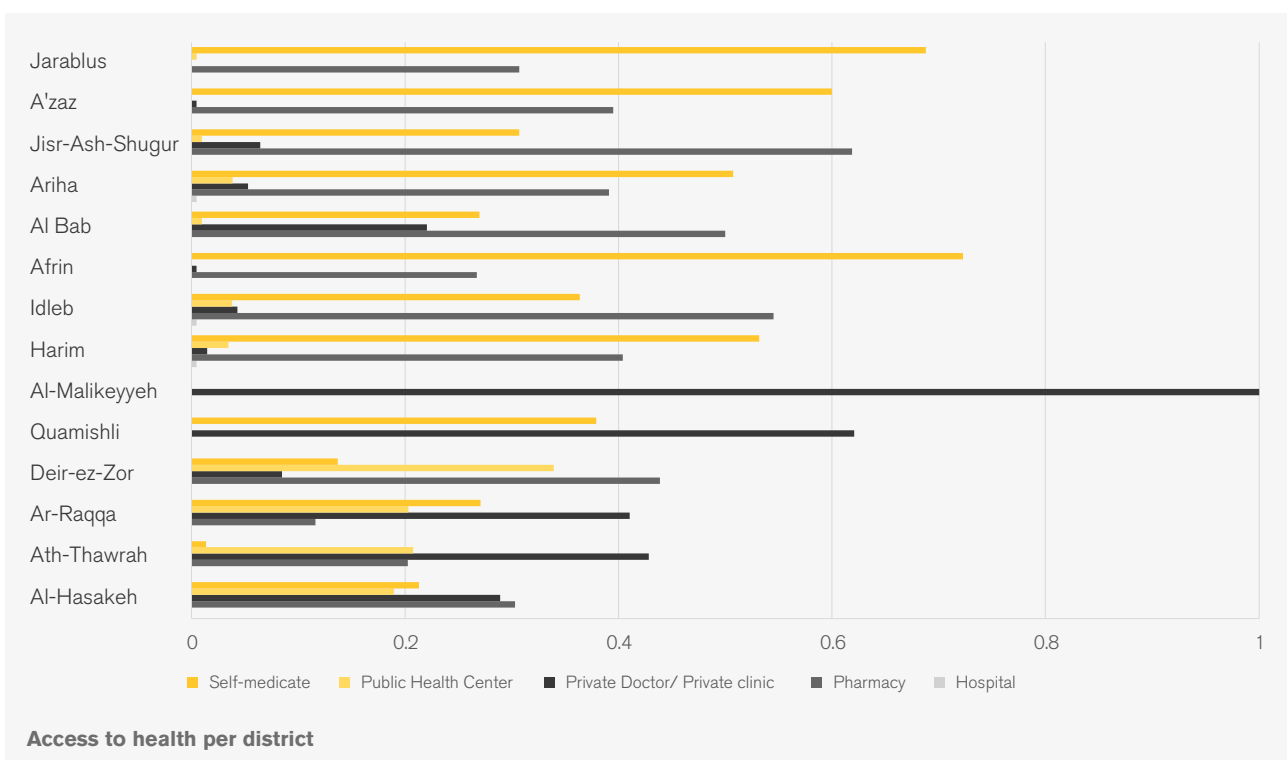
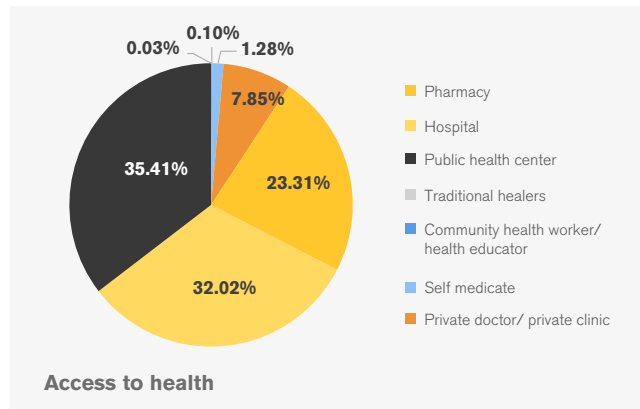
30% of respondents didn't try to renew civil documents or obtain new ones. In NES, 45% of respondents didn't try to renew civil documents or obtain new ones in comparison to 25% in NWS.

30% of host population respondents, 30% of IDP, 34% of returnees didn't try to renew civil documents or obtain new ones. 45% of female headed household and 25% of male headed household didn't try to renew civil documents or obtain new ones.

FINDINGS: HEALTH

Access to health: preferences and options

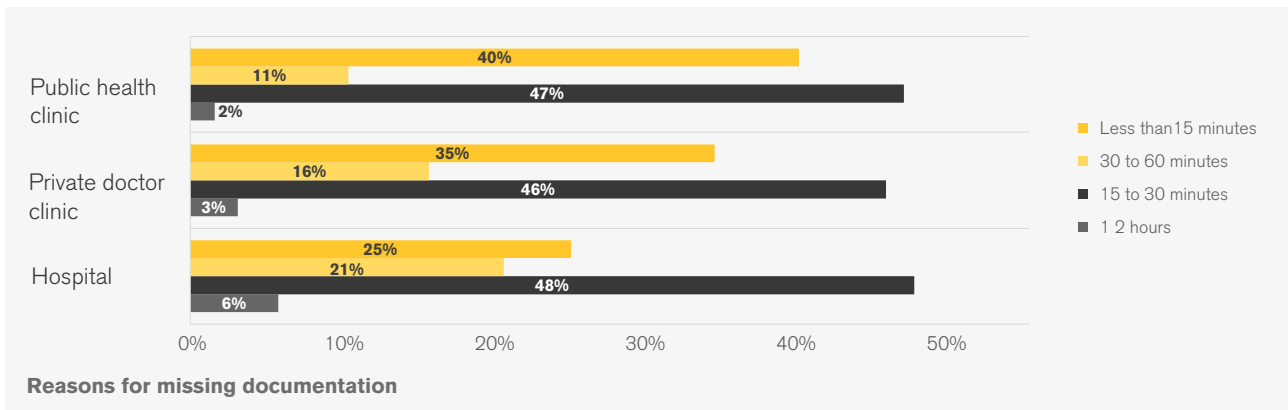
In northwest Syria, public health centers were selected as the first option households go to when members get sick, reported by 50% of the respondents, while in NES it was reported by 17%. In NES, the first option ranked by 47% of respondents was the pharmacy. Visiting private hospitals ranked second option across both hubs at 18% and 43% in NES and NWS, respectively.



Transportation to health facilities

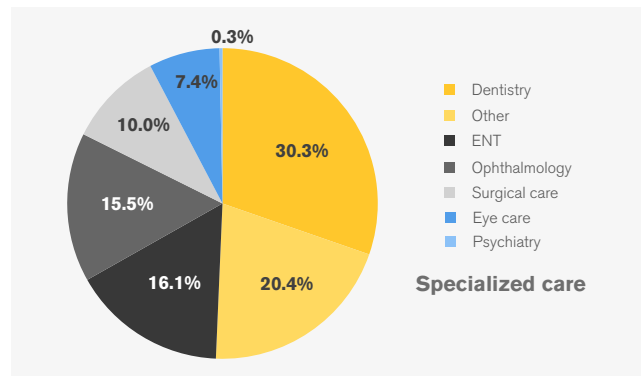
Cars have been identified as the primary transportation method to health facilities by 51% of respondents (68% in NES and 39% in NWS) respondents, followed by bicycle (27%; 24% in NES and 42% in NWS) and walking (21%; 8% in NES and 19% in NWS). Approximately 47% of respondents stated an average time of 15 to 30 minutes to reach the nearest healthcare facility utilizing their primary transportation method. The distance on average to the nearest hospital is 12

km, 6 km to the nearest primary health center, and 8 km to the nearest private clinic/doctor. Average commuting time of less than 15 minutes was higher among returnees and IDPs at 51% and 48%, in comparison to host population at 37%. With an average commuting time of 15 to 30 minutes, higher percentages were recorded among host populations at 49%, in comparison to returnees and IDPs at 36% and 41%, respectively.



Specialized care

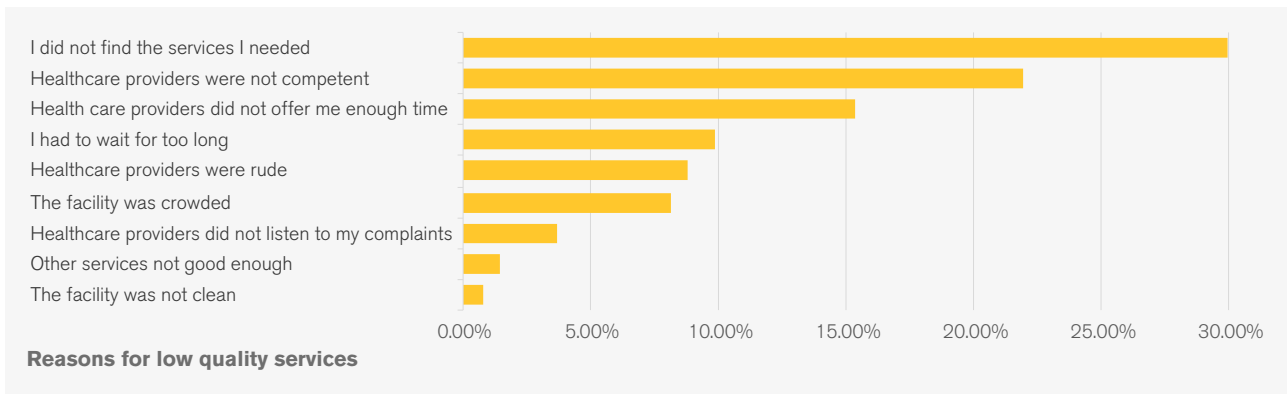
79% of respondents (82% in NES and 77% in NWS) have received specialized healthcare in the last 30 days. 30% of them received dentistry services, 16% ear nose and throat (ENT) services, 15.5% ophthalmology, 10% surgical care, 7% eye care and 20% other specialized healthcare.



Defining quality of services

19% of respondents (20% in NES and 18% in NWS) reported receiving healthcare that they have believed to be of “poor quality” due to at least one of the following reasons, which applies in both NWS and NES with up to -/+3% variation: not receiving the treatment or medical support required (30%), incompetent healthcare providers (22%), healthcare

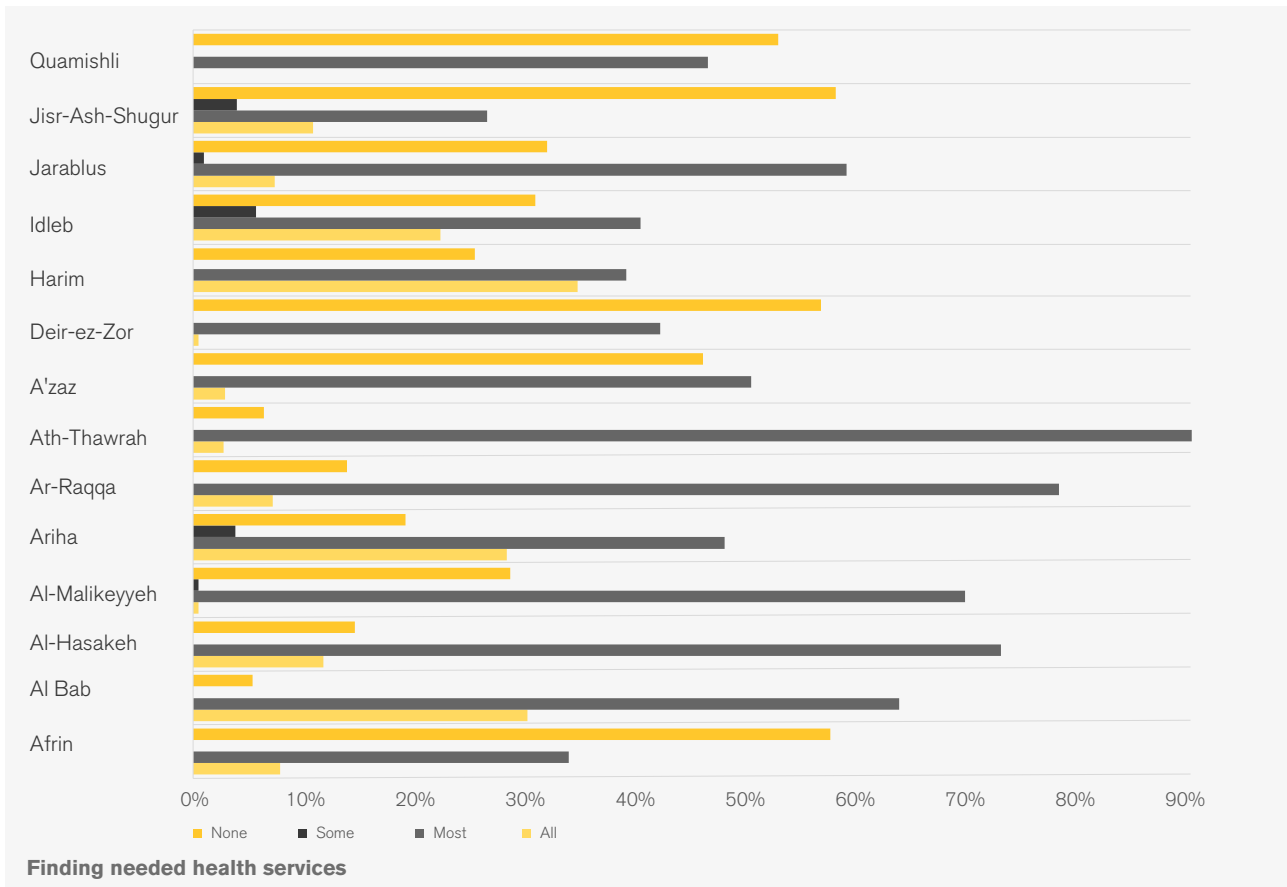
providers not providing them with enough time (15%), long queue or having to wait for too long (10%), healthcare providers were rude (9%) or an overcrowded facility (8%). Dissatisfaction with quality was higher among returnees at 34% in comparison to IDPs and host communities at 21% and 15%, respectively.



Availability of health services

While only 12% of the respondents reported finding all the health services required, the percentage was lower in NES at 4% in comparison to NWS at 18%, mainly in Harim and Al Bab. Over half of respondents found most of the required services, 67% in NES

and 46% in NWS and 32% (29% in NES and 35% in NWS) found some of the services required. Medication, laboratory or a general doctor were the main unavailable services in NWS; however, in NES, medication was the reported unavailable service.

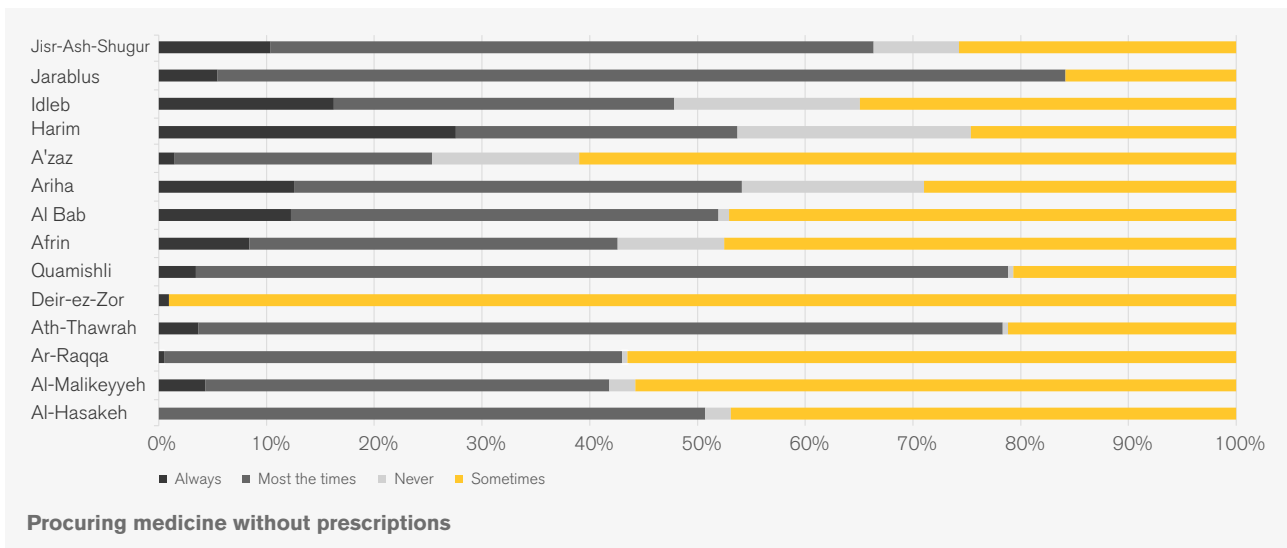


Procure medicine without prescriptions

44% of the respondents (47% in NES and 41% in NWS) procured medicine without prescriptions most of the time, 42% (50% in NES and 36% in NWS) stated sometimes, 8% (2% in NES and 12% in NWS) always and 7% (1% in NES and 11% in NWS) stated never procuring medicine without prescriptions.

Host population and returnees had a higher percentage of procuring medicine without prescriptions in comparison to IDPs, at 53%, 31%

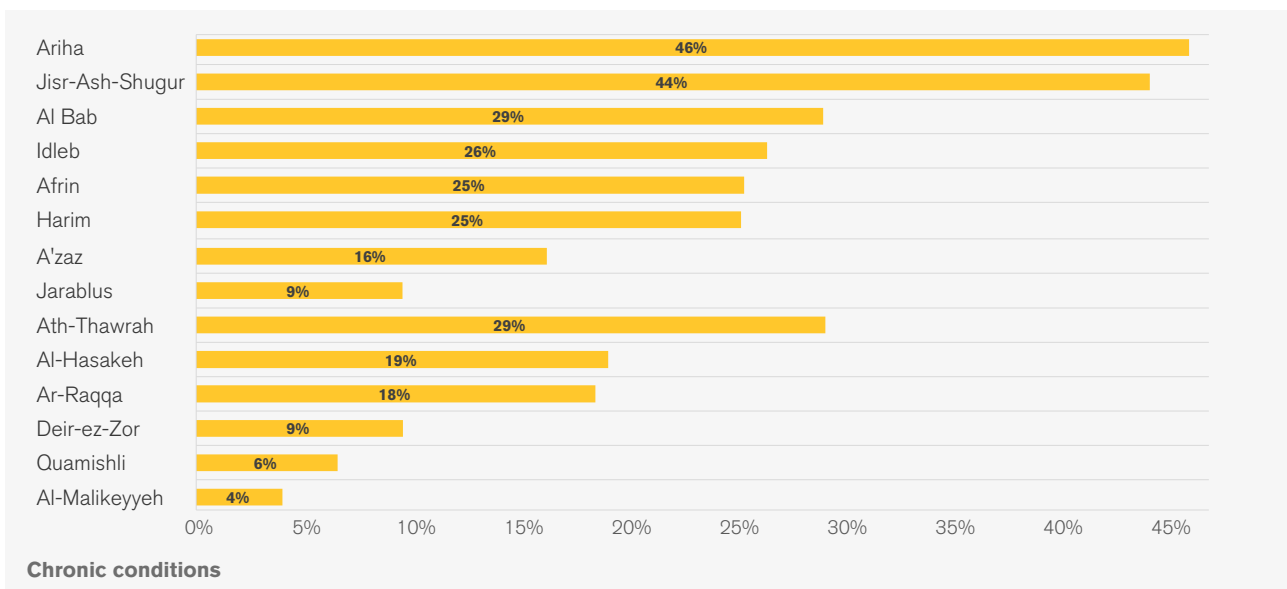
and 15%, respectively. Most of the time, returnees procure medicine without prescriptions; 35% of host population respondents, 41% of IDP and 74% of returnees sometimes procure medicine without prescriptions; 7% of host population respondents, 13% of IDP and 3% of returnees always procure medicine without prescriptions and 5% of host population respondents, 15% of IDP and 7% of returnees never procure medicine without prescriptions.



Chronic illness and medications

22% of respondents reported that at least one of their household members suffer from a chronic illness (15% in NES and 28% in NWS), of which 63% reported sometimes being able to find the medications necessary for managing their chronic

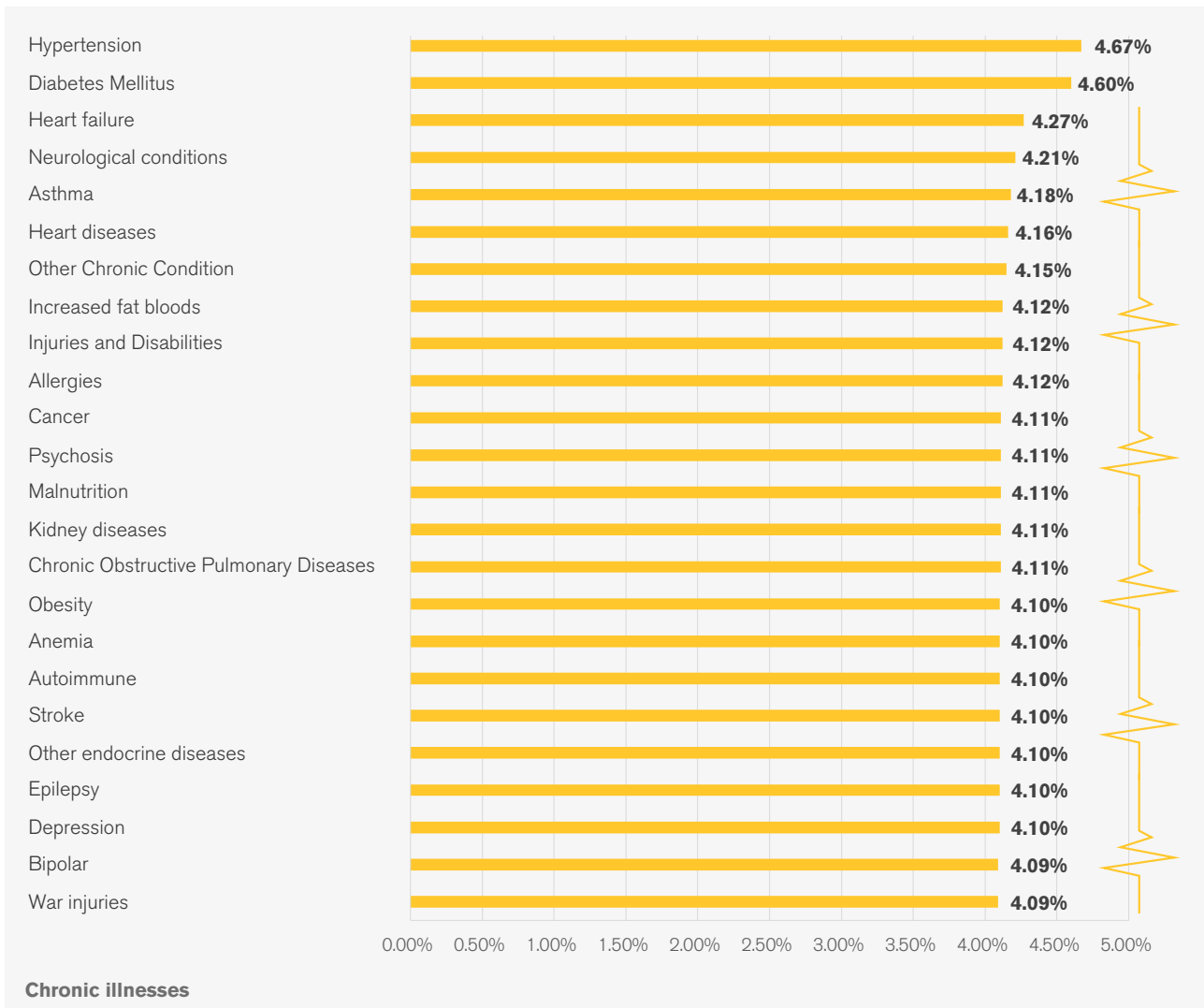
illness. 34% reported always being able to find the necessary medication and 3% were not able to find the medications necessary for managing their chronic illness. Across both hubs, accessibility to medication varied by up to +/-3%.



Communicable diseases access to treatments

Across both hubs, high percentages of access to treatment of communicable diseases was reported, with 99% of respondents having access to diarrhea treatment, 80% having access to leishmaniasis

treatment and 70% having access to scabies treatment. Only in NWS did 100% of respondents report access to respiratory illness treatment.



Community health

Awareness of community activities was reported by 56% of respondents (60% in NES and 53% in NWS) while 30% reported having contact with healthcare providers. Further, high rates of satisfaction were recorded at 81% (93% in NES and 72% in NWS), where respondents reported health workers are useful and helpful and 85% of respondents trust what health workers said. 85% of respondents would like community health workers to visit them more often.

Surveyed host populations were more aware of community health activities than IDPs and returnees

at 60%, 50% and 44%, respectively. 34% of host population respondents, 25% of IDPs and 18% of returnees reported that they contact healthcare providers. 84% of host population respondents, 72% of IDPs and 78% of returnees said that health workers are useful and helpful and 87% of host population respondents, 76% of IDPs and 90% of returnees trust what health workers said. 87% of host population respondents, 73% of IDPs and 89% of returnees would like community health workers to visit them more often.

Surveyed male headed households were more aware of community health activities and trust community health workers more than female headed household at 57% and 45%, respectively. 30% of male headed households and 30% of female headed households reported that they contact healthcare providers. 83% male headed households and 64% of female

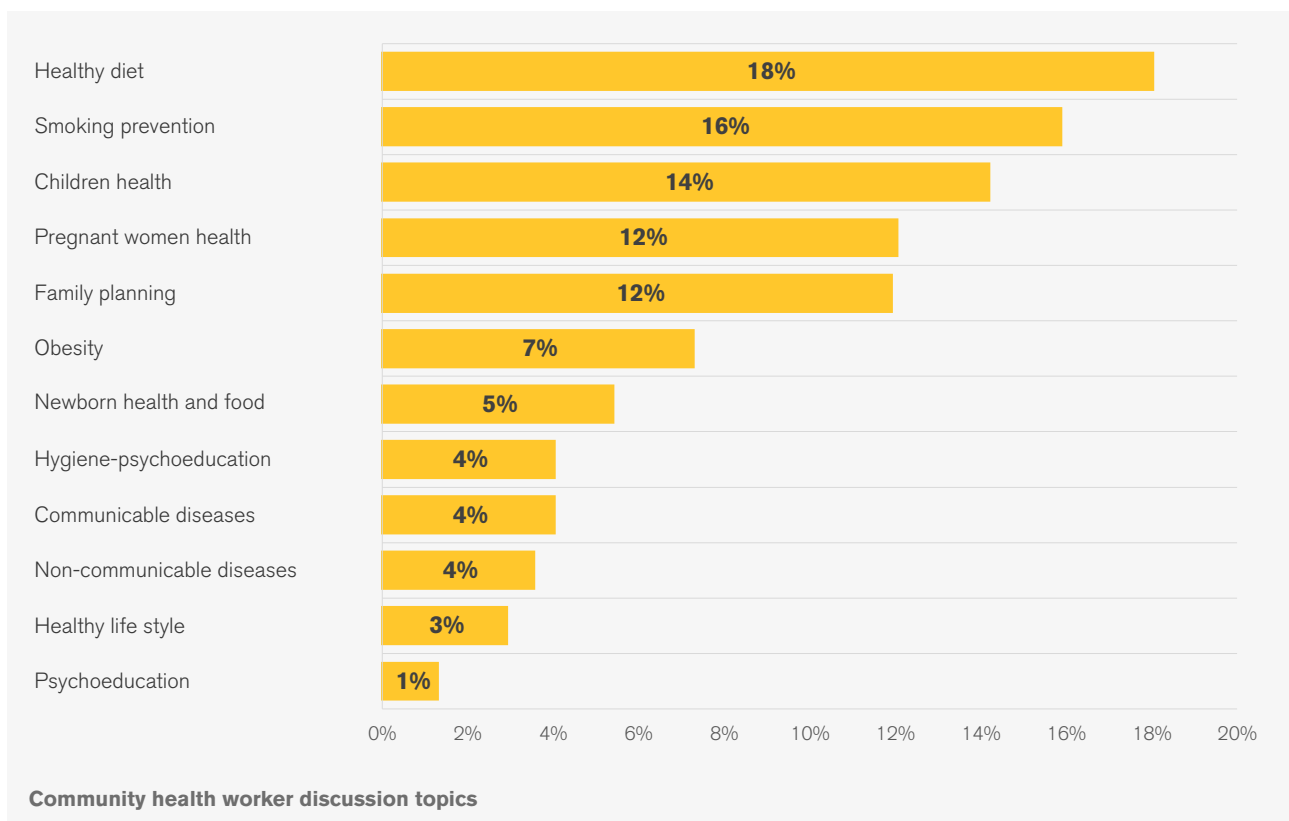
headed households said that health workers are useful and helpful and 88% of household by male and 71% of female headed household trust what health workers said. 86% male headed households and 76% female headed households would like community health workers to visit them more often.

Community health worker discussion topics

Topics discussed by community health workers varied between NWS and NES, yet in general, 18% of topics discussed were about healthy diet, 16% about smoking prevention, 14% about children's health, 12% about pregnant women's health, and 12% about family planning.

about healthy diet, 14% about family planning, 13% about children's health, and 10% about pregnant women's health. In NWS, 16% of discussed topics with community health workers were about healthy diet, 15% about children health, 14% about pregnant women's health, 11% about smoking prevention, and 10% about family planning.

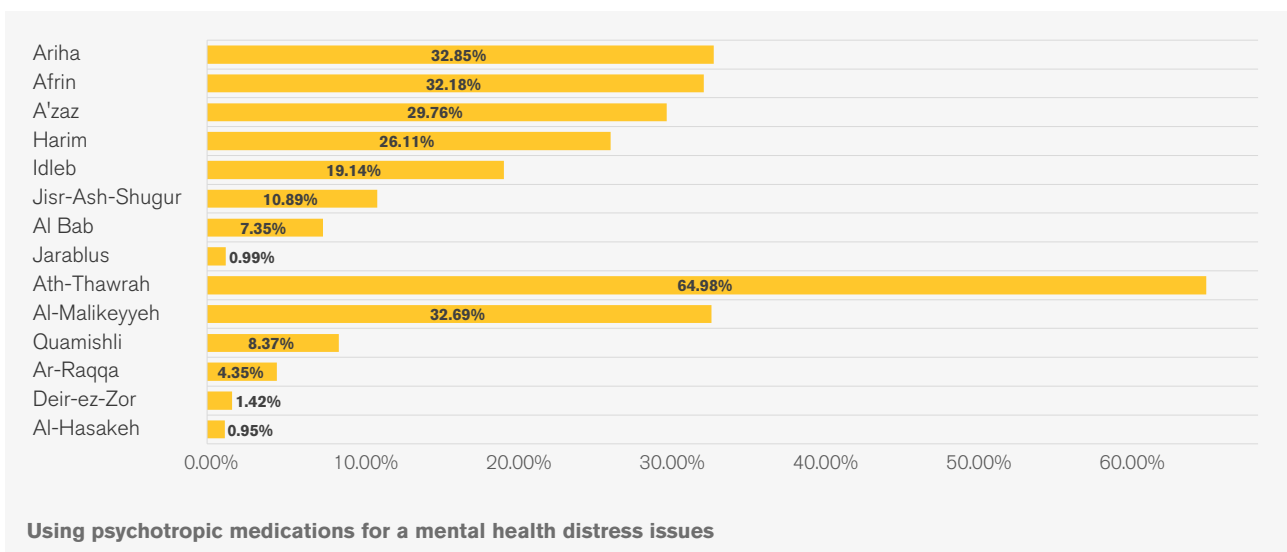
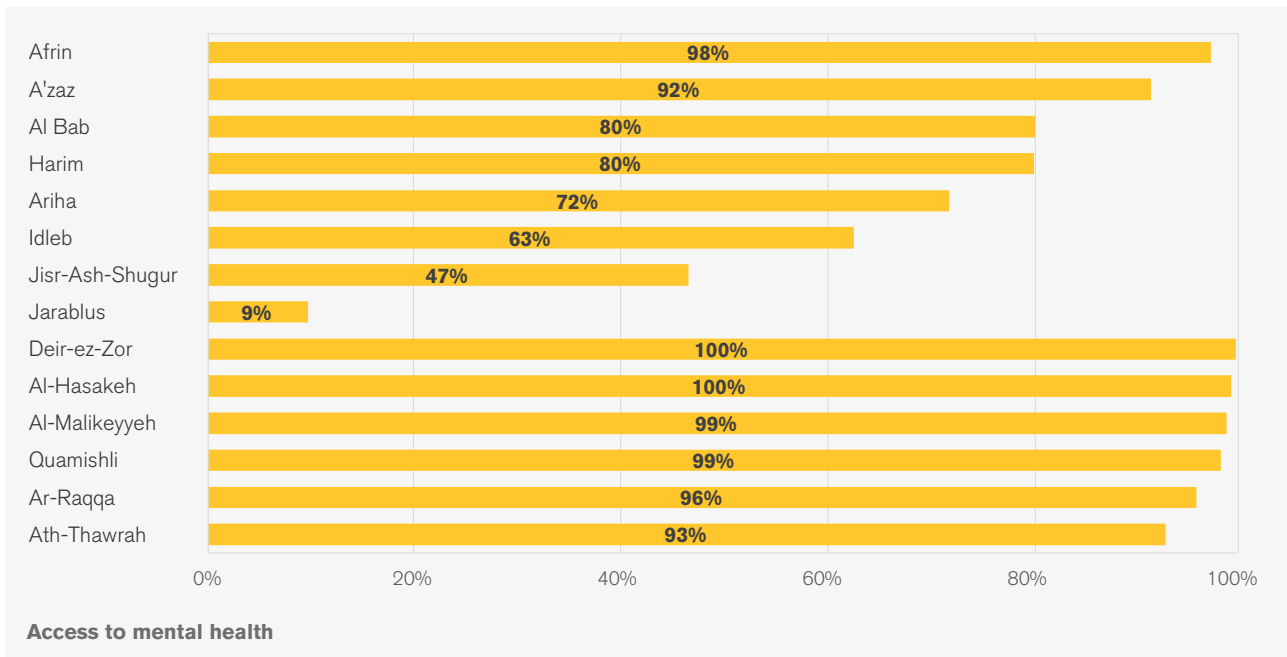
In NES, 21% of discussed topics with community health workers were about smoking prevention, 20%



Mental health

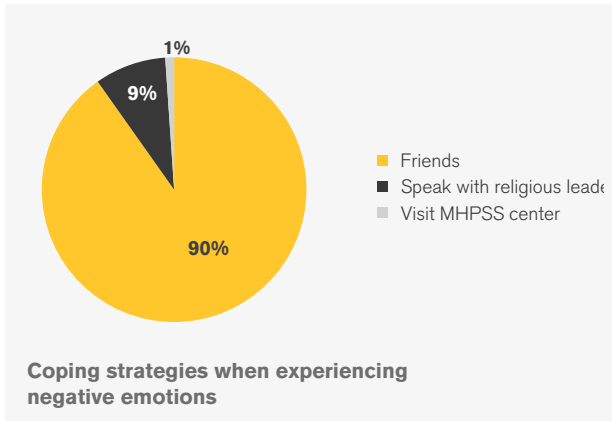
82% of respondents mentioned they have access to mental health services (98% in NES and 68% in NWS). 17% of respondents mentioned at least one family member with stress and 20% of respondents use psychotropic medications for mental health/distress issues. Considering the displacement status into account, data showed lower access to mental health services among IDPs and host populations in comparison to returnees at 78%, 79% and 93%, respectively. 16% of host populations, 28% of IDPs and 6% of returnees mentioned at least one family member with stress.

Surveyed male headed households reported more access to mental health services than female headed households at 84% and 51% respectively. 16% male headed households and 19% of female headed households mentioned at least one family member with stress. And 20% male headed households and 14% of female headed households use psychotropic medications for mental health/distress issues.

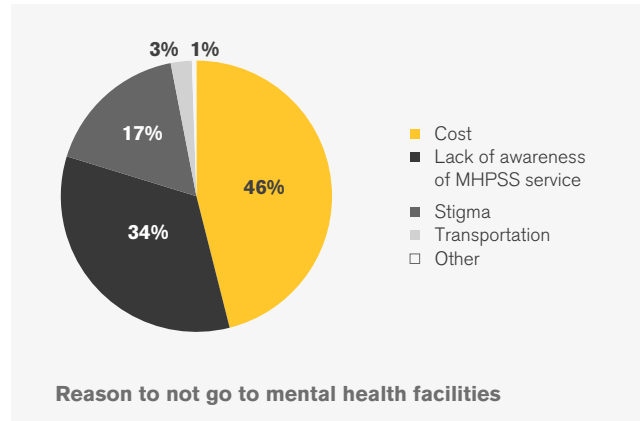


Coping strategies when experiencing negative emotions

90% of respondents reach out to friends when experiencing negative emotions, followed by speaking with religious leaders (9%), and visiting mental health center (1%). Reasons that prevent respondents from visiting mental health centers are high cost (46%), lack of awareness about mental health and psychosocial support (MHPSS) services

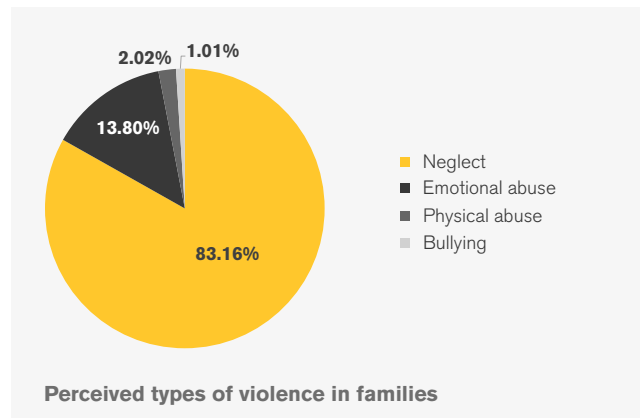


(34%), stigma (17%), and lack of transportation (3%). In NES, the high cost of mental health services was the main reason not going to a mental health facility at 86%, while in NWS, the main reasons were lack of awareness and high costs at 36% and 44%, respectively.



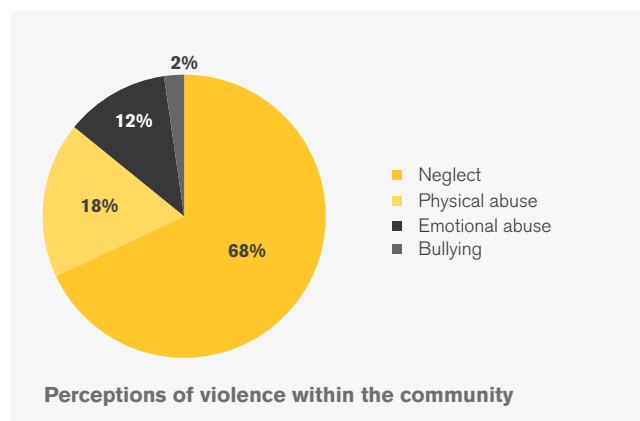
Perception of violence within families

10% of respondents (15% in NES and 7% in NWS) perceive that there is a serious problem of violence within families in their communities, such as neglect (83%), emotional abuse (14%), physical abuse (2%) and bullying (1%). A higher percentage of surveyed host populations than IDPs and returnees believe that there is a serious problem of violence within families in their communities. 13% of host population respondents, 6% of IDPs and 4% of returnees mentioned that there is a severe problem of violence within families in their communities.



Perceptions of violence within the community

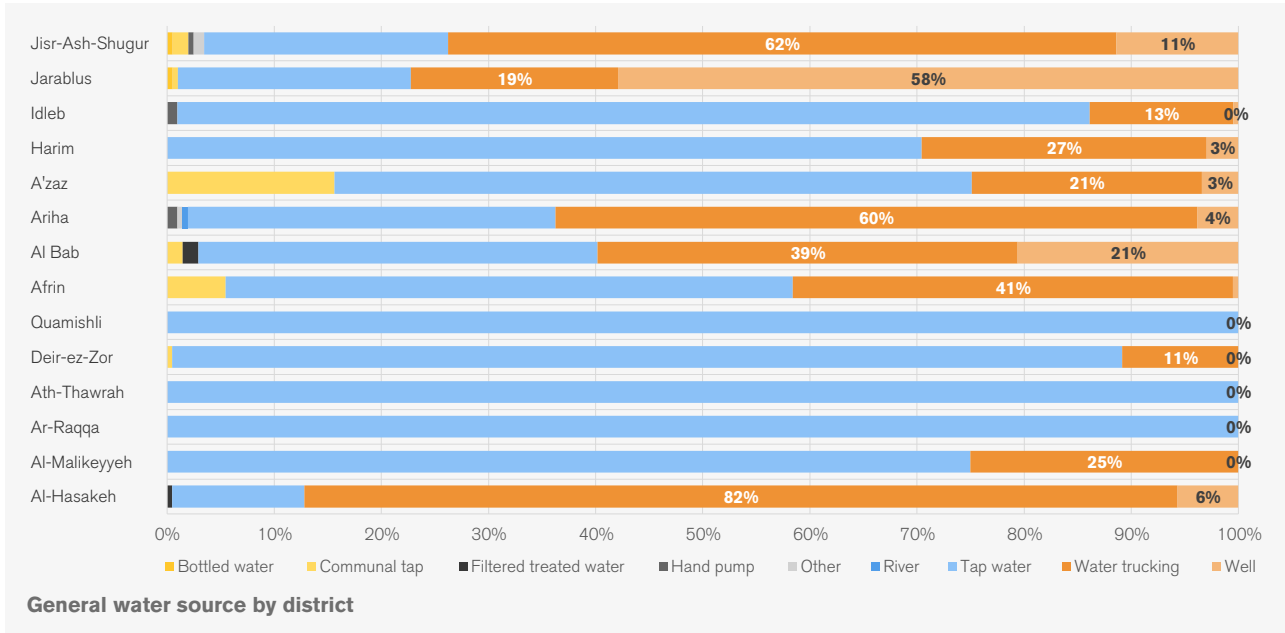
8% of respondents (10% in NES and 6% in NWS) perceive that there is a serious problem in their community due to physical or sexual violence, such as neglect (68%), physical abuse (18%), emotional abuse (12%), and bullying (2%). A higher percentage of the surveyed host population believed that there is a serious problem in their community with violence than IDPs and returnees. 9% of host population respondents, 6% of IDP and 4% of returnees mentioned that there is a severe problem in their community with violence.



General source of water

62% of respondents have a water tap in their home (79% in NES and 48% in NWS), while the rest rely on other sources, such as water trucking (29%) and wells (8%). For drinking water specifically, most rely on tap water and the rest rely on other sources such as water trucking (70%; 98% in NES

and 65% in NWS) and wells (22%). Tap water is the main general source of water for the surveyed host population (60%), IDP (61%) and returnees (72%). Water trucking is the main drinking water source for the surveyed host population (63%), IDP (80%) and returnees (90%).

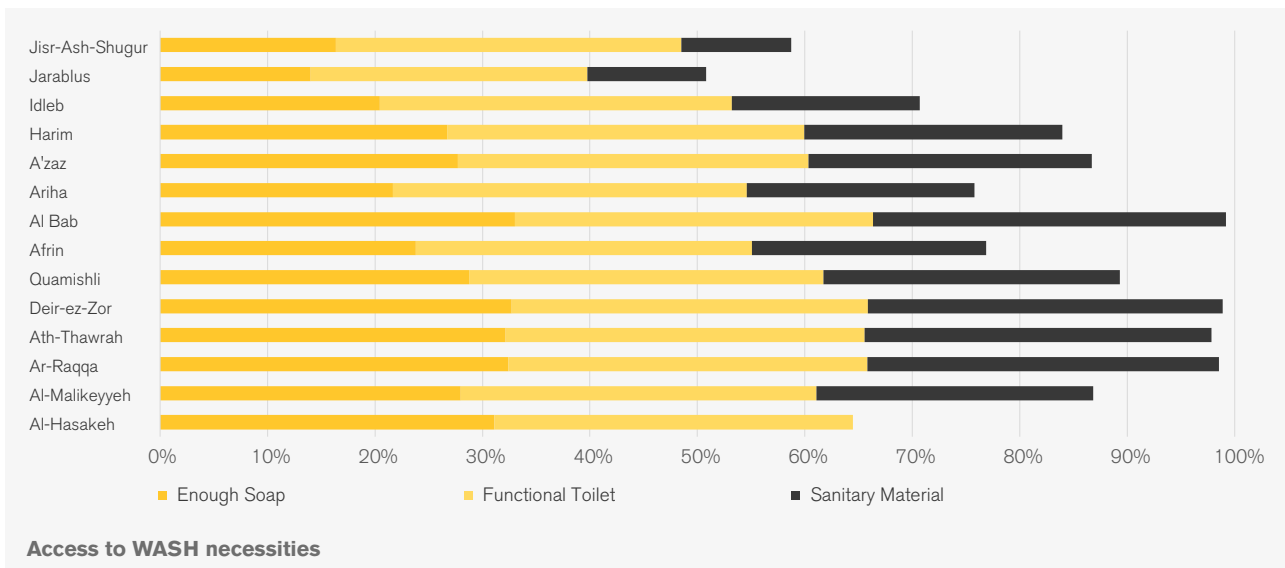


Access to water sanitation and hygiene (WASH) necessities

There is enough soap and other cleaning supplies in the home for 79% of respondents; 97% have at least one functional toilet in the home, and 75% have essential sanitary products for women and girls.

In NES, there is enough soap and other cleaning supplies in the home for 93% of respondents;

99% have at least one functional toilet in the home, and 91% have essential sanitary products for women and girls. In NWS, there is enough soap and other cleaning supplies in the home for 68% of respondents; 95% have at least one functional toilet in the home, and 63% have essential sanitary products for women and girls.



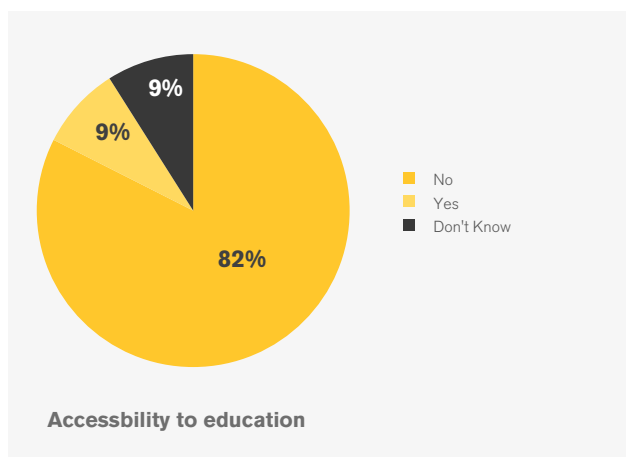
FINDINGS: EDUCATION

Access to education

Respondents were asked if children have less access to education after the crisis. According to the results, 9% of respondents said children have less access to education.

In NES, 8% of respondents said children have less access to education. In NWS, 9% respondents said children have less access to education. According to reports, child labor is the primary cause of being out of school and education's limited accessibility.

10% of host population respondents, 7% of IDPs and 3% of returnees said children have less access to education. 12% of female headed households and 8% of male headed households said children have less access to education.

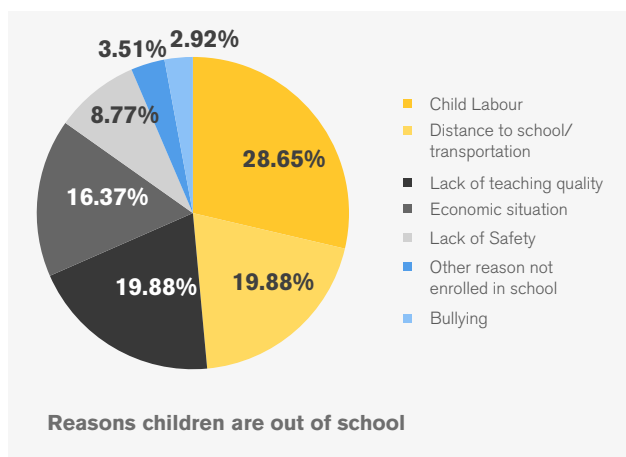


Lack of enrollment in school

Respondents were asked about the reasons for being not being enrolled in school, with 29% of respondents reporting that the main reason of children being out of school is child labor, 20% reported distance to school / transportation and lack of teaching quality, 16.37% reported economic situation, and 9 % reported the lack of safety.

In NES, 46% of respondents reported that the main reasons that children are out of school is child labor and lack of teaching quality, 4% reported economic situation and lack of safety as reasons of being out of schools.

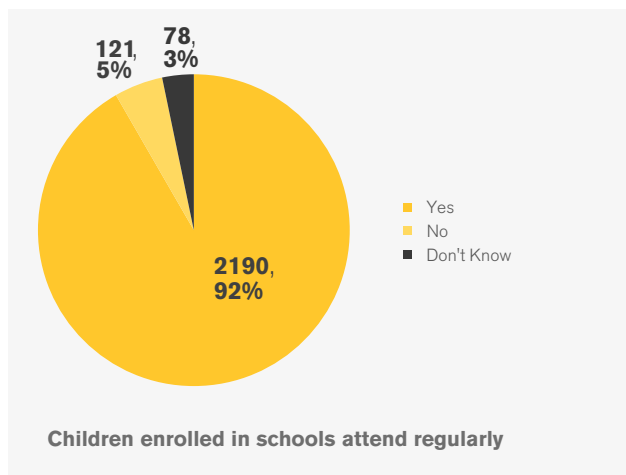
In NWS, 25% of respondents reported that the main reasons of children being out of school is child labor, 24% reported distance to school/ transportation, and 19% reported economic situation.



Regular enrollment in schools

Respondents were asked if children who are enrolled in schools attend regularly; 92% of respondents reported that their children were regularly enrolled in school. In NES, 95% of respondents reported that their children were regularly enrolled in school, while 88% reported that their children were regularly enrolled in NWS.

93% of returnees, 90% of host population and 89% of IDP respondents reported that their children were regularly enrolled in school. 87% of female headed household and 92% of male headed household reported that their children were regularly enrolled in school.

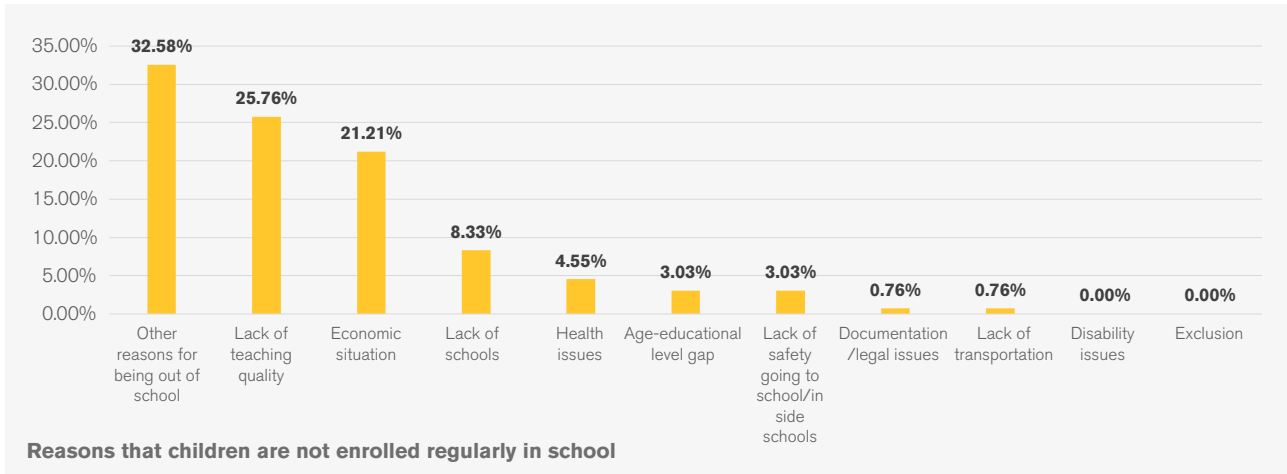


Irregular enrollment in schools

Respondents were also asked about the reasons why children are not enrolled regularly in school. According to the findings, the most significant barriers that prevent children from enrolling regularly in school are the lack of teaching quality (26%), economic situation (21%), and lack of school (8%).

In NES, 93% of respondents reported the lack of teaching quality and 7% reported the economic

situation as reasons of children are not enrolled regularly in schools. In NWS, 23% reported economic reasons, 18% lack of teaching quality, 9% lack of schools, 5% health issues and 36% reported other reasons for children are not enrolled regularly in schools.

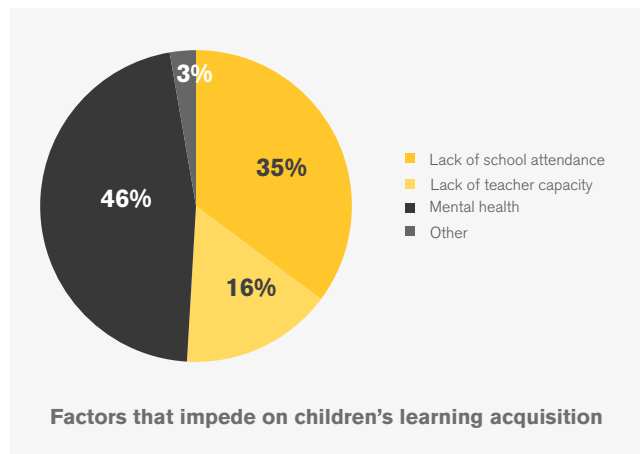


Learning acquisition

Respondents were asked about the factors that impede children's learning acquisition. 46% of respondents reported mental health as one of the factors which impede children's learning acquisition while 35% mentioned the lack of school attendance and 15% mentioned lack of teacher capacity as another factor.

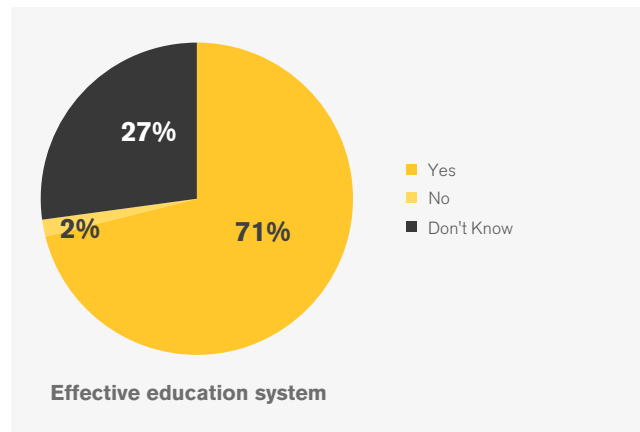
In NES, 39% reported lack of school attendance as one of the factors which impede children's learning acquisition while 41% mentioned mental health and 18% mentioned lack of teacher capacity as other factors.

In NWS, 31% reported lack of school attendance as one of the factors which impede children's learning acquisition while 50% mentioned mental health and 13% mentioned lack of teacher capacity as other factors.



Efficacy of the education system

71% (67% in NES, 74% in NWS) reported that they have an effective education system to support children's learning while 2% (32% in NES, 3% in NWS) do not believe they have an effective education system and 27% (32% in NES, 23% in NWS) reported that they don't know if they have it or not. 87% of returnees, 80% of IDP and 65% of host population respondents reported that they have an effective education system to support children's learning.

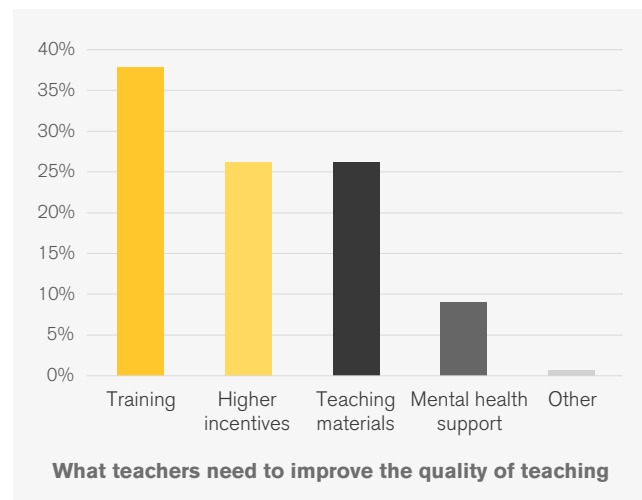
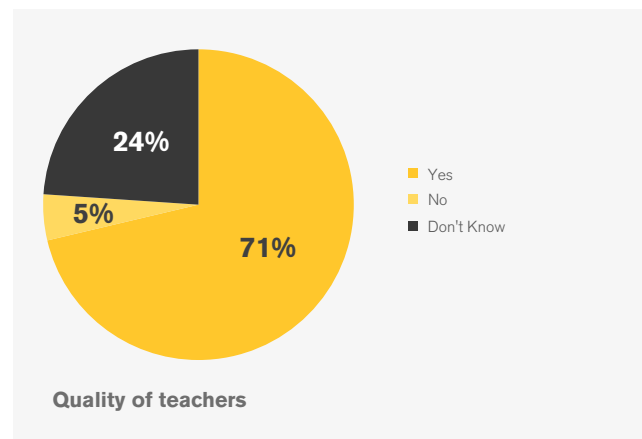


Teacher qualifications and teacher quality

71% (65% in NES, 76% in NWS) answered that teachers are well-capacitated to teach children according to their needs and level, while 5% (6% in NES, 4% in NWS) reported the opposite and 24% (29% in NES, 20% in NWS) don't know if the teachers are well capacitated or not.

65% of host population, 80% of IDP and 89% of returnee respondents believed that teachers are well-capacitated to teach children according to their needs and level.

Respondents were asked what teachers need to improve in the quality of teaching and 38% (43% in NES, 29% in NWS) of respondents mentioned that teachers need training to improve the quality of teaching, 26% (22% in NES, 34% in NWS) mentioned that teachers need higher incentives, 26% (28% in NES, 23% in NWS) noted teaching materials, and 9% (7% in NES, 12% in NWS) mentioned mental health support.



65%



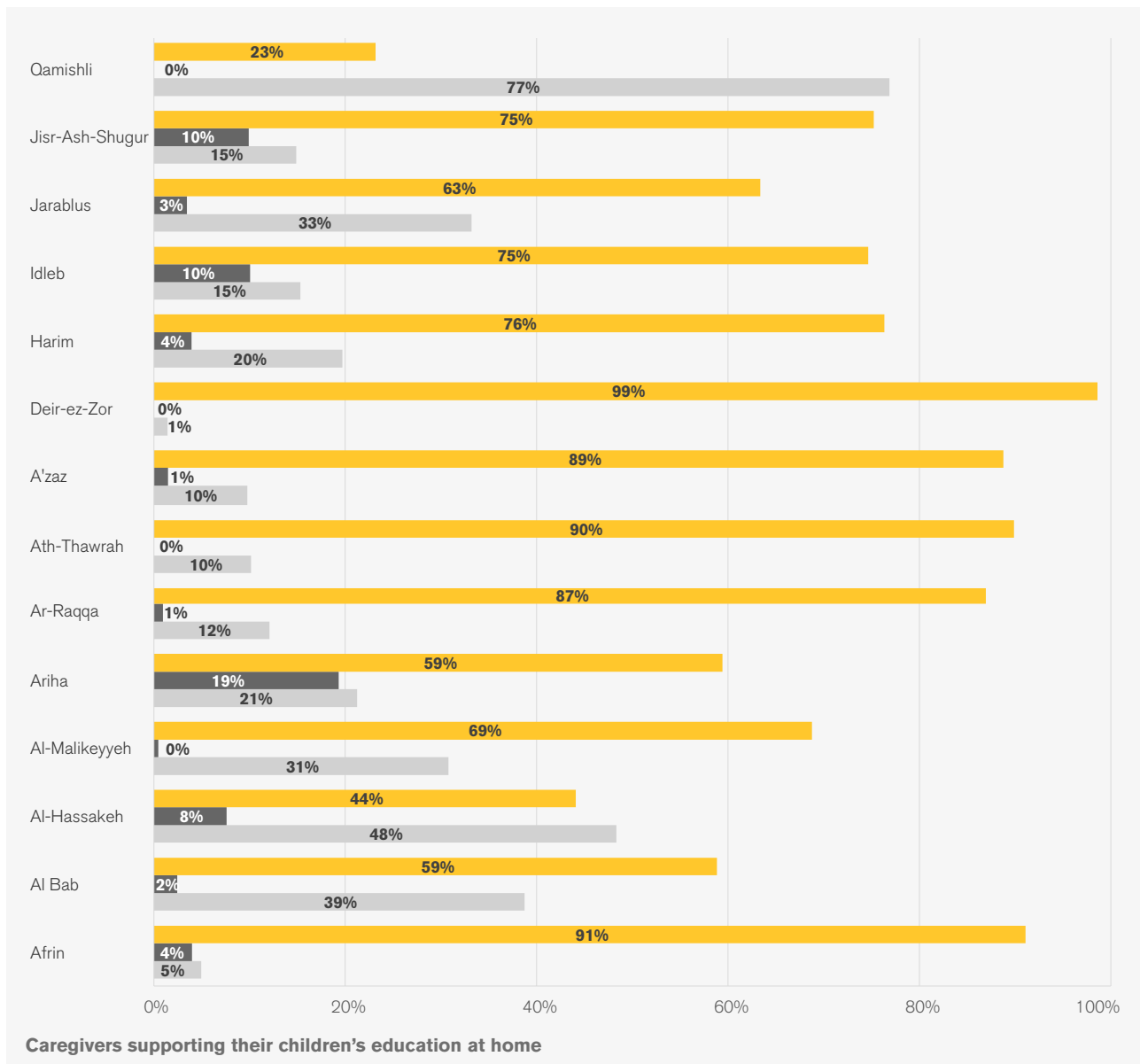
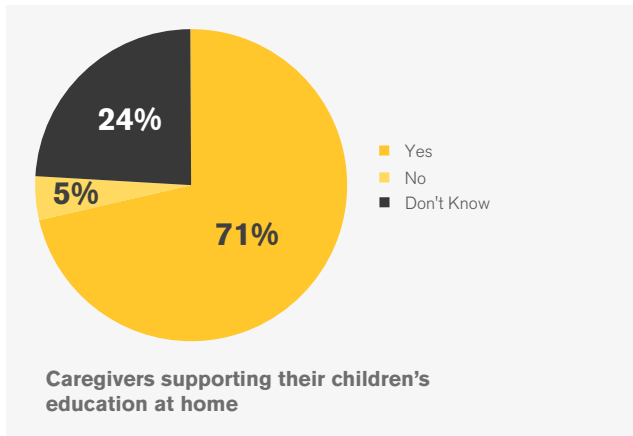
of host population, 80% of IDP and 89% of returnee respondents

believed that teachers are well-capacitated to teach children according to their needs and level.

Caregivers that support their children's education at home

71% (69% in NES, 73% in NWS) of respondents reported that caregivers support their children's education at home, while 5% (1.5% in NES, 7% in NWS) reported the opposite and 24% (30% in NES, 20% in NWS) reported that they don't know.

88% of returnees, 78% of IDP and 66% of host community respondents reported that caregivers support their children's education at home.

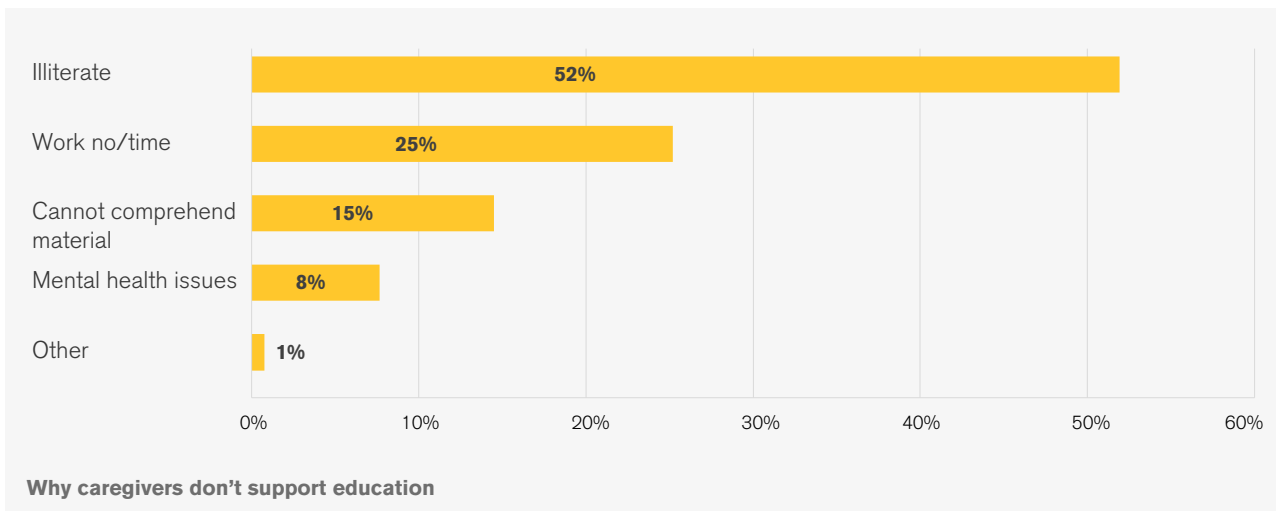


Respondents were asked for the main reasons why caregivers are not supporting education at home; 52% reported illiteracy as a reason of caregiver not supporting children education, 25% mentioned work/no time, 14.5% mentioned cannot comprehend material while 8% mentioned mental health issue and 1% mentioned other reasons.

In NES, 63% mentioned work / no time as a reason of caregiver not supporting children education, 26%

mentioned cannot comprehend material while 11% mentioned illiteracy.

In NWS, 59% reported illiteracy as a reason of caregiver not supporting children education, 19% mentioned work / no time, 13% mentioned cannot comprehend material while 9% mentioned mental health issue, and 1% mentioned other reasons.



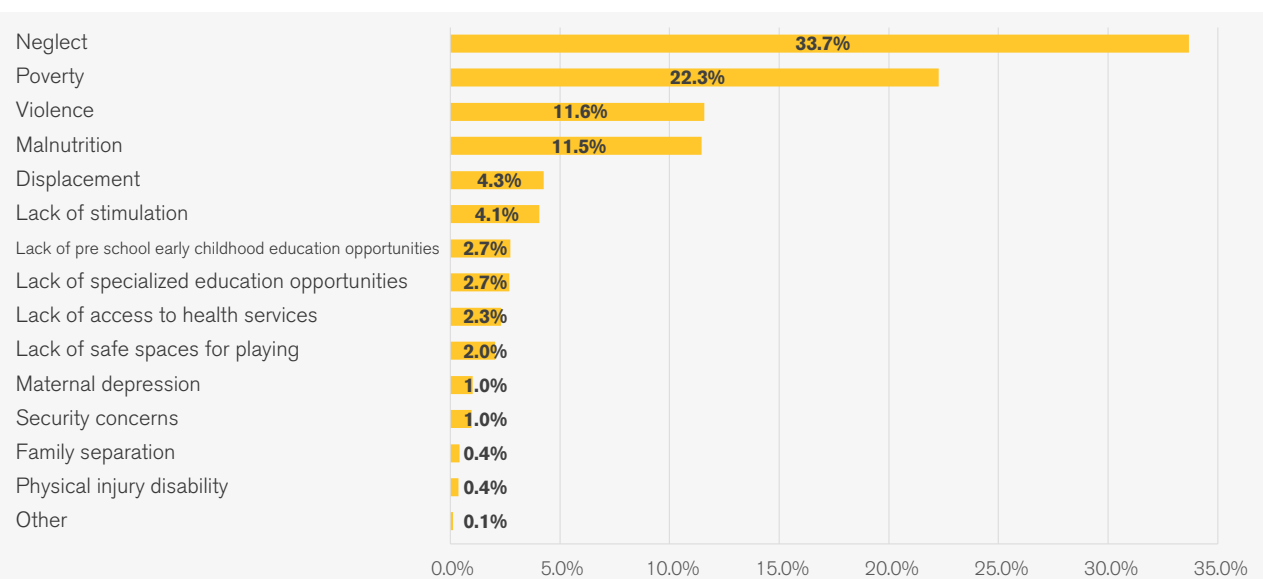
Risks for children during his/her development stage

Respondents were asked for their perception of the highest risks their children face during his/her development stage; 34% reported poverty as a risk that their children face during development stage, 17% mentioned neglect and malnutrition, 6% mentioned lack of stimulation and displacement while 4% mentioned lack of preschool / early childhood education opportunities and lack of access to health services as risks.

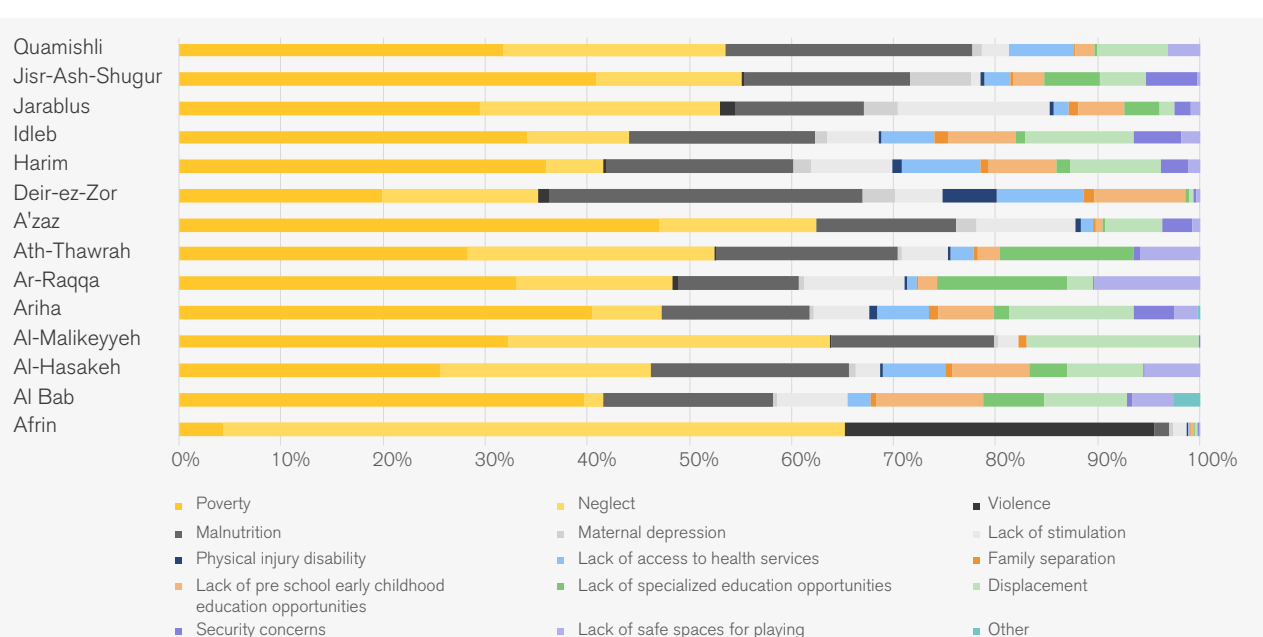
In NES, 29% reported poverty as a risk that their children faced during development stage, 22%

mentioned neglect, 19% mentioned malnutrition, 6% mentioned lack of specialized education opportunities and displacement, while 5 % mentioned lack of safe spaces for playing as risks.

In NWS, 38% reported poverty as a risk that their children faced during development stage, 15% mentioned malnutrition, 12% mentioned neglect, 8% mentioned lack of stimulation, 7% displacement, 5% Lack of preschool / early childhood education opportunities while 3% mentioned lack of specialized education opportunities as risks.



Risks for children during development



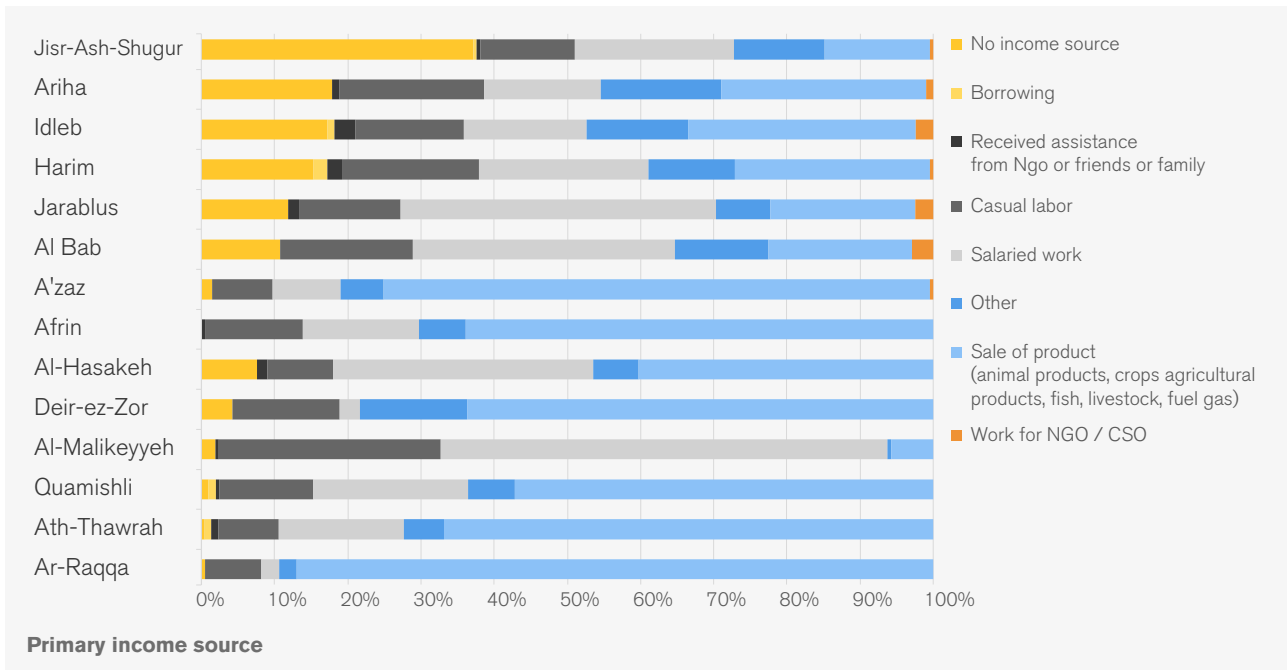
Risks for children during development by district

FINDINGS: ECONOMIC WELLBEING

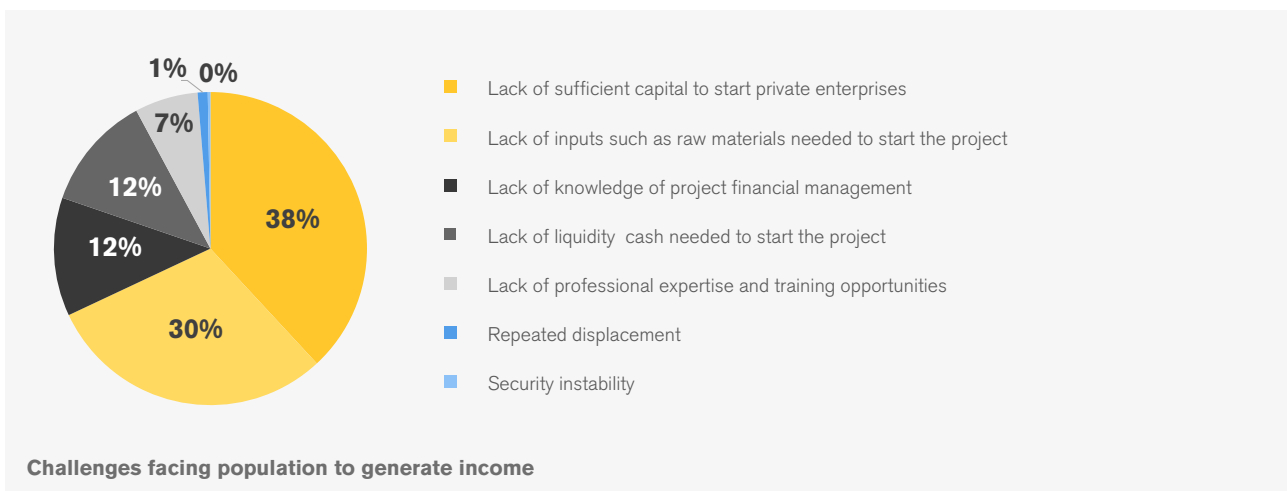
Income Source

Respondents were asked about their primary source of income during the past 90 days. Results show that, for 47% of respondents, the primary source of income is the sale of products (animal products, crops agricultural products, fish, livestock, fuel gas) followed by salaried work (25%) and casual labor (15%). The main challenges facing the population

to generate income is lack of sufficient capital to start private enterprises (38%), followed by a lack of inputs, such as raw materials needed to start the enterprise (30%), lack of knowledge of financial management (12%) and lack of liquidity/cash needed to start the enterprise (11.9%).



Challenges facing population to generate income

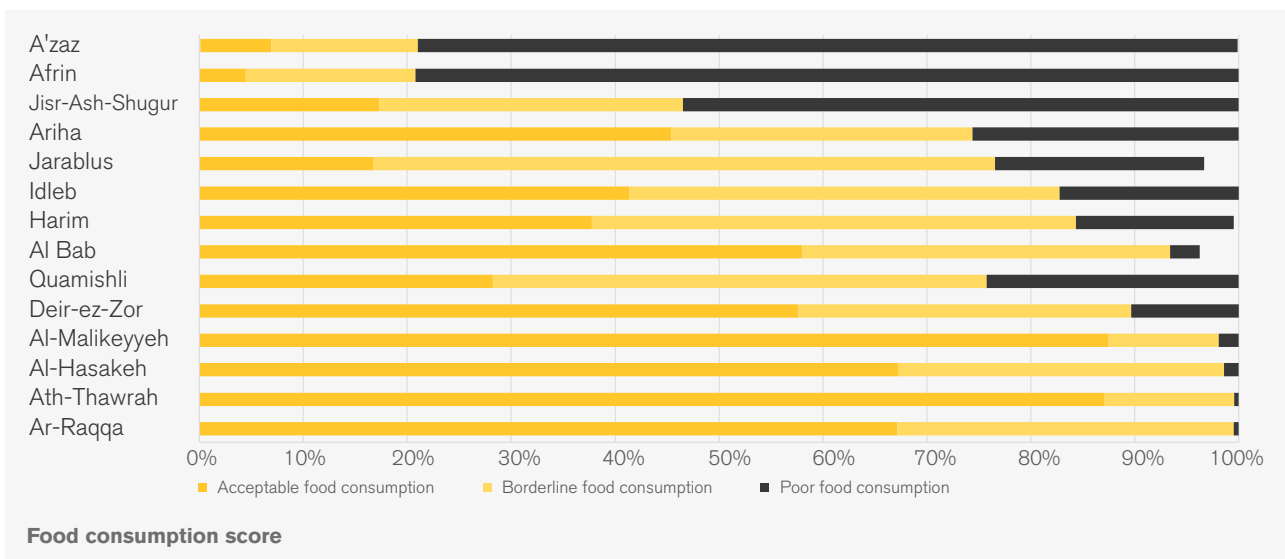


Food consumption score

Surveyed households were asked about their food consumption score (FCS): how often their household has consumed a set of nine food categories, each with its unique nutritional weight, during the past week. Results showed that 45% of households (67% in NES, 29% in NWS) have scored an acceptable FCS of above 42, 31% (27% in NES, 34% in NWS) were on the borderline by scoring 28 to 42, and 24% (7% in NES, 37% in NWS) were had a poor FCS of less than or equal to 28.

Households surveyed in the host community had a higher acceptable FCS than IDP and returnees. 52% of surveyed host community households scored an acceptable FCS, while 20% of surveyed IDPs scored an acceptable FCS, and 41% of surveyed returnees scored an acceptable FCS.

Surveyed male headed households also scored higher acceptable FCS than those headed by female, with 46% of male headed households scoring an acceptable FCS, compared to 37% of female headed households.

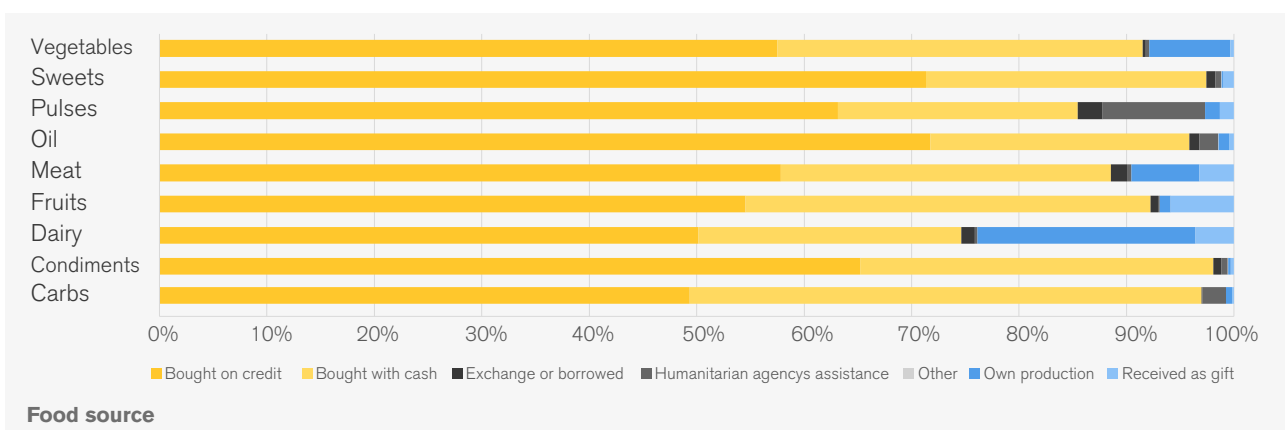


Food source

60% (68% in NES, 53% in NWS) of households were reportedly purchasing their food on credit/debt, 31% (22% in NES, 40% in NWS) bought with cash, 4% (5% in NES, 4% in NWS) produced their own food, 2% received through humanitarian aid, 1.44% received as gift, and 1% exchanged or borrowed.

Results show that returnees depend slightly more on buying their food on credit (65%) than the host community (62%) and IDPs (48%). IDPs depend more on buying their food with cash (47%) than host communities (28%) and returnees (30%).

Surveyed male headed households depend slightly less on buying their food on credit (60%) than those headed by female (63%).



Expenditure sharing rate

The 'food expenditure share' indicator is used to assess economic vulnerability. This indicator assumes that the greater the importance of food in a household's overall budget (in comparison to other consumed items/services), the more economically vulnerable the household. The 'food expenditure share' indicator is identified by dividing total food expenditures by total household expenditures.

According to the findings, 60% (77% in NES, 47% in NWS) of surveyed household have scored as food secure with a score of less than 50%, 25% (14% in NES, 33% in NWS) were marginally food secure with a score of 50% to <65%, 8% (2% in NES, 13.5% in NWS) scored as moderately food insecure

with a score of 65% to <75% and 7% (7% in NES, 7% in NWS) scored as severely food insecure with a score of >75%.

Returnees showed to be less food secure than IDP and host population households, with 42% of surveyed returnees scoring as food secure, 62% of surveyed IDPs scoring as food secure, and 63% of surveyed host population scoring as food secure.

Surveyed male headed households scored as more food secure than female headed households, with 62% of surveyed male headed households scoring as food secure as compared to 42% of surveyed female headed households.



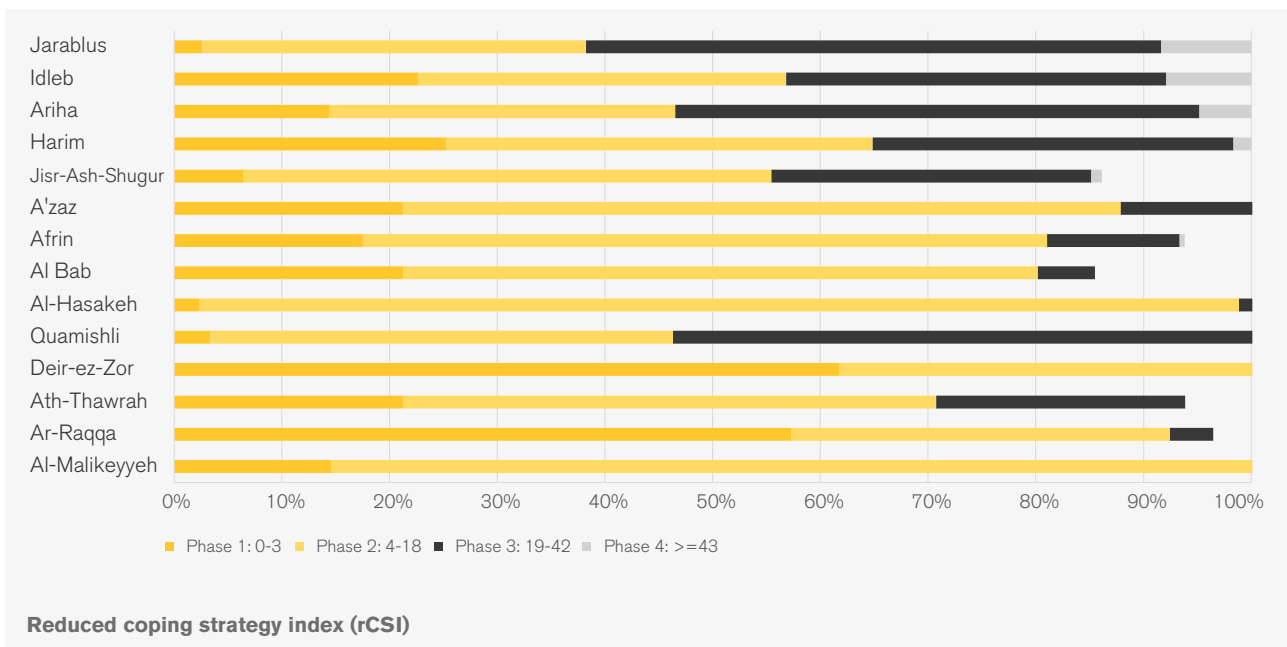
Reduced Coping Strategy Index (rCSI)

Respondents were asked how often they resort to using any of the negative coping mechanisms from the reduced coping strategy index (rCSI), which measures the behavior of households over the previous week where they did not have enough money to purchase food. Of surveyed households, 21% (26% in NES, 15% in NWS) had an acceptable rCSI in Phase 1, 53% (56% in NES, 50% in NWS) were in Phase 2, 24% (17% in NES, 30% in NWS) in Phase 3, and 2% (1% in NES, 3% in NWS) were in Phase 4.

Surveyed returnee and IDP households were more likely to be in phase 1 than host population

households, where 16% of surveyed host population households had an acceptable Phase 1 rCSI, compared with 21% of surveyed IDP HHs and 36% of surveyed returnee households with an (acceptable) Phase 1 rCSI.

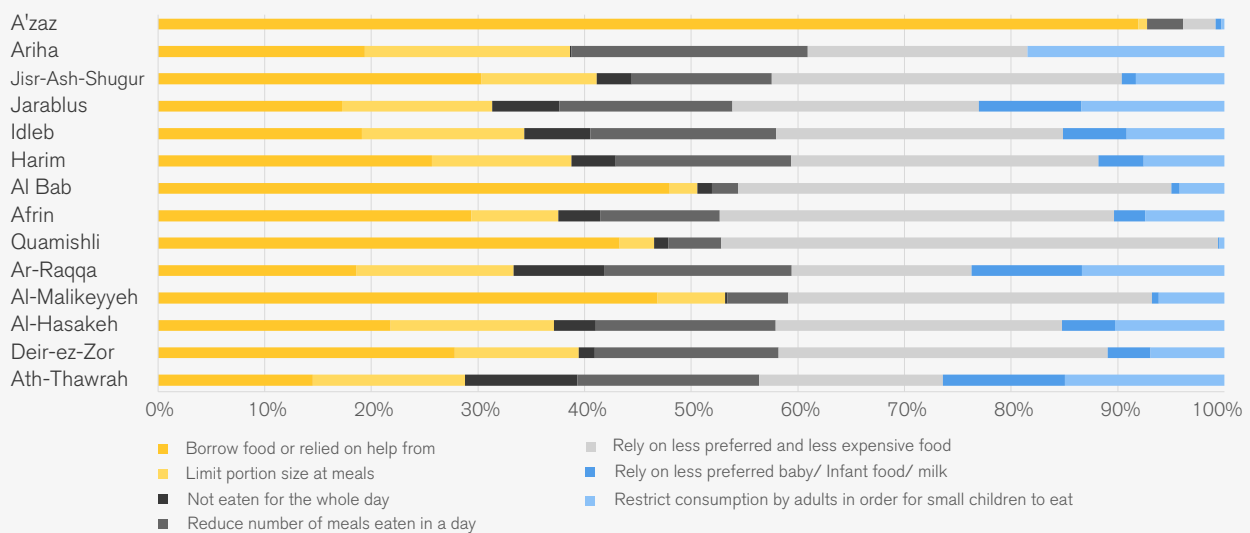
Surveyed male headed households were more likely to be in phase 1 and phase 2 than female headed households. 22% of surveyed male headed households had an acceptable Phase 1 rCSI, 54% were in Phase 2, compared to 16% of surveyed female headed households who had an acceptable Phase 1 rCSI, while 41% were in Phase 2.



Coping strategies

Respondents were asked how often they resort to using negative coping mechanisms over the last 7 days. At 28% (35% in NES, 25% in NWS), the most utilized strategy was relying on less preferred and less expensive food, followed by 26% (37% in NES, 21% in NWS) who resorted to borrowing

food or relying on help from relative(s) or friend(s), 15% (10% in NES, 16% in NWS) reduced number of meals eaten in a day, 12% (8% in NES, 14% in NWS) reduced portion size of meals, and 10% (7% in NES, 11% in NWS) restricted consumption by adults for small children to eat.

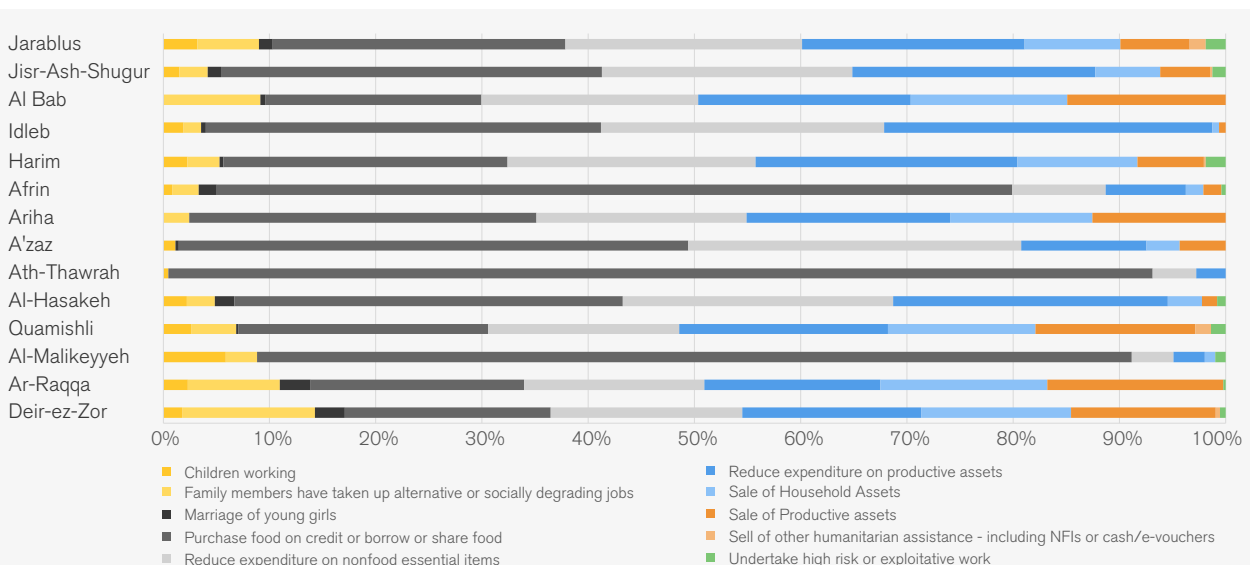


Negative coping strategies applied during past 7 days

Livelihood coping strategies

Respondents were asked how often they resorted to using any of the livelihood negative coping mechanisms over the last 30 days. At 32% (39% in NES, 28% in NWS), the most utilized strategy was purchasing food on credit or borrowing or sharing food, followed by 20% (18% in NES, 21% in NWS)

who reduced expenditure on nonfood essential items, 19% (19% in NES, 20% in NWS) who reduced expenditure on productive assets, 10% (9% in NES, 10% in NWS) sold household assets (non - productive) and 9% (9% in NES, 9% in NWS) sold productive assets.



Livelihood coping strategies applied during past 30 days

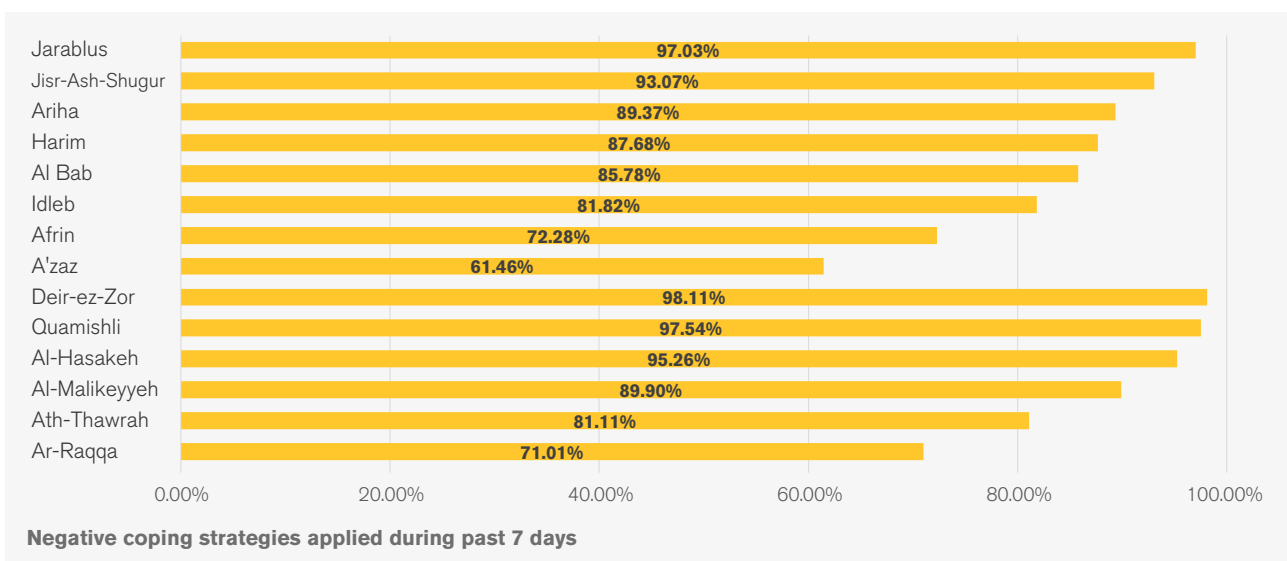
Financial debt

86% (89% in NES, 84% in NWS) of respondents reported that they are in debt to another party with 91% (85% in NES, 96% in NWS) saying they are not able to pay off the debt.

Although levels of debt remain high across all populations and demographics, IDP and host population households are less likely to be able to pay off their debt than returnee households, with 87% of surveyed host population households, 78% of IDP households and 88% of returnee households reporting that they are in debt to another party, while

94% of surveyed host population households, 94% of IDP households and 71% of returnee households reporting they are not able to pay off the debt.

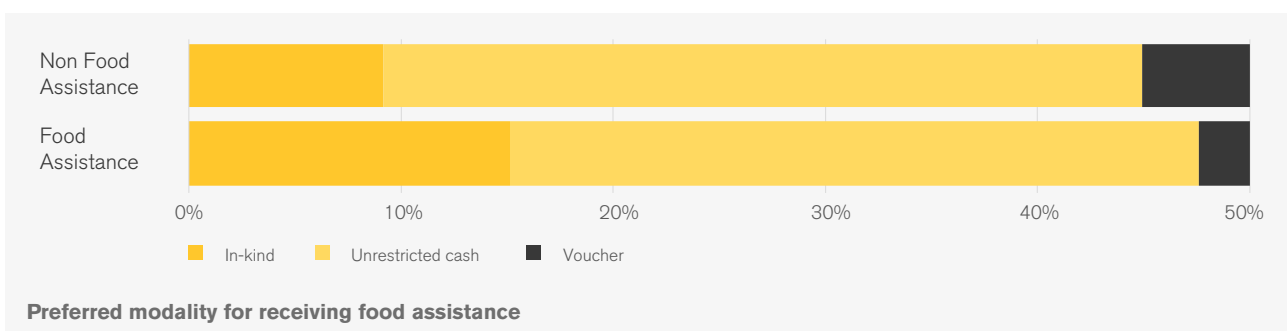
Surveyed male headed households are more able to pay off debt than female headed households. 86% of surveyed male headed households and 88% female headed households have reported that they are in debt to another party where 90% male headed households and 98% female headed households said they are not able to pay off the debt.



Preferred modality for receiving assistance / aid

Respondents were asked in which modality they prefer to receive food and NFI assistance. Vouchers were the least in demand with nearly 5% reporting a preference for vouchers as a modality for NFI and 2% reported preferring vouchers as a modality for food. 9% prefer an in-kind modality for NFI and 15% prefer in-kind for food. Cash was the most

popular modality with 36% preferring cash for NFI and 32% preferring cash for food. More than 30% of returnee households preferred to receive in-kind assistance, either food or non-food assistance while host population and IDP households preferred cash assistance.



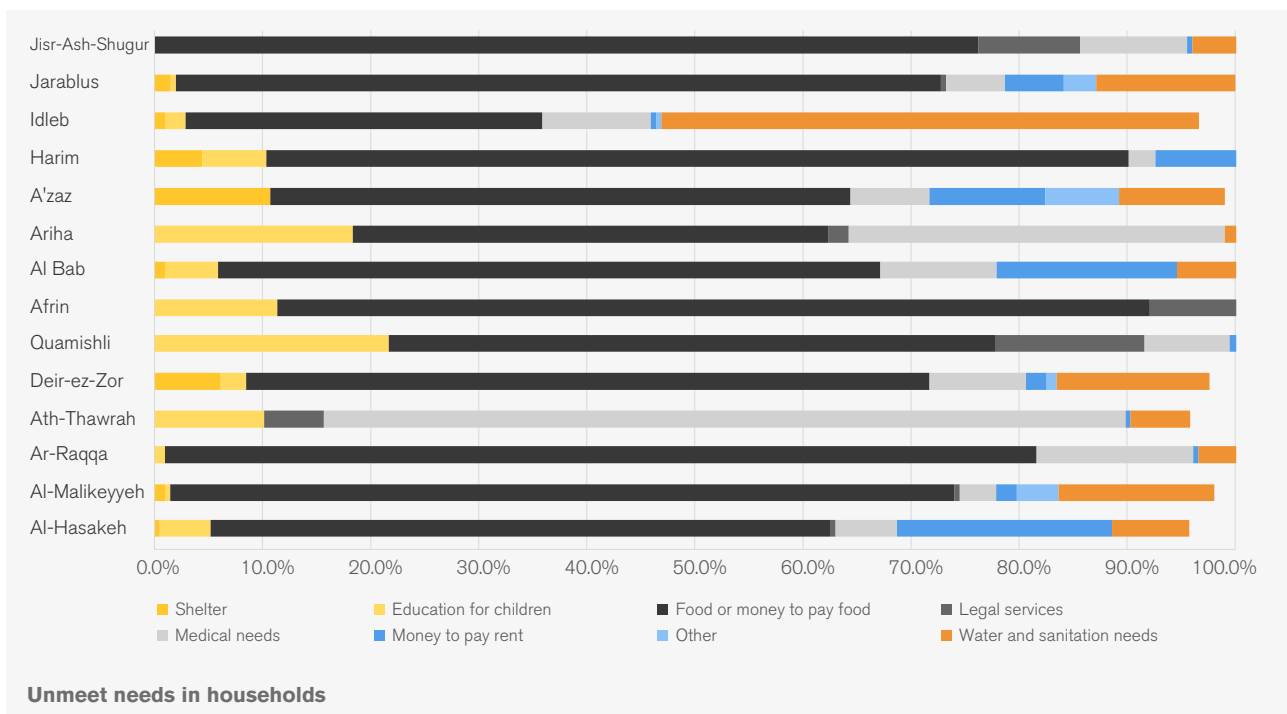
Greatest unmet needs in households

59% (55% in NES, 15% in NWS) of respondents mentioned that food or money to pay for food is the greatest unmet need in their household followed by medical needs at 14% (24% in NES, 7% in NWS), water and sanitation needs at 10% (3% in NES, 15% in NWS) and education for children at 6% (10% in NES, 3% in NWS). A high reported need in NES was legal services at 7%, while in NWS, money to pay rent was 8%.

The greatest unmet needs of surveyed host population households are food or money to pay for food (60%), medical needs (15%), and water and sanitation needs (11%). The greatest unmet needs

of surveyed IDP households are food or money to pay for food (59%), money to pay (19%), and medical need (7%). The greatest unmet needs of surveyed returnees are food or money to pay for food (54%), medical needs (20%) and education for children (13%).

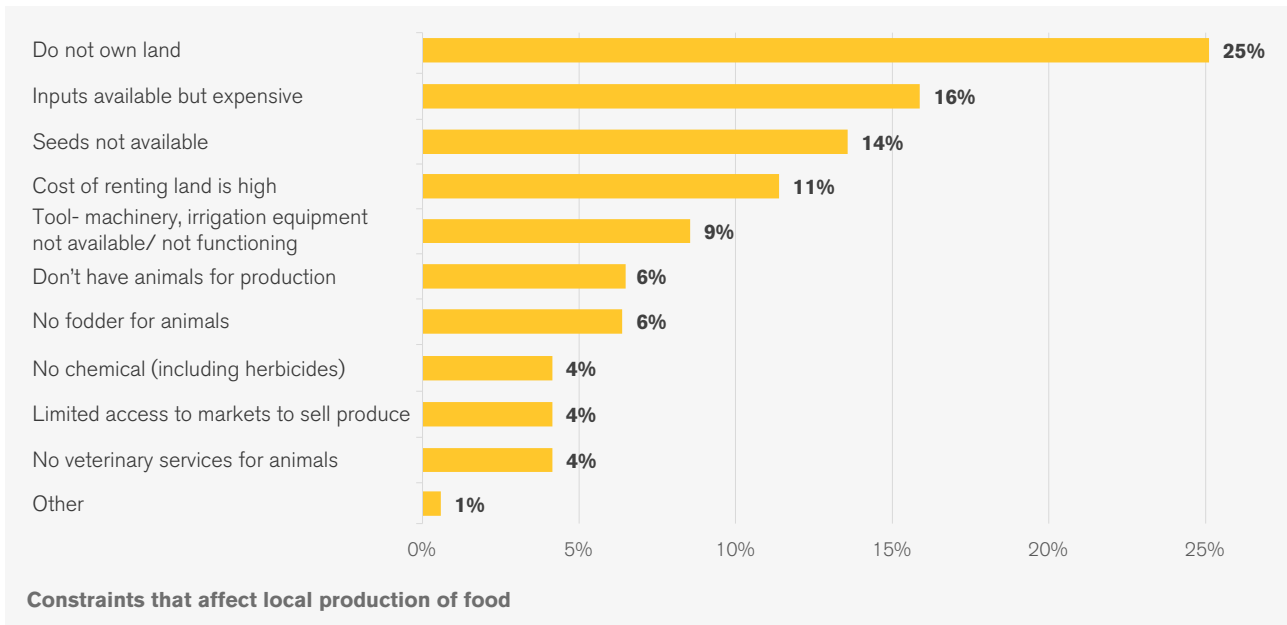
The greatest unmet needs of surveyed male headed households are food or money to pay for food (60%), medical needs (15%), and water and sanitation needs (9%). The greatest unmet needs of surveyed female headed households are food or money to pay for food (54%), water and sanitation needs (17%), and money to pay rent (9%).



Constraints on local food production

When asked about constraints that affect the local production of food, 25% (25% in NES, 25% in NWS) of households mentioned not owning land, followed by 16% (13% in NES, 18% in NWS) who

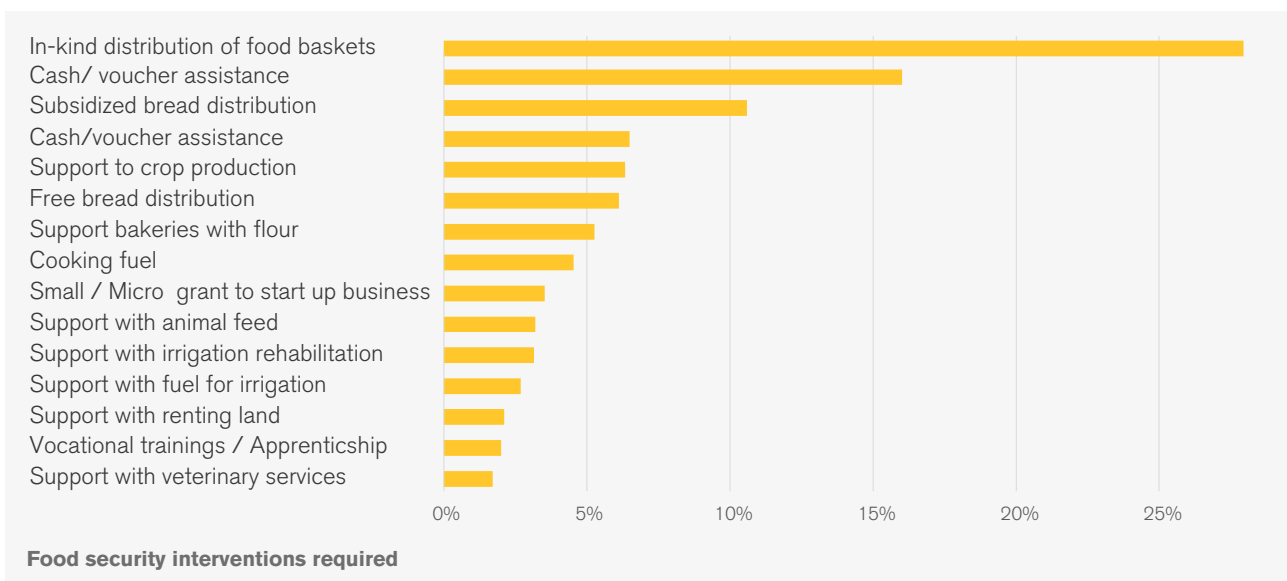
indicate that inputs are available but expensive, 14% stating seed not being available and 11% finding the cost of renting land is high.



Food security interventions

When asked about food security needs and possible interventions, 28% (38% in NES, 23% in NWS) mentioned that in-kind distribution of food baskets is the most urgent food security intervention required,

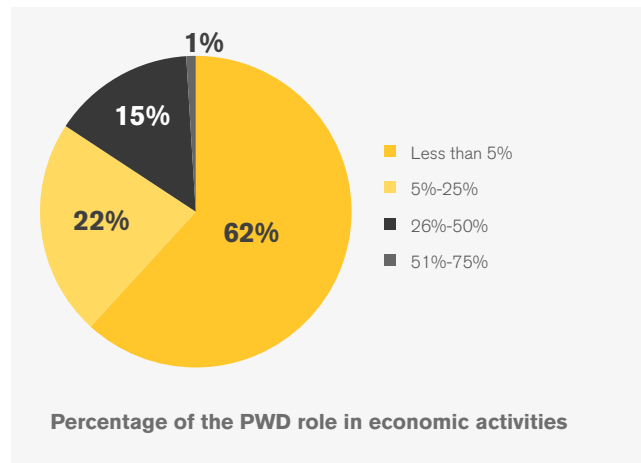
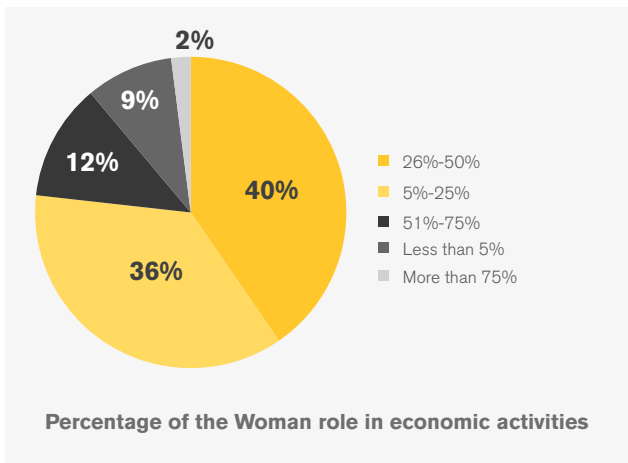
followed by cash/ voucher assistance at 16% (12% in NES, 18% in NWS) and 12% (10% in NES, 11% in NWS) noting subsidized bread distribution.



Women and PWD representation in economic activities

When asked what role respondents saw women and people with disabilities (PWD) playing in economic activities, 42% (49% in NES, 36% in NWS) of respondents reported that woman represented 5% to 25% of economic activities and 35% (36% in NES, 40% in NWS) of respondents reported that woman represented 26% to 50% of economic activities.

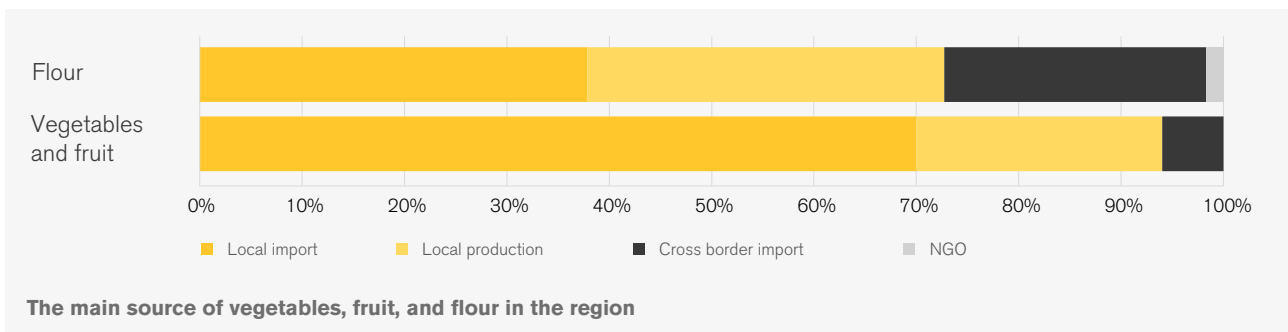
62% (63% in NES, 62% in NWS) of respondents reported that PWD represented less than 5% of economic activities and 28% (36% in NES, 22% in NWS) of respondents reported that PWD represented 5%-25% of economic activities.



Source of vegetables, fruit, and flour

70% (80% in NES, 62% in NWS) of respondents mentioned that local imports are the main source of vegetables and fruit. On flour, in NES, 65% of respondents mentioned that local production is the

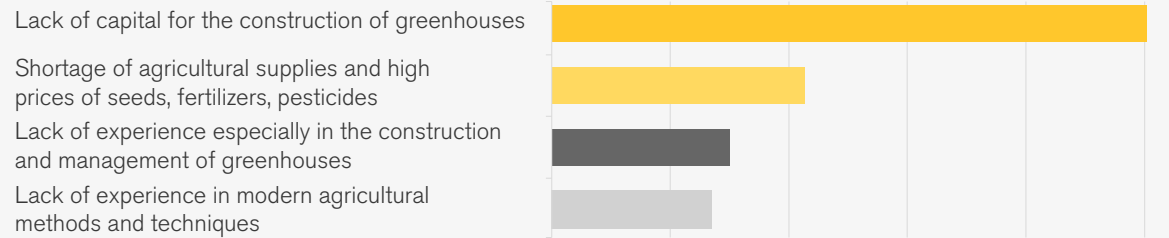
main source, while, in NWS, 67% of respondents mentioned that cross border import is the main source.



Challenges of produce production

When asked about the challenges of produce production, 50% (46% in NES, 54% in NWS) of respondents mentioned the lack of capital for the construction of greenhouses, followed by 21%

(20% in NES, 22% in NWS) indicating a shortage of agricultural supplies and high prices of seeds, fertilizers, and pesticides.

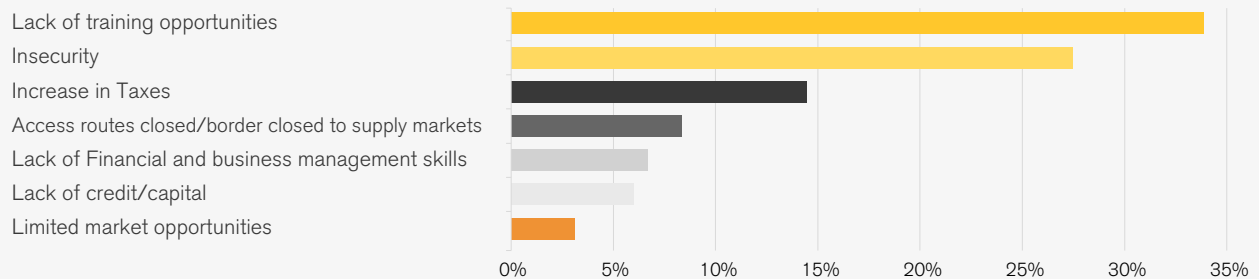


Challenges of producing vegetables and fruit in the region

Challenges in the sale of local agriculture production

When asked about the challenges around selling local agricultural production, 34% (34% in NES, 4% in NWS) of respondents mentioned the lack of credit/capital, followed by 28% (27% in NES, 8% in

NWS) lacking financial and business management skills and 15% (16% in NES, 13% in NWS) having limited market opportunities.

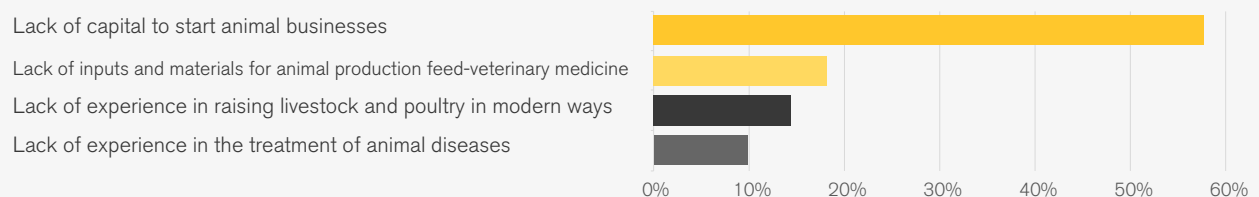


The main source of vegetables, fruit, and flour in the region

Challenges of producing animal products

When asked about the challenges around producing animal products, 58% (52% in NES, 62% in NWS) of respondents mentioned lack of capital, followed

by 18% (20% in NES, 17% in NWS) noting lack of inputs and materials for animal production feed or veterinary medicine.

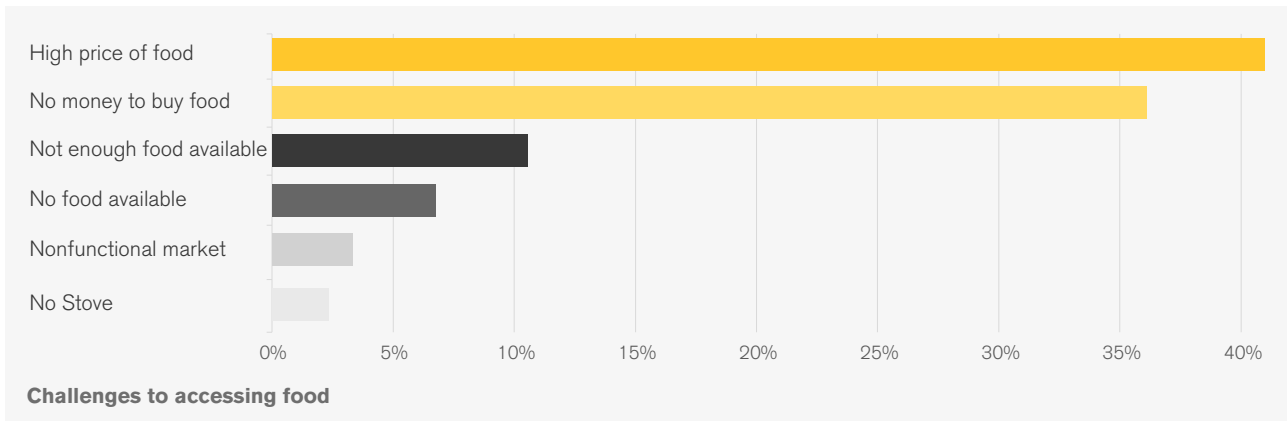


Challenges of producing some animal products

Challenges in accessing food

Results show that the two main challenges to accessing food are high price of food, at 41% (42%

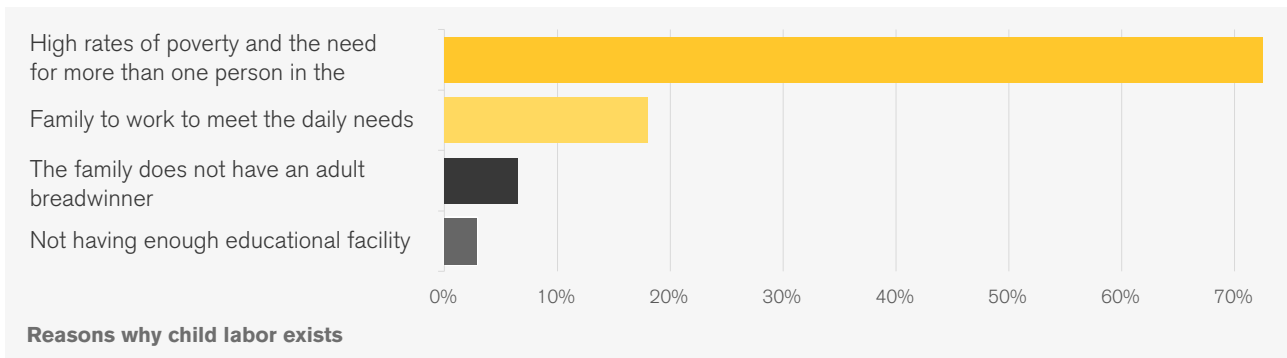
in NES, 40% in NWS), and no money to buy food, at 36% (40% in NES, 33% in NWS).



Child labor

Respondents were asked about their perception of the usage of child labor in the local market and 40% (34% in NES, 46% in NWS) of respondents believed that there is child labor in the local market. The main reasons they believed households would

turn to child labor are high rates of poverty (73%) and the family has to work to meet the daily needs (18%) and the family doesn't have any adult breadwinners (7%).





**15.4
million**

people across Syria are estimated to be food insecure (compared to 7.9M in 2020) and another 2.6 million are at risk of food insecurity.



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