

HUMANITARIAN NEEDS OVERVIEW SYRIAN ARAB REPUBLIC

HUMANITARIAN
PROGRAMME CYCLE
2022

ISSUED FEBRUARY 2022



About

PHOTO ON COVER

A family, living in a school that is used as a collective centre, is supported with cash assistance (Al-Hasakeh governorate, Northeast Syria).

Credit: ©Alessio Mamo / LEARN Consortium.

This document is produced on behalf of the Strategic Steering Group (SSG) and humanitarian partners working in Syria. It provides a shared understanding of the impact which the humanitarian crisis in Syria has on the civilian population, including their most pressing humanitarian needs and the estimated number of people who need humanitarian assistance.

The Syria 2022 Humanitarian Needs Overview (HNO) aims to provide consolidated humanitarian analysis to inform coordinated, strategic humanitarian response planning for 2022.

The 2022 HNO covers the period from January 2021 through February 2022. Severity analysis and people in need estimations specifically are based on primary data collected mainly during August and November 2021. Figures and findings reflected in this document are based on independent analysis of the United Nations (UN) and its humanitarian partners, built on information available to them. Many of the figures provided in this document are best possible estimates, based on sometimes incomplete and partial data sets, using the methodologies for data collection and triangulation of information which were available at the time.

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www.humanitarianresponse.info/syria



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response, as well as financial contributions.

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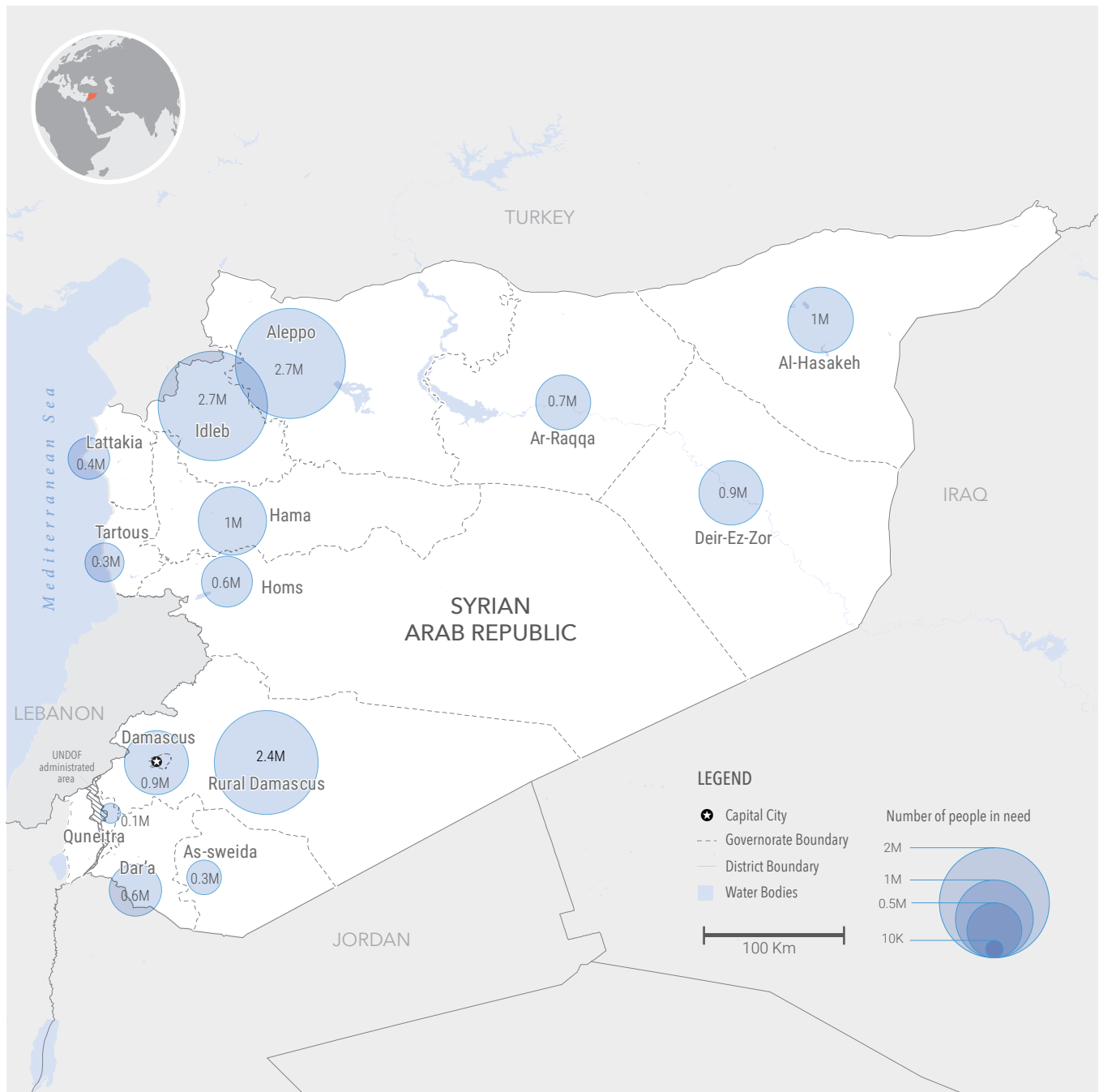
The Financial Tracking Service (FTS) is the primary provider of updated data on global humanitarian funding, and is a major contributor to strategic decision-making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

fts.unocha.org

People in Need in Syria

by severity classification

			PEOPLE IN NEED		
POPULATION	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
21.7M	>0.1% 0.01M	32.7% 7.1M	44.4% 9.6M	22.5% 4.9M	0.3% 0.06M
			14.6M		



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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Summary of Humanitarian Needs and Key Findings

SYRIA
OCHA



Context, Impact and Humanitarian Needs

CRISIS CONTEXT



1,874 civilian casualties (747 deaths and 1,127 injuries) were recorded in 2021 in the first nine months of 2021



More than **50%** of healthcare workers estimated to have fled the country



177,321 confirmed cases of COVID-19 as of 30 November 2021



12M people are estimated to be food insecure – equating to roughly **54%** of the population



36% drop in value of the Syrian currency since September 2020

IMPACT



25 attacks on schools and education personnel and **16** attacks on health facilities and medical personnel

2K

1,874 civilian casualties were recorded in 2021, **636** of whom were children



1/3 of populated communities estimated to be contaminated with explosive ordnance



732 incidents of recruitment and use of children for combat as verified by UN in 2021



Only **65%** of hospitals and **56%** of public health care centers are fully functional



At least **2.4M** children remain out of school in 2021 (number estimated to be higher)



Over **2M** people live in informal settlements and planned camps, a **5%** increase since 2020



107,510 spontaneous IDP return movements between January and August 2021, a third of those recorded in 2020 for the same period (**360,000**)



Approximately **36%** of households report no employed household member



97% price increase of the average food basket between December 2020 and December 2021



41% of average household income spent on food, far exceeding any other spending on basic services

HUMANITARIAN NEEDS



14.6M

PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



Living Standards

- **76%** of households indicated an inability to meet basic needs in mid-2021
- Growing income gap: average household income only covers **51%** of expenses, a decrease from **80%** in 2020
- The reliability and efficiency of water systems sharply decreasing for the first time since 2016, **2M** fewer people using water networks as their main source compared to mid-2020



Coping Mechanisms

- **69%** of households have taken on more debt since mid-2020
- Close to **1/3** of households report child needing to work to support the household as a reason for not attending school
- **44%** of households regularly consume poor diets due to diminished ability to cope with growing food insecurity, a significant increase compared to **202** (21%)



Physical and Mental Wellbeing

- **553,000** children are chronically malnourished and **245,000** acutely malnourished, while a record **265,000** pregnant and lactating women have acute wasting
- **1/3** of households report their children showing signs of psychological distress

Number of People in Need

Population distribution by severity classification		PEOPLE IN NEED		
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
5.1K	7.1M	9.6M	4.9M	61.1K
		14.6M		

PiN by gender

GENDER	PEOPLE IN NEED	% PIN
Male	7.4M	51%
Female	7.2M	49%

PiN by age and gender

AGE	PEOPLE IN NEED	% PIN
Women (Over 18 years)	4.3M	29%
Men (Over 18 years)	3.8M	26%
Boys (0-17 years)	3.6M	25%
Girls (0-17 years)	2.9M	20%

By Population Groups

POPULATION GROUP	PEOPLE IN NEED	% PIN
Residents	9.2M	63.1%
IDPs out of camps	3.3M	22.7%
IDPs in camps	2M	13.8%
Returnees	56.7K	0.4%

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	6.5M	45%
Adults (18 - 59)	7.5M	51%
Elderly (59+)	615k	4%

With Disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	4.2M	29%

Humanitarian Context

Syria remains a complex humanitarian and protection emergency characterized by over 10 years of ongoing hostilities and their long-term consequences including widespread destruction of civilian infrastructure, explosive ordnance contamination and the largest number of internally displaced people in the world¹. More than ten years of crisis have 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. In 2022, 14.6 million people are in need of humanitarian assistance, an increase of 1.2 million from 2021. Despite receiving only 46 per cent of the required funds for the 2021 HRP, Syria remains one of the largest humanitarian responses in the world, with assistance delivered to 6.8 million people per month in the past year.

While the March 2020 Idleb ceasefire agreement led to an overall reduction in hostilities and large-scale displacement, hostilities have intensified throughout 2021 along frontlines across the northwest, northeast and south of the country that have not shifted significantly since 2020 and is driving humanitarian needs to a significant extent. Political division, exclusion and the lack of access to justice mechanisms have continued to disenfranchise people and to limit their ability to address their needs in a sustainable manner. Gender based violence continues to be a real and Persistent threat in the lives of many women and girls. The continuation of armed hostilities significantly restricts women's and girls' freedoms, such as freedom of movement and the ability to seek employment, protection services, healthcare, information, and Assistance, trapping them in cycles of vulnerability and abuse. Inequitable gender norms which relegate women and girls to positions of subordination and justify the use of violence against them persist across Syria.

Macro-economic conditions continued to deteriorate in 2021, and appear to be worsening further. The combined effects of currency depreciation, soaring prices, reduced fiscal revenue and increasing domestic debt and widespread losses in livelihoods have plunged additional segments of the population into humanitarian need, most notably in areas historically less affected by hostilities and displacement.

In 2021, climatic and human-caused shocks affecting natural resources, particularly water, have intensified. Erratic rainfall in combination with historically low water levels in the Euphrates River have not just reduced access to water for drinking and domestic use for over five million people, but also triggered substantial harvest and income losses, decreased hydroelectricity generation, an increase in water-borne diseases, and additional protection risks. In the mid to long-term, these developments are expected to have serious and cumulative impact on health, food insecurity, malnutrition rates, as well as the protection environment, with potentially irreversible consequences.

Humanitarian Condition and Needs

Long-standing needs of an estimated 6.9 million IDPs remain staggering, particularly for over two million people in 1,760 informal settlements and planned camps, often hosted in inadequate shelters and with limited access to basic services. Households in overburdened host communities and those who have returned to their – often destroyed – places of origin continue to face major challenges in meeting their most basic needs. And as the economic situation continues to deteriorate, its impacts are being acutely felt by virtually all populations. By population group, it is the “vulnerable residents” category defined in the HNO - those that have not been recently displaced, that show the greatest increase in humanitarian needs: increasing from 6.4 million in 2020 to 9.2 million in 2021 – suggesting strongly that economic deterioration is now a major driver of needs in areas historically less directly affected by hostilities and displacement.

Overall people's ability to meet basic needs has further decreased compared to 2020, with a consistently disproportionate impact on female-headed households, older persons without family support, persons with disabilities and children.

Multisectoral Needs Assessment (MSNA) data from August 2021 indicate that the income gap has continued to widen everywhere with average household expenditure now exceeding income by fifty per cent, compared to twenty per cent in August 2020. Only 10 per cent of households have an income above the cost of Syria's Minimum Expenditure Basket. This is despite 64.1 per cent of households reporting at least one employed household member - remunerated work, in other words, no longer pays for the most basic household needs. Syria is seeing a rapid increase in the numbers of ‘working poor’, which is contributing significantly to the rise in the number of people in need in 2022.

Across Syria, households are reverting to negative coping mechanisms more frequently than before. This includes child labour and child marriage and the sale of productive assets – all of which increase protection needs and/or reduce households' capacity for self-sustenance in the future. As household resilience decreases, their humanitarian needs increase. Across the country food insecurity remains extremely high: with an estimated 12 million severely food insecure people, Syria ranks amongst the ten most food-insecure countries globally by mid-2021.

According to recent IDP return intention surveys, the majority of displaced households intend or expect to remain in their current location for the coming 12 months, while a third remains undecided and a small percentage plan on either displacing again or returning to their place of origin. There are significant variations by location within the country and by type of displacement, with those in camps more likely to intend to remain than those residing among host communities. Factors influencing people's decision include security situation, lack of livelihood opportunities, deterioration of economic situation, humanitarian assistance, increased access to shelter. Situation differs widely across different parts of the country.²

People's access to basic services across Syria continues to decline, hampered by damaged infrastructure, lack of critical supplies, and

a decreasing purchasing power, including challenges to safe and free movement. One of the most pressing concerns is the lack of technical staff required to deliver and maintain basic health services or to operate potable water supply systems, as a consequence of displacement, death or impairment, and lack of technical training. Half of Syria's subdistricts are at emergency levels because of the lack of healthcare workers alone.

Electricity, so critical to the provision of services, safety, health and the pursuit of livelihoods now is at 15 per cent of what it was before the onset of hostilities in 2011. Water treatment and distribution

networks continue to degrade – 47 per cent of Syrians now rely on often unsafe alternatives to piped water, up from 37 per cent in the previous year. At least 70 per cent of sewage is discharged untreated and at least half of the sewerage systems are not functional. Waterborne disease is on the rise.

With just 3.9 per cent of the population fully vaccinated against COVID-19 as of November, and the country recording its highest weekly case numbers in the month of October, the pandemic continues to overburden the fragile health system.

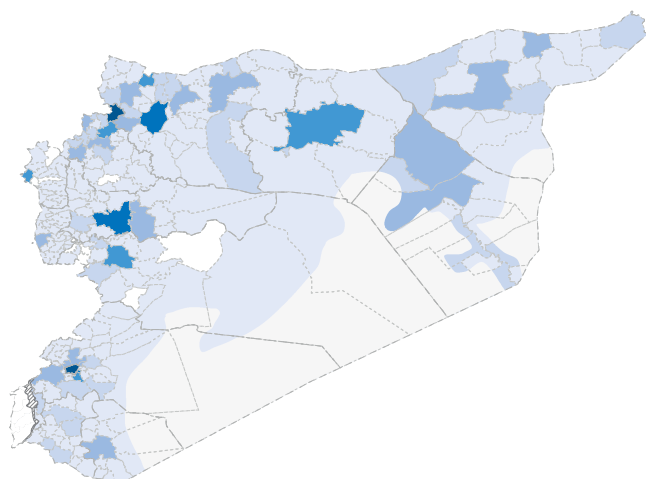
Distribution of Population

by severity classification

PEOPLE IN NEED	MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
14.6M	>0.1%	32.7%	44.4%	22.5%	0.3%
	0.01M	7.1M	9.6M	4.9M	0.06M

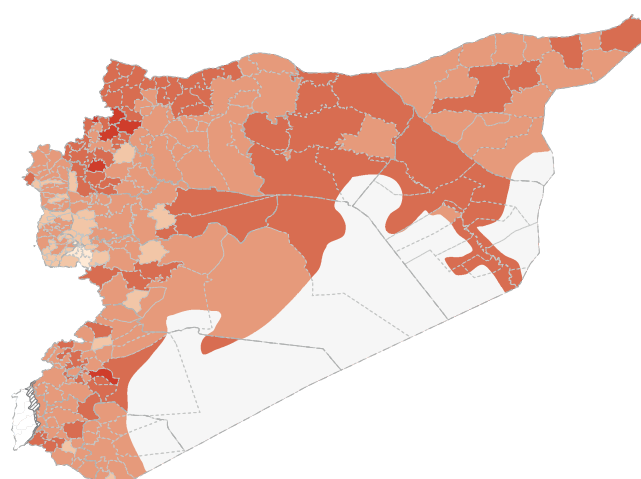
Distribution of People in Need

by sub-district (in 2022)



Inter-sectoral Severity of Needs

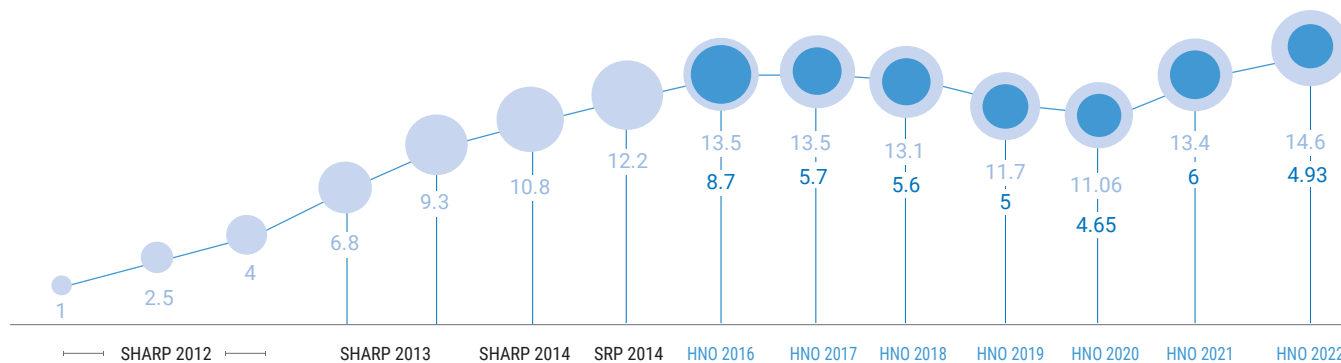
by sub-district (in 2022)



Legend for maps: Population size: < 50,000, 50,001 - 100,000, 100,001 - 250,000, 250,001 - 500,000, 500,001 - 750,000, > 750,000. Severity levels: Minimal, Stress, Severe, Extreme, Catastrophic.

People in Need by Year

2012 - 2022



Legend for chart: Light blue circle = People in need (in millions); Dark blue circle = People in extreme and catastrophic need (in millions)

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. / Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

Part 1:

Impact of the Crisis and Humanitarian Conditions

SYRIA

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1.1 Humanitarian Context and Shocks

Hostilities

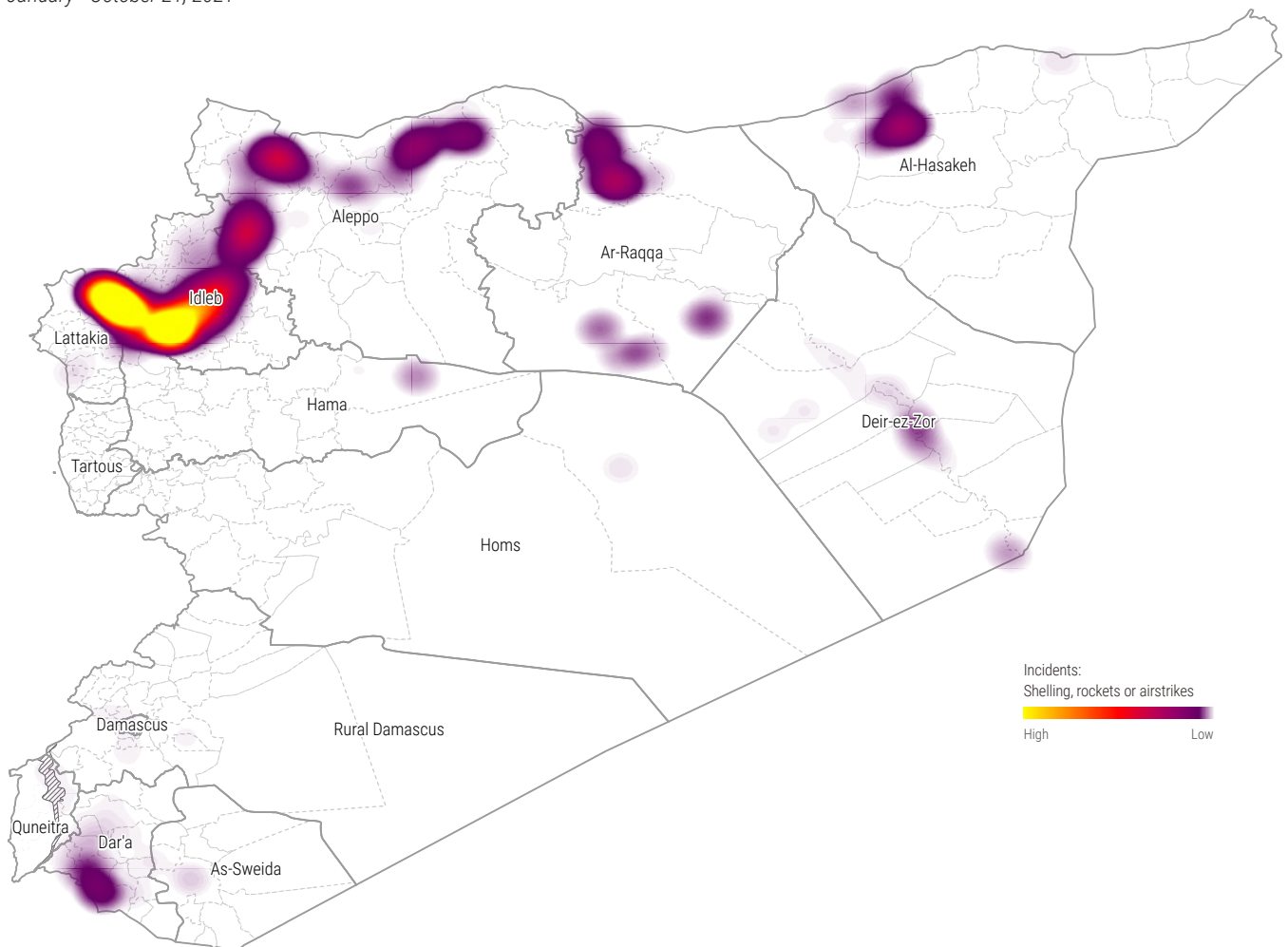
Syria is the third least peaceful country in the world according to the Global Peace Index (GPI)³, compared to second rank in 2020. Despite an overall lessening in large-scale hostilities country-wide since the beginning of the conflict, the security situation remains highly dynamic, active and prone to escalation, particularly in areas of mixed or contested control and in the vicinity of the frontlines.

Active daily armed hostilities, airstrikes and shelling persist in Northwest Syria, particularly on the Southern Idlib frontline, south of the M4 Highway. Intermittent armed hostilities, airstrikes and shelling continue outside of frontline areas in the, together with

frictions between and within the various non-state armed groups. Humanitarian workers continue to be impacted by armed incidents in the northwest, which has resulted in injured and killed personnel and damaged premises. Regular clashes continue to occur particularly around frontlines in the North such as in Tal Refaat, Tal Tamer, Ras al Ain and Tal Abiad. In Northeast Syria, tensions between parties on the ground heightened at the beginning of the year resulting in deadly clashes. A resurgent Islamic State of Iraq and the Levant (ISIL) continued to launch frequent and lethal attacks in Ar-Raqqa, Hama, Deir-ez-Zor and Homs Governorates. In Southern Syria and Dar'a, tensions remain high following an escalation of hostilities between

Intensity of incidents

January - October 21, 2021



pro-Government forces and former armed groups members over the summer of 2021.

Explosive ordnance contamination is widespread in areas that have sustained or continue to experience peaks of intense hostilities such as Idleb, Homs, Hama, Aleppo, Ar-Raqqa, Deir-ez-Zor, Al Hasakeh, Damascus, Quneitra and Dar'a. Approximately one in three communities is potentially contaminated by explosives⁴.

Contamination is most frequently reported in agricultural land, roads, private property, followed by schools, other public infrastructure and hospitals and is the top access constraint for safe delivery of humanitarian aid and assistance to people in need.

In addition to the loss of lives and human capital witnessed as a result of a decade of war, Syria's infrastructure has also sustained massive damage with much of it lying in a state of disrepair. The country's housing stock remains severely depleted, especially in urban centers. Major power plants, including in Aleppo and Idleb Governorates have been disrupted, vandalized and looted, and critical water systems, electricity grids and telecommunications networks, remain out of service or semi-functional due to lack of regular maintenance, continuous drain of technical staff, insufficient power supply and an inability to import spare parts. Schools and health facilities have also suffered immensely, both as a result of attacks and collateral damage. Attacks on education continue to kill and injure children and adults and put schools out of commission. Attacks on healthcare are on trending to reach or exceed the total number of reported attacks in 2020.

Continuing economic decline

The Syrian economy has shrunk by more than half since the onset of hostilities in 2011 and the sharp macro-economic deterioration continues unabated. The combined effects of currency depreciation,

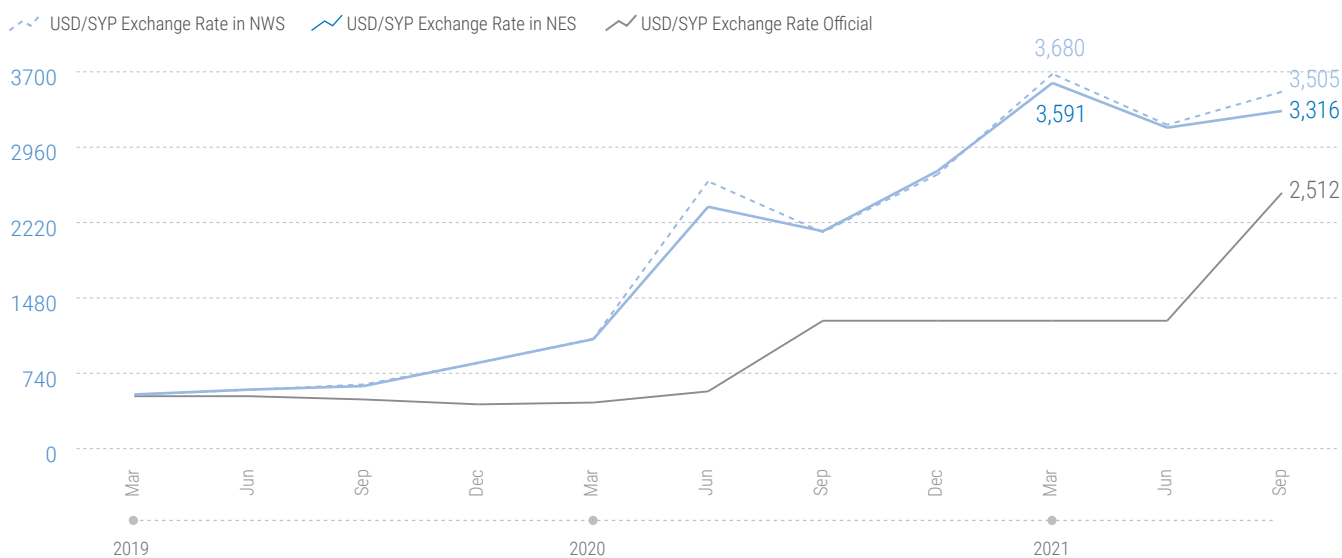
soaring prices for food/fuel and basic goods, reduced fiscal spending, as well as economic sanctions have plunged additional segments of the population into humanitarian need, even in areas historically less affected by hostilities and displacement. Non-displaced Syrian residents, who have fared better in many ways historically, are now increasingly vulnerable.

The Syrian Pound exchange rate has undergone a 70-fold depreciation since the onset of hostilities in 2011. This decline has accelerated since late 2019, after the start of Lebanon's currency crisis. New US sanctions that took effect in June 2020 also added to depreciation pressure, losing at least 36 per cent of its value since September 2020 alone. Meanwhile the value of the Turkish Lira (TRY) has lost over 40 per cent on the US dollar in 2021 and hit a record low in November, introducing another economic shock.

In November, the national average price of WFP's standard reference food basket reached its highest ever recorded level since monitoring started in 2013, increasing by five per cent between October and November 2021 and reaching SYP 213,223 (USD 85 at the official exchange rate of SYP 2,500/USD). This is the third consecutive month that the national average food basket price breaks its previous all-time high level. The national average food basket price has increased by 27 per cent in the past six months (May 2021) and by 115 per cent in the last year (November 2020) (Figure 1). The continued fuel shortages across Syria have further contributed to the food basket price increase. In November 2021, the Syrian pound's informal exchange rate weakened by 0.3 per cent, reaching SYP 3,486/USD. The Syrian pound's informal exchange rate has depreciated by 24 per cent since November 2020.

Official and Informal Market National Average Exchange Rates in Syria

(1 USD to SYP)



* Source: WFP and REACH Syria Market Monitoring dataset (February 2021) and complemented with NES Forum and OCHA Turkey data (September 2021)

Global pandemic: COVID-19 in 2021

At nearly 2 years into the global COVID-19 pandemic, Syria ranks among the worst affected countries in the Middle East and North Africa (MENA) region, with the continued rise in COVID-19 cases. The vaccination rate by early November 2021 was 3.9 per cent. Given Syria's already compromised and over-stretched healthcare system – with insufficient functional facilities, essential supplies, and qualified personnel per population – the pandemic constitutes an additional shock and driver for needs.

COVID-19 containment and preventative measures while in decline still affect livelihoods and access to health, protection and education services. Fear of COVID-19 among the population and stigmatization had harmful effects on willingness or ability to utilize services, notably health and, to a lower extent, education.⁵ Combined with the already rising food prices and economic downturn, the COVID-19 pandemic pushed more Syrians into unemployment, forcing many to remain at home either due to lockdowns, loss of work, or fear of contracting the disease. Most notably, the combined effect of men's loss of work and spending more time at home led to a rise in intimate partner, physical, and family violence against women and girls, as well as further restrictions in women's and girls' movements. The effect of this self-reinforcing cycle also limited women's and girls' abilities to seek education, services, and employment, and deepened barriers of access for marginalised groups such as limiting access to health services for women and girls (especially sexual and reproductive health services), people with diverse sexual orientations, gender identities and expressions and sexual characteristics (SOGIESC) and people with disabilities.

Lack of consistent funding, vaccination hesitancy, infections among frontline health workers, high transmission rates in IDP camps, lack of oxygen supplies, limitations of the cold chain capacity, and limited technical/management capacity are further hampering COVID-19 prevention and response across Syria.

Environmental shocks

On a global index of 191 countries, Syria ranks seventh in terms of risk of a humanitarian or disaster event that could overwhelm response capacity, due in part to ongoing instability which hinders preparedness measures.⁶ Main environmental risks potentially affecting Syria revolve around its arid climate, including drought, seasonal flooding and wildfires. With temperatures in the Mediterranean basin predicted to increase in the coming years, and water scarcity expected to persist, extreme climatic events are likely to become more frequent and intense. In early 2021, evidence for

such risks came to surface while torrential rain and strong winds in Aleppo Governorate damaged or destroyed at least 25,000 tents in 407 IDP sites, leaving 142,000 people living in increasingly unsanitary and unsafe conditions, including persistent standing water.⁷ One hundred and eighty-two schools in Idleb and 18 schools in Aleppo Governorates, supporting more than 21,200 students and almost 1,000 educational personnel were also affected. Raging wildfires in 2020 have led to the devastation of at least 25 - 30 per cent of the total forest area in Syria.⁸

Climatic and human-caused shocks affecting natural resources, intensified in 2021. The Euphrates River, including its tributaries, associated freshwater lakes and canals, is the single most important source of drinking water for an estimated 5.5 million people in the Governorates of Ar-Raqqa, Aleppo (including Aleppo city and its environs) and Deir-ez-Zor (including Deir-ez-Zor city and its environs). Since January 2021, the water flows of the Euphrates River, from Turkey into Syria, have been substantially lower than average, leading to critical low water levels in the downstream reservoirs in Syria. While the Tishreen dam, the largest reservoir in Northeast Syria, for example frequently operates at more than 2,000 m³ of water per second during the "flooding months" and still operated at 500m³/second in January 2021, water levels had dropped to 214m³/second in June⁹ – less than half of the volume required to ensure the dam's normal functionality and just over one meter above the dam's dead level.¹⁰ Low water levels in the Euphrates river have not just reduced access to water for drinking and domestic use along with hydroelectricity for over five million people, but also triggered substantial harvest and income losses, an increase in water-borne diseases, and additional protection risks. Aquifers' depletion, linked with the years of over-extraction, also for irrigation purposes, and drought-like condition trends is quite concerning and will continue to impact humanitarian needs across the country. Concurrently, reductions and frequent cuts in supply from Alouk water station have critically impacted access to safe drinking water for roughly 460,000 people in and near Al-Hasakeh Governorate. Deforestation in Syria is also on the rise. data indicates Deforestation rates increased by 159 per cent from 2019 to 2020¹¹. While effects of deforestation are wide ranging, a key effect is soil erosion, reducing the soils' ability to hold rainwater, increasing the risk of floods.

1.2 Impact

Across the country, the long-standing needs driven by rounds of hostilities have remained staggering and become more deeply entrenched, compounded by multi-layered drivers. A decade of destruction of Syria’s infrastructures and loss of lives, layered with a deteriorating socio-economic situation, a global pandemic and climate-induced shocks have pushed more segments of the population into humanitarian need.

1.2.1 Impact on people

Protection of civilians

Hostilities are the direct cause of death and injury, displacement, damage to property and destruction of civilian infrastructure, including schools, hospitals/health points and others necessary to daily life. In 2021, the Office of the High Commissioner for Human Rights (OHCHR) documented 1,874 civilian casualties (747 deaths and 1,127 injuries) as a result of airstrikes, ground-based shelling, armed clashes in Northwest Syria, as well as explosive ordnance incidents, including involving improvised explosive devices (IEDs), and landmines, most of these occurring in Aleppo, Idleb, Ar-Raqqa, and Deir-Ez-Zor Governorates.¹² OHCHR continued to document incidents of targeted killings of civilians and former members of armed opposition groups especially in Southern Syria.

A total of 309 incidents involving Improvised Explosive Devices (IEDs) including Vehicle Borne IEDs (VBIEDs) and Explosive Remnants of War (ERW) were recorded in the first nine months of 2021¹³. A total of 242 civilians including 105 children were killed and at least 502 civilians, including 202 children, were injured as a result. Compared to the same period in 2020¹⁴, there has been a decrease of 36 per cent in the occurrence of IED attacks, but incidents of ERW increased by 23 per cent compared to 2020. Most of the IEDs attacks were documented in areas under the control of armed groups in Turkish operations areas of Aleppo Governorate, including mainly in residential areas and inside markets. Around 63 per cent of the ERW explosions were documented in agricultural areas which mainly killed, injured, and maimed farmers, including children. The increase in casualties can be related to the bigger presence of farmers cultivating their lands in a time where hostilities had seen a relative decrease.

Children continue to pay a heavy price in Syria’s crisis. Between January and September 2021, 1,440 grave violations and 67 related violations of concern were verified by the Syria Monitoring and Reporting Mechanism (MRM)¹⁵. Of those cases, 636 involved the killing (271) or maiming of children (365). Reports show that children in Syria remain exposed to high levels of risks linked to grave violations.¹⁶ In October 2021, in what was reported as “the most significant increase in hostilities in Northwest Syria since the ceasefire agreement of March 2020”, four children and a teacher, on their way to school in South Idleb, were among the casualties.¹⁷ According to the MRM, between 2011 and 2020, more than 5,700 children – some as young as seven years old – were recruited to fight¹⁸ Other types of violations against children, included 25 attacks on schools, which took place from January through September in Idleb (13), Dar’a (6), Al-Hasakeh (4), Ar-Raqqa (1) and Aleppo (1) with

Grave Violations Against Children in Syria*

January - September 2021

1,440 Grave violations against children



67 Related violations of concern were verified by the Syria MRM

58 cases of deprivation of children’s liberty due to their possible association with armed actors

9 cases of military use of schools and hospitals

732 Incidents of recruitment and use of children

41 Attacks on schools and hospitals

25 on schools and education personnel

16 on hospitals and medical personnel

23 Instances of denial of humanitarian access

636 Killing and injuring of children

271 children killed

365 children injured

7 Incidents of sexual violence against children

5 child abduction

*These figures represent a decrease by 27% when compared to the same period of the year 2020. 69% of the grave violations and related violations of concern took place in NWS.

five cases involving the arrest/detention of teachers in Northeast Syria. Attacks on education have the immediate effect of killing and injuring children and adults and destroying, damaging or occupying schools and interrupting or stopping services. Attacks have the longer-term impact of making children and their families fearful of unsafe schools and necessitating MH/PSS and specialized protection services that help children and school personnel cope with fear and loss. There were five cases of child abduction, three cases of sexual violence and 23 incidents of denial of humanitarian access for children. Moreover, 58 cases of deprivation of children’s liberty due to their possible association with armed actors were reported in addition to nine cases of military use of schools and hospitals.¹⁹

In 2021, the World Health Organization’s (WHO) surveillance system for attacks on health care²⁰ also recorded a steady rate of attacks as of end of October 2021, reaching to 26 reported attacks of which 17 impacted health facilities. In total, between January and October 2021, 25 civilians were killed and 65 were injured, including 3 healthcare providers killed and 30 injured. Compared to 2020, the overall rate of attacks appears largely unchanged but there has been a notable increase in attacks in Dar’a governorate in 2021 with the remaining attacks occurring in Northwest and Northeast Syria in line with the two previous years. During March 2021, three artillery strikes hit al-Atareb hospital in the western countryside of Aleppo Governorate which served more than 200 patients before the attack, and dropped its patient capacity to just 50, as a result.²¹ Among these attacks and for the third time in two years, the Al-Shifaa hospital in

the northern city of Afrin, also came under fire amid shelling in June 2021, where parts of the facility were destroyed. At least 18 civilians were killed, including staff and patients at the hospital. Other than being examples of violations of international human rights and humanitarian law, assaults on healthcare facilities have longer-term consequences, including instilling fear in the civilian population and discouraging them from seeking health services, all amid a global pandemic already depleting Syria from its healthcare capacities.

Other violations of IHL as well as serious violations of IHRL have also been verified in areas both under and out of government control in 2021. This includes arbitrary detention, torture and other forms of ill-treatment, enforced disappearances (often at checkpoints), the systematic targeting of individuals (including journalists, healthcare workers and members of local councils in reconciled areas), incidents of hostilities related to sexual violence and housing, land and property seizures). Both Government-affiliated forces and non-State armed groups have continued to arbitrarily detain individuals in areas under their effective control. In 2021, OHCHR documented at least 383 incidents of arbitrary detention, including 226 by Kurdish-led armed groups, 108 by the Government of Syria (GoS), 19 by Hay’at Tahrir al-Sham and 30 by various non-state armed groups backed by Turkey.²²

Attacks on Healthcare

2021

30 total attacks on healthcare 

 **25 killed*** of which
 3 healthcare providers 5 patients

 **66 injured*** of which
 30 healthcare providers 11 patients
 4 Other health staff

* Full disaggregation of casualties is unknown

Impact of attacks on healthcare ▶

 16 attacks impacted personnel	 4 attack impacted patients
 17 attacks impacted health facilities	 2 attacks impacted warehouses
 13 attacks impacted supplies	 5 attacks impacted transport

Source: WHO Surveillance System for Attacks on Healthcare (SSA), January-December 2021

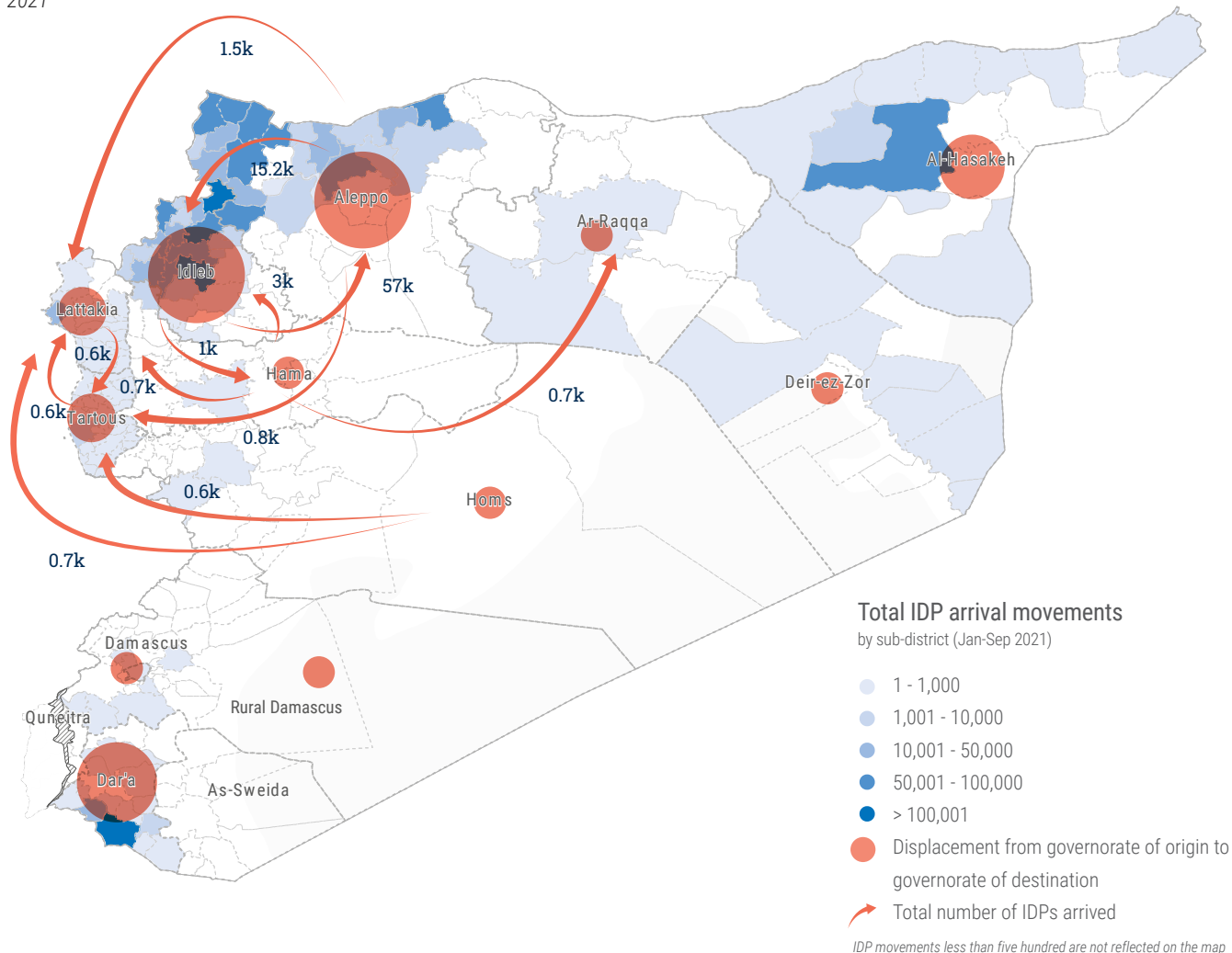
Mass displacement and IDP movements

Sub-districts hosting highest numbers of IDPs and returnees

GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENT POPULATION	RETURNEES	IDPS	POPULATION	% OF IDPS AND RETURNEES OVER POPULATION
Idleb	Harim	Dana	173,432	-	953,103	1,126,535	85%
Damascus	Damascus	Damascus	1,218,564	599	609,682	1,828,845	33%
Lattakia	Lattakia	Lattakia	517,250	-	410,286	927,536	44%
Rural Damascus	Rural Damascus	Jaramana	304,812	-	301,645	606,457	50%
Idleb	Idleb	Maaret Tamsrin	73,617	85	256,955	330,657	78%
Aleppo	A'zaz	A'zaz	65,357	-	235,939	301,296	78%
Rural Damascus	At Tall	At Tall	51,713	-	202,027	253,740	80%
Homs	Homs	Homs	436,932	3,870	192,592	633,394	31%
Aleppo	Jebel Saman	Jebel Saman	1,461,082	16,184	168,677	1,645,943	11%
Hama	Hama	Hama	587,394	400	166,019	753,813	22%
Rural Damascus	Qatana	Qatana	151,471	-	148,855	300,326	50%
Idleb	Harim	Salqin	73,619	-	148,648	222,267	67%
Idleb	Idleb	Idleb	154,076	497	140,714	295,287	48%
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	142,875	746	127,639	271,260	47%
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	269,814	986	122,712	393,512	31%
Aleppo	Afrin	Afrin	74,392	-	119,663	194,055	62%
Rural Damascus	Rural Damascus	Qudsiya	244,056	44	104,353	348,453	30%

Displacement Movements

2021



Arrows on the map do not depict actual IDP movement paths.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: IDP Task Force

Creation date: 30 November 2021

A decade of hostilities in Syria has been characterised by massive and protracted displacement- Nearly 80 per cent of IDP households have now been displaced for at least five years²³. In 2021, the total number of IDPs has increased from 6.7 million to 6.9 million. The number of new displacements decreased significantly from 2020 with only 346,995 new displacements registered from January to August 2021, compared to 1.63 million for the same period in 2020²⁴. New displacements were registered mainly in Aleppo and Idlib governorates around frontline areas on a continuous base throughout the year as well as in Dar'a following the hostilities in the summer of 2021. As in previous years, displaced people remain concentrated – with over half of all IDPs in just 20²⁵ of Syria's 272 sub-districts²⁶.

Today, 2 million IDPs live in last-resort sites: 1.72 million people reside in 1,397 last-resort sites in Aleppo and Idlib Governorates in Northwest Syria, of which 80 per cent are women and children²⁷. North-east Syria hosts 87,600 IDPs living in five formal camps,

42,000 IDPs in seven informal camps, 25,000 IDPs in 136 collective centres and 131,000 IDPs in 176 informal settlements in Al-Hasakeh, Ar-Raqqa, Aleppo and Deir-ez-Zor Governorates. In other governorates, 11,700 IDPs live in collective centres, self-settled camps and transit camps/reception areas.

While an overall lessening in hostilities has contributed to reduced population movements since March 2020, there is some evidence to suggest that the increasingly dire economic situation overall in Syria, combined with the often minimal basic services available in areas of return, has affected households' decisions to move back home. These factors have also prompted some pre-emptive movement towards camps and sites where there is more likely to be humanitarian assistance. Such may be the case in North-east Syria, where at least 919 households, are currently on waitlists for placement in informal sites.²⁸

Return dynamics and households' intentions

A total of 107,510 spontaneous IDP return movements were registered between January and August 2021, less than a third of those reported in 2020 for the same period (360,000), following the trend observed for new displacements. A majority of those returns happened following temporary displacements linked to sudden upscale of hostilities, such as in Dar'a, where the majority of the 38,000 people displaced in as a result of the summer 2021 hostilities (including 1,400 IDPs residing in shelters in Dar'a city and 3,000 Palestine refugees), have reportedly returned to their homes. An estimated 3,700 people have not returned due to severe damage to their homes and the fear of explosive ordnance.²⁹

According to recent IDP return intention surveys, the majority of displaced households intend or expect to remain in their current location for the coming 12 months, while a third remains undecided and a small percentage plan on either displacing again or returning to their place of origin origin.³⁰ There are significant variations by location within the country and by type of displacement, with those in

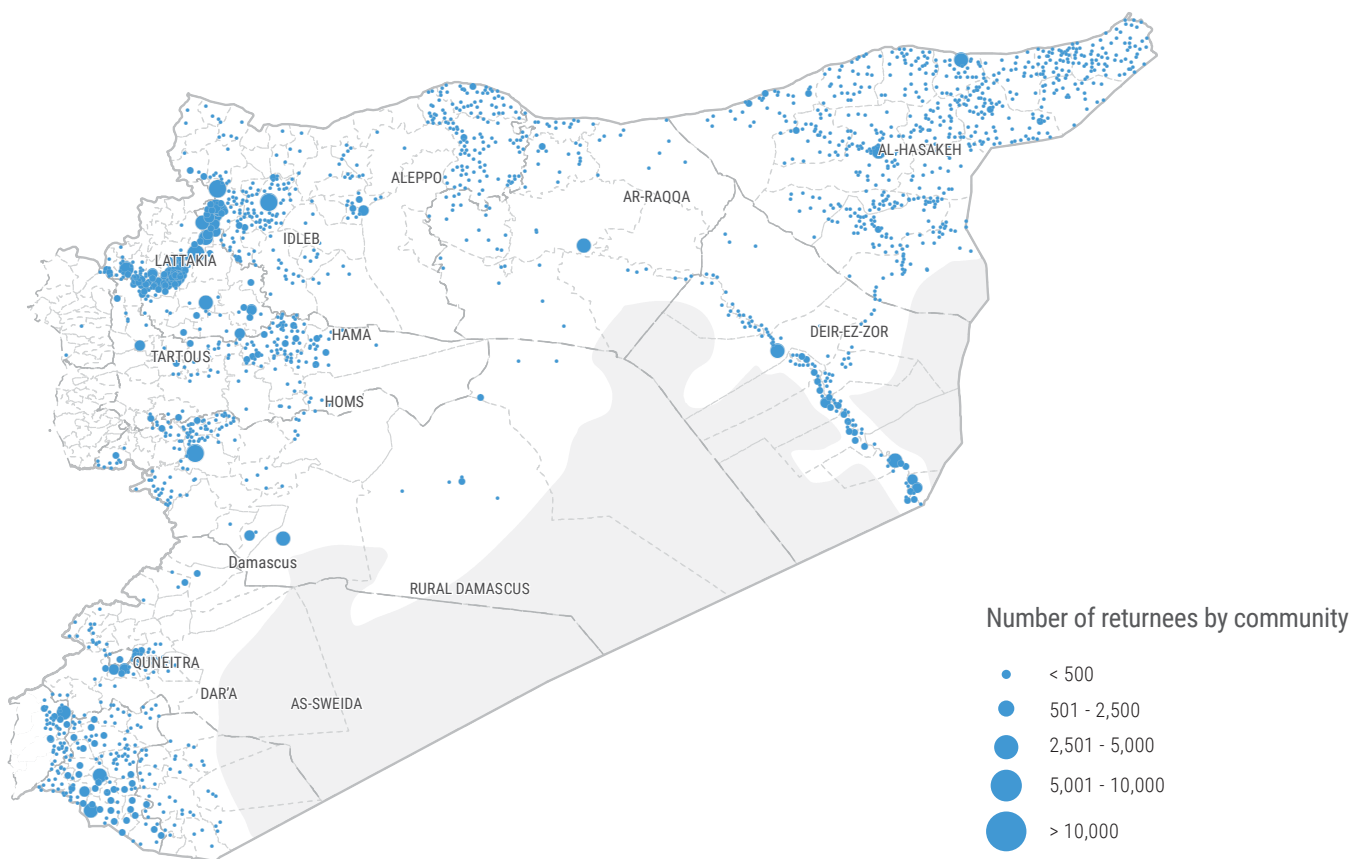
camps more likely to intend to remain than those residing among host communities.

Despite recent reduction in hostilities, conflict and insecurity remain the main factors influencing IDPs' decision whether to return or not, cited by nearly 80 per cent of respondents. Other factors that influence people's decision include lack of shelter, livelihood and employment opportunities, access to basic services, and availability of assistance. The deteriorating economy and growing food insecurity has dimmed the prospects of returns and recovery, as does widespread contamination of explosive ordnance.

Movement restrictions (reported in over half of communities surveyed) and HLP issues also impede returns.³¹ For those that have returned, protecting property, or attempting to reclaim it are often cited as reasons (57 and 23 per cent of respondents).

Aggregate Return Numbers

2018 - 2021 (by community)



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

COVID-19

As of 30 November 2021, there have been 177,321 confirmed cases of COVID-19 with 5,678 deaths in Syria. Out of these confirmed cases, 53 per cent were reported in Northwest Syria, 26 per cent in the GoS-controlled areas and 21 per cent in Northeast Syria. A total of 546,603 samples were tested across Syria since the beginning of the pandemic.³²

Syria struggles with low vaccination coverage particularly in the north-western and north-eastern governorates. As of 10 November 2021, a total number of 1,486,669 vaccine doses had been administered in Syria, leading to 670,822 people (3.9 per cent) being fully vaccinated and 1,027,215 (5.5 per cent) having had at least one dose of the vaccination. Despite vaccination activities continuing in Syria, challenges in vaccination efforts are falling short compared to the daily infection numbers, compounded by lack of vaccine availability, short expiry dates of recent vaccine shipments, insufficient trained medical staff, and people's overall vaccine hesitancy.

In October 2021, Northwest Syria saw an upsurge in COVID-19 cases, and the numbers reported were the highest since November 2020, with the surveillance teams in Northwest Syria confirming 92,653 COVID-19 cases and 2,267 deaths. Test positivity rates also reached 61 per cent and intensive care units (ICU) at COVID-19 hospitals reached up to 93 per cent of their occupancy rate, with health personnel facing a lack of crucial supplies due to the rise in cases, as well as critical gaps in oxygen supplies, testing kits and vaccines.³³ While the overall COVID-19 situation in Northwest Syria remains challenging, a decreasing trend in new cases, positivity rate, hospital admissions, and mortality rate was observed since the beginning of November. The positivity rate fell constantly and was at around 15 per cent at the end of November.

In GoS-controlled areas, daily cases peaked at 366 on 21 October, during the fourth wave of COVID-19. The pandemic continues to impact all governorates, with Latakia, Aleppo, and Damascus Governorates as epicentres.

Northeast Syria also witnessed an increase in COVID-19 cases in 2021, peaking during the last week of September with an average of 342 daily cases. The Qamishli Central Lab, which is the only laboratory able to perform PCR tests to diagnose COVID-19 in the Northeast Syria has continued struggling to secure consistent support. In turn, this lab frequently faces stockout of key materials including testing kits and is forced to shut down. The supply of oxygen is being depleted, with the COVID-19 treatment facility in Al-Hasakeh forced to source oxygen cylinders from Qamishli, Ar-Raqqa and Al Tabqa in order to meet demand. The situation is particularly bleak in Northeast Syria as multiple COVID-19 treatment facilities, including the only facility in Deir-ez-Zor struggle to maintain operations as a result of insufficient financial resources, including humanitarian funding. Since the beginning of the pandemic, Shiheil hospital had treated 719 moderate and severe Covid-19 cases out of which 635 cases recovered and were sent home with home-isolation instructions.

Overall, in north Syria only 16 out of 33 COVID-19 treatment centres were functioning at the time of writing. An already limited health infrastructure, as well as supply issues resulting in inadequate screening, making it exceedingly challenging for the health system to be able to assess the real extent of the spread of the virus while at the same time providing adequate health treatment.³⁴

COVID-19 figures

as of 26 September 2021

	TOTAL	ACTIVE	RECOVERED	DEATHS
GoS-controlled areas	32,973	7,239	23,527	2,207
North-east Syria	26,677	23,664	2,114	899
North-west Syria	68,123	32,293	34,713	1,117
TOTAL	127,773	63,196	60,354	4,223

1.2.2 Impact on systems and services

Systems and services under increased pressure

A decade of hostilities has caused untold devastation to the country's critical infrastructure and basic services. The housing stock has been particularly hit with an estimated 48 per cent of residential properties uninhabitable in Duma, Rural Damascus Governorate, followed by Deir-ez-Zor (41 per cent); Ar-Raqqa (40 per cent); Dar'a (15 per cent), Aleppo (14 per cent) and Idlib cities (13 per cent) contributing to long and protracted displacement. People's access to basic services across Syria continues to be vastly inadequate and hampered by damaged infrastructure, lack of critical supplies, and a decreasing purchasing power.

The significant shortages of fuel for power plants, the destruction of main electricity infrastructure and the reduced Euphrates River flow that has drastically diminished the hydroelectric potential are the main reasons for the electricity shortage that is further complicating the humanitarian landscape in Syria. Four of the 14 power generation plants available in the country have suffered serious damage and neglect, reducing pre-crisis power output capacity by an estimated 18 per cent. Two other plants near Hama and Damascus have also been damaged but have since been partially repaired.³⁵ The result is severe electricity rationing across Syria, and a per capita consumption of state electricity is 15 per cent of what it was in 2010. Power cuts are common across all rural and urban areas, with electricity being available only for few hours a day in some areas.³⁶ In Northeast Syria, electricity was only available for five to six hours daily in September 2021, and between seven and eight hours per day in Northwest Syria. In the first half of 2021, Aleppo had ten hours of rationing for every hour or half an hour of power; Damascus had five hours of power cut for every hour of electricity.³⁷ Forty - one per cent of all households interviewed in August 2021 reported electricity among their top four needs.³⁸ In addition to disrupting daily life at individual, household

and community level, electricity shortage has a multi-sectoral impact on critical services, impeding the availability and quality of education, health and WASH services including emergency and intensive care units at hospitals, potable water supply systems and waste-water treatment plants.

In the same way, WASH infrastructure has suffered extensive damages caused by hostilities, strain from years of functioning at high capacity due to the growing demand, limited or no maintenance, continuous drain of technical staff and electricity shortage. Shortage of electricity remains the root cause for water supply systems underperformance or cessation altogether.

The seven largest drinking water systems in Syria account for about 80 per cent of the country's total supply for approximately 9.5 million people. Since the onset of hostilities in 2011, all but one suffered direct damages, while enduring years of inadequate operations and maintenance. Lack of materials to repair these complex systems and the loss of skilled technical staff to maintain and repair them is leaving many on a trajectory towards complete failure, with immeasurable impacts on Syrians' lives and massive costs to replace.

One of the major impacts of the electricity shortage on water supply systems is that it leads to restricted pumping hours and bypassing of water treatment systems, to increase the quantity of water pumped to the networks at the expense of water quality. At least 70 per cent of sewage is discharged untreated and at least half of the sewerage systems are not functional,³⁹ and up to 47 per cent of the population in Syria is relying on often unsafe alternatives to piped water compared to 38 per cent in mid-2020.

Since the beginning of the year, approximately one third of the estimated 200 water pumping stations which typically pump, treat and deliver water from the Euphrates River, or connected lakes and canals, to approximately 5.5 million people are significantly impacted by the low water levels in Euphrates River.⁴⁰ Throughout 2021, Alouk water station in Al-Hasakeh Governorate has continued to experience recurring shutdowns and reduced operational capacity, limiting the provision of piped water to an estimated 500,000 people, and threatening the well-being of up to 100,000 IDPs in Al Hol, Tweina/Washokani, Al Talae/Serekaniye and Areesha camps in Al-Hasakeh specifically. In addition, Al-Khafsah and Ein El-Bayda water pumping stations currently do not provide water to an estimated 184,000 people in Al-Bab sub-district in Northern Aleppo Governorate, including Al-Bab city with a population of 145,000 people.⁴¹

The fragile health system in Syria continues to face concurrent emergencies and chronic challenges such as severe shortages of medical personnel, supply chain disruption and power shortage, which affect the availability and quality of health services across Syria, as well as the physical and mental wellbeing of the population. The current COVID-19 pandemic and the increased demand Syria's health care facilities contribute to increase the pressure. For specific groups like women and girls, access to healthcare is further limited by gender norms, where a man needs to accompany the woman/girl and where bodily autonomy, hence the right to choose for a person's body and sexual and reproductive life, is still very limited

and therefore access to sexual and reproductive health services is coerced. More than 50 per cent of healthcare workers are estimated to have left the country in the last decade, including qualified mental health professionals⁴². Currently the ratio of healthcare workers to population has crossed emergency thresholds in more than half of all subdistricts in Syria.

As of June 2021, out of the 211 available hospitals, 35 per cent were either non-functioning or only partially functioning. As for the 1,791 available public health centres (PHC), 44 per cent were either non-functioning or only partially functioning.⁴³ In the absence of regular and reliable electricity, health facilities are forced to depend on generators and solar energy systems that provide the minimum power requirement, heightening the risks to continuity of health services, including surgery, cold chain storage, sterilization, safe blood storage, and timely and accurate diagnosis. Basics such as lights, anaesthesia machines autoclaves, and imaging equipment become impossible to operate during power cuts. The constrained access to water in some areas, especially in Northeast Syria in 2021, continues to impact people's health as well as the quality of services delivered in health facilities.

The education system remains fractured and under-resourced, limiting the ability of children to access education services regularly. Less than half of households with children in school feel their children are learning sufficiently.⁴⁴ Many school buildings have been destroyed or heavily damaged by years of hostilities, across governorates classrooms are overcrowded and schools run in multiple shifts to decongest classrooms. School lack basic (school furniture, toilets/sinks, heat water, electricity, etc.) Economic factors, including children working to support the household, continue to be a key reason for children/youths' not attending school. Economic pressures compounded with a lack of upper primary and secondary school contribute to a sharp decline in attendance when children become adolescents. Education activities have also been affected by electricity shortages particularly in rural areas where the hours of electricity per day are minimal. While the use of power generators is common, it has been compounded by the ongoing fuel shortages across the country impacting both prices and availability. Electricity shortage and the prohibitive cost to run generators impacts the ability of education service providers to carry on any activities required to heat schools, use of computer labs, projectors or the internet during school hours.

Lack of financial and human resources and difficult operating environment has made it difficult for people to access quality protection services as well. Social Welfare and Justice System that were already struggling to prevent and respond to different forms of violence, have been further debilitated by the hostilities, economy, and COVID-19 pandemic. People and institutions meant to protect those most at risk are facing challenges that limit their ability to do so.

Low Agricultural yield and growing food insecurity

In addition to record low rainfall, since January 2021, the water flows of the Euphrates River, from Turkey into Syria, have been substantially lower than average, leading to critical low water levels in

the downstream reservoirs in Syria. Low water levels in the Euphrates River have not just reduced access to water for drinking and domestic use for over five million people, but also triggered substantial harvest and income losses.

The water crisis and drought-like conditions affecting Syria are coupled with existing damage and neglect of farmlands and irrigation systems as a result of a decade of crisis. Around 40 per cent of the irrigated agricultural areas are no longer able to rely on availability of water. Insufficient and poorly distributed rainfall in the 2020/2021 agricultural season, together with several heatwaves, the high cost of agricultural inputs, limited availability of irrigation water and high cost of fuel for pumping, resulted in a contraction of the harvestable cereal area. The estimated harvested wheat area (787 000 ha) was slightly over half of that harvested in 2019.⁴⁵ The estimated harvested barley area (352 000 ha) decreased by 75 per cent from last year with large swathes of land deemed not worth the harvesting effort. The 2021 wheat production is estimated at around 1.045 million tons, down from 2.8 million in 2020, and only a quarter of the pre-crisis average of 4.1 million tons (during the period 2002-2011). At 268 000 tons, rain fed barley production was only about 10 per cent of exceptional harvests in 2019 and 2020.⁴⁶

Across Syria, hyperinflation and currency depreciation have significantly diminished households' purchasing power, eroding the real value of salaries. The substantial harvest losses combined with a chronic economic deprivation have contributed to the mounting food insecurity as 12 million people, equating to roughly 54 per cent of the population, are food insecure – a 51 per cent increase since 2019. In line with the rise in food insecurity, malnutrition levels have increased. Over the same period, stunting increased from 531,000 to 553,000, children under 5 with acute wasting increased from 173,000 to 245,000 while a record 265,000 pregnant and lactating women have acute wasting.⁴⁷

1.2.3 Impact on humanitarian access

Humanitarian access in Syria continues to be challenged by active hostilities and its consequences, global geopolitical dynamics, interferences by parties in control, and in some parts the periodic closures of border-crossings and crossing points related to COVID-19 preventative measures. Around 3.4 million people in Northwest Syria, including 2.8 million IDPs are in need of regular humanitarian aid to meet their basic needs. Ninety-seven per cent of the population lives below the poverty line and over 80 per cent of the population is assessed to be food insecure. The United Nations and its partners reach an average of 2.4 million people of concern each month with aid provided through UN Security Council-authorized cross-border operations, but more is needed. The United Nations has been working to increase the variety of delivery modalities to allow for the most flexibility in humanitarian response including through scaling up cross-border deliveries and delivering through cross-line operations.

UN cross-border humanitarian response continues through the Bab al-Hawa crossing point following the adoption of UNSCR 2585 in July 2021, for 12 months. The crossing at Bab al-Salam ceased to be authorized for UN aid delivery as it had been under the previous United Nations Security Council (UNSCR) 2533.^{48,49,50}

Other constraints continue to hamper access to key areas. The Ras al Ain-Tell Abiad area (RAATA) is currently only accessible via Turkey by a few international and national NGOs (those granted permissions report relatively low access constraints). In Rukban in southern Syria, humanitarian partners remain without access to the approximately 10,500⁵¹ people living in dire conditions, with limited access to food, WASH-related services, health care and other basic services, since September 2019. There has also been no access for camp residents to the UN clinic on the Jordanian side of the border since March 2020 due to COVID-19 related measures.

In Northeast Syria, access to IDP sites and locations varies with location and response modality. The security situation at Al Hol Camp in eastern Al-Hasakeh Governorate, hosting about 60,000 people, remains a major concern for all humanitarian partners, with high levels of violence, criminality, and social tensions. While humanitarian partners continue to provide regular assistance, violence against humanitarian personnel and assets, inadequate security apparatus, and restrictions on humanitarian workers accessing areas such as the Annex are reported.

While in 2020 COVID-19 preventative measures significantly impacted mobility and access humanitarian assistance, pandemic related measures are less frequently reported as a constraint in recent assessments. This is largely explained by the gradual easing (or in some areas complete lifting) of COVID-19 mitigating measures, such as curfews and movement restrictions, despite the steep resurgence in cases and positivity rates.

Timeline of Events

January - December 2021

JANUARY

In Al-Hasakeh Governorate, local authorities impose movement restrictions into and out of GoS-controlled areas affecting the delivery of humanitarian supplies and commercial goods, including fuel and water; 74 UN trucks containing humanitarian assistance for 200,000 people are held at a checkpoint for two weeks.

The Central Bank of Syria issues a new SYP 5,000 Syrian banknote triggering fears of further currency depreciation.

MARCH

The value of the Syrian Pound falls to an all-time low of SYP 4,000 to US\$1 on the informal market further reducing purchasing power and triggering price increases for commodities.

A hospital in al-Atareb in the western countryside of Aleppo Governorate, previously receiving UN support, is hit by artillery strikes, killing seven patients, injuring 15 people, including five medical staff and resulting in the suspension of services for two weeks.

On 21 March, attacks in northwest Idlib Governorate on humanitarian infrastructure led to important losses of critical supplies and the suspension of aid deliveries. Sixty-four trucks were partially damaged, UN shipments were temporarily suspended, relief items intended for some 25,000 people were destroyed, and at least five NGOs temporarily suspended operations

MAY

On 25 May, 94 Iraqi families are repatriated from Al Hol camp to Iraq. This would be the first of three repatriations of Iraqi nationals from Al Hol camp in 2021, as 115 Iraqi families returned to their country of origin on 29 September.

JULY

On 10 July, the UN Security Council unanimously adopt Resolution 2585, extending the use of the Bab al-Hawa border crossing for the delivery of humanitarian aid for six months (but excluding Bab Al-Salam crossing point), and a subsequent renewal for another six months, until 10 July 2022.

From 28 July in south-west Syria, heavy shelling and ground clashes were reported in Dar'a displacing 38,000 people. A ceasefire agreement was signed between the parties on 9 September, resulting in the return of approximately 77 per cent of the displaced.

SEPTEMBER

In the first official update on death toll since 2014, UN High Commissioner for Human Rights, Michelle Bachelet informed the Human Rights Council that a decade of war in Syria has left more than 350,200 people dead, noting that this total was an "under-count of the actual number of killings". More than one in 13 of those who died due to conflict was a woman – 26,727 overall – and almost one in 13 was a child – total of 27,126 young lives lost.

In the Northwest, daily artillery and airstrikes impacted Idlib, impacting infrastructure and heavily populated civilian areas.

From 20 August to 10 September, Alouk water station stopped functioning due to insufficient electricity and reduced access for technicians to carry out maintenance and repairs. Disruption to the water supply from Alouk are commonplace and affect approximately 460,000 people in north-east Syria, primarily in Al-Hasakeh and Tal Tamer, including IDP sites such as Al Hol and Areesha camps. By the end of 2021, Alouk Water stations was not functional for nearly four months.

In September, the national average price of WFP's standard reference food basket reached its highest ever recorded level since monitoring started (2013), increasing by seven percent between August and September 2021 and reaching SYP 186,319 (USD 75 at the official exchange rate of SYP 2,500/USD). In addition, the national average price of subsidized bread reaches SYP 237 a bundle, an increase of 367 per cent in one year.

NOVEMBER

The GoS received the second batch of COVAX-supplied COVID-19 vaccines - over 1.3 million doses – marking the largest batch to arrive to the country following the first consignment in April this year.

On 10 November the Government of Syria's approved of The United Nations' a six-month operational plan for interagency cross-line convoys to deliver humanitarian aid on a regular basis to communities in ten sub-districts of Idlib and Aleppo Governorates- Sarmin, Teftnaz, Ariha, Salqin, and Harim in Idlib Governorate and Ar-Ra'ee, A'rima, Raju, Ghandorah, Al Bab in Aleppo Governorate.

2021

FEBRUARY

WFP estimates that 12million people – 55 per cent of the population – are now food insecure. Increases in food insecurity are most pronounced in Hama, Homs, Lattakia and Tartous Governorates.

APRIL

At Al Hol camp in the north-east, the security situation continues to deteriorate as a staff member of a humanitarian organization is killed in their tent. Forty-two murders have been recorded since the start of 2021.

On 22 April, more than 250,000 doses of COVID-19 vaccine arrived in Syria from the UN-backed COVAX initiative, to inoculate the country's frontline health workers.

JUNE

On 12 June, Shifa' hospital in the city of Afrin, supported by the UN since July 2019, is struck by artillery shells, killing at least 13 people, including one physician, other health workers and two children. This brings the total number of confirmed attacks on health care in the north-west of the Syrian Arab Republic since the beginning of 2021 to 10, resulting in 43 injuries and 23 deaths.

AUGUST

On 30 August, the first crossline mission from government-controlled areas to the Northwest since 2017 reached a warehouse in Sarmada City, Idlib Governorate.

Hostilities continued to intensify with heavy daily shelling and armed conflict, impacting Idlib and Northern Aleppo areas in Northwest Syria. For the first time since the ceasefire in March 2020, violence affected Al Bab city and surroundings, where shelling killed at least 20 civilians, including one woman and 15 children, and injured at least 41 civilians, including four women and 20 children.

OCTOBER

Syria is considered by WHO the worst-off country in the MENA region due to its high COVID-19 test positivity rate, lowest vaccination rate (2.4 per cent) and a rising death rate. The situation is particularly alarming in the Northwest where test positivity rate is 35 per cent.

On 3 October, the Nassib/Jaber border crossing between Jordan and Syria fully reopened to civilians and commercial traffic.

In Northwest Syria, mutual and heavy artillery shelling and airstrikes continued, impacting sites around Maryam IDP camp, Widows camp near Zurzur, both resulting in damage and injuries. Further, heavy shelling impacted Sarmada, close to the Bab-al-Hawa crossing point, resulting in damage to multiple humanitarian and health facilities, assets and suspension of programmes.

DECEMBER

In December, a second crossline convoy was deployed to Northwest Syria through an inter-agency initiative. The convoy which carried food and other humanitarian supplies for tens of thousands of people crossed from government-held areas to a warehouse in Sarmada City, Idlib Governorate.

1.3 Scope of Analysis

A Multi-Sector Needs Assessment (MSNA) was implemented in August 2021, ensuring data collection in all sub-districts. The assessment was based on 33,171 interviewed households, conducted by 475 enumerators. Continuing efforts were made to ensure equal gender representation of respondents; this year 49 per cent of the respondents were female, up from 31 per cent in 2019, and 43 per cent in 2020. While several sectors implemented specific assessments to inform country-wide needs analysis, the MSNA continues to serve as one of the principal primary data collection tools for a majority of Whole of Syria (WoS) Sectors. The inter-sector severity analysis (and subsequent People in Need (PiN) estimation) for 2022 was done at the sub-district (admin 3) level. Steered by the Joint Intersectoral Analysis Framework (JIAF)⁵² guidelines, an inter-sector severity model based on sectoral severity indicators was established to inform the 2021 HNO and was further refined this year, with the objective to ensure comparability and linkage with sectoral severity/PiN modelling at the sub-district level.

In order to increase the understanding of nuances in humanitarian need across Syria, a fourth population group was included for the HNO 2022 analysis, further breaking down the IDP group into: IDPs inside camps and IDPs outside of camps. Distinct needs and underlying factors are analysed for each of the major population groups of concern, i.e.

- **IDPs inside camps**, with analysis efforts focused on protracted IDPs in areas generally less touched by recent hostilities, and IDPs who have taken refuge in informal settlements/camps, focusing on camp type and the availability or gaps in services.
- **IDPs outside camps**, with analysis efforts focused on particular needs emerging from being internally displaced while not being able to benefit from services provided to some degree inside camps.
- **spontaneous IDP returnees**, i.e. IDPs who have returned to their places of origin within six months after being displaced in 2020.
- **vulnerable residents**, As identified among the non-displaced households of Syria, with a focus on those living in areas hosting large numbers of IDPs and returnees and/or where access to basic services and livelihoods are significantly reduced, as well as those particularly affected by the socio-economic deterioration and growing food insecurity in particular.




Due to the comprehensive impact of the crisis on all population groups across the territory, the 2022 Syria Humanitarian Needs Overview (HNO) covers all populated areas of Syria, disaggregating trends in humanitarian needs amongst the entire population up to the sub-district level (admin 3).

Thematically, compared to previous years, data collection and analysis models for the 2022 HNO were adjusted to better capture the increasing complexity of needs and underlying factors, including those related to the deteriorating economic conditions affecting all population groups in Syria.

The 2022 Syria HNO covers the period of January 2021 through January 2022. Needs and severity analysis is mainly based on primary data collected during August and September 2021.

Scope of Analysis and Assessed Population Groups

by governorate

GOVERNORATE	 VULNERABLE RESIDENTS	 RETURNEES	 INTERNALLY DISPLACED PEOPLE	ESTIMATED POPULATION	
IN SETTLEMENTS/CAMPS					
Aleppo	2,878,542	22,045	1,283,773	424,641	4,184,360
Al-Hasakeh	800,681	2,673	345,289	120,246	1,148,643
Ar-Raqqa	590,334	1,576	181,116	114,860	773,026
As-Sweida	308,617	120	71,313	399	380,050
Damascus	1,218,564	599	609,682	717	1,828,845
Dar'a	921,289	1,040	103,155	-	1,025,484
Deir-ez-Zor	930,541	6,478	170,701	39,274	1,107,720
Hama	1,236,421	6,512	226,911	2,960	1,469,844
Homs	1,209,939	6,686	303,971	4,449	1,520,596
Idleb	974,035	15,491	1,868,494	1,306,930	2,858,020
Lattakia	825,116	-	449,317	446	1,274,433
Quneitra	101,104	8,309	3,752	337	113,165
Rural Damascus	1,899,274	11,031	1,115,922	1,218	3,026,227
Tartous	760,803	-	182,297	25	943,100
Total	14,655,259	82,560	6,915,693	2,016,502	21,653,512

1.4 Humanitarian Conditions, Severity and People in Need

Number of People in Need

Population distribution by severity classification		PEOPLE IN NEED		
MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC
5.1K	7.1M	9.6M	4.9M	61.1K
				14.6M

PiN by gender

GENDER	PEOPLE IN NEED	% PIN
Male	7.4M	51%
Female	7.2M	49%

PiN by age and gender

AGE	PEOPLE IN NEED	% PIN
Women (Over 18 years)	4.3M	29%
Men (Over 18 years)	3.8M	26%
Boys (0-17 years)	3.6M	25%
Girls (0-17 years)	2.9M	20%

By Population Groups

POPULATION GROUP	PEOPLE IN NEED	% PIN
Residents	9.2M	63.1%
IDPs out of camps	3.3M	22.7%
IDPs in camps	2M	13.8%
Returnees	56.7K	0.4%

By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	6.5M	45%
Adults (18 - 59)	7.5M	51%
Elderly (59+)	615k	4%

With Disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	4.2M	29%

Humanitarian conditions across nearly all key measures continued to degrade for the majority of Syrians over the course of 2021- the consequences of an accelerating deterioration of the economy and civilian infrastructure, continued insecurity and unilateral coercive measures, and environmental shocks.

While the overall level of violence and large-scale displacements have demonstrated a relative reduction in 2021, sporadic surges in hostilities continue along frontlines in northern and southern Syria where security environments remain most volatile and prone to escalations. The pervasive disregard for international human rights and humanitarian law continues unabated, leaving many with few options to secure their safety and security.

Sharp deterioration in macroeconomic conditions and their knock-on effects are driving even more Syrians into humanitarian need.

Without significant increases in external humanitarian assistance, Syrians’ resilience, as seen through their ability to respond to these shocks, will continue to decline leading to further irreversible harm and set the country even further back from emerging from this. Nearly 80 per cent of Syria’s sub-districts are categorized under the inter-sector severity scale of 3 or above; considered the threshold to require emergency humanitarian intervention across all sectors.

One nearly universal pattern exists across all population groups surveyed in 2021 - drastically increasing economic vulnerability. The current expenditure gap (income minus household expenses) is now reported at 50 per cent - doubling from the past year. Over three quarters of households (76 per cent) are unable to meet their most basic needs, an increase of 10 per cent from last year. Seven out of ten households report that their debt load is increasing. To try and cope, one in four households now report selling of productive assets⁵³ - initiating a feedback loop of spiralling debt with increasingly severe consequences.

As strategies for coping become more negative, the consequences become more severe. Taking children out of school and putting them

to work are estimated to be occurring at rates as high as 30 per cent in some areas, placing children at risk of severe protection threats.⁵⁴

Reducing expenditures on food - which represents nearly half of Syrian households’ total expenditures, often means relying on less, or lower quality and less nutritious food - a practice that has doubled since 2019. Food security continues to worsen, aggravated by decreased crop production, and economic and climatic shocks.

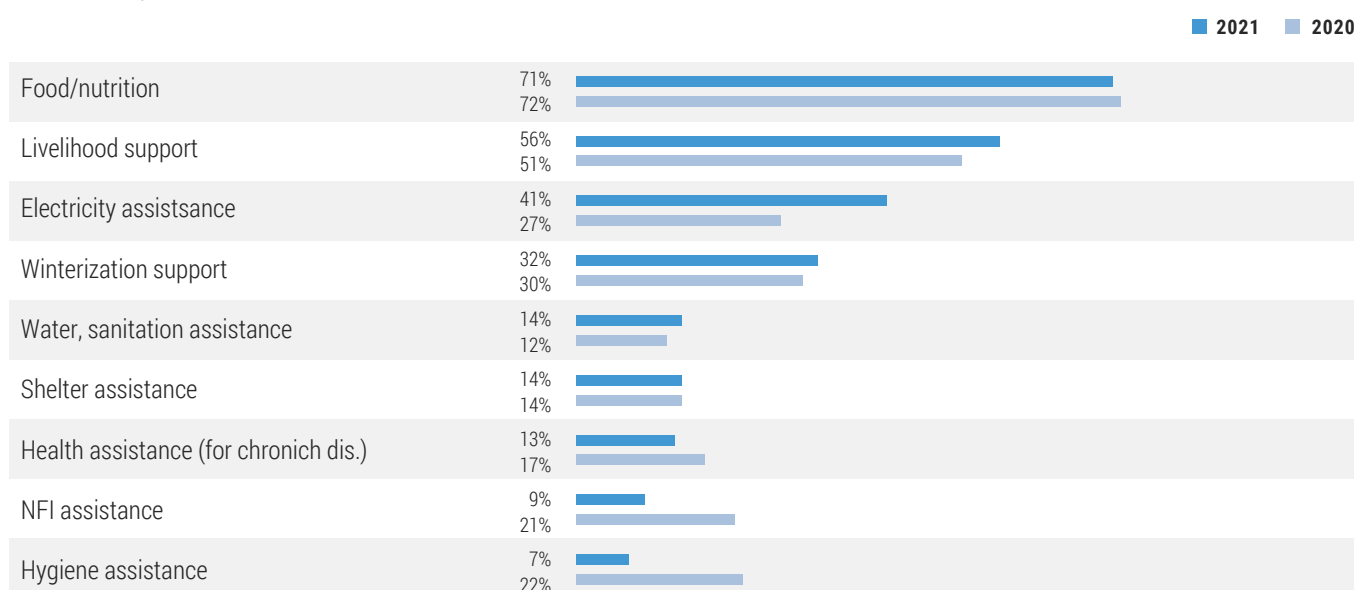
Deteriorations in humanitarian conditions are also increasingly being driven by the sustained lack of access to basic services and civilian infrastructure that is required for their functioning. Access to electricity, an expressed priority need for Syrian returnees and residents in particular, is at 15 per cent of what it was before the onset of the crisis a decade ago. This impact is being directly felt in the lives of Syrians by impeding access to education, livelihoods, and safety to name just a few.

Access to water supply networks, also heavily dependent on functioning power grids, also have direct consequences on Syrians’ lives and livelihoods. The reliability and efficiency of water systems have sharply decreased for the first time since 2016, with 2 million fewer people using water networks as their main source in comparison to mid-2020. The health impacts related to this are well studied and should be seen as direct contributors to the fact that increases in waterborne diseases are a reality in 2021. Disease is linked to malnutrition and the Global Acute Malnutrition (GAM) rates have more than doubled since last year.

The way that these dynamics play out in Syrians’ lives depends greatly on their status, demography, sex, diversity characteristics and location. The following sections look at how the impacts of the crisis are playing out in the lives of Syrians across for each of four population groups that the 2021 MSNA focused on – using the structure of the Joint Intersectoral Analysis Framework⁵⁵. Focusing on people’s access to their basic needs, how they cope with shocks, and their overall health and wellbeing.

Priority Needs

as expressed by heads of household



By population group, it is the vulnerable residents - those that have not been displaced, that show the greatest increase in severity of need - resulting in an increase from 6.4 million to 9.2 million which suggests that economic deterioration is now a major driver of needs in areas historically less directly affected by hostilities and displacement. As a result, the number of Syrians in need of humanitarian assistance has increased by 9 per cent, from 13.4 million to 14.6 million in 2021.

Inadequate living standards: Needs and Drivers

Over three quarters (76 per cent) of households indicate that their ability is insufficient or that they are completely unable to meet the basic needs of their families, with returnee and IDP households residing out of camps being comparably worse off than other population groups. Regional trends were noted, as populations in Tartous, Al-Hasakeh, As-Sweida, Quneitra, Dar'a and Homs governorates reported particularly high limitations in meeting basic needs of between 90-99 per cent. The immediate factors for this trend are related to the sharp decline of the Syrian economy, with 88 per cent of households cite a lack of income or inability to access a source of income as the reason for being unable to meet their basic needs. The second most significant reason referenced is the inability to afford food and basic commodities (70 per cent), signifying a major concern regarding physical and mental well-being of household members in the next year.⁵⁶

More broadly, protection issues related to civil documentation, Housing Land and Property (HLP) issues and freedom of movement remain major countrywide impediments towards Syrians' access to their basic needs. Lack/loss of civil documentation was reported in 76 per cent of assessed communities (compared to 61 per cent in 2020) and spread across all governorates⁵⁷. Restrictions on freedom of movement were reported in 51 per cent of assessed communities (compared to 65 per cent in 2020) and 61 of assessed communities reported HLP concerns (compared to 50 per cent in 2020)⁵⁸.

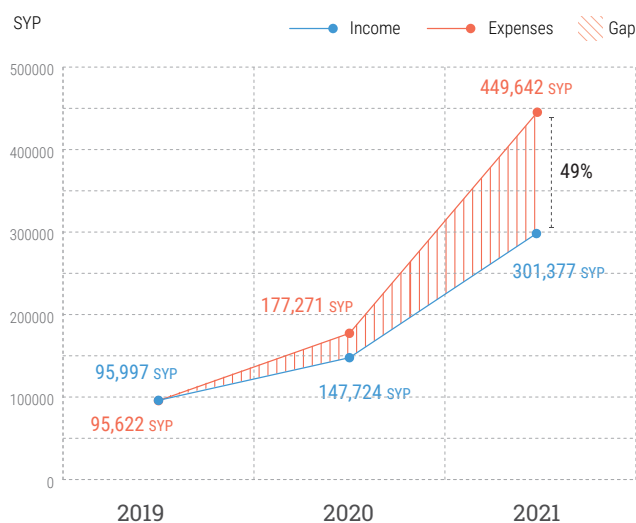
The lack of access to government-issued civil documentation – reported as a severe problem for the population in Northern Aleppo, Ar-Raqqa, Al-Hasakeh, Deir-ez-Zor and Idlib – for example limits access to assistance and basic services provided by authorities, and freedom of movement, which trickles down to affect multiple family members. It is particularly restrictive for widowed or divorced women as it limits their ability to inherit property, get custody of children, legally remarry, or register children born through subsequent relationships, increasing their exposure to violence and stigma and severely limiting their children's access to basic services such as education and healthcare. Fifty per cent of the households reporting not having a government-issued civil documentation have obtained documentation issued by local authorities, majority of whom reside in non-GoS areas. Ultimately, the lack of civil documentation affects the security of tenure and return prospects for hundreds of thousands of IDPs, not least at a psychological level.

Despite 64.1 per cent of households across Syria reporting at least one employed household member, people are less able to cover their expenses using their salary or income due to a growing income deficit

– a severe regression recorded since mid-2019 and highlighting the growing class of the 'working poor' among the crisis-affected in Syria. By August 2021, the average household expenditure (SYP 449,642) exceeded the average household income (301,377) by 49 per cent, compared to 20 per cent in 2020. Geographically, the population in Rural Damascus Governorate self-reported the highest income deficit with only 47 per cent of expenses covered by income, followed by As-Sweida (53 per cent), Quneitra (60 per cent), and Al-Hasakeh (60 per cent) governorates. Demographically⁵⁹, the income deficit of households where the head is a person living with a disability including female-headed households (71 per cent) are significantly higher than that of male-headed households (46 per cent). Variations were also found across population groups⁶⁰, where income insufficiency is overall highest amongst IDP households residing outside of camps (58 per cent), with IDPs in As-Sweida (102 per cent), Rural Damascus (96 per cent) and Tartous (82 per cent) governorates reporting substantially higher than average figures. As a result, 13.8 million Syrians are estimated to require some form of income and livelihoods support in 2022, an increase from 11.6 million in 2021 and 9.9 million in 2020.

Average Household Income and Expenses

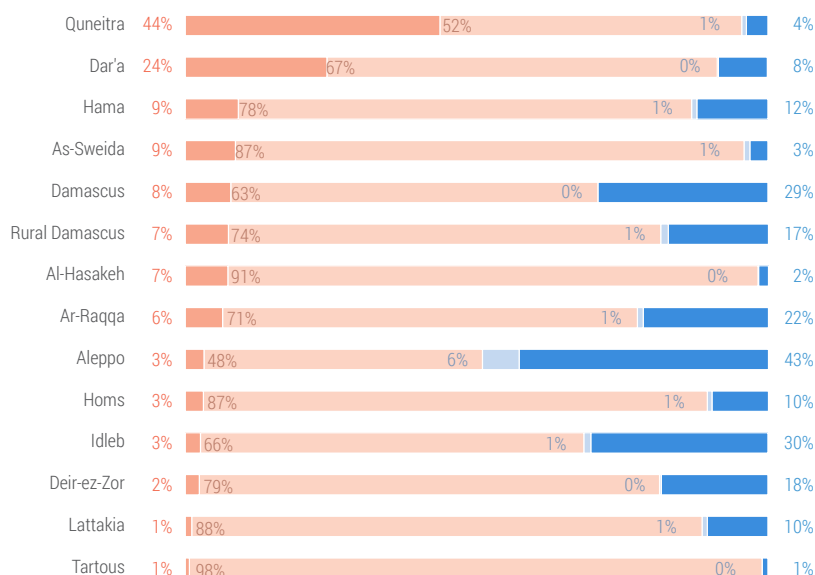
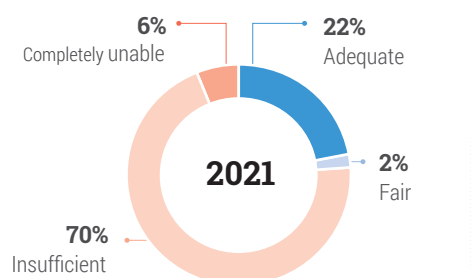
2019-2021





Households' perceived ability to meet the basic needs of all members

■ Completely unable ■ Insufficient ■ Fair ■ Adequate



Increasing debt translates to further decreases in access to basic services. The MSNA findings illustrate many examples: nine out of ten households report having to pay for healthcare and the biggest barriers to access reported are unaffordability of treatment costs (38 per cent), costs of consultation (28 per cent) and transportation to health facilities (six per cent), followed by overcrowding and/or long waiting time for the services. Reasons related to unaffordability increased to more than half for people living with a disability. Spending on food items far exceeds any spending on basic services, making up 41 per cent of average household expenditures. Although spending on services such as education, electricity, shelter and water were significantly limited - 2 per cent of total expenditure or less for all population groups, it is primarily affordability and availability issues which limit spending on services. The lack of affordability, and children needing to work to support the household are the most frequently stated reasons for households to not send children to school. The next most cited reason given was that there was no school to send the children to, which further illustrates how Syrians' lack of access to basic services is also driven by non-functional or reduced operability of the infrastructure required to deliver these services, including education (26 per cent). In Idleb Governorate, there is one functioning classroom for every 178 school aged children.⁶¹ This is largely due to many areas, including camps and informal settlements, having higher population densities than what the service infrastructure were established for.

Nearly one half (47 per cent) of the population relies on alternatives to piped water and unsafe water supply modalities, with rates substantially higher in Northeast and Northwest Syria where more than 50 per cent of the population rely on (often less safe) alternatives to piped water, such as tanker trucks. For the IDPs population residing in camps in northern Syria, this figure can increase to more than 70 per cent.⁶²

From January through September in 2021, 25 incidents were recorded impacting education facilities in northern Syria (most attacks were in Idleb followed by Al-Hasakeh, Aleppo, and Ar-Raqqa governorates)

and southern Syria (Dar'a Governorate), in addition to seven schools being used for military purposes.⁶³ This trend in northern Syria has also been accompanied by an uptick in attacks on healthcare facilities which are on track to reach or exceed the total number of reported attacks in 2020.⁶⁴

There are intrinsic linkages across needs and sectors. Functioning WASH-related services (e.g., water supply, sanitation, and waste management) are crucial to the operability of education and health services but are frequently found to be insufficient. Students frequently complain about the lack of toilets, sinks, water and soap at schools⁶⁵, while poor waste management continues to pose concerns related to disease prevention, including COVID-19. At least 70 per cent of sewage is being discharged untreated and at least half of the sewerage systems are not functional across Syria, creating an environment conducive to communicable diseases, particularly waterborne diseases which are now on the rise.⁶⁶

Safe, warm and secure shelter remains out of reach for many vulnerable families across Syria, a consequence of a decade of hostilities which has severely impacted the housing stock. With over a third of the overall population living in substandard, damaged and/or inadequate shelters, shelter needs are particularly pronounced during winter. Of the 6.92 million people estimated to be displaced across Syria, 3.37 million live in inadequate shelters with some form of damage⁶⁷. Over 2 million IDPs live in last resort sites, the vast majority in Idleb and Aleppo Governorates, in particularly inadequate, temporary shelters such as tents and makeshift shelters which provide limited protection against the elements and require frequent replacement and/or repair. Poor shelter conditions, overcrowding and limited to no access to basic services such as electricity, education, water, sanitation/waste disposal and health services in last resort sites significantly increase protection, GBV, and public health risks, including COVID-19.

Conditions have been rendered more precarious by the dramatic price increase for critical items such as generators, clothing, heating, and cooking fuel. Although market functionality and accessibility are less

pronounced problems for the overall population, the unaffordability and price increases of items were indicated by over two thirds of the population, with significantly higher affordability issues in Latakia, Tartous and Hama governorates.

Coping Mechanisms: Needs and Drivers

Millions of Syrians have been trapped in a protracted crisis for over a decade. More recently, with the rapid deterioration of the economy providing yet another shock, surveys are highlighting an increase in negative coping practices. The overwhelming majority of households took on more debt through borrowing (86 per cent) to compensate for loss of income and price increases, and over two thirds (69 per cent) self-reported their debt increasing in the last year⁶⁸. Remittances remain one of the most important resources of households’ economic resilience, with close to half of the overall population relying on it, indicating an increase of almost 10 per cent compared to mid-2020. Reliance on protracted debt is disconcerting, as it locks families into cycles of repayment, limits their ability to afford goods and services required to meet basic needs, and reduces their financial ability to absorb new shocks. Whereas debt payment made up six per cent of household’s expenditure in mid-2020, it had slightly increased since for the overall population, but is reported particularly high across all population groups in Deir-ez-Zor (14 per cent), Rural Damascus (11 per cent) and Al-Hasakeh (10 per cent) governorates. Notably, reliance on savings has reduced in 2021 compared to last year while selling of productive assets as a means to compensate for insufficient income has increased across Syria – indicating an economic deterioration among households as they resort to strategies that further erode their productive capacity.

Families across Syria are continuously changing daily habits to maintain some level of food consumption. Household’s capacity to cope with growing food insecurity has diminished, indicated by the regular consumption of poor diets as reported by 44 per cent of the population, compared to 21 per cent in 2020.⁶⁹ Vulnerable households in Quneitra, Rural Damascus and Hama governorates are particularly at risk, adopting several harmful changes to their daily food consumption. Conditions were particularly poor for the displaced population as close to ten per cent self-reported a least one household member going to sleep hungry at night due to lack of food, of which more than half of these families coped by purchasing less expensive food (51 per cent), followed by reducing the size of the meal (20 per cent) daily.

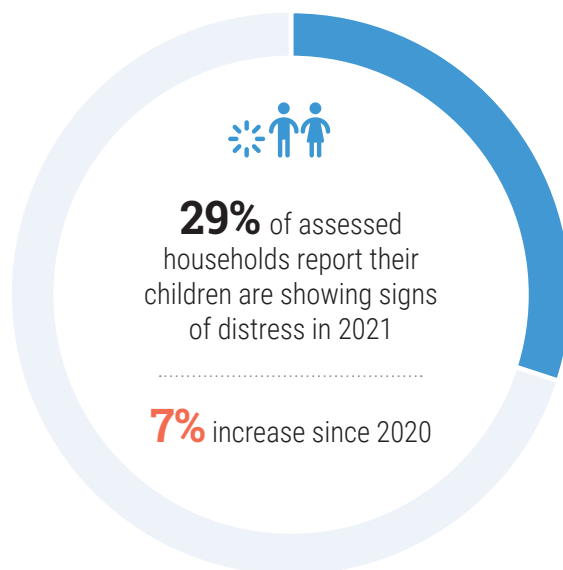
Desperate to generate additional income or reduce household expenses, families also engage in coping mechanisms which increase protection risks, particularly for children and adolescents. Close to a third of households reported their child needing to work to support the household as a reason for not attending school. This figure increases significantly for the population residing in As-Sweida (52 per cent), Quneitra (44 per cent), Hama (42 per cent) and Homs (40 per cent). In addition, close to ten per cent of households reported having at least one child not living with the family, of which 43 per cent of them having left the house to seek employment, overwhelmingly boys. The absence of a continuum alternative care options, including formal ones, remains a significant concern in this context.

Physical and Mental Well-Being: Needs and Drivers

Syrians face daily threats from ongoing hostilities, widespread contamination of explosive ordnance and significant degradation of living conditions and erosion of coping capacities. As these conditions continue to aggravate humanitarian needs, people’s physical and mental well-being are severely affected.

Between January and October 2021, 747 deaths and 1,127 injuries were reported as a result of hostilities. Given the significantly reduced functionality of health services as described in the previous sections, emergency and post-operative rehabilitative care remain inadequate in an already-fragile and overburdened health system, particularly in light of the increasing COVID-19 cases due to low vaccination coverage and lack of adherence to preventative public health measures.⁷⁰ A decade of crisis has placed a mental strain on Syrians with increasing reports of stress and mental health concerns, particularly among youth and young persons.⁷¹ Surveyed households expressed facing safety and security concerns in relation to arbitrary arrest or detention (27 per cent)⁷²; discrimination (19 per cent); and displacement (13 per cent). These numbers only provide a glimpse of the multiple factors which continue to cause significant stress and, in many cases, explicit psychological trauma amongst the population in Syria, including fearing conflict and hostilities, destruction of property, and injury or death of family members. Safety and security concerns also rank particularly high among the population that expressed intention to return to places of origin.

Children are particularly affected by mental trauma, many not knowing anything else but years of crisis. Signs of psychological distress in boys and girls under the age of eighteen are reported by one third of households and are highest when the head of household is living with a disability, followed by female-headed households.⁷³ Psychological distress was also reported among men and women at alarming rates with over 50 per cent of the population reporting such signs among their household members.



Safety and security concerns continue to be a gendered issue as women and girls continue to be disproportionately affected by various forms of violence. One in five households indicate that women and girls feel unsafe in their respective locations, mainly when crossing checkpoints, at markets and on public transportation. Particularly displaced households indicated increasing concern over the safety of their female household members, predominantly those residing in north-east Syria. The prevalence of GBV and absence of functional institutions that guarantees women and girls' rights and safety erode their freedom of choice and potential.

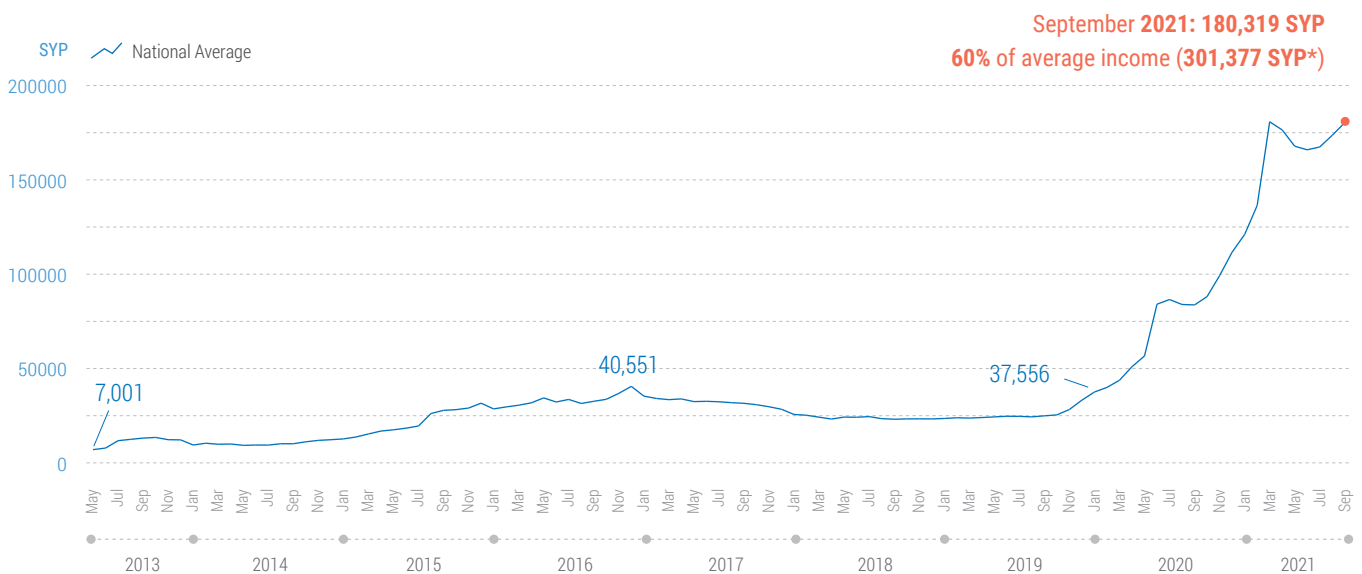
Populations living in or returning to areas contaminated by explosive ordnance constantly endure the risk of physical and mental harm due to the incessant life-changing threat they pose. The variety of explosive weapons used throughout the hostilities has rendered any clearance efforts complex. The risk of explosive ordnance was of significant concern for returnees, including for those returning to areas along (previous) frontlines in Al-Hasakeh, As-Sweida, Hama, Idleb and Rural Damascus governorates. Contamination has a

cross-sectoral impact on needs, including on economic security for those dependent on agriculture-based livelihoods and on repairs and rehabilitation of private housing, property and land. For instance, more than half of all explosions caused by explosive ordnance were in agricultural areas, injuring and killing civilians involved in farming and herding, including children. For survivors of explosive incidents, significant psychological trauma is evident, yet is unreported due to lack of resources to assess and address their specific needs.

The food security situation has steadily worsened over the past four years across Syria. By mid-2021, an additional segment of the population became food insecure - totalling 12 million people – meaning more than half of all Syrians are in need of some form of food and agricultural assistance, with an additional 1.9 million at risk of falling into food insecurity. The increase in food insecurity is indicative of a population that is increasingly vulnerable, with many having exhausted their capacity to cope, due to a range of factors, including the degradation of livelihoods and increased cost of living. Other contextual drivers have also played a role, namely climatic

Average Monthly Price of the Standard Food Basket

May 2013 - September 2021



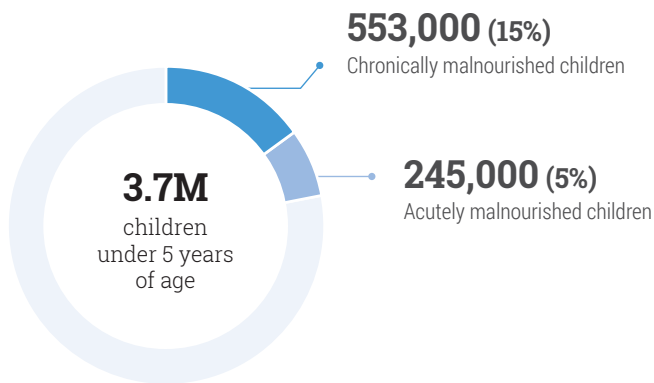
The standard food basket is a group of essential food commodities. In Syria, the food basket is set at a group of dry goods providing 2,060 kcal a day for a family of five during a month. The basket includes 37 kg bread, 19 kg rice, 19 kg lentils, 5 kg of sugar, and 7 litres of vegetable oil. / Source: WFP / * Average income for September 2021, as based on 2021 MSNA.

and human-made shocks affecting natural resources - particularly water – regional economic and banking crisis affecting trade with Syria, continued unilateral coercive measures and annual wheat deficits which can now only be offset by increases to the price of basic food items. For instance, 80 per cent of household’s face issues when accessing bread due to its lack of availability (54 per cent) and high prices (51 per cent). Needs related to agricultural livelihoods therefore remain considerable. Unilateral coercive measures have worsened matters for millions of Syrians, both directly and indirectly, by affecting the availability and quality of agricultural inputs and equipment, resulting in adverse effects on crop and livestock production.⁷⁴ Farmers also suffer from limited access to credit, damaged infrastructure, and limited access to relevant early warning information, all exacerbated by limited and poorly distributed rainfall in the 2020/21 agricultural season.⁷⁵

Hunger has not discriminated against any segment of the population in Syria, with close to three in four households reporting food as their number one priority need, influenced by financial distress and price fluctuations. With 41 per cent of average household expenditure going to food, families’ financial capacity to afford other goods and services – for example, potable water, fuel, electricity, including education for children – are dramatically diminished.

Malnourished Children

Nutrition Sector, HNO 2022



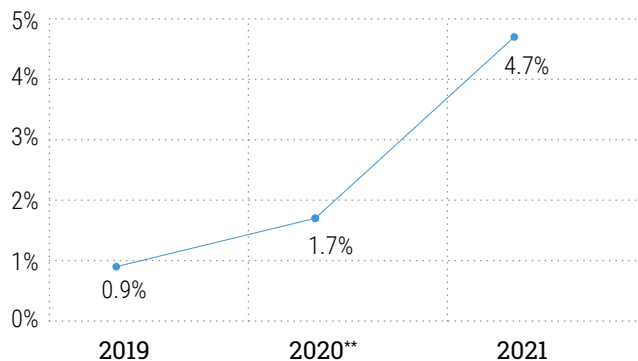
In conjunction with the rising food insecurity in Syria, the prevalence of malnutrition is a major public health concern as levels increase across the groups it disproportionately affects (infants, children under 5 and PLW). The number of children under the age of five in need of life-saving nutrition assistance stands close to four million (3.8m) and PLW far surpassing one million (1.7m), of which more than 80 per cent are in extreme and catastrophic need.⁷⁶ Since 2020 the number of children with chronic malnutrition (stunting) increased from 531,000 to 553,000, the number of children with severe wasting increased from approximately 39,600 to 51,000 while the number of children with moderate wasting increased from 134,000 to 194,000. One in four children under 5 in some districts in Syria are stunted and are at risk of irreversible damage to their physical and cognitive

development, repeated infection, developmental delay, disabilities and death. Stunting is linked to reduced ability to learn and loss of human capital in later life. Assessment data points to significant geographic variations for malnutrition. An estimated 25 per cent of children under 5 in Aleppo and Idleb Governorates⁷⁷ for example are stunted⁷⁸. Micronutrient deficiency is another major problem affecting 54 per cent of women of reproductive age and 46 per cent of children, in particular iron-deficiency anaemia which contributes to cognitive impairment in children and poor pregnancy outcomes in mothers.

The continuous increase in malnutrition rates over the past year reflects the downward trends in major humanitarian indicators across several sectors as well as a vastly insufficient response. Millions of children are suffering with physical and cognitive impairments as a consequence of malnutrition. It is critical that these trends are effectively addressed in a multi-sectoral manner if the survival and future of Syrian children is to be protected.

GAM

2019-2021



* Data Source: Nutrition presentation.
 ** 2020 data is coming from HNO 2020.

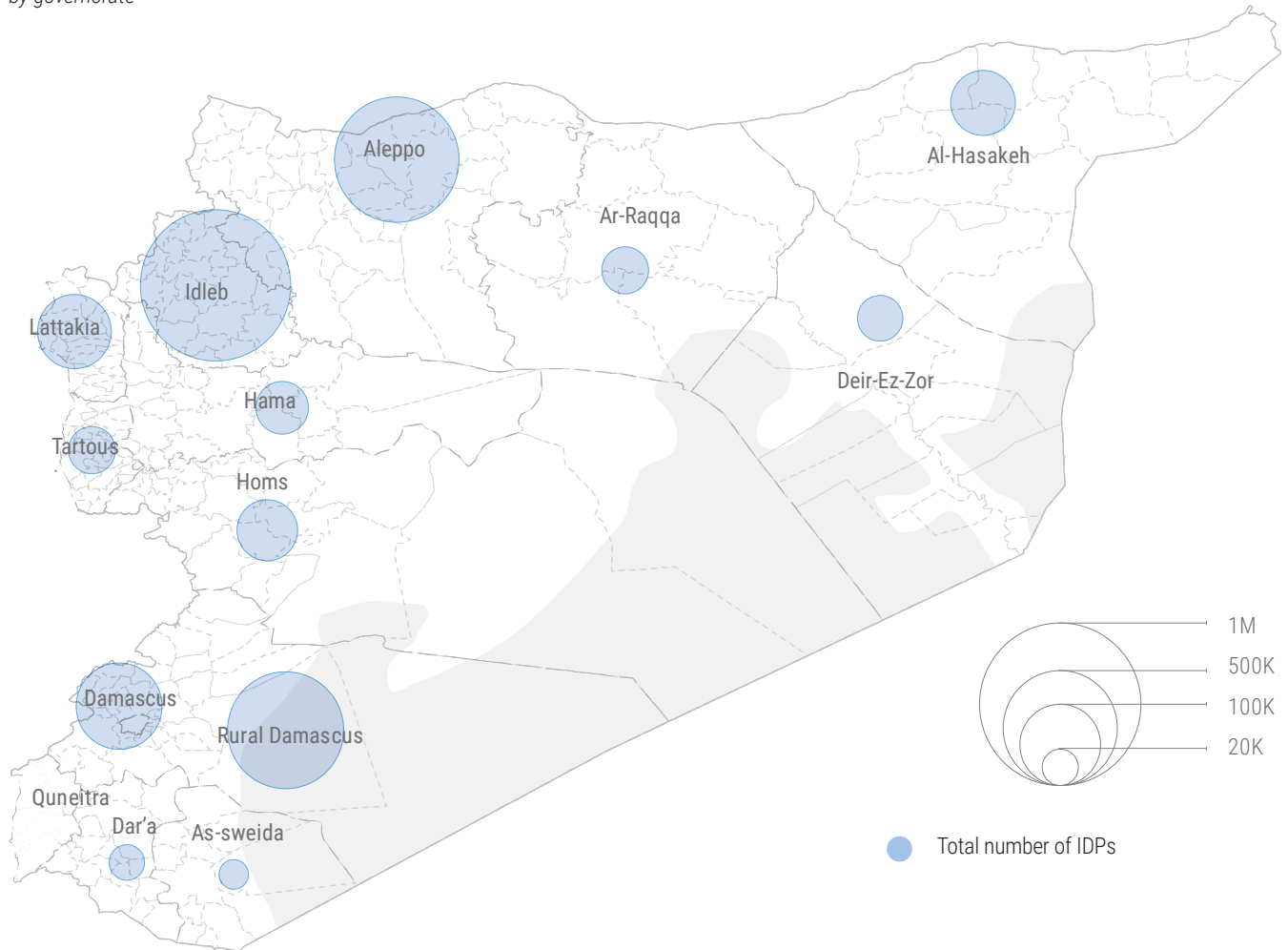
1.4.1 Humanitarian Conditions by Population Groups

Internally Displaced People

 **5.38M**
IDPS IN NEED

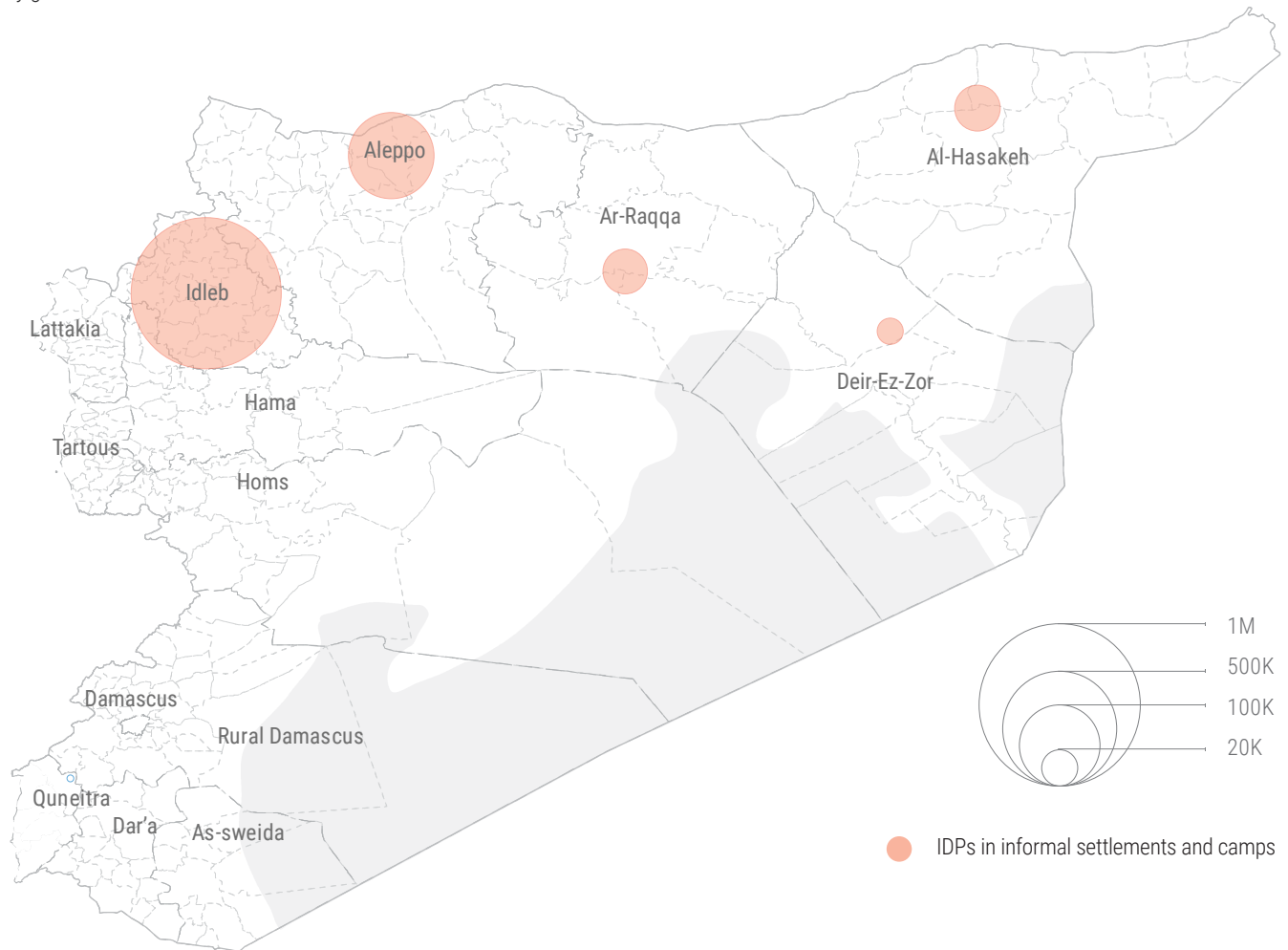
Internally Displaced People

by governorate



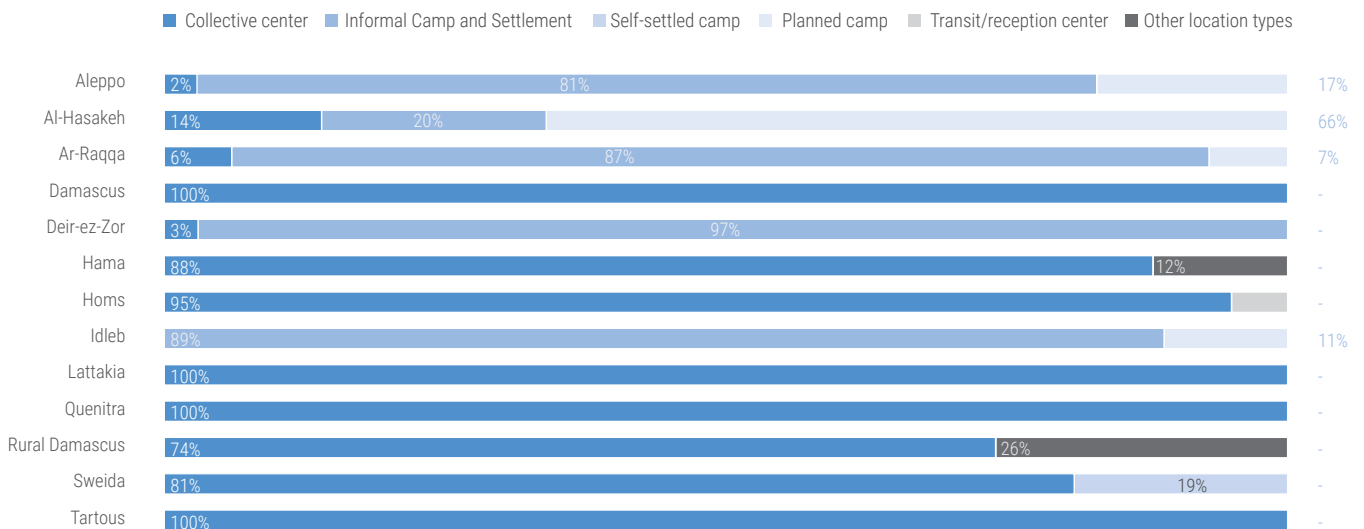
Internally Displaced People in Informal Settlements and Camps

by governorate



IDP settlement types

by governorate



* Others includes concrete block shelter (provided by NGO), makeshift Shelter, non-residential building with one family, container, collective Centre (non-residential buildings hosting several families), and other types

Source: ISIMM and HNAP, MSNA/SNFI

Sub-districts hosting highest numbers of IDPs and returnees

GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENT POPULATION	RETURNEES	IDPS	POPULATION	% OF IDPS AND RETURNEES OVER POPULATION
Idleb	Harim	Dana	173,432	-	953,103	1,126,535	85%
Damascus	Damascus	Damascus	1,218,564	599	609,682	1,828,845	33%
Lattakia	Lattakia	Lattakia	517,250	-	410,286	927,536	44%
Rural Damascus	Rural Damascus	Jaramana	304,812	-	301,645	606,457	50%
Idleb	Idleb	Maaret Tamsrin	73,617	85	256,955	330,657	78%
Aleppo	A'zaz	A'zaz	65,357	-	235,939	301,296	78%
Rural Damascus	At Tall	At Tall	51,713	-	202,027	253,740	80%
Homs	Homs	Homs	436,932	3,870	192,592	633,394	31%
Aleppo	Jebel Saman	Jebel Saman	1,461,082	16,184	168,677	1,645,943	11%
Hama	Hama	Hama	587,394	400	166,019	753,813	22%
Rural Damascus	Qatana	Qatana	151,471	-	148,855	300,326	50%
Idleb	Harim	Salqin	73,619	-	148,648	222,267	67%
Idleb	Idleb	Idleb	154,076	497	140,714	295,287	48%
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	142,875	746	127,639	271,260	47%
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	269,814	986	122,712	393,512	31%
Aleppo	Afrin	Afrin	74,392	-	119,663	194,055	62%
Rural Damascus	Rural Damascus	Qudsiya	244,056	44	104,353	348,453	30%

Syria's internally displaced population constitutes 37 per cent of the people in need of humanitarian assistance in 2021. Of the 6.9 million IDPs, over two million reside in 1,760 last resort sites such as informal settlements and camps, planned camps and collective centres, the vast majority in Idleb (69 per cent) and Aleppo (22 per cent) governorates, with three sub-districts – Dana, Maaret Tamsrin in Idleb, and Azaz in Aleppo - alone hosting more than two thirds of all IDPs in last resort sites in the country.

The cycle of displacement for many IDP households in Syria, often requires families to relinquish their former lives entirely as they uproot from their place of origin. Close to four out of five of all IDP households have been displaced for at least four years, with assessment data pointing to elevated economic vulnerability and protection threats⁷⁹ Areas controlled by the Syrian government maintain the highest proportion of IDPs who have been displaced for six or more years, while IDPs who have been displaced more recently (up to five years) are concentrated in Northwest Syria, most of whom in last resort sites.

The severity of humanitarian conditions and needs of IDPs depend on a variety of factors, including the type of settlement and shelter they live in – whether in a last resort site or residential area - how long and frequently they have been displaced, their income and financial situation, as well as their specific vulnerability characteristics related to gender, age and disabilities, amongst others. In comparison with IDPs living outside sites/camps, the population in last resort sites experience diverse challenges and associated needs, often experiencing worse living conditions and adopting harmful coping strategies more frequently which put their physical and mental health at risk. The variances between these groups' living conditions and associated needs makes disaggregated analysis particularly important.

Internally Displaced People in camps



PiN distribution by sub-district severity classification



% OF IDP PIN

37.5%




Out of 2m IDPs in camps:

- 1.2m live in sub-districts classified as severity phase 5 ('Catastrophic' as per the JIAF methodology)
- 641.1K live in sub-districts classified as severity phase 4 ('Extreme' as per the JIAF methodology)
- 143.3K live in sub-districts classified as severity phase 3 ('Severe' as per the JIAF methodology)

PiN by gender

	PEOPLE IN NEED	% PIN
Male	1.05M 	52%
Female	0.97M 	48%












PiN by age

	PEOPLE IN NEED	% PIN
Children (0 - 17 years)	1.04M 	51%
Adults (18 - 59 years)	0.93M 	46%
Elderly (59+ years)	0.05M 	3%

PiN by Disability

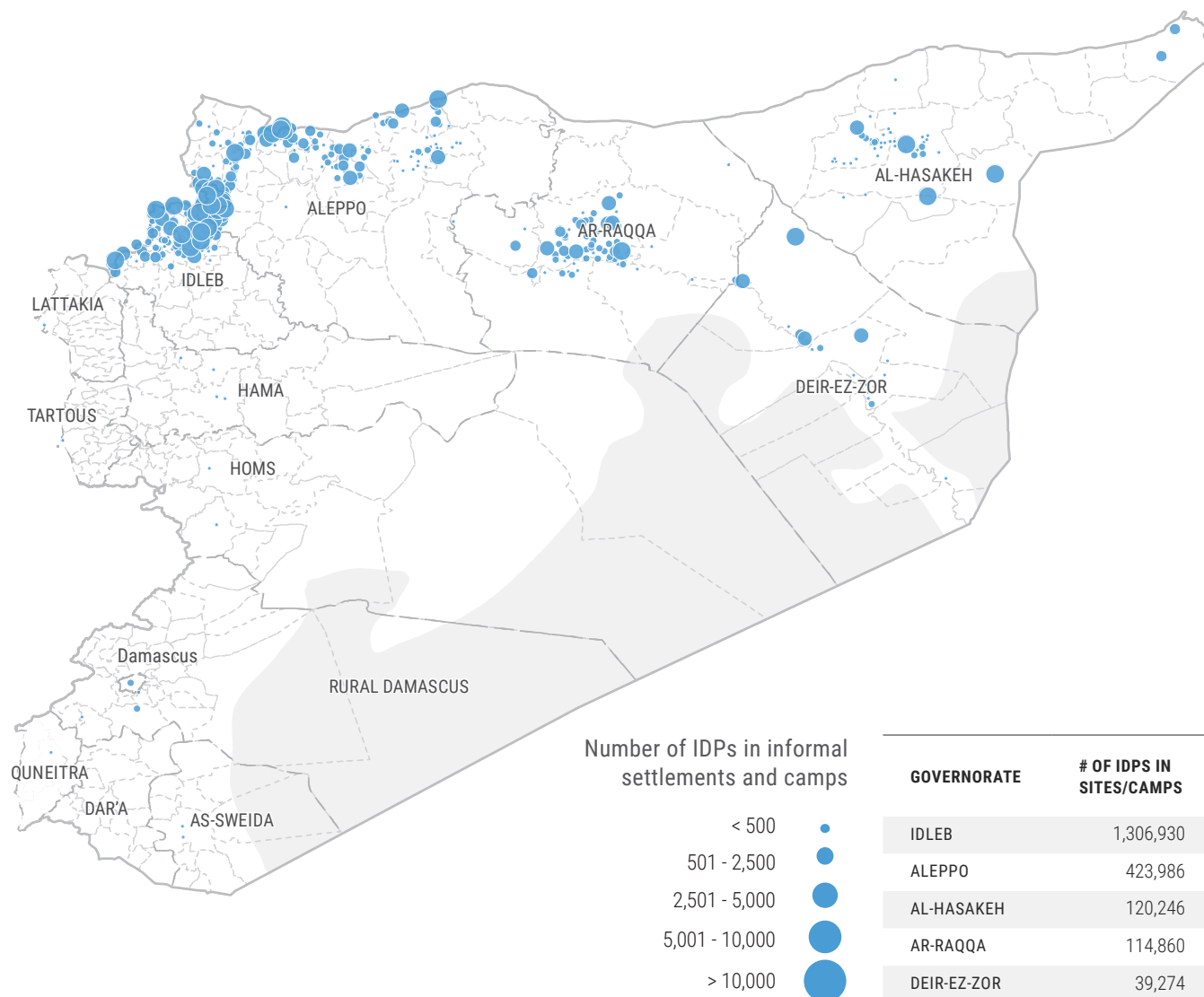
	PEOPLE IN NEED	% PIN
Persons with disabilities	0.6M 	28%

Sub-districts hosting the highest numbers of IDPs in informal settlements and camps

GOVERNORATE	DISTRICT	SUB-DISTRICT	# OF INFORMAL SETTLEMENTS/CAMPS	# OF IDPS IN INFORMAL SETTLEMENTS / CAMPS	% OF IDPS IN INFORMAL SETTLEMENTS/CAMPS COUNTRYWIDE
Idleb	Harim	Dana	573	911,703	45% 
Idleb	Idleb	Maaret Tamsrin	238	231,059	11% 
Aleppo	A'zaz	A'zaz	37	154,675	8% 
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	72	101,807	5% 
Aleppo	Jebel Saman	Atareb	53	69,788	3% 
Al-Hasakeh	Al-Hasakeh	Hole	1	58,747	3% 
Idleb	Harim	Salqin	39	36,193	2% 
Aleppo	Afrin	Afrin	57	33,698	2% 
Aleppo	Jarablus	Jarablus	24	32,709	2% 
Aleppo	Al Bab	Al Bab	25	32,481	2% 
Deir-ez-Zor	Deir-ez-Zor	Kisreh	16	30,306	2% 

IDPs in Informal Settlements and Camps

by community



Top three needs

As expressed by Internally Displaced Persons in camps



70%

Food / Nutrition assistance



65%

Livelihood assistance



42%

Winterization support

Despite the temporary nature of IDP sites, designed to act as a last resort for the short term, millions of IDPs today find themselves trapped in IDP sites/camps as an only means to survive. Where IDP sites are built on private lands, there is a constant risk for populations living there of eviction, which is a special risk for women and children.

Households displaced in Northeast Syria are increasingly trying to access formal camps, many of whom reside in self-settled IDP sites which often lack camp management systems.⁸⁰ Population density in last resort sites is of great concern with a growing IDP population, as they are particularly vulnerable climactic and epidemiological shocks.

Living Standards

There are apparent inter-linkages between IDPs in last resorts site's income and livelihoods situation, food insecurity status, settlement and shelter conditions, and access to basic services. Three quarters of IDP households report inability to sufficiently meet their household member's basic needs, citing lack of income as the primary reason (97 per cent), and unaffordability of food and essential goods (86 per cent). As a result, the majority of IDPs prioritize access to food and livelihoods support, which is comparable to overall trends. Most IDPs in sites/camps of which have been uprooted more than once (81 per cent) since the start of the crisis. While conflict and insecurity remain the two most important reasons for displacement, the deteriorating economic situation and lack of access to services have become push factors for people to leave and seek improved conditions elsewhere,

With an income deficit of 33 per cent as self-reported by the overall IDP population living in sites/camps, IDP households residing in Al-Hasakeh (64 per cent) and Idleb (39 per cent) indicate even higher financial distress. As a result, a number of segments within the population are in particular need of income generating and livelihood support due to increased vulnerability, particularly female-headed households and heads of households living with a disability who reported the lowest average income across all population groups.⁸¹ For instance, eighteen per cent of IDP households are female-headed, of whom only one third (33 per cent) report employment during the past three months, close to half compared to male-headed households (65 per cent). Overall, IDP households headed by females are nine times more likely to report having had no income in the last month compared to male-headed households. Income deficit among female-headed households is evidenced by the inability to meet basic needs of their family members (86 per cent), with an overwhelming majority (80 per cent) also indicating a deterioration in their ability to do so compared to last year due to a lack of income and/or access to income generating opportunities. Fifty-nine per cent of the females heading households are widowed, significantly influencing their financial situation as 20 per cent self-report having had no income in the last month.

Food expenditure makes up 46 per cent of IDP household's income across northern Syria. For governorates where income deficit and food expenditure shares are highest – such as Al-Hasakeh and Idleb governorates – IDPs also spend a significant portion of their income on debt repayment and clothing. In addition to food and livelihoods support, IDP households in sites/camps are facing critical problems related to winterization. IDP households prioritize electricity assistance significantly less than the overall population (16 per cent), with the exception of Al-Hasakeh (40 per cent) and Ar-Raqqa (27 per cent) where the population face regular power outages.

Many of the 2 million IDPs living in overcrowded sites/camps have exhausted their (financial) capacity to cope (and afford more adequate shelter), often following repeated episodes of displacement, or have had little choice but to move to these locations due to hostility dynamics. Fifty-two per cent of IDPs in Northeast Syria and 45 per cent of IDPs in Northwest Syria are living in IDP sites that need camp management systems.⁸² Two thirds of the IDP population in sites/

camps self-reported living in inadequate shelter types which have particularly high needs for continuous shelter assistance/repair and NFIs to keep them warm. A majority of IDP households complain from a number of shelter inadequacies, primarily lack of insulation, privacy/space, and electricity.

Living conditions are influenced by location, settlements type and income which significantly determines challenges to affordability and availability of essential goods and services, and for the population in sites/camps, frequent non-availability of critical services is of particular concern. Twenty-four per cent of the IDP population residing in sites/camps prioritize water and sanitation assistance, and predominantly so by those residing in Northeast Syria. This is in part explained by the heavy reliance on expensive tanker trucks for water provision, which over 80 per cent of IDP households indicate being their primary water source. In addition to water, sewerage and sanitation systems are frequently inadequate in sites/camps, putting populations at risk for epidemic-prone diseases. Access to timely and quality health services are also challenging and concerning for the IDP households, especially when accounting for the high disability rates among this segment of the population (26 per cent).⁸³ IDP households complain of overcrowding and long waiting time for services, not receiving the needed and required care, and unaffordability of treatment.

The number of children attending school is lowest for the IDP population in sites/camps – particularly for the Aleppo and Al-Hasakeh IDP population. In addition, IDP households with a head of households and/or a child living with a disability report slightly lower attendance rates compared to the overall IDP population⁸⁴, and are also less likely to prioritize education needs.⁸⁵ Half of children with reported health conditions, injury or disability reported attending school, compared to 84 per cent attendance of children without these barriers. Of all population categories children with reported health conditions, injury or disability were least likely to attend school. For school-aged children not attending school, most had dropped out (51 per cent) or had never enrolled (45 per cent), with families citing no school for their child's age group at the location, lack of affordability and the child needing to work to support the household as primary reasons for not attending. Over 70 per cent of IDPs suggested opening more schools and improving the physical conditions of existing ones (51 per cent) to increase attendance rates⁸⁶.

Coping Mechanisms

Amidst the progressive deterioration of living conditions, IDPs in Camps continuously adapt and seek new solutions, often harmful ones. Over the past year, households residing in sites/camps have primarily increased debt to cover their growing income gap and rising prices, with 88 per cent resorting to borrowing to cover living costs. Particularly high reliance on debt – and spending on debt repayment – is reported by IDPs in Al-Hasakeh and Deir-ez-Zor governorates. IDPs also rely on humanitarian assistance (66 per cent) more than other population groups, followed by remittances (particularly in Deir-ez-Zor, where 100 per cent of IDP household reported receiving remittances). A noteworthy difference was observed for IDPs in sites/camps in Al-Hasakeh governorate, where households incurred

highest rates of debt, possibly as they have less access to income and are also less able to rely on remittances (only 12 per cent receive remittances, compared to 31 per cent of all IDPs in sites/camps).

In line with the high food expenditure and food assistance being IDP households' primary need, food insecurity is also reported highest among this segment of the population where 9 per cent (compared to 3 per cent overall) reported moderate hunger.⁸⁷ IDP households also report negative coping strategies more frequently than other population groups, such as selecting less expensive or preferable food and purchasing food on credit. This is particularly prevalent among the IDP population living across Northeast Syria, where over one third reported having skipped meals.⁸⁸ In addition, IDP households residing in sites/camps were also more likely to report a child not living in the household (12 per cent). Whereas boys are more likely to leave the house to seek employment, girls commonly leave due to marriage.

Physical and Mental Well-Being

The Psychological burden from being uprooted from one's home, witnessing destruction, loss or separation from family members and assets, is shared amongst most households. More than half of the IDP population report safety and security concerns related to displacement, issues at homes, and physical mobility. The threat of exploitation and abuse (including gender-based violence) were reported substantially higher as a concern for female-headed households and households headed by a person living with a disability – signalling the increased protection risks they face relative to other vulnerable segment of the population. Children of IDP households in

sites/camps face elevated mental and physical health risks. Rates of psychological distress amongst IDP children (34 per cent of girls and 28 per cent of boys) are high, particularly for the households displaced in Al-Hasakeh and Ar-Raqqa where over 60 per cent of households reported children suffering from psychological distress. While access to socio-psychological assistance is severely limited in most parts of the country, this is particularly the case for the IDP population in sites/camps.

When IDP households in sites/camps were asked of their single largest concern regarding the physical and mental well-being of their household members looking forward (next 3-6 months), financial difficulties in feeding family members, the risk of a new displacement, and inability to pay for urgent health needs are reported as their primary concerns. As for shelter related concerns, IDP households are more likely to report a fear of damage or looting to their land or property, including the risk of others occupying their property, than any other population group.

Lack of government-issued civil documentation amongst IDPs (11 per cent) - particularly in Northeast Syria - affects immediate access to services and long-term prospects related to return and repossession of land and property. Most IDP households residing in sites/camps in northern Syria possess documentation issued by local authorities, majority of whom also rely heavily on provision of humanitarian assistance which are increasingly limited in meeting longer-term needs.

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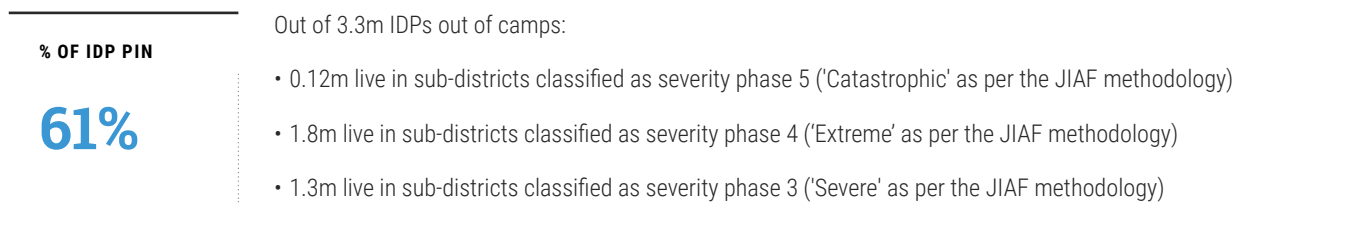


Internally Displaced People out of camps



3.3M
IDPS OUT OF
CAMPS IN NEED

PiN distribution by sub-district severity classification



PiN by gender



	PEOPLE IN NEED	% PIN
Male	1.70M	51%
Female	1.62M	49%

PiN by Disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	0.95M	29%

PiN by age



	PEOPLE IN NEED	% PIN
Children (0 - 17 years)	1.41M	43%
Adults (18 - 59 years)	1.75M	53%
Elderly (59+ years)	0.14M	4%

Seventy-one per cent of the 6.9 million IDPs live in residential areas and 84 per cent in finished homes or apartments across Syria. The vast majority of IDP households out of sites/camps are concentrated in Rural Damascus (24 per cent), with another 41 per cent found across northern Syria, primarily in Aleppo (18 per cent) and Idleb (10 per cent) governorates. The vast majority of the IDP population in Syria originate from central and south Syria, followed by northern parts of Syria.⁸⁹ Similar to overall trends, humanitarian conditions and needs for IDPs outside of sites/camps are multifaceted, with certain challenges and associated needs remaining unique to this segment of the population as large flows of displaced people tend to have significant impact and pressure on the housing and labour markets, including the local economy and society as a whole.

Living Standards

Over 70 per cent of the IDP population in residential areas report being unable to meet the basic needs of all household members, with 73 per cent reporting a deterioration in their ability driven by limited income and high prices. Of all population groups, IDP households outside of sites/camps have the largest relative income deficit of 58 per cent, with income insufficiency alarmingly increasing for households residing in Damascus (125 per cent), Al-Hasakeh (84

per cent) and Rural Damascus (80 per cent) governorates. Food expenditures make up the largest part of the average monthly income, followed by rent and clothing. Similar to other segments of the population, IDPs outside of sites/camps prioritize food and livelihoods support, followed by electricity assistance.

IDP households outside of sites/camps are more likely to share their sleeping area with one or more households, particularly in Quneitra (26 per cent) and Deir-ez-Zor (23 per cent) governorates. This figure increases for female-headed households, particularly widowed households which make up 43 per cent of female-headed IDP households residing outside of sites/camps. Thirty per cent of female-headed IDP households in non-camp settings also report sharing access to functional toilets (as compared to 11 per cent for male-headed households) which increases the risk for sexual harassment and psychological distress.⁹⁰

The IDP population residing outside of sites/camps have the lowest level of government-issued civil documentation (44 per cent) - particularly in Northeast Syria - which may affect long-term prospects of return and repossession of land and property. Most IDP households residing in residential areas in northern Syria possess documentation issued by local authorities, such as identity cards and birth certificates.



Top three needs

As expressed by Internally Displaced Persons out of camps



73%

Food / Nutrition assistance



54%

Livelihood assistance



39%

Shelter assistance

Coping Mechanisms

Comparable to other segments of the population, 85 per cent of IDP households have taken on more debt through borrowing to cope with deteriorating living conditions, and in more than half of Syria's governorates⁹¹, debt has increased by at least 90 per cent of its respective IDP population. IDP households outside of sites/camps also rely on remittances (62 per cent) more strongly than other population groups, particularly in areas controlled by the GoS where over 70 per cent of IDP households report receiving remittances. Spending savings and selling valuable belongings and productive assets are also common strategies amongst households, significantly impacting their resilience in the face of new and sudden shocks.

With the growing number of food insecure households across Syria, many have been forced to adjust their food habits to ensure family members maintain some level of food consumption. Female-headed households, including IDP households where the head is living with a disability report reduced coping strategy at a higher frequency compared to any other population group.

One of the most harmful coping strategies – child labour – is also adopted by 17 per cent of households reporting one or more out-of-school children in their household⁹². Similar to IDP households in last resort sites, IDP households in residential areas frequently report a child living outside of their households, often driven by the need to seek work (for boys) or due to marriage (for girls).

Physical and Mental Well-Being

Displaced families can face specific vulnerabilities in host communities in which they have settled. Problems can stem from discrimination and social tensions, particularly when competition for resources is heightened due to economic downturn coupled with high population densities. Safety and security concerns related to discrimination are reported by 27 per cent of IDP households – more strongly than any other population group – and it increases to over 40 per cent for the population residing in Rural Damascus, Damascus and Quneitra governorates. IDP households residing outside of sites/camps are also least likely to engage in social activities, including feeling comfortable in engaging in day-to-day activities within their respective community. Sense of acceptance and integration is of particular importance for children's mental well-being, including for durable solutions if it is to be meaningful.⁹³

Adult IDP household members residing outside of sites/camps are more likely to report psychological distress (63 per cent of men and 65 per cent of women) relative to other population groups. Close to a third of child household members also experience psychological distress, a risk which elevates within female-headed households, particularly when widowed. The various concerns that occupy the minds of caretakers, such as inability to feed family members (41 per cent) and risk of new displacement (19 per cent), has a significant impact on the mental well-being of all members. An added stress that particularly worries households residing outside of sites/camps include a concern over rental problems, such as disputes with the landlord.

Returnees



PiN distribution by sub-district severity classification

% OF IDP PIN

1.1%

Out of 57k returnees:

- 5.1k live in sub-districts classified as severity phase 5 ('Catastrophic' as per the JIAF methodology)
- 23.6k live in sub-districts classified as severity phase 4 ('Extreme' as per the JIAF methodology)
- 28K live in sub-districts classified as severity phase 3 ('Severe' as per the JIAF methodology)

PiN by gender



	PEOPLE IN NEED	% PIN
Male	28,739	51%
Female	28,006	49%

PiN by disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	11,937	21%

PiN by age

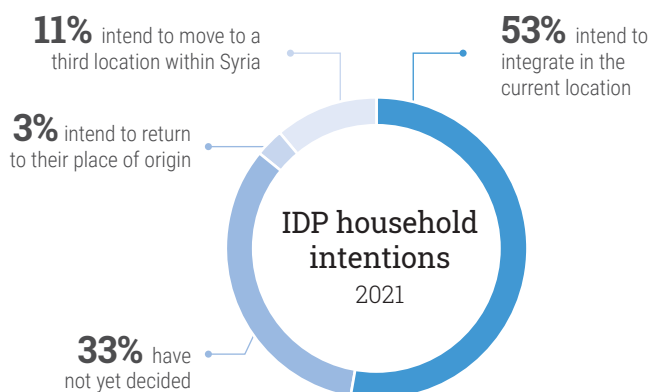


	PEOPLE IN NEED	% PIN
Children (0 - 17 years)	25,987	46%
Adults (18 - 59 years)	28,352	50%
Elderly (59+ years)	2,406	4%

Although returns to the area of origin may be based on or hold the promise of improved safety, economic opportunities and a return to one's property and community, the reality is far more complex and challenging for much of the returnee population across Syria⁹⁴. Similar to last year, returnee households face issues with damaged infrastructure, the continued threat of renewed hostilities, water shortages in some areas and rapidly deteriorating economic conditions. As such, not all return movements are sustainable, evidenced by the 2,498 individuals displaced again after return in 2021.⁹⁵ Repeated (and failed) return movements do not only place a heavy psychological burden on affected families but also further erode remaining coping capacities, with the nearly half having been displaced for at least six years and over half having been displaced two to three times (55 per cent). Returnees remain vulnerable and have reported humanitarian needs related to their wellbeing, living standards and coping capacities. Of the 80,000 having returned in 2021 an estimated 57,000 are considered to be in need.

Most of the returnee movements have taken place in northern Syria, between or from within Aleppo and Idlib governorate - areas which host the largest segments of the IDP population and report most frequent IDP movements.⁹⁶ Of the population currently displaced across Syria, 3 per cent intend to return to their place of origin in the

near future, while a majority intend to remain in their current location for the coming 12 months.⁹⁷ Findings largely indicate conditions, whether related to physical, material, psychosocial and legal safety, are not yet conducive for return anywhere in the country and for those who do not have an opportunity to return in the near future, protection and humanitarian assistance remain critical.



*Source: Humanitarian Needs Assessment Programme (HNAP) | Syria FUTURE INTENTIONS OF SYRIAN IDPs 2021 IDP REPORT SERIES



Top three needs

As expressed by Returnees

**72%**

Food / Nutrition assistance

**65%**

Livelihood assistance

**39%**

Electricity assistance

Nearly all returnees (86 per cent) were initially displaced due to hostilities, followed by security concerns and the deteriorating economic situation. While the main reasons for return are primarily based on a mix of push and pull-factors related to changes in the security and economic situation in the place of origin and/or area of displacement, the duration of displacement plays an important role in decision-making as well, with those displaced over five years mainly pulled by improved economic situation in the place of origin, while those displaced for a shorter duration (0 - 3 years) are more likely to return to re-possess and/or protect assets and properties.

Living Standards

Returnee households face a number of challenges and associated needs unique to their situation. Over 80 per cent of returnee households report inability to provide for their household members, with conditions worsening for families who have faced repeated or extended displacement, particularly if female-headed. On average, relative income deficit for returnee households is comparable with the overall population. This figure increases significantly for return households in Rural Damascus (126 per cent) where 13 per cent of the returnee population reside. In light of rising prices and reduced purchasing power, income is not enough to cover the costs of basic needs - 43 per cent of which is spent only on food and another 7 per cent on debt repayment – leaving a critical gap in households' financial capacity.

The financial distress in which families find themselves can limit reintegration and ability to secure livelihoods after displacement. Returnees expressed similar priority needs as other population groups, food (72 per cent) and livelihoods support (65 per cent), followed by access to services such as electricity (39 per cent) and winterization (31 per cent) support, including water and sanitation assistance (19 per cent). Functioning and accessible basic services can be considered a key factor for a sustainable return. Returnees were twice as likely to report an essential need for rehabilitation to infrastructure such as roads, health centres and schools than the overall population. Returnee households are also more likely to cite safety and security concerns in relation to mobility due to physical and logistical constraints, including increased risks of explosive ordnances in their area, curtailing their ability to holistically return to their place of origin. IDP households where the head of household has reported a disability are significantly more likely to cite concerns over contamination of hazardous explosives than any other segment of the population (43 per cent).

With the exception of IDP households residing in sites/camps, returnee households report above average needs related to shelter. Although most have returned to the property which they own, two in five returnee households report some damage to their shelter while 9 per cent report significant damage.

Coping Mechanisms

Similar to other vulnerable segments of the population, 90 per cent of returnee households see themselves forced to resort to borrowing to provide for the basic needs of their families, followed by remittances and spending of savings (which is reported higher than for any other population group, at 53 per cent). As a result, over two-thirds of returnee households have seen their debt increase in the past year, and this figure increases significantly when accounting for female-headed returnee households (79 per cent). While taking on debt was associated primarily with the loss of income and rising prices of basic needs, returnee households were more likely to also report increased debt due to damages and losses suffered directly by hostilities (e.g., need for shelter repairs), which further underlines the detriments of hostilities which have been compounded by an economic crisis.

Physical and Mental Well-Being

A return to 'home' cannot be associated with a return to physical and mental well-being for most of the returnee population. Returnee households were more likely than any other segment of the population to cite safety and security concerns related to arbitrary arrest and detention (35 per cent), limited mobility due to physical and logistical constraints (32 per cent), and presence of explosive ordnance (31 per cent). Close to 40 per cent of returnee households indicate avoiding places in in close proximity to their homes due to presence of remnants of war. As a result, over half of all adult household members and 35 per cent of girls and 27 per cent of boys in households, show signs of psychological distress, such as anxiety, sadness, fatigue or frequent trouble sleeping. In addition, tensions with (host) communities were five times more likely to be cited by returnee households compared to the overall population – particularly in Idlib Governorate - further undermining feelings of safety and security in a location once called home. Such tensions underline the need to ensure sufficient access to basic services for all to reduce the likelihood of competition for resources. Perception of safety informs future intentions of returns; evidence suggest a need for a more holistic approach to safety, extending beyond achieving basic material needs to also address, i.e., community integration and household vulnerabilities.⁹⁸



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Refugee returns

Between January and October 2021, the United Nations High Commissioner for Refugees (UNHCR) recorded the return of over 30,000 Syrian refugees from neighbouring countries and Egypt to Syria⁹⁹. This figure is comparative to the scale of movement seen during the same period in 2020 but well below pre-COVID-19 figures. The top three areas of origin of refugee returnees were Aleppo (30 per cent), Idlib (20 per cent) and Al-Hasakeh (10 per cent) governorates. More than 60 per cent of refugee returnees were male. These refugee return movements took place against a backdrop of reduced COVID-19 related restrictions compared to the previous year and the suspension of certain entry requirements.

UNHCR conducted its sixth regional perception and intention survey among Syrian refugees in the first quarter of 2021. The survey took place at a time when nearly 90 per cent of the refugees cannot meet their basic needs in host countries. The survey found that most Syrian refugees continued to hope to return to Syria one day (70 per cent).

A much smaller proportion (2.4 per cent) intended to do so within the next twelve months. The intention rate is highest among Syrian refugees living in Iraq (5 per cent). Eighty - nine per cent of those intending to return said they would return to their area of origin.

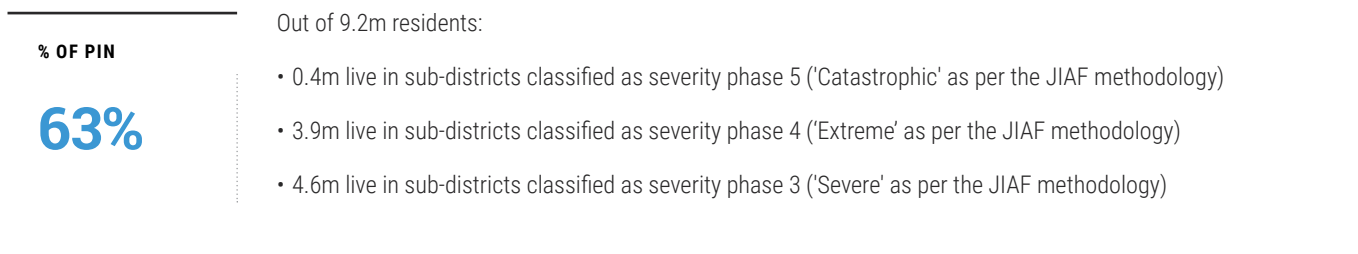
In terms of key findings influencing decision-making, respondents noted safety and security, livelihoods, housing, and basic services as key factors influencing their return decision-making. Safety and security were cited by more than half of all respondents as the top consideration related to return, followed by access to livelihood opportunities with the latter also cited by almost half of respondents. Most Syrian refugees indicated that the COVID-19 pandemic played a limited role in their decision-making. In line with previous surveys, the prevailing situation in host countries does not seem to act as a strong motivating factor.

The results of the survey are broadly comparable to previous surveys and provide an insight into possible future return trends. Overall, the hope for refugees to return home to Syria remains relatively strong compared to earlier in the crisis. A much smaller number of refugees intend to return to Syria in the near term, consistent with the figures that are being observed by UNHCR in terms of actual returns.

Vulnerable Residents



PiN distribution by sub-district severity classification



PiN by gender



	PEOPLE IN NEED	% PIN
Male	4.6M	51%
Female	4.5M	49%

PiN by disability

	PEOPLE IN NEED	% PIN
Persons with disabilities	2.6M	29%

PiN by age



	PEOPLE IN NEED	% PIN
Children (0 - 17)	4M	44%
Adults (18 - 59)	4.7M	52%
Elderly (59+)	0.4M	5%

The resident population, including people who have never been displaced or who have returned to their place of origin before January 2021, are increasingly unable to meet the basic needs of their household members, an indication of the continuously shifting nature and broadening of the crisis which has gradually seen additional segments of the population plunge into humanitarian needs. Similar to previous years, there are three – partially overlapping – groups of residents that are particularly affected. First, communities hosting large number IDPs and returnees, frequently overburdening basic services and competing for already insufficient access to income generating and livelihood opportunities in these areas; second, residents most affected by the socio-economic deterioration and having become food insecure in recent years; and third, residents who were displaced and returned to their areas of origin before 2021.

In 2021, 9.2 million vulnerable residents are estimated to be in need. This represents a 44 per cent increase compared to last year (6.4 million), which likely highlights the significant impact economic deterioration has had on segments of the population historically less directly affected by hostilities and displacement.

Living Standards

Most resident households are equally likely as those displaced to report a deterioration in the ability to meet the basic needs of

their household members due to reduced financial capacity and unaffordability of goods and services in the past year, highlighting the indiscriminate impact of conflict which extends beyond the risk of uprooting lives. Resident households face comparable income deficits to other vulnerable groups (47 per cent), the majority of which is spent covering costs of food, clothing, and debt repayment. The financial distress is predominantly linked to loss of income and reduced purchasing power brought on by the economic downturn across the country. As a result, the resident population foremost prioritize food assistance (71 per cent) and livelihoods support (55 per cent), followed by electricity assistance (47 per cent).

Coping Mechanisms

In order to cope with increasing financial distress, residents are more likely to sell productive assets than other population groups, adding on to their debt which over two-thirds report has increased over the last year. Nevertheless, 86 per cent of respondents indicate relying on borrowing and remittances (46 per cent) to meet needs, which is comparable to other segments of the population. With the significant financial deterioration amongst the resident population, the risk of social tensions increases as competition for scarce resources become more apparent, particularly for densely populated areas which host larger numbers of IDPs and returnees.



Top three needs

As expressed by Residents



71%

Food / Nutrition assistance



55%

Livelihood assistance



47%

Electricity assistance

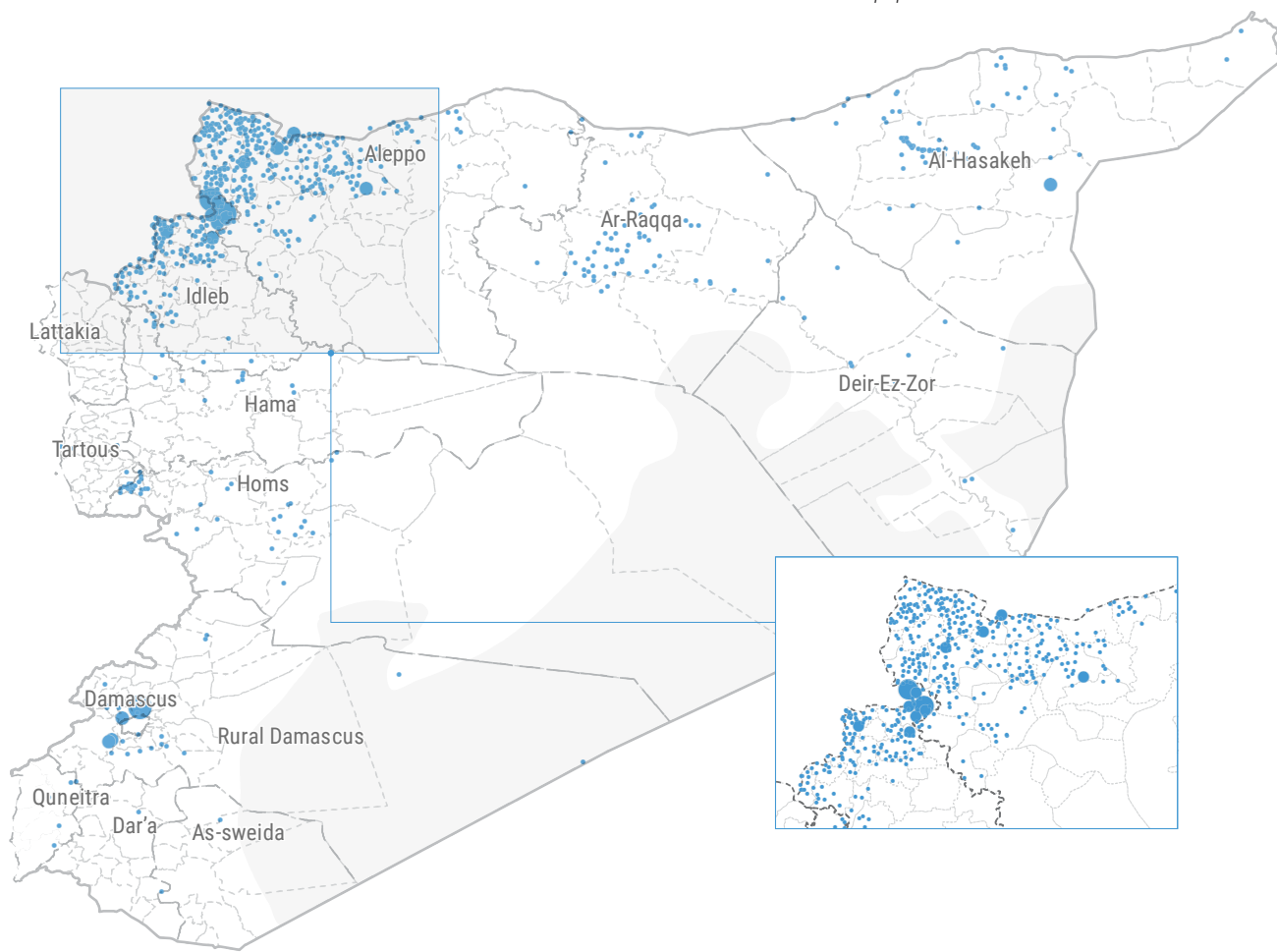
Physical and Mental Well-Being

A third of the resident population report having safety and security concerns in the past three months, particularly as relates to arbitrary arrest or detention, discrimination, and issues at home. In addition, female-headed households and households headed by a person living with a disability are more likely to report safety and security concerns related to threats of exploitation and abuses (including sexual in

nature) than male-headed households. Resident households are also increasingly concerned over not having sufficient income to feed their family members in the near future (next three to six months). Such concerns have far-reaching mental impact – in general stemming from the crisis – which has resulted in psychological distress reported in over 50 per cent of adults and close to a third of children in the resident population.

Host Communities with High IDP and Returnee Ratios

communities in which the total number of IDPs and returnees constitute more than 50% of the host population



Number of returnees by community ● < 50,000 ● 50,001 - 150,000 ● 150,001 - 250,000 ● > 250,000

Palestine Refugees

Palestine refugees in Syria continue to experience dire humanitarian and protection needs. Approximately 438,000 remain inside Syria, out of which 52 per cent are females and 31 per cent are children. An estimated 60 per cent of Palestine refugees have been displaced from their district of origin at least once since the beginning of the hostilities, and more than 40 per cent remain in protracted displacement within Syria as of 2021. Around 420,000 Palestine refugees (96 per cent) are in need of humanitarian assistance and 145,000 Palestine refugees (35 per cent) are categorized as most vulnerable¹⁰⁰ (female-headed households, families with members with disabilities, families headed by an older person, and unaccompanied minors/orphans).

Despite the overall reduction in hostilities, insecurity continues to hang over Palestine refugees. In Dar'a Governorate, month-long violent clashes in August 2021 between government forces and non-state armed groups led to the displacement of over 36,000 civilians, including about 3,000 Palestine refugees from Dar'a refugee camp. The risk posed to civilians by ERW in areas that witnessed active conflict in the past, including some Palestine refugee camps, also remains high.

A rapidly deteriorating economy and rising inflation are causing increased vulnerability, renewing fears about meeting basic needs. A May 2021 United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) Syria Field Office crisis monitoring survey¹⁰¹ found that 82 per cent of the individuals in the 503 Palestine refugee households interviewed now live on less than \$1.9 US dollars per day (at the rate of 3,250 Syrian pounds (SYP)/US\$), which includes the cash assistance received from UNRWA. This represents an 8 per cent increase compared to the UNRWA 2017/2018 socio-economic household survey, despite the subsidence in hostilities since that time. The survey also found that 48 per cent of total household expenditure was spent on food, a disproportionately large amount that indicates severe distress within families to manage household budgets and secure food intake.

For female refugees, risks in the Syria context are elevated. According to UNRWA's records, women account for 60 per cent of the most vulnerable refugee caseload in Syria. The protection threats for women and girls are further increased due to disruption of pre-existing family and community-level protection mechanisms and crucial services, including family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling. According to the monitoring survey¹⁰², the participation of females above the age of 16 years in the labour force is very low, with only 11.5 per cent indicating being employed, limiting resources for self-reliance and development for women and their families.

According to UNRWA's estimates, about 40 per cent of the Palestine refugee population in Syria remain in protracted displacement. Yarmouk, Dar'a and Ein el Tal camps, previously home to more

than 30 per cent of the Palestine refugee population in Syria, have been almost completely destroyed. Palestine refugees have been permitted to return to Yarmouk camp since the end of 2020, subject to government approval (over 2,000 approvals have been granted so far). As of mid-2021, 480 vulnerable Palestine refugee families had already returned to Yarmouk despite the lack of basic infrastructure and services.¹⁰³ Around 120 extremely vulnerable families had returned to Ein El Tal, and a further 600 to Dar'a camp. However, in these three camps, basic infrastructure for the provision of safe water supplies and electricity has not been fully restored, preventing more families from returning and delaying plans for the rehabilitation of UNRWA facilities.

In this challenging context, humanitarian assistance is a lifeline for the overwhelming majority of Palestine refugees.

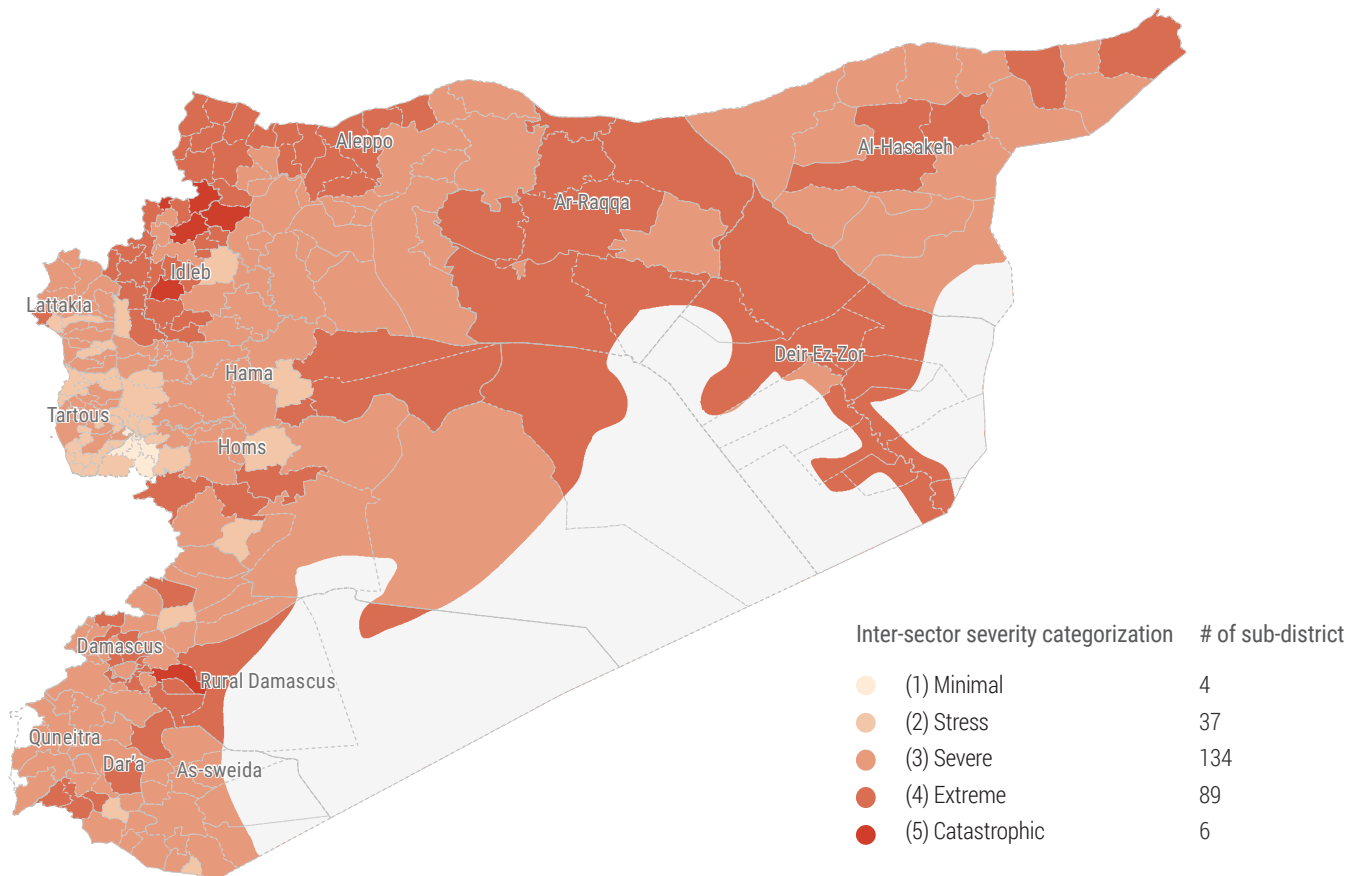
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1.4.2 Severity and Drivers

Inter-sectoral Severity of Needs

by sub-district (in 2022)



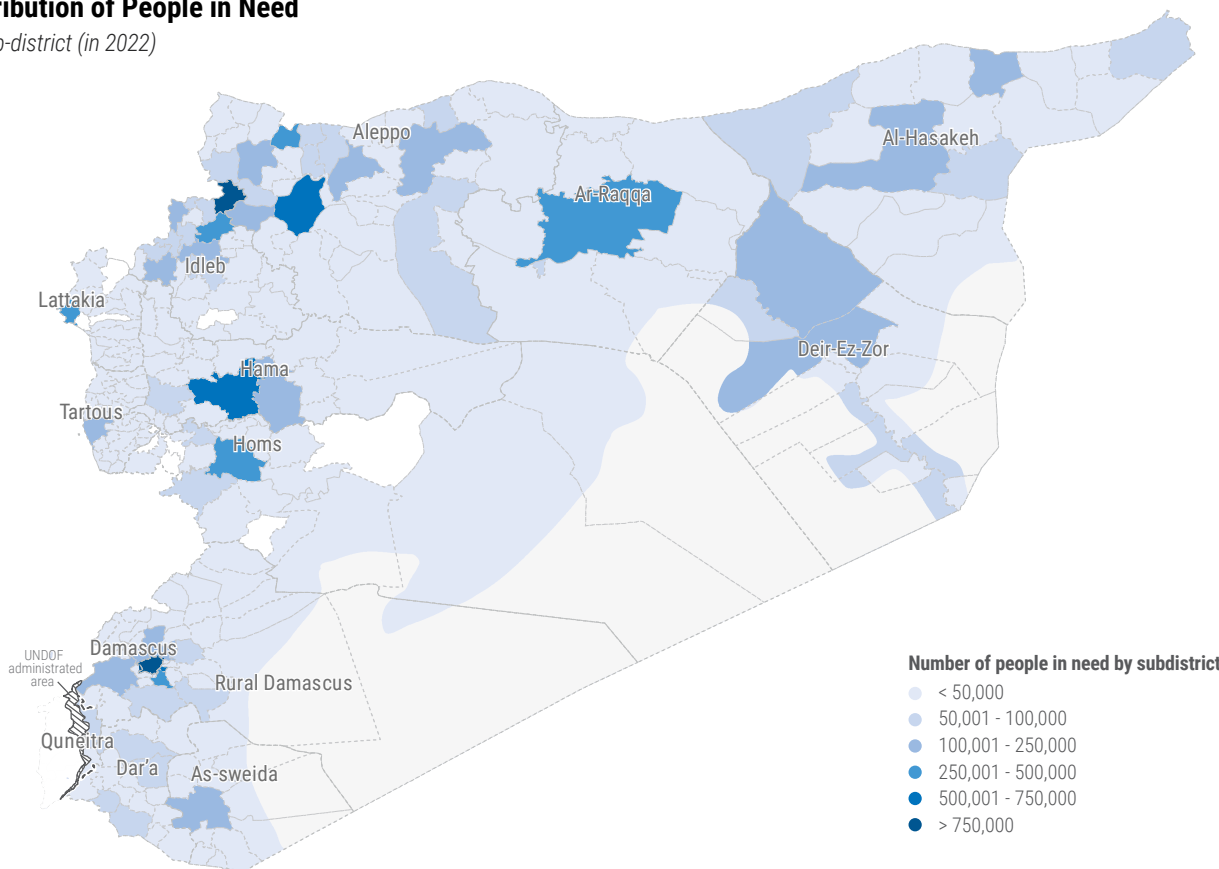
Distribution of Most Affected Population Groups by Sub-district Severity

AFFECTED GROUP	PEOPLE IN NEED	PIN BY SUB-DISTRICT SEVERITY CATEGORY					CRITICAL NEEDS	MOST AFFECTED LOCATIONS	
		(1)	(2)	(3)	(4)	(5)			
IDPs	5.3m	-	0.3%	27%	47.4%	25.3%			
	IDPs in camps/sites:	2m	-	-	7.1%	31.8%	61.1%	<ul style="list-style-type: none"> effects of recent direct exposure to hostilities, including trauma, loss of care givers and economic assets during recent and multiple displacements IHL/IHRL violations, high protection risks lack of basic services, overcrowded and inadequate shelter conditions lack of access to income and livelihood opportunities 	Idleb (73% of total population in camps/sites, Aleppo (20%), Ar-Raqqa (5%), Deir-Ez-Zor (1%), Al-Hasakeh (1%)
	Out of camps/sites	3.3m	-	0.5%	39%	57%	3.5%	<ul style="list-style-type: none"> loss of income, income insufficiency, inability to meet basic needs; impact of protracted displacement and after-effects of exposure to hostilities, including economic deprivation, trauma and protection needs 	Idleb, Aleppo, Rural Damascus, Damascus, Lattakia, Al-Hasakeh, Homs
Returnees	56,300	-	0.2%	49.3%	41.6%	8.9%	<ul style="list-style-type: none"> destroyed and frequently EO-contaminated housing and property in areas of return; damaged and inadequate basic services infrastructure and delivery IHL/IHRL violations; high protection risks and safety concerns, particularly in reconciled areas lack of access to livelihoods and income 	Idleb, Aleppo, Al-Hasakeh, Hama, Homs Governorates	
Highly Vulnerable Residents	9.2m	-	2.8%	50.2%	42.6%	4.4%	<ul style="list-style-type: none"> loss of income and income insufficiency, unaffordability of food and basic goods overburdened basic services in areas hosting large numbers of IDPs and returnees 	Highest ratio of IDP/Returnees to resident population in sub-districts across Rural Damascus, Aleppo and Idleb Governorates	

1.5 People in Need

Distribution of People in Need

by sub-district (in 2022)



People in Need by Governorate

GOVERNORATE	TOTAL POPULATION	PEOPLE IN NEED	PEOPLE IN EXTREME AND CATASTROPHIC NEED	% OF PIN CHANGE COMPARED TO 2021
Aleppo	4.2 M	2.7 M	0.67 M	1%
Al-Hasakeh	1.1 M	1.0 M	0.71 M	16%
Ar-Raqqa	0.8 M	0.7 M	0.46 M	17%
As-Sweida	0.4 M	0.3 M	0.01 M	7%
Damascus	1.8 M	0.9 M	0.04 M	-19%
Dar'a	1.0 M	0.6 M	0.17 M	-9%
Deir-ez-Zor	1.1 M	0.9 M	0.22 M	32%
Hama	1.5 M	1.0 M	0.01 M	24%
Homs	1.5 M	0.6 M	-	-22%
Idleb	2.9 M	2.7 M	1.73 M	47%
Lattakia	1.3 M	0.4 M	-	-22%
Quneitra	0.1 M	0.1 M	-	-1%
Rural Damascus	3.0 M	2.4 M	0.91 M	41%
Tartous	0.9 M	0.3 M	-	4%

Sub-districts with highest PiN

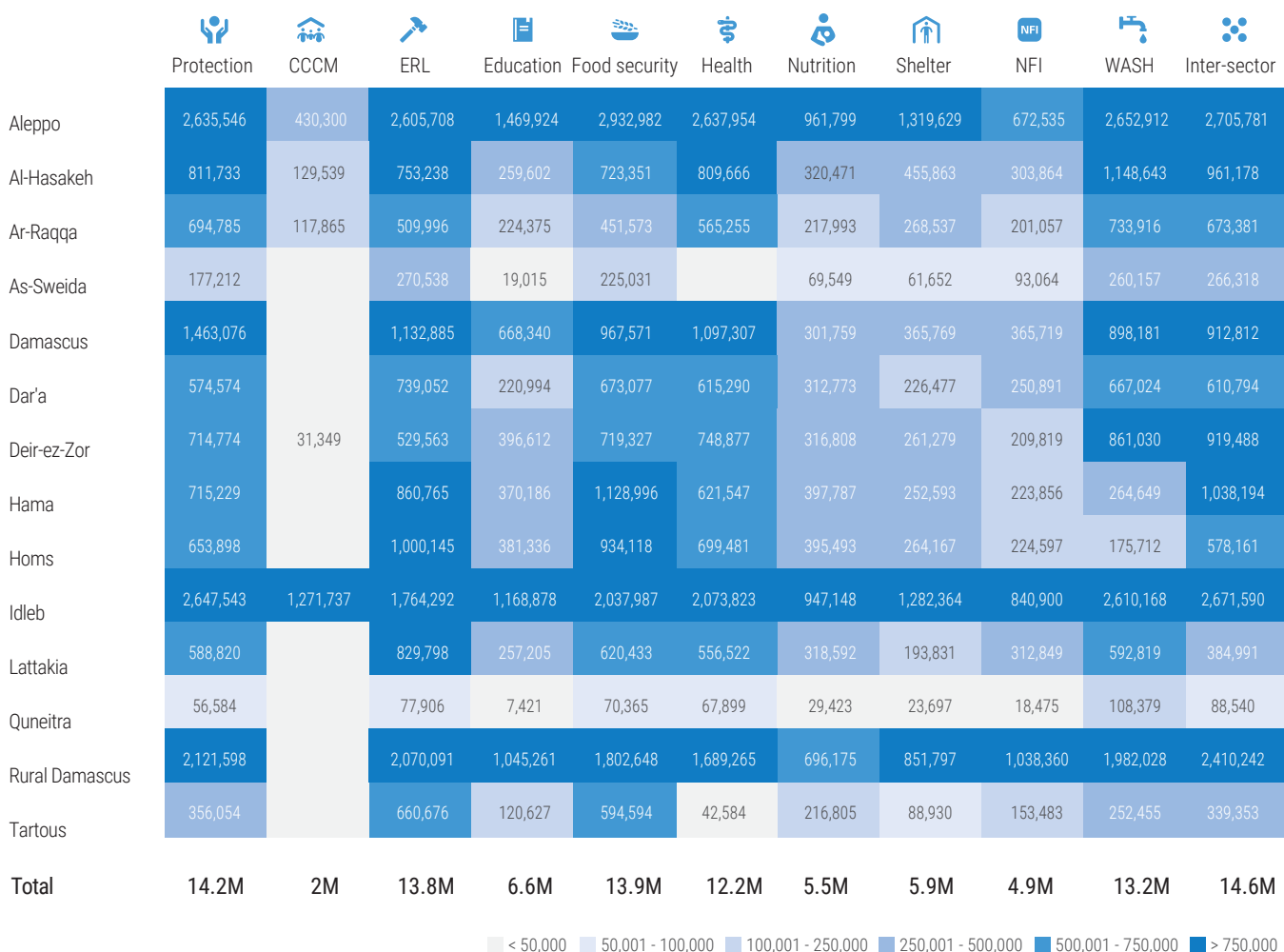
GOVERNORATE	SUB-DISTRICT	# OF PIN
Idleb	Dana	1.13M
Damascus	Damascus	0.91M
Aleppo	Jebel Saman	0.74M
Hama	Hama	0.57M
Rural Damascus	Jaramana	0.55M
Lattakia	Lattakia	0.36M
Ar-Raqqa	Ar-Raqqa	0.35M
Idleb	Maaret Tamsrin	0.33M
Homs	Homs	0.3M
Rural Damascus	Babella	0.3M

- The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

- Based on sectoral indicators and analysis at inter-sector level by OCHA and WoS Sectors.

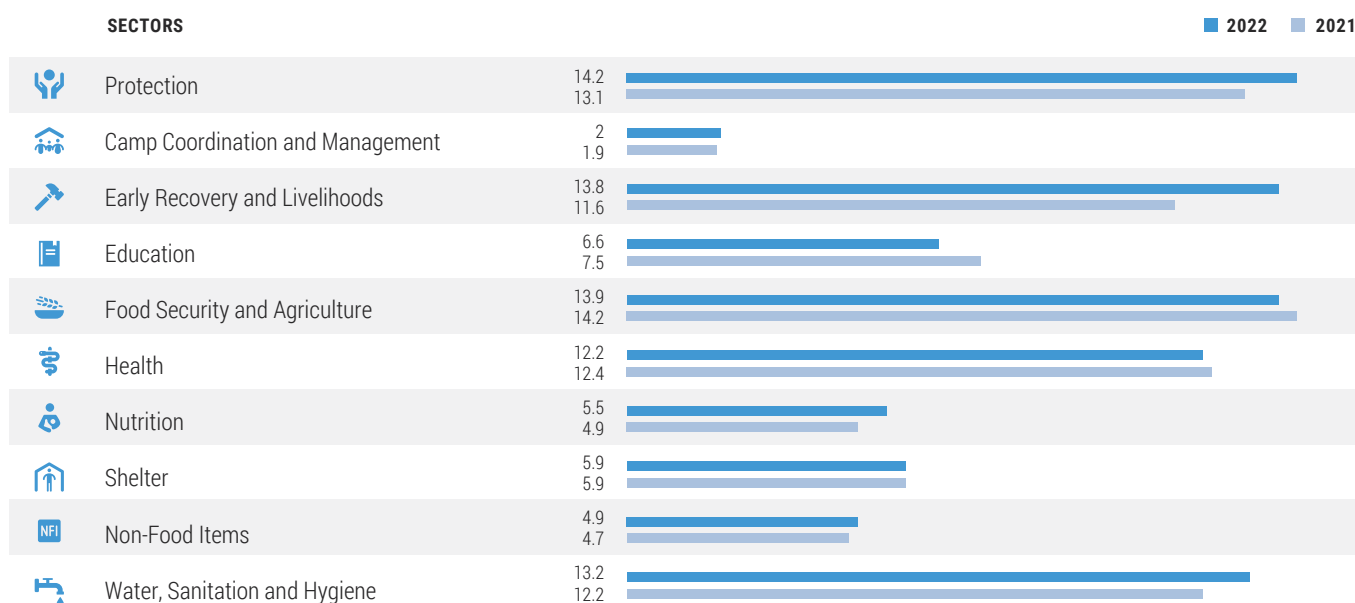
Sector PiN by Governorate

2022



Evolution of People in Need by Sector

in millions (2021-2022)



1.6 Perceptions of Affected People

Women, men, girls and boys living in Syria in need of humanitarian assistance are the primary stakeholders of the humanitarian response. Affected populations have the right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and voice their concerns if they feel the assistance provided is not adequate or has undesirable consequences. The 2021 MSNA, sector specific key informant and household assessments have enabled the participation of all affected people – IDPs in and out of camps, host communities, residents, returnees – in identifying priority needs, concerns, and perceptions through 33,171 Household interviews in 267 sub-districts across Syria. In line with efforts made in recent years, the use of a questionnaire aiming to understand households' immediate priorities and reflection on their humanitarian situation has continued and expanded as part of the 2021 MSNA specifically. In Northwest Syria, under the framework of the Action Plan for Change, affected communities were also consulted on the findings of the MSNA - to validate findings related to CCCM, education, nutrition, SNFIs, protection, WASH. This is the first time that communities have been asked to validate the collective understanding of their needs. The communities confirmed that the MSNA findings were accurate and reflected their current needs.

Assistance received and satisfaction

Of all the households interviewed, 45 per cent received assistance in the last three months prior to the assessment in August. This number varies greatly across the country: highest in Quneitra (89 per cent), Hama (84 per cent), Dar'a (80 per cent) and Idlib (79 per cent) whereas, the lowest were Rural Damascus (10 per cent), followed by Lattakia (11 per cent) and Damascus (15 per cent).¹⁰⁴ From the households who did not receive assistance, only seven per cent indicated that they do not require aid. The vast majority cited reasons related to lack of information, with over 36 per cent stating they were not aware of any assistance provided in the area or they don't know how to access assistance (19.3 per cent).

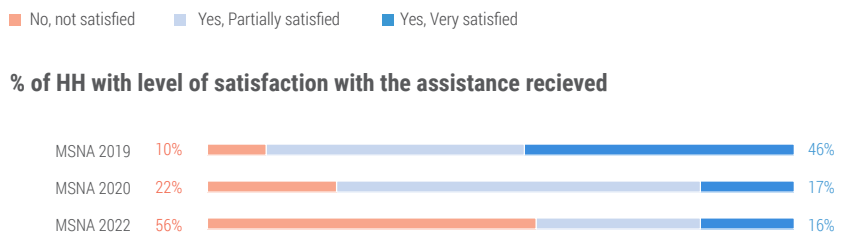
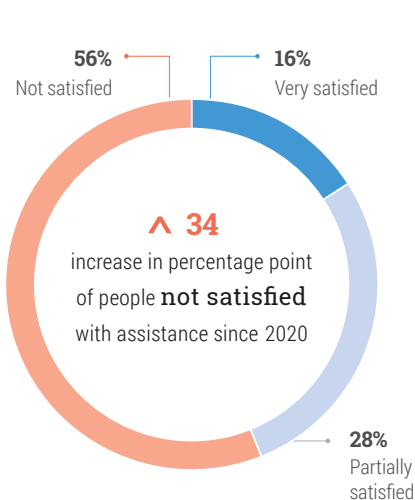
Compared to the previous year, dissatisfaction with the assistance received has increased from 22 per cent to 55 per cent. According to the MSNA, the main reasons for dissatisfaction is the insufficiency of the quantity (86 per cent) and concerns about the quality (58 per cent), while only 16 per cent of all beneficiaries were fully satisfied with the assistance they received.

86 per cent of people receiving aid reported that quantity was not enough as one of the reasons for them being dissatisfied; the second main reasons was that the the quality was not good enough.

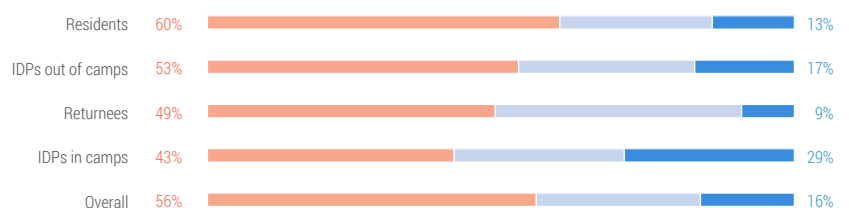
In Damascus 100 per cent reported the two above reasons. In some governorates, HHs also marked that "aid was irrelevant" (especially in As Sweida, Al Hasakeh, Ar Raqqa and Deir ez Zor).

Level of Satisfaction with Assistance Received

by household



Satisfaction by population group



Community Perceptions

Ability to meet basic household needs

On the question on how they would rate their household's ability to meet the basic needs of all members, only two per cent of heads of households confirmed their ability to do so. Across the country, over 70.4 per cent of them described their ability to meet basic needs as insufficient, and six per cent of the households indicated they are completely unable to meet their basic needs. This figure is as high among all population groups regardless of employment status. Among the participants with at least one of the household members employed, 70 per cent indicated they have an insufficient income to meet their needs, or they are unable to cover their basic needs (5.3 per cent). Regarding the question on their most pressing needs, 55 per cent of all respondents included livelihood support among their top-three needs, and almost three quarters (71 per cent) ranked food and nutrition assistance as their priority need. The third most pressing need was electricity assistance (provision of electricity) by 41 per cent of all participants.

In comparison to the previous year, 73 per cent of households stated that they had experienced a further deterioration in their ability to meet basic needs. The main reasons limiting their ability to meet basic needs are lack of income and the inability to afford food and other important goods. These also have psychosocial impacts on the communities. Forty-two per cent of households responded that the insufficient income to feed all household members is their largest single concern regarding their physical and mental well-being.

Debt

Sixty-nine per cent of the respondents stated that their debt has further increased in 2021. Among them, the top two reasons for the increase in their debt are price increases (94 per cent) and loss of income (87 per cent), followed by the loss of remittances (12 per cent).

Security/Safety

Despite a broad decrease in hostilities, about one third of survey respondents expressed security concerns related to conflict and political environment and approximately half indicated that they had no security concerns. While the concerns over displacements were around 6.5 per cent across Syria, displacement is the major security concern in Northwest Syria by 17 per cent.

Household Perceptions of Favours in Exchange for Aid

In a countrywide survey conducted in May–June, five per cent of households that received humanitarian assistance stated that they or members of their household were asked for favours in exchange for assistance or services.¹⁰⁵ The majority were requests for cash (84 per cent), 9 per cent for labour, and 9 per cent for personal relationships, or Sexual Exploitation and Abuse.¹⁰⁶ Across Syria, female-headed households were nine times more likely to be asked for personal relationships in exchange for humanitarian assistance and services (46 per cent) compared to male-headed households (5 per cent).

Of the households that were asked for personal relationships, 92 per cent did not report it. Reasons for not reporting included concerns about confidentiality (70 per cent), unavailability or lack of awareness of complaint mechanisms (64 per cent), concerns about losing access to assistance (52 per cent), and lack of trust in complaint mechanisms (47 per cent).¹⁰⁷

Part 2:

Risk Analysis and Monitoring of Situation and Needs

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2.1 Risk Analysis

In 2021, the key drivers of humanitarian need in Syria were related to conflict, economic crisis, the COVID-19 pandemic and the water crisis and drought-like conditions. In 2022, those elements are expected to remain the main drivers of humanitarian need with downward trends across all drivers.

Although hostilities overall have been declining for the last two years in Syria, the security situation remains highly dynamic, active and prone to escalation, particularly in areas of mixed or contested control and in the vicinity of the frontlines. Hostilities are likely to remain the key underlying cause of humanitarian need, whether due to new hostilities or protracted needs resulting from hostilities in previous years. A context that is rife with IHL and IHRL violations and lacks access to justice mechanisms will continue to disenfranchise people and limit their ability to address many of the drivers of their needs in a sustainable manner.

In 2022 new or recurrent displacements across the country are likely to remain similar to those recorded in 2021 – an estimated 80,000 IDPs and 250,000 refugee return movements are expected in 2022 – but with populations residing along and/or moving away from specific areas close to frontlines expected to require significant levels of humanitarian assistance. Majority of returns are expected to occur in Idlib, Aleppo and Dar'a governorates. These projections are based on the movement patterns of IDPs and spontaneous returnees over the past years across Syria, as well as the trend analysis of hostilities and projections from readiness and response plans. The security situation in frontline areas of Northwest Syria in northern Aleppo (Tall Refaat); in Northeast Syria, including Ein Issa, Ras Al Ain, and Tal Tamer is expected to remain particularly unstable; as is the situation in Dar'a in southern Syria, despite ceasefire and reconciliation efforts. In the rest of the country, a return to large-scale hostilities is not anticipated in 2022, although there are potential flashpoints, especially in the northeast and the south. Any potential new displacements are likely to result in further inflows to already overcrowded 'last resort' IDP sites, particularly in Northwest and Northeast Syria. Meanwhile, UNHCR estimates that some 250,000 refugees may return in 2022.

Worsening socio-economic conditions are expected to exacerbate needs in 2022. Income insufficiency and degradation of livelihoods, diminished purchasing power, lack of basic services, and the impacts of imposed sanctions on availability and prices of basic commodities, specifically fuel, will continue to manifest - affecting people's ability to meet their most basic needs. Certain groups of society will continue to be disproportionately impacted by the deteriorating economic situation, including children, female-headed households, women and adolescent girls, and people with disability and the elderly. An increased number of people are likely to be displaced due to economic reasons or due to poor conditions in places of displacement. This is particularly likely in areas with many self-settled

displacement sites, where services are often limited, such as in the Northwest Syria and Northeast, and where displacement due to violence or fear of violence are likely to continue.

Underlying vulnerabilities linked to sex, age, presence of disabilities, and social status, amongst others, will continue to generate distinct protection needs and risks. Women and girls will continue to face compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion, such as for divorced and widowed women, adolescent girls, women and girls with disabilities, older women, and displaced women and girls. Boys younger than 12 years of age, adolescents and adult men also face distinct protection needs and risks. For example, due to their frequent involvement in farming, herding, moving and travelling, men and adolescent boys account for the vast majority of victims of explosive ordnance.

The slow progress in vaccination roll-out along with an increase in COVID-19 cases seem to suggest an increased impact of the pandemic rendering any response more challenging. Throughout much of 2022, COVID-19 will remain a significant risk for people in Syria, both directly and indirectly. The pandemic is expected to continue to strain the health care system, particularly as health care professionals and frontline workers – will remain at heightened risk of contracting COVID-19, and health services will continue to be disrupted, especially during successive waves of new cases.

In 2021 climatic and human-caused shocks affecting natural resources, particularly water, have intensified and exacerbated humanitarian impact. Insufficient rainfall in combination with historically low water levels in the Euphrates river have not just reduced access to water for drinking and domestic use for over five million people, but also triggered substantial harvest and income losses, an increase in water-borne diseases, and compounded protection risks. In 2022, these developments are further expected to negatively impact other areas such as health, food insecurity and malnutrition rates in the region.

As a result of the water crisis' negative impact on agricultural harvest outputs and the general deteriorating socio-economic situation, food security will be a major concern in 2022. As some 12 million people are estimated to be in need of some form of food assistance.

Humanitarian access in Syria continues to be challenged by active conflict, geopolitical dynamics, interferences by parties in control and armed groups, and in some parts the periodic closures of border-crossings and crossing points related to COVID-19 preventative measures and armed hostilities or airstrikes. In the Northwest, cross-border efforts enabled by UN Security Council resolutions continue from Turkey through the last remaining crossing point, Bab al Hawa. The UN has also developed an operational plan for crossline convoys in an effort to ensure regular and predictable deliveries of multisectoral assistance, according to humanitarian principles. While regular cross-line deliveries cannot replicate the size and scope of the cross-border operation, they will be an important complement to the massive cross-border operations, offering another avenue for aid to be delivered to people in need in Northwest Syria in 2022.

2.2 Monitoring of Situation and Needs

The humanitarian community in Syria will monitor humanitarian needs, response and changes in the humanitarian context throughout the year. A sectoral and inter-sectoral needs analysis will be updated using sector and inter-sector severity scale indicators as relevant in October 2022 for the 2023 HNO exercise. Sector-specific assessments, as well as the annual, countrywide multi-sectoral needs assessment (MSNA), will continue to serve as key primary sources of data for analysis underpinning the 2023 HNO and serve as an important tool to monitor the evolution of needs through a set of agreed indicators. This analysis will be complemented by secondary sources and ad-hoc assessments.

The UN-led Population Task Force and UN-led Internally Displaced Persons Task Force regularly update population baselines and monitor displacement movements and trends. The UN-led Population Task Force produces 'best estimates' of the number of people living within the administrative boundaries of Syria at a community level, including estimates of sex and age disaggregated data in addition to data on vulnerability groups. The UN-led IDP Task Force generates monthly data and analysis on IDP movements and snapshots at

community level to inform ongoing operational response as well as consolidated analysis underpinning the Periodic Monitoring Reports (PMR) and HNO. Camp Coordination and Camp Management (CCCM) cluster led IDP Sites Integrated Monitoring Matrix (ISIMM) monitors the IDPs living in camps and IDP sites in Northwest Syria and provides monthly update.

Sectors monitor needs such as food, health, WASH, protection risks, livelihoods, nutrition and education, among other needs. Sectors utilize the IDP Situation Monitoring Initiative (ISMI) to monitor and track displacement in the Northwest as well as the Health Resources and Services Availability Monitoring System (HeRAMS) across Syria to collate information on the functionality status, accessibility and availability of health services across Syria (please see Annex II). In addition, health and WASH actors use the Early Warning, Alert and Response System/Network (EWARS/EWARN) to detect disease outbreaks. Specific agencies have their own situation monitoring tools and systems, with many partners undertaking regular situation monitoring and data collection initiatives through field missions.

As part of the Humanitarian Programme Cycle products for 2022-2023, partners are working jointly on a set of inter-sectoral Specific Objectives under each strategic objective to boost impact through coordinated response efforts. These Specific Objectives will be measured using outcome and needs indicators that will help humanitarian partners to gauge progress against set objectives in areas of key concern as identified in this needs analysis (section 1.4.1), such as reducing malnutrition, improving access to basic services, countering food security, availability of livelihoods, protection, improved shelter conditions and resilience. (Please see Annex II)

Part 3:

Sectoral Analysis

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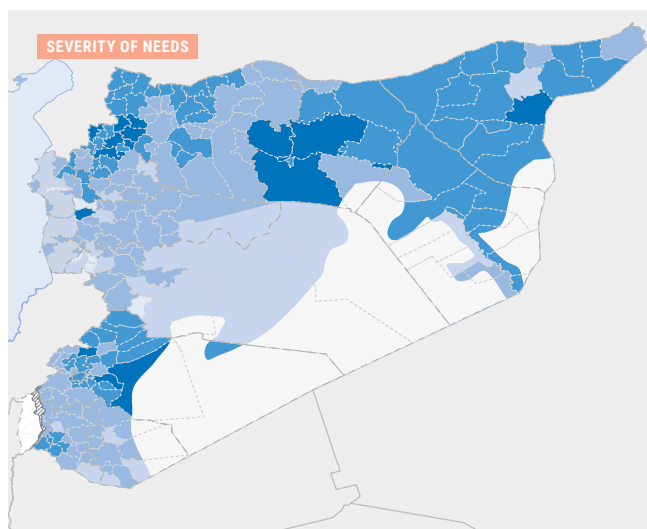
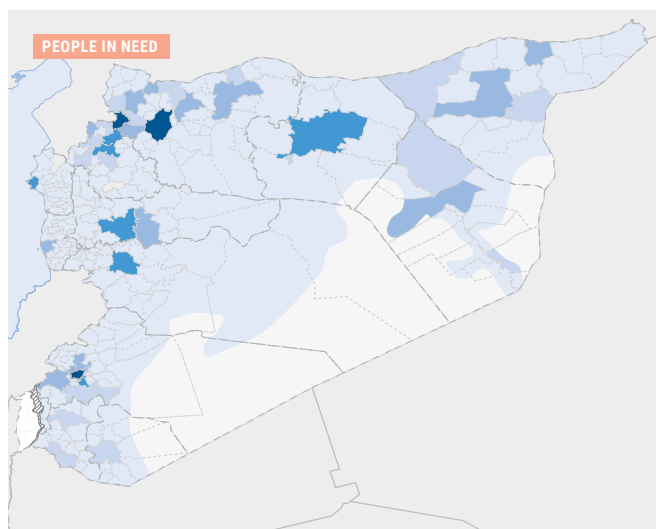


3.1 Protection



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
14.2M	49.2%	50.8%	43.9%	52%	4.4%	28.6%
	7M	7.2M	6.2M	7.3M	0.6M	4M

SECTOR PIN DISTRIBUTION BY SEVERITY



Key trends

Violations of IHL and IHRL in Syria continue to drive humanitarian needs. Complex and interconnected protection issues in this protracted crisis are worsening in an overall context of limited access to humanitarian services, rights, justice, and accountability. Civilians in parts of the country, including Northwest, Northeast and South Syria, are still exposed to ongoing and new hostilities, resulting in civilian casualties and forced displacements as people seek safety. The deteriorating economy and widespread poverty, lack and loss of livelihoods, destruction and loss of housing and property, protracted and multiple cycles of displacement, substandard living conditions (even for people in areas of relative stability), shortage of natural resources and continuing pandemic, exacerbate protection needs and increase reliance on negative coping mechanisms such as child labour, child recruitment, different forms of exploitation and early/forced marriage.

Civil documentation, Housing Land and Property (HLP) issues and freedom of movement remain major countrywide protection issues. Lack/loss of civil documentation was reported in 76 per cent of

assessed communities (compared to 61 per cent in 2020) and spread across all governorates¹⁰⁸. Restrictions on freedom of movement were reported in 51 per cent of assessed communities (compared to 65 per cent in 2020) and 61 of assessed communities reported HLP concerns (compared to 50 per cent in 2020)¹⁰⁹.

Lack/loss of civil documentation impacts all population groups with specific vulnerabilities for women and children. It limits the ability of widowed or divorced women to inherit property, get custody of children, legally remarry, or register children born through subsequent relationships. Registration provides official recognition of a child's existence, identity and nationality. Unregistered children may face difficulties in accessing basic services and rights, including health and education. It compounds a series of existing protection risks and vulnerabilities in terms of freedom of movement and HLP issues including security of tenure and increased risk of statelessness, and limits even the ability to access humanitarian assistance.

Safety of people in contested areas, camps, informal settlements, and collective centres is deteriorating. Despite that, an unfavourable environment for returns, safety and security concerns, and absence

of basic services force IDPs living in camps especially in Northwest and Northeast Syria to remain there, due to very limited prospects for durable solutions.

Needs and severity

Needs, severity and linkages with other sectors

Often the underlying causes for prevalent needs across sectors, and barriers to achieving sustainable solutions to them remain rooted in protection issues stemming from rights violations. Conflict, safety, security concerns, as well as lack of basic services and resources remain top drivers of displacement, and top factors limiting returns of IDPs.

In turn, the devastating impact of the economic downturn, food crisis, scarcity of natural resources, health disasters and others, exacerbates the existing protection crisis.

The consequences of years of hostilities and the aforementioned factors have all had profound consequences on peoples' physical and mental well-being, and resilience.

Negative coping mechanisms are on the rise such as increased GBV, or child labour including its worst forms, which further strain the capacities of families and communities to protect the most vulnerable especially children, adolescent girls and boys.

The COVID-19 pandemic's impact on livelihoods may force people to adopt unsafe behaviours, such as cultivating lands contaminated by EO, removing rubble and collecting metal for trade to maintain their life.

Lack/loss of civil documentation prevents people from accessing basic rights and services including children from accessing education. Absence of necessary documentation can make movement risky and limit people's ability to return. Inability to prove or claim ownership of property also prevents return prospects.

Movement restrictions across communities due to a variety of protection issues impact people's ability to access services across sectors including for their health, education, food, and livelihoods needs.

Adolescent girls continue to be denied education due to early marriage. In 2021, continuous hostilities and attacks on schools interrupted children's education, while lockdowns and COVID-19 restrictions also reduced girls' access to education, forcing many to remain at home and increasing their exposure to GBV. A total of 12.8 per cent of household consider fear of online harassment as major barrier for online schooling¹¹⁰. Education was also interrupted in certain locations due to IDPs having taken up shelter in schools where they have no other options for shelter as they are unable/unwilling to return while camps are full beyond capacity.

Camps, overcrowded living arrangements, shelters lacking privacy¹¹¹ or inability to lock homes or having sealed windows and doors¹¹² are shelter issues that create GBV risks for women and girls.

Water shortages reduce the ability of women and girls to afford hygiene items, risking illness. Shared bathrooms in camps worsen risks of sexual harassment, sexual assault, rape and kidnapping.

Explosive ordnance contamination endangers the lives of civilians, limits safe movements and impacts economic opportunities, worsens food insecurity (in case when agricultural land is contaminated), hampers rehabilitation of public infrastructure such as schools or roads and limits the safe delivery of humanitarian aid and safe access to services for people in need.

Most affected population groups

Palestine refugees continue to be amongst the most affected communities in Syria especially in the current socio-economic environment.

People in camps face heightened movement restrictions and loss of freedom, newly displaced and newly returned face increased protection risks, and people suffering multiple cycles of displacement have further dilapidated resilience.

Older persons and persons with disabilities and chronic illnesses face a range of challenges unique to their individual circumstances, compounded by their displacement where familial/community support networks have broken down or are overstretched, especially in areas directly affected by hostilities or due to multiple displacements. They face stigma, social isolation, are at increased risk of separation from their families, care providers, and dependent on the assistive products which support their independence.

Arbitrary and indefinite detention of thousands of men, women and children continues to greatly impact people's ability to return or depart from camps like Al Hol without the rest of their family members. Arbitrary restrictions based on areas of origin also prevent returns from camps of people displaced from outside of Northeast Syria.

People with actual or alleged family ties to ISIL face additional protection risks due to community perceptions and challenges in accessing services. These risks are further compounded for third-country nationals (TNCs) and the majority women and children within this group. Authorities often block/restrict humanitarian organisations from providing protection and other services such as education and livelihoods support to TCNs.

Children and adolescents face violence, abuse and exploitation in many life situations including exposure to new forms of violence due to harmful coping mechanisms within the family. Adolescent boys are more likely to be killed and injured, separated from family, detained and recruited or to be involved in child labour, while adolescent girls are particularly at risk of child marriage, online harassment and other forms of gender-based violence including sexual violence. Boys are also at risk of sexual violence, as are men, primarily in the context of detention.

Women and girls continue to be disproportionately affected by GBV. The prevalence of GBV, impunity of perpetrators, and the absence of functional institutions that guarantee women' and girls' rights and safety, negatively impact women and girls and limiting their freedom and eroding their resilience.

Inequitable gender norms relegate women and girls to positions of subordination and are used to justify the use of violence against them across Syria. Not all women and girls are able to access the

job market, for instance, still constrained by social norms and family restrictions.

Men and boys are most exposed to the direct, immediate threat of explosive ordnance incidents, while women and girls are often indirectly affected, for example by the loss of the principal breadwinner, but become at-risk when they carry out their usual livelihood and household activities in a highly contaminated environment.

Persons with injuries and impairment, including direct victims of explosive ordnance accidents and their families, face emergency needs for support due to the lack of sufficient and continuous specific care, particularly in Northwest Syria.

Projections of needs

As seen in previous years, the protection needs environment in Syria will be defined by continued IHL and IHRL violations, destroyed infrastructure, violence, protracted and multiple cycles of displacement, in a context marred by access limitations and insufficient services. The dire economic situation, severe food shortage, explosive ordnance contamination, lingering COVID pandemic, and declining natural resources will compound protection risks and vulnerabilities, often in a circular manner.

Ongoing hostilities in some areas of the country human-caused and natural disasters may lead to increased displacement in turn leading to camp and collective shelter expansions. Without measures to tackle the range of drivers of displacement, an increased camp-based response may further trigger people to move into camps for services. In several parts of the country, especially frontline areas in North East North West and South, active hostilities continue to cause civilian casualties and displacement. In these areas, access to humanitarian assistance is severely limited.

Lack of civil documentation, particularly IDPs, newcomer cards, birth and death certificates will continue to limit people’s ability to

move through checkpoints, preventing them from seeking essential services. Lack of birth and death certificates will impact future generations’ ability to prove their citizenship and access services, and cause complications as people seek resolution to their HLP issues.

Discriminatory practices that determine people’s freedom of movement and access to services and livelihoods based on their area of origin or nationality will exacerbate existing vulnerabilities.

Increased criminal activity and conflict will continue to impact civilians and limit movement, if criminal groups increase their activities in camps and out of camps. People in displacement, particularly those who are unable or unwilling to return to their area of origin due to safety considerations, nationality or ethnicity will become increasingly vulnerable and reliant on humanitarian assistance.

Multiple and complex child protection risks will continue to shape the lives of girls and boys throughout Syria. Grave violations against children will remain a critical concern. Ongoing hostilities, economic hardships, breakdown of community support structure and lack of services will continue to take a huge toll on children.

Women and girls will continue to face a disproportionate impact of the crisis, and compounded forms of violence when exposed to overlapping and mutually reinforcing forms of discrimination and social exclusion.

Explosive ordnance contamination will continue to present a significant risk for populations living in areas having witnessed hostilities, and increasingly for individuals returning to their communities and will remain the top access constraint for safe delivery of humanitarian aid and assistance to the people in need.

Increased vulnerability will result in further neglect of persons with disabilities and the elderly. Barriers to realising durable solutions will become more nuanced and difficult to address.

2022 PiN and Projected PIN

Million of people (M)

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	14.21M	0.04M	0.50M	4.61M	6.09M	2.98M		
June 2022	14.21M	0.04M	0.50M	4.61M	6.09M	2.98M	Projected economic conditions leading to increase in negative coping mechanisms and psychological distress.	IDPs, Women & Girls
November 2022	14.74M	0.04M	0.38M	3.31M	10.23M	0.79M		

Expanded Analysis For Each Area Of Responsibility (AOR)

Gender Based Violence (GBV) AOR¹¹³



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
7.3M	92.9% 6.8M	7.1% 0.5M	41.3% 3M	54.6% 4M	4.1% 0.3M	28.5%* 2M

SECTOR PIN DISTRIBUTION BY SEVERITY**



Overview and affected population

Gender-Based Violence (GBV) is a dominant feature of the Syrian humanitarian crisis. Women and girls are subjected to increased denial of economic resources and education, movement restrictions, exploitation, forced and child marriage, intimate partner and family violence, technology facilitated violence¹¹⁴, and physical, psychological, emotional, sexual, and social violence. This violence pervades all walks of life. 19 per cent of household mentioned that women and girls feel unsafe in certain areas¹¹⁵. 71 per cent¹¹⁶ of communities mention that child marriage is an issue for adolescent girls.¹¹⁷

Male partners, male family members, and men and boys in general are the most common perpetrators.

Patriarchy, institutional gender inequality, discrimination and social exclusion uphold and compound GBV. Older women divorced and widowed women and girls, and women and girls with disabilities, face heightened social policing, deprivation of inheritance and resources, consistent denial of rights, and barriers in accessing assistance (57 per cent of communities mentioned that widows are at risk of exclusion from receiving humanitarian aid and services¹¹⁸).

The impact of GBV on women and girls is tremendous and long-lasting, aggravated by victim blaming, social stigma, and social isolation. Women and girls are increasingly engaging in harmful and life-threatening behaviour such as self-harm and suicide. The protracted crisis, economic deterioration, and COVID-19 collectively exacerbate GBV risks. These increase the violence women and girls experience and diminish their resilience as their options to seek safety and support shrink and their hopes for the future dim.

Child Protection AoR



PEOPLE IN NEED	FEMALE (0-17)	MALE (0-17)	CHILDREN (0-17)	WITH DISABILITY
6M	44.2% 2.67M	55.8% 3.37M	100% 6M	28.1% 1.7M

SECTOR PIN DISTRIBUTION BY SEVERITY**



* Bearing in mind the global reference figure of 15%, please indicate what percentage of your sector PIN is considered to be living with a disability.

**Please note that providing PIN by severity category is suggested in the global HNO template but optional. In principle and in alignment with JIAF (<https://kmp.hpc.tools/km/2022-jiif-guidance>), only the population falling into sector severity classification 3-5 should be counted towards sectoral PIN. Similarly, inter-sector PIN for 2022 will be established based on the number of people classified in inter-sector severity phases 3-5.

Overview and affected population

Grave violations against children remain a significant concern including risk of being killed, injured, recruited, used in hostilities, tortured, detained, abducted and sexually abused. By September 2021, 1,440 grave violations were verified by the MRM.

Girls and boys continue to experience persisting violence including physical, emotional, sexual and domestic violence. Insecurity, economic hardship and COVID-19 exacerbate child protection concerns. These fuelled harmful coping mechanisms, and increased child labour and child marriage, putting adolescent girls at particular risk. Child Protection issues are spread across all 14 governorates at generally increased levels. Kidnapping/Abduction was reported as occurring in 26 per cent of communities¹¹⁹; Child labour in 84 per cent of communities; child marriage is an issue for adolescent girls¹²⁰ in 71 per cent of communities; family separation in 36 per cent

communities¹²¹. Forty-one per cent assessed households reported lack of birth certificates¹²². Children without birth certificates, especially children with disabilities are denied access to basic rights. Psychosocial distress among children is reported in 26 per cent of surveyed households, demonstrating the increasing cumulative toll on mental well-being with immediate and if not addressed, lifelong consequences¹²³. Numerous unaccompanied and separated children or children living with older caregivers or living in institutions are at increased risk of exposure to violence¹²⁴. More than 800 children with perceived affiliation to armed groups are detained without due legal process in Northeast Syria¹²⁵, many awaiting repatriation to Iraq and other countries. There are 8,000 children and 3,000 women from 60 different nationalities¹²⁶, and over 50,000 Syrians and Iraqis (majority women and children)¹²⁷ in a few camps. These children and women are subject to arbitrary arrest, extensive violence, and forced relocations.

Mine Action



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
10.8M	49% 5.02M	50% 5.14M	45% 4.56M	51% 5.16M	4% 0.45M	24% 2.45M

SECTOR PIN DISTRIBUTION BY SEVERITY



Overview and affected population

In its eleventh year, the Syria crisis has been exacerbated by the widespread use of explosive ordnance, including improvised explosive devices (IEDs), landmines, and other explosive remnants of war (ERW). Explosive ordnance poses significant risks to civilians and humanitarian actors, and further exacerbates early recovery efforts to enhance resilience of the vulnerable Syrian people. Approximately one in three communities is potentially contaminated by explosives¹²⁸. These correspond to areas having witnessed intense hostilities and explosive incidents over the past five years, in Aleppo, Idlib, Ar-Raqqa, Deir-ez-Zor, Quneitra, Rural Damascus and Dar'a.¹²⁹ Contamination is most frequently reported in agricultural land, roads, private property, followed by schools, other public infrastructure and hospitals¹³⁰. Farming/herding, moving/travelling, collecting scrap metal and playing are the most commonly reported activities at the time of incidents¹³¹. Impact of the socio-economic situation and COVID-19 on livelihoods has forced more people to adopt unsafe behaviour increasing risk-taking to generate income, such

as scrap metal collection, truffle picking, and farming in potentially contaminated land.

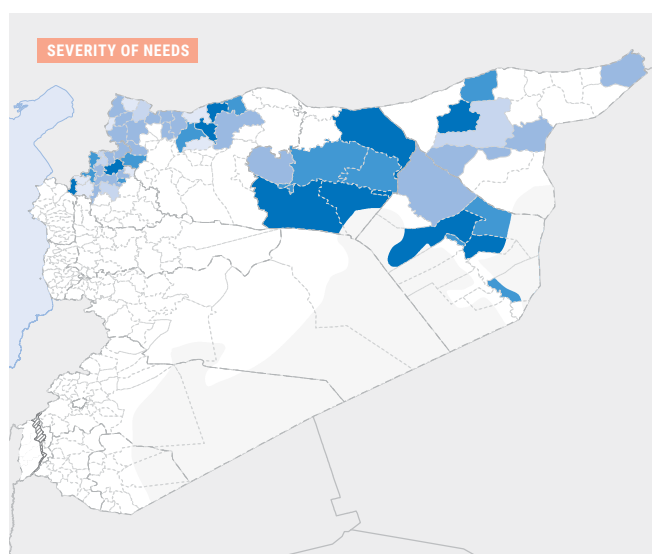
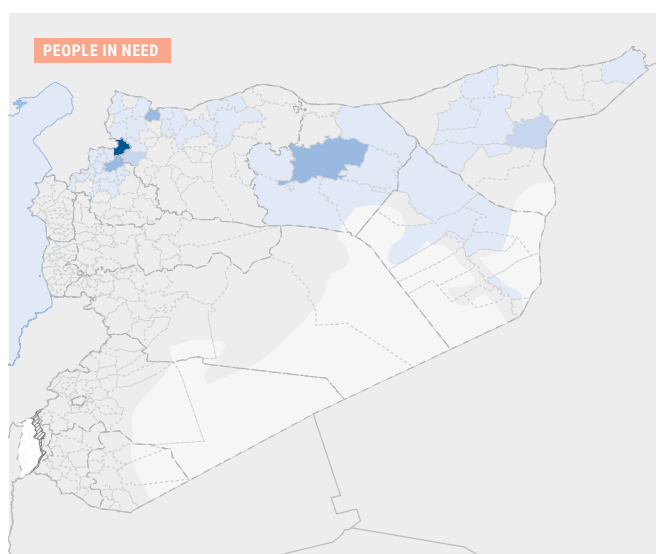
Explosive accidents cause serious injury and death, leading to long-term physical and psychological trauma for survivors and their families and severely impact their lives and livelihoods. Men and boys, particularly adolescents, are more frequently exposed, comprising more than 80 per cent of victims of reported EO accidents in the past five years. Estimated two of three survivors will sustain lifelong impairment and will need long term assistance¹³². Economic support, medical care, prosthetic/orthotic services and assistive products are key needs reported by communities. Prohibitive cost, nonexistence or remoteness of services are major barriers to assisting survivors and illustrate the need for adequate and sustained resources to scale up specialized services, which remain limited and insufficient particularly in the north west and in rural areas across Syria¹³³. Limited presence, access, and capacity of HMA actors towards clearance activities feeds into unmet needs.

3.2 Camp Coordination and Camp Management



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
2M*	52% 1M	48% 0.9M	58% 1.1M	38% 0.7M	4% 0.08M	2%* 0.04M

SECTOR PIN DISTRIBUTION BY SEVERITY**



Key trends

The protracted nature of the crisis, ongoing hostilities and shifting frontlines in Northwest Syria have led to internal displacement into a shrinking area, strained services and shelter options. In Northeast Syria, 2021 saw an increase of IDPs trying to access camps, driven by compounding factors such as the economic deterioration of the Syrian Pound, localized hostilities, and the converging water crisis.

IDP sites are designed to function as a temporary option of last resort, providing only a minimum level of services. However, in Northwest Syria, close to 1.7 million people live in 1,389 IDP sites with inadequate access to shelter, safe water, food, health and psycho-social support ¹³⁴ in Northeast Syria, there are nearly 290,000

individuals residing in last-resort sites with many having been displaced for up to 4 years. ¹³⁵

Self-settled IDP sites and collective centres often lack camp management systems and the subsequent coordination and monitoring of services. 52 per cent of IDPs in Northeast Syria and 45 per cent of IDPs in Northwest Syria are living in IDP sites that need camp management. ¹³⁶ Access to basic services remains a challenge and there is a need to improve living conditions to uphold humanitarian standards. In Northwest Syria, 83 per cent of IDPs are living in sites with a critical level of population density. ¹³⁷ In Northeast Syria, there has been an increase of 26,600 IDPs in camps and sites between January and November 2021. IDP sites are particularly vulnerable to incidents, like floods, fires and high-speed winds. From January to October 2021, CCCM in Northwest Syria reported

* in NWS

**Please note that providing PiN by severity category is suggested in the global HNO template but optional. In principle and in alignment with JIAF (<https://kmp.hpc.tools/km/2022-jiaf-guidance>), only the population falling into sector severity classification 3-5 should be counted towards sectoral PiN. Similarly, inter-sector PiN for 2022 will be established based on the number of people classified in inter-sector severity phases 3-5.

864 incidents that led to 57 injuries, 15 deaths, and the damage/destruction of 32,010 tents.

Even in camps in the northeast that have access to basic services, there are issues of overcrowding, capacity, stretched service provision and long waiting lists. Al Hol camp, which comprises of Syrian IDPs, Iraqis' and third country nationals, has had ongoing departure trips throughout 2021 with eased return procedures allowing IDPs to return to parts of Syria, and Iraqis' being repatriated. Freedom of movement, however, continues to be a barrier for all residents of the camp and the security situation continues to deteriorate.

Needs and severity

Needs, severity and linkages with other sectors

The majority of IDP sites in Northwest and Northeast Syria are self-settled meaning they often lack camp management, proper site planning, infrastructure and services. 88 per cent of IDP sites in Northwest Syria are self-settled and just 9 per cent are planned and in Northeast Syria 53 cent are self-settled, 44 cent are collective centres and only 4 per cent are camps with a camp management.¹³⁸
¹³⁹ IDP sites often lack dignified and safe shelter options. Over 900,000 people are living in tents, makeshift or substandard shelters in informal and planned IDP sites in Northwest Syria.¹⁴⁰ MSNA 2021 data indicates that 96 per cent of households in IDP site settings have shelter adequacy issues¹⁴¹ Overcrowded sites lead to conditions of sub-standard living and increase the risk of COVID-19 transmission and gender-based violence (GBV). In Northwest Syria, over half of IDPs were living in sites found to be in urgent need of Community Health Workers to meet global standards.¹⁴²

Housing, land and property (HLP) is a real challenge, with large populations residing on land without a valid HLP status. In Northwest Syria, only 26 per cent of IDPs are living in sites with a valid HLP status.¹⁴³ . HLP issues create additional constraints for the provision of activities, with only life-saving activities functioning in camps in Northeast Syria.

Drought like conditions and water shortages have posed challenges for both in-camp populations and host communities in Northeast Syria due to the Water Crisis comprised of low levels of the Euphrates, interruptions to water station operations (including Alouk water station) and low rainfall during the 2020/2021 winter accompanied with higher-than-average temperatures.

Most affected population groups

IDPs: Long-lasting hostilities has led to protracted and multiple displacement. In the Northwest, just 4 per cent of recent displacements were for the first time.¹⁴⁴ In the Northeast, households have been displaced at least twice with households on average being displaced for at least four years.¹⁴⁵

Women and children: Of those living in IDP sites in the Northeast and Northwest Syria, 80 per cent are women, girls and boys¹⁴⁶ who face significant GBV risks due to inadequate living conditions across IDP sites. In Northeast Syria, 49 per cent of households are female headed.¹⁴⁷

Overcrowded informal sites with no proper site planning, limited or no access to services nor camp management structures pose serious protection and GBV risks for the most vulnerable, who are mainly diverse women and children. Overall 1,185,100 people in northwest were found to be living in sites with no lighting on the main roads.¹⁴⁸

Representation of women in participatory structures is essential for meaningful decision-making, however in Northwest Syria, 61 per cent of IDPs are living in sites that do not have women committees.¹⁴⁹

PWD: In Northwest Syria, 53 per cent of males and females have disabilities; and vision difficulties were the most prevalent type reported,¹⁵⁰ while 65 per cent of households in Northwest Syria have at least one family member with disabilities.

Throughout Northeast Syria, the rate of households with at least one individual with a disability is 66 per cent; in IDP sites this proportion increases to 70 per cent of households with at least one individual with a disability. Rates of disability amongst males and females in camps are at 52 per cent and 50 per cent respectively.¹⁵¹

PWD need tailored assistance and specialized health services. However, in IDP sites in the Northwest, there are just over 6,000 functioning latrines for PWD.¹⁵² Physical barriers to infrastructure and services can compound pre-conceived ideas of PWDs and impact their ability engage in community activities and income generation opportunities. Lack of awareness can lead to people's needs not being identified.

Projection of needs

IDP sites are a last resort option that host vulnerable IDPs, providing minimal services and temporary solutions. However, as the security situation remains unstable and the hostilities continue, new waves of displacement are combined with protracted displacement in an increasingly shrinking area in Northwest Syria. For instance, between January and October 2021, CCCM tracked over 273,000 displacements.¹⁵³

Therefore, the severity of needs found in 2021 is expected to continue in 2022. There will be a need for ongoing humanitarian support to ensure access to basic services amongst displaced populations. However, if large scale hostilities resume, the needs will inevitably grow. CCCM expects that assistance and shelter options will become increasingly overstretched. Major challenges like the COVID-19 pandemic and severe economic decline make access to basic goods and services even more difficult, increasing the likelihood of increased reliance on negative coping mechanisms.

These challenges are expected to push households into last resort sites. In Northeast Syria, previously displaced households renting in host communities have found that they cannot afford to remain and even those not previously displaced from their own community by hostilities are having to resort to last resort sites. With camps at full capacity and long waiting lists, the pressure on the response in informal settlements and collective centres will continue to increase as partners become further stretched.

Schools, previously closed and used as collective centres, are again being opened by local authorities, with the relocation of their residents



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to either camps or other collective centres. In parallel, as partners’ capacity to respond out of camps is limited, informal settlements that receive assistance may increase in population as the activities act as a pull factor. An expanded mobile CCCM approach is hoped to increase in the coming period, therefore increasing the coordination of partners providing assistance.

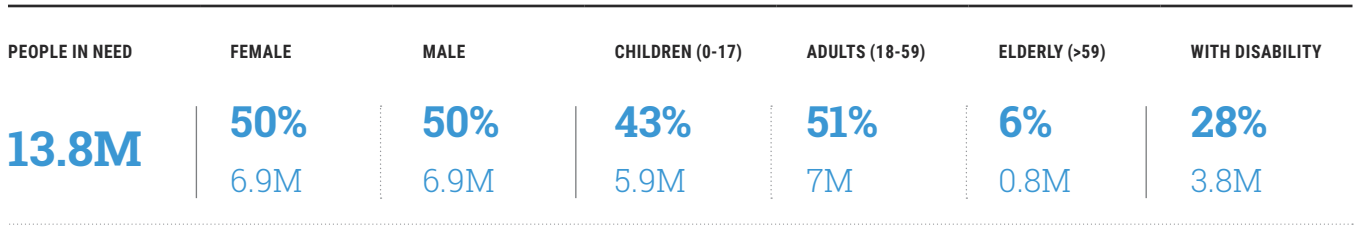
Winter creates additional risks of incidents in IDP sites. Fire risks are intersected with the severe economic situation that drives many to

use inappropriate sources of fuel and heating/cooking appliances. These risks are coupled with lack of space and services in IDP sites, as well as hazardous electrical wiring. CCCM reports show that only 14 per cent of IDPs are living in sites where there is no gap in the availability of fire points.¹⁵⁴ Likewise, critical gaps in infrastructure in IDP sites exacerbate the likelihood and impact of floods. CCCM found that in Northwest Syria 33 per cent of IDPs were living in sites that were flooded in the past year.

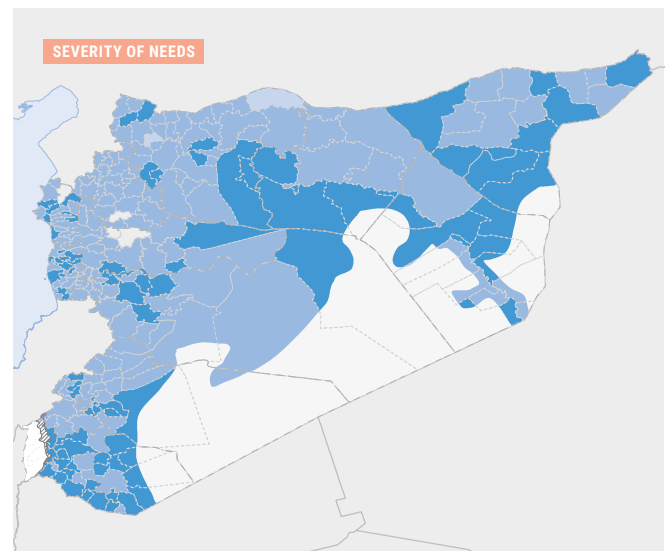
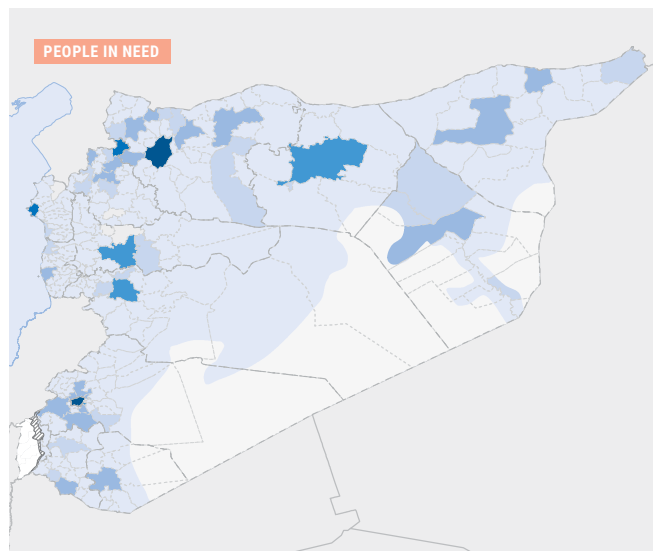
2022 PiN and Projected PIN

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	1,690,797 IDPs (in NWS) + 289,993 (in NES)	9,162	72,683	1,317,041	298,406	283,498		
June 2022	1,780,000 (in NWS) + 376,000 (in NES)	9,972	79,112	1,433,539	32,4802	308,575	Regular increase in IDP sites due to the ongoing displacement, lack of shelter and economic situation	IDPs in sites
November 2022 (to be used as an estimate for 2023 PiN)	1,900,750 (in NWS) + 393,000 (in NES)	10,610	84,167	1,525,130	345,553	328,290	Possibility of new displacement from the frontline areas	IDPs in sites

3.3 Early Recovery



SECTOR PIN DISTRIBUTION BY SEVERITY



Key trends

2021 has seen an overall deterioration in the access to livelihoods, in the ability to meet basic needs, and in the availability and affordability of infrastructures and services, posing a detrimental threat to household’s resilience capacity and social cohesion.

Since August 2020, the ability to meet basic needs in Syrian households has deteriorated across all the governorates, particularly in As-Sweida, Dar’a, and Quneitra, whereabout half of households indicated much worse conditions compared to last year. Across Syria, nearly three quarters of IDP, Returnee and resident households reported a decreasing ability to meet basic needs.

On average, less than two thirds of those surveyed indicated they had a job in the last three months, and table 1 shows that 71 per cent in Government of Syria controlled areas, 39 per cent in Northeast Syria, and 60 per cent in Northwest Syria). Ninety per cent of those cases the person working is the head of household.

HAVING A JOB IN THE PAST 3 MONTHS PER REGION

Government of Syria controlled areas	70.5%
North-east Syria	39.2%
North-west Syria	58.9%

Table 1 - MSNA 2021 analysis - Question about having a job in the last 3 months

Nonetheless, the top need for 71 per cent of households remain food baskets/bread, immediately followed by livelihoods (56 per cent). This signals a widespread existence of “working poor”, whose aggregated income is insufficient to meet basic needs. This evidence is even more disquieting as in 38,1 per cent of households, more than one member is employed.

The pressure on the availability and affordability of key essential services has been additionally under strain. In this regard, electricity assistance is viewed by survey respondents as a priority issue to

address for 47 per cent in Government of Syria controlled areas, 16 per cent in Northwest Syria, 43 per cent in Northeast Syria.

Furthermore, in Government of Syria controlled areas, Northwest Syria, and Northeast Syria, 64 per cent, 50 per cent, and 71 per cent the majority of survey respondents revealed that despite the availability in the markets, they cannot afford essential items, pointing to the instability and constant fluctuation of prices. An additional cost of 15 per cent would imply that households would theoretically remove essential food items from their consumption.

HOUSEHOLD ABILITY TO AFFORD ESSENTIAL ITEMS PER REGION

Government of Syria controlled areas	64.4%
North-east Syria	71.1%
North-west Syria	50%

Table 2 - MSNA 2021 analysis - Question about household ability to afford essential items

Rising debt has been observed across Syria and across all population groups since 2021, with price increases and loss of income as the two top reasons reported, 94 per cent and 87 per cent respectively. This points to a strong correlation between the two factors whereby hyperinflation would directly cause a severe decrease in real income and purchasing power, in addition to a widespread loss of employment, particularly evident among the casual labourers in some specific sectors like agriculture, further exacerbated by the water shortage crisis along the Euphrates.

Detrimental and negative coping mechanisms continue to prevail. Eighty-six per cent of households continues to use borrowing as the main coping strategy to close the income-expenditure gap, followed by remittances for 49 per cent of households and savings depletion for 37 per cent of households.

Limited participation in community life and decision processes from females and youth is observed across the country. Between 50 and 55 per cent of the respondents declared that the one taking decisions on behalf of the community are "senior males". Female and youth representation in decision making accounts for 23 per cent and 33 per cent in Government of Syria controlled areas, 18 per cent and 43 per cent in Northwest Syria, and 40 per cent and 15 per cent in Northeast Syria.

Needs and severity

Needs, severity and linkages with other sectors

Current low wages, reduced productivity, hyperinflation, as well as a general loss of employment in certain sectors all indicate a loss of purchasing power manifested by insufficiency of available income to cover expenditures related to basic needs. This impact perceived/ actual need for food supplements to be supported through food/ nutrition assistance.

Furthermore, the lack of electricity availability is affecting the ability to restore key services relying on electricity provision, such as the functioning of water systems, markets, bakeries, among others, as well as affecting the existing opportunities to increase the production/provision capacity of local businesses and industries. This also hinders the potential to expand the local supply of essential items and services related to other sectors' priorities, such as Shelter-NFI, WASH, Health and Education.

Moreover, considering that between 75 per cent and 80 per cent of households in Syria consistently experience a gap between the income earned and the expenditures to meet basic needs, severe economic vulnerability poses increasingly higher risks of reliance on negative coping mechanisms. These include illicit economies, corruption, child labour, male and children recruitment by armed groups, as well as risks of increased GBV.

An increasing number of children are out-of-schools to support their families for additional income. This is higher for female children from households where the head of the household is a female; the main two reasons are, inability to afford the cost for children to go to school and the need for children to work to support the household.

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Most affected population groups

Those most affected by a significant deterioration have been IDPs out of camps (22 per cent) and residents (20 per cent), while those most affected by deteriorations to some extent have been returnees and IDP in camps. Across all population groups (for 88 per cent of household among IDPs, residents, and returnees), primary reasons limiting the ability to meet basic needs have been the loss/insufficient income and the lack of opportunities to access income sources, reaching a peak for IDPs in camps (97 per cent).

Furthermore, for 90 per cent of females and 87 per cent of males, the loss/insufficient income, and the lack of opportunities to access income sources constitute their first concern vis-à-vis physical and mental wellbeing, followed by the unaffordability of food and other essential items. Borrowing, debt increase, and loss of income as the main causes for debt change, present high and extremely comparable trends among IDPs, residents, and returnees, indifferently of the group. This evidence across all population groups is confirmed by the fact that livelihood support is considered the second-highest priority for IDPs, returnees, and residents with comparably high percentages across the three groups (overall 56 per cent). Slightly different is the case of electricity assistance, which is the third-highest priority and table 3 shows the disaggregated by population group.

HOUSEHOLD DECLARED THAT ELECTRICITY IS ONE OF THEIR TOP NEEDS PER POP GROUP

POP GROUP	%
Residents	47%
Returnees	39%
IDPs out camps	37%
IDPs in camps	16%

Table 3 - MSNA 2021 analysis - Question about the % of household declared that the electricity is one of their top needs

2022 PiN and Projected PIN

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	13,804,653	-	73,487	10,193,238	3,537,928	-		8,973,024
June 2022	15,185,118	-	75,925	11,206,617	3,887,390	-	Inflation 10 from Nov 2021	9,870,326
November 2022 (to be used as an estimate for 2023 PiN)	16,565,583	-	82,827	12,225,400	4,240,789	-	Inflation 20 from November 2021	10,767,628

Projection of needs

Early Recovery and Livelihoods needs continue to rise. Expectations of a further increase in the cost of living, including, reduction of subsidies, and general prices increases as well as volatility in the exchange rate, among others, are projecting onto an additional deterioration in terms of real income and purchasing power across all population groups. The sector foresees the income/ expenditure gap to continue increasing in the coming year across all population groups.

DIFFERENCE BETWEEN INCOME AND EXPENDITURE PER YEAR

Year	Average Income	Average Expenditure
2019	95,997 SYP	96,622 SYP
2020	147,724 SYP	177,271 SYP (20% gap)
2021	301,377 SYP	449,624 SYP (49% gap)

Table 4 - MSNA 2021 analysis - Question about the difference between income and expenditure disaggregated by year

Employment creation is expected to be insufficient to significantly change the negative income/expenditure gap in the short term. A period of further economic contraction is expected, with reduced production, increased rates and severity of poverty, and further socio-economic deterioration affecting both IDPs, residents, and returnees.

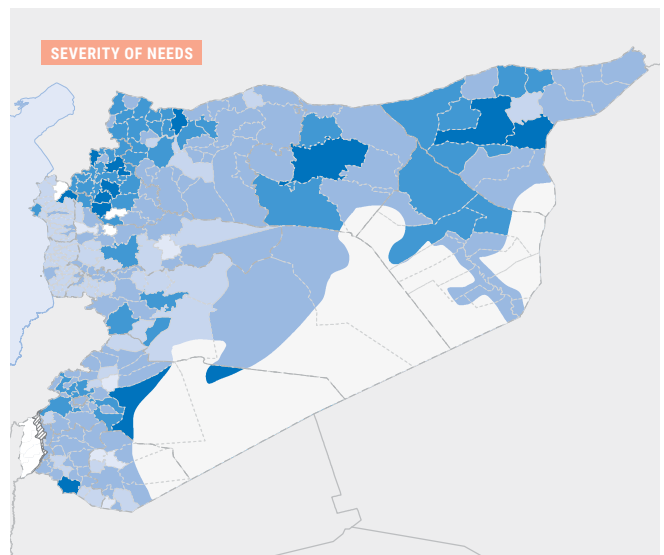
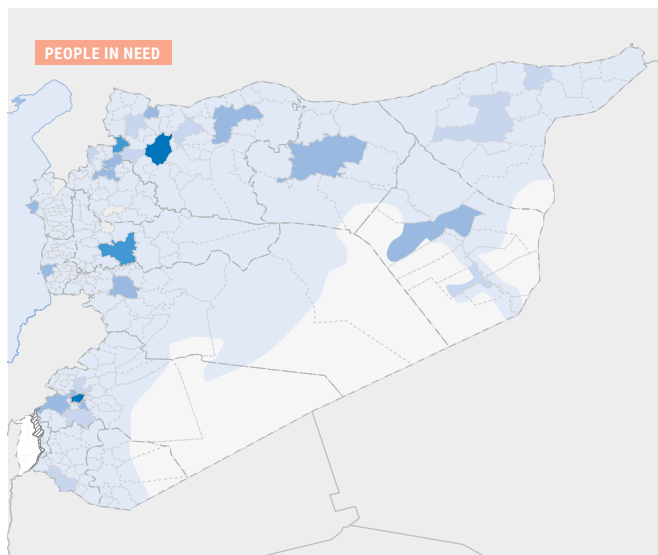
Displacements from areas still facing hostilities to relatively stable areas are likely to continue straining essential services, employment opportunities, and increasing the risk of intra and inter-community tensions involving residents and displaced without more durable solutions in place.

3.4 Education



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (3-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
6.6M	47% 3.1M	53% 3.5M	97% 6.4M	3% 0.2M	- -	7%* 0.5M

SECTOR PIN DISTRIBUTION BY SEVERITY**



Key trends

The protracted nature of the hostilities, economic duress and the COVID-19 pandemic, continue to impact overstretched education services. With 25 verified attacks on schools and seven verified instances of military use of schools in nine months, attacks affecting schools remain high¹⁵⁵.

Self-reported attendance at national level is 82 per cent.¹⁵⁶ Self-reported attendance does not capture the impact of school shifts and/or closures. Attendance rates between boys and girls were similar but older children (12-17 years) were less likely to attend than younger children (5-11 years)¹⁵⁷. Economic factors, including children working to support the household, continue to be a key reason why children are not attending school.¹⁵⁸

At national level, the data reveals that 18 per cent are out of school and half of the children who are not in school have never enrolled.¹⁵⁹ Rates of non-attendance were highest in Ar-Raqqa (35 per cent), Al-Hasakeh (30 per cent), Idleb (28 per cent), Aleppo (26 per cent), and Deir-ez-Zor (25 per cent).¹⁶⁰ Over a quarter of households with school aged children indicated that their children are not in school because there is no school to send their child to.¹⁶¹ In 1,017 assessed camp sites in northwest, there are only 196 schools.¹⁶²

The most dominant form of learning (95 per cent) is in-person and formal¹⁶³ with less than two per cent of children attending non-formal education services that bring children back to learning and address learning loss.¹⁶⁴

*The MSNA reveals that from assessed households with school age children (5-17 years), 7% reported having a health condition, injured and/or having a disability.

** Please note that providing PiN by severity category is suggested in the global HNO template but optional. In principle and in alignment with JIAF (<https://kmp.hpc.tools/km/2022-ji-f-guidance>), only the population falling into sector severity classification 3-5 should be counted towards sectoral PiN. Similarly, inter-sector PiN for 2022 will be established based on the number of people classified in inter-sector severity phases 3-5.

The formal system is unable to absorb and retain all school age children. Many students continue to learn in uncondusive and/or unsafe learning environments. At the national level there is an average of one operational classroom for every 54 school aged child. The highest ratios are found in Idleb (1:178), Damascus (1:101) and Rural Damascus (1:94).¹⁶⁵ Over a third of schools operate in shifts with Idleb triple and quadruple shifting to address overcrowding and physical distancing.¹⁶⁶

Existing services are unable to physically accommodate or meet the different learning needs of pre-primary children, adolescents, IDPs, returnees and children with specific needs.¹⁶⁷ Many children who are in school continue to have reduced learning time due to multiple shifts and school suspension due to COVID-19 and security issues. Less than half of caregivers feel that their children are sufficiently learning in school.¹⁶⁸

Most often education services are not flexible enough to accommodate children working to support their households. In addition to distance travelled, children face potential risks when traveling to school which may limit access to education services. Governorates with the highest rates of students traveling longer than 20-minutes to school are: Damascus and Rural Damascus (49 per cent), Der-ez-Zor (38 per cent) and Idleb (27 per cent).

Teachers are critical in ensuring the availability and quality of education. The consequence of underinvestment in teachers is reflected by the 60 per cent of households with school age children, that perceive a need to enhance teacher capacity as a means to improve education services.

Needs and severity

Needs, severity and linkages with other sectors

Livelihoods and Cash Working Group: to address economic barriers to education and deficit in education infrastructure. Around a third of households with children out of school stated it was because of economic factors and over a quarter of households said because there were no schools.¹⁶⁹

Early Recovery: to establish, expand and repair the number of schools/classrooms and ensure they are winterized.

Shelter/NFI and Camp Coordination and Camp Management: to improve housing conditions, provide alternative accommodation for IDPs living in schools and improve winterization support, including warm clothes. Children living in substandard buildings, tents and makeshift shelters are least likely to attend school.

Protection: to integrate UXO risk awareness/education, address child safeguarding and protection issues including GBV and MH/PSS needs of children and school personnel with the Health sector. The proportion of households with children under 18 with signs of psychological distress is high.¹⁷⁰

WASH and Health: to mitigate communicable diseases including COVID-19 risks and improve school WASH facilities and health and hygiene education. At the national level almost half of students complained, and the vast majority had multiple complaints, about WASH in their school. Complaints ranged from no toilets/sinks to

nearly all complaining about cleanliness and two-thirds of students noting no soap to wash hands.¹⁷¹

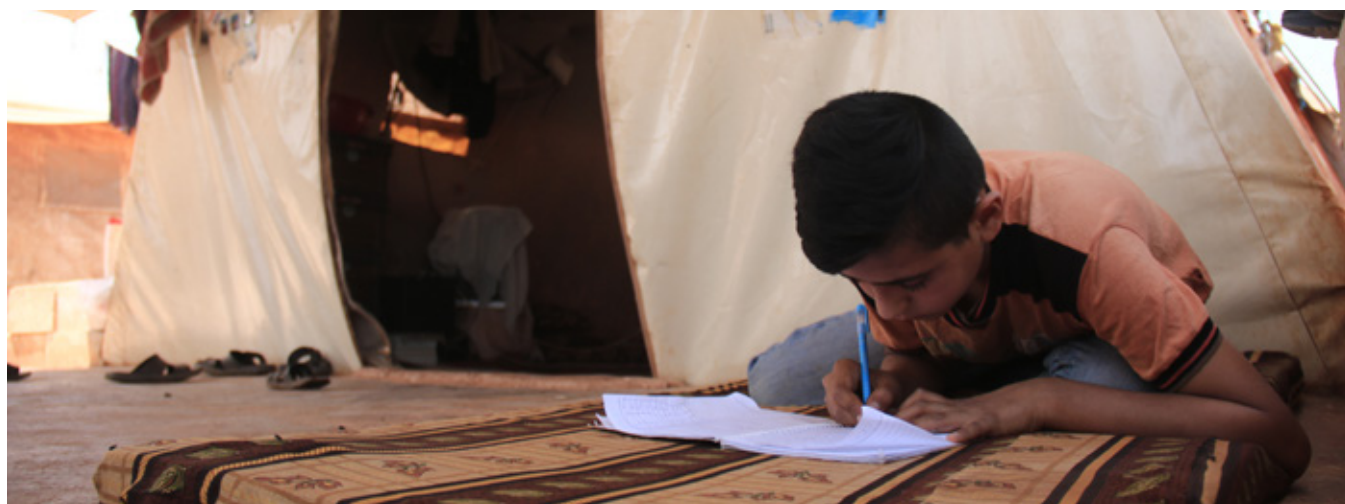
Most affected population groups

Within the wider need for education, there are key sub-groups that are more affected ¹⁷² :

- With an estimated 18 per cent of school age children not attending any form of learning, out of school children remain one of the most affected groups. Over three quarters of 12-17-year-olds who were not in school had dropped out. School dropout exposes children to protection threats such as child labour (mainly for boys) and early marriage (mainly for girls).
- Young learners are not prepared for school, only about 11 per cent of four-year old and 30 per cent of five-year-old attend some form of learning.¹⁷³
- From eleven years old there is a steep dropout impacting boys more than girls. Lack of access to secondary education in many areas limits the ability of adolescents to continue their education; the lack of vocational education prevents adolescents who will not return to school from learning skills needs for economic opportunities. In nearly a third of households with children not in school it was because children were working.¹⁷⁴
- At 36 per cent, displaced school-aged children residing in-camps are less likely than children outside of camps to attend any form of learning.¹⁷⁵
- Half of children with a reported health condition, injury or disability reported school attendance, compared to 84 per cent of children without these issues.¹⁷⁶ Exclusion of children with disabilities is multifaceted including accessibility to and within schools, qualified teachers, mobility/special devices, learning materials and social stigma.
- Teachers and other education personnel need support that is commensurate with the criticality of their role.
- Idleb has a critical confluence of negative factors: low attendance rates, the highest classroom to school aged population ratio, the only governorate with triple and quadruple shifts, nearly half the schools are non-operational and the largest proportion of children traveling +45 minutes to school and the highest rates of attacks on education.
- Due to recent events, investing in schools in Dar'a is a priority. There are only six of the 34 schools in Dar'a al-Balad that are fully functional.¹⁷⁷

Projection of needs

Education services will continue to be fragmented across the county and education needs will be further compounded by the COVID-19 pandemic, economic crisis, insecurity and displacement. These factors limit the ability to build on past investments of duty bearers, educators, caregivers and most of all children.



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Education and child wellbeing are a long-term investment that necessitates a holistic approach. If learning is expected to take place and wellbeing expected to be fostered, education services need to be available, accessible and predictable across academic years and learning levels and lead to recognized learning. The quality, relevance and utility of education needs to offset the direct and indirect costs of children regularly attending school. Unaddressed needs in education limit the ability of children to reach their potential, weaken resilience and undermine early recovery.

Formal education will continue to have a limited absorption and retention capacity, limiting viable pathways from non-formal education into formal, including TVET¹⁷⁸. Limited availability of non-formal education services will continue to reduce the opportunities for children to return to learning and be brought to age-appropriate learning levels.

In areas where schools are available, learning environments will continue to be uncondusive due to damage/destruction of schools, overcrowding, lack of school furniture/school supplies, insufficient heating and WASH facilities.

Learning loss will continue due to irregular attendance (both teachers and students), the use of multiple shifts and disruption/closure of education services due to security and/or COVID-19 related public health measures.

Learning will continue to be constrained/disrupted by insufficient support to attract and retain skilled teachers and education personnel, limiting the ability of teaching to take place. A lack of teacher remuneration will further reduce retention and a lack of transport support will reduce the ability to reach schools, particularly those in remote areas.

The trajectory of the COVID-19 pandemic is unknown, but commitments to keep schools open will most likely continue. Without sufficient investments, schools will continue to unduly put students, teachers, school personnel and the communities at risk of COVID-19 and other communicable diseases due to overcrowding, lack of regulated ventilation (with regulated heat in the winter), insufficient/ no WASH facilities and a limited ability to prevent, identify and refer possible COVID-19 cases.

2022 PiN and Projected PIN

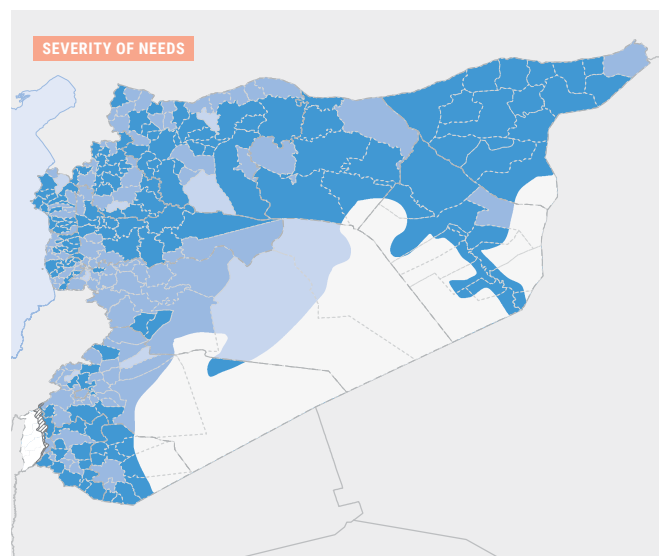
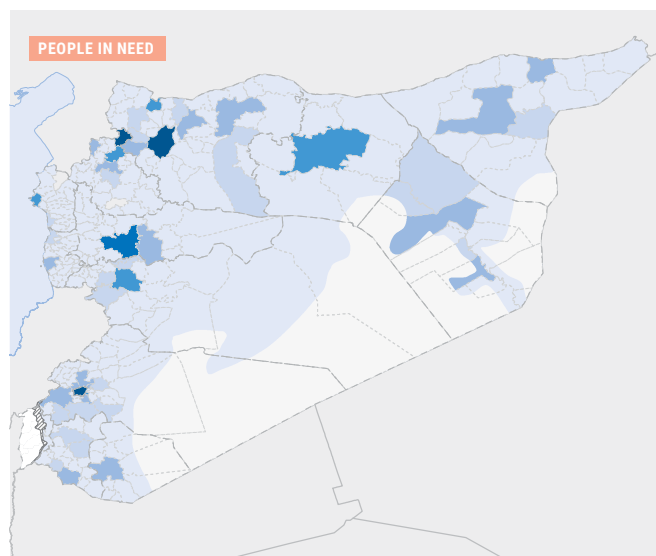
	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	6.6M	5,378	53,449	3,354,109	601,247	- -	-	
June 2022	6.6M	5,378	53,449	3,354,109	601,247	- -	-	
November 2022 (to be used as an estimate for 2023 PiN)	7.2M	-	-	3M	310,000	- -	-	

3.5 Food Security And Agriculture



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
13.9M	50% 7M	50% 6.9M	44% 6.1M	51% 7.1M	5% 0.7M	28%* 3.9M

SECTOR PIN DISTRIBUTION BY SEVERITY**



Key trends

Syria continues to suffer from multiple and complex socioeconomic difficulties, the protracted crisis, now in its 11th year, is exacerbating food security and livelihood needs for many families across the country, further eroding the resilience and recovery prospects. The overall estimated Sector PIN for 2022 – of food insecure and those at risk of food insecurity – is estimated at 13.9 million, with 12 million facing acute food insecurity and 1.9 million people at risk of sliding into food insecurity. The acute food insecure figure includes 1.9 million people living in camps and deemed to be 100 per cent food insecure.

Overall, the Food Security Sector estimates that 55 per cent are food insecure in Syria. While the food insecure figures seem slightly declined at a 4 per cent lower level compared to last year’s record increase, the number of food insecure remains extremely high and

51 per cent higher than in 2019, pre-Lebanese financial crisis period and before the COVID-19 outbreak. The Food Security Sector provided record levels of assistance in Syria in 2021, increasing general food assistance in average from 5 million to 6 million people assisted on a monthly basis. The assistance has contributed to contain further deterioration of Syrian’s food insecurity at between 50-60 per cent, bringing it down from above 60 per cent last year, the outlook for the year ahead though remains dire since well over 50 per cent of Syrians remain food insecure. Significant challenges continue to impact local food production in Syria and this pillar remains under-funded. Scaling up local food production, improved food systems and agriculture-based livelihoods, especially in rural areas, will be fundamental to sustainably reduce the humanitarian caseload and high food insecurity in Syria.

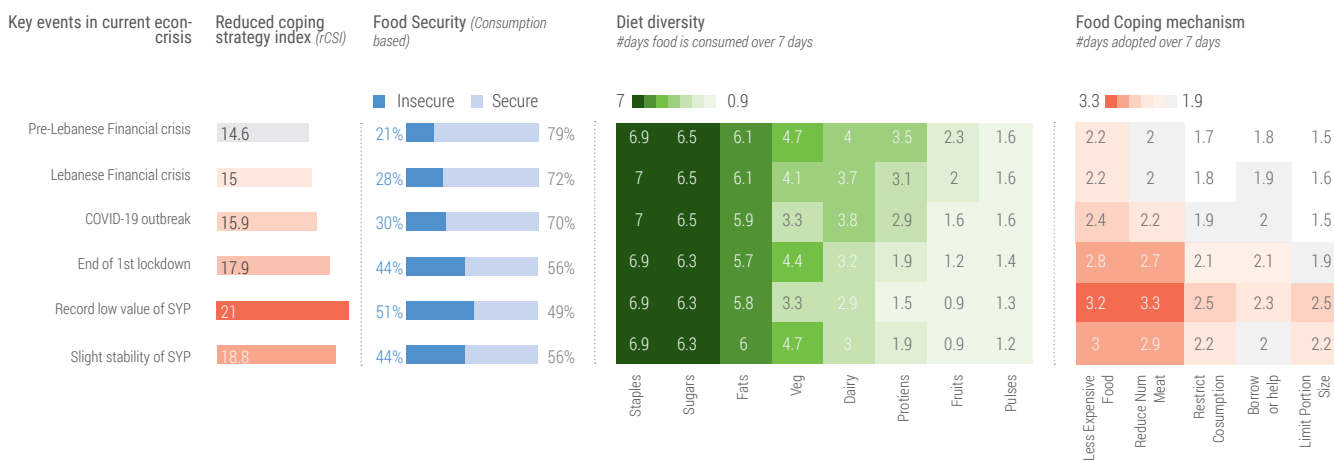
*Bearing in mind the global reference figure of 15%, please indicate what percentage of your sector PiN is considered to be living with a disability.

**Please note that providing PiN by severity category is suggested in the global HNO template but optional. In principle and in alignment with JIAF (<https://kmp.hpc.tools/km/2022-jiif-guidance>), only the population falling into sector severity classification 3-5 should be counted towards sectoral PiN. Similarly, inter-sector PiN for 2022 will be established based on the number of people classified in inter-sector severity phases 3-5.

From the general analysis on food consumption scores (FCS), reduced coping strategy index (RCSI) and diet diversity, it is clear that food security in Syria has consistently worsened over the past two years (Figure 1).

The FCS levels have seen the number of people consuming an inadequate diet increase from 21 per cent in 2019 to reaching around 44 per cent by the summer of 2021. RCSI levels is an indicator monitoring resilience to face-off future shocks, where a higher

score relates to lower levels of capacity of coping. A breakdown of consumed diets (diet diversity) highlights a clear shift by households reducing consumption of proteins, fruits, dairy and pulses while household consumption of staples, sugars, fats and vegetables remains largely unchanged, highlighting a significant worsening of the diversity of the diet, now largely composed of cheaper and non-nutrient rich foods. Furthermore, comparing how much of the WFP national average standard reference basket a household in Syria



(Figure 1).

can afford with their monthly minimum wage shows how the general population's purchasing power has been eroded over the past couple of years. Weakened purchasing power steadily increased as the COVID-19 impact coupled with the intensified depreciation of SYP.

The food security crisis in Syria is indeed "a protracted crisis", and remains characterized by very complex drivers and contributing factors (i.e. continued economic coercive measures / economic decline and weakened local currency / sharp devaluations both of the Syrian pound as well as of the Turkish lira, price inflation pushing down households' purchasing power which further impact food insecurity through erosion of purchasing power / climate and crisis-induced agriculture production losses / water scarcity / protracted hostilities in some areas of the country / protracted civilian displacement / COVID-19 disruptive impact on supply chains etc.), it now requires the sector and partners to go beyond short-term responses, but to also focus on scaling up early recovery, restoration, protection and promotion of livelihoods, over the short- to-medium-term. Including work around the entire food system and its related value chains, including water.

The water scarcity, damaged irrigation infrastructure and the low rainfall level has forced most farmers, especially in Rural Damascus and rural Aleppo governorates, to rely on surface wells to cover part of their irrigation needs. This will have negative impact on groundwater decline and depletion, leading to high pumping costs. The low production of wheat and other crops during the 2021 harvest season has resulted in a significant gap in supply and demand, mainly for wheat and other crops such as legumes. Agro-climatic conditions,

particularly rainfall distribution and amount, are projected to be worse in the 2021 – 2022 agricultural season, especially in northern and southern Syria. The wheat and barley production in 2021 harvest was much lower than the previous years in Northwest Syria, due to drought, reduction of the agriculture areas and lack of productive inputs to farmers. In terms of water scarcity, the water flow in the Euphrates River from Turkey into Syria has been substantially lower than average since January 2021, leading to critically low water levels in the downstream reservoirs in Syria. The Euphrates River still has a flow rate of around 200 m3/s, instead of the 500 m3/s minimum average as agreed between Syria and Turkey (at least 50 per cent compared to last season)¹⁷⁹. In Northeast Syria, the river crisis continues to worsen the already dire food and nutrition security and livelihoods of most farmers in Deir-ez-Zor and Ar-Raqqa governorates. In May 2021 new dams were built, cutting off the Khabor river 80 kilometers northwest of Hasakeh city¹⁸⁰, limiting existing water in Northeast Syria areas and critically affecting agriculture production. According to preliminary findings from FAO, wheat production for 2020-2021 season is estimated at 1.045 million tons, down from 2.8 million in 2020, and only a quarter of pre-crisis level of 4.1 million tons (2002-2011). The poor seasonal performance, production losses and severity of drought-like conditions significantly affected Deir-ez-Zor, Rural Damascus, Al-Hasakeh, Homs, Ar-Raqqa, Dar'a and As-Sweida governorates¹⁸¹. Furthermore, there is an anticipated shortage of wheat seed for the upcoming 2021/2022 season and the critical needs in seed should be addressed to ensure that food production is sustained, and the humanitarian caseload is eased¹⁸². Livestock sector continues to suffer from high feed/fodder prices and lack

of access to pasture and water resources due to the drought like conditions. Veterinary services in Syria remain weak, combined with high costs for veterinary medicines, resulting in extensive destocking.

The weakening of the local Syrian currency and prevailing economic difficulties continues to result in limited access to various essential agriculture inputs, especially those imported. Furthermore, the economic difficulties are having knock-on effects and dire consequences on food production and food and nutrition security, especially considering the increased frequency and intensity of extreme weather events induced by climate change.

Needs and severity

Needs, severity and linkages with other sectors

Aggravating factors promoting malnutrition include food insecurity, elevated food prices, devaluation of the Syrian pound, scarce and unsafe water use, disease spread and loss of household income. In 58 subdistricts across Syria, 25 per cent of children suffered from stunting (severity classification 3). In 44 subdistricts 46 per cent of children (6-59 months) were suffering with iron-deficiency anaemia (severity classification 4). In some districts in Northwest Syria 12 per cent of PLW were in need of treatment for acute malnutrition while 54 per cent of PLW suffered from iron-deficiency anaemia (severity classification 5).¹⁸³

The poor food and nutrition situation continues to worsen, and the adoption of negative coping strategies has impacted the resilience of household. The sector identifies the need of enhancing the integration approach and early recovery to play a significant role in addressing the challenges deriving from the protracted crisis in Syria. There is an increase in the need of ERL and resilience to help vulnerable smallholder crop farmers and livestock keepers more self-reliant through protection and improvement of livelihoods assets, rehabilitation of irrigation systems and other agriculture community assets, restoration and enhancement of the national bread value chain.

In circumstances where economic perspectives are dire and the livelihoods are not meeting the needs, GBV is a constant threat, together with the increase of child marriage, so that families have fewer people to feed and get some income from the bride price¹⁸⁴. The main driver for children to enroll in armed activity is their household food security and economic conditions. Alternative sources of food will mitigate this risk and reduce prevalence of CAAFAG (Children Associated with Armed Forces and Armed Groups)¹⁸⁵. Many rural areas throughout Syria have been reported contaminated with explosive ordinance in most Governorates. Thirty-seven per cent of communities in the Protection KI MSNA questionnaire indicate agricultural land as most commonly contaminated, putting lives at risk, reducing livelihoods opportunities and food availability.

Most affected population groups

Most IDPs and a number of other vulnerable crisis-affected people in Syria remain dependent on humanitarian assistance to meet their basic needs, including food, education, health care, shelter and

water, sanitation and hygiene services, in affected governorates. Approximately 6.7 million people are displaced within Syria with an estimated 2.7 million people displaced across Northwest Syria and close to 260,000 in Northeast Syria. Of the assessed households, 14 per cent were IDPs, of these IDPs, 50 per cent were food insecure just below residents (50 per cent) while returnees were found to be by far the most food insecure at 64 per cent. Levels of severe food insecurity were highest among returnees (6 per cent) followed by IDPs (5 per cent) and the resident populations (4 per cent). Over 1.8 million people currently living in last resort camps are among the population groups most affected by the deteriorating food insecurity situation with no access to livelihoods and total reliance on humanitarian assistance.

The Syrian crisis has brought about numerous challenges that have severely impacted household food security and livelihoods and Returnees, IDPs and vulnerable resident populations (VRPs) alike have all been affected by the complex and deteriorating socioeconomic challenges that continue to ravage the whole country. At least 4 per cent of the total population (6 per cent of the PIN) are severely food insecure, implying that they are unable to meet their immediate food needs. Based on the 2021 Food Security Assessment (FSA) and 2021 Food Security and Livelihoods Assessment (FSLA) findings and WFP mVAM and food prices data, an estimated 13.5 million people need some form of food and agriculture-based livelihoods assistance. It is important to note both agriculture and non-agriculture-based livelihoods have been affected by the prevailing economic challenges. However, the constraints in agriculture-based livelihoods will have negative consequences on both incomes for households and national food production.

Food needs are widespread across Syria and the majority of the food insecure are significantly concentrated in Idleb (69 per cent), Hama (66 per cent), Quneitra and Deir-ez-Zor (both at 58 per cent), Aleppo (57 per cent), Dar'a (56 per cent), Al-Hasakeh (54 per cent) and Ar-Raqqa (53 per cent) governorates. Idleb governorate continues to be impacted by the hostilities and has been further compounded by the widespread economic crisis, which hit local communities as well. While Hama Governorate's high food insecurity rate is heavily impacted by the worsening agricultural situation which the people in the governorate heavily depend on for their livelihoods. Unemployment rate has increased sharply, with negative consequences on income sources and purchasing power. While in Deir-ez-Zor, Quneitra, Aleppo, Dar'a, Al-Hasakeh and Ar-Raqqa governorates shortages of food availability have increased the vulnerability of the affected population, the pandemic has also exhausted the already limited livelihood opportunities as has the regular re-emergence of hostilities in specific hotspot areas. As highlighted, all governorates in Syria have been impacted by the unrelenting crisis, with the remaining governorates also having an unacceptably high percentage prevalence of food security; these are: Homs (51 per cent), As-Sweida and Tartous (both at 50 per cent) and Rural Damascus (46 per cent) governorates. Even the governorates with the lowest prevalence of food insecurity (Damascus and Lattakia governorates) records levels of 41 per cent and 40 per cent respectively. The situation is expected to worsen throughout the

country in 2022 in light of the worsening economic and agro-climatic conditions.

Adult women and men are specifically strained and impacted by food insecurity as they frequently engage in adverse coping mechanisms to ensure that their children have enough food to eat. Furthermore, from the assessed households, 51 per cent of male-headed households are believed to be food insecure (4 per cent severely food insecure and 46 per cent moderately food insecure) compared to 57 per cent of female-headed households (6 per cent severely food insecure and 51 per cent moderately food insecure), who are often placed in a situation where they are at risk of being exploited due to their status. Households having a person with disability are more likely to be food insecure (60 per cent compared to 51 per cent for households not reporting members with disability), while elderly and children are more likely to suffer the impacts of food insecurity as a population group. At least 69 per cent of assessed families have no option but to consume less nutrient-rich and cheaper foods to meet their basic food needs, which can have serious impacts on the nutritional health, growth and development of younger children. Hidden hunger has increased, as one in eight children are reported to be stunted in Syria, with pregnant and lactating women (PLW) also showing higher rates of food insecurity as they struggle to meet the micro-nutritional needs.

Elderly people and those with underlying medical conditions are also particularly at risk in case of Covid-19 exposure compounding their underlying food insecurity and they face specific inter-sector challenges and vulnerabilities, which need to be factored into the 2022 response planning phase. It is estimated that around 76 per cent of the population in Syria (15.5 million people) are living in urban areas and rely on physical and financial access to markets to attain food security. Access to food remains constrained due to the devaluation of the local currencies (Syrian pound and Turkish Lira), high fuel and energy costs, high transportation and living costs, high unemployment

rates and stagnant wages thus impeding the purchasing power of the Syrian population. As such a vast majority (90 per cent) of interviewed households reported having outstanding debts at the time of the interview. Of these 61 per cent were found to be food insecure (5 per cent severely food insecure and 56 per cent moderately food insecure). Moreover, 49 per cent of the households reporting not being in debt at the time of the assessment were still found to be food insecure (4 per cent severely food insecure and 45 per cent moderately food insecure), highlighting the heavy impact high prices and lack of employment opportunities are having on Syrians.

Ninety-one per cent of the 438,000 Palestinian refugees hosted in Syria are in absolute poverty and 40 per cent of them are displaced. Eighty-two per cent of Palestine refugees live with less than USD1.9 per day (at the rate of USD 1= SYP 3,250). According to the same survey, the reported proportion of expenditures on food items in households is the single largest expenditure item with 48 per cent of total expenditures being spent on food¹⁸⁶. In Dar'a Governorate, following the 9 September ceasefire agreement between the Government of Syria and the Dar'a Central Committee, the disruption to the food supply chain during the ongoing hostilities has further affected the price of essential food items in the local markets.

Projection of needs

2022 PiN and Projected PIN

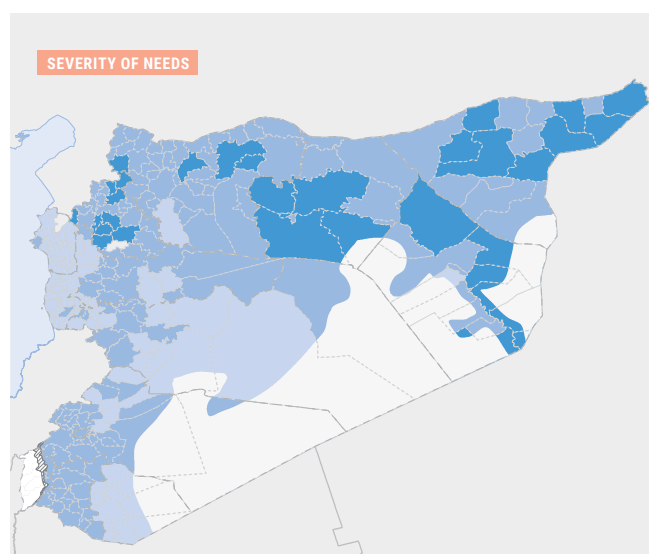
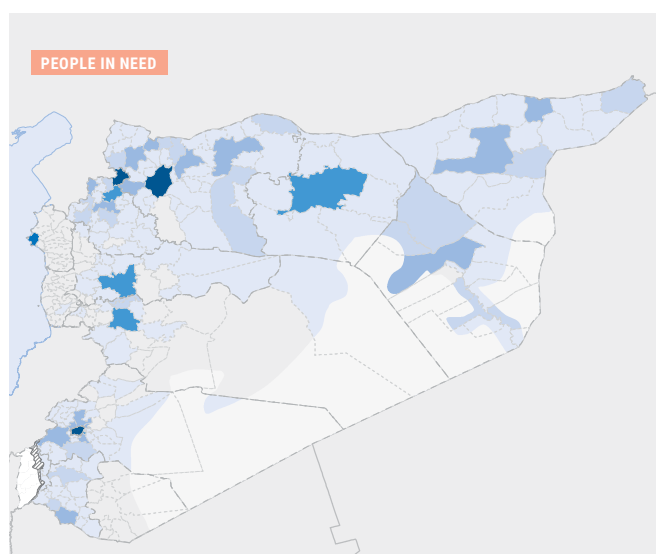
	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	13,882,053	-	63,469	4,422,728	9,395,856	-	-	-
June 2022	13,882,053	-	63,469	4,422,728	9,395,856	-	-	-
November 2022 (to be used as an estimate for 2023 PIN)	13,882,053	-	63,469	4,422,728	9,395,856	-	-	-



3.6 Health

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
12.2M	49%	51%	44%	52%	4%	28%
	6M	6.2M	5.3M	6.3M	0.5M	3.4M

SECTOR PIN DISTRIBUTION BY SEVERITY



Key trends

The fragile health system in Syria continues to face concurrent emergencies¹⁸⁷ and chronic challenges¹⁸⁸ which affect the availability¹⁸⁹ and quality of health services across Syria, as well as the physical and mental wellbeing of the population. With more than 164,000 confirmed cases and close to 5,800 deaths¹⁹⁰, COVID-19 continues to disrupt the already-fragile health services and systems due to low levels of COVID-19 vaccination, lack of adherence to preventive measures, and emerging variants which, together, strain attempts to stabilize and restart services affected by the pandemic, including gaps in routine childhood immunization services¹⁹¹. Security incidents in Northeast Syria persist alongside renewed hostilities and displacement in Dar'a, and have been accompanied by an uptick in attacks on healthcare, particularly in southern Syria, which are on track to reach or exceed the total number of reported attacks in 2020. The water crisis in northern Syria has triggered significant increases in waterborne diseases¹⁹² and disease vectors¹⁹³, particularly in parts of Northeast Syria¹⁹⁴, has strained existing surveillance and response systems, and may also drive increases in malnutrition. The ongoing crises continue to impact the health system and patients

alike – resulting in increased needs such as mental health support, threatening those who cannot afford treatment, and disrupting basic supply chains of life-saving medicines and supplies¹⁹⁵. Relatedly, with the UN Security Council resolution extending the authorization for Bab al-Hawa until 10 July 2022, health actors in Northwest Syria are heavily focused on increasing operational supply chain capacity while, simultaneously, health actors in government-controlled areas further explore crossline options. At the same time, increases in poverty across the country which have already resulted in economically driven displacement may also increase and worsen determinants of health thereby negatively impacting health outcomes¹⁹⁶. Political uncertainty and regional instability, such as the economic crisis in Lebanon, have spillover effects on fuel supplies and availability of essential medicines, including cross-line and cross-border efforts. Finally, resource mobilization constraints have hindered ongoing emergency health response activities¹⁹⁷ and threatened continuity of established interventions such as primary care networks, referrals and supply chain upon which vulnerable persons increasingly rely. Desperately needed early recovery and resilience interventions that bridge humanitarian action and development, such as revitalization of supply chain and support to increased pre- and in-service training of

human resources for health, also remain constrained due to coercive measures and so-called red lines for funding resulting in persistent and chronic shortages of human resources for health throughout the country which partly accounts for the low level of fully functional health facilities in many parts of Syria¹⁹⁸.

Needs and severity

Needs, severity and linkages with other sectors

The health system is highly interdependent and relies on electricity, water and road networks for proper functioning. Safe and quality inclusive health services also require WASH interventions in health facilities, including medical waste management. Furthermore, health facilities function as ports of call for patients facing the impacts of the protracted crisis and worsening socio-economic conditions in Syria. Therefore, health workers must be trained and equipped to provide a multitude of services such as early identification, survivor-centered care and referral for GBV survivors, and the referral system must be in place; malnutrition screening and holistic prevention and treatment interventions for pregnant and lactating women and children under 5; and accessible and safe services for persons with disabilities – including communication barriers and vulnerable groups like adolescent girls. Close coordination with WASH, nutrition, protection¹⁹⁹ and GBV sectors is essential to ensuring the health system can respond to the diverse needs of patients, particularly the most vulnerable and those living in camps and camp-like settings. Feminine hygiene products – critical for women's health and dignity and often distributed by WASH and GBV partners – are also among top needs²⁰⁰. Furthermore, vulnerable settings such as camps, informal settlements and collective shelters require coordinated interventions with camp management actors to ensure integrated services, maintain access and avoid unwanted outcomes such as community tensions and deterioration of safety and security.

Most affected population groups

A total of 12.23 million people are in need of health services in 2022, including 4.4 million displaced persons, 1.33 million children under 5 years – including an estimated 503,000 live births expected²⁰¹, and 3.38 million women of reproductive age (15-49 years). Just over 500,000 older people will require inclusive health services, as well as those with early onset non-communicable diseases (NCDs) which are estimated to account for 45 per cent of all mortality in Syria²⁰². Youth and young persons, which comprise 1.98 million of the health sector PiN, are also reporting increasing stress and mental health concerns²⁰³. Overall, continuous under-funding of response agencies has also left the 438,000 Palestine refugees living in Syria in acute need²⁰⁴.

Within the health sector PiN, 3.46 million persons are estimated to have a disability which places them at greater risk for exclusion from health services. According to the 2021 MSNA, households affected by disability²⁰⁵ were most likely to report living more than 1 hour from a health facility, paying for health care, non-availability of needed services, fear of COVID-19 at the health facility, and lack of access at health facility for persons with disability or mobility challenges.

The governorates of Al-Hasakeh, Ar-Raqqa, As-Sweida, and Deir-ez-Zor consistently showed greater barriers, costs, and service non-availability as compared to other areas of Syria²⁰⁶, while dense urban settings, crowded and overburdened areas, as well as last resort sites including camps and camp-like settings²⁰⁷, continue to be at particular risk of poor health outcomes due to shortages in water and hygiene supplies, risk of communicable disease and likelihood of overcrowding and long waiting times at health facilities. According to the 2022 health sector severity scale, areas of highest severity continue to be located in 5 governorates²⁰⁸ in Northwest and Northeast Syria. Compared to 2021, the largest reduction in severity occurred in three sub-districts in western and central parts of Aleppo, while Ar-Raqqa, Deir-ez-Zor, Hama, Homs and Rural Damascus accounted for the majority of sub-districts which saw increases in severity.

Projection of needs

In 2022, it is critical to ensure investments in health service delivery are not lost: shortages in resources risk contraction of health access at time when the COVID-19 pandemic is on-going, other communicable diseases are on the rise²⁰⁹, treatment access barriers persist²¹⁰, household level vulnerability is increasing, and worries about insufficient income to pay for urgent health needs rank 3rd among household concerns after sufficient income for food and electricity access²¹¹. Essential inclusive health services – such as sexual and reproductive health and safe delivery, child health – including routine and expanded immunization²¹²; care for communicable and non-communicable diseases; mental health and psychosocial support; emergency services – including trauma and referral; and physical rehabilitation – must be maintained at every level of the health system and ensured to avoid negative outcomes in population mortality and morbidity. Community health services, including outreach and engagement on integrated health messages and evidence-based behavior change interventions, remain an essential component of comprehensive health services.

Furthermore, to avoid disruption to health response efficiency and effectiveness, critical support functions like electricity, fuel supply, medical waste management²¹³ and water must be supported, particularly in the face of socio-economic upheaval. Relatedly, supply chain must be strengthened using all modalities to expand access to essential medicines and medical supplies – including laboratory and testing materials – and ensure the health sector is able to reach those most vulnerable and in need. Information management, surveillance systems and routine monitoring²¹⁴ which rely on connectivity and communication systems must also be strengthened to guarantee local capacity and coverage in all areas of Syria.

Ongoing COVID-19 response operations must continue, including case management capacity for acute infection and long-COVID²¹⁵ care. COVID-19 vaccination coverage must be expanded with sufficient resources to increase not only the overall vaccine supply, but also delivery capacity, including strengthened community mobilization and awareness to promote vaccine uptake and continued adherence to public health measures. Enhancing surveillance systems – including early detection, events-based surveillance, and response capacity – at

national and sub-national level for all diseases of epidemic potential is similarly critical and will not only bolster public health security but also contribute to health system resilience and early recovery efforts.

Preparedness planning, contingency stocks and emergency operation centers (EOCs) are critical readiness components for public health emergencies – including potential escalation of hostilities and large-scale displacements, particularly in northwest and Northeast Syria. Within the protracted crisis, the health sector also aims to enhance health system resilience by addressing health inequity and ensuring access for vulnerable populations, especially those at greatest risk of being left behind. To address chronic health worker shortages, alternative solutions like mobile teams can leverage existing health care workers. At the same time, early recovery interventions like pre-service and in-service training to sustainably address tremendous shortages in human resources for health and holistic revitalization of health facilities²¹⁶ should be under-pinned with technological solutions²¹⁷ and better data to monitor health outcomes and plan for future needs and expanded and strengthened local and community partnerships to ensure an inclusive, whole-of-society approach to health system recovery.

Finally, protection of health care and provision mental health and psychosocial support for health workers remain as critical priorities. Against the backdrop of a continuing COVID-19 pandemic which places health workers at elevated risk of both infection and stress, attacks on health care have surpassed the reported total at the same time last year, with reported deaths almost doubling and injuries increasing nearly 60 per cent²¹⁸.



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2022 PiN and Projected PIN

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	12.23M	8.0M*	-	9.0M	3.2M	Continued COVID-19 pandemic, worsening socio-economic situation	Health sector expects to remain focused on <ul style="list-style-type: none"> • children under five years (U5) especially newborns, • women of reproductive age (WRA, ages 15-49), • older persons (65+), • displaced persons, • persons with disabilities
June 2022	12.39M	8.1M	-	12.39M within severity 3 and 4 (no 5s expected as of Nov 2021), with the majority falling within severity 3.		Renewal of hostilities, worsening socio-economic situation, political changes in region with regards to Syria.	While also noting that persons in last resort sites, overcrowded settings and dense urban areas are at risk. Persons living in areas of restricted access are also vulnerable due to challenges in delivery humanitarian health services.
November 2022 (to be used as an estimate for 2023 PiN)	12.43M	8.1M	-	12.39M within severity 3 and 4 (no 5s expected as of Nov 2021), with the majority falling within severity 3.		Changes to UNSC cross-border resolution, political changes in region with regards to Syria, anticipated reduction in donor resources, renewal of hostilities, worsening socio-economic situation-	

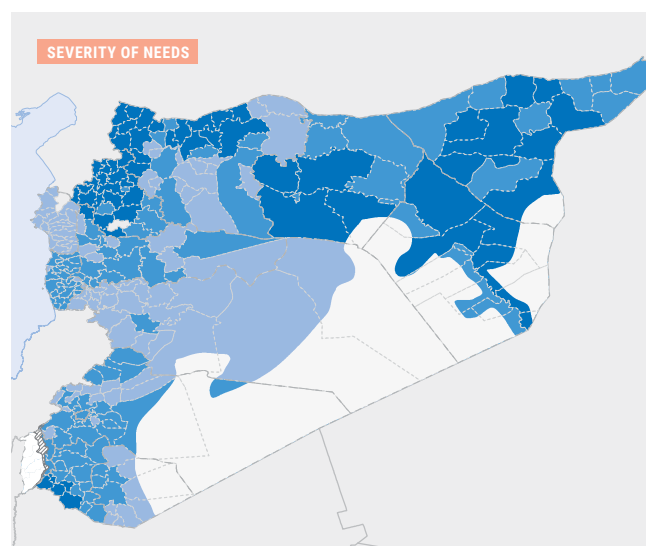
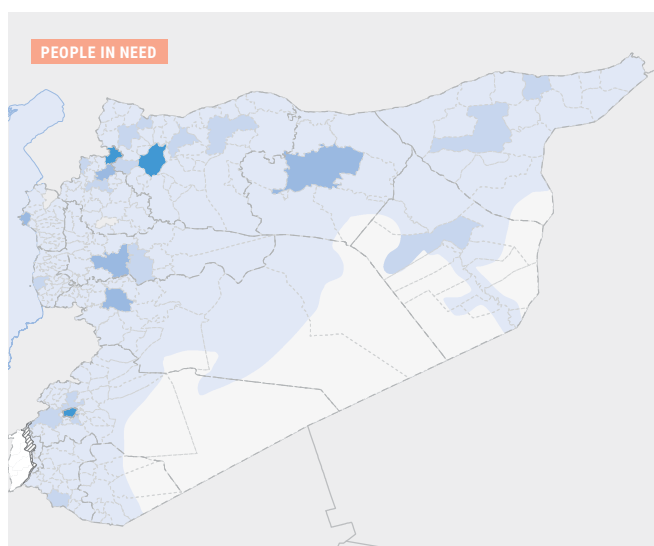
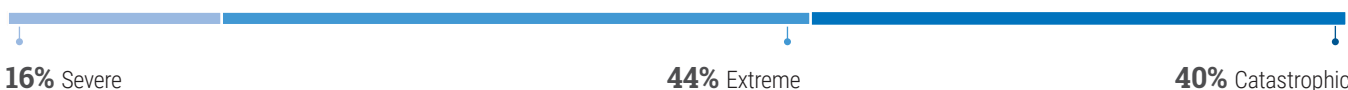
*The reduction in acute PiN as compared with 2021 is a result of change in sector severity methodology for 2022 and not a true decline in severity of needs.

3.7 Nutrition



PEOPLE IN NEED	GIRLS (0-17)	BOYS (0-17)	FEMALE ADULTS (18-59)	MALE ADULTS (18-59)	WITH DISABILITY
5.5M	34% 1.8M	35% 1.9M	31% 1.7M	- -	15% 0.8M

SECTOR PIN DISTRIBUTION BY SEVERITY*



Key Trends

The prevalence of malnutrition is a significant public health challenge across Syria where an estimated 5.5 million children under 5 and pregnant and lactating women (PLW) were in need of nutrition interventions in 2021. In the case of the whole of Syria (WOS) compared to 2020 there has been a rising trend in acute and chronic malnutrition. The number of severe acute wasting cases (children 0-59 months) increased from approximately 39,000 to approximately 51,000 while moderate acute wasting (children 6-59 months) increased from approximately 134,000 to over 194,000. The number of children under 5 with chronic malnutrition (stunting) increased from approximately 531,000 to over 553,000. One in four Syrian children were stunted and at serious risk of irreversible damage to their physical and cognitive

development, repeated infections, developmental delays, disabilities and death. In 58 subdistricts across Syria 25 per cent of children suffered from stunting (severity classification 3). In the case of PLW the number in need of treatment for moderate wasting was approximately 265,000. Where micronutrient deficiency was concerned iron-deficiency anaemia levels have increased with 1 in 3 women affected. This was higher in Northwest Syria where 54 per cent of PLW suffered from iron-deficiency anaemia (severity classification 5). In 44 subdistricts 46 per cent of children (6-59 months) were suffering with iron-deficiency anaemia (severity classification 4).

There is a strong link between sub-optimal infant and young child feeding (IYCF) and malnutrition in the first two years of life. In Northwest Syria IYCF practices were found to be sub-optimal with

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only 53.4 per cent of infants (0-5 months) exclusively breastfed while only 10.8 per cent consumed the minimal acceptable diet (MAD) (both dietary diversity and frequency)²¹⁹. This highlights the requirement for improved IYCF capacity-building in health workers to ultimately support mothers with improved quality in maternal diets, complementary feeding and infant feeding practices. IYCF services are underfunded and underserved and there is an urgent need to scale up these services across Syria. Aggravating factors promoting malnutrition include food insecurity, elevated food prices, devaluation of the Syrian pound, scarce and unsafe water use, disease spread and loss of household income. Access to health facilities was low in 2021 with approximately only 54 per cent of hospitals and primary health care facilities fully functioning since the COVID-19 pandemic.

Additionally, unrecommended child feeding practices including bottle feeding and artificial feeding has become common among mothers due to the increase in indiscriminate distributions of formula milk. Syrian communities resorted to negative coping mechanisms for survival such as, removing children from school, child labour, early marriage, and reducing the quantity and quality of food consumed.

Needs and severity

Needs, severity and linkages with other sectors

The nutrition sector will improve coordination with Food Security and Livelihoods (FSL), water, sanitation and hygiene (WASH) and health sectors in 2022-23.

Food Security and Livelihoods: The main driver of food insecurity was the lack of purchasing power at the household level and inability to afford many basic food items due to soaring prices. As a result, access to food has become an increasing concern. While food assistance through protective food rations was provided across Syria by the partners, funding shortfalls in 2021 have led some of the partners to reduce the general food rations below the recommended SPHERE standards for energy/ Kcal. This has allowed for the inclusion of additional food insecure families to the response programme. Full rations of 2,100 Kcal / person/day were maintained in the most food insecure hotspots, including refugee camps. Given the direct correlation between food insecurity and the development of malnutrition, the potential effect on the health and nutritional status among mothers and children must be closely monitored and mitigated as needed.

Water, Sanitation and Hygiene (WASH): The water infrastructure across Syria requires extensive investment but WASH systems are underfunded. Where the North and Northeast Syria are concerned there is dire water insufficiency. The high cost of water affects 25 per cent of families who pay over and above the 5 per cent global maximum standard²²⁰ for percentage income spent on water. Poor WASH conditions promote disease spread especially acute diarrhoeal infections that impact young children by creating a vicious cycle with malnutrition.

Health: In addition to the COVID-19 pandemic, outbreaks in 2021 include acute diarrhoea and several other illnesses. The districts experiencing the highest percentage of disease include, Idleb, Aleppo,

Der-ez-Zor, Al-Haskehe and Ar-Raqqa. Malnutrition suppresses the immune response and therefore increases the child's susceptibility to morbidity and mortality. Children with malnutrition are at elevated risk of mortality and morbidity. Globally, almost half of all child deaths are associated with underlying malnutrition²²¹.

Most Affected Population Groups

In 2022-23 nutrition assistance will be required for an estimated 5.5 million people in need including mothers and children aged 0-59 months. Of these over 4.6 million are in acute need (severity 4 and 5) and are predominantly observed in the Northeast and Northwest Syria although all populations across Syria have nutrition needs. The humanitarian landscape has been thwarted by continued hostilities and repeated displacement leading to approximately 6.6 million IDPs and approximately 106,000 returnees currently living in economic hardship with widespread humanitarian needs. Additionally, disability rates in children are higher in Syria than the global average of 15 per cent. In Northeast Syria for example 21 per cent of children aged 2-4 years have disability.²²² These children are likely to experience disability barriers to accessing services. According to the nutrition sector analysis, the number of children (0-59 months) in need was approximately 3,770,000 while the number of PLW in need was approximately 1,732,000. These vulnerable groups are at heightened risk during periods of displacement (55 per cent of children in need are IDPs, 45 per cent of PLWs in need are IDPs). In recent years and especially since the pandemic an overall rising trend has been observed in acute malnutrition, chronic malnutrition, micronutrient deficiencies and poor IYCF practices. There was a significant rise in moderate acute wasting cases in particular including both children and mothers creating increased demand for treatment commodities. This is another sector problem since untreated moderate acute wasting cases can easily deteriorate to severe acute wasting thereby adding to the severe acute wasting caseload. However, there is insufficient funding to support the nutrition sector demands.

Projection of needs

The key structural and chronic drivers of malnutrition are widespread and include a broad range of social, economic and political factors as well as the immediate causes of malnutrition that is, insufficient food availability and recurrent disease. Additionally, mothers and children will continue to be exposed to unsafe living environments, sub-optimal IYCF and care practices, low purchasing power and inadequate WASH conditions all of which are linked to the development and perpetuation of malnutrition. In 2022-23 an estimated 5.5 million mothers and children are in acute need including approximately 2.4 million classified as in 'extreme' need and a further 2.1 million in 'catastrophic need'. In the case of children under 5 currently approximately 3.8 million are suffering with chronic and acute malnutrition and will require appropriate prevention and treatment interventions. Food insecurity will impact on the nutritional status of an existing 1.7 million mothers who already consume a poor maternal diet. An estimated 265,000 PLW will need treatment for acute malnutrition. Maternal malnutrition has become more problematic across Syria

and especially within internally displaced populations. Repeated population displacements are anticipated for 2022-23. Displacement is a driver for poor IYCF practices including low breastfeeding rates and poor MAD in children under 2 years at the complementary feeding stage. These factors contribute to stunting therefore, will need improved support systems for IYCF to mitigate risks of stunting and related physical and cognitive conditions.

Furthermore, approximately 156,000 pregnant mothers are suffering with iron-deficiency anaemia while almost 1 million children will need supplementation for the treatment or prevention of iron-deficiency anaemia. In 2022-23 it is anticipated that COVID-19 will most likely continue to exert its influence including limitations on access to life-saving nutrition treatments and other nutrition interventions.

In the case of disease spread, inadequate access to affordable, safe and sufficient water is likely to continue since even if winter 2021 brings rainfall it is unlikely to resolve the water crises within one season. Unsafe water use and using less water is highly likely to contribute to increased disease spread and this vicious cycle with malnutrition is expected to continue especially impacting infants and young children. All of these factors are likely to continue into 2022-23 driving the rate of GAM, stunting and micronutrient deficiency upwards. Investment in nutrition treatment and prevention services has already been chronically underfunded and this needs to be improved if we are to mitigate risks in malnutrition.

2022 PiN and Projected PIN

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	5,502,575	5,502,575	-	873,095	2,442,759	2,186,721	4	5,502,575
June 2022	5,502,575	5,502,575	-	873,095	2,442,759	2,186,721	4	5,502,575
November 2022 (to be used as an estimate for 2023 PiN)	5,640,140	5,640,140	-	1,427,109	2,238,934	1,974,096	4	5,640,140

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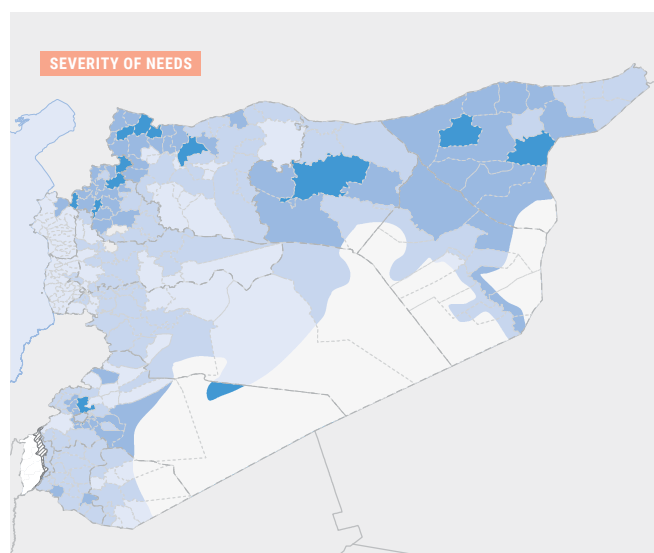
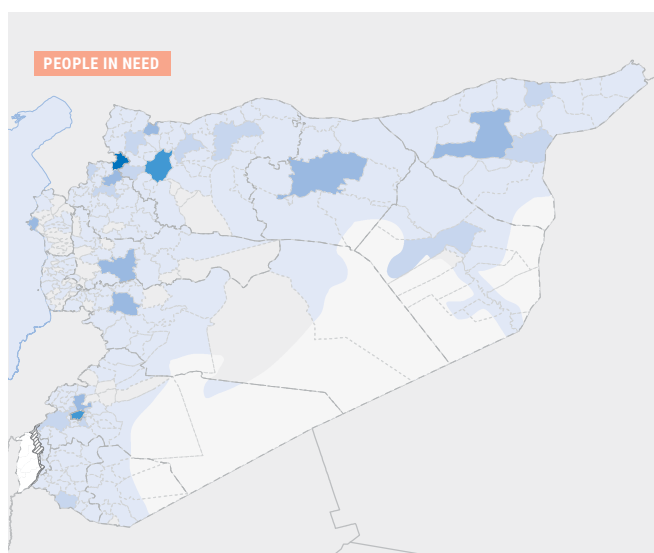
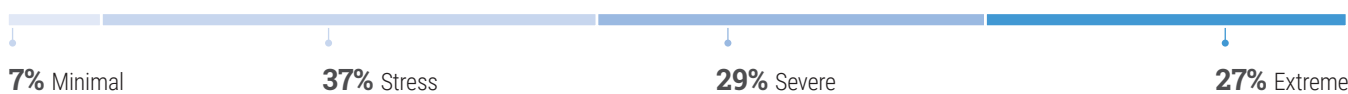
3.8 Shelter and Non Food Items



Shelter

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
5.9M	56% 3.3M	44% 2.6M	44% 2.6M	51% 3M	5% 0.3M	15% 0.9M

SECTOR PIN DISTRIBUTION BY SEVERITY*



Key trends

It is estimated that 5.92 million people in Syria will require shelter support in 2022. In accordance with the MSNA findings, over 15 per cent of the overall population live in substandard shelter types.²²³ Of the remaining population (85 per cent), 28 per cent reside in finished residential buildings classified as damaged²²⁴ and/ or displaying inadequate conditions.²²⁵ As such, a total of 38 per cent of the overall population lives in substandard, damaged, and/ or inadequate shelter. Access to basic services²²⁶, protection from the elements, and safety and security are among the top shelter inadequacy issues reported. In conjunction with poor physical shelter, 32 per cent of the overall population are renting or hold weak forms²²⁷ of occupancy agreement, resulting in ineligibility for shelter assistance and/ or heightened risks of eviction.

Despite an improved security environment, the deteriorating economic situation, compounded with the implications of COVID-19, has led to further intensification of the severity of need for NFI support. As such, the overall NFI PiN has increased by 5 per cent in 2022 to 4.91 million. Unaffordability is the main driver of need, with 67 per cent of the population reporting that they are unable to afford NFIs available in the marketplace. The top items reported as available yet 'unaffordable' are solar panels, fuel (heating & cooking), adult clothing, and winter heaters. Such items are crucial to ensure the well-being of the most vulnerable, particularly during harsh winter seasons, when access to basic NFIs is considered lifesaving.

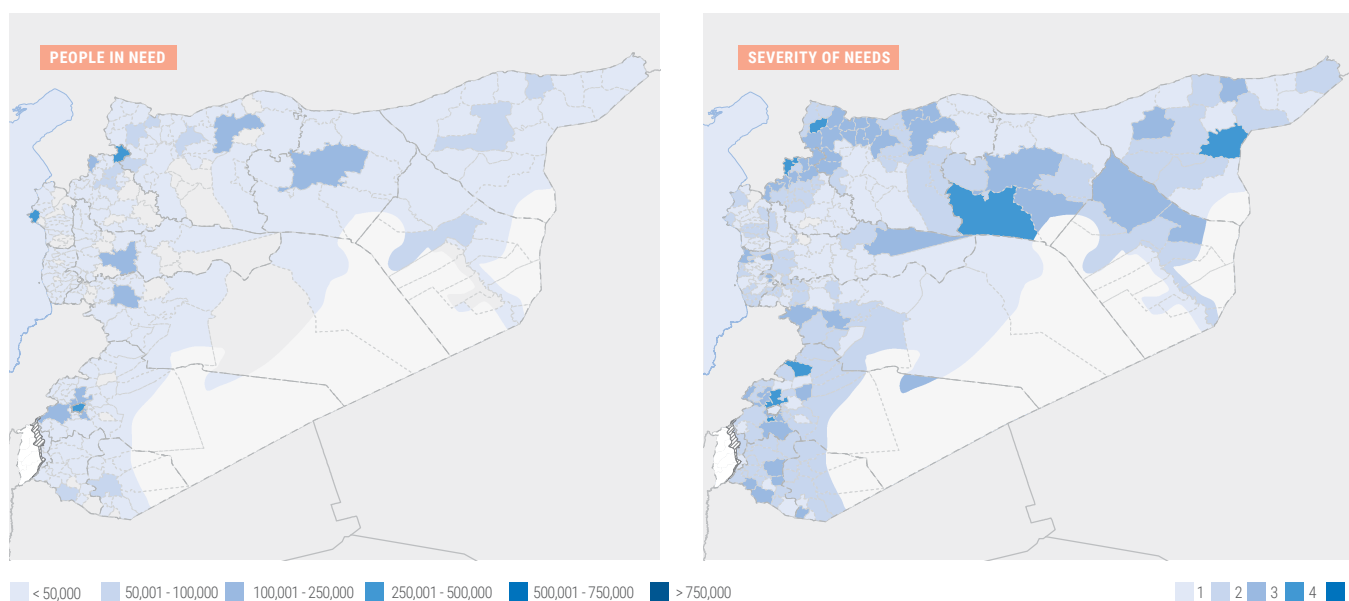
Notably, across both sectors, 31 per cent of respondents considered the range of services²²⁸ provided by the SNFI sectors amongst their top 3 priorities, a reasonable (3 per cent) increase from 2021.

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Non food Items

PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
4.9M	56% 2.7M	44% 2.2M	44% 2.2M	51% 2.5M	5% 0.2M	15% 0.7M

SECTOR PIN DISTRIBUTION BY SEVERITY*



Needs and severity

Needs, severity and linkages with other sectors

It is estimated that of the 6.92 million people displaced, 3.73 million reside in substandard, damaged, and/ or inadequate shelter conditions, primarily being driven to move to such locations due to hostilities, security concerns, and economic deterioration. Of those displaced, 2.02 million people live in sites of last resort ²²⁹ mainly within the Northwest and Northeast of Syria.

Shelter adequacy issues stem from a range of root causes. Inadequate protection from the elements owing to the emergency nature of the shelter, unaffordability of repairs due to insufficient income, and/ or an inability to obtain approvals due to loss of or insufficient ownership documentation. Whereas inadequate access to basic services ²³⁰ -typically stems from either absence of or damaged or non-functioning government infrastructure, or inability to connect to functioning services .

Adequate shelter conditions are vital to maintain physical health, mental well-being, and to promote and sustain learning and educational opportunity. Such conditions, when combined with

overcrowding, significantly increase the possibility of exposure to protection risks and promote the spread of respiratory and epidemic-prone diseases, including COVID-19.

Around 70 per cent of the overall population reported a deterioration in their ability to meet basic needs. Consequently, basic items are further out of reach as families' purchasing power is diminishing over time. The number of people in need of NFI support continues to increase in 2022 and is expected to continue to grow if a further worsening of the economic situation continues.

Most affected population groups

An estimated 54 per cent of IDPs live in substandard, damaged, and/ or inadequate shelter. The average period of household displacement is currently in excess of 6 years with more than four out of ten households being displaced three times or more. According to latest findings, 25 per cent of IDPs continue to reside in sites of last resort, primarily in the northwest and northeast, which lack crucial infrastructure and rely on emergency shelter solutions and continued humanitarian support. Across governorates, IDPs are the population group with the highest reported rate of rental occupancy

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arrangements, ranging from 55 to 99 per cent. This places them at greater risk of eviction as household ability to meet basic needs (such as rent) diminishes with deteriorating economic conditions.

Around 55 per cent of returnees live in substandard, damaged, and/or inadequate shelter with nearly 80 per cent stating inability to meet their basic needs.

Palestine refugees are among the most affected populations with 60% of this cohort displaced at least once, often living in substandard,

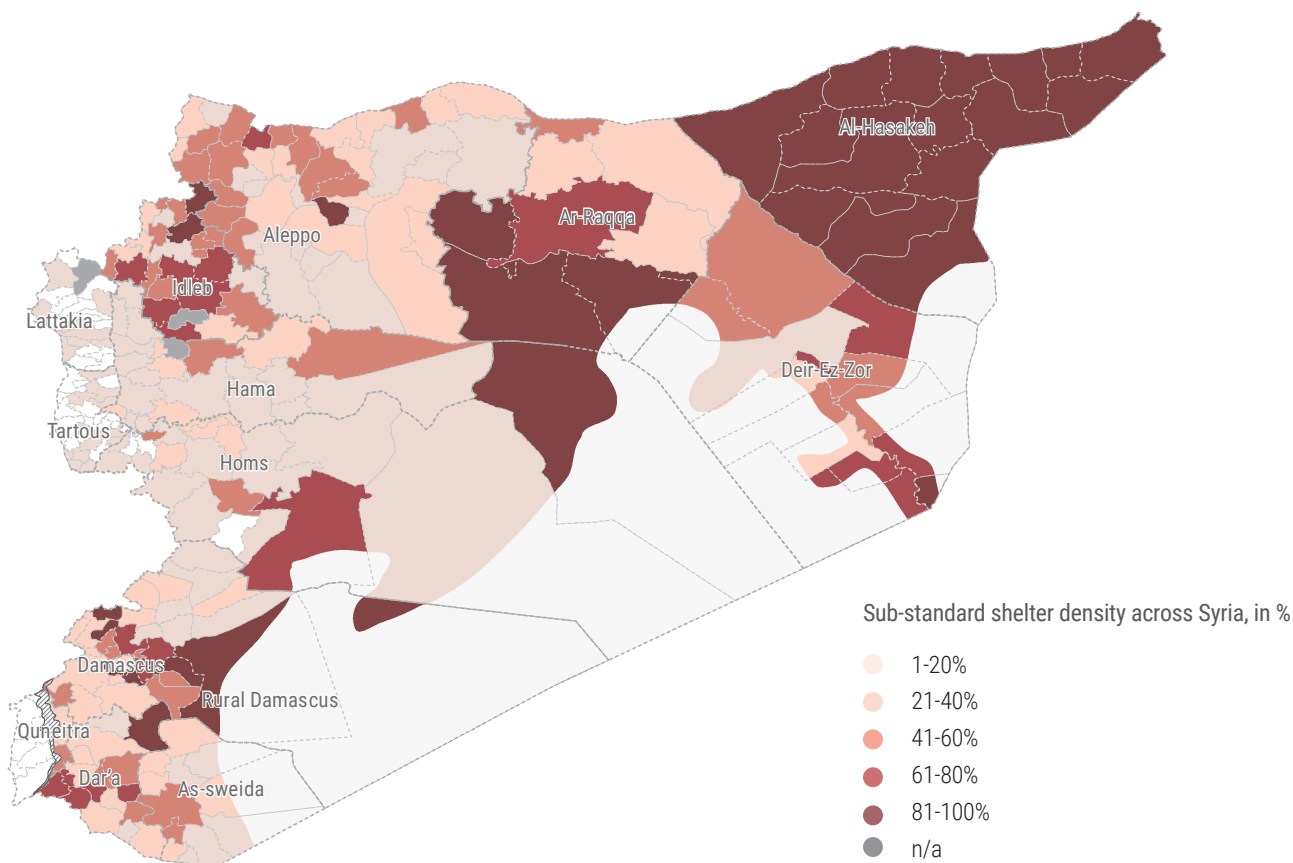
damaged and/or inadequate shelters. According to UNRWA's assessments, at least 8,500 Palestine refugees will be in need of NFI support in 2022, including newly displaced persons, refugee returnees and other vulnerable persons.

Host communities in 24 sub-districts in Aleppo, Rural Damascus, Homs, Idleb and Al Hasakeh are overburdened hosting more IDPs than resident population. Alongside the displaced, nearly 30 per cent of the host community households are living in damaged and/ or

2022 PiN and Projected PIN -Shelter

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	5,916,585	-	1,955,299	2,204,530	1,706,525	50,230	MSNA 2021 Severity calculation	IDPs, females
June 2022	5,916,585	-	1,955,299	2,204,530	1,706,525	50,230	MSNA 2021 Severity calculation	IDPs, females
November 2022 (to be used as an estimate for 2023 PiN)	6,091,345	-	2,013,054	2,269,646	1,756,931	51,714	MSNA 2021 Severity calculation + Population growth average between 2019-2021	IDPs, females

Sub-standard shelter density across Syria, in %.



inadequate shelters where repair/rehabilitation is needed alongside a multisectoral response to ensure access and availability to basic services.

Projection of needs

With the improved security situation, the severity of need for shelter support is expected to remain in-line through 2022, with IDPs and returnees being the worst affected by poor shelter conditions. As such, the sector projects the number of people in need to increase in line with the population growth. Geographically, the number of people requiring shelter support is mostly concentrated in Idleb, Aleppo, Ar-Raqqa, Al-Hasakeh and Rural Damascus. With a limited humanitarian shelter response at hand, it is expected that the concentration of needs will remain in 2022. To date, the shelter sector has prioritized emergency shelter support, which is mostly needed

in last resort sites in Northwest and Northeast Syria. However, the need for sustainable shelter support and improved infrastructure will be more pressing amongst vulnerable communities and to support return movements.

With the primary driver of displacement reported as a worsening of the economic situation, household ability to meet basic needs is projected to further decline thus increasing the severity of need across population groups. In 2022, the estimated number of people requiring NFI support has increased by five per cent to 4.91 million and this is expected to continue to increase as 2022 unfolds. Harsh winter conditions affect further the most vulnerable and access to basic NFIs is needed to ensure that health, well-being and protection concerns are met. Items such as thermal blankets, heaters and fuel are essential yet unaffordable to most individuals.

2022 PiN and Projected PIN-NFI

	PEOPLE IN NEED	OF WHICH: MINIMAL	STRESS	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	4,909,468	-	1,659,382	2,378,881	869,177	2,028	MSNA 2021 Severity calculation	IDPs, females
June 2022	4,909,468	-	1,659,382	2,378,881	869,177	2,028	MSNA 2021 Severity calculation	IDPs, females
November 2022 (to be used as an estimate for 2023 PiN)	5,054,481	-	1,708,396	2,449,147	894,850	2,088	MSNA 2021 Severity calculation + Population growth average between 2019-2021	IDPs, females

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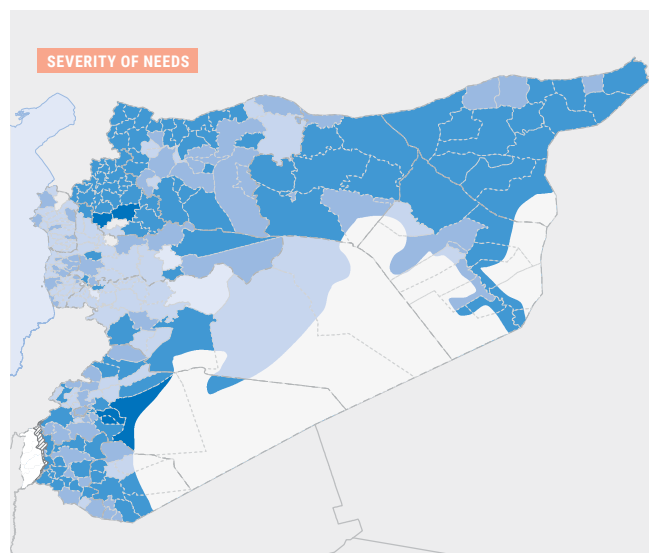
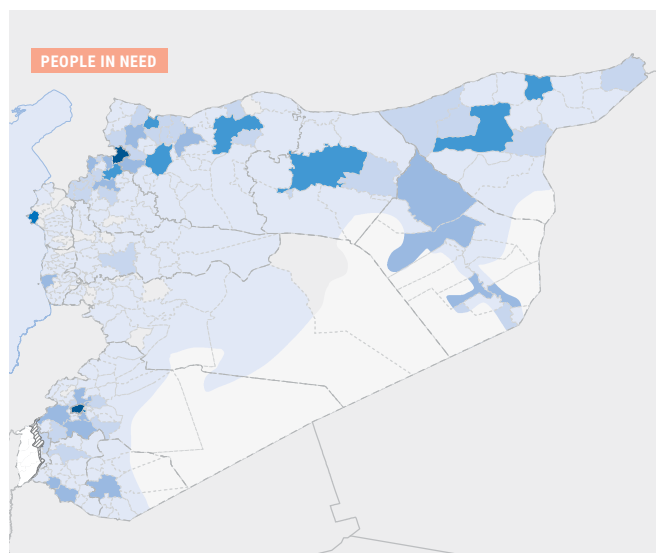


3.9 Water, Sanitation and Hygiene



PEOPLE IN NEED	FEMALE	MALE	CHILDREN (0-17)	ADULTS (18-59)	ELDERLY (>59)	WITH DISABILITY
13.2M	49% 6.5M	51% 6.7M	43% 5.7M	52% 6.9M	5% 0.6M	28% 3.7M

SECTOR PIN DISTRIBUTION BY SEVERITY



< 50,000 50,001 - 100,000 100,001 - 250,000 250,001 - 500,000 500,001 - 750,000 > 750,000
1 2 3 4 5

Key trends

Note that more comprehensive analysis of needs and severities per sub-district and WASH-related indicators as well as visualizations of WASH data could be found on the links: WASH PiN and Severity HNO 2022²³¹ and WASH Atlas 2021²³².

Impact of the Water Crisis: Shortage of electricity remains the root cause for water supply systems underperformance or cessation and is mostly related to the significant shortages of fuel for power plants (and water supply systems backup generators where they exist), and to the reduced Euphrates River flow that drastically diminished the hydroelectric potential of the dams. Power outages are common across many rural and urban areas with the electricity being available only for few hours a day²³³. This impacts the functionality of water systems, leading to restricted pumping hours and bypassing of water treatment systems, to increase the quantity of (often raw) water pumped to the networks at the expense of water quality.

The extremely low water level in the Euphrates not only affects the production of electricity, but also deteriorates the parameters of the river and irrigation canals' water (turbidity, algae growth etc.), hindering the treatment process, and in some cases disabling the drawing of water. Some large water systems (and associated electricity infrastructure) are split between different areas of control, which challenges equitable water supply access for hundreds of thousands of people. For example, the Alouk water station, the main water supply source for over 460,000 people in Al-Hasakeh city, surrounding areas, and IDP sites like Al Hol and Areesha camps, was not functional for over 3 months during 2021, while the water supply for Al-Bab area has been not operational for over 5 years. The effects of climate change, cumulative drought trend and aquifers overexploitation, also for the irrigation purposes (e.g., drying of wells and the Duwaysat Dam in NW Syria), combined with the lack of agreements between riparian countries on water use in transboundary river basins and aquifers, and insufficient monitoring for core components of the water budget can only exacerbate the situation.

WASH infrastructure requires significant support and substantial investments: Reliability and efficiency of water systems have sharply decreased for the first time since 2016²³⁴, with nearly 2 million fewer people using water networks as the only household water supply modality, in comparison to mid-2020. This means up to 47 per cent of the population is relying on often unsafe alternatives to piped water, to meet or complement their water needs (vis-à-vis 38 per cent in mid-2020). Investment in sanitation infrastructure is critical, as at least 70 per cent of sewage is discharged untreated and at least half of the sewerage systems are not functional.²³⁵ In Ar-Raqqa and Deir-ez-Zor, for example, pretty much all the untreated raw sewage is discharged into the Euphrates River, which also serves as the source of drinking water to a vast majority of the population. In Northwest Syria, wastewater from huge camp clusters is openly discharged, forming sewage rivers. Similarly, in Northeast Syria, no wastewater treatment exists for the IDP sites, resulting in environmental pollution and increased disease prevalence. Over 30 per cent of garbage is inappropriately disposed or collected with low frequency²³⁶, while the dumpsites often pose serious health, environmental and protection risks.²³⁷

WASH systems have suffered from damage owing to hostilities, strain from years of functioning at high capacity due to the growing demand, limited or no maintenance, continuous drain of technical staff and poor water resource management, exaggerated by cascade effects of climate change, economic downturn, and electricity and fuel supply crisis. In addition, imposed coercive measures present a huge burden on ease of access to WASH consumables and equipment, with negative implications on the WASH humanitarian response. Centralized distribution systems are the most equitable, accessible, and safer way to provide water to the maximum number of people, and similarly to public sanitation systems, despite higher initial cost of investment activities supporting WASH systems are economically justifiable in the mid-term run and are crucial for mitigating public health risks and for enhancing equity and poverty reduction.

Quality and uninterrupted WASH services for IDP sites²³⁸: Access to sufficient and affordable safe water, adequate sanitation, solid waste management and/or hygiene supplies will remain a challenge for more than 2 million people in IDP sites, highly dependent on continued humanitarian assistance. Up to 96 per cent²³⁹ of interviewed residents of IDP sites received some WASH humanitarian assistance, but 44 per cent were not fully satisfied with it, mainly due to insufficient quantity or quality of assistance. This is potentially linked with shortage and/or discontinuity of funding. Water trucking services are the only source of water for 73 per cent of IDP site residents and only 24 per cent households are connected to (simplified) sewer networks, indicating a continued need for medium-term investment in IDP sites infrastructure to provide more sustainable, affordable, and safer way to supply water and dispose wastewater. Despite the sector assistance, 24 per cent of IDPs in sites couldn't access one or multiple hygiene items, 23 per cent faced barriers to effective handwashing. Also, 35 per cent of households reported issues with toilet functionality or wastewater disposal. Disruptions and poor quality of services in IDP sites have also direct negative physical

and mental well-being and protection consequences, notably on women and girls.

Needs and severity

Needs, severity and linkages with other sectors

Water, energy, and economic crises are related and heavily impacting on the WASH needs and with a cascade effect on several other sectors. Economic conditions remain a challenge for vulnerable communities and households in accessing safe and equitable WASH services, notably for those that must purchase services like water from private water trucking vendors. 55 per cent of off-camp households who reported using water trucking as their main water supply modality spent more than 5 per cent of household's income on purchasing water only, while the combined costs for water and sanitation services should not exceed 5 per cent of a household's income.²⁴⁰ The overall estimated average expenditure on WASH services and supplies (water, hygiene items, garbage removal and desludging) comprise over 15 per cent of households' income in some governorates (As-Sweida, Damascus, Deir-ez-Zor, Quneitra, Dar'a, Rural Damascus), and can be much higher at the individual household-level.

Depreciation of the Syrian currency, combined with the effects of other crises, erodes household purchasing power, e.g. forcing households to prioritize the use of available water for drinking as against other purposes, or spend money intended for other purposes (e.g., hygiene items) on purchasing water, which subsequently impairs household's ability to meet other basic needs, exacerbates inequality and poverty, and negatively impacting on food security, health, nutritional status, access to education or magnifying protection risks (GBV, child rights). Reported coping mechanisms (e.g., modify hygiene practices, not being able to wash hands with sufficient frequency or drinking water intended for other than drinking purposes) adopted by the population will continue to severely undermine sectoral efforts to curb the transmission of COVID-19 and to minimize the prevalence of water-borne diseases. The dysfunctionality of water supply systems, closely linked with widespread electricity shortages, further exaggerate the needs of the above-mentioned sectors, and requires close collaboration with the ERL sector and stabilization actors to mitigate the negative impact. In some areas, extensive irrigation leads to competing use of scarce water resources (i.e. along canals in Northeast Syria), depleting groundwater due to overexploitation and unregulated drilling for irrigation, which impacts drinking water supplies.

For people living in IDP sites, insufficient WASH infrastructure or services delivery exacerbate public health risks and impact other needs and require close collaboration between WASH and CCCM. For instance, household-level/shared family WASH facilities, currently a privilege for only around 40 per cent of households in IDP sites, may mitigate the GBV risks and vandalization of communal facilities.

With the ongoing COVID-19 pandemic, increased prevalence of waterborne diseases and severe malnutrition in some areas, appropriate WASH conditions and medical waste management in healthcare facilities (HCF) are critical, however, they remain

insufficient in many facilities including in public hospitals²⁴¹ and are further negatively affected by ongoing water and energy crises. Due to economic downturn unaffordability of some key hygiene supplies reported by up to 43 per cent of households in communities further deteriorate effectiveness of infection prevention and control. Across northern Syria, the prevalence of Leishmaniasis remains very high due to harmful garbage disposal practices and widespread use of unregulated dumpsites, especially in areas not targeted with vector control activities due to funding shortfalls.

WASH needs in schools remain very high and could be linked with dysfunctional public water and sanitation systems the facilities are connected to, water crisis and economic downturn. Over 40 per cent of caretakers in households with children attending school received complaints from children on WASH-related issues²⁴², and such factors may contribute to the overall 2.4 million children out of schools²⁴³. Out of the children that complained about WASH-related issues, 63 per cent mentioned inadequate conditions for handwashing (no soap, water, or handwashing station itself), so critical for maintaining hygiene, especially during the COVID-19 pandemic.

Most affected population groups

IDPs living in displacement sites are often fully dependent on humanitarian assistance, and those in informal sites often experience worse WASH conditions making them particularly vulnerable. Also newly displaced populations face specific WASH needs and require emergency WASH response. Women and girls, people living with disabilities (PLWD)²⁴⁴ and the elderly, together with female headed households face more constraints and various protection risks in accessing WASH services.

All population groups in the community could be affected by limitations in functionality and efficiency of WASH infrastructure and services, this is true both in urban and rural communities. Particularly impacted are the overburdened communities hosting a high ratio of IDPs and areas of high returnees, where water and sanitation infrastructure was not designed for the increased demand, was damaged or undermaintained over years. Similarly, the population underserved by public services are collectively in a worse situation, and so highly dependent on informal water sources, facing water supply shortages and insufficiency, poor water quality, severe issues with sewage disposal or lack of garbage removal services. Communities in areas with access constraints (parts of Aleppo, Deir-ez-Zor and Idlib governorates) can face similar issues with infrastructure functionality, and it is unlikely they could be reached with humanitarian assistance. Even in areas with secure access, there are high severity sub-districts, with people experiencing WASH needs and with very limited humanitarian assistance provided. Amongst all the above areas the most financially vulnerable households, households with PLWD, female-headed households or households with children with special needs may face more challenges for equitable access to WASH services. Such a situation poses significant public health risks that have harmful cascade effects on communities in terms of nutritional status, inequality, and poverty.

The living conditions of the Palestine refugees are especially concerning in terms of access to WASH services. Several camps

(Yarmouk, Dar'a, Ein El-Tal), including their WASH infrastructure, have been destroyed.²⁴⁵ Over 40 per cent of Palestine refugee households use water trucking as the main water supply modality, 7 per cent reported lack of access to appropriate household toilet, while 15 per cent during COVID-19 pandemic encountered challenges accessing soap and other hygiene items.²⁴⁶

In terms of access to hygiene items the needs of families with young children (0-2 years old) or households staying in IDP sites with women in reproductive age (15-49) or with elderly members (over 60) are higher than for the rest of population.

Due to ongoing COVID-19 pandemic, patients, and personnel of HCF and isolation centres require comprehensive qualitative access to WASH facilities and services. Strict restrictions, like imposition of partial and full lockdown, may trigger further unpredictable WASH needs in some areas linked with equitable access to WASH services and/or markets functionality.

School-aged children are another group of focus for the sector as poor WASH conditions in schools are widespread²⁴⁷, being a potential reason for children dropping out of schools.

Projection of needs

WASH needs of affected populations will continue to be high across 2022 with sector partners expected to provide quality emergency WASH services and maintain WASH facilities and infrastructure. WASH needs will largely be influenced by, but not limited to:

- Water scarcity and drought-like conditions – The evolution of the situation will heavily depend on the sufficiency of winter precipitation, the ability to fill in the dams along the Euphrates River through an increase the flow to water, which will impact on hydropower generation and functionality of water systems powered by them. Nevertheless, proper aquifer recharge, affected by years of over-extraction and drought-like conditions, will not be achieved by a single year's sufficient winter precipitation.
- Use of water in the framework of political disagreements - limited improvement could potentially be expected based on the recent progress towards restoration of function of Alouk, and potentially Al-Bab, water supply systems.
- Energy supply crisis – the evolution of the situation will largely depend on the level of winter precipitation and related ability to resume normal hydropower generation and on availability of fuel for fossil-fuel power plants, water supply systems or solid waste management services. If intermittency and further degradation of electricity supply to WASH systems continue, this will trigger a further increase in WASH PiN.
- Unilateral coercive measures: will continue impacting accessibility of water treatment chemicals, spare parts, and consumables for millions of people.
- New displacements: New displacements may also be triggered by hostilities, or the economic or water crises.
- Population living in IDP sites: population in last resort sites

continued to increase despite little to no major hostilities taking place in 2021. This may be partially linked to ongoing economic or water crises, and to closure of collective centres. Due to funding decrease trend deterioration of the WASH conditions in IDP sites may be expected.

- Returnee movements: no major change is expected due to political stasis. Nevertheless, there are areas experiencing a higher level of returns (returns from Al Hol camp, returns to the areas around the frontline in northern part of rural Latakia, Idleb, Aleppo). Such a trend is likely to continue, while the returnees could be facing worse access to WASH services than residents.
- COVID-19 pandemic and Water-borne diseases morbidity - worsening is expected due to very low level of vaccination, presence of new variants, overwhelmed Health Systems, ongoing water, energy, and economic crises.
- Funding of the WASH sector - funding landscape and projections for 2022 are grim and may push more households into higher WASH needs and severity since 30 per cent of households reported receiving WASH humanitarian assistance, and IDPs living in IDP sites are exclusively reliant on WASH assistance to survive.
- Economic crisis, Non-renewal of UNSC resolution – see details in the intersectoral part, pg. 12

Partners are working jointly on a set of inter-sectoral Specific Objectives under each strategic objective to boost impact through coordinated response efforts. These Specific Objectives will be measures using outcome and needs indicators.



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2022 PiN and Projected PIN

Million of people (M)

	PEOPLE IN NEED	OF WHICH: MINIMAL	SEVERE	EXTREME	CATASTROPHIC	ASSOCIATED FACTORS	MOST VULNERABLE GROUPS
November 2021	13.2M	-	7.4	5.6	0.2	Evolution of Water, Energy and Economic crises. Potential non-renewal of UNSC resolution. Unilateral coercive measures. New displacements. Population living in IDP sites. Returnee movements. Continued COVID-19 pandemic. Insufficient funding of the WASH sector	DPs living in displacement sites. Newly displaced population. Persons living in areas with limited functionality and efficiency of WASH infrastructure and services (overburdened communities hosting a high ratio of IDPs and areas of high returnees, the population underserved by public WASH services). Persons living in areas of restricted access. HHs with children under two years, women of reproductive age (WRA, ages 15-49), older persons (60+), PLWD, FHH or HHs with children with special needs, and most financially vulnerable HHs. Patients, and personnel of HCF and isolation centres. School-aged children.
June 2022	14.5M	-	8.2	6.2	0.2		
November 2022 (to be used as an estimate for 2023 PiN)	15.0M	-	8.4	6.4	0.2		

Part 4

Annexes

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4.1 Data Sources

In order to inform analysis related to the first three pillars for the first three pillars of the Joint Inter-Sectoral Analysis Framework (JIAF), OCHA and WoS Sectors carried out extensive secondary data review, drawing from several reports, assessments, analysis and situation updates which have been produced and compiled by partners throughout the year. For humanitarian profile related data, sectors relied on the following sources:

- for IDP figures: UN IDP Task Force;
- for IDPs in camps/sites: CCCM Sector, SSWG, SNFI Sector
- for returnees: UN IDP Task Force

For sex and age disaggregated information, partners relied on UN Population Task Force data; and for disability data, on UN Population Task Force and HNAP.

Pillar IV of the inter-sector analysis framework – Humanitarian Conditions – is built around the 2021 MSNA and other complementary sectoral assessments. For the MSNA, over 33,170 households were interviewed across the country in between August and September 2021. The MSNA sample size ensures data representative at sub-district level for all population groups with a 95 per cent confidence interval and a 10 per cent margin of error. Forty-nine per cent of all respondents were female respondents, a significant increment from 43 per cent last year. Out of the 19 indicators in the inter-sector severity model, 14 rely on the MSNA household assessment. In complementarity with the MSNA, key-informant interviews were conducted for protection (15,968 KI interviews in 6,423 locations, covering 4,699 populated communities),

to capture information that can best be collected and analysed at the community level.

Two other large-scale household-level assessments were carried out in 2021 to inform this HNO. The WASH sector implemented two comprehensive country-wide household-level assessments. In total, 49,259 face-to-face interviews were conducted in January and May/June 2021 with randomly selected households in 267 sub-districts. The WoS Food Security Sector conducted the Food Security Assessment and the Food Security and Livelihoods Assessment (FSA-FSLA) as in previous years. These are two identical household-based assessments, which covered over 65,000 households (51,862 households for the FSA and 13,383 households for the FSLA) in for the FSLA 2021 and in December 2021 for the FSA. Data from the FSA-FSLA is from household visits through representative random samples, and the data is representative at the sub-district level

Between September and October 2021, HNAP conducted a nationwide socioeconomic household survey across all 14 governorates in Syria, surveying IDP households. The survey collected data on key demographic and socio-economic indicators, which is representative at the country, governorate and sub-district level - also according to central and southern Syria (CSS), northern Syria, North-west Syria and North-east Syria. The sample was stratified at the sub-district level, with a total sample size allocated unequally, targeting at most a 10 per cent margin of error in each sub-district. The total sample size of 17,822 households, was distributed proportionally among the 2,693 locations in 231 sub-districts where IDPs are reported. This survey was instrumental in complementing the MSNA results to analyse the specific needs of different population groups at a more granular administrative level.

Other data sources include regular surveillance, situation monitoring and survey data, such as the HeRAMS and the SMART surveys, as well as routine field reports, site/project-specific assessments. Detailed sources both for inter-sector as well as sectoral analysis are provided in the following section.

4.2 Overview of Planned Assessments in 2021

SECTOR	ASSESSMENT NAME	ASSESSMENT METHOD- OLOGY (HH, KI, SURVEY)	GEOGRAPHIC COV- ERAGE	PARTNERS INVOLVED	TIMING
CCCM	4Ws		Northwest Syria		Monthly
	ISIMM		Northwest Syria		Monthly
	ISIMM Plus		Northwest Syria		Quarterly
	Incident Reports		Northwest Syria		Ad-hoc
	Displacement updates		Northwest Syria		Monthly
	REACH Light profiling	KI	Northeast Syria (informal settlements and collective centres)	REACH	Every 3 months

	REACH Full Profiling	HH	Northeast Syria (Camps)	REACH	Every 3 months
	New arrivals questionnaire	HH	Northeast Syria (Camps)	Camp management	Ad-hoc
	Intentions survey	HH/KI	Northeast Syria (informal settlements and collective centres)	Operational partners	Ad-hoc
Early Recovery	Local ERL Needs Assessment	Household	Country-wide		Continuous
	Thematic and Geographical Context Analysis	Household	Country-wide		Continuous
	Ad-hoc assessments	Household, KI	Ad-hoc		Ad-hoc
Education	Joint Education Needs Assessment (2021-2022)	Survey	Northwest Syria	Assistance Coordination Unit, Cluster	1st quarter
	Joint Education Needs Assessment (2022-2023)	Desk Review, survey	Government of Syria held areas	Sector partners, GEC	2nd and 3rd quarter
Food Security	CFSAM 2021 - Crop and Food Security Assessment	Household, KI, Focus Group Discussions	Country-wide	FAO	End of November 2022
	FSA/FSLA 2021 – FSA/FSLA, the outcome of both assessments for the main key 9 FSA indicators will provide findings on the short-term impact for the last quarter of 2021 year on HH and farmers food security scale,		Country-wide	WoS FSS Cluster	Mid of January 2022
		household	North-east Syria and North-west Syria	Contracted	N/A
	Annually	household	Government of Syria held areas	WFP, Central Bureau of Statistics and The Planning International Cooperation Commission	July-August 2021
	Outcome Monitoring Initiative specific objective 1	Household	Northeast Syria and Northwest Syria	FSS Sector and partners	Annually
	Crop Monitoring and Food Security Report	KI, survey	Northeast Syria	iMMAP	Bi-annually
	Labour Market Assessment	KI, survey, mapping	Northeast Syria	iMMAP	Annually
	Irrigation Infrastructure Mapping	KI, mapping	Northeast Syria	iMMAP	Annually
	Humanitarian Situation Overview in Syria (HSOS)	KI	Northeast Syria	REACH	Monthly
	HSOS household assessment in cities	Household	Al-Hasakeh and Ar-Raqqa city	REACH	Quarterly
	Water Access and Management Mapping ABAs	KI, focus group discussions, mapping	Northeast Syria, Northwest Syria (funding pending)	REACH	4th quarter
	Area-Based Labor Market Assessment	KI	Northwest Syria (funding pending)	REACH	4th quarter
	Value chain studies	KI, survey, and mapping	Northwest Syria	Immap	Annually
	Impact assessment study (Feasibility Study)	KI, survey, and mapping	Northwest Syria	Immap	Annually
	Seed price tracker	Collect the main prices of main inputs such as wheat and barley seeds, fertilizers, fuel through surveys and partners' focal points	Northwest Syria	FSL partner focal points in each sub-district	Monthly
Health	HeRAMS	Health facility tool	Country-wide	Health sector partners including UN and NGOs, Ministry of Health, Ministry of Higher Education, private hospitals, SARC,	Quarterly
	Impact of COVID on health system and its users	Survey	Government of Syria held areas	Ministry of Health	1st and 3rd quarters
	Assessment of quality health services (including mental health) provided through health facilities from beneficiaries' view	Representative sample of beneficiaries from sample of public health centres	Government of Syria held areas	Ministry of Health	2nd half of the year

	Effectiveness consultation services provided through family wellbeing centres	Survey	Government of Syria held areas	NGOs	2nd half of the year
	A set of desk reviews on: Universal health care in private sector Primary health care Gender equity	Desk Review	Government of Syria held areas	Ministry of Health, private sector, Syrian Commission for Family Affairs and Population	Evolving throughout the year
	Comprehensive KAP survey (assessment of COVID-19 knowledge, attitudes and practices impacted by RCCE activities), inclusive of COVID-19 vaccine topics	KI, survey	Throughout all regions of the country (5 governorates proposed)	NGOs	1st Half
	MHPSS Service mapping assessment	Facility Assessment	Idleb and North Aleppo governorates	NGOs	Quarterly
	Human Resources for health To better understand the availability of HR, Capacitates, and their training needs	Analyses of available data within NWS data platforms Primary data collection via survey	Northwest Syria	WHO, HC, and NGOs (Joint assessment)	1st half
	Critical care services mapping and needs assessment	Facility assessment	Idleb and north Aleppo governorates	WHO and critical technical working group	1st half
	Infection prevention and control (IPC) health facility assessment	Facility assessment	Idleb and north Aleppo governorates	WHO and IPC technical working group	1st half
	COVID-19 case management services mapping and needs assessment for COVID-19 Facilities	Facility assessment	Idleb and north Aleppo governorates	WHO and COVID-19 case management technical working group	Quarterly
Nutrition	MICS	Household	Syria HCT Coordinated Response		
	SMART Survey	Household	Syria HCT Coordinated Response		
	SMART Survey	Household	Idleb Governorate		2nd quarter
	SMART Survey	Household	Northern Aleppo		2nd quarter
	SMART Survey	Household	Northeast Syria		1st quarter
Protection	Protection Monitoring Task Force	Community-level KI	Northwest Syria	15 cluster members	Monthly and ad-hoc
	MSNA	Household	Country-wide	OCHA	Annually
	MSNA	KI	Country-wide	OCHA	Annually
	Focus Group Discussions by NWS Protection Cluster	Focus group discussion	Northwest Syria	11 cluster members	Annually
	Focus Group Discussions for "Voices"	Focus group discussion	Country-wide	Led by WoS GBV AoR	Annually
	Protection Monitoring Task Force	Household (including observation checklists), KI, focus group discussions	Northeast Syria	3 lead partners	Monthly
	Participatory assessment	Focus group discussion	Country-wide	UNHCR and 27 partners	Annually
	Protection Need Assessment	Community-level KI	Government of Syria held areas	Protection sector and AoRs partners	Annually
S/NFI	Shelter Conditions	Household Survey (total pop)	Country-wide report and separate Northwest Syria report	HNAP and SNFI Cluster Turkey cross-border	January 2022
	Shelter Conditions	Household Survey (total pop)	Country-wide report and separate Northwest Syria report	HNAP and SNFI Cluster Turkey cross-border	May 2022
	IDP Shelter Conditions	Household Survey (IDPs)	Country-wide report and separate Northwest Syria report	HNAP and SNFI Cluster Turkey cross-border	October 2022
WASH	Early-2022 WASH Household Assessment (winter round)	Household	Countrywide	HNAP	January/February 2022
	Mid-2022 WASH Household Assessment (summer round)	Household	Countrywide	HNAP	June/July 2022
	WASH Household assessment in IDP Sites	Household	Northwest and Northeast Syria	WASH sector partners	June/July 2022

4.3 AAP/Consultations with Communities

Key data informing the sectoral and inter-sectoral analysis was gathered directly from affected populations (MSNA, WASH, FSL/ FSA household assessments). The MSNA included a broad section to capture community and beneficiary perceptions on their ability to meet basic needs, priority needs and perceived changes since the last round of data collection. For the WASH Sector Assessments from 2021 (winter and summer rounds), all data was gathered directly from affected population through face-to-face interview. Data collection included enumerator's observations on the conditions of household's WASH facilities and drinking water sampling for free residual chlorine (FRC) testing at the end-user side. To strengthen accountability to affected population, the 2021 WASH assessment questionnaire included questions on satisfaction from received humanitarian aid where applicable. The WASH sector closely collaborates with both the AAP and GBV relevant structures to provide partners with guidelines on beneficiary's involvement in all steps of projects including monitoring, complains mechanisms, issues linked to PSEA, and more.

The health sector strengthens accountability towards affected people by developing tools to analyse feedback from beneficiaries and modify projects accordingly. Operational plans include the public health measures that are likely to be required based on the situation in different parts of the country. The health sector carries out behavioural assessments to understand target audiences, perceptions, concerns, influencers and preferred communication channels. Strengthening local community organizations and increasing outreach and engagement with communities remains a core pillar of the health sector response strategy in 2022. The sector measures its performance against globally defined standards and produces regular monthly and quarterly reports of achievements. Furthermore, numerous agencies like REACH and HNAP regularly assess priority needs, unmet needs and knowledge, attitudes and practices through direct interviews with beneficiaries. The health sector utilizes these assessments to guide partners in their implementation and address gaps in services. The annual MSNA offers a regular opportunity to assess beneficiary satisfaction with the delivery of health services. Established community information and feedback mechanisms including the Common Feedback Mechanism and social media monitoring (Facebook and Twitter) will be further strengthened. Additionally, the health sector continues to invest heavily in better data collection at health facilities to enable improved monitoring of patient outcomes as well as ensuring health system planning is grounded in disease trends and health needs at facility level, as well as community level. Furthermore, the health system has a vital role to play in the life cycle and thus a project is underway in partnership with Government of Syria to re-establish core functions of Civil Records and Vital Statistics starting with records of births and deaths in government hospitals.

The protection sector supplemented the assessment information with additional protection specific information collected directly

from the field through direct in-person Key Informant Interviews. The sector approached the analysis of the collected data with an understanding derived from various contextual realities, including of protection issues, coping mechanisms, movements restrictions and key issues pertinent to GBV, MA and CP AoRs. All enumerators and staff engaged in data collection and assessments are trained by the protection sector and respective AoRs to ensure quality data collection. The sector used available data from the MSNA household findings which cover over 33,000 household interviews, as well, proxy indicators from other sectors need assessments, to better understand needs and plan the response. The Protection sector will work closely with other sectors in mainstreaming protection to mitigate or respond to protection risks and concerns, and to generate data on protection concerns through such sectors. In Northwest Syria, the protection cluster carried out 44 focus-group discussions held in 11 locations with men, women, adolescent boys, adolescent girls, elderly women, and people with disabilities. In addition, the GBV AoR led sector cross border and Northeast Syria partners to conduct focus-group discussions with women, girls, boys, and men, including members of the following groups. GBV AoR also conducted focus group discussions (FGD) with GBV experts working in the Syrian humanitarian response to get in-depth analysis on prevalent GBV issues. The Mine Action AoR has an established mechanism for victim assistance that uses a needs assessment form that is filled in directly by partners on the ground, and then collected/analysed to provide subsequent assistance.

For the SNFI sector, it collects data directly from affected populations in three keyways. First, through formal assessments which include the MSNA, HNAP as well as partner and site-level needs assessments. This data was analysed, shared with the respective hubs, sub-national working groups and sector partners to review and validate. In areas where the data did not match the situation on the ground, hubs/sub-national workgroups/partners provided additional assessment data. Second, through post distribution monitoring and FGDs with community members and leaders which are routinely conducted with beneficiaries by all partners and hubs to assess the impact and reception of provided assistance. Partners make an effort to adjust their services based on feedback from beneficiaries. Third, from site visits, field reports and inter-agency assessment missions enable the Sectors to receive inputs from beneficiaries which are used to directly inform localized or site-specific responses.

The CCCM sector's IDP site monitoring tools collect information from IDP representatives on the multi-sector services in their sites as well as their specific needs. Information management tools in Northwest Syria make sure that the collected data includes age and gender disaggregation, and information is collected on specific needs in IDP sites. The site monitoring tools have also been utilized to assess gaps in services in sites, with a view of facilitating more tailored life-saving assistance, including protection related risks as well as COVID-19 specific information. The CCCM sector is carrying out an in-site verification process of assessment findings with members of the IDP communities, aiming to ensure greater accountability to the affected population. Cluster members and Site Monitoring Teams will collect the data inside IDP sites. Different types of IDP sites will be targeted, as well as a variety of groups within the sites, including women, children and people with disabilities.

Within the ERL sector, community consultations were carried out while conducting multiple data collection exercises to assess population needs, including MSNA, ERL sector KII in GoS-controlled areas, and context-specific household assessment in northwest Syria. The information utilized for the analysis is not limited to the data collected in the ERL questionnaire section, due to the multidimensional nature of the crises.

As for the education sector, the sector asked households with school aged children the drivers of sending children to school, not sending children to school and their priorities and preferences for improving education services in their communities. The feedback indicates that education continues to be important and seen to improve economic opportunities for children. Economic duress, lack of available age appropriate facilities and children not wanting to go to school continue to prohibit caregivers sending their children to school²⁴⁸. Key household priorities for improvement are: improving the physical conditions of schools (61 per cent), improving the performance of teachers (60 per cent), opening more schools and expanding classrooms (44 per cent) and offsetting the cost of education (41 per cent). The sector will advocate that these preferences are priorities in the sector's response and prioritized by donors.

The FSA sector always prioritizes coordinated community engagement to ensure a two-way communication and strengthening of AAP systems. To inform the needs overview for 2022 presented herein, various sector partners conducted FGDs, assessments, analysis of complaints and response mechanism (CRM) and post distribution monitoring (PDM) reports, including the quality and appropriateness of ongoing assistance or risks related to PSEA and GBV. The FSA in 2021 also undertook FSA/FSLA covering around 65,000 households, providing additional important information on key needs and concerns. In addition, for the first time the FSA conducted household visit in gender balanced pairs (1 male and 1 female). This has enabled the FSA to interview a greater number of female-headed households compared to previous years, national coverage of 17 per cent compared to around 12 per cent in previous

years. In identifying the needs, the sector continues to interact with affected populations to ensure an evidence-based humanitarian response for 2022 – 2023. Key information collected through WFP 2021 mVAM monitoring, FAO FGDs during the Crop and Food Security Assessment Mission (CFSAM) 2021 and UNRAWA survey and partners ongoing assessments such as KIIs, FGDs. As WFP is the AAP Task Force co-chair, jointly with UNFPA, discussions on how to engage and benefit from the technical support that the task force provides, are already taking place. It is envisioned that the task force next year will train all the FSA partners on community engagement and accountability principles to ensure that partners understand and implement participation of the affected communities, and all of them have safe and effective accountability mechanisms in place. The trainings are expected to begin in February 2022.

Finally, the nutrition sector regularly collects the information on the nutrition situation of affected children and mothers for analysis. The routine surveillance system and program data will also show program coverage against targets and severity across nutrition services. This information will be used to improve program coverage and quality. The sector is currently considering methods to improve engagement in affected populations to obtain rich qualitative data directly from beneficiaries, for example FGDs. In addition, the nutrition sector plans to operate more effectively by developing joint inter-sector work plans with key sectors notably, WASH, FSL and health. This will foster a more integrated response to the benefit of affected populations. Additionally, the nutrition sector will develop an indicator for inclusion of children with disability and plans to improve data collection specifically strengthening the nutrition-disability link. The nutrition sector also commenced a pilot cash-voucher assistance programme to enhance the dietary diversity in PLW and young children by alleviating poverty and inability to purchase food among vulnerable families.

4.4 Methodology

4.4.1 Inter-sectoral Analysis

The methodology underpinning the 2022 HNO seeks closer alignment with the global JIAF methodology. The inter-sector severity estimation in the 2022 HNO is mainly based on humanitarian conditions indicators under pillar four with a few impact indicators under pillar three. The 2022 HNO references these same sources and indicators in pillars 1-3 of the analysis framework and focuses on specific needs indicators to determine the severity of humanitarian conditions under pillar four. Moreover, this year the analysis framework attempted to include as many household level indicators as possible, in order to allow for data scenario A, where one household level dataset is utilized. Different from 2021 methodology, the 2022 people in need estimations rely on global guidance and includes only severities three, four and five. Combined, these adjustments render a direct 2022 severity and PiN comparison with previous years challenging.

The inter-sector severity model was agreed through a consultative process involving all Sectors, areas of implementation, and technical assessment partners such as REACH, HNAP and IMMAP focusing on indicators which

- speak to the three humanitarian conditions, i.e., Living Standards, Coping, and Well-being
- lend themselves to inter-sectoral analysis, while capturing key severity trends at sector level
- most adequately capture needs driven by various factors in Syria, including hostilities and violence, inadequate protection, lack of access to services and, increasingly important, income insufficiency and unaffordability are based on robust, up-to-date assessments

The 2022 Syria inter-sector severity framework incorporates several adjustments to ensure it speaks to the context in Syria. MSNA household indicators were complemented from household and area-based indicators with sectoral assessments as well as two impact indicators:

- percentage of IDPs and returnees vis-à-vis host population and
- percentage of IDPs living in substandard shelter vis-à-vis total number of IDPs – both of which were selected to adequately reflect the impact of displacement on both IDPs and host populations.

Severity thresholds were set based on global JIAF guidance and adjusted in case these thresholds would not allow for a nuanced analysis in the Syria context. Sectors worked closely with global Clusters to ensure good practices from other operations and global standards were captured. Several indicators in the inter-sector severity model are perception indicators, hence allowing

for integration of the priorities and needs as identified by affected populations themselves.

Intersectoral People in Need (PiN) and severity initial calculations were done using a combination of area and household indicators.

Each sub-district level (area based) or household level (household based) indicator received a severity score based on agreed thresholds. The JIAF method of using average of top two-thirds of the indicators was used to derive one severity score per household. The proportion of households by severity was then aggregated at sub-district level, to calculate sub-district severity by applying the JIAF '25 per cent rule'. This means, for example, that if 20 per cent of the population had a score of 5, and 10 per cent a score of 4, the 25 per cent threshold for a score of 5 was not met and the final severity score would be 4.

The population falling under severity 3,4 or 5 are considered as people in need as per JIAF guidance.

Last but not least the severity scores and people in need at sub-district level were reviewed and verified by inter-sector teams at field level to ensure that model-derived severity ratings for different geographic areas were contextualized, including by considering (recent) contextual developments which the severity model in itself would not have picked up on. This review resulted in the adjustment of a limited number of severity scores and number of people in need at sub-district level.

4.4.2 Syria 2021 Inter-Sector Severity Model

INDICATOR	PILLAR				SEVERITY SCALE / THRESHOLDS					% OF HOUSEHOLDS BY SEVERITY CLASS
INDICATOR NAME/LABEL	JIAF PILLAR	SUB PILLAR	LEVEL	DATA SOURCE	(1) NONE/MINIMAL	(2) STRESS	(3) SEVERE	(4) EXTREME	(5) CATASTROPHIC	
% of children attending school	Humanitarian conditions	Living Standards	Area	MSNA	above or equal 92%	above 81%-91%	61%-80%	40%-60%	below 39%	
% of communities reporting child labor	Humanitarian conditions	Physical and Mental Wellbeing	Area	KI	0%-20%	21%-50%	51%-75%	75%-96%	>96%	
% of HH groups reporting signs of psychological distress	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	1: No household groups reported signs of psychological distress	Less than 50%, but more than 0%, of household groups reported signs of psychological distress	50% of household groups reported signs of psychological distress	More than 50%, but less than 100% of household groups reported signs of psychological distress	: 100% of household groups reported signs of psychological distress	
% of HH living in a community where explosive hazards have been identified	Humanitarian conditions	Physical and Mental Wellbeing	Area	MSNA	<30%	31-49%	50-69%	70-85%	>85%	
% of HH members without valid civil documentation	Humanitarian conditions	Living Standards	HH	MSNA	All Household members have all valid GoS issued documentation including ID card, family booklet, birth certificate, tabou, marriage certificate, divorce record, death certificate, disability card, passport	All household members have most valid GoS issued documentation but some are missing up to two forms of needed documentation	Household members are missing three forms of needed GoS issued documentation OR Syrian ID + 1 forms of documentation	Household members are missing 4 forms of needed GoS issued documentation OR Syrian ID + 2 forms of documentation OR family booklet and 2 forms of documentation OR birth certificate and 2 forms of documentation	Household members are missing 5 or more forms of needed GoS issued documentation OR Syrian ID AND family booklet AND 2 forms of documentation OR Syrian ID AND birth certificate AND 2 forms of documentation	
% of HH with no or diminished access to NFI markets	Humanitarian conditions	Living Standards	HH	MSNA	Sum of unavailable and unaffordable NFIs <=2	Sum of unavailable and unaffordable NFIs = 3	Sum of unavailable and unaffordable NFIs 4-5	Sum of unavailable and unaffordable NFIs 6-7	Sum of unavailable and unaffordable NFIs >7	
% of HHs having access to a sufficient quantity of water for drinking, cooking, bathing, washing or other domestic use	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	Enough water for drinking, cooking, personal hygiene and other domestic purposes	Enough water for drinking AND cooking AND personal hygiene, BUT NOT for other domestic purposes	Enough water for drinking AND EITHER cooking OR personal hygiene	Enough water for drinking BUT NOT for cooking AND personal hygiene OR 3 or more but less than 9 l/d/p	Not enough water for drinking OR Less than 3 l/d/p	
% of HHs that report that women and girls in the HH feel unsafe in certain areas in the location	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	Women and girls from the HH do not feel unsafe in any areas	Women and girls from the HH consider 1 area unsafe	Women and girls from the HH consider 2 areas unsafe	Women and girls from the HH consider 3 areas unsafe	Women and girls from the HH consider 4 or more areas unsafe	
% of HHs whose dwelling enclosure provides adequate safety to the occupants, protection from exposure, and low risk of failure in predictable hazards	Humanitarian conditions	Living Standards	HH	MSNA	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 1 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 2 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 3 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 4 (if only one severity available, no division).	If sum of shelter damage severity and shelter adequacy severity divided by 2 equals 5 (if only one severity available, no division).	
% of IDPs and returnees vis-à-vis host population	Humanitarian conditions	Living Standards	Area	Population Task Force	≥0%, 12.5<	≥12.5%, 25<	≥25%, 37.5<	≥37.5%, 50<	≥ 50%	
% of IDPs living in substandard (camps, tents, informal settlements) vis-à-vis total number of IDPs	Humanitarian conditions	Living Standards	Area	SNFI/CCCM	≥0%, 10<	≥10%, 20<	≥20%, 30<	≥30%, 50<	≥ 50%	
Ability to meet basic needs	Humanitarian conditions	Living Standards	HH	MSNA	Easily able to meet basic needs	Adequate	Insufficient		completely unable	
Chronic nutrition status among under-five children (Prevalence of stunting based on height-for-age Z-score (HAZ)<-2 among children 6-59 months)	Humanitarian conditions	Physical and Mental Wellbeing	Area	SMART survey	<10%	10-19.9%	20-29.9%	≥30%		
Household handwashing facilities	Humanitarian conditions	Living Standards	HH	MSNA	Both soap and water are available		Soap only observed	No hand washing facility observed OR No water and soap observed OR Water only observed		
Household Hunger Scale (HHS)	Humanitarian conditions	Physical and Mental Wellbeing	HH	MSNA	0 (none)	1 (slight)	2 or 3 (moderate)	4 (severe)	5 or 6 (severe)	
Income MEB gap and coping mechanisms	Humanitarian conditions	Living Standards	HH	MSNA	HH Income – MEB Cost >= 400,000	HH Income – MEB Cost >= 200,000	HH Income – MEB Cost >= 0	HH Income – MEB Cost < 0 And The resources to cover this difference are the rest of less crucial resources e.g., savings	HH Income – MEB Cost < 0 And The resources to cover this difference are: "Borrowing", "Selling furniture, jewelry, equipment, land etc.", "Selling productive assets (sewing machine, vehicles, livestock)"	
Percentage of population that can access primary healthcare within one hour's walk from dwellings	Humanitarian conditions	Living Standards	Area	MSNA	>= 90% of population is within 1 hour of health facility	75% to 89% of population is within 1 hour of health facility	55% to 74% of population is within 1 hour of health facility	30% to 54% of population is within 1 hour of health facility	<30% of population is within 1 hour of health facility	
Prevalence of anemia Hb <11g/dl in pregnant lactating women	Humanitarian conditions	Physical and Mental Wellbeing	Area	SMART survey	<5%	5-19.9%	20-39.9%	≥40%		
Reduced Coping Strategies Index	Humanitarian conditions	Coping Mechanisms	HH	MSNA	0 to 2	3 to 6	7 to 11	12 to 19	> 19	

4.4.3 Analysis at Sector Level

Sectors have more closely followed the JIAF approach for their sectoral analysis, drawing on the MSNA and additional sectoral household level assessments, key informant interviews, as well as regular surveys. The data sources for the indicators used to establish sectoral severity and PiN are indicated below.

Sectors have engaged extensively with Global Clusters to right-size and contextualize global JIAF indicators and thresholds to the Syria crisis. Most sector PiN methodologies deviate slightly from JIAF, in that a certain proportion of the population in severity 1 and two are also counted towards PiN.

SECTOR	METHODOLOGY	INDICATORS	SOURCES
CCCM	PiN is determined by the number of people hosted in IDP sites. Noting that the majority of IDP sites are self-settled, and lack proper site planning, infrastructure and camp management systems thus can be considered vulnerable and in need of support. To calculate the PiN in June 2022 and November 2022 for NES, it has been assumed that potential changes in areas of influence may occur, therefore causing mass displacements.	3 indicators: % of population in sites; % of population in sites with minimum management systems; % of population in sites with access to basic services.	CCCM IM Tool for
Early Recovery	The sector has developed a new survey methodology focusing on context indicators that reflect the sector’s mandate: livelihoods, access to services, infrastructures conditions and social cohesion. A specific forecast data and information has been used based on increase inflation affecting the cost of basic needs while at the same time forecasting a constant deterioration in terms of real income and purchasing power levels.	11 indicators in line with the JIAF Severity model, to calculate the severity of needs for all the sub-districts in Syria, using a severity scale (0 to 5 where 5 is the highest severity). Thereafter, the findings were projected on the population to calculate the people in need.	MSNA and MEB Revision Taskforce
Education	Following the approach of the inter-sectoral analysis, the total PiN is the total number of people falling within severity levels three to five. An area-level severity score is then calculated based on the proportion of the severity of people in need in each area. Thresholds for each indicator are set and adjusted according to the available datasets.	Six indicators: Education severity scale was informed by the JIAF indicators and past indicators framed around the No Lost Generation framework and lessons learned from past processes. The scale has six weighted indicators that cover access to, and quality of, education services, displacement, returns and the intensity of the conflict.	MSNA, HNAP/WOS-Education School Survey, HNAP-WOS-WASH HH survey
FSA	The FSA-FSLA uses the CARI methodology to inform on the food insecure prevalence and PiN. Since the data from the FSA-FSLA is from household visits through representative random samples and the data is representative at sub-district level, the food insecure indicator takes four times its score in weight due to its high reliability and accuracy factors, while all other indicators take their score once in weight with the exception of agricultural production which takes two times its weight due to the very poor agricultural season in 2020/21. The average severity score is the summed score of all the indicators in the sub-district divided by the number of indicators used in the sub-district.	The food insecurity indicator forms one of the nine (9) indicators in the HNO severity score. The other indicators used in the severity score include the per cent of IDPs and Returnees as ratio to the resident population; humanitarian access, which looks at the number of times a sub-district has been reached with food assistance in the last 12 months; Intensity of Hostilities; WFP standard reference food basket trend over time; COVID-19 infection and death rates; Agro-Climatic (source: FAO); Agriculture Production; and Agriculture Inputs/shocks.	FSA/FSL, UNHCR Protection Cluster, WFP, FAO, Health Cluster, WOS FSS SWs, OCHA
Health	The health sector severity scale and PiN are grounded in emergency standards and robust health data, together with complementary context-specific data. The health sector severity scale is the basis to the overall approach to targeting of sectoral interventions, thereby ensuring a principled approach to humanitarian health interventions in Syria, irrespective of modality. To further align with JIAF’s focus on higher severity areas, the health sector total People in Need figure (PiN) is the aggregate of the PiN of each individual sub-district with health sector severity ranking 3 and above. However, this does not indicate that there are no People in Need of health services in sub-districts with severity ranking 1 or 2. Rather, the current health sector PiN and severity methodology is the reverse of the Global Health Cluster guidance (which suggests calculating PiN and then derive severity). The health cluster for the Syria response has opted to retain this approach for year-to-year comparability and continuity of an established, robust methodology established in 2019 that is also well-accepted and understood by stakeholders across the response.	The severity scale consists of 4 main thematic areas with corresponding weights; Health Access (15%), Affected Population (25%), Health Services Availability (35%), Impact on population’s health and morbidity (25%). Of the 15 indicators that make up the health sector severity scale, 8 have been aligned with the global guidance and severity thresholds from Joint Inter-sector Analysis Framework (JIAF) and the Global Health Cluster (GHC), as well as global emergency standards such as SPHERE and the Inter-Agency Standing Committee (IASC). A further 2 indicators include analysis of data sets provided by the Syria Population Task Force.	HerAMS, MSNA,

<p>Nutrition</p>	<p>PiN is calculated out of children under the age of 5 years and the PLW. The total PiN is calculated by adding the number of children 0 to 59 months and the number of PLW. In order to reflect the multi-sectoral nature of nutrition severity, 12 different quantitative and qualitative nutrition-specific and nutrition sensitive indicators were used in the analysis of severity. Through Inter-hub consultation and agreements, Consultation with GNC and peer review by other sectors and Consultations at the level of response hubs with partners and SAG members.</p>	<p>Seven nutrition-specific indicators: Global acute malnutrition status among children 0-59 months (based on weight for height Z-score (WHZ) <-2 and/or bilateral pitting oedema or mid-upper arm circumference (MUAC) <125mm), Severe acute malnutrition status among children 0-59 months (based on WHZ <-3 and /or bilateral pitting oedema or MUAC <115mm), Chronic malnutrition status among children 6-59 months (based on height for age Z-score (HAZ) <-2), Acute malnutrition status among pregnant and lactating women (based on mid-upper arm circumference (MUAC) <230mm), Prevalence of Anemia Among Children 6-59 months (based on HGB <11g/dl - WHO standard), Prevalence of Anemia Among Pregnant Women (based on HGB <11g/dl -WHO standard), Exclusive Breast feeding in infants 0-5 months (nothing given to infant unless ORS/medication prescribed) Four nutrition-sensitive indicators: Food consumption score. (WFP/FSL Sector), Minimum dietary diversity score (Children) (based on Nutrition SMART survey), Acute diarrhea. (Health Cluster), Handwashing (WASH Cluster). One vulnerability and cross-sectoral indicators: Percentage of IDPs and returnees in the sub-district (UNOCHA).</p>	<p>SMART 2019</p>
<p>Protection</p>	<p>The overall PiN estimation methodology for the sector is severity-based and takes a % of the population at SD level as PiN depending on the severity ranking of the SD. Percentages of population taken as PiN is 20% (severity 1), 30% (severity 2), 50% (severity 3), 80% (severity 4), 100% (severity 5). Child Protection AoR applies taking 50% from the overarching Protection Severity Scale and 50% from the additional CP indicators (family separation and safety of children). GBV AoR uses indicators related to child marriage, women and girls feeling unsafe, psychological distress and shelter adequacy issues. Mine Action AoR considers all of the population living in communities reporting presence of explosive ordnance, as PiN.</p>	<p>6 indicators reflecting different AoRs, combining HH level and Area level indicators; % of HH members without valid civil documentation, % of girls/women who avoid areas because they feel unsafe, % of communities reporting child labour and/or child marriage as occurring, % of communities reporting explosive hazard contamination, % of HHs where at least one family member was reported to show signs of distress, # of conflict incidents since beginning of the crisis, # of conflict incidents in the past 6 months.</p>	<p>MSNA, KI data, OCHA</p>
<p>Shelter and NFI</p>	<p>The sector has kept the methodology close to previous years to ensure best possible year-on-year comparability, the Shelter and NFI sectors modified some of its indicators. Shelter indicators are based on the JIAF guideline, however, NFI is not included in the framework and as such the sector used non-JIAF indicators as well. The PiN calculation incorporates population residing in severity two, three, four and five.</p>	<p>Shelter: Population severity (area level indicator), including number of IDPs and returnees in a community, Conflict severity, Shelter adequacy severity, Shelter damage severity, Shelter type and arrangement severity. NFI: Population severity; Population living in last resort sites; Conflict severity; Access to NFI (market severity); NFI need severity; Reduced purchasing power including price inflation.</p>	<p>Population Task Force, OCHA, MSNA</p>
<p>WASH</p>	<p>The methodology used for calculation of WASH PiN and Severity is in line with JIAF and GWC principles. 1) Indicators are selected and classified along a 5-scale severity scale 2) Severities of each of the parameters are aggregated using 'Mean of Max 50%' to calculate an overall WASH severity score for each household. 3) The number of households with a WASH severity score of 3-5 is summed to determine the proportion of People in Need (PiN) within each sub-district. The proportion of surveyed households within a sub-district classified as PiN, out of the total number of households surveyed in the sub-district, is extrapolated to the overall sub-district population to determine the sub-district PiN. 4) WASH Humanitarian Condition scores are classified using the "Rule of 25%" to determine the WASH Severity score for each sub-district. 5) As the final step, the aggregated sub-district severity phases are compared against the two critical WASH indicators and if appropriate, lead to an override of the aggregated sub-district severity by the severity of critical indicators for the final severity score.</p>	<p>Indicators selected and used are as follows: 1.1. Safety of Household Potable Water (HH FRC test result); 1.2. Access to enough water and related coping strategies; 1.3. Availability and affordability of hygiene items; 1.4. Household's solid waste disposal; 1.5. Household's issues with sanitation (number of problems reported) & access to toilets; 1.6. Water and sanitation services affordability (Percentage of household income spent on water and sanitation/septic tanks desludging); 1.7. Household's access to sufficient handwashing facilities (observations); 2.1. Proportionate Water Borne Disease morbidity (Health sector data EWARN/ EWARS) (# of WBD per 100k consultations); 2.2. Proportion of IDPs and returnee's vis a vis host population. In addition, two indicators have been used as critical indicators to ensure that the aggregated area severity phase reflects the aid dependency and vulnerability of the location: 3.1. The proportion of IDPs living in IDP sites and 3.2. Household receiving humanitarian WASH assistance.</p>	<p>Mid-2021 WASH Sector Household Assessment (countrywide, summer round); Population - countrywide coverage from August 2021 (UN OCHA led WoS Population Task Force and WoS IDP Task Force); WASH associated disease proportionate morbidity.</p>

4.5 Information Gaps and Limitations

While the methodology for underpinning the 2022 HNO seeks closer alignment with the JIAF methodology than in 2021, several information gaps and limitations remain to be addressed.

- CCCM:** In both northeast and northwest Syria, ongoing hostilities, lack of access, remote management, and information provided from multiple organizations across borders all pose data-related challenges and required CCCM to engage in massive data cleaning and verification procedures. In northeast Syria, population figures for informing the current PiN in camp settings is provided through camp management agencies. However, for populations in other last resort sites, northeast Syria relies on operational partners and information management NGOs. Limitations related to this include the frequency of partner activities in sites and different methodologies to identify populations. Northeast Syria CCCM endeavors to triangulate populations through different partners to ensure that populations are correctly represented and recorded. In calculating a future CCCM PIN number in Northeast Syria, any significant change in the PIN would require a large displacement to be caused by conflict related activity that changes the area of influence. Within northeast Syria, there has been no such change since October 2019, however that specific displacement event resulted in the arrival of around 80,000 people. CCCM observed gaps in knowledge in the northwest and northeast Syria context concerning people with disabilities, especially when identifying less visible disabilities. Chronic lack of data on persons with disabilities at the IDP site level presents a challenge when it comes to promoting their inclusion into programming. In northwest Syria specifically, humanitarian partners face operational challenges such as non-civilians being mixed in with IDP movements meanwhile in both hubs, the involvement from non-humanitarian actors, such as local authorities, is another issue that partners must navigate, while also upholding humanitarian principles.
 - Early Recovery:** The sector relied on HH and KII data and it was not possible to complement the data collected with FGDs. Ten years into a crisis, it is possible that the respondents have developed assessment fatigue, that results in answering the questions in line with what the answer might generate in terms of tangible outcome, excluding areas where they believe the humanitarian response will be unable to provide any concrete support, this is a bias extremely difficult to reduce but it needs to be considered in the next MSNA.
 - Education:** Similar to last year, sufficient enrollment data was not available at the time of analysis. This has resulted in the inability to provide information on enrollment, and the pupil to teacher ratio and school capacity. Due to the COVID-19 pandemic, to mitigate risks to interviewees/interviewers the number of questions in the MSNA were minimized. The information presents the situation in
- the country at the time of data collection as reflected by the data collected.
- FSA:** The sector conducted the FSLA in October 2021 and the FSA was conducted in coordination with CBS and PICC in November-December 2021. While this was the largest FSA-FSLA combined assessment to date covering a total of 65,245 households, some problems remain, primarily relating to geographical access and assessment timeline. Out of 270 sub-districts a record 258 were accessed by either the FSA-or the FSLA. For the remaining 12 sub-districts which were not accessed due to security constraints a separate analysis was conducted using secondary data to estimate these sub-districts' food security levels. Moreover, both assessments were initially planned to take place in July-August 2021 yet delays in getting the required FSA approvals made the assessments slip and the FSA was only able to take place in December 2021 while the FSLA was conducted slightly earlier in October 2021. However, since October 2021 the economic situation in Northwest Syria has drastically worsened with the Turkish Lira devaluing by around 40 per cent over 3 months and dramatically pushing up commodity prices in Turkey and Northwest Syria. As opposition-held areas in Northwest Syria use the Turkish Lira, the worsening of the currency has greatly impacted the purchasing power of people living in Northwest Syria. This worsening has not been captured by the FSLA as the FSLA took place in October when the economic downturn was not as acute. A future assessment assessing the impact of the weakening Turkish Lira is needed to fully capture the impact on household food security in the area.
 - Health:** As in previous years, where data is only available at the district or governorate level, the resulting severity ranking for that component applies to all sub-districts within. To account for the natural inflation of PiN that occurs for these particular sub-indicators, their overall weight has been reduced. HeRAMS data for northeast Syria is limited to public health facilities only and does not include facilities supported by cross-border actors, including in parts of northern Al-Hasakeh currently under Turkish control. This data gap may cause a partial inflation of the "services availability" component of severity scores for those 39 subdistricts in NES that exist wholly or partially outside of Government of Syria control. Plans to expand HERAMS in Northeast Syria have yet to be realized.
 - Nutrition:** Nutrition surveillance data was used for Government of Syria and this is currently being validated. This surveillance data was used since the Damascus SMART Survey was conducted in 2019 and the sector wanted to include more recent data. NWS data was provided by the SMART Survey, 2021. Nutrition qualitative data would enhance the nutrition response but activities such as FGDs and key informant interviews declined in 2021 due to limitations imposed by Covid-19 and by funding shortages. More investment in surveys and assessments are needed to adequately monitor the nutrition situation. Coordination with stakeholders including government is necessary along with a favorable security situation. Should the security situation deteriorate the ability to monitor the nutrition situation will prove challenging for example in

NWS maintaining functional nutrition surveillance and information systems will not be possible if the UNSCR is not renewed beyond December 2021. This will affect the flow of nutrition information in 2022. Nevertheless, the nutrition sector plans a series of surveys including SMART and MICS and assessments as well as qualitative data collection in 2022.

- **Protection:** Obtaining approvals for needs assessments from Syrian authorities for government control areas has been increasingly difficult since 2018 (the last time a GoS approved protection sector assessment for Government held territories was carried out was in 2017). This has led to an increased reliance on the MSNA for information towards the sector's HNO and subsequent HRP. The Protection Sector receives a vast amount of data through a protection specific KI assessment as part of the OCHA led MSNA process, as well as the HH MSNA. NWS and NES are also able to conduct periodic protection monitoring and assessment with varying limitations on sample sizes and comprehensiveness. The protection sector will continue negotiating with GoS and other non-state actors to carry out assessments including regular and improved protection monitoring in all locations in the country.
- **Shelter and NFI:** The main source of data used for the sectoral analysis was the MSNA data, as approval for the countrywide sector-specific assessment was delayed. There are a number of limitations with the available data, including limited level of representative data, e.g. population groups. This is especially true for returnee data, as no returnees were interviewed in Tartous, 17 in As-Sweida, 3 in Damascus, 1 in Lattakia, and 11 in Quneitra. Damage indicators are limited to simple questions and observations of non-technical enumerators. In addition, the current shelters of interviewees were assessed, not the original one. Thus, the indicator reflects the shelter of respondents who most likely will not live in shelters with a damage level of 3 and above. With 78% of the assessed shelters reportedly being undamaged across Syria, shelter needs might be biased. Access to IDP sites was limited in northwest Syria which might bias the responses and thus shelter and NFI needs. MSNA 2021 was conducted in late summer/early autumn, thus crucial needs such as winterization might not have been reported as a top priority need by respondents. Some severities were changed based on expert feedback (20 locations in Aleppo, Dar'a, and Lattakia Governorates). The number of people in need is based on the calculated severity and the Population Task Force's population estimates. The latter being an estimation does not always reflect actual population figures and/or population group constellations on the ground which limits the PiN estimation.
- **WASH:** The data is collected by interviewing only one member of the household, so is based on the knowledge and perceptions of this individual. As a household-level assessment, the data does not always give the full picture on WASH systems at community and higher levels. Partners should supplement the datasets with information from key informants with specialized knowledge (camp managers, pump station/treatment plant operators etc.) or data from other assessments (water systems technical assessments

etc.). Data is representative at sub-district level. Analysis at lower than sub-district level may be indicative only depending on the number of surveys. Not all communities, and IDP camps/sites in a sub-district have been assessed. Certain indicators are prone to a degree of inaccuracy. Time bound nature of the dataset. Limited data sources on WASH conditions for Palestine refugees and other focused groups of interest. Limited possibility to expand the data sources to include the key informants from local authorities or public water and sanitation utilities. At household level, specific matters related to Gender-based Violence were not assessed due to a mistake at data collection tool level. Data to be collected during the next round of winter assessment. WASH Severity scores and PIN calculations are subject to the same limitations as the assessments that collected the data upon which they are based (including secondary sources).

Estimated Population Composition, Inter-Sector Severity and People in Need

by sub-district

ADMIN INFORMATION			POPULATION ESTIMATES (AUGUST 2021, POPULATION TASK FORCE)					IDPS IN INFORMAL SETTLEMENTS, PLANNED, CAMPS, COLLECTIVE SHELTERS AND TRANSIT CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE- TURNÉES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA- TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Aleppo	A'zaz	A'zaz	65,357	235,939	-	301,296	78%	37	154,675	66%	4	271,166
Aleppo	A'zaz	Aghtrin	48,676	47,213	240	96,129	49%	15	12,201	26%	4	86,516
Aleppo	A'zaz	Tall Refaat	12,983	51,024	-	64,007	80%	-	-	-	3	34,763
Aleppo	A'zaz	Mare'	22,171	47,580	30	69,781	68%	5	4,992	10%	4	62,802
Aleppo	A'zaz	Nabul	34,174	14,196	-	48,370	29%	-	-	-	3	11,782
Aleppo	A'zaz	Suran	34,792	61,176	12	95,980	64%	13	20,850	34%	4	86,382
Aleppo	Afrin	Afrin	74,392	119,663	-	194,055	62%	57	33,698	28%	4	174,650
Aleppo	Afrin	Bulbul	7,197	28,276	140	35,613	80%	-	-	-	4	20,143
Aleppo	Afrin	Jandairis	23,174	71,356	-	94,530	75%	21	14,533	20%	4	84,271
Aleppo	Afrin	Raju	21,937	27,324	90	49,351	56%	7	1,436	5%	4	44,415
Aleppo	Afrin	Sharan	9,106	43,462	-	52,568	83%	30	12,187	28%	4	47,311
Aleppo	Afrin	Sheikh El-Hadid	8,145	4,221	-	12,366	34%	-	-	-	4	11,129
Aleppo	Afrin	Ma'btali	15,107	12,692	-	27,799	46%	11	4,894	39%	4	25,019
Aleppo	Ain Al Arab	Ain al Arab	82,973	4,324	93	87,390	5%	-	-	-	3	6,908
Aleppo	Ain Al Arab	Lower Shyookh	16,064	-	-	16,064	0%	-	-	-	3	121
Aleppo	Ain Al Arab	Sarin	50,307	1,319	14	51,640	3%	-	-	-	3	7,981
Aleppo	Al Bab	Al Bab	92,672	97,869	-	190,541	51%	25	32,481	33%	4	171,487
Aleppo	Al Bab	Tadaf	19,242	448	187	19,877	3%	-	-	-	4	17,545
Aleppo	Al Bab	Dayr Hafir	18,773	168	2,044	20,985	11%	-	-	-	3	18,047
Aleppo	Al Bab	Ar-Ra'ee	16,223	7,417	-	23,640	31%	-	-	-	4	21,071
Aleppo	Al Bab	Eastern Kwares	15,030	-	-	15,030	0%	-	-	-	3	12,024
Aleppo	Al Bab	Rasm Haram El-Imam	17,790	-	1,255	19,045	7%	-	-	-	3	16,569
Aleppo	Al Bab	A'rima	31,666	10,689	406	42,761	26%	4	2,220	21%	4	38,485
Aleppo	As-Safira	As-Safira	38,498	521	-	39,019	1%	-	-	-	3	29,705
Aleppo	As-Safira	Khanaser	220	-	-	220	0%	-	-	-	3	176
Aleppo	As-Safira	Banan	2,155	-	-	2,155	0%	-	-	-	3	1,509
Aleppo	As-Safira	Hajeb	560	-	-	560	0%	-	-	-	3	392
Aleppo	Jarablus	Jarablus	45,212	36,843	-	82,055	45%	24	32,709	89%	4	73,850
Aleppo	Jarablus	Ghandorah	17,852	12,535	-	30,387	41%	8	7,926	63%	4	27,348
Aleppo	Jebel Saman	Jebel Saman	1,461,082	168,677	16,184	1,645,943	11%	3	485	0.3%	3	739,858
Aleppo	Jebel Saman	Atareb	96,353	87,061	265	183,679	48%	53	69,788	80%	5	183,679
Aleppo	Jebel Saman	Tall Ed-daman	4,288	52	-	4,340	1%	-	-	-	3	3,335
Aleppo	Jebel Saman	Haritan	2,512	120	360	2,992	16%	-	-	-	3	1,705
Aleppo	Jebel Saman	Daret Azza	38,152	29,515	275	67,942	44%	14	8,326	28%	4	61,148
Aleppo	Jebel Saman	Zarbah	1,042	-	120	1,162	10%	-	-	-	3	883
Aleppo	Jebel Saman	Hadher	3,562	188	30	3,780	6%	-	-	-	3	2,900
Aleppo	Menbij	Menbij	251,600	54,235	300	306,135	18%	44	11,240	21%	3	187,929
Aleppo	Menbij	Abu Qalqal	53,260	5,245	-	58,505	9%	-	-	-	3	22,107
Aleppo	Menbij	Al-Khafsa	84,995	2,425	-	87,420	3%	-	-	-	3	67,270
Aleppo	Menbij	Maskana	39,250	-	-	39,250	0%	-	-	-	3	31,400
Al-Hasakeh	Al-Hasakeh	Al-Hasakeh	142,875	127,639	746	271,260	47%	58	28,871	23%	4	244,134
Al-Hasakeh	Al-Hasakeh	Tal Tamer	33,444	18,897	-	52,341	36%	50	11,509	61%	3	41,873
Al-Hasakeh	Al-Hasakeh	Shadadah	35,290	1,901	146	37,337	5%	-	-	-	3	29,870
Al-Hasakeh	Al-Hasakeh	Markada	15,531	536	40	16,107	4%	-	-	-	3	12,886
Al-Hasakeh	Al-Hasakeh	Be'r Al-Hulo Al-Wardeyyeh	8,524	383	-	8,907	4%	-	-	-	4	7,937
Al-Hasakeh	Al-Hasakeh	Areeshah	28,064	15,516	83	43,663	36%	2	14,720	95%	3	34,930
Al-Hasakeh	Al-Hasakeh	Hole	8,581	61,564	-	70,145	88%	1	58,747	95%	3	58,747
Al-Hasakeh	Al-Malikeyyeh	Al-Malikeyyeh	74,985	13,333	125	88,443	15%	3	6,349	48%	4	79,599
Al-Hasakeh	Al-Malikeyyeh	Jawadiyah	24,990	2,580	-	27,570	9%	-	-	-	3	22,056
Al-Hasakeh	Al-Malikeyyeh	Ya'robiyah	26,801	1,015	-	27,816	4%	-	-	-	3	22,253
Al-Hasakeh	Quamishli	Quamishli	237,883	62,547	321	300,751	21%	-	-	-	3	240,601

ADMIN INFORMATION			POPULATION ESTIMATES (AUGUST 2021, POPULATION TASK FORCE)					IDPS IN INFORMAL SETTLEMENTS, PLANNED, CAMPS, COLLECTIVE SHELTERS AND TRANSIT CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Al-Hasakeh	Quamishli	Tal Hmis	28,820	604	-	29,424	2%	-	-		3	23,539
Al-Hasakeh	Quamishli	Amuda	31,559	17,158	29	48,746	35%	-	-		3	38,997
Al-Hasakeh	Quamishli	Qahtaniyyeh	25,994	2,505	-	28,499	9%	-	-		4	25,649
Al-Hasakeh	Ras Al Ain	Ras Al Ain	46,291	15,783	1,087	63,161	27%	-	-		3	50,529
Al-Hasakeh	Ras Al Ain	Darbasiyah	31,049	3,328	96	34,473	10%	1	50	2%	3	27,578
Ar-Raqqa	Ar-Raqqa	Ar-Raqqa	269,814	122,712	986	393,512	31%	72	101,807	83%	4	354,161
Ar-Raqqa	Ar-Raqqa	Sabka	27,110	1,900	-	29,010	7%	4	725	38%	4	26,109
Ar-Raqqa	Ar-Raqqa	Karama	38,644	15,183	-	53,827	28%	4	766	5%	3	43,062
Ar-Raqqa	Ar-Raqqa	Maadan	14,202	185	-	14,387	1%	1	185	100%	4	12,948
Ar-Raqqa	Ath-Thawrah	Al-Thawrah	58,430	18,270	20	76,720	24%	21	3,433	19%	3	61,376
Ar-Raqqa	Ath-Thawrah	Mansura	37,193	9,066	-	46,259	20%	14	4,980	55%	4	41,633
Ar-Raqqa	Ath-Thawrah	Jurneyyeh	34,929	3,489	-	38,418	9%	3	2,829	81%	4	34,576
Ar-Raqqa	Tell Abiad	Tell Abiad	38,606	6,078	145	44,829	14%	-	-		4	39,959
Ar-Raqqa	Tell Abiad	Suluk	35,664	2,678	-	38,342	7%	1	135	5%	4	34,508
Ar-Raqqa	Tell Abiad	Ein Issa	35,743	1,555	425	37,723	5%	-	-		4	25,049
As-Sweida	As-Sweida	As-Sweida	143,122	48,340	-	191,462	25%	4	399	0.8%	3	145,329
As-Sweida	As-Sweida	Mazra'a	19,098	2,010	-	21,108	10%	-	-		3	14,637
As-Sweida	As-Sweida	Mashnaf	14,328	171	-	14,499	1%	-	-		3	10,453
As-Sweida	Salkhad	Salkhad	24,977	2,652	-	27,629	10%	-	-		3	19,107
As-Sweida	Salkhad	Qarayya	9,600	1,697	-	11,297	15%	-	-		3	8,949
As-Sweida	Salkhad	Gharyeh	4,582	270	-	4,852	6%	-	-		2	1,192
As-Sweida	Salkhad	Thibeen	6,101	451	-	6,552	7%	-	-		3	5,142
As-Sweida	Salkhad	Milh	12,930	577	-	13,507	4%	-	-		3	6,961
As-Sweida	Shahba	Shahba	29,264	9,904	-	39,168	25%	-	-		3	18,792
As-Sweida	Shahba	Shaqa	18,473	2,743	-	21,216	13%	-	-		3	16,973
As-Sweida	Shahba	Ariqa	11,652	1,101	120	12,873	9%	-	-		3	6,320
As-Sweida	Shahba	Little Sura	14,490	1,397	-	15,887	9%	-	-		3	12,463
Damascus	Damascus	Damascus	1,218,564	609,682	599	1,828,845	33%	3	717	0.1%	3	912,812
Dar'a	As-Sanamayn	As-Sanamayn	131,429	1,987	245	133,661	2%	-	-		3	61,331
Dar'a	As-Sanamayn	Masmiyyeh	11,413	99	42	11,554	1%	-	-		4	10,399
Dar'a	As-Sanamayn	Ghabagheb	53,991	3,186	4	57,181	6%	-	-		3	43,128
Dar'a	Dar'a	Dar'a	133,719	59,698	165	193,582	31%	-	-		3	50,086
Dar'a	Dar'a	Busra Esh-Sham	37,314	5,414	13	42,741	13%	-	-		3	18,533
Dar'a	Dar'a	Kherbet Ghazala	47,320	311	108	47,739	1%	-	-		2	9,341
Dar'a	Dar'a	Ash-Shajara	41,848	458	12	42,318	1%	-	-		4	38,087
Dar'a	Dar'a	Da'el	40,342	654	14	41,010	2%	-	-		4	36,909
Dar'a	Dar'a	Mzeireb	93,682	17,152	166	111,000	16%	-	-		4	99,900
Dar'a	Dar'a	Jizeh	26,965	2,821	26	29,812	10%	-	-		3	10,767
Dar'a	Dar'a	Mseifra	37,140	2,796	53	39,989	7%	-	-		3	27,070
Dar'a	Izra'	Izra'	62,003	3,810	67	65,880	6%	-	-		4	59,292
Dar'a	Izra'	Jasim	36,524	1,336	13	37,873	4%	-	-		3	18,346
Dar'a	Izra'	Hrak	45,058	1,105	32	46,195	2%	-	-		3	36,956
Dar'a	Izra'	Nawa	57,746	2,108	27	59,881	4%	-	-		3	44,246
Dar'a	Izra'	Sheikh Miskine	39,470	65	23	39,558	0%	-	-		3	23,444
Dar'a	Izra'	Tassil	25,325	155	30	25,510	1%	-	-		4	22,959
Deir-ez-Zor	Abu Kamal	Abu Kamal	59,558	-	442	60,000	1%	-	-		4	51,806
Deir-ez-Zor	Abu Kamal	Hajin	71,700	34,835	638	107,173	33%	1	160	0.5%	4	96,456
Deir-ez-Zor	Abu Kamal	Jalaa	15,019	-	14	15,033	0%	-	-		4	13,099
Deir-ez-Zor	Abu Kamal	Susat	24,862	5,358	703	30,923	20%	-	-		4	27,831
Deir-ez-Zor	Al Mayadin	Al Mayadin	83,351	-	1,785	85,136	2%	-	-		4	55,000
Deir-ez-Zor	Al Mayadin	Thiban	41,973	8,571	8	50,552	17%	-	-		4	45,497
Deir-ez-Zor	Al Mayadin	Ashara	150,025	-	1,695	151,720	1%	-	-		4	100,000
Deir-ez-Zor	Deir-ez-Zor	Deir-ez-Zor	216,236	62,531	674	279,441	23%	3	6,625	11%	4	243,595
Deir-ez-Zor	Deir-ez-Zor	Kisreh	74,803	45,612	330	120,745	38%	16	30,306	66%	4	108,671
Deir-ez-Zor	Deir-ez-Zor	Basira	37,016	4,514	9	41,539	11%	20	1,785	40%	4	37,385

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GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULATION	NUMBER OF SITES/CAMPS	NUMBER OF IDPS IN SITES/CAMPS (JAN/FEB 2021)	% OF IDPS IN SITES/CAMPS	SEVERITY	PEOPLE IN NEED
Deir-ez-Zor	Deir-ez-Zor	Muhasan	9,623	25	35	9,683	1%	-	-		3	2,373
Deir-ez-Zor	Deir-ez-Zor	Tabni	85,291	-	120	85,411	0%	-	-		4	74,446
Deir-ez-Zor	Deir-ez-Zor	Khasham	28,560	2,461	-	31,021	8%	4	318	13%	4	27,919
Deir-ez-Zor	Deir-ez-Zor	Sur	32,525	6,794	25	39,344	17%	1	80	1%	4	35,410
Hama	As-Salamiyeh	As-Salamiyeh	204,575	32,677	-	237,252	14%	-	-		3	117,255
Hama	As-Salamiyeh	Eastern Bari	15,095	109	-	15,204	1%	-	-		4	13,550
Hama	As-Salamiyeh	As-Saan	12,880	-	-	12,880	0%	-	-		4	11,592
Hama	As-Salamiyeh	Saboura	18,344	-	-	18,344	0%	-	-		2	18,164
Hama	As-Salamiyeh	Oqeirbat	2,307	-	-	2,307	0%	-	-		4	2,076
Hama	As-Suqaylabiyah	As-Suqaylabiyah	33,373	6,633	3,465	43,471	23%	-	-		3	22,284
Hama	As-Suqaylabiyah	Tell Salhib	17,050	100	-	17,150	1%	-	-		3	13,720
Hama	As-Suqaylabiyah	Ziyara	1,953	843	110	2,906	33%	-	-		4	2,587
Hama	As-Suqaylabiyah	Shat-ha	15,409	-	-	15,409	0%	-	-		2	4,787
Hama	As-Suqaylabiyah	Madiq Castle	5,945	-	320	6,265	5%	-	-		4	5,058
Hama	Hama	Hama	587,394	166,019	400	753,813	22%	6	2,960	2%	3	571,140
Hama	Hama	Suran	30,355	410	1,334	32,099	5%	-	-		3	19,590
Hama	Hama	Harbanifse	49,401	666	151	50,218	2%	-	-		3	39,798
Hama	Hama	Hamra	10,803	67	-	10,870	1%	-	-		3	8,005
Hama	Masyaf	Masyaf	65,911	201	-	66,112	0%	-	-		2	56,164
Hama	Masyaf	Jeb Ramleh	40,023	-	-	40,023	0%	-	-		2	39,656
Hama	Masyaf	Oj	39,344	8,212	-	47,556	17%	-	-		2	32,005
Hama	Masyaf	Ein Halaqim	20,655	897	-	21,552	4%	-	-		2	8,643
Hama	Masyaf	Wadi El-oyoun	19,987	6,946	-	26,933	26%	-	-		2	18,911
Hama	Muhradah	Muhradah	37,403	2,030	612	40,045	7%	-	-		3	26,013
Hama	Muhradah	Kafr Zeita	1,234	-	-	1,234	0%	-	-		3	987
Hama	Muhradah	Karnaz	6,980	1,101	120	8,201	15%	-	-		3	6,209
Homs	Al Makhrim	Al Makhrim	44,786	1,256	-	46,042	3%	-	-		2	16
Homs	Al Makhrim	Jeb Ej-Jarrah	21,701	-	190	21,891	1%	-	-		3	-
Homs	Al-Qusayr	Al-Qusayr	52,058	11,120	134	63,312	18%	-	-		4	50,941
Homs	Ar-Rastan	Ar-Rastan	85,712	976	86	86,774	1%	-	-		3	3,960
Homs	Ar-Rastan	Talbiseh	95,964	2,966	112	99,042	3%	-	-		3	14,501
Homs	Homs	Homs	436,932	192,592	3,870	633,394	31%	5	397	0.2%	3	303,072
Homs	Homs	Taldu	68,991	855	30	69,876	1%	-	-		3	53,777
Homs	Homs	Kherbet Tin Noor	73,359	3,183	24	76,566	4%	-	-		2	16,038
Homs	Homs	Ein Elniser	32,071	2,158	-	34,229	6%	-	-		3	24,241
Homs	Homs	Farqalas	15,518	10,193	-	25,711	40%	-	-		4	23,140
Homs	Homs	Raqama	22,526	6,235	-	28,761	22%	-	-		4	21,631
Homs	Homs	Qaryatein	7,301	-	130	7,431	2%	-	-		3	4,747
Homs	Homs	Mahin	1,930	-	1,700	3,630	47%	-	-		3	33
Homs	Homs	Hasyaa	37,034	10,062	-	47,096	21%	4	4,052	40%	3	33,094
Homs	Homs	Sadad	6,645	416	-	7,061	6%	-	-		2	-
Homs	Homs	Qabu	40,405	-	-	40,405	0%	-	-		2	15,392
Homs	Homs	Shin	30,363	2,850	-	33,213	9%	-	-		1	-
Homs	Tadmor	Tadmor	3,337	-	80	3,417	2%	-	-		3	2,734
Homs	Tadmor	Sokhneh	4,066	-	-	4,066	0%	-	-		4	1,830
Homs	Tall Kalakh	Tall Kalakh	40,851	1,315	170	42,336	4%	-	-		2	6,434
Homs	Tall Kalakh	Hadideh	44,044	-	-	44,044	0%	-	-		1	-
Homs	Tall Kalakh	Nasra	20,417	36,963	-	57,380	64%	-	-		1	-
Homs	Tall Kalakh	Hawash	23,931	20,831	160	44,922	47%	-	-		1	2,580
Idleb	Al Ma'ra	Ma'arrat An Nu'man	-	-	70	70	100%	-	-		3	37
Idleb	Al Ma'ra	Khan Shaykun	1,236	114	1,308	2,658	53%	-	-		4	1,865
Idleb	Al Ma'ra	Sanjar	10,588	-	695	11,283	6%	-	-		3	8,485
Idleb	Al Ma'ra	Kafr Nobol	25	118	75	218	89%	-	-		4	82
Idleb	Al Ma'ra	Tamanaah	2,656	-	530	3,186	17%	-	-		3	2,381

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GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RE-TURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULA-TION	NUMBER OF SITES/ CAMPS	NUMBER OF IDPS IN SITES/ CAMPS (JAN/FEB 2021)	%OF IDPS IN SITES/ CAMPS	SEVERITY	PEOPLE IN NEED
Idleb	Al Ma'ra	Heish	-	-	-	-	#DIV/0!	-	-	-	4	-
Idleb	Ariha	Ariha	80,594	22,688	1,382	104,664	23%	2	333	1%	4	93,332
Idleb	Ariha	Ehsem	22,079	4,898	5,125	32,102	31%	-	-	-	5	29,580
Idleb	Ariha	Mhambal	30,248	12,942	118	43,308	30%	1	907	7%	4	38,977
Idleb	Harim	Harim	26,050	45,374	-	71,424	64%	20	19,566	43%	5	71,424
Idleb	Harim	Dana	173,432	953,103	-	1,126,535	85%	573	911,703	96%	5	1,126,535
Idleb	Harim	Salqin	73,619	148,648	-	222,267	67%	39	36,193	24%	4	200,040
Idleb	Harim	Kafr Takharim	20,200	15,551	-	35,751	43%	8	3,943	25%	3	28,601
Idleb	Harim	Qourqeena	38,987	64,641	-	103,628	62%	33	27,754	43%	4	93,265
Idleb	Harim	Armanaz	39,386	37,453	-	76,839	49%	32	15,595	42%	3	61,471
Idleb	Idleb	Idleb	154,076	140,714	497	295,287	48%	18	12,957	9%	3	220,275
Idleb	Idleb	Abul Thohur	2,650	-	-	2,650	0%	-	-	-	3	1,254
Idleb	Idleb	Bennsh	22,903	29,260	538	52,701	57%	7	2,079	7%	4	47,431
Idleb	Idleb	Saraqab	1,090	86	200	1,376	21%	-	-	-	2	264
Idleb	Idleb	Teftnaz	19,356	3,239	739	23,334	17%	-	-	-	4	21,324
Idleb	Idleb	Maaret Tamsrin	73,617	256,955	85	330,657	78%	238	231,059	90%	5	330,657
Idleb	Idleb	Sarmin	12,468	2,372	825	15,665	20%	1	249	10%	4	15,051
Idleb	Jisr-Ash-Shugur	Jisr-Ash-Shugur	77,361	23,036	3,194	103,591	25%	-	-	-	4	100,315
Idleb	Jisr-Ash-Shugur	Badama	16,147	37,615	110	53,872	70%	52	21,974	58%	4	48,485
Idleb	Jisr-Ash-Shugur	Darkosh	48,271	38,895	-	87,166	45%	29	13,189	34%	4	78,449
Idleb	Jisr-Ash-Shugur	Janudiyeh	26,997	30,792	-	57,789	53%	20	9,429	31%	4	52,010
Lattakia	Al-Haffa	Al-Haffa	14,800	1,280	-	16,080	8%	-	-	-	3	1,391
Lattakia	Al-Haffa	Salanfa	7,167	540	-	7,707	7%	-	-	-	3	1,090
Lattakia	Al-Haffa	Ein Et-teeneh	4,350	475	-	4,825	10%	-	-	-	3	110
Lattakia	Al-Haffa	Kansaba	1,359	-	-	1,359	0%	-	-	-	3	206
Lattakia	Al-Haffa	Mzair'a	9,910	655	-	10,565	6%	-	-	-	2	-
Lattakia	Al-Qardaha	Al-Qardaha	41,662	2,675	-	44,337	6%	-	-	-	3	1,589
Lattakia	Al-Qardaha	Harf Elmseitra	6,113	400	-	6,513	6%	-	-	-	2	73
Lattakia	Al-Qardaha	Fakhura	17,375	940	-	18,315	5%	-	-	-	3	648
Lattakia	Al-Qardaha	Jobet Berghal	6,423	480	-	6,903	7%	-	-	-	3	2,526
Lattakia	Jablah	Jablah	70,744	21,436	-	92,180	23%	-	-	-	3	16,187
Lattakia	Jablah	Ein Elsharqiyeh	13,516	1,020	-	14,536	7%	-	-	-	2	147
Lattakia	Jablah	Qteibiyeh	27,381	1,590	-	28,971	5%	-	-	-	3	889
Lattakia	Jablah	Ein Shaqaq	12,011	690	-	12,701	5%	-	-	-	3	275
Lattakia	Jablah	Dalyeh	11,344	690	-	12,034	6%	-	-	-	3	515
Lattakia	Jablah	Beit Yashout	10,421	705	-	11,126	6%	-	-	-	3	594
Lattakia	Lattakia	Lattakia	517,250	410,286	-	927,536	44%	2	446	0.1%	4	356,395
Lattakia	Lattakia	Bahlolieh	10,031	667	-	10,698	6%	-	-	-	3	116
Lattakia	Lattakia	Rabee'a	-	-	-	-	#DIV/0!	-	-	-	3	-
Lattakia	Lattakia	Ein El-Bayda	12,180	1,188	-	13,368	9%	-	-	-	3	703
Lattakia	Lattakia	Qastal Maaf	12,502	2,060	-	14,562	14%	-	-	-	3	1,076
Lattakia	Lattakia	Kasab	1,577	605	-	2,182	28%	-	-	-	3	461
Lattakia	Lattakia	Hanadi	17,000	935	-	17,935	5%	-	-	-	2	-
Quneitra	Al Fiq	Fiq	2,346	213	-	2,559	8%	-	-	-	3	2,047
Quneitra	Quneitra	Quneitra	6,902	709	-	7,611	9%	2	337	48%	3	6,089
Quneitra	Quneitra	Khan Arnaba	65,973	564	8,309	74,846	12%	-	-	-	3	58,102
Quneitra	Quneitra	Al-Khashniyyeh	25,883	2,266	-	28,149	8%	-	-	-	3	22,302
Rural Damascus	Al Qutayfah	Al Qutayfah	44,840	2,900	-	47,740	6%	-	-	-	3	37,786
Rural Damascus	Al Qutayfah	Jirud	27,707	516	-	28,223	2%	-	-	-	3	20,794
Rural Damascus	Al Qutayfah	Ma'loula	12,956	35	-	12,991	0%	-	-	-	2	1,905
Rural Damascus	Al Qutayfah	Raheiba	25,925	2,084	-	28,009	7%	-	-	-	3	22,407
Rural Damascus	An Nabk	An Nabk	33,875	20,388	-	54,263	38%	-	-	-	3	43,410
Rural Damascus	An Nabk	Deir Attiyeh	33,833	9,286	-	43,119	22%	-	-	-	3	34,495
Rural Damascus	At Tall	At Tall	51,713	202,027	-	253,740	80%	1	154	0.1%	4	228,366

ADMIN INFORMATION			POPULATION ESTIMATES (AUGUST 2021, POPULATION TASK FORCE)					IDPS IN INFORMAL SETTLEMENTS, PLANNED, CAMPS, COLLECTIVE SHELTERS AND TRANSIT CENTERS			INTER-SECTOR SEVERITY AND PIN	
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENTS	IDPS	SPONTANEOUS-IDP-RETURNEES	TOTAL POPULATION	% OF IDPS AND SPONTANEOUS IDP RETURNEES OF POPULATION	NUMBER OF SITES/CAMPS	NUMBER OF IDPS IN SITES/CAMPS (JAN/FEB 2021)	% OF IDPS IN SITES/CAMPS	SEVERITY	PEOPLE IN NEED
Rural Damascus	At Tall	Sidnaya	12,195	175	-	12,370	1%	-	-		3	8,335
Rural Damascus	At Tall	Rankus	9,844	130	-	9,974	1%	-	-		3	7,979
Rural Damascus	Az-Zabdani	Az-Zabdani	17,272	11,467	190	28,929	40%	-	-		3	21,808
Rural Damascus	Az-Zabdani	Dimas	13,341	2,690	347	16,378	19%	-	-		3	11,960
Rural Damascus	Az-Zabdani	Ein Elfijeh	14,099	12,731	500	27,330	48%	-	-		3	21,232
Rural Damascus	Az-Zabdani	Madaya	28,211	2,679	28	30,918	9%	-	-		4	27,826
Rural Damascus	Az-Zabdani	Sarghaya	14,867	325	-	15,192	2%	-	-		4	12,590
Rural Damascus	Darayya	Markaz Darayya	41,618	2,084	3,885	47,587	13%	-	-		4	42,828
Rural Damascus	Darayya	Sahnaya	24,361	21,956	-	46,317	47%	-	-		3	37,054
Rural Damascus	Darayya	Hajar Aswad	646	-	3,049	3,695	83%	-	-		4	3,326
Rural Damascus	Duma	Duma	63,987	8,157	662	72,806	12%	-	-		3	56,578
Rural Damascus	Duma	Harasta	97,736	71,958	329	170,023	43%	-	-		4	153,021
Rural Damascus	Duma	Sabe Byar	3,772	12,167	-	15,939	76%	-	-		4	14,345
Rural Damascus	Duma	Dhameer	21,284	10,262	-	31,546	33%	-	-		4	28,391
Rural Damascus	Duma	Nashabiyeh	12,530	1,560	-	14,090	11%	-	-		5	14,090
Rural Damascus	Duma	Ghizlaniyyeh	35,930	39,479	74	75,483	52%	-	-		4	67,935
Rural Damascus	Duma	Haran Al'awameed	17,710	324	-	18,034	2%	-	-		4	16,231
Rural Damascus	Qatana	Qatana	151,471	148,855	-	300,326	50%	-	-		3	227,036
Rural Damascus	Qatana	Bait Jan	7,343	127	54	7,524	2%	-	-		3	1,389
Rural Damascus	Qatana	Sa'sa'	59,169	9,327	70	68,566	14%	2	28	0.3%	3	17,236
Rural Damascus	Rural Damascus	Kisweh	87,809	57,067	441	145,317	40%	1	900	2%	3	64,449
Rural Damascus	Rural Damascus	Babella	299,662	35,644	158	335,464	11%	1	136	0.4%	4	301,918
Rural Damascus	Rural Damascus	Jaramana	304,812	301,645	-	606,457	50%	-	-		4	545,811
Rural Damascus	Rural Damascus	Maliha	8,808	-	512	9,320	5%	-	-		3	7,456
Rural Damascus	Rural Damascus	Kafr Batna	30,963	8,313	138	39,414	21%	-	-		4	35,473
Rural Damascus	Rural Damascus	Arbin	18,373	2,077	550	21,000	13%	-	-		4	14,726
Rural Damascus	Rural Damascus	Qudsiya	244,056	104,353	44	348,453	30%	-	-		4	225,551
Rural Damascus	Yabroud	Yabroud	21,018	12,766	-	33,784	38%	-	-		4	30,406
Rural Damascus	Yabroud	Esal El-Ward	5,538	368	-	5,906	6%	-	-		3	4,099
Tartous	Banyas	Banyas	89,060	19,433	-	108,493	18%	-	-		2	22,820
Tartous	Banyas	Rawda	12,375	1,204	-	13,579	9%	-	-		2	1,734
Tartous	Banyas	Taleen	8,170	1,113	-	9,283	12%	-	-		2	835
Tartous	Dreikish	Dreikish	36,453	12,497	-	48,950	26%	-	-		3	12,350
Tartous	Dreikish	Jneinet Raslan	9,520	1,043	-	10,563	10%	-	-		2	2,486
Tartous	Dreikish	Hamin	8,390	936	-	9,326	10%	-	-		2	2,135
Tartous	Dreikish	Dweir Raslan	13,315	1,700	-	15,015	11%	-	-		2	1,750
Tartous	Qadmous	Anaza	18,053	1,993	-	20,046	10%	-	-		2	1,146
Tartous	Qadmous	Qadmous	22,041	4,118	-	26,159	16%	-	-		3	7,156
Tartous	Qadmous	Hamam Wasil	11,123	1,048	-	12,171	9%	-	-		3	4,482
Tartous	Qadmous	Tawahin	8,385	1,276	-	9,661	13%	-	-		2	381
Tartous	Safita	Safita	55,545	15,429	-	70,974	22%	-	-		3	22,677
Tartous	Safita	Mashta Elhiu	14,108	7,388	-	21,496	34%	-	-		3	13,228
Tartous	Safita	Bariqiyeh	7,060	709	-	7,769	9%	-	-		2	157
Tartous	Safita	Sibbeh	7,125	1,075	-	8,200	13%	-	-		2	826
Tartous	Safita	Sisniyyeh	20,155	2,645	-	22,800	12%	-	-		2	1,316
Tartous	Safita	Ras El-Khashufeh	19,045	1,550	-	20,595	8%	-	-		2	1,187
Tartous	Sheikh Badr	Sheikh Badr	27,910	9,092	-	37,002	25%	-	-		3	11,297
Tartous	Sheikh Badr	Baramanet Elmashayekh	18,130	2,610	-	20,740	13%	-	-		3	5,284
Tartous	Sheikh Badr	Qumseyyeh	14,220	2,468	-	16,688	15%	-	-		3	3,635
Tartous	Tartous	Tartous	233,443	73,669	-	307,112	24%	3	25	0.03%	3	193,331
Tartous	Tartous	Arwad	5,400	30	-	5,430	1%	-	-		2	112
Tartous	Tartous	Hameidiyyeh	17,002	2,013	-	19,015	11%	-	-		2	734
Tartous	Tartous	Kherbet Elma'aza	18,397	1,526	-	19,923	8%	-	-		2	388
Tartous	Tartous	Soda Khawabi	33,340	12,521	-	45,861	27%	-	-		3	23,404
Tartous	Tartous	Kareemeh	13,490	1,299	-	14,789	9%	-	-		2	1,868
Tartous	Tartous	Safsafa	19,548	1,912	-	21,460	9%	-	-		2	2,634

4.6 Acronyms

AOR	Area of Responsibility	NES	North-east Syria
CCCM	Camp Coordination and Camp Management	NFI	Non-Food Item
CFSAM	Crop and Food Security Assessment Mission	NGO	Non-Governmental Organization
CP	Child Protection	NIDP	Newly Displaced IDPs
EPI	Expanded Programme of Immunization	NSAG	Non-State Armed Group
ERL	Early Recovery and Livelihoods	NWS	North-west Syria
EWARN	Early Warning, Alert and Response Network	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
EWARS	Early Warning, Alert and Response System	OHCHR	United Nations Office for the High Commissioner of Human Rights
FAS	Food and Agriculture Sector	PHC	Primary Healthcare Centres
FAO	United Nations Food and Agriculture Organization	PiN	People in Need
FCS	Food Consumption Score	PLW	Pregnant and Lactating Women
FRC	Free Residual Chlorine	PMR	Periodic Monitoring Reports
FSA	Food Security Assessment	PPE	Personal Protective Equipment
FSLA	Food Security and Livelihoods Assessment	PSEA	Protection from Sexual Exploitation and Abuse
FSS	Food Security Sector	PWD	People with Disabilities
GBV	Gender-Based Violence	SAG	Strategic Advisory Group
GDP	Gross Domestic Product	SARC	Syrian Arab Red Crescent
GHC	Global Health Cluster	SARI	Severe Acute Respiratory Infection
GoS	Government of Syria	SDF	Syrian Democratic Forces
GPI	Global Peace Index	SMART	Standardized Monitoring and Assessment of Relief and Transitions
GWC	Global WASH Cluster	SYF	Syrian Pound
HCF	Health Care Facility	Syria MRM	Syria Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict
HeRAMS	Health Resources and Services Availability Mapping Systems	UN	United Nations
HH	Household	UNHCR	United Nations High Commissioner for Refugees
HLP	Housing, Land and Property	UNICEF	United Nations Children's Emergency Fund
HNAP	Humanitarian Needs Assessment Programme	UNSC	The United Nations Security Council
HNO	Humanitarian Needs Overview	UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
IASC	Inter-Agency Standing Committee	US\$	U.S. Dollar
IDP	Internally Displaced Person	UXO	Unexploded Ordnance
IED	Improvised explosive device	VBIED	Vehicle-borne improvised explosive device
ISIMM	IDP Sites Integrated Monitoring Matrix	VRP	Vulnerable Resident Populations
IHL	International Humanitarian Law	WASH	Water, Sanitation and Hygiene
IHRL	International Human Rights Law	WFP	United Nations World Food Programme
INGO	International Non-Governmental Organization	WHO	United Nations World Health Organization
ISG	Inter-sectoral Group	WoS	Whole of Syria
ISIL	Islamic State of Iraq and the Levant	WRA	Women of Reproductive Age
ISMI	IDP Situation Monitoring Initiative		
IYCF	Infant and Young Child Feeding		
JIAF	Joint Inter-Sectoral Analysis Framework		
KII	Key Informant Interview		
LSD	Lumpy Skin Disease		
mhGAP	Mental Health Gap Action Programme		
MSNA	Multi-Sector Needs Assessment		
MSME	Micro, Medium and Small Enterprises		
NCD	Non-Communicable Disease		

4.7 End Notes

- 1 IDMC, 2021: Global Report on Internal Displacement 2021
- 2 <https://reliefweb.int/report/syrian-arab-republic/humanitarian-needs-assessment-programme-hnap-syria-future-intentions>
- 3 2021 Global Peace Index <https://www.economicsandpeace.org/wp-content/uploads/2021/06/GPI-2021-web.pdf>
- 4 source
- 5 Covid-19 situation analysis second annual review - nutrition, shelter, logistics, education, and wash sectors, July-August 2021
- 6 Disaster Risk Management Knowledge Centre, <https://drmkc.jrc.ec.europa.eu/inform-index/INFORMtroller/Admin/action/CountryProfile>
- 7 Flash Update on the Response to Floods in North-West Syria, UNHCR 11 February 2021 <https://fscluster.org/syria/document/agriculture-input-and-commodity-bulletin-12>
- 8 OCHA Syria, Euphrates Water Crisis and Drought Outlook, 17 June 2021; IMMAP, Water Dynamics, Crises and Challenges in North-Eastern Syria, 11 July 2021
- 9 IMMAP, Water Dynamics, Crises and Challenges in North-Eastern Syria, 11 July 2021
- 10 Conflict and Environment Observatory, Deforestation in conflict areas in 2020.
- 11 OHCHR
- 12 OHCHR reporting
- 13 OHCHR reporting
- 14 OHCHR reporting
- 15 Syria MRM
- 16 Syria MRM
- 17 UN News, 2021, Four children killed on their way to school in Northwest Syria <https://news.un.org/en/story/2021/10/1103552>
- 18 UN News, 2021, Syria war: Average of one child injured or killed every eight hours over past 10 years - UNICEF <https://news.un.org/en/story/2021/03/1087212>
- 19 Syria MRM
- 20 As of 31 October 2021, WHO, Surveillance System for Attacks on Healthcare (SSA), Available at: <http://ssa.who.int>.
- 21 UN News, 2021, During relative calm, growing humanitarian suffering in Syria, a 'tragic irony': <https://news.un.org/en/story/2021/05/1092792>
- 22 OHCHR
- 23 HNAP, future intentions of Syrian IDPs, 2021 IDP report series
- 24 Largely due to a large-scale offensive on Northwest Syria during the first three months of 2020.
- 25 See IDP map on p. xx
- 26 IDP taskforce August 2021
- 27 Northwest_Syria_Key_Figures_Factsheet_October2021
- 28 CCCM sector
- 29 OCHA, situation report no.03, November 2021
- 30 Humanitarian Needs Assessment Programme (HNAP) Syria, Future Intentions of Syrian IDPs: 2021 IDP Report Series <https://reliefweb.int/report/syrian-arab-republic/humanitarian-needs-assessment-programme-hnap-syria-future-intentions>
- 31 Human Rights Council, Forty-eighth session <https://undocs.org/en/A/HRC/48/70>
- 32 WHO Eastern Mediterranean Regional Office (EMRO) WoS COVID-19 Dashboard, as of 23 November 2021
- 33 SAMS, October 2021, Second Wave of COVID-19 Surging in Northwest Syria, <https://www.sams-usa.net/2021/10/13/second-wave-of-covid-19-surging-in-northwest-syria/>
- 34 MSF, 2021, <https://www.msf.org/health-system-overwhelmed-northern-syria-most-severe-covid-19-outbreak-yet>
- 35 European University Institute <https://cadmus.eui.eu/bitstream/handle/1814/72182/QM-02-21-984-EN-N.pdf?sequence=1>
- 36 Humanitarian Situation Overview in Syria (HSOS), REACH.
- 37 Ibid.
- 38 MSNA, August 2021
- 39 WASH Sector
- 40 OCHA: Water Crisis Response Plan, September 2021
- 41 Ibid.
- 42 WHO: Health care a casualty of 6 years of war in the Syrian Arab Republic. <https://www.who.int/en/news-room/detail/15-03-2017-health-care-a-casualty-of-6-years-of-war-in-the-syrian-arab-republic>
- 43 HeRAMS Q1 https://reliefweb.int/sites/reliefweb.int/files/resources/wos_herams_q2_2021_final.pdf
- 44 44% of households with children in school feel that their children are learning sufficiently and 1% that they are learning more than sufficiently. 2022 MSNA, Education Section HNO analysis
- 45 Syrian Arab Republic mVAM Bulletin Issue no. 60: October 2021
- 46 FSA Sector
- 47 Nutrition Sector
- 48 OCHA: Northwest Syria Factsheet, 30 November
- 49 Ibid.
- 50 UNHCR: North-West Syria, November 2021
- 51 Efforts to verify the exact figure will continue in 2022.
- 52 <https://www.jiaf.info/wp-content/uploads/2021/05/JIAF-Info-Note-May-2021.pdf>
- 53 Productive assets are those household possessions that contribute to earning livelihoods.
- 54 MSNA data
- 55 Link to JIAF Guidance
- 56 MSNA data
- 57 KI MSNA 2021.
- 58 KI MSNA 2021.
- 59 Income deficit was calculated using averages of each respective demographic group's self-reported income and expenditure.
- 60 Income deficit was calculated using averages of each respective population group's self-reported income and expenditure.
- 61 EDU 2022 HNO analysis, MSNA data
- 62 Percentage of IDPs residing in camps relying on piped connection; Aleppo (8.7%), Al-Hasakeh (0%), Ar-Raqqa (28.2%), Deir-ez-Zor (0%), and Idleb (14.3%) governorates.
- 63 MRM4Syria
- 64 Health Sector chapter
- 65 Education Sector
- 66 WASH Sector
- 67 Shelter/NFI Sector chapter
- 68 Increases were highest (73 per cent) amongst heads of households living with a disability (MSNA 2021)
- 69 FSA Sector chapter
- 70 Health sector chapter
- 71 Health Sector chapter
- 72 This concern increases to 50 per cent of the population having returned in 2018 or before.
- 73 These MSNA findings are indicative and not representative.
- 74 FAO: Syrian farmers face challenges preparing for the new season following poor harvest in 2020/21, October 2021
- 75 Ibid.
- 76 Nutrition Sector chapter
- 77 Sub-districts such as Bulbul, Raju, Sharan, Jandairis, Ma'bтали, Nutrition Sector chapter
- 78 Nutrition Sector chapter.
- 79 HNAP 2021 IDP Report Series
- 80 CCCM Sector chapter
- 81 MSNA data
- 82 CCCM Sector chapter
- 83 Of the 5.5 million people estimated to be disabled across Syria, 1.8 million are estimated to be IDPs (HNAP: IDP Report Series, 2021)
- 84 MSNA data
- 85 HNAP: Disability in Syria, 2021
- 86 MSNA data
- 87 Hunger scale: a composite indicator.
- 88 HNAP: IDP Report Series, 2021
- 89 HNAP 2021 IDP Report Series
- 90 GBV AoR: Voices from Syria, 2021
- 91 Al-Hasakeh (92%), As-Sweida (97%), Dar'a (94%), Hama (90%), Lattakia (100%), Quneitra (91%) and Tartous (99%).
- 92 MSNA data
- 93 Save the Children: Psychosocial Safety, June 2020
- 94 The 2022 HNO defines returnees as IDPs who have returned to their places of origin within six months after being displaced in 2020.
- 95 HNAP Third Returnee Overview, 2021
- 96 IDP Task Force, November 2021
- 97 Ibid.
- 98 HNAP 2021 IDP Report Series
- 99 The numbers reported are only those verified or monitored by UNHCR and do not reflect the entire number of returns, which may be significantly higher.
- 100 UNRWA Emergency Appeal 2022
- 101 UNRWA Relief and Social Services, May 2021. Syria Crisis Monitoring Report.
- 102 Ibid
- 103 This is based on Government of Syria data, registering extended families together. According to UNRWA calculations, the number would reach about 700 families.
- 104 MSNA.

- 105 Of these, 72 per cent reported that the favor was requested by the local authorities, while 30 per cent reported private vendors or distributors, 26 per cent community leaders, 8 per cent community members, two per cent the United Nations (UN) Agencies, International Non-Governmental Organizations (INGOs) or Local Non-Governmental Organizations (LNGOs), and 1 per cent indicated the favor was asked by camp managers.
- 106 SEA and Humanitarian Assistance Household Perceptions of Favors in Exchange for aid. (October 2021, HNAP, WoS IA PSEA Network)
- 107 SEA and Humanitarian Assistance Household Perceptions of Favors in Exchange for aid. (October 2021, HNAP, WoS IA PSEA Network)
- 108 KI MSNA 2021.
- 109 KI MSNA 2021.
- 110 2021 Household MSNA.
- 111 Mentioned as an issue by 14.8% of FHH
- 112 Mentioned as an issue by 13.6% and 11.6% of FHH.
- 113 Unless specified, the information included in this section is based on programme data and protection FGDs.
- 114 'Technology-facilitated violence' and 'technology-related violence' define all the ways that technology is used to perpetrate violence against women and girls, including online violence as well as other violence perpetrated using information and communication technologies (ICTs), such as mobile phone calls, texts and cameras.
- 115 2021 Household MSNA
- 116 Compared to 62 per cent in 2021.
- 117 2021 Community Level MSNA
- 118 2021 Community Level MSNA
- 119 MRM
- 120 2021 Community level MSNA
- 121 Community level MSNA. Most common events leading to separation were perceived to be economic reasons, death of caregivers, divorce, and child marriage.
- 122 2021 Household MSNA
- 123 2021 Household MSNA
- 124 In the North East alone 1,200 unaccompanied and separated children have been identified.
- 125 MRM
- 126 Repatriation media monitoring snapshots
- 127 Al Hol Coordination forum
- 128 2021 Community level MSNA
- 129 2021 Community level MSNA
- 130 2021 Community level MSNA
- 131 2021 Community level MSNA, Mine Action AoR victim assistance database.
- 132 UNMAS Victim Assistance Analysis
- 133 2021 Community level MSNA
- 134 ISIMM, October 2021
- 135 SSWG, November 2021
- 136 SSWG, November 2021; ISIMM+, July 2021
- 137 ISIMM+, 2021
- 138 ISIMM, October 2021
- 139 SSWG, October 2021
- 140 ISIMM, September 2021
- 141 Inadequate shelter conditions are defined as a shelter/ housing displaying 3 or more inadequacies related to safety & security, protection from the elements, access to basic services, privacy & dignity.
- 142 ISIMM+, July 2021
- 143 ISIMM+, July 2021
- 144 HNAP, October 2021
- 145 MSNA, 2021
- 146 ISIMM & MSNA 2021
- 147 MSNA 2021
- 148 ISIMM+, July 2021
- 149 ISIMM+, July 2021
- 150 HNAP IDP HH survey 2021
- 151 HNAP IDP HH survey 2021
- 152 ISIMM+, July 2021
- 153 Displacement Tracker
- 154 ISIMM+, July 2021
- 155 The MRM4Syria (covering the period January - September 2021) verified that 13 children and adults were killed, and 31 children and adults were injured by 25 verified attacks on schools and seven verified instances of military use of schools.
- 156 Information on attendance is for the 2020-2021 academic year; 2021 MSNA
- 157 As in past years, girls and boys usually attend at the same rates with both having a sharp dropout rate in adolescents with boys dropping out at a higher rate than girls
- 158 Economic related issues were the most prominent top-three reasons why children were not in school. 33% of households reported that they could not afford for children to go and 28% of households reported that children are working.
- 159 This trend was consistent between boys and girls; 2021 MSNA
- 160 derived from caregiver interviews, 2021 MSNA
- 161 Education Sector Findings 2022 HNO
- 162 191 primary schools and 5 secondary schools; CCCM ISIMM Education dashboard, February 2021
- 163 As per the humanitarian response formal encompasses accredited and non-accredited
- 164 2021 MSNA
- 165 WOS/HNAP School Survey
- 166 In all governorates except Quneitra there are schools running in shifts run in shifts; HNAP.WOS-Education School Survey.
- 167 Specific needs are defined as reported health condition, injury or disability. 2021 MSNA
- 168 2021 MSNA
- 169 2021 MSNA
- 170 Mental health and psychosocial support, rates of psychological distress 38% for HHs with children in school and 42% for out of school; MSNA 2021
- 171 The rates of complaints of no toilets or sinks remain a particular concern across many governorates particularly: Aleppo, Deir-ez-Zor, Ar-Raqqa, Al-Hasakeh, As-Sweida, Dar'a, Hama and Quneitra, HNA-WOS-WASH household survey
- 172 Listed groups are not in order of priority
- 173 MSNA 2021
- 174 MSNA 2021
- 175 at 36% non-attendance compared to other groups who ranged between 15%-19%; MSNA 2021
- 176 MSNA 2021
- 177 There are 4 schools that in Dar'a currently under rehabilitation at different stages. Education Sector, Damascus 2021
- 178 As per the Education Management Information System 2021/2022 data, there are 66 TVET institutes in country
- 179 <https://reliefweb.int/report/syrian-arab-republic/water-crisis-northern-and-northeast-syria-immediate-response-and-funding>
- 180 https://paxforpeace.nl/news/blogs/killing-the-khabur-how-turkish-backed-armed-groups-blocked-northeast-syrias-water-lifeline?fbclid=IwAR20zfG_UoDuKMh69dAVZzPftgZxXcmtAWGij1ofXZw3-iIHPSLkNQQ
- 181 Response Plan_Water Crisis in Northern and Northeast Syria (September 2021)
- 182 <https://www.fao.org/emergencies/fao-in-action/stories/stories-detail/en/c/1444709/>
- 183 Nutrition sector HNO_2022
- 184 <https://www.humanitarianresponse.info/en/operations/whole-of-syria/document/voices-syria-2021-draft>
- 185 Advocacy paper: Key facts on the worst form of child labour and reintegration barriers - NES CPAOR
- 186 UNRWA assessment of the socio-economic situation of Palestine refugees in Syria (May 2021) have revealed strong economic difficulties:
- 187 Such as COVID-19, renewed hostilities in Dar'a, water crisis in northeast Syria.
- 188 Such as human resource shortages, supply chain disruption, socio-economic decline, coercive measures.
- 189 According to MSNA 2021, over-crowding and long waiting times were reported to be the number one barrier to health access.
- 190 WHO Eastern Mediterranean Regional Office (EMRO) WoS COVID-19 Dashboard, as of 23 November 2021.
- 191 As evidenced by the circulating Vaccine-Derived Poliovirus type 2 (cVDPV) outbreak in northwest and ruptures in the Expanded Program on Immunization (EPI) in other areas.
- 192 Increases of 20% or more in proportionate morbidity observed in acute diarrhea, acute bloody diarrhea, hepatitis A, typhoid and leishmaniasis when comparing WoS EWARS/EWARN 2020 – 2021 for the periods Jan – Jul 2020 and Jan – Jul 2021.
- 193 Such as the sandfly which transmits leishmaniasis.
- 194 WHO Whole of Syria combined EWARN/EWARS 2021 showed highest proportional morbidity of acute diarrhea in late October and early November in Deir-Ez-Zor and Al-Hasakeh governorates.
- 195 According to MSNA 2021, medication for acute and chronic conditions were the most frequently reported unavailable health service.
- 196 Such as reductions in routine childhood vaccination coverage due to cost-of-transportation barriers and/or worsening of chronic diseases due to unaffordable or unavailable treatment, delays and/or deferment in care-seeking. According to MSNA

- 2021, 90% of surveyed households reported having to pay during their most recent health service and cost of treatment and cost of consultation were 2 of the 3 most frequently reported barriers to health access.
- 197 Particularly for COVID-19 interventions in last resort sites.
- 198 WHO Whole of Syria combined HERAMS Q2 2021 shows just 56% of primary health care facilities and 63% of hospitals are fully functional.
- 199 Including working groups focused on inclusion.
- 200 Focus group discussions conducted in 2021 by a health partner operating in areas under Government of Syria control.
- 201 UNFPA November 2021, via MISP calculator <https://iawg.net/resources/misp-calculator>
- 202 WHO, 2016.
- 203 Syria health sector partners, November 2021.
- 204 UNRWA Syria, Nov 2021.
- 205 Households where the head of household was reported to have a disability or where at least one member of the household aged 4 – 24 years was reported to have an injury, disability or other health condition.
- 206 MSNA 2021.
- 207 Including more than 800 Palestine refugee families returned to Yarmouk and Ein El Tal refugee camps – UNRWA Syria, 2021.
- 208 Aleppo, Al-Hasakeh, Ar-Raqqa, Deir-ez-Zor, Idlib
- 209 WHO WoS EWARS/EWARN 2020 – 2021
- 210 Access to tuberculosis diagnosis and treatment is limited for many areas of Syria.
- 211 MSNA 2021.
- 212 To respond to the cVDPV outbreak in northwest Syria two polio campaigns targeting more than 815,000 children under 5 are planned for 2022.
- 213 Jointly implemented by WASH (waste transfer and incineration) and Health sectors (facility-level waste segregation and training of staff)
- 214 Such as continuous monitoring of health services disruption
- 215 Including neurological and psychological effects
- 216 Including rehabilitation, provision of equipment and supplies, support to operations, and deployment and training of essential human resources
- 217 For example, solar and green technology can also reduce dependence on fuel and environmental impact while ensuring service continuity in the face of disruption.
- 218 As of 31 October 2021, WHO, Surveillance System for Attacks on Healthcare (SSA), Available at: <http://ssa.who.int>.
- 219 NW Syria - SMART Survey July 2021- En
- 220 Water Crises in Northern and Northeast Syria, September 2021
- 221 Ibid.
- 222 DISABILITY IN SYRIA- H NAP 2021
- 223 Substandard is defined as all shelter types other than finished residential buildings.
- 224 Note that the shelter section of the MSNA does not constitute a damage assessment. Identified shelter damage ranges from minor to moderate (only) as families are unlikely to be present within severely damaged or destroyed buildings.
- 225 Inadequate shelter conditions are defined as a shelter/ housing displaying 3 or more inadequacies related to safety & security, protection from the elements, access to basic services, privacy & dignity.
- 226 Electricity, water and sanitation ranking highest to lowest
- 227 Hosted, assisted, squatting
- 228 Shelter, NFI, winterization, summerization, rehabilitation of infrastructure, and electricity provision.
- 229 Formal/ informal camps, informal settlements and collective shelters.
- 230 Electricity, water and sanitation
- 231 Please follow the links for WASH PiN & Severity HNO 2022: dashboard or matrix
- 232 Please follow the link for visualizations of WASH data: WASH Atlas 2021
- 233 Humanitarian Situation Overview in Syria (HSOS), REACH. For example, for Northeast Syria 2-4 hours reported for August 2021, 5-6 hours for September 2021, while for Northwest Syria 7-8 hours for June-September 2021.
- 234 WASH Household Assessments (countrywide) 2016-2021.
- 235 Ministry of Water Resources, 2021.
- 236 Mid-2021 WASH Household Assessment (countrywide).
- 237 Dumpsites situation report in Northwest Syria. Shafak Organization, July 2021.
- 238 Throughout the WASH chapter the term "IDP sites" refers to IDP camps, informal settlements, and collective centers/shelters, in line with a generic IASC term used to describe several IDP settlement types. Population living in IDP sites is referred in the WASH chapter as "IDP/displacement sites" population, while the rest is referred to as "general population", i.e. those not living in camp-like settings.
- 239 All figures come from the mid-2021 WASH Household Assessment (countrywide) unless specified otherwise.
- 240 The Human Right to Water and Sanitation – Media Brief https://www.un.org/waterforlifedecade/pdf/human_right_to_water_and_sanitation_media_brief.pdf
- 241 HeRAMS Annual Report 2020. Public Hospitals in the Syrian Arab Republic.
- 242 Mid-2021 WASH HH Assessment (countrywide). The most common complaints were on lack of water for flushing/toilets cleanliness (86%), however in some areas complaints were related to lack of functioning toilets (Aleppo, Ar-Raqqa, Dar'a, Deir-ez-Zor, Dar'a), barriers to effective handwashing (lack of soap, water or no facilities), and lack of privacy and protection oriented aspects of dysfunctional facilities (Aleppo, Al-Hasakeh, Ar-Raqqa, As-Sweida, Dar'a, Deir-ez-Zor, Quneitra).
- 243 Ten years of war in Syria, more than half of children continue to be deprived of education. Joint Statement on International Day of Education by Muhammad Hadi, RHC for the Syria Crisis and Ted Chaiban UNICEF Regional Director for the MENA. 24 January 2021.
- 244 HLG WASH Cluster assessment on PLWD and children with special needs in IDP sites, NW Syria 2021.
- 65% mentioned that the water facilities are not designed in a way that helps them to access it, 70% have challenges in fetching water through jerry cans, 80% were not consulted on the design nor the location of water facility, 68% do not have access to a functional latrine nor there are no special latrines for PLWD, 52% did not have access to hygiene kits and 93 % mentioned that they were not consulted about their needs, 96% received a kit that does not meet their needs.
- 245 UNRWA Syria Emergency Appeal 2021.
- 246 UNRWA socio-economic impact of covid-19 on Palestine Refugees in Syria, August 2020.
- 247 Mid-2021 WASH HH Assessment (countrywide). The most common complaints were on lack of water for flushing/toilets cleanliness (86%), however in some areas complaints were related to lack of functioning toilets (Aleppo, Ar-Raqqa, Dar'a, Deir-ez-Zor, Dar'a), barriers to effective handwashing (lack of soap, water or no facilities), and lack of privacy and protection oriented aspects of dysfunctional facilities (Aleppo, Al-Hasakeh, Ar-Raqqa, As-Sweida, Dar'a, Deir-ez-Zor, Quneitra).
- 248 2021 MSNA, due to COVID 19 the questionnaire was short and did not allow for follow up questions on why children do not want to go to school.

**HUMANITARIAN
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ISSUED 2022