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Cluster Analysis for Syrian Refugee Crisis

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Letter from the editor

The Emergency and Disaster Reports is a journal edited by the Unit for Research in Emergency and Disaster of the Department of Medicine of the University of Oviedo aimed to introduce research papers, monographic reviews and technical reports related to the fields of Medicine and Public Health in the contexts of emergency and disaster. Both situations are events that can deeply affect the health, the economy, environment and the development of the affected populations.

The topics covered by the journal include a wide range of issues related to the different dimensions of the phenomena of emergency and disaster, ranging from the study of the risk factors, patterns of frequency and distribution, characteristics, impacts, prevention, preparedness, mitigation, response, humanitarian aid, standards of intervention, operative research, recovery, rehabilitation, resilience and policies, strategies and actions to address these phenomena from a risk reduction approach. In the last thirty years has been substantial progress in the above-mentioned areas in part thanks to a better scientific knowledge of the subject. The aim of the journal is to contribute to this progress facilitating the dissemination of the results of research in this field.

This monographic issue is about the Syrian refugee crisis which has started in 2012 and still going on until now. The reasons for the Syrian crisis are numerous such as the political situation, the socio-economic status between 2000 and 2010, and the recent environmental elements like droughts, which led to the massive unemployment rate among the population. The Syrian crisis started with a peaceful movement but soon turned into a civil war with the engagement of the Syrian army and many military groups belongs to the opposition. This civil war has led to the biggest refugee crisis in the modern history, over 12 million Syrian were displaced either internally or externally, and majority of the Syrian refugees were hosted in Turkey, Lebanon, Jorden, and many European countries like Germany.

The consequences of the Syrian crisis are massive, over half a million losses in human life, and cumulative losses in the GDP exceeded 226 billion US\$. Moreover, inadequate living conditions are noticed among the Syrian refugees both in the IDP camps inside Syrian, and in refugee camps across the borders. Through this report, the information regarding shelter, WASH, health, food security, education, protection, camps coordination is summarized and presented including the vulnerability assessment of the Syrian population, and the current needs of the Syrian refugees.

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Cluster analysis for Syrian refugee crisis

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Introduction

The Syrian Arab Republic has a land area of 185,180 square kilometers in the Middle East, and is bounded to the north by Turkey, to the east by Iraq, to the south by Jordan, to the southwest by Israel, and to the west by Lebanon and the Mediterranean Sea. In 2011, the population was expected to be 22,457,336 people, with the urban population accounting for 56.1 percent of the overall population. In 2009, the major cities were Aleppo (2.985 million), Damascus (2.527 million), Homs (1.276 million), and Hamah (854,000). The ethnic and religious diversity of the region is a major source of conflict. While Arabs make up 90.3 percent of the population, the remaining 9.7 percent is made up of Kurds, Armenians, and other minorities. (Khattab, 2017).

The Syrian revolution began in March 2011 when security forces clashed with demonstrators in the southern Syrian city of Deraa, killing large number of them. The Syrian revolt began with nonviolent protests, but as it was faced with brutality, the protests became militarized. In the first five years following the revolt, an estimated 400,000 Syrians were killed, and over 12 million people were displaced.

Many factors contributed to Syria's rapid downfall, which resulted in a civil war with catastrophic consequences for the country. One of the main causes of the Syrian crisis is the political repression, which began when President Bashar al-Assad took over the country in 2000 following the death of his father, Hafez, who had ruled Syria since 1971. Assad swiftly crushed reform ambitions, as power remained concentrated in the ruling family and the one-party system provided limited avenues for political criticism, which was suppressed. Civil society activism and media freedom have been severely restricted, ultimately crushing Syrians' expectations for political openness.

Furthermore, the Syrian Baath Party is considered as the originator of "Arab socialism," an ideological trend that blended the state-led economy with capitalism. (Khattab, 2017, Salih, 2013). Furthermore, the climate state and environmental elements played a significant effect. Syria began experiencing its worst drought in over nine decades in 2006. According to the United Nations, 75 percent of Syria's farms collapsed between 2006 and 2011, and 86 percent of the animals died. 1.5 million impoverished farmer families, joined with Iraqi refugees, were compelled to relocate to fast increasing urban slums in Damascus and Homs. Water and food were virtually nonexistent. With few to no resources, social unrest, strife, and insurrection were unavoidable. Syria's fast rising young population was a ticking time bomb waiting to go off. The country had one of the fastest- growing populations in the world, and Syria was listed ninth among the

world's fastest-growing countries by the United Nations.

Syria is a Sunni Muslim majority country, and the majority of those participated in the Syrian revolt were Sunnis. However, the key positions in the security system are held by the Alawite minority, a Shiite religious minority that includes the Assad family. The same security personnel used excessive force against the predominantly Sunni protesters. Most Syrians take pride in their religious tolerance, but many Sunnis are nevertheless resentful of the fact that a small number of Alawite families wield so much power. The combination of a predominantly Sunni protest movement and an Alawite-dominated military heightened tensions and uprisings in religiously mixed communities, such as Homs. (Salih, 2013, Mazur, 2019)

All those previous reasons led to the Syrian civil war which soon became the worst humanitarian crisis of the 21st century. The war which has started in 2011 enters its 11th year by March 2022, with millions of displaced populations both inside and outside Syria, hundreds of thousands were killed, injured, become a handicap, or still until this moment lost without a trace (Karim and Islam, 2016). The movement which was part of the Arab spring in 2011, turned into the biggest refugee's crisis of the modern world, with millions of Syrian flee their houses and became refugees in other countries, and over 6 million internally displaced, and enormous destruction to the infrastructure, health system, social status of the population, economic crisis, and an increasing need for humanitarian support from the international community. (Stone-Brown, 2013, Salih, 2013).

Starting from 2012, the number of Syrian refugees has increased dramatically, people fled across land and sea to reach safety in the neighboring countries, by the end of 2020 statistics showed that the number of Syrian refugees outside Syria exceeded 6 million, the majority of them lives in Turkey which is the host of 3.6 million Syrians, Lebanon which host almost a million, and Jordan which hosts over 600 thousand, and more hundreds of thousands in Iraq and Egypt. According to the European migration counsel, 1.3 million Syrians requested asylum in Europe, and the peak of the migration was in 2015-2016, and it had declined significantly since then. Most of the refugees have limited access to basic services. (Demirtas and Ozden, 2015)

Refugee movements

Turkey has had an open-door policy for refugees since the beginning of the Syrian refugee crisis, with over 3 million refugees entering the country and about 220.000 people living in camps. This explosive and unexpected increase in the Syrian population in Turkey has had several negative impacts on health and social determinants. Turkey has 20 large refugee camps spread across ten cities. The Ministry of Health runs 21 field hospitals within the camps, with 120 doctors and 400 allied health personnel working there. Also, 25 Syrian doctors work in clinics run by nongovernmental organizations (NGOs) and in refugee camps, providing medical care to fellow refugees. (Demirtas and Ozden, 2015)

Lebanon, which is the closest country to Syria (about one hour drive from Damascus) hosts a very high percentage of Syrian refugees taking into account the Lebanese population which is around 4 million. Estimation reports that the number of Syrian

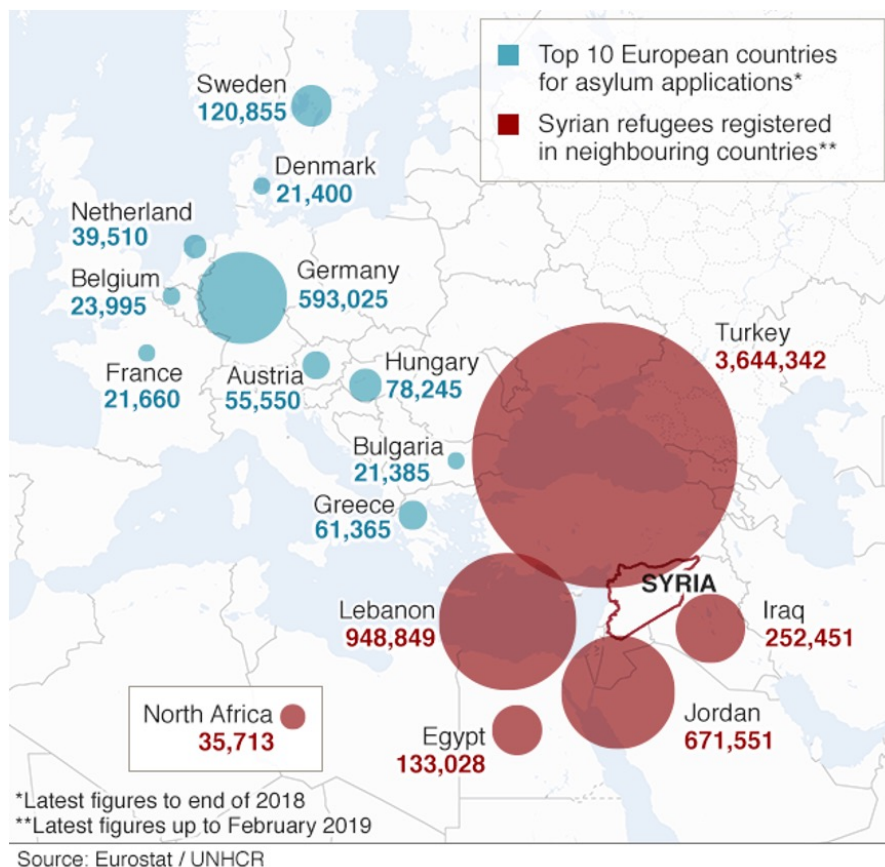
refugees in Lebanon is around 1.3 million while the registered number according to UNHCR is 800 thousand (about 30% of the Lebanese population are refugees) (El-Khatib et al., 2013).

The health situation of the Syrian refugees in Jordan is different, as over 70% of the refugees are residing among host Jordanian communities, and only 30% are living in camps. The largest camp in Jordan is called Zaatari with an estimated population of 120000, and for those, not all needs are addressed as they are not allowed to exit the camp and access the health facilities (El-Khatib et al., 2013, His et al., 2013).

The economic and social costs of absorbing large numbers of refugees have alarmed European countries. They are doubting their ability to provide more humanitarian aid. Serbia and Germany account for the majority of Syrian refugees in Europe (57%) compared to 31% in Sweden, Hungary, Austria, the Netherlands, and Bulgaria, and 12% in the remaining 37 European countries. Some European countries were more willing to accept refugees and provide humanitarian aid, such as Germany, which has about one million Syrian refugees, Sweden, which has over 190,000, and the Netherlands, which has about 100,000.

The major number of Syrian refugees are settled in Turkey, Lebanon, Jordan, and Germany. More countries have hosted the Syrian refugees such as Iraq which hosts about 250 thousand, Egypt 150 thousand approximately, and Canada which hosts over 50 thousand, and many other European countries have hosted thousands of Syrian refugees for years.

Figure N.1 – recent statistics of internal and external Syrian refugees



Internal displacement

Internal displacement was going at a large scale inside Syria with 1.2 million population movements recorded between July 2017 and June 2018. It was shown that, during the 12 months preceding June 2018, armed battles resulted in 1,273,718 displacements from areas of northern and southern Syria. The vast majority of these displacements, approximately 1,201,107 Internally Displaced Persons (IDPs), were from affected areas in northern Syria, namely, Idleb, Hama, Deir ez-Zor, Aleppo, Raqqa, Homs, Al-Hassakeh, and Lattakia governorates. The remaining displacements (72,611) came from the affected areas of Damascus, Rural Damascus, Sweida, and Dara'a. The United Nations High Commissioner for Refugees (UNHCR) expressed growing concerns for civilians who are constantly being forced to flee their homes and seek refuge elsewhere due to the ongoing hostilities inside Syria. Up until March 2019, a total of 6.2 million people remain displaced inside Syria. (UN, 2019, UNHCR, 2018b).

Table N.1 shows the number of IDPs hosted by other districts


















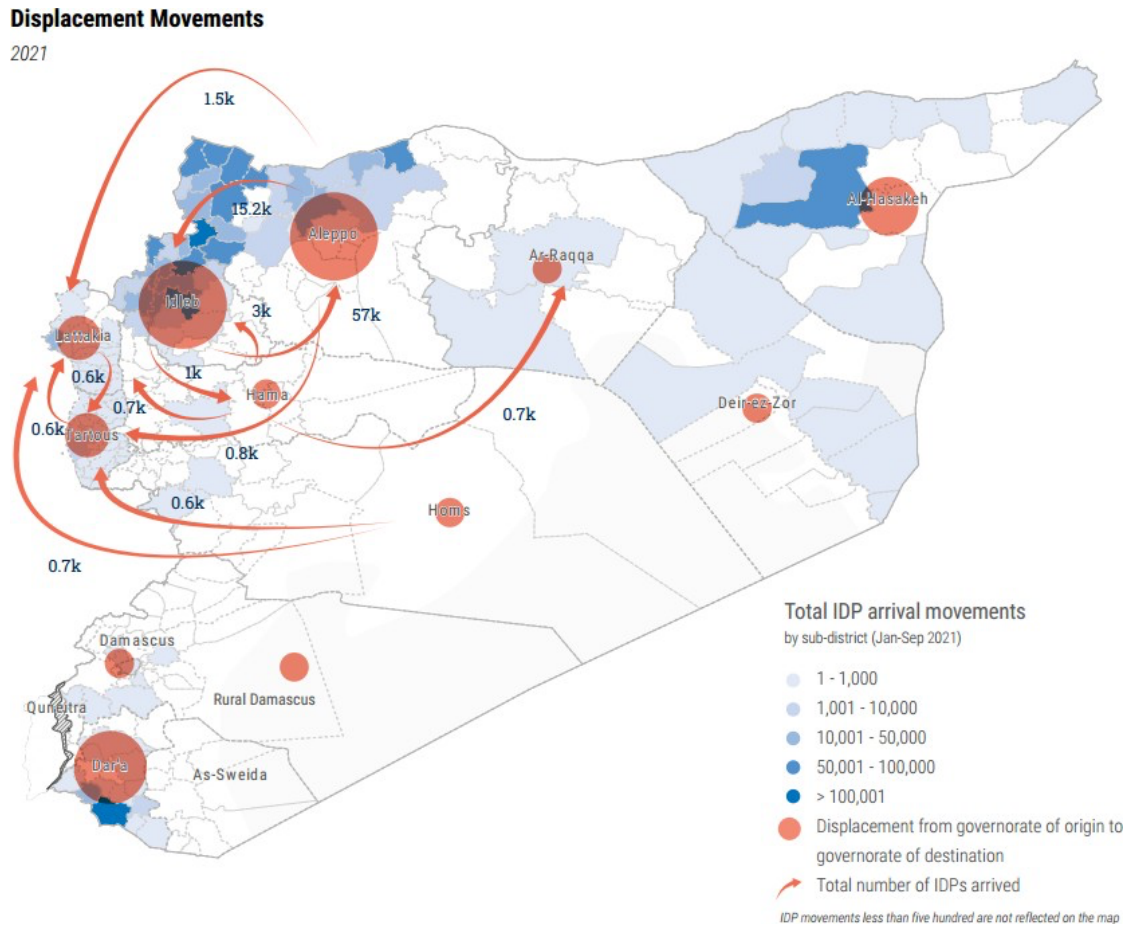
GOVERNORATE	DISTRICT	SUB-DISTRICT	RESIDENT POPULATION	RETURNEES	IDPS	POPULATION	% OF IDPS AND RETURNEES OVER POPULATION
Idleb	Harim	Dana	173,432	-	953,103	1,126,535	 85%
Damascus	Damascus	Damascus	1,218,564	599	609,682	1,828,845	 33%
Lattakia	Lattakia	Lattakia	517,250	-	410,286	927,536	 44%
Rural Damascus	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%

Table source: (UNHCR, 2018a)

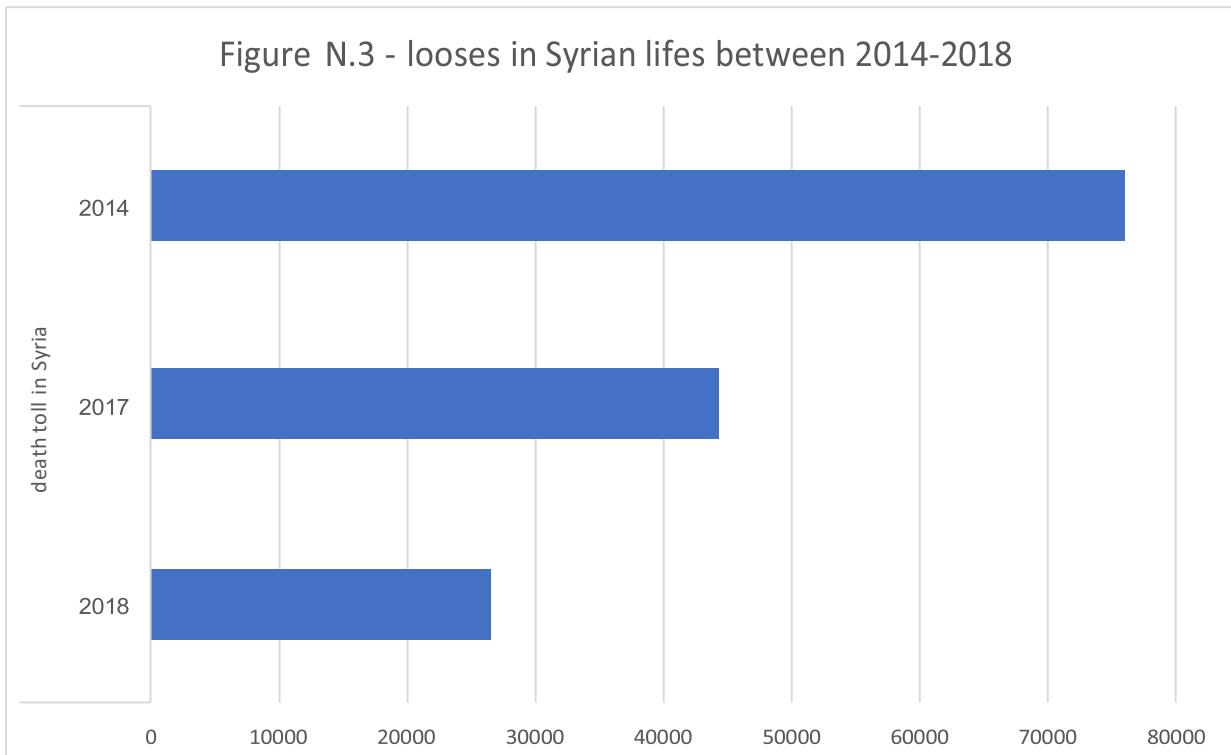
Figure N.2 – internal displacement movement



The consequences of the Syrian crisis

The Syrian Observatory for Human Rights announced that the year 2018 is considered the lowest year in terms of the number of yearly deaths since 2011, and it is estimated that 20,000 people were killed, including approximately 6,500 civilians. The highest death rate was recorded in 2014 when 76,000 people were killed because of the Islamic State jihadist group engaged in the civil war and gain power which led to higher number of lifeloses. In 2017, an estimated 33,400 people were killed, including 10,000 civilians. While the death toll is comparatively lower in 2018 when compared to previous years, it was found that 2018 had the largest wave of displacement since the beginning of the conflict, with more than one million people forced to flee their homes. In total, it

was estimated that around 500,000 people have been killed due to war and violence in Syria. (UN, 2019, UNHCR, 2018b). **figure N. 3** represent the changes in life loses since 2014.



The cumulative losses in the Gross Domestic Product (GDP) since the beginning of the conflict in Syria until the end of 2016 have been estimated at \$226 US billion, about four times the Syrian GDP in 2010. A report published in 2017 by the World Bank revealed simulation results that show that the cumulative GDP losses are largely due to disruptions in the economic organization, more than the capital destruction. It was stated that without rebuilding economic institutions and restoring economic networks, replacing the capital damage by itself will not greatly contribute towards recovering the Syrian economy. (World-Bank, 2017).

Among the many consequences of the war, the increase in food basket prices is shockingly noticeable compared to the pre-crisis period, the food basket prices are currently 800% higher. With intensified depletion of livelihoods assets and opportunities throughout the country, the food insecurity situation in Syria is alarming. It was found that 6.5 million people in Syria are food insecure, while an additional 4 million people are at risk of becoming acutely food insecure. This means that 10.5 million people are considered in need of urgent life-saving and life-sustaining food, agriculture, and livelihoods assistance. It was also found that the reliance on food assistance for a significant proportion of people living in Syria is expected to continue in the coming year. As such, the implementation of agricultural and livelihood interventions in Syria is critical to decrease the self-reliance on assistance, and strengthen the resilience and early recovery for acutely food insecure individuals as

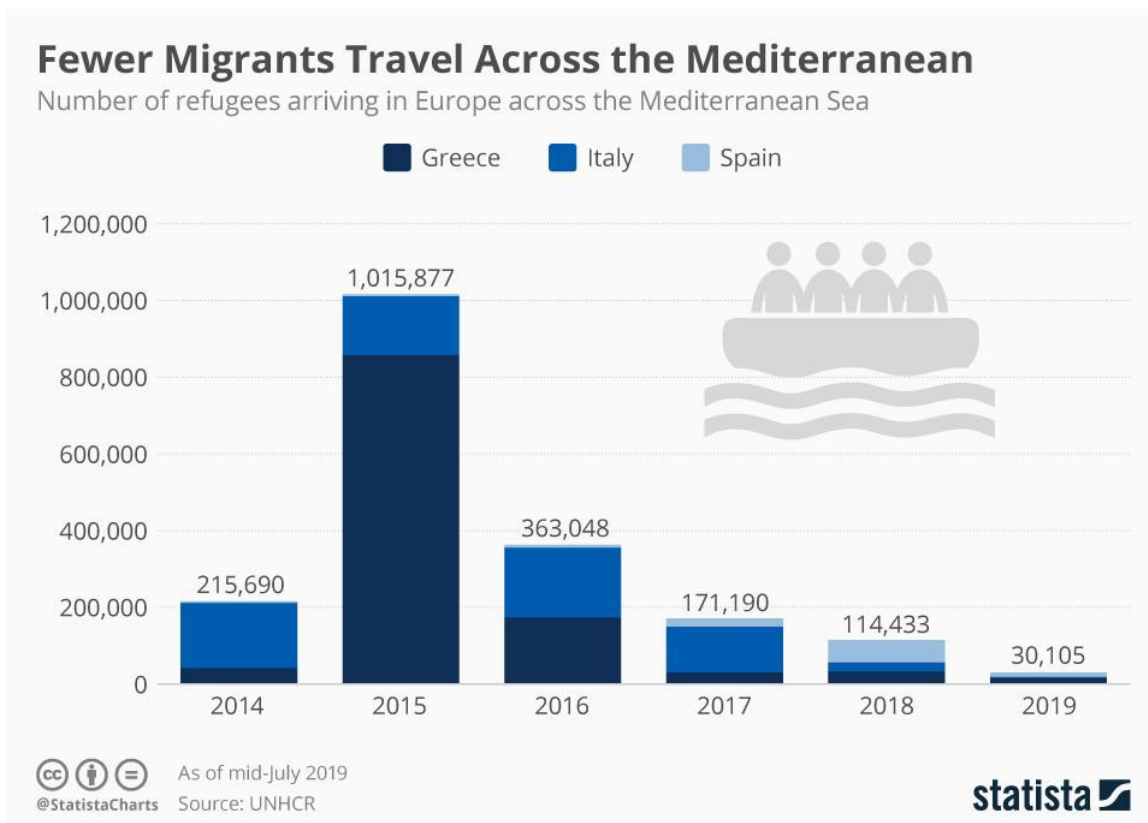
well as for those who are at risk of food insecurity. (UN-OCHA, 2018b).

The movement of the Syrian refugees towards Europe

The total number of refugees and migrants arriving to Europe through the Mediterranean Sea has reached the highest point in 2015 and has been on decline since then.

Between January and December 2018, 114,433 refugees and migrants crossed the Mediterranean Sea. When compared to the same period in previous years, it was found that 1,015,877, 363,048 and 171,191 refugees and migrants arrived to Europe in 2015, 2016, and 2017, respectively. (UNHCR, 2018a). **Figure N.4** shows the number of refugees crossing to Europe between 2014-2019.

Figure N.4 – migrants crossing the sea



Moreover, due to the high risks associated with crossing the Mediterranean Sea, it has been estimated that around 2,277 refugees and migrants have died between January and December 2018, a 27% decrease when compared to 3,139 deaths in the same period in 2017. Throughout 2018, there were significant changes to the pattern of routes taken by refugees and migrants heading to Europe. In the first half of the year, more people arrived in Greece than Italy or Spain. Most of those arriving in Greece were from Syria, Iraq, and Afghanistan. Noteworthy, Syrians were also among the primary nationalities arriving to Cyprus in 2018. Cyprus received several boats carrying Syrians from Lebanon, in addition to those crossing from Turkey. (UNHCR, 2018a, UNHCR, 2018c)

Humanitarian and development needs inside Syria are momentous. These needs include food, health, education and shelter. 5.3 million people in Syria live in inadequate shelters in 2018, with 4.2 million in need of shelter support. The magnitude of the damage of shelter and infrastructure has been massive. As such, the shelter response to the situation in Syria has been challenged with a lack of capacity and funding. This presents a concern, particularly in the context where there are still emergency needs for new displacements as well as needs of a significant number of IDPs who were able or would like to return to their communities of origin. Moreover, the possible increases in returns requires the repair and rehabilitation of damaged shelters and infrastructure, and scale-up and potential further development of return-oriented shelter interventions to address the unique needs of former IDPs as well as refugees returning home. (UN-OCHA, 2018c)

The condition of shelters in which Syrian refugee households are living are worsening over time. In 2018, more than one-third of refugees indicated that they were residing in substandard shelters (35.5%), a slight increase when compared to 2017 (32%) and 2016 (26%). Among the shelters that were found to be substandard, the most common issues were a leaking roof (83%), followed by having a leakage/rot in walls (63%) and unsealed windows or doors (62%). It was also found that an additional 6% of refugees were residing in shelters in dangerous conditions, a slight increase compared to 2017 (4%) but a decrease compared to 2016 (12%). Moreover, one-third of refugee families (34%) continued to live in overcrowded shelters, defined as having less than 4.5 square meters per person, a proportion which was stable from 2017. Overcrowding was less common in residential shelters (29%) compared to non-residential (49%) and non-permanent (41%) structures. (UNHCR-UNICEF- WFP, 2018)

A study conducted in Jordan, between December 2016 and March 2017, revealed that rent was the largest expense facing Syrian refugee households, accounting for more than two-thirds of monthly expenditures (69%). With the majority of Syrian refugees in Jordan living outside camps, challenges to cover the rent of shelter are mounting. Although cash assistance plays a critical role in helping vulnerable refugee families in meeting their rental payments, the levels of payment have not been sufficient for them to have decent living conditions or to meet other basic needs. The situation might even worsen with the apparent funding shortages. Noteworthy, nearly all Syrian refugees live in rented apartments or houses, but supply constraints have driven up rent costs, and have led to the subdivision of already small spaces, especially in urban areas. It was

also found that the housing conditions for those who live in urban host communities are of poor quality and very overcrowded. (UNICEF-UNHCR, 2017)

In 2019, the Syrian refugee crisis entered its ninth year with nearly 5.6 million Syrian refugees registered in Turkey, Lebanon, Jordan, Iraq, and Egypt, and approximately one million newly born in displacement. The consequences of displacement are severe on children, who are mostly living in a situation that is compounded with poverty, insecurity, and vulnerabilities at many levels. Although the main countries hosting refugees have been responding to the presence of Syrian refugees, they have been increasingly under strain and their capacities have been exhausted. Many children have been experiencing difficulties in accessing public services, such as education and health care, while others have been subject to child labor or have been vulnerable to abuse and exploitation, such as human trafficking and early marriage. (UN, 2018)

Many have also been experiencing civil documentation challenges. Without the support of the international community in the upcoming years, the impact of the prolonged refugee crisis will continue producing a major burden on host communities as well as refugees. Supporting refugees to live in dignity as well as working towards safe and sustainable solutions for the crisis should be priorities for 2019. (UN, 2019)

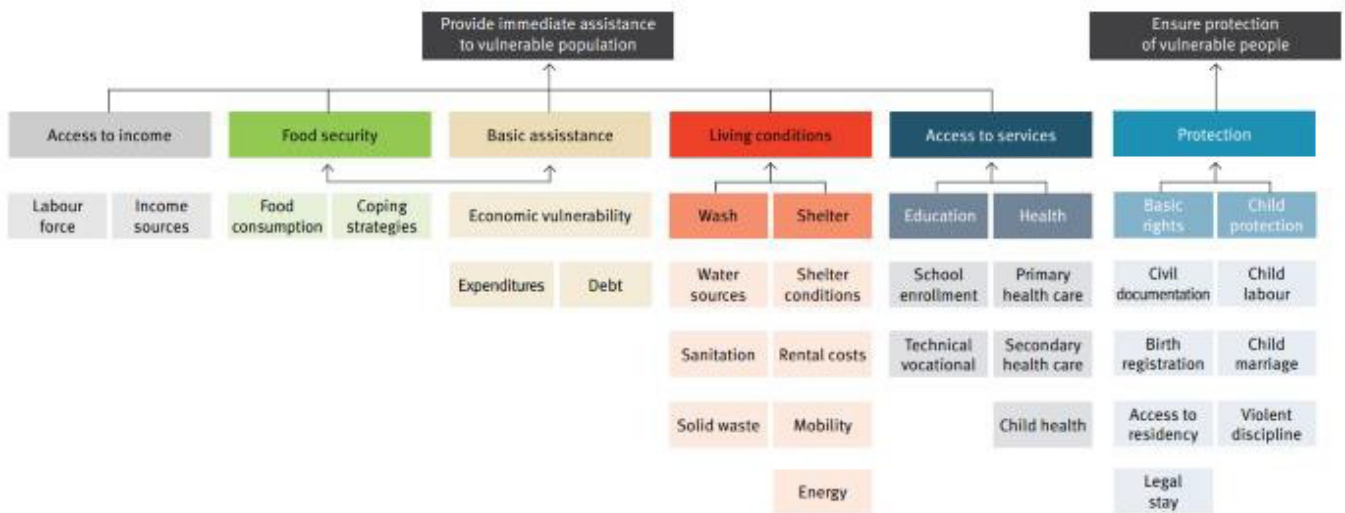
In Lebanon, 81% of registered Syrian refugees are women and children as of December 2018. Displacement was shown to increase the risk of sexual and gender-based violence (SGBV). Unaccompanied and separated boys and girls, married girls (including child mothers, adolescent girls), women and girls with disabilities, female heads of households, and socially marginalized groups were reported to be among the most at risk. In Lebanon, most commonly reported types of violence, based on the gender-based violence information management system, involved physical violence, mostly linked to violence within the family or home, sexual violence (rape and sexual assault), emotional violence, and forced and child marriage. Yet, despite this harsh reality, the disclosure of incidents of SGBV remains extremely challenging for several reasons. The latter include the widespread acceptance of violence, fear of retaliation, religious beliefs, belief that no one can help, disruption of services due to humanitarian funding gaps, documentation requirements, restrictions on mobility, and high costs and limited availability of specialized services such as legal and mental health services, limited availability and strict criteria for admission to long-term residential safe shelter, mental health, and lack of employment opportunities. The Protection Sector under the Lebanon Crisis Response Plan (LCRP) is focusing on protecting the rights of women, children, and others at risk such as older persons and persons with disabilities. However, despite all efforts, ensuring a protective environment surrounding women and children is still challenging. (UN, 2018).

Search strategy

In order to collect the information for this disaster risk profile, many databases have been screened for publication related to the Syrian crisis. Keywords used for the search were as the following: ("Syria" or "Syrian") AND ("war" or "crisis" or "conflict") Databases included in the search strategy were the following: EM-DATA, OCHA, UNHCR, UNICEF, WHO, WFP, PubMed, SCOPUS, Google scholar.

Data were also extracted from the publications of non-governmental organizations that are related to the vulnerability assessment of the Syrian population and humanitarian clusters assessment. All references and publication were imported into one EndNote database and were organized according to the main topic of the publication in accordance with the humanitarian clusters, the final categories used to present the information were as the following: Shelter, WASH, Health, Food security, Education, Protection, Camps coordination, Vulnerability assessment and Current needs of the Syrian refugees

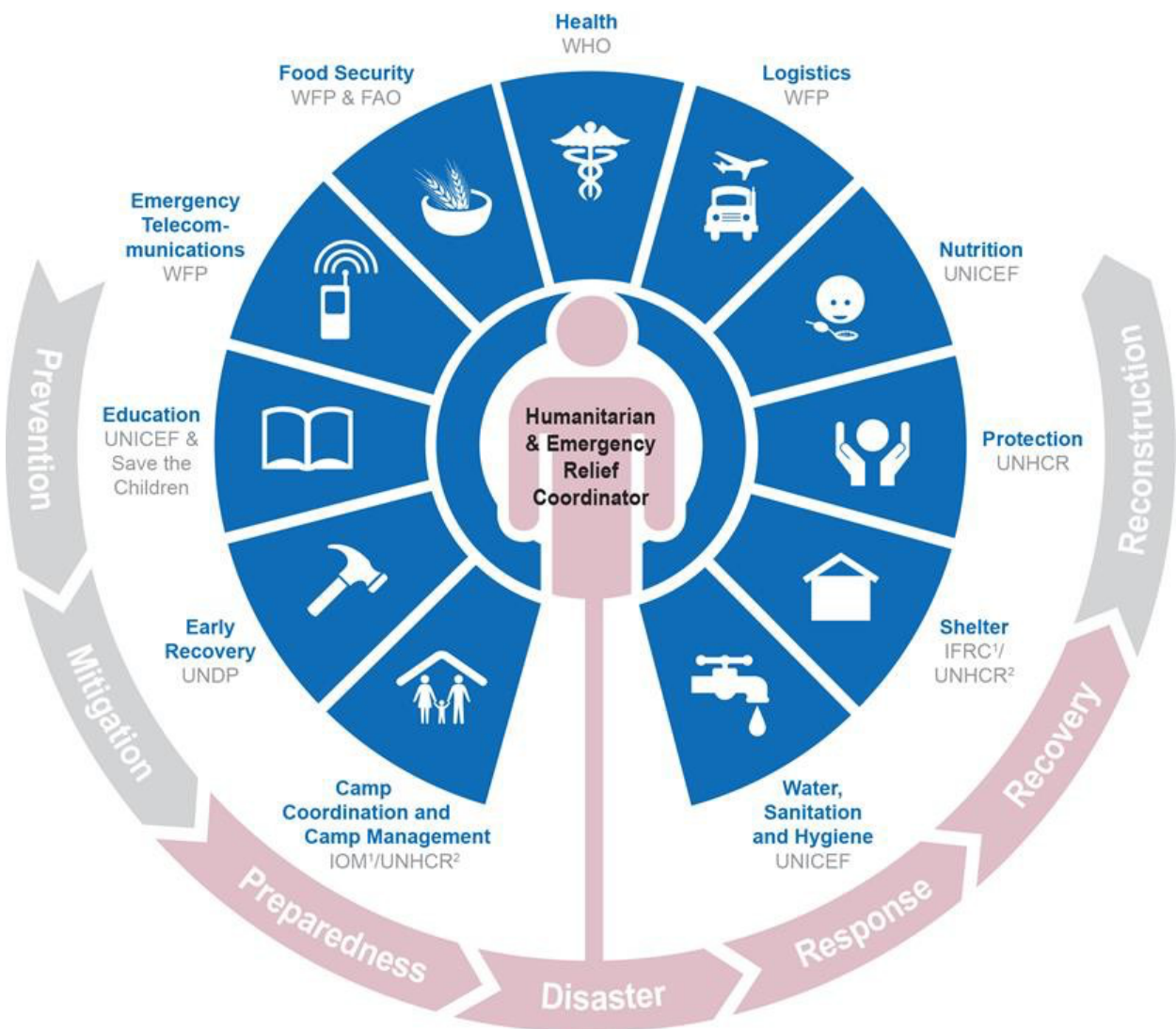
Chart N.1 – disaster risk profile structure



Humanitarian clusters assessment of the Syrian refugees

Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. water, health and logistics. They are designated by the Inter- Agency Standing Committee (IASC) and have clear responsibilities for coordination. Through this research, clusters are used to categorize and present the information and data on the assessment of the Syrian refugees after 11 years of the Syrian crisis.

Figure N.5 – Humanitarian Clusters



Shelter

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. Of the remaining population (85 per cent), 28 per cent reside in finished residential buildings classified as damaged 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 services, 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 forms 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 services provided by the SNFI sectors amongst their top 3 priorities, a reasonable (3 per cent) increase from 2021. (OCHA, 2022)

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 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 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. (OCHA, 2022, UN-HABITAT, 2021)

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 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. (UN-HABITAT, 2021)

Projection of needs

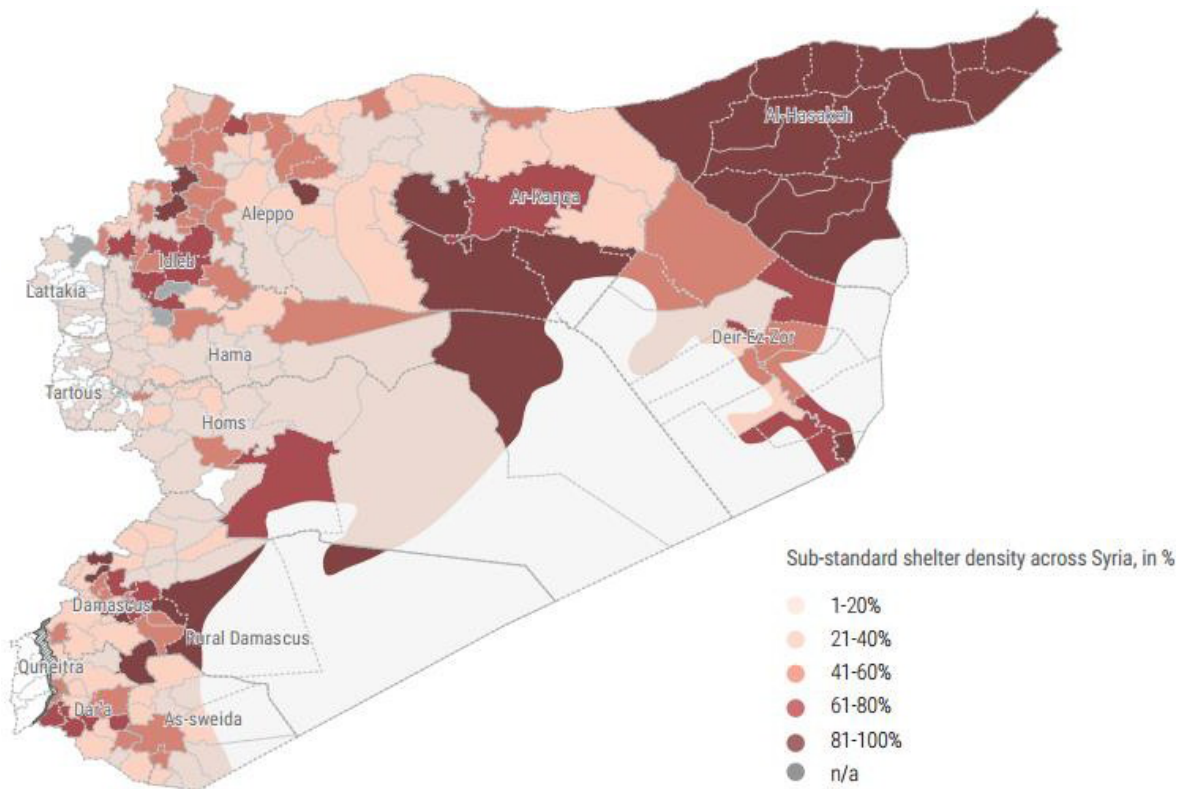
With the improved security situation, the severity of need for shelter support is expected to remain in-line through 2022, with IDPs and returnees being the worst affected by poor shelter conditions. As such, the sector projects the number of people in need to increase in line with the population growth. 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. (UN- HABITAT, 2021)

Figure N.6 – the percentage of sub-standard shelter density across Syria



WASH

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 day. This impacts the functionality of water systems, leading 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.

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. (WV, 2021)

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. 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. (WV, 2021)

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 cent 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. (OCHA, 2022, UN-OCHA, 2018c, WV, 2021)

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 hospitals 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 issues, and such factors may contribute to the overall 2.4 million children out of schools.

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 are IDPs living in displacement sites and 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. (OCHA, 2022, UN-OCHA, 2018c, WV, 2021)

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 widespread, being a potential reason for children dropping out of

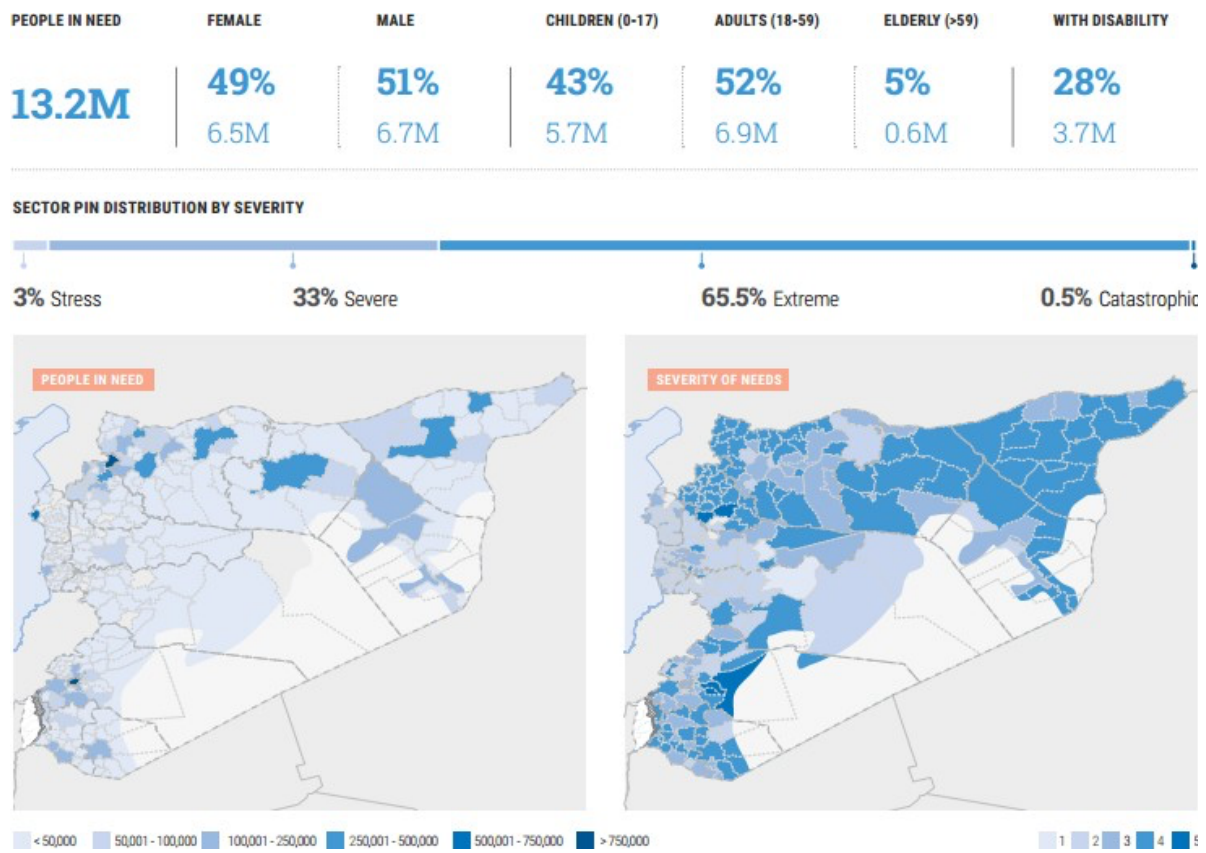
schools.

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.
- 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 centers. Due to funding decrease trend deterioration of the WASH conditions in IDP sites may be expected.
- 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.

Figure N.8 – people in need for WASH services across Syria



Health

Syria's fragile health system continues to face emergencies and chronic issues, affecting the availability and quality of health services across the country, as well as the population's physical and mental well-being. COVID-19 continues to disrupt already-fragile health services and systems, owing to low levels of COVID-19 vaccination, a lack of adherence to preventive measures, and emerging variants, which, when combined, strain efforts to stabilize and restart services affected by the pandemic, including gaps in routine childhood immunization services. (Alhaffar and Janos, 2021)

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 diseases and disease vectors, particularly in parts of Northeast Syria, 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 supplies. 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 outcomes. 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 activities 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 Syria. (OCHA, 2022, UNHCR, 2021a)

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, protection 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 needs.

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.

A total of 12.23 million people is 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 expected, 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 Syria. Youth and young persons, which comprise 1.98 million of the health sector PiN, are also reporting increasing stress and mental health concerns. Overall, continuous under-funding of response agencies has also left the 438,000 Palestine refugees living in Syria in acute need. Within the health sector, 3.46 million persons are estimated to have a disability which places them at greater risk for exclusion from health services. (OCHA, 2022, UNHCR, 2021a)

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 Syria, while dense urban settings, crowded and overburdened areas, as well as last resort sites including camps and camp-like settings, 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.

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 ongoing, other communicable diseases are on the rise, treatment access barriers persist, 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 access.

Furthermore, to avoid disruption to health response efficiency and effectiveness, critical support functions like electricity, fuel supply, medical waste management 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-COVID 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. (OCHA, 2022, UNHCR, 2021a)

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.

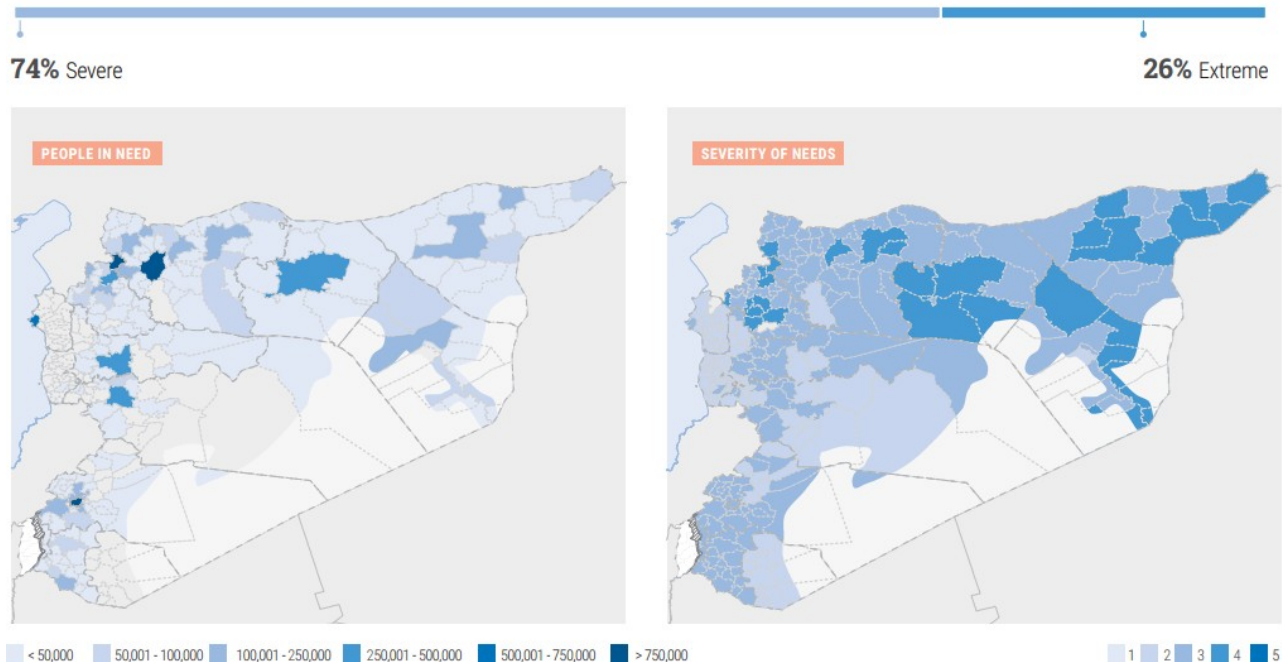
At the same time, early recovery interventions like pre-service and in-service training to sustainably address tremendous shortages in human resources for health and holistic revitalization of health facilities should be under-pinned with technological solutions and better data to monitor health outcomes 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 cent.

Figure N.9 – people in need for health services across Syria

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

SECTOR PIN DISTRIBUTION BY SEVERITY



Food security

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. (WFP, 2022)

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 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. (WFP, 2022)

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 anemia (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. (OCHA, 2022, WFP, 2022)

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 price. 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).

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. (OCHA, 2022, WFP, 2022)

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 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 agroclimatic 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. (OCHA, 2022, WFP, 2022).

Figure N.10 – key events of the current economic crisis and its effect on the food security

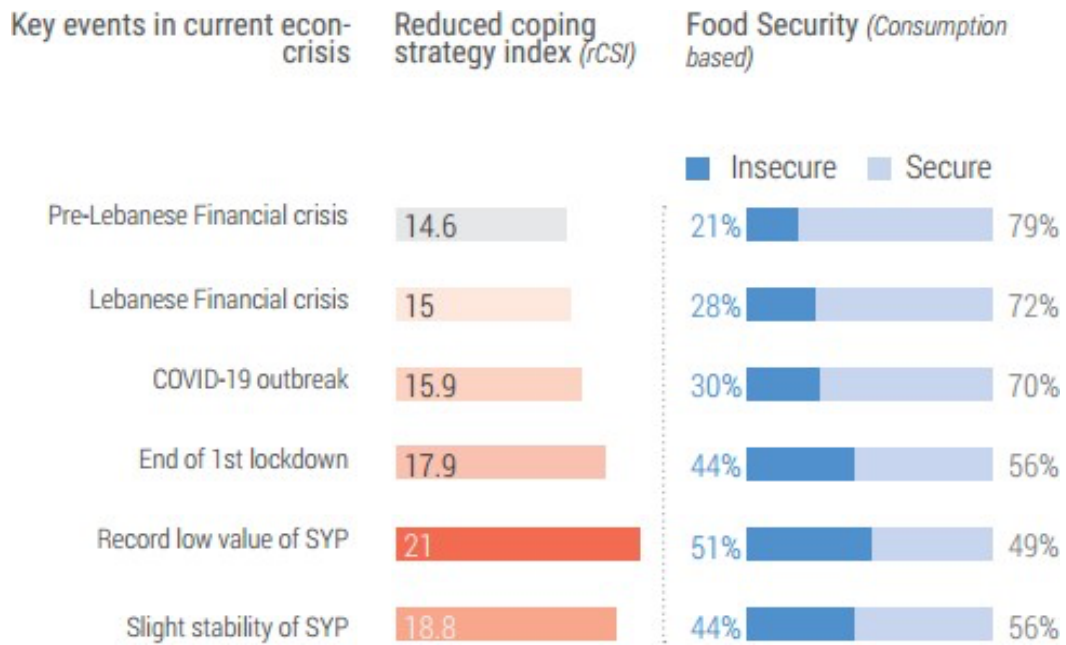
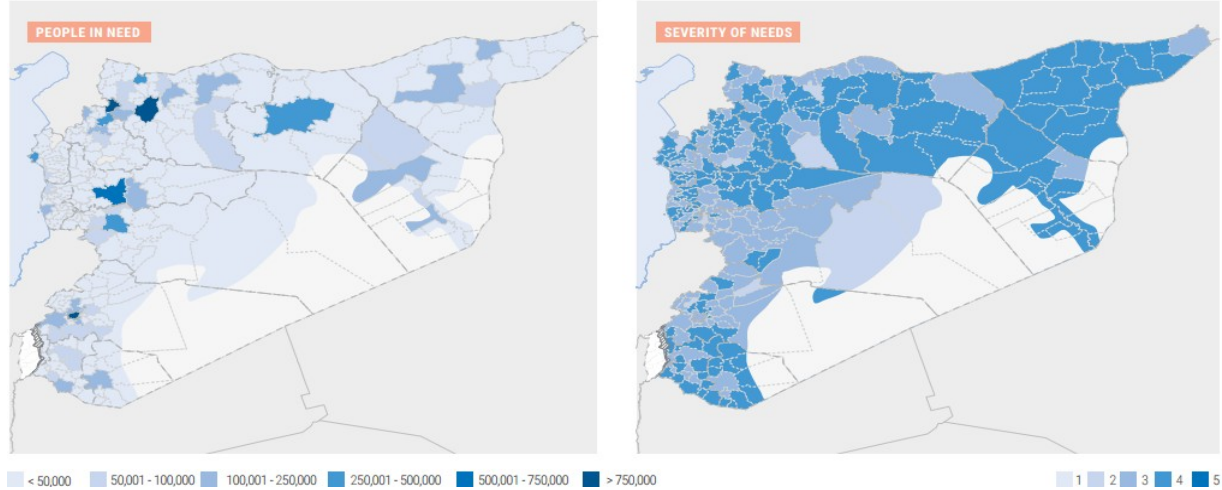


Figure N.11 – people in need for assistance to achieve food security

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**



Education

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 high.

Self-reported attendance at national level is 82 per cent. 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). Economic factors, including children working to support the household, continue to be a key reason why children are not attending school. 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. 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).

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. In 1,017 assessed camp sites in northwest, there are only 196 schools. The most dominant form of learning (95 per cent) is in-person and formal with less than two per cent of children attending non-formal education services that bring children back to learning and address learning loss. (Kinana Qaddour and Husain, 2022, OCHA, 2022)

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). Over a third of schools operate in shifts with Idleb triple and quadruple shifting to address overcrowding and physical distancing.

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. 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. (OCHA, 2022)

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.

Most affected population groups Within the wider need for education, there are key sub-groups that are

more affected such as: (OCHA, 2022)

ï 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).

ï 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.

ï 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.

ï 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.

ï Half of children with a reported health condition, injury or disability reported school attendance, compared to 84 per cent of children without these issues. Exclusion of children with disabilities is multifaceted including accessibility to and within schools, qualified teachers, mobility/special devices, learning materials and social stigma.

ï Teachers and other education personnel need support that is commensurate with the criticality of their role.

ï 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.

ï 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.

Education services will continue to be divided across the county, and the COVID-19 pandemic, economic crisis, insecurity, and displacement will exacerbate education demands. These limitations limit the ability of responsibility bearers, educators, caretakers, and, most importantly, children to build on previous investments. Education and the well-being of children are long-term investments that require a comprehensive strategy. If learning is to occur and wellbeing is to be promoted, education services must be available, accessible, and predictable across academic years and levels of learning, and must lead to acknowledged learning. The direct and indirect expenses of children attending school on a regular basis must be offset by the quality, relevance, and utility of education. Unmet educational needs hinder children's capacity

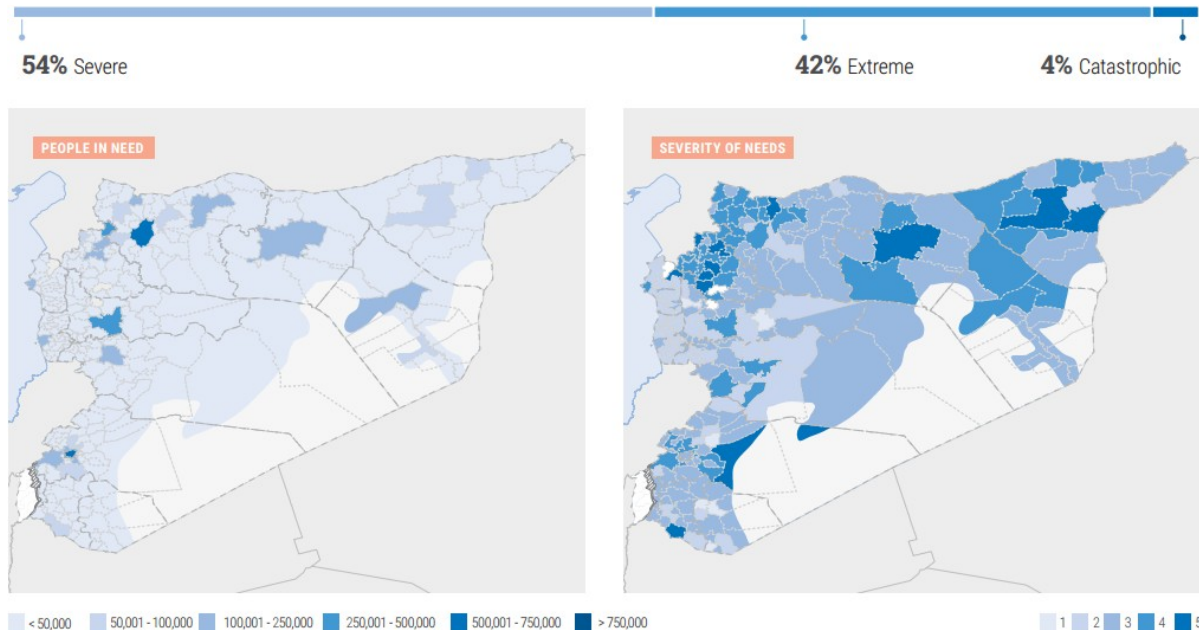
to realize their full potential, impair resilience, and jeopardize early recovery. Formal education will continue to have a limited capacity for absorption and retention, restricting viable transitions from non-formal to formal education. The limited availability of non-formal education services will continue to limit children's opportunities to return to school and study. (OCHA, 2022)

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. (Kinana Qaddour and Husain, 2022, OCHA, 2022).

Figure N.12 –need for education services among the Syrian population

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

SECTOR PIN DISTRIBUTION BY SEVERITY**



Protection (CSIS, 2021)

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. (CSIS, 2021, OCHA, 2022)

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 governorates. 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).

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. 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. (HR, 2021)

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 labor including its worst forms, which further strain the capacities of families and communities to protect the most vulnerable especially children, adolescent girls and boys. (HR, 2021)

The COVID-19 pandemic's impact on livelihoods may force people to adopt unsafe behaviors, 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 schooling. 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. (HR, 2021) Camps, overcrowded living arrangements, shelters lacking privacy or inability to lock homes or having sealed windows and doors 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.

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.

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 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. (CSIS, 2021, OCHA, 2022)

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.

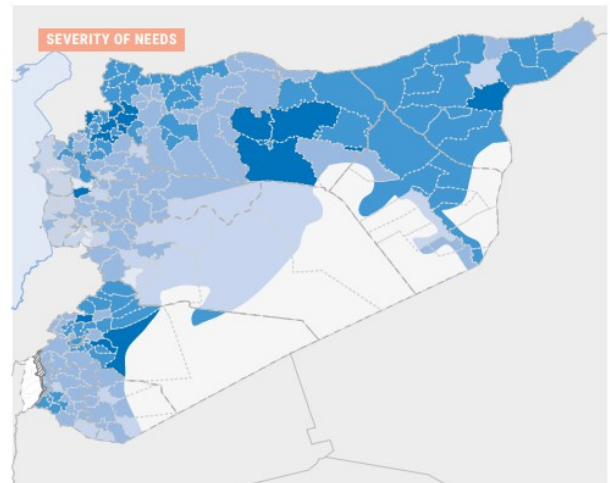
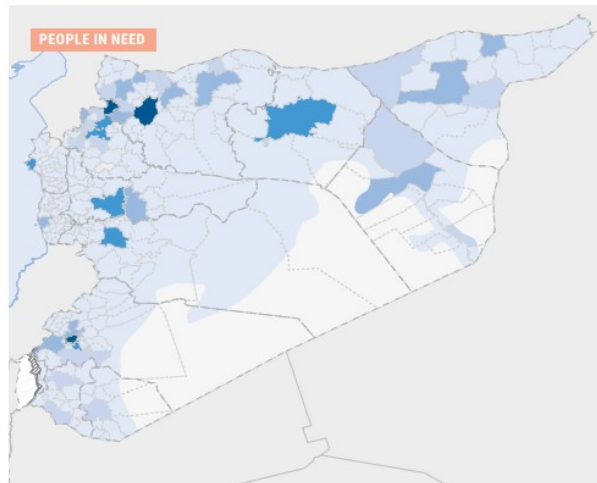
Increased criminal activity and conflict will continue to impact civilians and limit movement, if criminal groups increase their activities in camps and out of camps. People in displacement, particularly those who are unable or unwilling to return to their area of origin due to safety considerations, 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. (CSIS, 2021, OCHA, 2022).

Figure N.13 – protection needs among the Syrian population

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

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

Camps coordination and management

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. (UNHCR, 2021a)

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. In Northeast Syria, there are nearly 290,000 individuals residing in last-resort sites with many having been displaced for up to 4 years. (OCHA, 2022, UNHCR, 2021a)

Self-settled IDP sites and collective centers 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.

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. 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 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.

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. 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.

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. 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. (OCHA, 2022, UNHCR, 2021a)

Most affected population groups

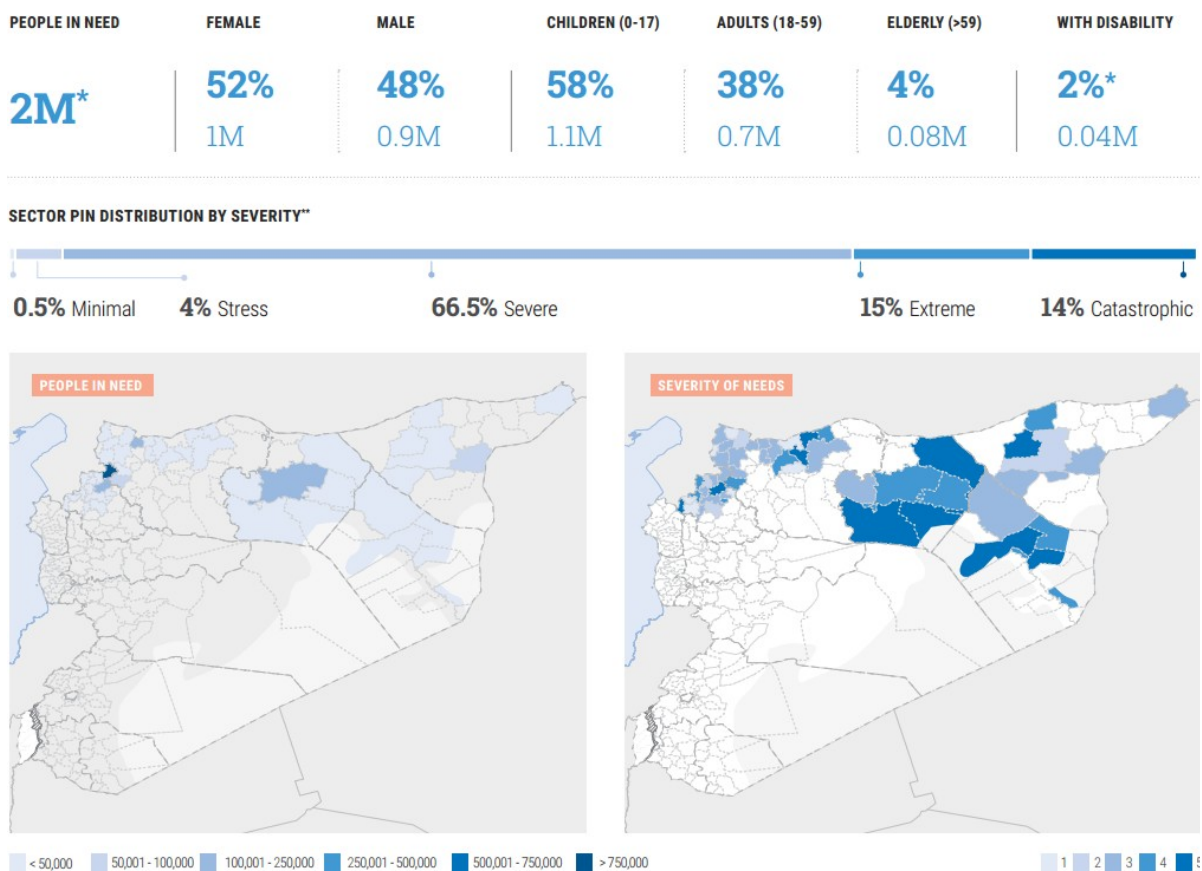
1- IDPs: Long-lasting hostilities has led to protracted and multiple displacement. In the Northwest, just 4 per cent of recent displacements were for the first time. In the Northeast, households have been displaced at least twice with households on average being displaced for at least four years. Women and children: Of those living in IDP sites in the Northeast and Northwest Syria, 80 per cent are women, girls and boys who face significant GBV risks due to inadequate living conditions across IDP sites. In Northeast Syria, 49 per cent of households are female headed. 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. 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. (UN-OCHA, 2019)

2- PWD: In Northwest Syria, 53 per cent of males and females have disabilities; and vision difficulties were the most prevalent type reported, 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.

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. (relifeweb, 2018)

Figure N.14 – people in need for assistance in refugee camps inside Syria



Vulnerability assessment of the Syrian refugees (UNHCR, 2021b)

Recent reports which published in 2021 that nearly 9 out of 10 households acquired debt and 8 out of 10 borrowed money during the three months prior to the survey, in amounts greater than the year before. Mean debt per household has increased by 12%. These indicators showed that even with assistance, Syrian refugee households continue to lack enough resources to cover their essential needs. Women and children remained the most vulnerable. Data analysis by gender revealed that female-headed households remained more vulnerable than male-headed households, despite overall improvements across food security and vulnerability indicators compared to 2017. Households headed by females were less food secure, had worse diets, and were adopting severe coping strategies more often. Over half (55%) of female-headed households did not have any member working, underscoring their economic vulnerability. Female-headed households continued to resort to more negative coping strategies and were more likely to live in nonpermanent and non-residential structures than their male-headed counterparts.

Child labor continued to be a concern, with a stable percentage of children working at 5% since 2017. Additionally, there was a national increase in child marriage, reflected in a jump in the share of 15 to 19-year-old girls who were married, from 22% in 2017 to 29% in 2018. Using violence against children, either psychological or physical, continues to be a major issue, with nearly three quarters (73%) of children having experienced some form of violent discipline.

Vulnerable households continued to receive two main types of assistance: **1) cash assistance** in the form of multi-purpose cash grants, seasonal cash assistance and food vouchers; and, to a lesser extent, **2) non-cash assistance** in the form of in-kind assistance such as technical assistance (capacity building, vocational training), food assistance, household items, subsidized health care, shelter and WASH assistance, social and protection services, and legal services. UNHCR and WFP were the largest assistance actors in 2018, providing a range of support to Syrian refugees. Over 46% of the sampled refugee households reported being in possession of an e-card which they could use to purchase food. Also, 19% of households reported that they received multi-purpose cash assistance with the same e-card. In-kind assistance was less common, with just over 10% of households reporting having received in-kind food assistance in the previous three months. Targeted assistance in its different forms has been critical for supporting the most vulnerable refugees. In sum, access to education and health care, two core components of well-being, remained high. A decrease was seen in poverty levels and average per capita monthly expenditures increased in 2018, indicating that households are less economically vulnerable, and access to the labor market and assistance (both cash and in kind) have been crucial in providing a safety net to refugee households. However, over two thirds of Syrian refugees remained below the poverty line and nearly 9 out of 10 households had debt, showing that many Syrian refugee households continued to lack enough resources to cover their essential needs. In addition, there were significant disparities in vulnerability and well-being for Syrian refugee households at the district level. Targeting the humanitarian response accordingly continues to be essential to ensuring the best possible outcomes for all and

the most efficient use of funding. (UNHCR, 2021b)

Current needs of the Syrian refugees:

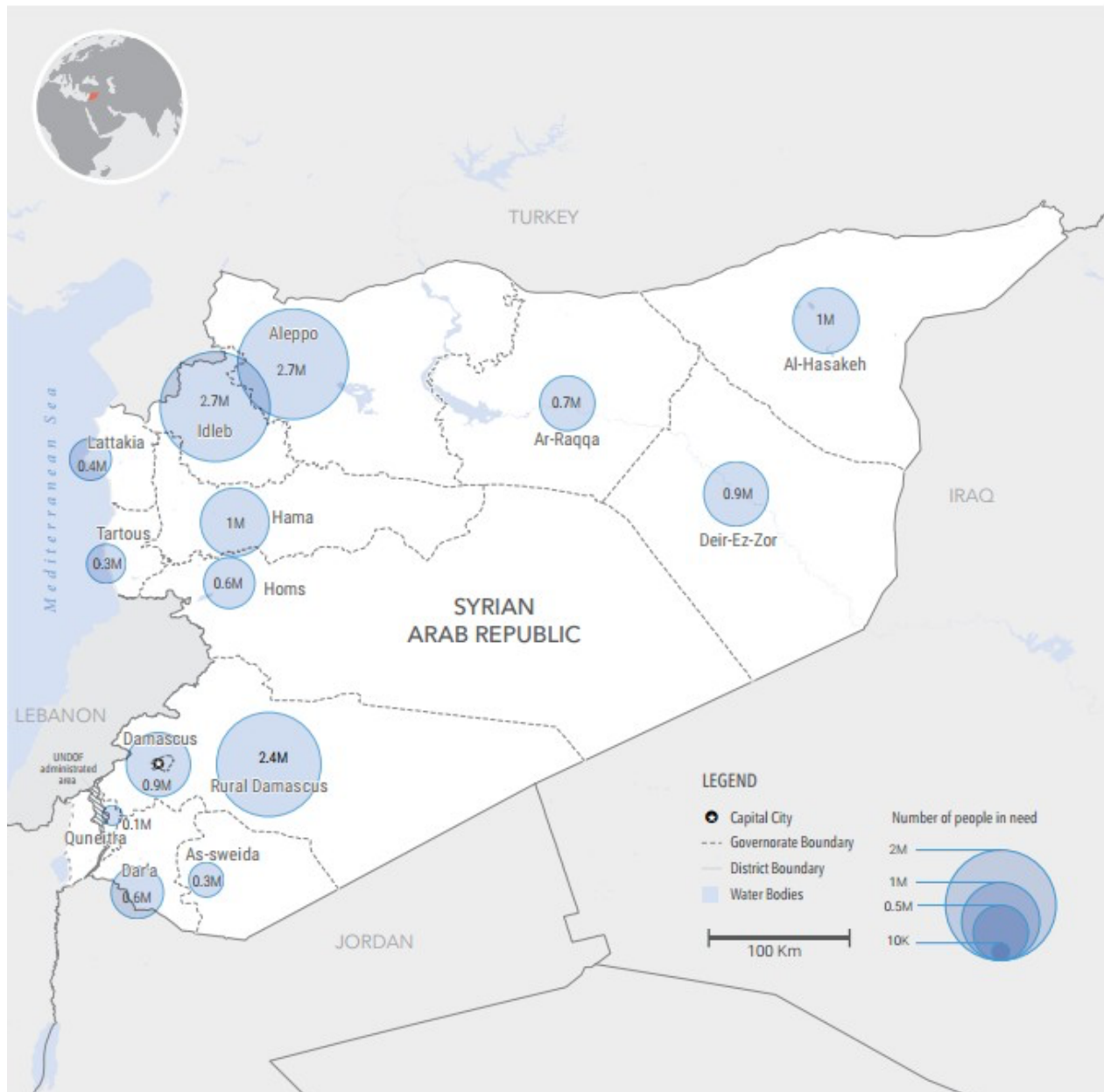
For people in Syria, humanitarian needs remain staggering in terms of “scale, severity, and complexity”. Access to health care and education as well as limited availability of water and electricity continues to be a struggle. It was found that two-thirds of the population of Syria was affected by disruption to water and electricity systems in 2017. When it comes to water, this figure stands in stark contrast to the level of access of Syrians to water prior to the crisis, as nearly 100% of the population was served by centrally managed and ‘free at the point of use’ water systems. (UN-OCHA, 2018a)

In areas facing catastrophic and critical needs inside Syria, service providers and humanitarian

workers have been facing major challenges, preventing them from providing a timely response to humanitarian acute and protracted needs. These challenges mainly include denial of authorization to operate and delays in providing facilitation letters, limitations on the quantity and quality of supplies delivered, difficulties in undertaking timely and quality assessments, risk of exposure of humanitarian staff and other service providers to high intensity hostilities and explosive hazard contamination, and border closures and/ or restrictions on the shipment of supplies from neighboring countries. In contested areas, humanitarian partners also faced challenges in carrying out and monitoring effective programming in line with humanitarian principles due to interferences in the humanitarian response, including the detention of humanitarian staff and the occupation of humanitarian warehouses or compounds. In the first six months of 2018, it was estimated that approximately 78% of people living in areas facing catastrophic and critical needs were not reached each month for assistance. (UN-OCHA, 2018d).

Figure N.15 - People in need in Syria, 2022 update:

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



Conclusion

Through this disaster risk profile, 7 clusters of the humanitarian assessment have been studied followed by vulnerability assessment and the current needs of the Syrian refugees.

Regarding shelter, it is estimated that around 6 million people in Syria require support in 2022, with around 3.7 million lives in substandard or damaged shelter condition. And the most affected population are IDPs living inside Syria.

On the other hand, WASH services are significantly affected by the shortage of electricity and fuel, which led to underperformance of the water station. Moreover, water infrastructure needs significant support and investment. And it is currently a challenge for over 2 million Syrian to reach clean water in IDPs sites. Most affected population groups are IDPs living in displacement sites and often fully dependent on humanitarian assistance.

Furthermore, the health system in Syria was directly hit during the war, which led to under functioning health system and it cannot respond to the growing needs of the population. A total of

12.23 million people is 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 expected, and 3.38 million women of reproductive age (15-49 years).

Regarding food security, 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.

Moreover, the educational system in Syria currently suffering from low attendance of the school- aged children, as Self-reported attendance at national level is 82 per cent, children working to support the household continue to be a key reason why children are not attending school.

Protection continues to be a major interest in the case of the Syrian crisis, civilians are still exposed to ongoing and new hostilities, resulting in civilian casualties and forced displacements as people seek safety. The consequences of years of hostilities and the aforementioned factors have all had profound consequences on peoples' physical and mental well-being, and resilience.

Finally, vulnerability assessment found that nearly 9 out of 10 households acquired debt and 8 out of 10 borrowed money. Vulnerable households continued to receive two main types of assistance:

1) cash assistance in the form of multi-purpose cash grants, seasonal cash assistance and food vouchers; and, to a lesser extent, 2) non-cash assistance in the form of in-kind assistance such as technical assistance (capacity building, vocational training), food assistance, household items, subsidized health care, shelter and WASH assistance.

In conclusion, the current status of the Syrian population and Syrian refugees across different countries continue to be a matter of humanitarian crisis that requires attention and support. More help and support for all the clusters are needed in order to achieve sustainable development of the Syrian population and to reduce the effect of the long-lasting war.

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