Joint Rapid Assessment of Northern Syria II

Final Report

Assessment Working Group for Northern Syria

22 May 2013

Disclaimer

This second joint rapid assessment reached 104 sub-districts out of 150 in 7 Northern Governorates of Syria. The findings represent a comprehensive account of the humanitarian situation only in the assessed areas. The report should be interpreted in conjunction with UN/UN-OCHA and NGO reports, other assessment reports, media reports, and registration figures.

Cover photo: © Barry Abdul Lattif, Aleppo, March 2013

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List of Abbreviations

ACU	Assistance Coordination Unit
COD	Common Operational Data Sets (UN OCHA)
DFID	Department For International Development
ECHO	European Commission Humanitarian Office
FAO	Food and Agriculture Organisation
GIS	Geographic Information Systems
HC	Host Communities
HHs	Households
IASC	Inter-Agency Steering Committee
IDPs	Internally Displaced Persons
INGO	International Non-governmental Organisation
J-RANS	Joint Rapid Assessment in Northern Syria
KI	Key Informant(s)
LNGO	Local Non-governmental Organisation
MoH	Ministry of Health (Syria)
NFIs	Non-food Items
NGO	Non-governmental Organisation
OFDA	Office of U.S. Foreign Disaster Assistance
PIN	People in Need (INGO)
SGBV	Sex and gender based violence
SHARP	Syrian Humanitarian Assistance Response Plan
SI	Solidarités International
UN	United Nations
USAID	United States Agency for International Development
WFP	World Food Programme

A. Executive Summary

Summary

Of the estimated 15.6 million people[1] living in the 7 governorates of Northern Syria:

- **10.5 million people live in areas where access to essential goods and services and security is considerably compromised, leaving them at elevated risk of harm and in need of assistance.**

In particular,

- 2.7 million are internally displaced
- 7.4 million people live in areas where WASH services and goods are insufficient.
- 8.9 million people live in areas where Food security and livelihoods opportunities are insufficient.
- 9.6 million people live in areas where access to Shelter and NFI is insufficient.
- 10.3 million people live in areas where health services are insufficient.

Introduction

The first J-RANS was implemented in January 2013 and covered 45% of 6 northern Governorates. This was followed by a similar assessment in the city of Aleppo in March 2013. The second Joint Rapid Assessment in Northern Syria (J-RANS II), undertaken during March - April 2013, covered 69% of 7 governorates to:

- Update information of J-RANS I by revisiting same areas
- Increase understanding of needs by visiting areas not covered in J-RANS I
- Provide strategic information on needs, key affected populations, and priority sectors for intervention
- Determine the extent of assistance reaching people as well as humanitarian constraints.

The assessment was a collaborative effort among humanitarian actors, supported by ECHO, DFID and USAID/OFDA, facilitated by the Assistance Coordination Unit (ACU), and by needs assessment and GIS experts.

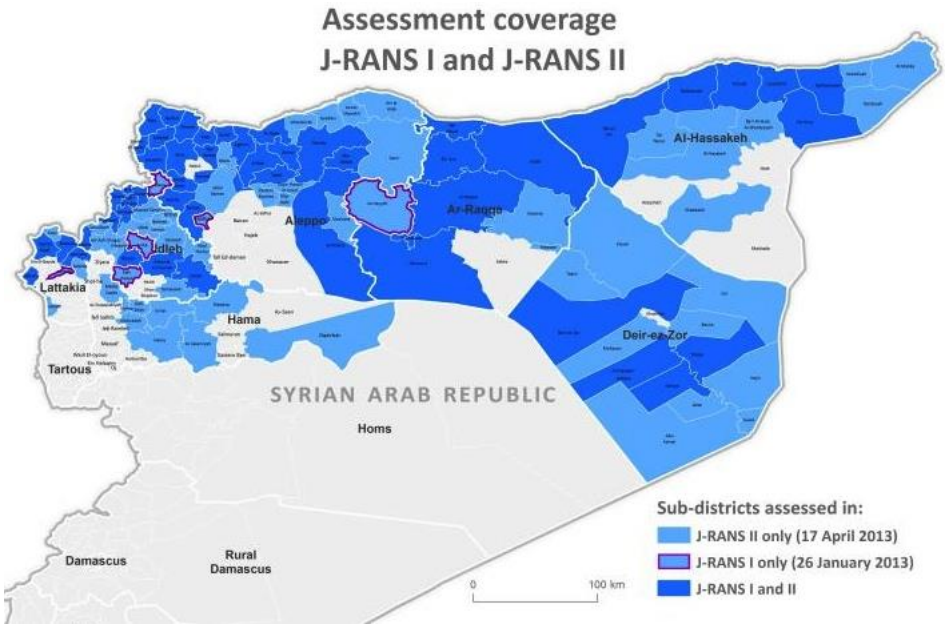
[1] Source: Syrian Arab Republic, Central Bureau of Statistics, Civil Affairs Records Status 01/01/2011

Coverage

104 out of the total of 150 sub-districts in 29 districts of 7 Governorates (Hama, Idleb, Aleppo, Lattakia, Ar-Raqqa, Al-Hassakeh and Deir-ez-Zor were reached by J-RANS II. The city of Aleppo was not covered under this assessment as a separate assessment was carried out in the city in March 2013, available here (http://reliefweb.int/sites/reliefweb.int/files/resources/Aleppo%20Assessment%20Report.pdf)

2 sub-districts presented very different situations (in Deir-ez-Zor and Hama cities). Thus these were each considered as two areas resulting in a total of 106 questionnaires analysed in J-RANS II.

It is considered that J-RANS II covered areas in which more than 80% of the population lived before the conflict. By comparison, J-RANS I reached 38% of the estimated pre-conflict population in six Governorates.



JRANS II coverage compared to J-RANS I

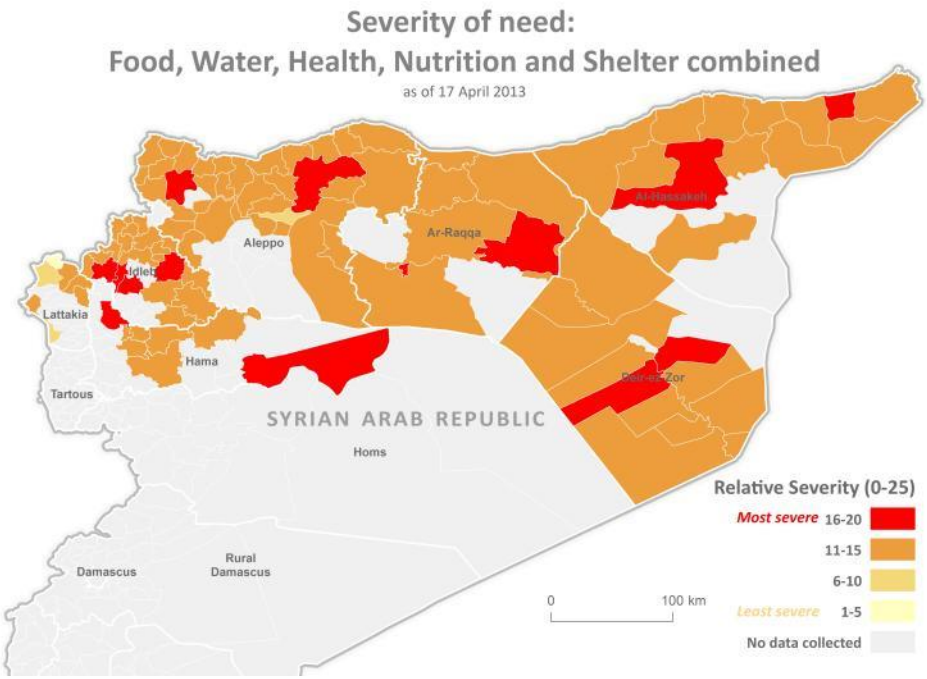


Figure 1: This map combines the severity of needs: these were recorded from 1 to 5 for food, water, shelter, health and nutrition. The highest combined value recorded is 20 and the lowest is 5

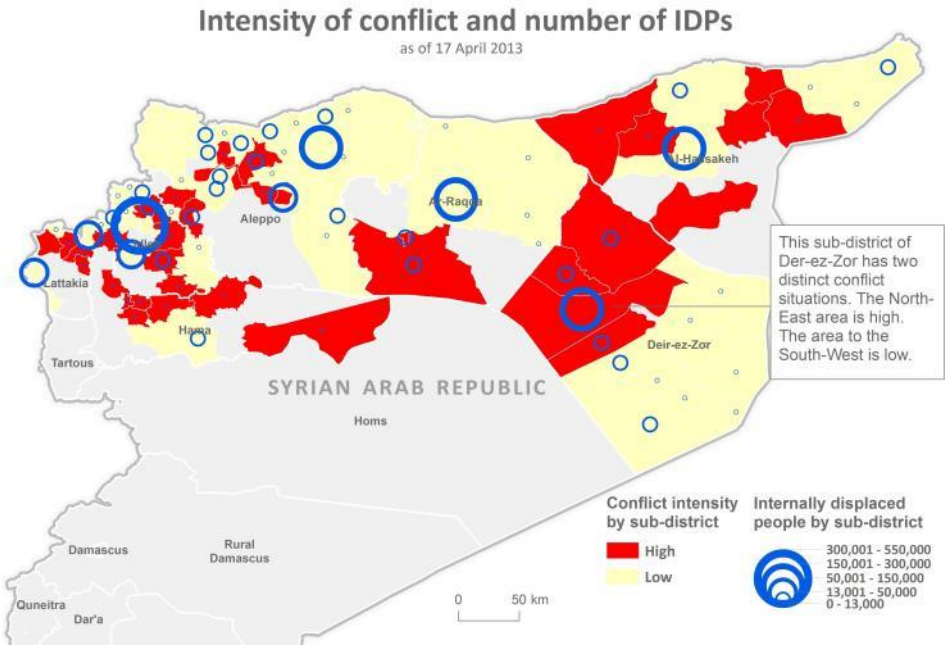


Figure 2: This map shows the severity of the conflict and the number of IDPs. The high-low intensity values are derived from a number of indicators such as proximity to fighting and frequency of shelling

The J-RANS II assessment was able to reach 69% of the sub-districts of 7 northern governorates, representing an estimated 84% of the total population living in the area before the conflict started. It indicated there to be over **2.7 million Internally Displaced People (IDPs) and 10.5 million people with limited access to essential goods and services, leaving them at notably elevated risk of harm and in need of assistance.**

If we add the J-RANS II figures to those from the assessment in Aleppo in March 2013, then **the number of IDPs identified in the 7 northern governorates is 3.2 million and the number at risk is 12.9 million people.**

Sub-districts showing the highest level of severity are either besieged urban-centres or areas surrounded by high conflict intensity where the population is facing high restriction of movement, an influx of IDPs, overwhelming of services and a restricted supply of goods and assistance.

Humanitarian needs are very different in the 39 **Higher Conflict Intensity (HCI)** areas and the 67 **Lower Conflict Intensity** areas **(LCI)**. HCI areas and specifically urban centres have notably acute medical needs arising from the military operations and pockets of severe food insecurity.

The greatest needs in LCI areas are found in areas providing refuge to large numbers of IDPs from HCI areas, where already exhausted health systems, water systems and shelter capacity are further strained. The severity of needs in LCI areas is homogeneously spread across the assessed areas while pockets of highest severity are clustered in urban areas receiving the largest amount of IDPs.

Priority sectors for intervention

The assessment identified the following priority sectors in descending order of priority:

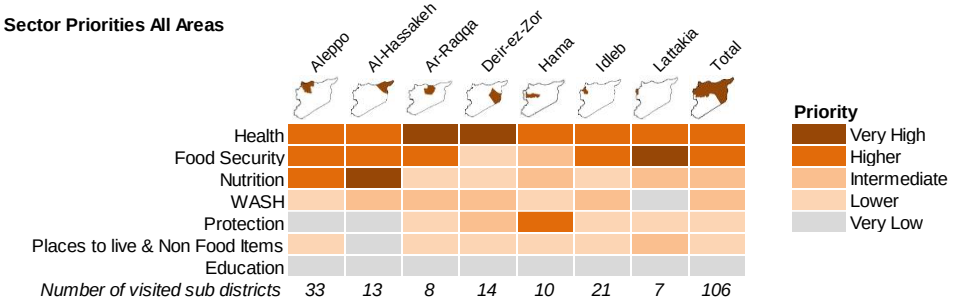


Figure 3: Priority sectors for humanitarian interventions in visited areas

The greatest need across all governorates in J-RANS I was for food. Now, 2 months later, the most widely described priority needs are in the health sector. This is due to the severe lack of medicines across the governorates as a result of the restriction of medicine supply and distribution, lack of medical staff, functional health facilities and referral services.

Meanwhile food assistance has increased but is still insufficient to cover the existing needs resulting from the disruption of livelihoods and lack of income, market supplies and reduced agricultural production. This has also impacted the nutritional condition of children.

The number of people requiring water assistance has increased significantly due to the lack of water treatment materials and fuel as well as the significant conflict related damage of water systems.

Priority Target Groups

In each location and for each sector, visited populations were asked *which group faces the biggest risks*, in descending order of priority:

1. IDPs in collective centres were systematically and across all assessed sectors reported as the group facing the biggest risks, followed by,
2. IDPs in vacated buildings and,
3. IDPs in host families (only for food security this is different, as the resident community hosting IDPs has been prioritised as the 3rd group the most at risk).
4. Resident population hosting IDPs was mentioned as 4th rank (only for Protection this differs with resident, non-displaced population).

When comparing this information to the data collected during J-RANS I and for the same areas, IDPs living in vacated buildings in J-RANS II were mentioned to be the 2nd most at risk group compared to IDPs living in host families in J-RANS I.

While residents non-hosting IDPs were consistently mentioned to be the 3rd most at risk group in J-RANS I, this group was not mentioned as a priority under J-RANS II. The groups facing most important difficulties now are primarily IDPs and their host families.

Relief actors meeting the needs

Respondents were asked if they *had received regular assistance in the last 30 days*. The assessment indicated that local relief groups (of which there are a variety including civil society entities and local councils) provide the largest amount of regular assistance: 60% of responses to the question 'Which organisations have been providing regular support' were categorised as local relief groups, 17% were INGOs while SARC formed 13% of responses. There were significant gaps, especially in shelter, WASH and education. The assessment identified the following level of support received in 106 assessed areas over the past 30 days:

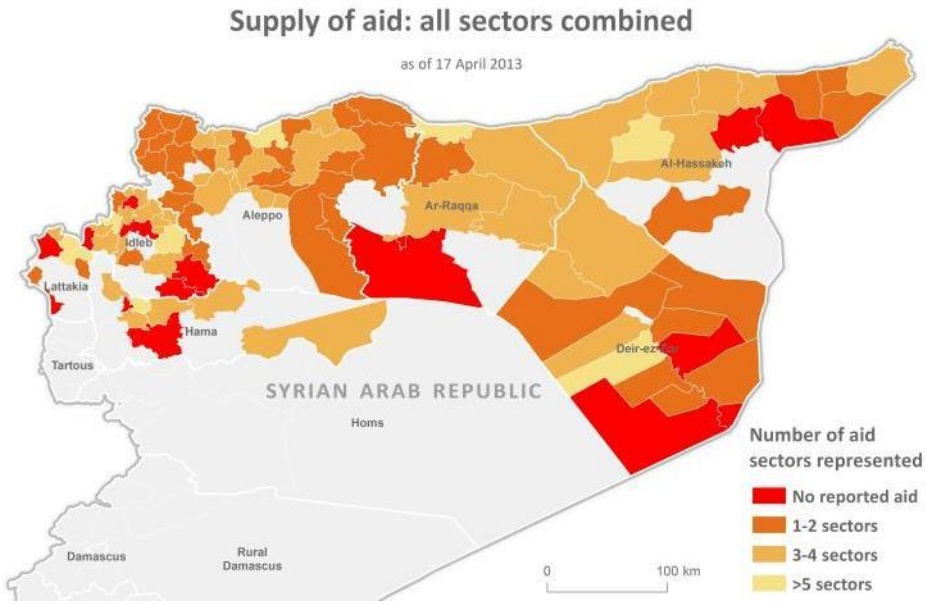


Figure 4: Aid reported as having been received in the last 30 days. The values represent the number of sectors from which aid has been supplied

Generally, and despite an increase in the number of sub-districts covered by humanitarian actors since the J-RANS I two months ago, the level of assistance regularly provided compared to the acuteness of needs and the magnitude of population affected is judged insignificant, as shown in the following graphs.

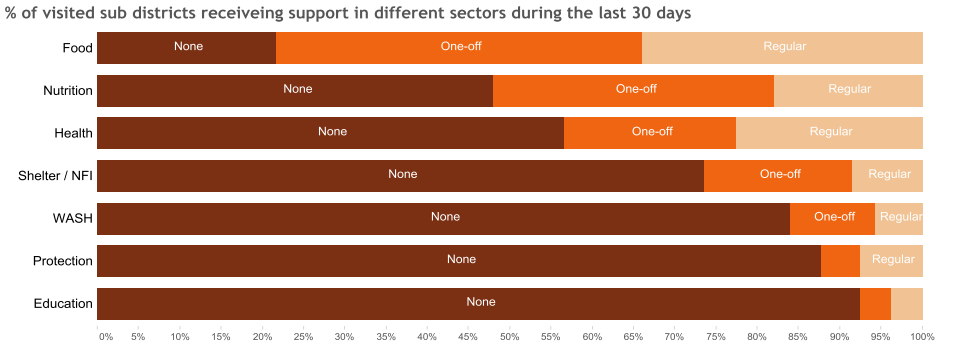


Figure 5: Percentage of sub-districts in the visited areas receiving aid over the past 30 days

Governorates closest to the Turkish border receive more assistance and have the highest number of organisations reported active, especially in Aleppo and Idleb Governorates.

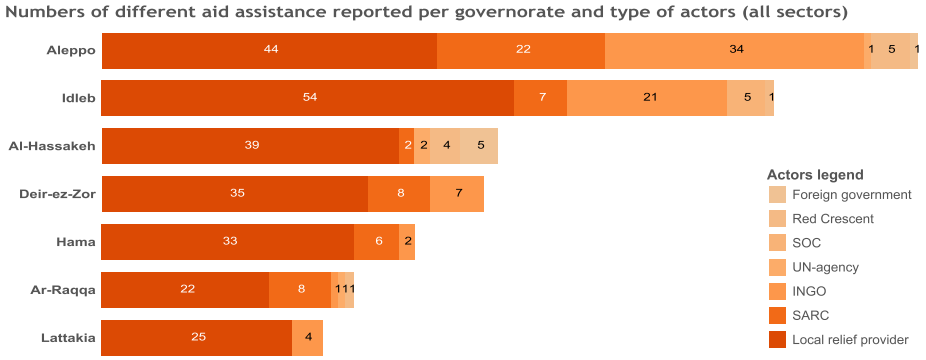


Figure 6: Total number of aid delivery activities reported in the visited areas over the past 30 days, all sectors included

Humanitarian access

79% of sub-districts report that there is a problem with humanitarian access for both humanitarian actors, as well as for the affected population to access relief.

The most severe constraints in access are restriction of movement and interference into humanitarian activities by powerful groups.

Interference into humanitarian activities by powerful groups, armed forces and criminal groups is highest in LCI areas.

Restriction of movement for humanitarian agencies is a wide-spread problem which poses severe operational constraints for humanitarian actors.

Almost 70% of sub-districts report that there is a problem for relief actors to move freely. There are only minimal differences between HCI and LCI areas. This indicates that impediments to freedom of movement such as checkpoints and insecure roads are spread across the assessed areas.

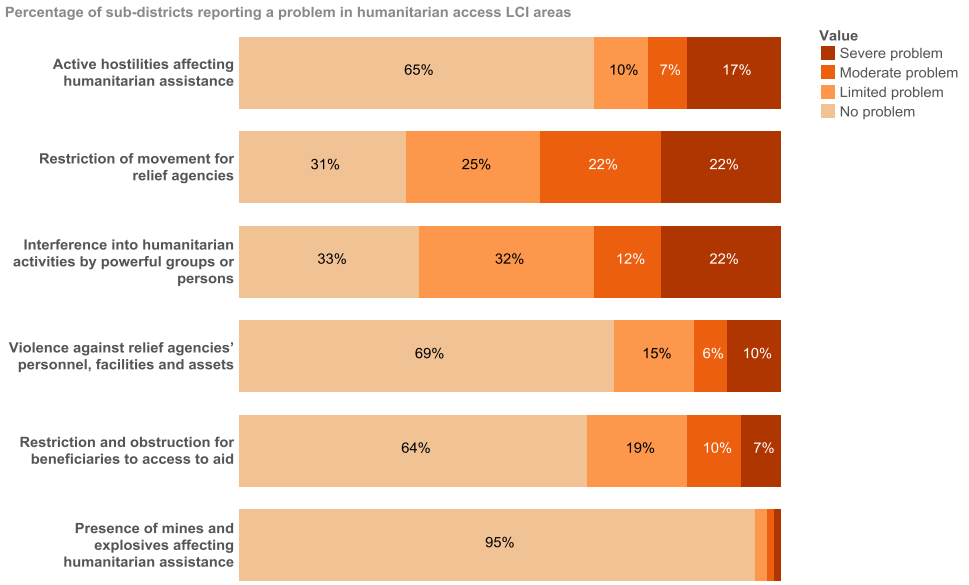


Figure 7: % of sub-districts reporting a problem in humanitarian access over the past 30 days

Sectoral Priorities as identified by key informants in the assessed sub-districts

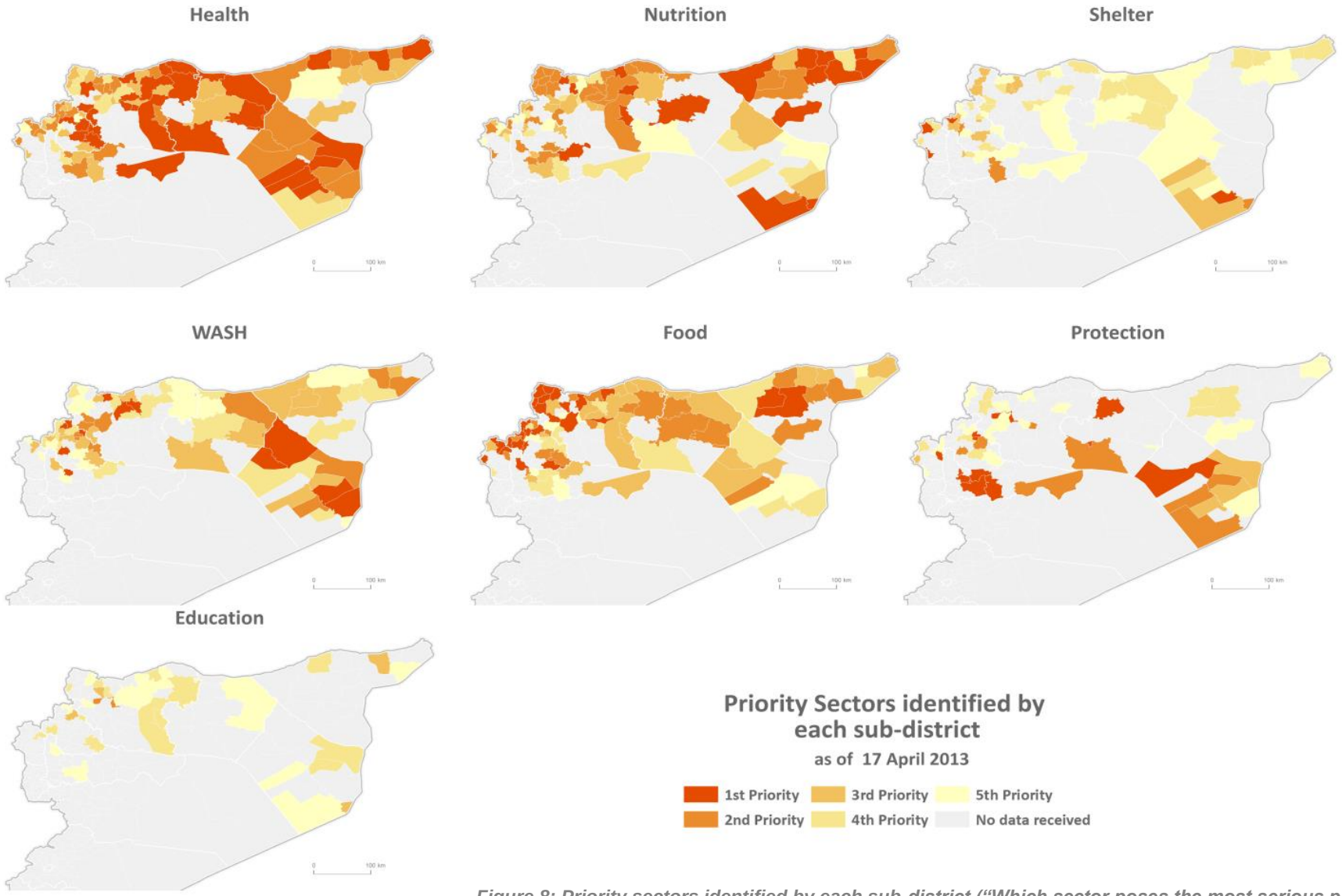


Figure 8: Priority sectors identified by each sub-district ("Which sector poses the most serious problems?")

Food Security priorities

In 104 out of 106 assessed areas, Food Security was seen as a priority for intervention. Requested assistance was as follows:

1. Distribution of food baskets to support food insecure households and enhance food diversity.
2. Delivery of wheat flour to subsidise bakeries
3. Fuel for cooking and heating food (stoves, wood and kerosene).
4. In-kind support and cash for work/unconditional cash grant assistance to most affected groups.

➔ Findings indicate that the situation is not immediately life threatening for the majority of the affected population, but that a vast majority of the visited sub-districts are borderline food insecure. 78% of assessed sub-district received food aid in the 30 days prior to the assessment, of which an average of 34% received regular food assistance.

➔ Provision of flour was seen as a priority intervention in HCI areas of 5 of 7 Governorates

➔ In J-RANS I over 50% of the assessed areas in Al-Hassakeh and Idleb had not received any regular food support over the past 30 days. Although in general the percentage of sub-districts receiving food assistance was found to have increased in J-RANS II, only 8% and 10% of sub-districts in Al-Hassakeh and Idleb respectively, received regular assistance in the 30 days prior to the assessment.

➔ 3 sub-districts reported *"many people will die soon"* because of the severity of the food security situation: Jisr-Ash-Shugur in Idleb and, Al Thawrah and Mansura in Ar-Raqqa. These sub-districts all report a lack of access to food due to lack of money. In Jisr-Ash-Shugur unavailability of food was reported, with bakeries having insufficient access to flour to supply the population in the area. This district also faces an acute situation for the situation in health, nutrition and water. Jisr-Ash-Shugur was classified as a High Conflict Intensity area.

Health priorities

In 105 out of 106 assessed areas, Health was seen as a priority for intervention. Requested assistance was as follows:

1. Medicines, including medicines for war injuries (anaesthetics), chronic disease medication, and antibiotics are reported to be of highest priority for all assessed governorates. Medicines for chronic diseases, especially for older people who can't afford the cost of their treatment are urgently needed. Medicines for communicable disease in sufficient stocks to enable swift response to potential outbreaks of communicable disease.
2. The provision of health facilities. The hospitals still functioning are seeing a significant increase of patients especially in areas hosting large number of IDPs and experiening further influx of displaced people.
3. The provision of ambulances is considred to be a high priority. Due to the wide-spread destruction of hospitals and medical points, health facilities have become scattered limiting people's access to health care.
4. Medical staff in Higher Conflict Intensity areas (especially orthopedic surgeons, anaesthetists and emergency doctors, female staff for reproductive health and sex and gender based violence, SGBV).
5. Medical equipment and consumables/re-usable supplies, including: orthopedic surgery sets, and disability aids.

➔ The capacity of first responders to conduct triage and proper case management is limited. This is leading to additional morbidity and mortality on the way to health facilities.

➔ 3 sub-districts in HCI areas reported that *"many people are dying now"*: Deir-ez-Zor City, which is currently a contested area and two rural areas, situated in Hama: Kafr Zeita and Madiq Castle. Madiq Castle has suffered the highest percentage (60%) of destruction of public buildings in all assessed HCI areas. Only 1 actor is providing health assistance in Madiq Castle. 10 out of 106 sub-districts (9%) reported that *"many people will die soon"* if they do not receive health assistance.

➔ Under J-RANS II, the sub-district of Al-Thawrah in Ar-Raqqa has been categorised as *"many people will die soon because health services are insufficient", thus a decreased severity rating since J-RANS I.* This could be explained by the fact that a local hospital was recently opened. However, the current levels of assistance remain highly insufficient.

Nutrition priorities

In 101 of 106 assessed areas, the following Nutrition requirements were seen as priorities for intervention:

1. Baby Milk
2. Baby Nutrition
3. Nutrition For Mothers
4. Cash Grant
5. Clean water

➔ Infant and Young children are at higher risks of morbidity and mortality in emergencies as unsafe artificial feeding due to limited/poor access to safe water, lack of sterilisation material, storage equipment.

➔ Key informants in 89 sub-districts mentioned that mothers choose not to breastfeed as they feel unable to do so due to the lack of food, stress, lack of privacy or a combination of all three.

COMMENT: Where baby milk is provided it is crucial to ensure it can be used safely. This includes the provision of cups for feeding and clear instructions (in Arabic) about its preparation, as well as clean water / treatment for purification and preparation utensils to reduce risk of health risks to babies who are fed with breast milk substitutes.

Lack of fuel, water and sterilising equipment is one of the key reasons why artificial feeding bears a high risk of infections and other health threats for infants in emergencies and breastfeeding should be supported and encouraged through assessment of breastfeeding challenges, breastfeeding support by qualified nurses and health professionals, peer support and safe spaces where mothers can breastfeed should be set up

Water, Sanitation, Hygiene (WASH) priorities

In 97 out of 106 assessed areas, WASH was seen as a priority for intervention.

1. Water supply: fuel/electricity for water pumps and generators
2. Waste management and rubbish collection
3. Sufficient bathing spaces
4. Provision of clean water, water treatment products and means for water quality testing.
5. Cleaning materials

➔ 3 sub-districts reported that *"many people will die soon"* if they do not receive WASH assistance. A follow up assessment is required to disaggregate this risk by sub-sector. All three areas are situated in Idleb. Jis-Ash-Shugur and Saraqab sub-districts are also classified as high-conflict intensity areas (HCI). Jis-Ash-Shugur sub-district has also reported severity level 4 in Health and Food.

➔ Although the number of people 'at acute risk' has somewhat decreased (6 sub-districts reported that "many people will die soon" in J-RANS I), the overall situation has deteriorated: 2 million people 'at risk' in January compared to 7 million 'at risk' in April.

➔ In J-RANS I respondents in 6 sub-districts indicated that "many will die soon" if access to drinking water does not improve. All of these were High Conflict Intensity areas in Deir-ez-Zor (Ashara, Thiban, Al Mayadin and Deir-ez-Zor) and in Aleppo (Daret-Azza and Haritan).

➔ In J-RANS II the severity of these sub-districts has comparably decreased to a severity of "many are suffering". Since the publication of the J-RANS I assessment Al Mayadin and Ashara sub-districts have received WASH-assistance from local relief providers and SARC. Haritan in Aleppo reported to have received regular WASH support from INGOs in the 30 days prior to the assessment.

Shelter and Non-Food Item priorities

In 93 out of 106 assessed sub-districts, Shelter/NFIs were seen as a priority for intervention.

1. Providing safe shelter was rated as a very high priority for intervention in 5 of 7 governorates with exception of Al-Hassakeh and Ar-Raqqa.
2. The provision of cash grants to support families renting spaces, needing to repair their houses and shelters.
3. Repair of buildings
4. Blankets and mattresses.

➔ One sub-district (Saraqab, Idleb) reported that *"many will die soon"* if they do not receive shelter assistance. Saraqab is a high conflict intensity area where in total 70% of private buildings have suffered heavy damage (50%) or complete destruction (20%). 80% of public buildings have also suffered significant damage (moderate, heavy or complete damage). Key informants reported daily bombing. Only one-off shelter was provided in Saraqab prior to the assessment by local relief providers.

➔ Saraqab has also reported that *"many will die soon"* if no health and WASH assistance is provided.

➔ 78% of assessed sub-districts report that *"many people are suffering"*

Protection priorities:

1. The highest priority for intervention is the **protection of civilians from violence, fighting, shelling and psychological trauma.**
2. Provide child protection support and especially the establishment of support mechanisms to help children return to school and the provision of safe recreational spaces.
3. Provide psychosocial support to vulnerable groups.
4. Restore law and order and take specific measures to improve and secure humanitarian access.
5. Demining.
6. Support to families with vulnerable persons, including children, women, handicapped, and older persons (including cash support).

Education priorities

1. Provide safe school premises.
2. Invest in temporary learning spaces to address non-attendance and overcrowding of schools.
3. For the start of the next school year, the lack of school materials needs to be addressed. Materials need to be distributed across the country, and school books need to be printed.
4. The lack/absence of teachers needs to be addressed, as this is clearly is a growing problem.
5. Provide adequate WASH facilities in schools.

➔ Fear of shelling of schools is the main reason for not attending school in both HCI and LCI areas. In HCI areas the fear of shelling on schools is slightly higher with 23% compared to 20% in LCI areas.

➔ Out of 5,598 schools in the seven assessed Governorates, only 2,417 or 43% were reported to be functional and used for educational activities. Some 30% of the assessed sub-districts reported that education activities are taking place outside of schools.

Information Gaps and Needs

The J-RANS process provides a situation overview across different governorates. Its design called for a trade-off between speed, geographical coverage and level of details. Analysis of the findings identified areas of concern that need to be explored more in depth through further assessment.

- **Affected population figures**: Sex and age disaggregated data including older age groups (60-79 and 80+). J-RANS population data is desegregated by sex but not by age.
- **Damages**: Updated and more comprehensive status of destroyed and damaged medical facilities and schools. Currently those categories are merged under J-RANS under the heading 'Public infrastructure'.
- **Market information**: More comprehensive information required on market prices, availability of products per sub-districts (Emergency Market Mapping Assessment, EMMA). J-RANS provided some indication on price evolution but a real monitoring system is required as situation is very context specific.
- **Disease surveillance**: Data records at clinic and field hospital level. J-RANS did not specifically assessed health infrastructure and focused only on main health issues. A more comprehensive but flexible disease surveillance system is required, specifically since health is reported the first priority by the population.
- **Protection**: Cases and locations of SGBV, unaccompanied extremely vulnerable individuals (children, older people, disabled), number of cases of psychological trauma, and elderly, data on children enrolment. More information is required on protection issues, requiring the use of skilled and trained enumerators in protection issues and dealing with sensitive information.
- **Nutrition**: Status of children under 5 years old and older people. The risk factors exist for nutrition to become concern, specifically for children. More is needed in term of nutrition surveillance system.
- **Education**: Disaggregation of data between primary and secondary schools.
- **Who, What, Where:** of all relief agencies, to increase interagency, inter-sector and sub-sector coordination for relief activities; this is especially needed for coordination and partnership-forming between health providers to increase comprehensiveness of service provision (continuation of care, referral of patients for rehabilitation and provision of disability aids).

Recommendation for further assessments

- Based on lessons learnt from the J-RANS I and II, improve and adopt the methodology and tools used and tested for a similar **needs assessment of the south** (all areas not covered in J-RANS I and II) in order to establish comparable data sets and to contribute to a common operational picture. Use especially lessons from the use of protection, education and nutrition questions in future questionnaire design.
- Implement a **Survey of Surveys** to map existing assessment geographical and sectoral coverage. Establish a common platform for the clearing and sharing of information between partners. Sharing information will ensure assessment duplication is avoided and reduce levels of assessment fatigue among the affected population.
- In areas already assessed in northern governorates, the key priority is to establish a **dynamic needs monitoring system** and to systematize data collection formats (medical records, figures, priority needs per group and location) and ensure regular collection, analysis and dissemination of the data (monthly). This is especially important as the situation is fluid and conditions (especially in IDP camps) and access changes continually. Thus the validity of this and other assessments reduces over time.
- Design and establish specific monitoring system for besieged urban centres.
- Further assessments need to focus on **disaggregation of sectoral information** (as well as population groups: age, sex) in order to provide a more accurate quantitative sectoral gap analysis.
- Reduce needs assessment fatigue by **coupling needs assessment with light distribution** mechanisms. Data collection becomes more and more difficult, especially in areas were no assistance is being delivered and where the population complains about slow or non-existent aid support. For instance, when new IDPs arrive in camps and receive a settlement package, do a quick questionnaire on the conditions in areas of origin; perform a health or nutrition check of children. This can be used as a proxy for further assessments.
- **Focus on the collection of most relevant information only** (avoid extensive questionnaires), especially in areas that will most likely not receive assistance in the coming months due to security or access issues. Standard key indicators for Syria need to be agreed and included in future assessments.
- Ensure, as far as possible (and considering security conditions), gender balance in the assessment teams.
- Establish **minimum reporting standards** (documentation of methods and data) and design standard data collection tools in sectoral groups to harmonise collected information.
- **Record P-codes** (place codes) for the location of assessed areas (see UN-OCHA COD).
- **Crosscutting issues** such as protection, child protection, SGBV, etc. need to be mainstreamed into future assessments. Questionnaires format needs to be reviewed accordingly.

B. Introduction

B.1 Background

More than two years of intensified conflict, new waves of displacement, restricted humanitarian space and insecurity, combined with the impact of a harsh winter, are all contributing to increased vulnerabilities and reduced access to basic goods and services in Northern Syria.

The first J-RANS, in January 2013, covered 45% of 6 northern Governorates. This was followed by a similar assessment in the city of Aleppo in March 2013. The second Joint Rapid Assessment in Northern Syria (J-RANS II) was undertaken over a two-month period in March - April 2013, in order to:

- update information of J-RANS I by visiting same areas;
- provide strategic information on needs, key affected populations, and priority sectors for intervention; and
- determine where assistance is reaching people as well as humanitarian constraints.

The assessment was a collaborative effort between a range of humanitarian actors, supported by ECHO, DFID and USAID/OFDA, facilitated by the Assistance Coordination Unit (ACU), and by needs assessment and GIS experts.

B.2 Methodology

A detailed site selection plan is available in Annex 2. The plan aimed to cover as many areas as possible, regardless of the forces controlling each area. Where security conditions permitted, sub-districts covered by J-RANS I were included to enable trend analysis (only 6 sub-districts from J-RANS I were not assessed under J-RANS II – either because of insecurity or lack of access).

The main data collection instrument for the fieldwork was a rapid assessment questionnaire (annex 3) that allowed collection of both quantitative and qualitative data. The questionnaire was based on that used for J-RANSI but with

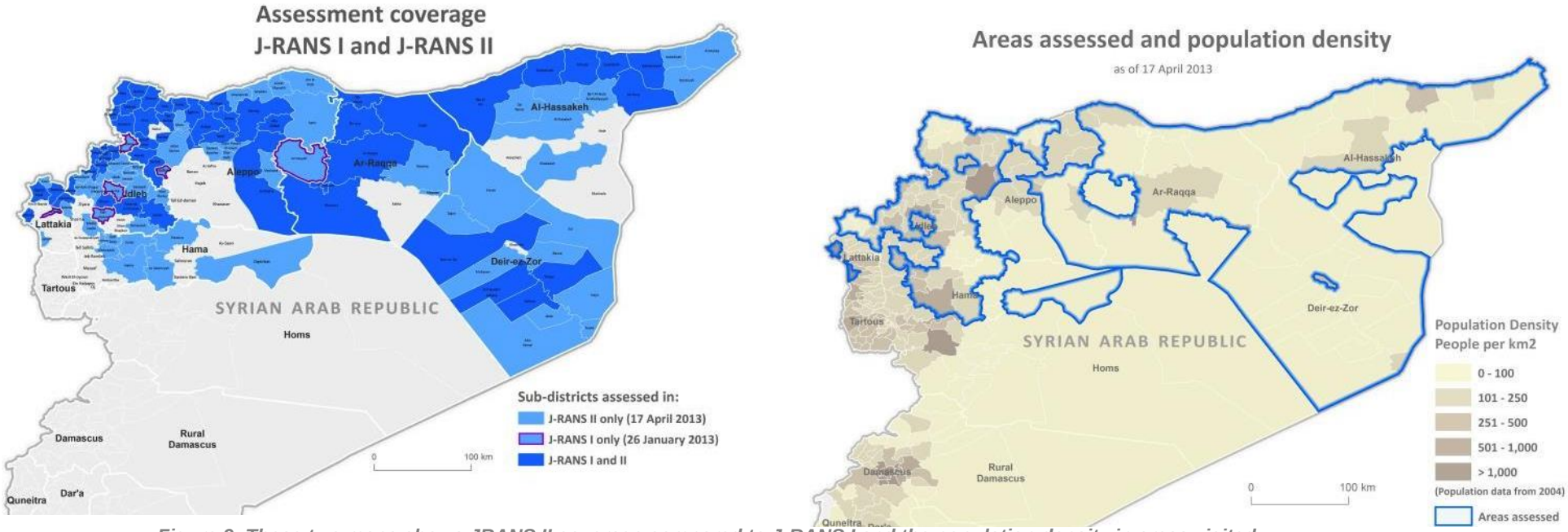


Figure 9: These two maps shows JRANS II coverage compared to J-RANS I and the population density in areas visited

some additional questions and some revisions. 63 enumerators underwent two days of training, including a field test of the questionnaire. Some enumerators assessed 2 sub-districts, depending on the size and density of population present in the area.

The field data collection took place over a one-month period. 76 enumerators were used in the field. Enumerators were drawn from the Information Management Unit of the ACU as well as field staff of NGOs.

In each of the 104 sub-districts, enumerators visited as many places as possible during a two weeks period, choosing the sites the most typical of the situation in the overall sub-district.

Qualitative and quantitative data were gathered using key informant interviews and direct observation. Relief committees, registration offices, religious leaders, local organisations, heads of household, medical staff, teachers and local police were interviewed. Public places such as schools, field hospitals, water points, markets, cemetery or small shops were also visited to complement interviews with direct observation.

Strategies used to increase the quality of the data are described in the section below:

- Key sections of the questionnaires were attributed a reliability/credibility level, especially for quantitative population figures.
- Enumerators received a two-day training, including field-testing of the questionnaire, prior to data collection.
- Each enumerator underwent a complete debriefing on return and was asked to provide evidence, especially for reported figures and for situations where critical trends or severity levels were reported. In these cases, photos, lists and contact of key informant for double-checking were requested.
- The time spent on each sub-districts by the enumerators was checked, as well as the number and types of places and key informants visited or interviewed.
- Enumerators worked in pairs and care was taken to mix teams (different organisations) to reduce bias and to crosscheck findings. Enumerators were debriefed separately to verify consistency.
- Random verification of findings was performed via telephone or Skype to judge the accuracy of the information provided (66 questionnaires). Where high severity levels (category five) were reported, the information was systematically double-checked.
- Field data was triangulated with general knowledge about the situation in a given area (displacement patterns, conflict period, etc.), compared to baseline information (demographics, health statistics, price trends, socio-economic profile of the population, etc.) and with independent secondary data (partners report and databases).
- Population figures were gathered by accessing local registration files or lists established by local relief committees or councils at district or sub-district levels. As an indication, 42% of the visited sub-districts had completed registration and 31% were on the process of finalising it. When lists or registration logs were formally accessed and recently updated, the consistency of the data was ranked as “reliable” (46 out of 106 sub-districts). Where no updated list or registration was available, interviews were held with knowledgeable 5-10 local individuals (local authorities, teachers, medical staff, etc.). If the responses were within a range of plus or minus 20% and when the respondents appeared to have detailed knowledge of the population, it was decided that the quality of this information was fairly reliable (43 out of 106 sub-districts). If the responses were too inconsistent across respondents, the information was judged unreliable (17 out of 106 sub-districts) and was not used to calculate the number of people at risk under this assessment.

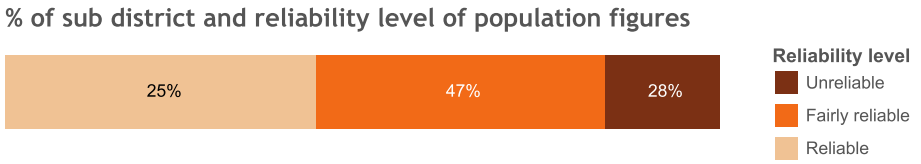


Figure 10: % of sub-district visited and reliability level of population figures

Data judged unreliable; not credible; inconsistent with reliable secondary data; incomplete; or which did not pass the double check protocols were discarded from the analysis and are not presented in this report.

Apart from the primary data collection, the J-RANS II also drew on existing secondary data (pre-crisis and in-crisis) and needs assessments from NGO partners.

B.3 Limitations of the JRANS II methodology

As explained earlier, the population figures provided in this report are estimates made on the ground by observers and compared to existing registration lists, beneficiary lists, and local knowledge or secondary data verifications. Several limitations need to be taken in consideration when using J-RANS II population figures:

- Population movement in Syria is highly dynamic and no existing tracking system currently captures displacement patterns in real time.
- The J-RANS II reached 104 (69%) of the 150 sub-districts in the 7 northern governorates of Syria. The J-RANS II covered 1 additional governorate (Hama) and a total of an additional 46 sub-districts compared to J-RANS I. Despite the higher coverage of sub-districts, generalisations made from this sample to the entire population of these governorates are only projections, which cannot yet be confirmed. Additionally, due to security reasons, the population coverage within governorates is not equal. Please refer to the sampling tables in Annex 2 to understand the coverage of the assessment and interpret how "representative" population figures are of the total population in the governorate. For instance, the city of Aleppo was not assessed under J-RANS II and was reported in March 2013 to have 2.4 million people living in areas in urgent need of humanitarian assistance.
- The figures presented do not account for all the visited population. By discarding data judged unreliable, nearly 2 million people became invisible in the population statistics table of this report.
- The only way to measure the accuracy of population figures from J-RANS would be to compare to other existing figures, but methodologies, completeness, reliability and granularity of available information challenge the comparability of findings. As an indication, when comparing pre-conflict population figures from J-RANS II (at governorate level and for each visited sub-district) and the population figures from 2011 released by the Civil Affairs Bureau, J-RANS figures show a 5% variation only. However, variation within governorates is higher.

While these figures should not be considered precise, they are considered an adequate guide to major population dynamics in Northern Governorates of Syria. Trends were verified and are consistent with available secondary information.

The J-RANS methodology focuses only on the identification of the main affected groups (residents affected, IDPs in public building, in host families or in vacated buildings) and proposes a ranking in terms of groups the most at risk.

The measures reported in J-RANS II are aggregated from multiple observations at the sub-district level. The methodology is based on perceived need as expressed by key informants therefore the assessment does not always account for the diversity of situations within a sub-district. J-RANS II did not specifically assess the needs of IDPs in camps on the border and secondary data indicates that their situation differs significantly from those residing in collective shelters.

Secondary data was provided by J-RANS partners for the geographical areas where they are operating. Such data was most limited for Al-Hassakeh, Deir-ez-Zor, Hama and Al-Raqqa where presence of partners is lower.

The situation in visited areas is highly dynamic and changes quickly. At times significant changes can be observed from one week to another. Thus, the more time has elapsed since the issuing of this report, the more this should be taken as a basic source in need of updating for precise interpretation.

The nutrition section of the questionnaire focuses only on the nutritional conditions of those under 5. No MUAC or anthropometric measures were undertaken under this assessment, and information provided is of qualitative nature. No extrapolation of findings is possible under these parameters.

Only one of the enumerators was a female. While in only two visited sub-districts were difficulties in obtaining information from female-headed households reported, this gender imbalance should be borne in mind when interpreting the results of the assessment.

6 sub-districts were assessed remotely as access was denied to enumerators (Al Hafa in Lattakia, Ariha, Dana and Kafr Nobol in Idleb, Jurneyyeh in Ar-Raqqa and Hadher in Aleppo.

The severity ratings have not been weighted. When reading the severity levels, they should be considered together with the size (% or absolute number) of the population at risk or acute risk. Also, areas visited for this assessment included those with the greatest secure physical access. Areas not visited are likely to have worse conditions than those reported here.

For security and safety reasons and in order to protect key informants, sources and enumerators, the data in this report has been aggregated at the governorate level where required. This procedure minimises the variability of conditions reported. Generally, the differences are largest between densely populated urban centres under siege, compared to sub-urban or rural areas.

For confidentiality reasons, the source organisations of provided information are not always identified in this report and in the corresponding database. Instead and when possible, the type of organisation providing the information is provided.

B.4 Timeframe

The Gantt chart below shows the timeframe followed for each key steps or activities of the J-RANS:

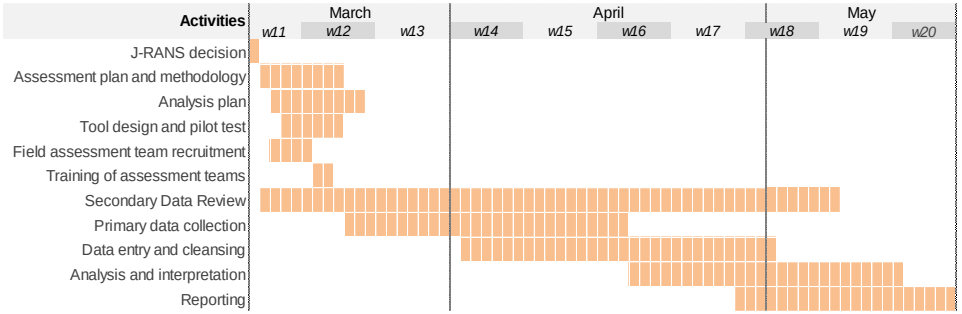


Figure 11: Timeframe of the J-RANS II: 08 March - 17 May 2013

- Field work started on 20 March 2013 and was completed on 17 April 2013. Secondary data was collated from March to May 2013.
- Analysis and interpretation of the findings was performed from 17 April up to the 10 of May 2013. Interpretation of the findings was performed in collaboration with local and international organisations supporting the assessment.
- Preliminary findings were shared the 7 of May 2013 and the final report was released the 17 of May 2013.

B.5 Report Structure

This final report is structured around the following sections:

Main section

- Conflict damages (Casualties, injured, missing and arrested people)
- Damages to physical infrastructures (public vs. private infrastructures),
- Humanitarian profile (numbers of people for main affected groups, residents vs. displaced people) and IDPs provenance.
- Population registration status.
- Population movements
- Relationships between residents and IDPs
- Humanitarian access conditions
- Information level of population regarding humanitarian assistance.
- Prioritization across sectors as expressed by the population

By sector

For all sectors (Health, Food Security, WASH, Shelter/NFIs, Nutrition, Education and Protection):

- Main problems
- Priority interventions required by the population
- Priority target group as prioritised by the population
- Severity rating of the conditions and status
- Type of assistance received in the last 30 days
- Number of people at risk and acute risk

Additionally:

- % of children regularly attending schools
- Vulnerable groups

Protection is also included as a cross-cutting issue in the other sectors when relevant data was available. Details are further provided for 67 areas with Lower Conflict Intensity and 39 areas with Higher Conflict Intensity, including most affected groups, severity and type of organization providing humanitarian assistance.

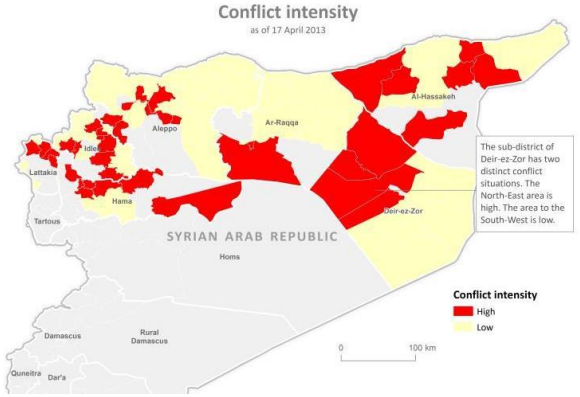


Figure 12: Areas of 'high' and 'low' conflict intensity

Annex 1 outlines the figures included in this report. Annex 2 and 3 provide the sampling plan and questionnaire used, while Annex 4 compares the result of J-RANS II to the findings of J-RANS I.

B.6 Key definitions

High conflict and low conflict intensity areas

Based on the questionnaire and the enumerators debriefing, each area was categorised as Low conflict intensity (LCI) or High conflict intensity (HCI). The main characteristics for categorisation are:

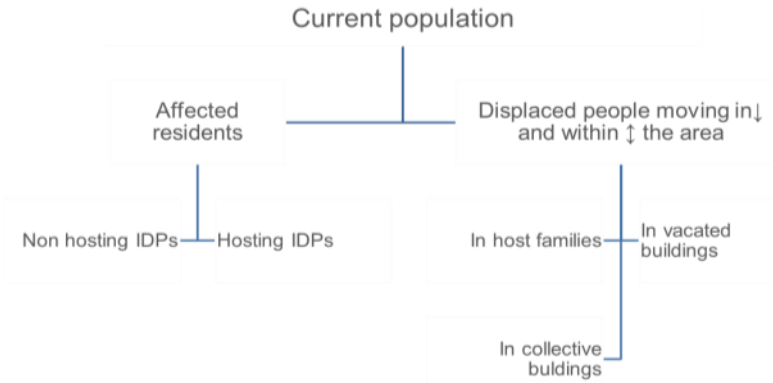
High Conflict Intensity areas	Low Conflict Intensity areas
• Contested by military forces • X Regular bombing/shelling • IDPs 'trapped' • High number of civilian casualties, incl. women and children • Short distance to confrontation lines • Population generally decreasing • More dynamic situation • Difficult access • Severe problem in restriction of movement	• Currently not contested by military forces • Currently no bombing/shelling, or rarely • 'Safe haven' in HCIs • No/low number of civilian casualties • Longer distance to confrontation lines • Population increasing (due to IDP influx) • More stable situation • Safer/easier access for humanitarian • support

Results were compared with the UNMAS conflict incident dataset for the same period and showed a positive correlation between J-RANS classification and incident reports. Spatial analysis confirmed the overlap of areas with high intensity of conflict.

Affected and vulnerable groups

The J-RANS II assessment differentiates between 'affected groups' and 'vulnerable groups'.

- 'Vulnerable groups' refer to population segments requiring special attention (lactating mother or pregnant women, older people, children under 5 years old, etc.).
- "Affected groups" refers to the categorisation of various groups of importance for humanitarian response (IDPs and residents affected, IDPs in collective building, hosted by residents or in vacated buildings). The simplified humanitarian profile categorisation used under this assessment is represented in the following organogram:



Note that the J-RANS methodology does not permit differentiating the number of IDPs coming from outside the area from those displaced within the same area.

Humanitarian access

In J-RANS II, humanitarian access is aggregated using a composite measure of six categories:

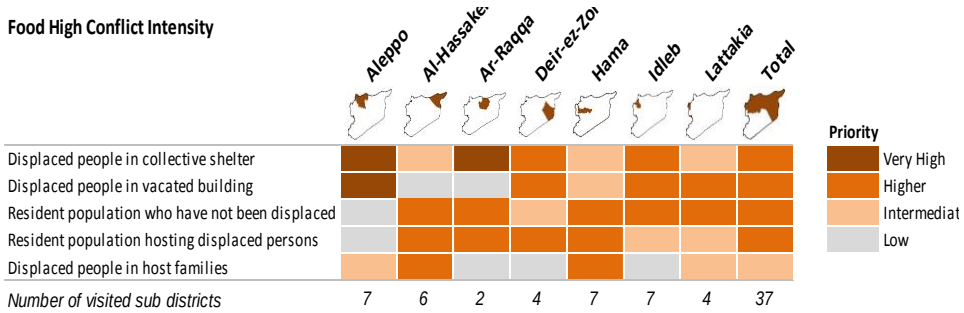
- Restriction of movement for relief agencies,
- Interference into humanitarian activities by powerful groups or individuals,
- Violence against humanitarian agencies, personnel, facilities and assets,
- Presence of mines and explosives affecting humanitarian assistance,
- Active hostilities affecting humanitarian assistance,
- Restriction and obstruction of beneficiaries' access to humanitarian aid.

For instance, key informants were asked if there is a problem in any of these areas and how severe the problem is. A severity score of 0 (no problem) to 3 (severe problem) was assigned to each response. The highest possible severity score is 18 (severe problem in 6 categories) indicating no humanitarian access. In J-RANS II Kiseb sub-district in Lattakia reported a severity score of 17 - indicating that there is no humanitarian access in the area. Idleb City, Shadadah and Tal Hamis in Al-Hassakeh also reported high severity of access problems with a score of 15 each.

B.7 How to read the charts

In addition to maps, three main types of charts are used to illustrate the findings under this assessment: heat maps to summarise priority questions, horizontal stacked bars to summarise humanitarian support coverage, and vertical stacked bars to summarise severity ranking. The following propose some tips to read and interpret charts in an appropriate way.

"Priority" or "preferences" visuals



Heat-maps are used throughout the report to summarise multiple priority responses and their relative importance into a form that is easier to visualise.

The questions from which the heat maps are extracted always imply a preference, generally based on **top 3 ranking** (what is the first most important required intervention, the second most important, the third most important…) or a simple ranking (which of the following is the first group at risk, the second group at risk, the third group at risk, etc.).

The calculation is derived from the theory of election systems, the Borda count[2]. Levels of preference are grouped under four sub-headings, and the following classification can be used to interpret correctly the findings:

- **Very high**: correspond to a very high ranking, demand, priority or preference
- **Higher**: correspond to higher ranking, demand, priority or preference
- I**ntermediate**: correspond to intermediate ranking, demand, priority or preference
- **Lower**: correspond to lower ranking, demand, priority or preference.

Note that the scale is ordinal. While there is a rank order in the numbers assigned to the categories of the variable, the "distance" between the preference levels is not equal or known. From such results, we know the order of preference but nothing about how much more one item is preferred to another: In the above example, IDPs in public building in Aleppo are not 3 times more at risks than IDPs in host families.

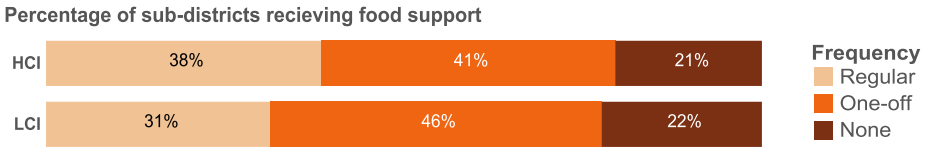
The number of sub-districts visited in each Governorate is noted on each table. Note that, where the total number of responses is small, special care should be taken as small changes in individual preferences can have considerable effects on the ranking of items or groups.

Note also that a "lower" ranking, demand, priority or preference does not imply an "absence of need". It only means that other items or interventions are requested, preferred and given more importance and that the item does not qualify regularly in the top 3 preferences as expressed by the population. Therefore, the heat maps display only the most frequently mentioned "top 3" items.

"Relief providers" visuals

The field assessment captured existing humanitarian support in the visited sub-districts and the type of organisation providing the support in the food, health, WASH and Shelter/NFI sectors. Results are presented in the form of a horizontal stacked bar where the type of organisation is colour encoded. The questions intended to differentiate **regular, one off and no** sector support received in the past 30 days of the field visit.

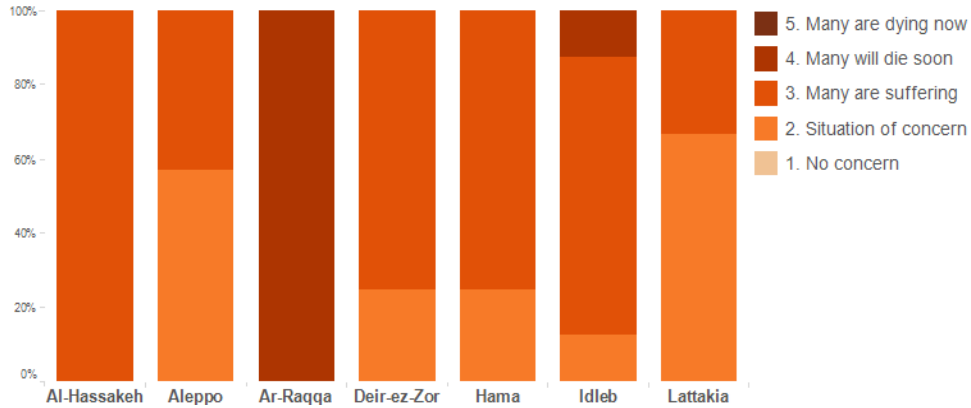
[2] The Borda count determines the most preferred items of an election by giving each response a certain number of points corresponding to the position in which it is ranked by each respondent. Once all preferences have been counted, the item with the most points is determined as the most preferred. See ACAPS Resources: http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69



Findings are available for each governorate. In the example enclosed, results should be interpreted as follow*: In Higher Conflict Intensity areas (HCI), 38% of the visited sub-district reported receiving regular food support in the last 30 days. 41% reported receiving one off support in the last 30 days. 21% of visited sub-districts reported not having received any food support in the last 30 days.*

The assessment did not quantify the type of support provided nor the beneficiary coverage or the coverage against internationally accepted emergency standards. Those results only intend to map the type of actors currently active in the field as a proxy for humanitarian access, to map the most active type of organisations and to identify potential partners for humanitarian interventions.

"Severity ratings" visuals



After having asked standard questions regarding the situation in a given sector, the enumerators asked key informants to provide an indication of the gravity/severity of the situation. The severity of the problems (degree of exposure to death) was used as an indication of the need for life-saving assistance and as a proxy for determining the segment of the visited population at risk or acute risk if no assistance is provided.

In the above sample graph, the results can be interpreted as follow: *In Al Raqqa Governorate, 100% of visited sub-districts was categorised in severe situation in the food sector. In Hama and Deir-ez-Zor, 23% of visited sub-districts were categorised as situation of concern requiring monitoring.*

The severity scale was standardised across four sectors (Health, WASH, Shelter & NFI, Food security) and can be summarised as follows:

0	**Do not know:** Severity of the situation couldn't be assessed with accuracy (access problems or lack of evidence)
1	No concern – **Situation under control**
2	**Situation of concern** that requires monitoring: e.g. increased number of diarrhoea cases at the health centre, medical staff and medicines are available but further inquiry or monitoring is required to follow the evolution and see if the situation stabilises or worsens.
3	Many people are suffering due to insufficient [sector] services. **Situation is serious**. Accessibility or availability issues are ascertained by the assessment. No death case is reported or can be directly linked to the problem but a large portion of the population is affected by this issue.
4	Many people will die due to insufficient [sector] services. **Situation is severe**. Coping mechanisms are no more efficient. Resources are scarce and beyond the exhaustion levels. Large portion of the population is at immediate risk of death if no assistance is provided soon.
5	Many people are known to be dying now due to insufficient [sector] services. **Situation is critical**. Deaths are confirmed and directly observed by the enumerators. Evidence is given of the severity of the situation (cemetery visit, lists, hospital visit, photos, etc.). Population can't face the current situation, and many more will die if no assistance is provided immediately or if the cause of death is not addressed immediately.

The severity ratings were used to estimate the number of population at risk (level 3) or at acute risk (level 4 and 5) for each sector.

Due to rounding routine, some of the percentage calculations presented in the graphs do not always sum up at 100%.

C. Conflict impact

C.1 Demographics

In the 104 visited sub-districts, the assessment provided estimates for the following population categories (all figures were collected in visited sub-districts, no extrapolations were carried out)*:*

	Aleppo	Al-Hassakeh	Ar-Raqqa	Deir-ez-Zor	Hama	Idleb	Lattakia	Grand Total
Total No of pre-conflict population (2011)	2,721,000	1,167,500	925,000	1,873,213	1,429,500	1,553,269	826,500	**10,495,982**
Total No who have fled outside visited areas	685,220	188,500	401,500	321,694	110,750	417,000	65,250	**2,189,914**
Current population in visited areas	3,125,730	1,200,900	900,200	1,936,919	1,546,550	2,016,319	837,050	**11,563,668**
Total No displaced in visited areas	550,550	221,900	373,700	385,400	227,800	880,050	75,800	**2,715,200**
No displaced hosted by local families	273,550	31,200	131,000	241,917	90,500	646,900	20,800	**1,435,867**
No displaced in vacated building	126,650	62,100	60,000	72,864	109,800	114,250	51,750	**597,414**
No displaced living in collective centres	150,350	128,600	182,700	70,619	27,500	118,900	3,250	**681,919**
No of people living in areas in need	3,020,730	1,200,900	900,200	1,936,919	1,459,950	2,016,319	14,550	**10,549,568**

Figure 13: Key-population figures on 104 sub-districts in 29 districts in 7 governorates (as of 17/04/2013). Only reliable and fairly reliable data used. Unreliable data discarded

In the absence of recent and geographically disaggregated population statistics, the **pre-conflict population figures** presented in this report relate to the number of people reported living in the visited areas before the start of the conflict (March 2011) and were estimated based on available local registry; population counts lists; civil affairs records; or reliable key informant estimates. When compared to official sources (CBSS 2004 census projection or Civil Affairs Bureau figures), variation at the governorate level range between 4.6 and 8% (3 different comparison methods used).

The **number of people who have fled** corresponds to the number of people who left the visited sub-districts to seek refuge in other sub-districts (generally in Low Conflict Intensity areas) or abroad (mainly Turkey).

The **current population in visited areas** is the total population currently living in the visited sub-districts and accounts for residents (affected or not, hosting IDPs or not hosting IDPs) plus the total IDP population.

The **total number of IDPs** accounted in the above table is based on reliable or fairly reliable data (obtained through registration lists, key informant estimates, or beneficiary distribution lists) on the following categories: IDPs in Host families + IDPs in public building + IDPs in vacated buildings.

Estimated number of people living in areas in urgent need: Based on the current population estimates and the severity ranking established by key informants and enumerators, it was possible to estimate the number of people living in areas in urgent need:

- People were considered "at risk" when the severity level was determined as level 3 (*Many people are suffering due to insufficient [sector] services*).
- People were considered at acute risk when the severity level was determined as level 4 or 5 (*Many people will die due to insufficient [sector] services or Many people are known to be dying now due to insufficient [sector] services)*.
- People with level 1 or 2 were not accounted as people living in areas in need of assistance.

The following table describes the number of people in need for each sector and governorate, taking into consideration the severity levels reported during the assessment (HCI and LCI combined).

	Food security		Health		Shelter & NFI		WASH	
Governorate	At risk	At acute risk	At risk	At acute risk	At risk	At acute risk	At risk	At acute risk
Aleppo	1,722,650		2,511,230	509,500	2,685,950		2,415,730	
Al-Hassakeh	1,060,900		491,900	709,000	944,900		349,900	
Ar-Raqqa	700,200	200,000	707,200	193,000	700,200		900,200	
Deir-ez-Zor	1,916,919		1,605,519	331,400	1,863,919		1,516,919	
Hama	1,380,150		1,175,950	141,600	1,459,950		232,750	
Idleb	1,897,919	20,000	1,856,319	120,000	1,877,319	55,000	1,774,319	242,000
Lattakia	7,500		14,550		10,000		10,000	
Grand Total	8,686,238	220,000	8,362,668	2,004,500	9,542,238	55,000	7,199,818	242,000

Figure 14: Population (at risk vs. at acute risk) per sector living in areas in need on 104 sub-districts in 29 districts in 7 governorates collected during the assessment (as of 17 April 2013). Only reliable data used.

When compared to the total population currently living in the visited areas, main findings of J-RANS II related to population figures includes:

- Lattakia has by far the lowest proportion of the population which is displaced (9%). It also has the lowest percentage in need of assistance in both LCI and HCI areas. Although it should be noted that only part of Lattakia governorate was assessed (7 out of 22 sub-districts).

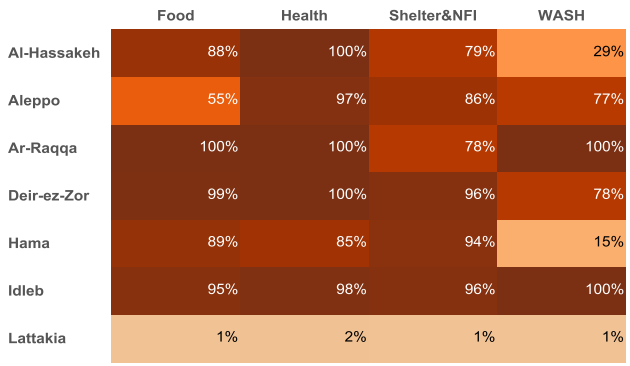


Figure 15: % of population affected in visited areas (Severity level 3, 4 and 5 combined)

- Idleb and Ar-Raqqa Governorates report that IDPs accounted for more than 40% of their population. In other governorates, except Lattakia, IDPs generally account for 15-24% of the population.
- Hama and Al-Hassakeh have notably lower WASH sector needs (LCI & HCI combined) than other areas, except Lattakia. More than 90% of the population need assistance in 6 of the 7 governorates for food, health, and shelter. WASH needs are only moderately lower, with 90% of population in visited areas in need of WASH assistance in 4 of the 7 governorates (Aleppo, Ar-Raqqa, Deir-ez-Zor, Idleb).
- The need for food support in Aleppo is slightly lower as there is more access to goods across the border and more regular food aid delivery. However the number of people at risk and acute risk (across all sectors) in Aleppo remains the highest of all governorates due to the high concentration of IDPs and the density of population pre-conflict.
- More than two thirds of the 11.5 million people in the surveyed governorates are living in areas in need of assistance. Of the 7.5 million people living in low conflict areas, 6 million need some kind of assistance. All of the 4 million people living in HCI areas need assistance of one kind or another.
- Far more people have acute needs in health than in any other sector. Much of this health need is among people in low conflict areas (Al-Hassakeh, Aleppo, Deir-ez-Zor), as these are the people who have lost access to essential goods the most and where the highest concentration of IDPs is reported.
- People living in remote or rural areas have less access to humanitarian aid than people in urban or peri-urban centres. HCI areas are reported to receive more support than LCI areas.

C.2 Areas with 'higher' conflict intensity (HCI)

The 39 assessed sub-districts in the 7 governorates with 'higher' conflict intensity (HCI) are currently suffering from regular aerial bombardment, shelling and ground fighting between armed forces at the front lines between FSA and government forces. Consequently, a high number of people have died, were injured, arrested, or are missing. Large parts of the population fled from these areas internally (within the same district and governorate), to other governorates, or abroad (mostly to Turkey).

Population in need of humanitarian assistance (HCI)

In the 39 assessed HCI sub-districts, more than 3.5 million persons are affected by the lack of access to health care, and more than 420,000 people are at acute risk (people are dying right now or will die soon if no assistance is provided). Compared to J-RANS I the number of people at acute risk has slightly decreased by 15,000 people, however the number of people at risk has increased to the five-fold from 670,132 to 3,545,519 people affected. This cannot only be explained by the higher number of assessed HCI areas compared to the previous assessment but also needs to take into account a deteriorating health situation in HCI areas, due to the on-going conflict; the severe lack of medicines; the restricted movement in conflict-affected areas; as well as exhausted immunity in the population. In addition higher severity levels for health have been reported throughout the assessed areas compared to J-RANS I. In Deir-ez-Zor city, 20,000 people were found to be at acute risk as most of the population have fled the area under siege.

	Food security		Health		Shelter & NFI		WASH	
Governorate	At risk	At acute risk	At risk	At acute risk	At risk	At acute risk	At risk	At acute risk
Aleppo	302,800		1,427,800		1,226,000		757,800	
Al-Hassakeh	188,000		188,000		186,000		186,000	
Ar-Raqqa		200,000	55,000	145,000			200,000	
Deir-ez-Zor	373,319		373,319	20,000	393,319		373,319	
Hama	1,151,150		1,175,950	141,600	1,270,950		232,750	
Idleb	396,500	20,000	310,900	120,000	375,900	55,000	355,900	75,000
Lattakia	7,500		14,550		10,000		10,000	
Grand Total	2,419,269	220,000	3,545,519	426,600	3,462,169	55,000	2,115,769	75,000

Figure 16: People in need for humanitarian assistance in HCI areas by sector and governorate (sample: 39 sub-districts)

Casualties (HCI)

The majority of casualties in HCI areas are men killed, injured or arrested during the conflict. In the visited 39 HCI sub-districts, more than 9,500 men were killed; over 40,800 injured; 13,900 men were arrested; and 1,891 men are reported missing. Compared to J-RANS I, an additional 13,000 men were reported to be injured and an additional 11,400 were reported to have been arrested.

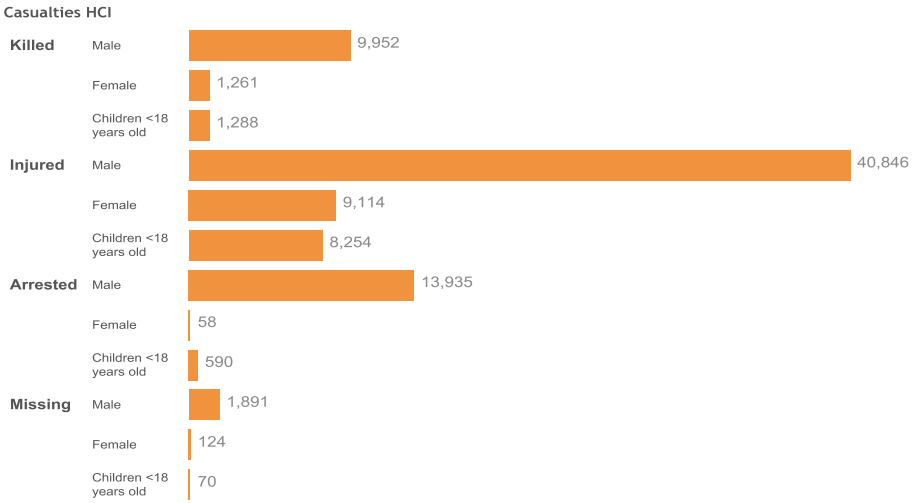


Figure 17: Casualties in HCI areas by population groups

Indiscriminate attacks are also resulting in large numbers of civilian casualties (women and children). In the visited 39 HCI sub-districts, about 9,500 children under 18 years of age and about 10,375 women were killed or injured during the conflict (compared to 2,500 children and 5,500 women killed or injured reported in J-RANS I). The largest number of casualties in the 39 assessed HCI sub-districts is reported in Aleppo and Hama governorates where fighting continues. The highest number of injuries is reported from Aleppo with more than 26,000; people followed by Hama with around 17,000; and around 9,000 in Idleb. More than 11,000 people, of whom over 500 were children under 18, were reported to be arrested in Hama.

		Al-Hassakeh	Aleppo	Ar-Raqqa	Deir-ez-Zor	Hama	Idleb	Lattakia
Killed	Male	90	2,504	4	2,106	2,650	2,458	140
	Female	6	554	3	167	236	277	18
	Children <18 years old	4	567	0	179	285	242	11
Injured	Male	230	17,169	15	4,154	13,506	5,382	390
	Female	20	5,301	20	567	1,845	1,340	21
	Children <18 years old	25	3,761	5	776	1,495	2,157	35
Arrested	Male	330	766	0	670	10,740	1,344	85
	Female	0	11	0	2	25	15	5
	Children <18 years old	0	25	0	25	525	15	0
Missing	Male	0	714	35	49	719	369	5
	Female	60	50	0	0	14	0	0
	Children <18 years old	0	52	0	1	12	5	0

Figure 18: Casualties in HCI areas by governorate and population groups

Damages (HCI)

In the assessed 39 HCI sub-districts, more than half of all private buildings (including apartment buildings in urban areas) are damaged or destroyed. 23% of all private buildings are heavily damaged or totally destroyed (non-repairable damages).

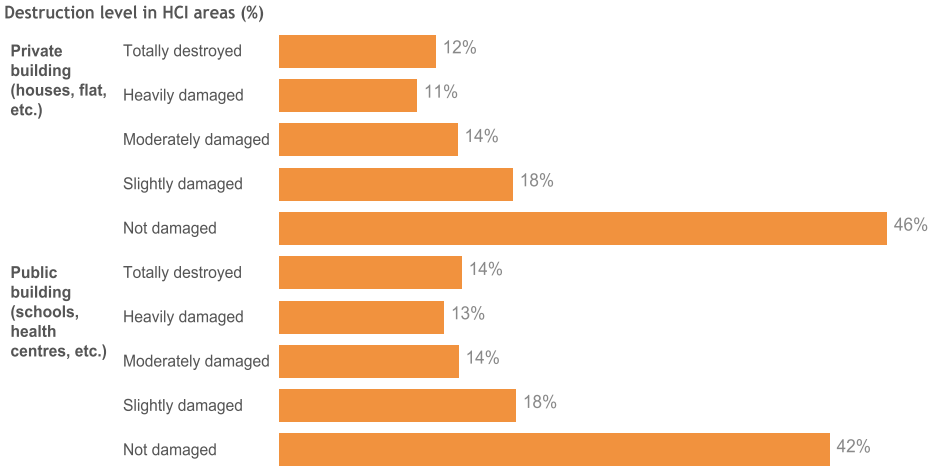


Figure 19: Destruction level of private and public buildings in HCI areas

Likewise, about 26% of public infrastructure (including schools, health facilities, and other public buildings) in the assessed 39 HCI sub-districts is reportedly heavily damaged or totally destroyed.

% of infrastructure destroyed in HCI areas

	Private building (houses, flat, etc.)					Public building (schools, health centres, etc.)				
	Not damaged	Slightly damaged	Moderately damaged	Totally destroyed	Heavily damaged	Not damaged	Slightly damaged	Moderately damaged	Totally destroyed	Heavily damaged
Al-Hassakeh	67%	16%	8%	2%	6%	83%	5%	3%	2%	7%
Aleppo	50%	13%	15%	9%	13%	35%	18%	14%	21%	13%
Ar-Raqqa	64%	15%	13%	4%	5%	68%	19%	7%	3%	4%
Deir-ez-Zor	70%	13%	6%	7%	5%	50%	14%	9%	13%	15%
Hama	31%	21%	16%	21%	10%	32%	18%	18%	18%	13%
Idleb	46%	13%	15%	14%	13%	44%	13%	15%	13%	15%
Lattakia	10%	43%	18%	13%	15%	7%	50%	20%	12%	12%
Grand Total	46%	18%	14%	12%	11%	42%	18%	14%	14%	13%

Figure 20: Destruction level of private and public buildings in HCI areas

The highest damages in private buildings were reported in HCI areas in Hama (Madiq Castle and Karnaz sub-districts reported that 60% of private buildings are totally destroyed and 40% have suffered damages) and Idleb (Mhambal sub-district reported 45% of private buildings to be totally destroyed).

Public buildings have also suffered severe damages in Hama (Madiq Castle with 60% totally destroyed, Karnaz 50%), Aleppo (60% totally destroyed in Dayr Hafir, 40% in Eastern Kwaires), Deir-ez-Zor and Idleb, where three sub-districts have reported that more than one third of public buildings was completely destroyed.

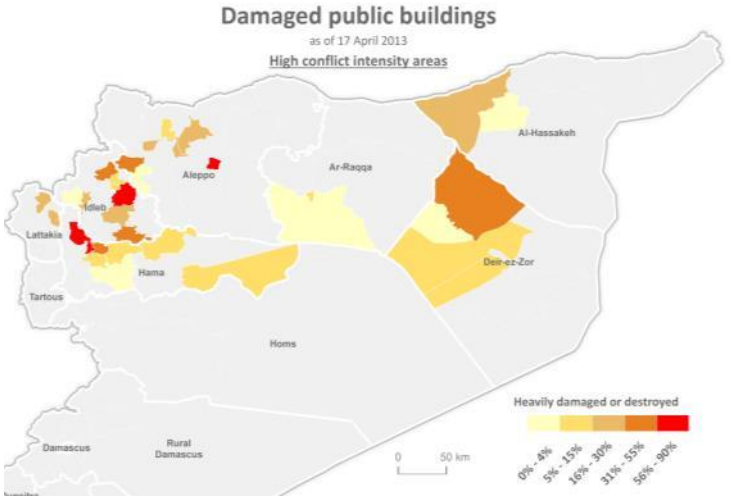


Figure 21: Destruction level of public buildings in HCI areas

Access to electricity (HCI)

35% of HCI areas had no access to electricity over the past months and almost a third (28%) had access to electricity for less than 6 hours per day. Tamanaah sub-district in Idleb and Rabee'a in Lattakia reported no access to electricity for more than 1 year. The percentage of areas with no access to electricity has increased from 25% in J-RANS I to 36% in J-RANS II. However 8% reported in J-RANS II that electricity supply is almost normal with 18 to 24 hours per day (Deir-ez-Zor city and Al-Thawrah city). No sub-districts in HCI areas had reported close to normal access to electricity in J-RANS I compared to 9% in J-RANS II.

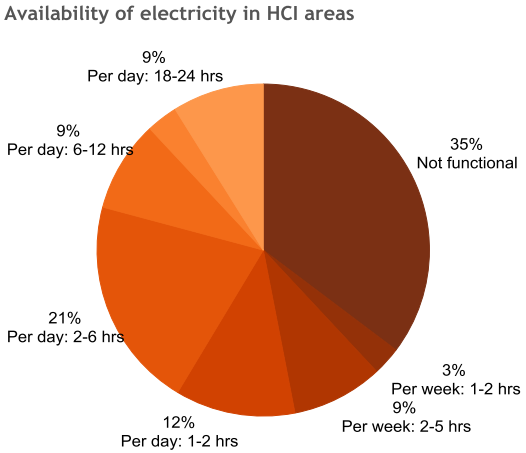


Figure 22: Availability of electricity in HCI areas

Displacement (HCI)

A total of 547,600 IDPs were found to be in the 39 assessed HCI sub-districts, which is significantly lower than in LCI sub-districts (more than 2.1 million IDPs recorded). The majority of these IDPs resided with host families (38%) or in vacated buildings/public buildings (39%) with some 23% in collective buildings.

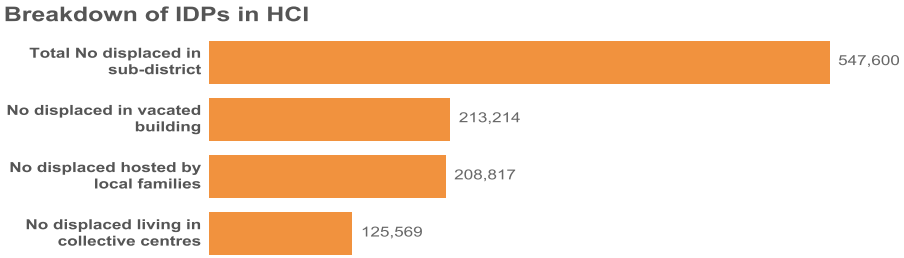


Figure 23: Number of IDPs located in HCI areas

The highest numbers of IDPs in the assessed HCI sub-districts are located in Hama, Aleppo, Idleb and Deir-ez-Zor governorates.

IDPs in HCI areas

Governorate	Total No displaced in sub-district	No displaced hosted by local families	No displaced in vacated building	No displaced living in collective centres
Hama	198,800	68,500	103,800	26,500
Aleppo	170,900	75,650	57,150	38,100
Idleb	64,900	26,100	26,600	12,200
Deir-ez-Zor	57,200	22,567	13,614	21,019
Ar-Raqqa	45,000	15,000	7,000	23,000
Al-Hassakeh	6,000	800	1,700	3,500
Lattakia	4,800	200	3,350	1,250
Grand Total	547,600	208,817	213,214	125,569

Figure 24: Number of IDPs located in HCI areas by category and governorate

Registration of IDPs (HCI)

Key informants on sub-district level were asked if the displaced / crisis-affected people have been registered (by local relief committees). In 21% of the 39 assessed HCI sub-districts no registration exercise has been carried out. These 7 sub-districts are defined by a high number of casualties and decreasing population figures (due to exposure to conflict). In almost half (49%) of the assessed HCI sub-districts, a registration exercise has been completed and in another quarter (23%) registration is underway. In J-RANS I, 38% of the assessed sub-districts reported a completed registration exercise. All assessed HCI sub-districts in Ar-Raqqa governorate have completed registration of IDPs. 71% of sub-districts in Aleppo governorate reported that registration exercises are underway. Only 1 of 4 sub-districts in Lattakia reported that IDPs are being registered, while one half of the sub-districts in Al-Hassakeh report that no registration is provided for IDPs.

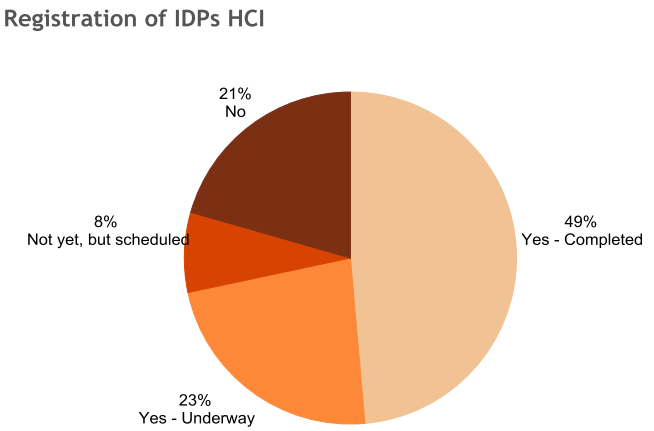


Figure 25: Registration of IDPs in HCI areas

Relationship between IDPs and host communities (HCI)

Key informants on sub-district level were asked to describe the relationship between the displaced and the host community. In 53% of the 39 assessed HCI sub-districts, "host communities are willing to assist, but only for a limited time" ('short-term support'), while 34% are "willing to assist for as long as necessary" ('long-term support'). Under 'other' half of the key informants mentioned that both IDPs and the hosting communities are suffering, while one key informant mentioned that the host communities would be willing to provide support but do not have the means to assist IDPs.

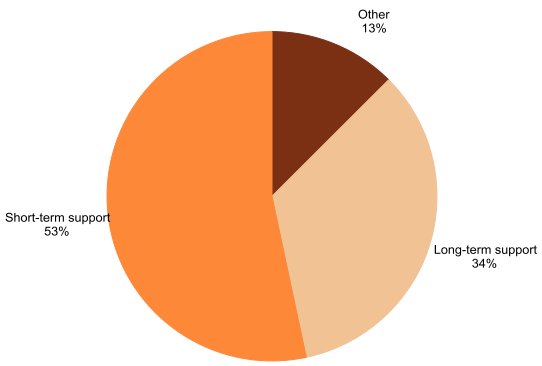


Figure 26: Relationship between IDPs and host communities in HCI areas

Most of the 34% sub-districts providing regular support are located in rural areas, where the coping mechanisms and the capacity to support IDPs are better than in urban/sub-urban areas. Due to the relatively lower number of IDPs in HCI areas, the conflict potential between IDPs and host communities (should the displacement continue for a longer time) is lower than in LCI areas (see section C.2 below). Nonetheless both the City of Hama and Deir-ez-Zor have reported that host communities are providing long-term support to IDPs.

Access to information (HCI)

According to key informants in 39 assessed HCI sub-districts, most (65%) people are "well informed about humanitarian assistance", while 36% are "poorly informed" and 3% are "not informed at all" about their ability to access humanitarian aid. HCI areas with such lower levels of awareness are generally identical to those that are receiving no or very limited humanitarian support.

Eastern Kwaires in Aleppo has experienced high conflict resulting in a high percentage of damage to buildings and the sub-district reported that no one is informed about humanitarian assistance.

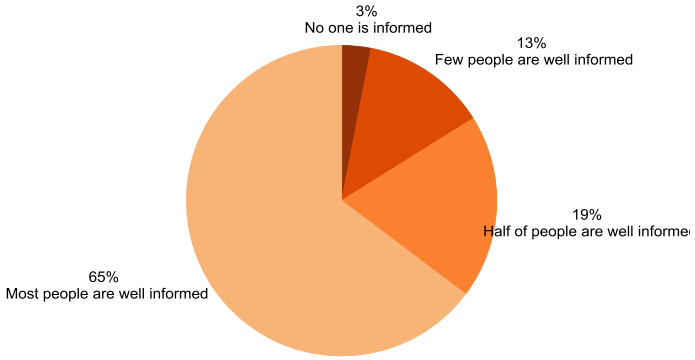


Figure 27: Level of access to information about humanitarian assistance in HCI areas

C.3 Areas with 'lower' conflict intensity (LCI)

The assessed 67 districts in the 6 governorates with 'lower' conflict intensity (LCI) are currently not contested. The majority of them are located close to the Turkish border.

Most of the LCI areas are providing refuge to large numbers of IDPs from neighbouring HCI areas. Nevertheless, LCI areas under FSA control are subject to occasional aerial bombardment/shelling and armed conflicts between different groups.

Please note that the categorisation of sub-districts as LCI describes the situation in the visited areas during the time of the assessment (mid-March to mid-April 2013) and can be subject to change over time. Some of the assessed situations already indicated changes towards higher conflict intensity in the debriefing process.

Population in need for humanitarian assistance (LCI)

In the 67 assessed LCI sub-districts, more than 1,5 million people are at acute risk of dying if they do not receive health assistance (classified severity 5 "many are dying now in absence of health aid") while an additional 4,8 million are lacking adequate access to medicines and health facilities.

Some 6 million persons are at risk of food insecurity and are lacking access to basic health services, shelter and non-food items.

Some 5 million people need improved access to water and hygiene. (For more sectoral information, see section D of this report).

	Food security	Health		Shelter & NFI	WASH	
Governorate	At risk	At risk	At acute risk	At risk	At risk	At acute risk
Aleppo	1,419,850	1,083,430	509,500	1,459,950	1,657,930	
Al-Hassakeh	872,900	303,900	709,000	758,900	163,900	
Ar-Raqqa	700,200	652,200	48,000	700,200	700,200	
Deir-ez-Zor	1,543,600	1,232,200	311,400	1,470,600	1,143,600	
Hama	229,000			189,000		
Idleb	1,501,419	1,545,419		1,501,419	1,418,419	167,000
Grand Total	6,266,969	4,817,149	1,577,900	6,080,069	5,084,049	167,000

Figure 28: People in need for humanitarian assistance in LCI areas by sector and governorate (sample: 67 LCI sub-districts)

Casualties (LCI)

The number of casualties in LCI areas is significantly lower compared to these in HCI areas. In the visited 67 LCI sub-districts, about 5,849 men were killed, more than 11,000 injured, 6,831 arrested or are missing during the conflict and at the time of the assessment. Significantly fewer women and children were injured or killed in LCI areas compared to HCIs. In the 67 assessed LCI sub-districts, 3,725 women and 6,499 children under 18 were killed, injured, arrested, or are missing.

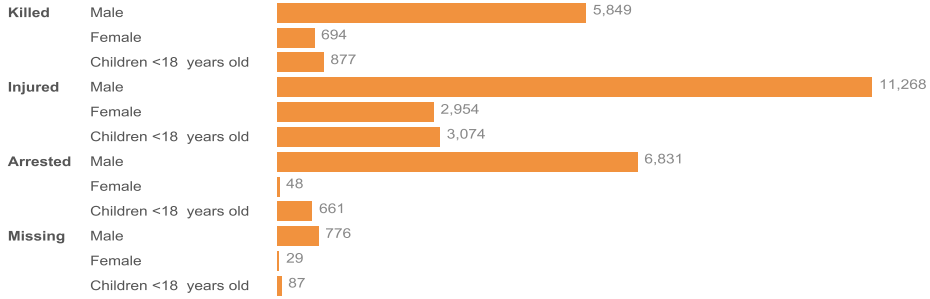


Figure 29: Casualties in LCI areas by population groups

The highest number of casualties in the 67 assessed LCI sub-districts was recorded in Deir-ez-Zor, Ar-Raqqa, and Idleb. The lowest number of casualties is reported in Lattakia and Al-Hassakeh. LCI areas in Deir-ez-Zor and Hama report the highest number of injuries in total and specifically for children <18 years of age with more than 1,000 injured children, which comes close to the numbers of injured children in HCI areas such as in Hama with 1,495 injured children.

		Al-Hassakeh	Aleppo	Ar-Raqqa	Deir-ez-Zor	Hama	Idleb	Lattakia
Killed	Male	169	1,028	1,607	1,620	229	1,140	56
	Female	1	155	129	218	12	173	6
	Children <18 years old	1	140	123	312	19	282	0
Injured	Male	73	2,063	2,636	3,953	230	2,219	94
	Female	7	444	1,011	779	60	651	2
	Children <18 years old	2	371	530	1,081	40	1,050	0
Arrested	Male	50	378	2,636	2,708	585	356	118
	Female	0	2	10	22	12	0	2
	Children <18 years old	4	11	90	511	13	26	6
Missing	Male	15	221	114	211	100	107	8
	Female	0	2	0	10	10	3	4
	Children <18 years old	0	14	0	40	15	16	2

Figure 30: Casualties in LCI areas by governorate and population groups

Damages (LCI)

Limited damage was recorded under this assessment in the visited 67 LCI sub-districts, with the exception of Idleb (Ariha and Harim districts), where sub-districts were contested in the past.

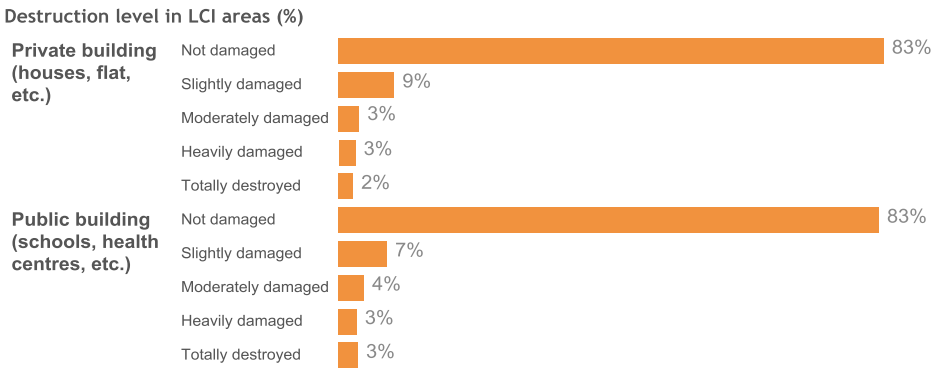


Figure 31: Destruction level of private and public buildings in LCI areas

The highest level of conflict damages in the 67 assessed LCI sub-districts was recorded in Hama, where 45% of private buildings are damaged or destroyed. This is due to the fact that some of the areas currently assessed to be LCI have previously experienced high conflict intensity and are still suffering from the conflict-related damages. In addition more than one third (34%) of sub-districts in Idleb reported damages to private buildings. Some 38% of public buildings in Idleb were also reported damaged. This was the highest reported percentage of damages on public buildings in the assessed LCI sub-districts.

The lowest level of conflict damages for low conflict intensity areas was recorded in Al-Hassakeh Governorate (1% 'slight damages' to private buildings, 2% of 'slight and moderate damages' to public buildings).

% of infrastructure destroyed in LCI areas

	Private building (houses, flat, etc.)					Public building (schools, health centres, etc.)				
	Totally destroyed	Heavily damaged	Moderately damaged	Slightly damaged	Not damaged	Totally destroyed	Heavily damaged	Moderately damaged	Slightly damaged	Not damaged
Al-Hassakeh	0%	0%	0%	1%	99%	0%	0%	1%	1%	98%
Aleppo	2%	1%	2%	7%	89%	1%	1%	3%	4%	90%
Ar-Raqqa	0%	2%	2%	5%	91%	0%	1%	1%	5%	93%
Deir-ez-Zor	1%	1%	3%	14%	81%	4%	3%	3%	17%	73%
Hama	1%	8%	16%	21%	55%	0%	3%	5%	23%	70%
Idleb	7%	7%	7%	12%	66%	10%	9%	10%	9%	62%
Lattakia	0%	0%	0%	5%	95%	0%	0%	0%	0%	100%
Grand Total	2%	2%	3%	8%	84%	3%	3%	4%	7%	83%

Figure 32: Destruction level of private and public buildings in LCI areas

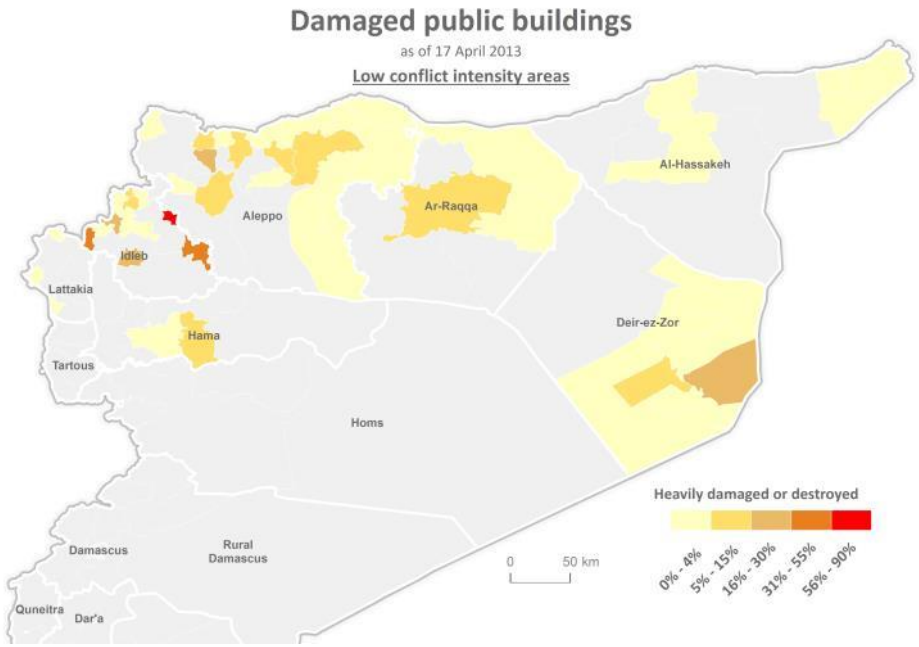


Figure 33: Damages to public buildings in LCI areas

Access to electricity (LCI)

Access to electricity in the 67 assessed LCI sub-districts is similar to the HCI areas. In 10 of the 67 assessed LCI sub-districts electricity is non-functional. 8 of these sub-districts are rural areas in Aleppo and Idleb.

In J-RANS I on average, 80% of the LCI areas had either no access at all to electricity or less than 6 hours per day. In J-RANS II this percentage decreased to 55%.

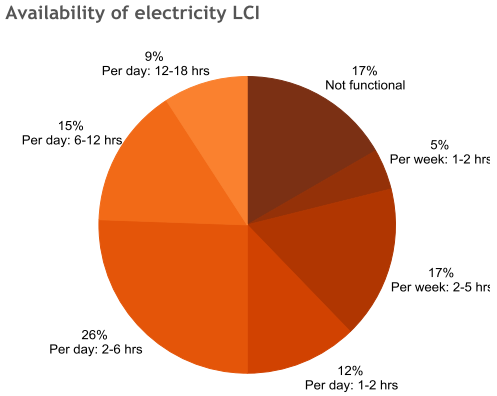


Figure 34: Availability of electricity in LCI areas

Displacement (LCI)

2,167,600 IDPs were reported to be currently located in the 67 assessed LCI sub-districts - four times higher than in the visited HCI areas (549,173 IDPs).

The majority of these IDPs were residing with host families (56%) or in collective shelters (public buildings or camps (25%). Some 18% lived in vacated buildings (buildings vacant because the original owners had left; partly constructed buildings, or other types of shelter such as basements, barns, garages, etc.) - up from 5% in J-RANS I.

The percentage of IDPs found to be living in collective accommodation in LCI areas has increased significantly compared to J-RANS I where only 16% of IDPs were reported to live in collective shelters and 79% in host families. This may be due to the fact that more LCI areas with larger IDP populations were assessed in J-RANS II.

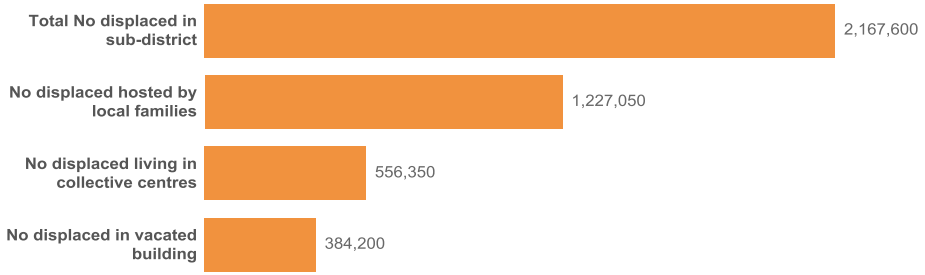


Figure 35: Number of IDPs located in LCI areas

The highest numbers of IDPs in the assessed LCI sub-districts were located in the governorates of Idleb (over 800,000), Aleppo (around 380,000), Deir-ez-Zor (around 330,000) and Ar-Raqqa (around 328,000).

IDPs in LCI areas

Governorate	Total No displaced in sub-district	No displaced hosted by local families	No displaced in vacated building	No displaced living in collective centres
Idleb	815,150	620,800	87,650	106,700
Aleppo	379,650	197,900	69,500	112,250
Ar-Raqqa	328,700	116,000	53,000	159,700
Deir-ez-Zor	328,200	219,350	59,250	49,600
Al-Hassakeh	215,900	30,400	60,400	125,100
Lattakia	71,000	20,600	48,400	2,000
Hama	29,000	22,000	6,000	1,000
Grand Total	2,167,600	1,227,050	384,200	556,350

Figure 36: Number of IDPs located in LCI areas by category and governorate

Registration of IDPs (LCI)

39% of sub-districts reported that registration of IDPs is completed and 36% report that registration is underway.

While in J-RANS I, 40% of LCI sub-districts were not carrying out a registration exercise, in J-RANS II only 10% reported that no registration to be taking place.

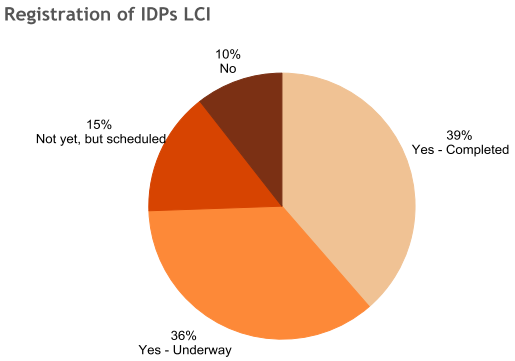


Figure 37: registration of IDPs in LCI areas

Relationship between IDPs and host communities (LCI)

In 76% of the 67 assessed LCI sub-districts, host communities were willing to assist, but only for a limited time ("short-term support"), while 23% were willing to assist for as long as necessary ("long-term support").

These figures show only a small change since J-RANS I for "long-term support" (21%) but slightly greater increase for "short-term support" (63%).

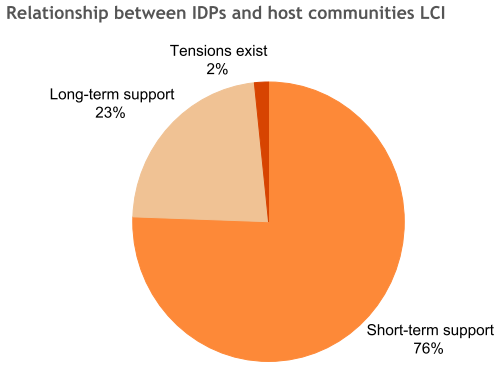


Figure 38: Relationship between IDPs and host communities in LCI areas

Only 1 sub-district of 67 assessed (Jablah, Lattakia) reported that there are tensions between the host community and IDPs.

In J-RANS I, 4 of the 25 visited LCI sub-districts, reported that "tensions already exist" between IDPs and host communities, especially in Lattakia, Idleb, and Ar-Raqqa. Although it was forecast that tensions between IDPs and host communities would increase with the number of IDPs, and if no adequate assistance was provided to host communities, these specific sub-districts did not report tensions in J-RANS II while the population had increased in all of them over the 30 days prior to the report.

Access to information (LCI)

According to key informants in 67 assessed LCI sub-districts, 47% of the affected population was well informed about access to humanitarian assistance, while 33% report that "only few people are well informed".

Some 4% (2 sub-districts: Abul Thohur in Idleb and Susat in Deir-ez-Zor) are "not informed at all" about their ability to access humanitarian aid.

LCI areas with lower levels of awareness were generally rural areas with an increasing number of IDPs.

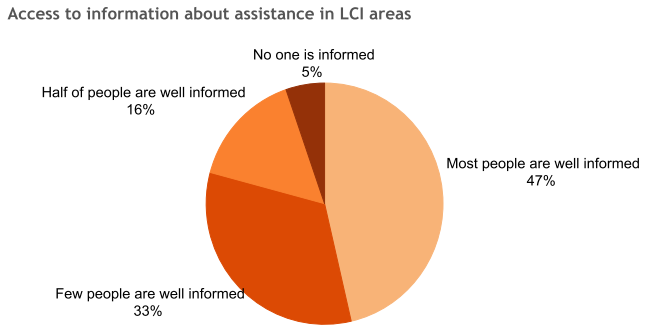


Figure 39: Level of access to information about humanitarian assistance in LCI areas

D. Humanitarian Access Situation

Humanitarian access in Syria remains highly restricted. Review of available secondary data confirms that humanitarian actors face bureaucratic hurdles, interference with their activities, high levels of insecurity and in some cases violence against their staff, facilities and assets.

Interference

Several UN agencies have reported active obstruction of already constrained aid efforts by Syrian authorities. The government has refused to allow UN agencies to enter opposition controlled areas from neighbouring countries, requiring them instead to make perilous trips across conflict lines (UN 2013/04/22). Aid requirements have risen dramatically in the past year and U.N. aid convoys still face lengthy clearance procedures. (AlertNet 2013/05/07)

Active hostilities and violence against personnel, facilities and assets

The UN announced on 25 March that it will temporarily evacuate some of its international staff out of the country due to security conditions. Since the onset of the crisis two years ago, 15 Syrian Arab Red Crescent (SARC) volunteers, eight UN staff members and 6 UNRWA staff have lost their life. There have been unconfirmed reports of the kidnapping of international aid workers in Syria, close to the border of Turkey. (AlertNet 2013/03/06) In addition, approximately 22 UNRWA vehicles have been hi-jacked and are currently still missing. (UNRWA 2013/03/23, UNRWA 2013/03/16, OCHA 2013/03/04, UN 2013/03/25)

Large parts of the country are effectively lawless and independent armed groups on both sides have emerged, creating access and security issues for humanitarian groups (Daily Star 2013/05/01). In addition, humanitarian operations are severely hampered by the constantly shifting frontlines and multiplicity of armed actors. Al-Hassakeh is particularly challenged by insecurity, making access difficult. (WFP 2013/03/14)

Security incidents targeting on-going aid distribution have increased. Humanitarian aid convoys have increasingly come under attack, sometimes caught in crossfire, but other times specifically hijacked for their goods or the vehicles themselves. Mortars have landed and shoot-outs have taken place in the proximity of UN offices. (WFP 2013/03/15, HRW 2013/02/11, UNHCR 2013/01/13, IRIN 2012/12/03, UNHCR 23/11/2012, WFP 2013/03/14) In March, UNHCR has called on all parties to ensure safe passage for convoys delivering humanitarian aid to civilians inside Syria. In the current security environment, several convoys have had to be cancelled or delayed. (UN 2013/03/26)

Restriction of movement

Legally, humanitarian assistance may not be sent to opposition areas directly from neighbouring countries and UN agencies are not allowed to work across borders without Syria's consent, unless the UN Security Council authorises such efforts. As a result, only a limited amount of actors operate in the opposition held areas of the country. The actors operating in these areas do so without Government permission and in a highly insecure environment. (HRW 2013/02/11)

In addition, with opposition groups becoming increasingly fragmented the number of checkpoints manned by different groups severely hampers movement of relief actors and goods. (NGO 2013/05/03)

Logistics and lack of fuel

Mass destruction of bridges over the Euphrates River, which runs through the city of Deir-Ez-Zor, is hampering the provision of relief in this area. Aid workers use boats to cross the river. (BRC 2013/02/28)

Communications are severely impeded by destruction and lack of maintenance of telecommunication facilities. (TSF 2013/03/01)

Significant fuel shortages have caused delays to aid convoys and aid distribution. (OCHA 2012/12/12, DRC 2012/11/27, BBC 2012/12/18)

Due to the closure of main routes in many of the main cities, and the inaccessibility of certain urban neighbourhoods, congestion hampers the mobility of humanitarian actors. (INGO 2012/12/18)

Diversion of aid

Diversion of aid, by both the Syrian Armed Forces and anti-Government elements, reportedly occurs frequently. (INGO 2013/01/25)

There are reports of international aid sent to the SARC being confiscated by the regime and not reaching civilians in need. This was, however, denied by WFP and ICRC. SARC has come under increasing pressure in terms of their ability to maintain access to all parts of the country. (AlertNet 12/12/14, AFP 12/11/07)

In Jisr-Ash-Shugur, Idleb (HCI area) the population is depending entirely on outside assistance from NGOs. Key informants reported that SARC was constrained to distribute relief items to the Syrian Armed Forces.

Key findings J-RANS II

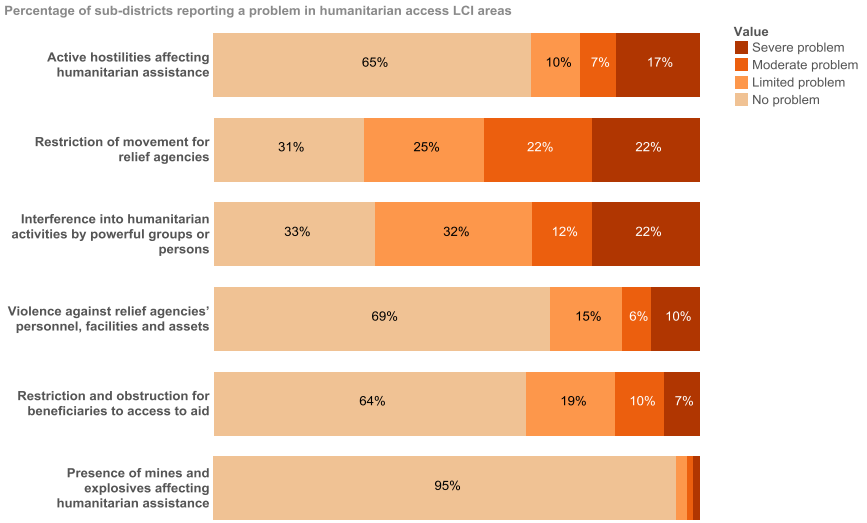


Figure 40: Humanitarian access problems and severity in assessed sub-districts

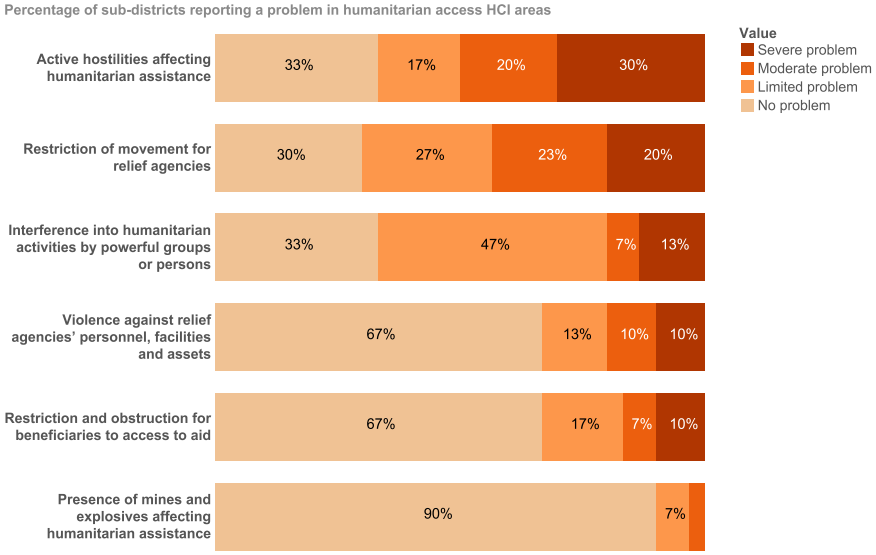


Figure 41: Humanitarian access problems and severity in HCI areas

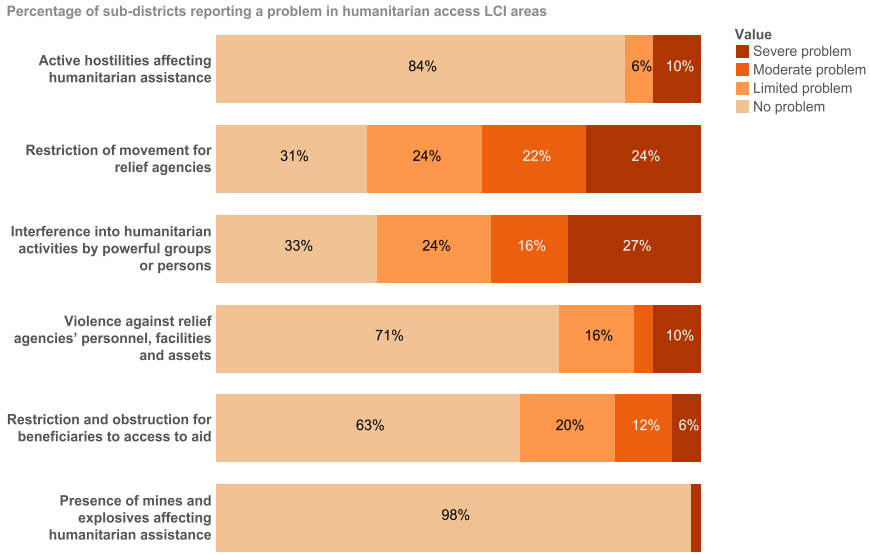


Figure 42: Humanitarian access problems and severity in LCI areas

Active hostilities:

Half of all assessed HCI areas reported severe (30%) or moderate (20%) problems in humanitarian access due to on-going active hostilities affecting humanitarian assistance. The highest percentage of severe problems is reported from Hama (43%), Idleb (43%) and Al-Hassakeh (40%).

In Hama for instance intensive shelling was reported around the road to Aleppo, in the vicinity of an IDP camp, and there have been occasional closures of facilities as a precautionary measure. Clashes have also been reported in the vicinity of the camp, causing some minor injuries. (UNWRA 2013/05/06) There are areas of the Idleb region which are reportedly either completely inaccessible or only accessible under very difficult conditions. An inter-agency assessment mission that had left on 13 February to Northern Idleb from Damascus was abandoned due to the security situation. (SOS 2013/03/14, UNICEF 2013/03/21)

Active hostilities were reported to be a severe problem in 10% of the LCI areas. Although LCI areas do not experience high levels of fighting, sporadic shelling or clashes between armed groups in the LCI area or in neighboring areas could pose a severe problem to relief actors to access the areas. Lattakia, Ar-Raqqa and Al-Hassakeh are reporting the highest number of hostility related problems in LCI. This could be due to the fact that these areas are in close proximity to a higher number of HCI areas.

In Deir-ez-Zor key informants reported that SARC has difficulties moving between the different districts as the areas are split up between areas of Government control and control of FSA. Since September 2012 the FSA controlled areas are under siege and no humanitarian assistance has been distributed. Reports indicated that SARC had not been operational in the FSA controlled area. Only after the field data collection key informants reported that SARC has begun the distribution of blankets and food as one-off support in the FSA controlled area.

Restriction of movement

Restriction of movement is a widespread problem posing severe operational constraints for humanitarian actors. Almost 70% of sub-districts reported it problematic for relief actors to move freely. Only minimal differences exist between HCI and LCI areas indicating that impediments to freedom of movement such as checkpoints and insecure roads are spread across the assessed areas. **All assessed LCI areas in Hama and Lattakia reported that humanitarian actors are facing a severe restriction of movement.**

Interference with humanitarian activities

Interference with humanitarian activities by powerful groups or individuals represented a severe constraint for humanitarian actors to deliver much needed assistance. In general, more than 67% of sub-districts have reported that interference is a problem. Interference by powerful actors was more pronounced in LCI areas, where it was reported to be a severe problem in 27% of the assessed areas compared to 13% in HCI areas - possibly due the fact that in LCI areas, local leaders effectively assert control over the area and aid activities compared to their counterparts in HCI areas. In addition, actors providing governance services varied highly and included semi-independent militant factions lacking central leadership. 26% of LCI areas reported no structures responsible for protection and local organisation of law-enforcement was highly variable from sub-district to sub-district. Hence, negotiating access is becoming more time-consuming and complex (INGO 2013/03/05).

Half of the assessed LCI areas in Al-Hassakeh faced a severe problem with interference by powerful groups, followed by Lattakia and Deir-ez-Zor. In HCI areas Hama and Al-Hassakeh faced the most severe problems with interference, where armed conflict is on-going.

Violence against relief agencies' personnel, facilities and actors

Violence against humanitarian actors was not reported to be a problem in the majority of assessed areas (69%). A slightly higher percentage of HCI areas reported that relief providers faced violence (33% compared to 30% in LCI areas) due to the higher insecurity; proximity to fault lines; and active hostilities affecting the provision of assistance.

Half of all assessed areas in Al-Hassakeh are classified as HCI areas and 40% of these sub-districts reported that violence is a severe impediment to humanitarian operations.

The highest percentage (67%) of violence against relief actors in LCI areas were reported in Lattakia.

Beneficiaries' access to humanitarian assistance

Access of the affected population to humanitarian assistance is severely restricted due mainly to blockades, curfews, active hostilities and conflict-related damage of the infrastructure. Both Government troops and opposition groups have cut off movement to and from certain areas, thereby hampering supply chains and disabling population movement (INGO 2013/01/01).

Restriction and obstruction of access to aid of beneficiaries was found to be slightly more severe in HCI areas which can be explained by the higher levels of insecurity and restriction of movement as well as controlled and limited information flows. Some 39% of HCI areas report that people are not well enough informed about the access to humanitarian assistance. 40% of the sub-districts in HCI areas in Al-Hassakeh and 20% in Aleppo reported that the population faces restrictions of access to relief support.

LCI areas of Idleb, Ar-Raqqa and Aleppo report the most issues related to access of the affected population to relief.

Presence of mines

Generally the presence of mines did not appear to be a major constraint of humanitarian access in 95% of the assessed sub-districts. In Idleb and Deir-ez-Zor humanitarian actors faced limited problems with the presence of mines. In LCI areas, only Lattakia reported a severe problem. Key informants in very few HCI areas indicated the presence of mines to be a problem.

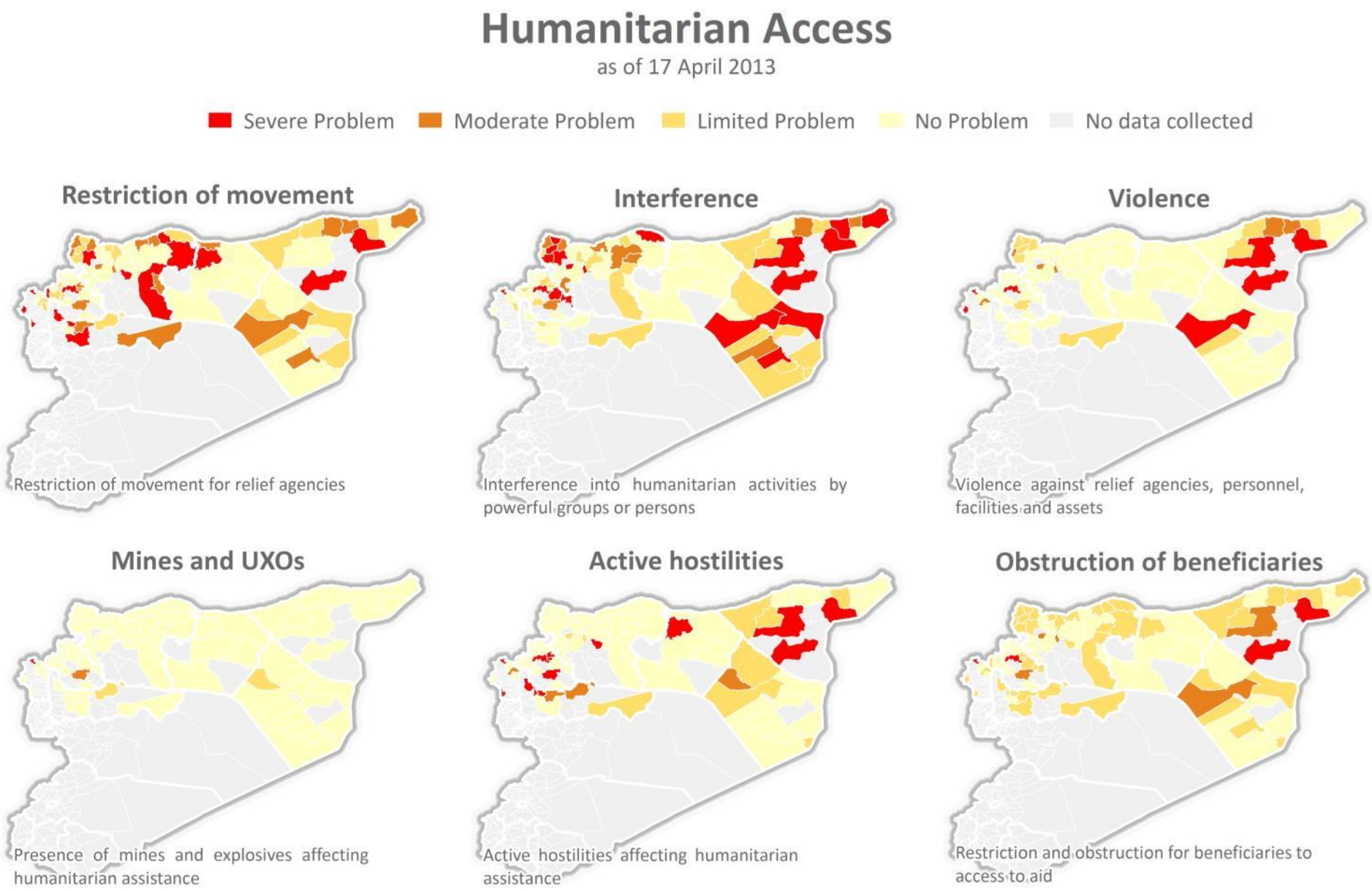


Figure 43: Humanitarian access in visited sub-districts by category and humanitarian access index map

E. Sectoral findings

E.1 Food security

General situation

Basic food items are available on the markets in most parts of the country but for very high prices. The severe disruption of livelihoods and the lack of income generating opportunities limit people's access to food even for the small percentage still receiving Government salaries.

In addition, shortages of wheat flour have been reported in most parts of the country due to the damage to mills as well as a lack of fuel for delivery, road closures and difficult access. Fuel shortages are impacting transportation, food production and trade. (AlertNet 12/12/06, UN 2013/01/08, OCHA 2013/04/26)

Livelihoods in the north are severely disrupted. Only a marginal percentage of people still receive Government salaries. Income generated activities are severely limited. Short term jobs, such as cross-border selling of crude oil in Deir-ez-Zor, and remittances are a large source of income; however a part of the assessed population relies on aid as savings are depleted. The large number of IDPs is an additional high burden on household's financial resources, with at least 1.4 million people hosted by local families.

In January one INGO reported that a severe food security crisis is still prevented due to the fact that keeping food stocks is a common practice across Syria. As a result, an average middle class family usually has enough food stocks to last 6-12 months. (INGO 2013/01/01) However, these food stocks are rapidly depleting.

A temporary improvement in the food security situation is expected from mid-May due to the harvest of wheat, potato and barley.

An agricultural assessment in several villages in Aleppo and Idleb indicated that harvesting is hampered by a lack of agricultural inputs, lack of fuel for the cultivation of vegetables, sewage damaging crops, high prices of seed and agriculture rents, lack of agricultural inputs (which are mostly available on the market, but against high prices), a lack of water and pesticides and a lack of ways to sell good. (Trusted source 2013/02)

An assessment of 8 IDP camps in Lattakia, Idleb and Aleppo reported that although the level and frequency of food distribution varies widely amongst camps, all respondents reported two meals a day and between one and three pieces of bread per day. (ACU 2013/04)

Food problems

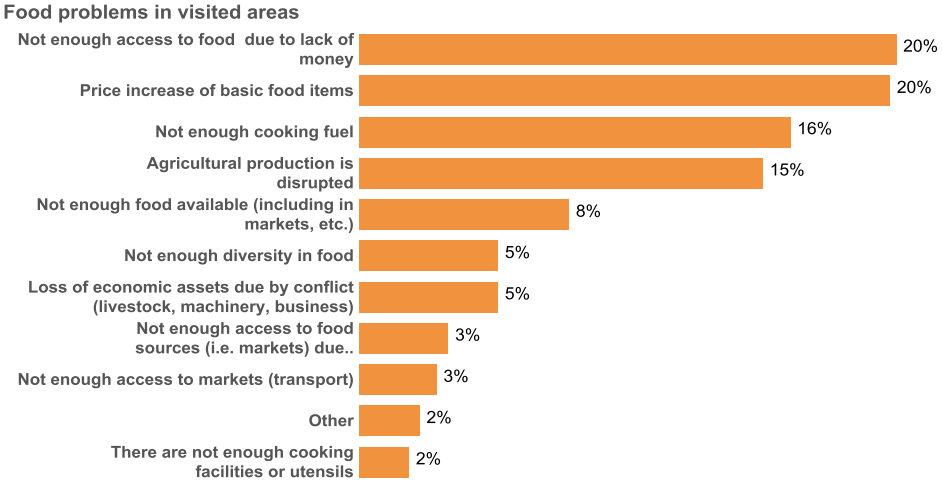


Figure 44: main food problems reported in visited sub-districts

The main food problems mentioned during the J-RANS II related to the lack of access to food due to a **lack of money** in combination with **price increases** of basic food items (40% of total responses). In a sub-district of Deir-ez-Zor for instance even people still receiving state salaries are not able to afford the high food prices. OCHA reports that the average household is spending over 50% of total expenditure on food. (OCHA 2013/04/26) Only a small number of responses indicated that **security constraints** (3%) or a **lack of access to markets** (3%) was hampering access to food.

The lack of cooking fuel was mentioned in 79 assessed sub-districts (75%) as preventing families from cooking when food is available.

Agriculture is an important livelihood in the northern governorates, but has been severely affected by the crisis. Key informants in 70% of assessed sub-districts indicate that the **disruption of agricultural production** is a problem. In some areas, such as Karnaz in Hama, many farmers were forced to flee and no one is taking care of the crops in the area. In Sur, Deir-ez-Zor, oil poisoning of crops was mentioned, reducing the quantity and quality of the crops.

Informants in 39 districts mentioned that there was **not enough food available** (8% of total responses). In some areas, such as Bulbul in Aleppo, the number of functional bakeries decreased by 50%. In areas where bakeries remain functional, their operations were often hampered by a lack of flour and fuel, while the influx of IDPs to several sub-districts exceeded the capacity of bakeries. Key informants in several areas reported that people traditionally bake bread at home.

When food is available on the markets, there is often no variety (5% of responses).

The **loss of economic assets** such as livestock and business was mentioned in 5% of sub-districts. In Aleppo for instance, the conflict, coupled with increasingly frequent power outages, has brought virtually all factories to a standstill (Der Spiegel 2013/03/06).

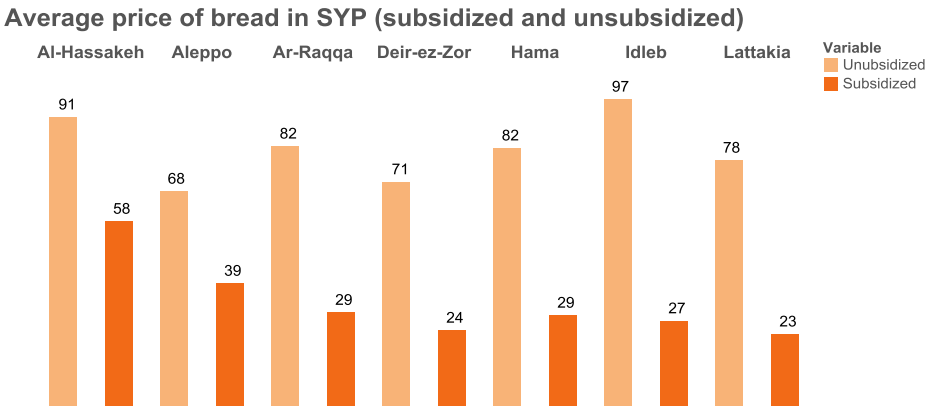


Figure 45: Comparison between unsubsidized and subsidized price of bread (SYP)

Subsidised bread was reportedly often unavailable, and, when available, the price is significantly higher than the pre-crisis level of SYP 15. The current price was highest in Al-Hassakeh, at 58 SYP. Key informants reported that the average unsubsidised price of a bag of bread (5-6 pieces) is highest in Idleb at 58 SYP (against 45 SYP before the crisis) - although they also indicated that the price varies significantly per day and location, hence the reported figures only indicate a general trend. Devaluation is further decreasing purchasing power -the Syrian pound was recently further devaluated from 90-93 to the USD in December 2012 to 110 by March 2013 (OCHA 2013/04/26).

Priority food security interventions

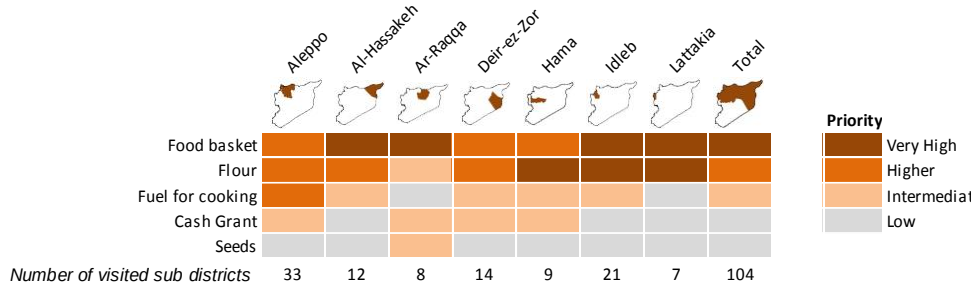


Figure 46: Food security interventions requested by population in Food sector

The assessed populations identified food baskets and flour as the main food security interventions required. Although the lack of money to buy food and the increase in prices were the main problems mentioned, cash grants were identified as an intermediate priority. This could be explained by the fact that prices of food on the markets significantly vary per location and day, and that only a limited variety of food is available on the markets.

Most affected groups

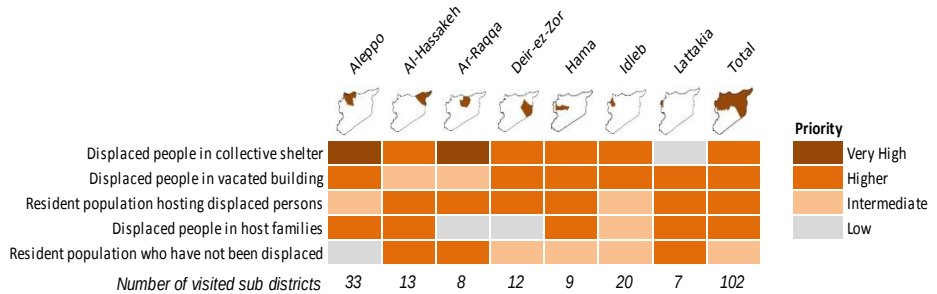


Figure 47: Affected groups in the Food sector

IDPs in collective shelters were reported to be the most vulnerable, and in Aleppo and Ar-Raqqa, this group has a very high priority for food assistance. In Lattakia, most IDPs were hosted in vacated buildings and only around 3,000 were recorded in collective shelters. As a result, IDPs in collective shelters in Lattakia were not identified as a high priority.

Food relief providers

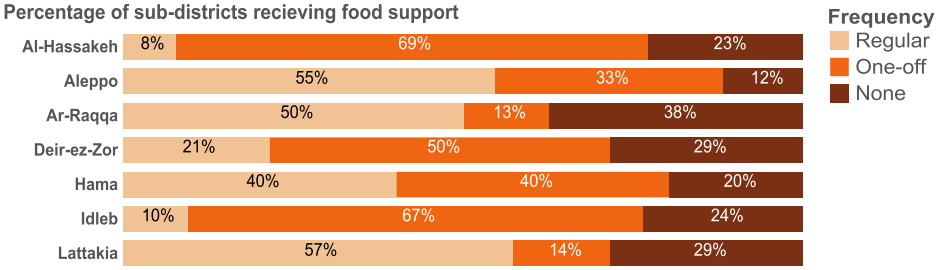


Figure 48: Food items delivery in the last 30 days in visited sub-districts

83 out of 106 sub-districts assessed (78%) received food aid in the 30 days prior to the assessment, most of which was 'one-off'. Ar -Raqqa was the least served district, with 38% of sub-districts not covered.

In several areas, the distribution of flour had been taken over by relief committees, who sourced the flour and provided it to bakeries. In some areas, flour was being provided by the Government. There were some reports of armed groups being in control of the storage and distribution of flour, for instance in Al-Thawrah in Ar-Raqqa.

Severity of food security situation

Estimated number of people at risk and at acute risk: 8,906,238*

**Figures represent the number of people at risk and acute risk in 106 assessed sub-districts in Northern Syria only. They are based on the number of people (residents + IDPs) who have been assessed in areas classified with severity level 3, 4 and 5 in the food sector.*

	At risk	At acute risk
Aleppo	1,722,650	
Al-Hassakeh	1,060,900	
Ar-Raqqa	700,200	200,000
Deir-ez-Zor	1,916,919	
Hama	1,380,150	
Idleb	1,897,919	20,000
Lattakia	7,500	
Grand Total	8,686,238	220,000

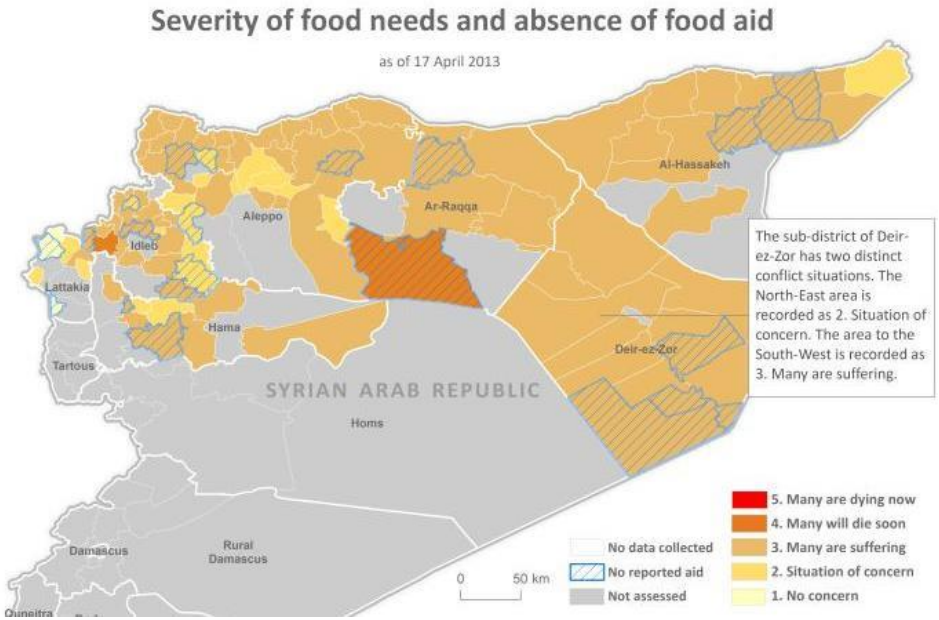


Figure 49: Severity of food needs and absence of food aid received in the last 30 days in the assessed sub-districts

In 3 areas it was reported that "many will die soon" because of the severity of the food security situation: Jisr-Ash-Shugur in Idleb, Al Thawrah and Mansura in Ar-Raqqa. In these sub-districts key informants reported a lack of access to food due to lack of money. In Jisr-Ash-Shugur unavailability of food was reported, as bakeries had insufficient capacity to cover the population in the area. The district was also 'level 4' for the situation in health, nutrition and water.

During J-RANS I, no areas were classified as level 4 'many will die soon'. While J-RANS I found that there were no concerns regarding the food security situation in Al-Thawrah, the situation was found to have significiantly deteriorated in J-RANS II with key informants stating that "many will die soon if no food assistance is provided". One factor explaining this rapid worsening of the situation could be that the sub-district received regular support from SARC during J-RANS I, while by the time of J-RANS II there were no actors providing food support. In Mansura, a situation of concern that required monitoring deteriorated to a severity level 4 ("many will die soon"). Jisr-Ash-Shugur was not covered under J-RANS I.

Food security situation in HCI/LCI areas

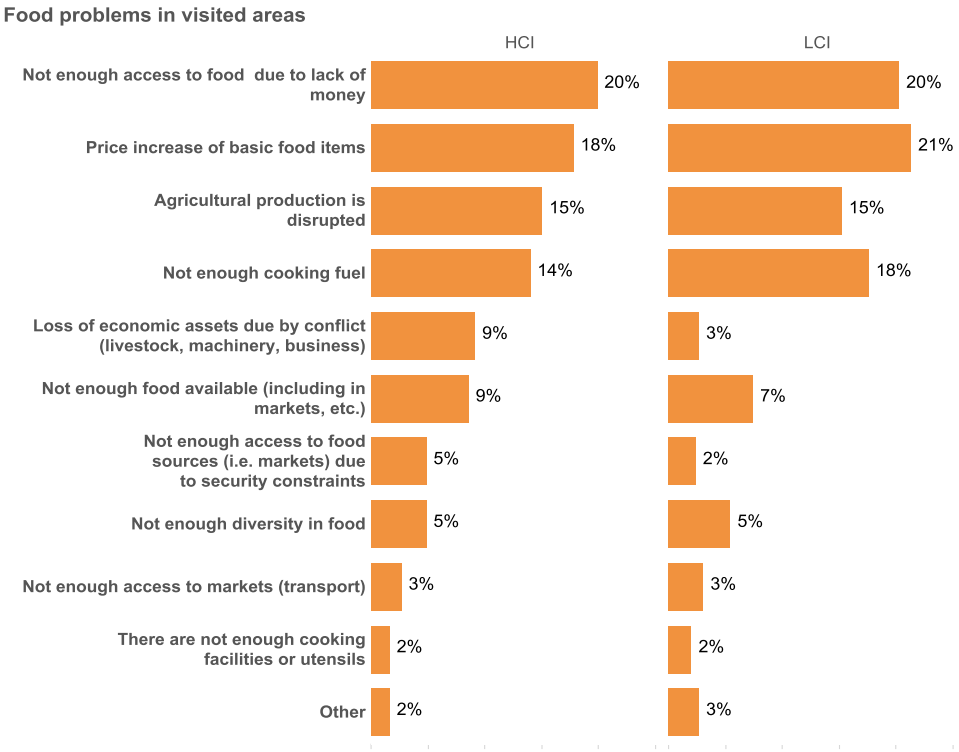


Figure 50: Main food problems reported in visited sub-districts, HCI/LCI areas

A lack of access to food due to a lack of money and price increases were the two problems mentioned most often in both HCI and LCI areas. Security, hampering access to markets, was only mentioned in 9 HCI districts and 7 LCI districts, and transport was only mentioned in 3% of the responses, indicating that the main issues constraining access to food to be a lack of money and high prices.

The lack of cooking fuel was more often mentioned in LCI areas compared to HCI areas. The loss of economic assets was reportedly more widespread in HCI areas, presumably due to the higher levels of destruction in HCI areas.

Relief providers

There is little difference between the proportion of sub-districts receiving food support in HCI or LCI areas. The coverage of food support has significantly increased since J-RANS I: 79% of assessed HCI districts received food support, against 52% in J-RANS I. Local relief providers were reported to have the widest coverage, providing food support in 42 sub-districts.

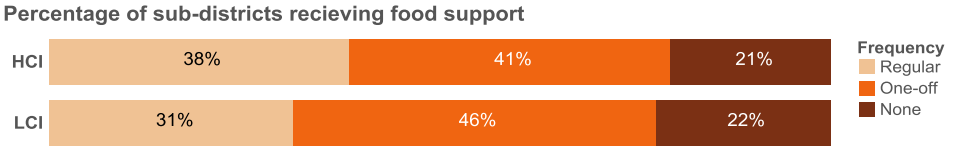


Figure 51: Comparison of food support HCI/LCI areas

Food security situation in HCI areas

Severity status food (HCI)

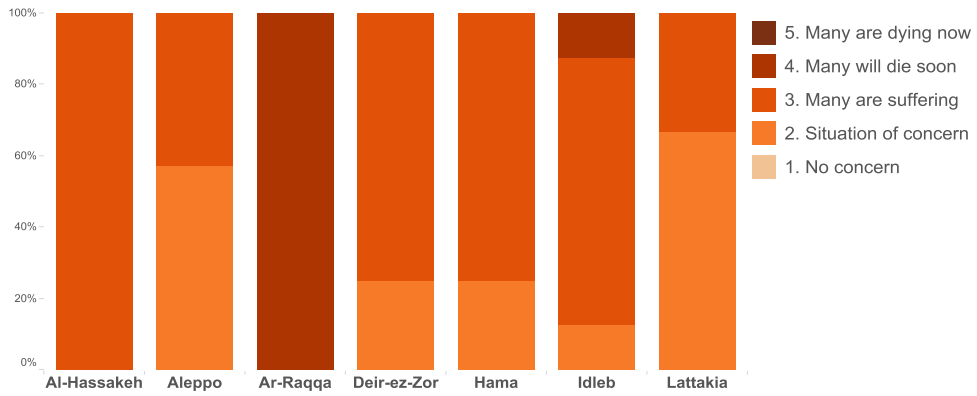


Figure 52: Severity of the situation for the food sector in HCI areas

Most of the visited areas reported that "many are suffering". Food security was most severe in the two HCI areas in Ar-Raqqa: the governorate was least well covered in terms of food support.

Key priorities HCI

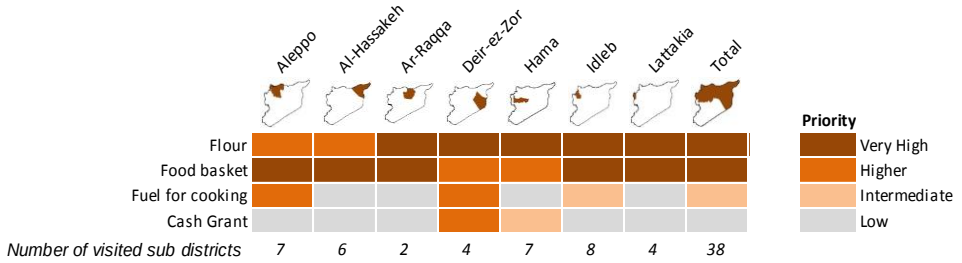


Figure 53: Food interventions required by the population in HCI areas

The main food security interventions required in HCI districts are flour, followed by food baskets and fuel for cooking. Flour was a very high priority in HCI areas in 5 out of 6 governorates, while in LCI areas the distribution of flour was a very high priority in only 1 governorate. This could be explained by the fact that access and transport is often severely disrupted in HCI areas, hampering the supply of flour to communities.

Most affected groups HCI

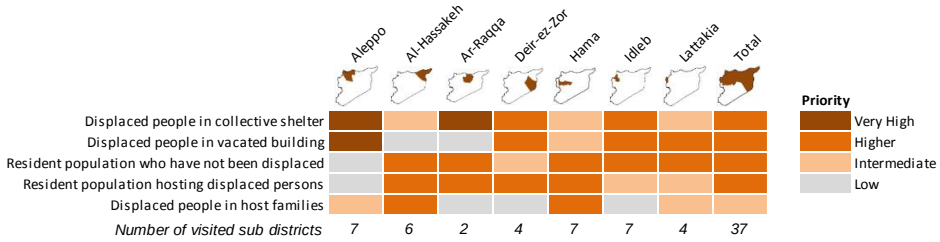


Figure 54: Food interventions required by the population in HCI areas

The group ranking provided by the key informants shows an inconsistent situation across HCI areas. IDPs in collective shelter were reported to be most affected in Aleppo and Ar-Raqqa. In Aleppo, IDPs in vacated building were also a very high priority. Non-displaced resident population was the most affected group in 5 of 7 governorates. The host population in general was a high priority group in Al-Hassakeh and Hama.

Food security situation in LCI areas

Severity status food (LCI)

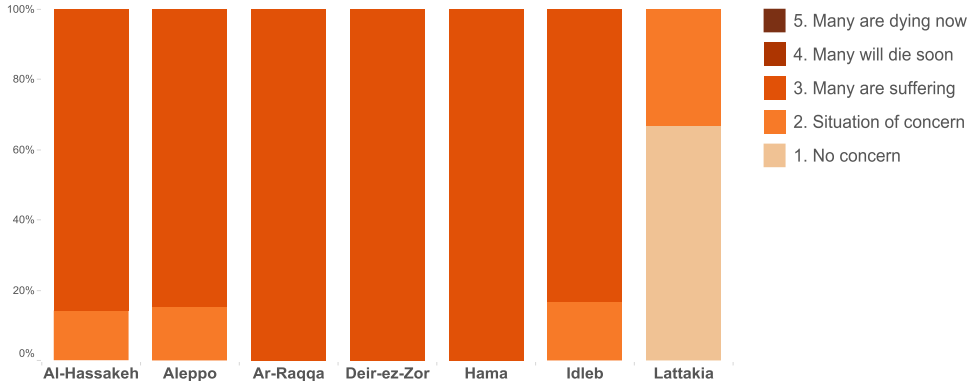


Figure 55: Severity of the situation for the food sector in LCI areas

Overall, the situation in LCI areas was better compared to HCI areas, even though over 80% of visited areas reported serious problems in accessing food. The situation in Lattakia was the least severe. The J-RANS I reported Lattakia governorate to be only moderately affected by the conflict and to be regularly supplied with food products. (J-RANS 2013/02/17) A Syrian newspaper recently mentioned that Lattakia remained the least affected governorate in the country because the output of 7 mechanical bakeries had been increased to meet the high demand. (Al Watan 2013/04/09)

Key priorities LCI

The main food security interventions required in LCI districts are food baskets, followed by flour and fuel for cooking. The findings indicated food baskets to be a very high priority in LCI areas in 3 out of 6 governorates, and a very high priority in HCI areas in 5 out of 6 governorates. This discrepancy could be explained by the fact that transport of commodities is more difficult in conflict-affected areas.

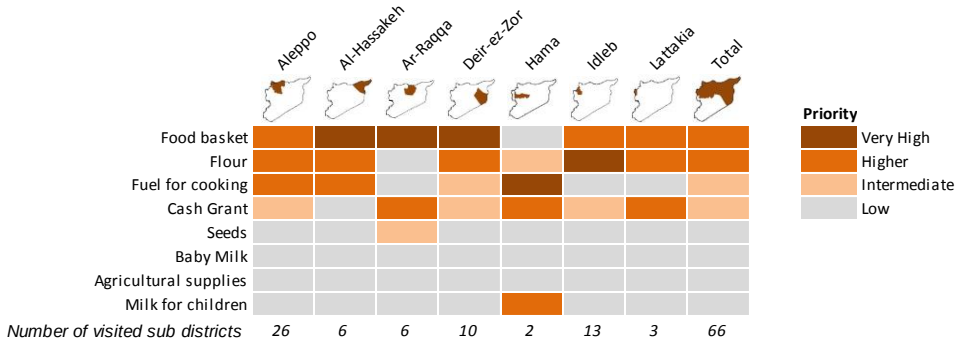


Figure 56: Food priority interventions required by the population in HCI areas

Most affected groups LCI

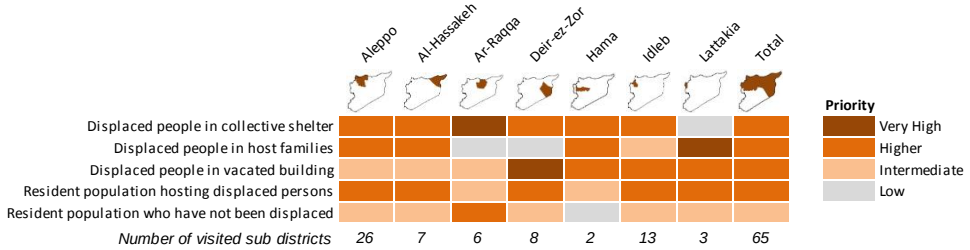


Figure 57: Affected groups in the food sector in LCI areas

Similar to HCI areas, IDPs in collective shelters were identified as the most affected groups, particularly in Ar-Raqqa. The main difference with regards to affected groups in LCI and HCI areas related to IDPs in host families. This discrepancy could be explained by the fact that a significantly larger number of IDPs were staying with host families in LCI areas (over 1.2 million IDPs) compared to HCI areas (around 200,000 IDPs). As a result, IDPs in host families were ranked as more vulnerable in LCI areas.

E.2 Health

General situation

In three areas, enumerators were told that many people were dying due to insufficient health services: Kafr Zeita (Hama), Madiq Castl (Hama) and the north eastern part of Deir-ez-Zor (Deir-ez-Zor).

The severe disruption to the Syrian health system, due to the lack of medicines, damage to health facilities and loss of the medical workforce, was the most widespread and severe concern of people interviewed. (WHO 2013/04/26)

During an April assessment of 8 IDP camps in the governorates Lattakia, Idleb and Aleppo, health provision, improvement of facilities and access to facilities were mentioned to be people's highest priority need, with 34% of respondents identifying it as the key intervention needed. 3 of 8 assessed camps had a health facility on-site and a lack of medicines was mentioned as the key constraint to healthcare by 53% of respondents. Many of the specific health concerns identified were related to poor WASH conditions. (ACU 2013/04)

Health problems

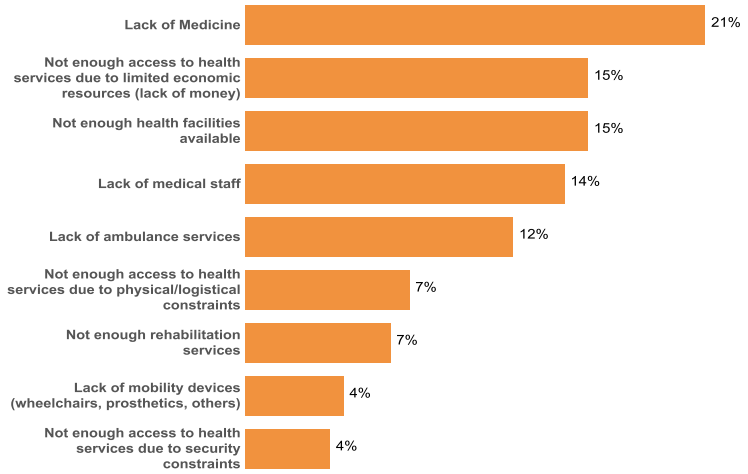


Figure 58: Affected groups in the food sector in HCI areas

Similar to the results of the J-RANS I and the Aleppo J-RANS, a **lack of medicines** continued to be the main problem reported as hampering adequate health care. The severe shortage of life-saving medicines countrywide is a major concern, caused in part by disruption of local production (WHO 2013/03/18). Key informants in 94% sub-districts assessed indicated that the lack of medicines was a problem, including medicines for chronic diseases, communicable diseases, snake and scorpion bites and rabies.

As of 15 February, 57% of public hospitals were reportedly damaged country-wide. (MoH 2013/02/15) As the fighting has intensified since February and reconstruction of facilities has not been reported, it can be assumed that this proportion has increased. In 75 out of 106 (71%) assessed sub-districts it was mentioned that there were **insufficient health facilities available**.

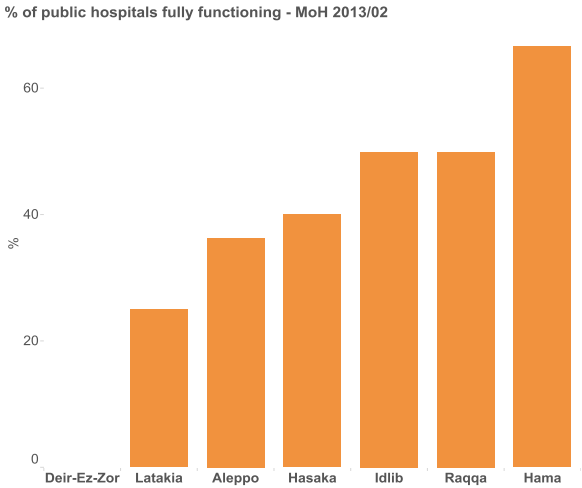


Figure 59: % of functioning hospitals per governorate (MoH 2013/02)

Functioning hospitals noted a significant increase of patients in 2013. I n Ar-Raqqa for instance, the number of dialysis and cancer patients doubled due to the high influx of IDPs. The health structure in Deir-ez-Zor is among the poorest in the country and the large influx of IDPs (following escalation of fighting in Ar-Raqqa in early March) further strained limited resources. All public hospitals in the governorate are currently non-functional. (INGO 2013/01/01, WHO 2013/03/15)

Countrywide, a part of the **medical staff** has fled conflict-affected areas while others frequently cannot access their work, particularly those living in rural areas, due to irregular public transportation, blocked and unsafe roads. (OCHA 2013/04/22, WHO 2013/04/10, OCHA 2013/04/26)

Electricity cuts and fuel shortages continue to affect the health care system. As a result, health facilities are struggling to provide laboratory diagnostics, x-ray, ultrasound and cardiac monitoring (WHO 2013/02 from OCHA 2013/04/26). In Maskana in Aleppo, the lack of x-ray equipment was mentioned as a specific problem.

Health concerns

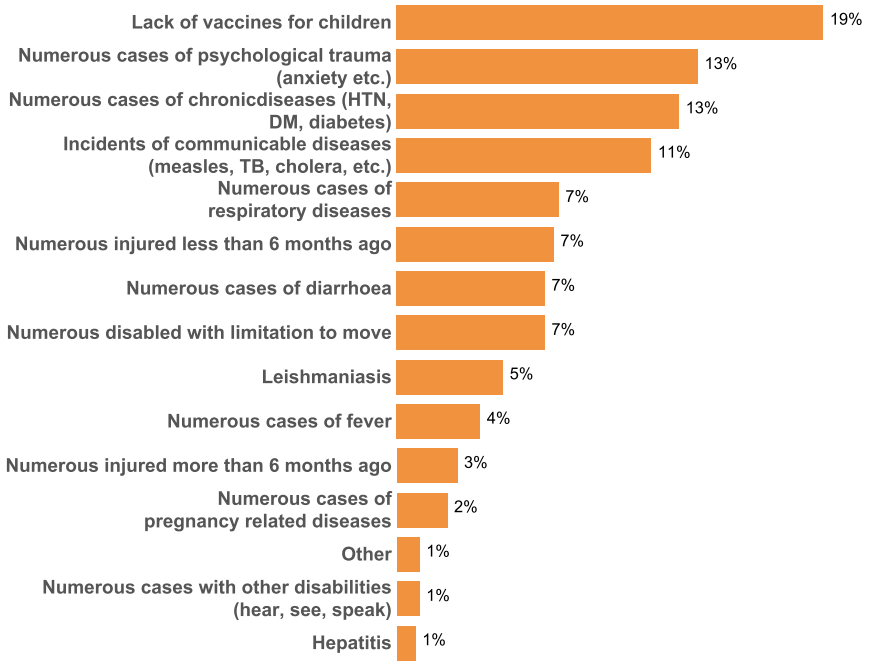


Figure 60: Main health concerns reported in visited sub-districts

Although UNICEF recently managed to vaccinate over 0.5 million children nationally, the routine national immunization programme has been severely disrupted by the crisis and it is reported that there was little to no coverage in Northern Syria. By January 2013, no more than a third of children had been vaccinated in the north of Syria.

In February, the Syrian Ministry of Health reported that 117 out of 157 vehicles used to support vaccinations have been damaged and are not in use. 94 out of 110 sub-districts covered by the J-RANS II mentioned a **lack of vaccines** as an issue (OCHA 2013/04/26, UNICEF 2013/04/30).

The number of people with **chronic diseases** remains to be a key problem, as it was in the J-RANS I, with 13% of responses highlighting this issue in 63 sub-districts. There are more than 430,000 registered diabetic patients in Syria who are particularly affected by the shortage of medicines. (WHO 2013/04/09)

Although the disease **Leishmaniasis** was not provided as a response option, it was mentioned in 5% of the responses under 'other'. Leishmaniasis is the most important vector borne disease in Syria and the number of cases per year showed a steady increase in the years before the start of the crisis. Before the conflict began in Syria, health authorities controlled outbreaks by spraying pesticides, but the breakdown of sanitation services has curtailed spraying (WASH Cluster 2010, WHO 2012, VoA 2013/04/22). The disease is currently affecting growing numbers of people in Aleppo, Hama, Al Hasakeh and Deir-ez-Zor. (WHO 2013/03/15, OCHA 13/04/22).

In addition, frequent cases of diarrhoea and an increasing number of suspected Hepatitis A cases have been identified - attributable to a deterioration of sanitation and hygiene practice. Typhoid cases have been reported in Deir-ez-Zor, Homs and Hama. (OCHA 2013/04/18, WHO 2013/04/10, WHO 2013/04/09)

The World Health Organisation has estimated that more than 400,000 people (~1.5% of total population) have been injured between March 2011 and April 2013, with many resulting in long-term disabilities (WHO 2013/04/10). 10% of the responses in the J-RANS II mentioned those who are injured as an issue. Around 76,000 men, women and children were reported to have been injured in J-RANS II.

Self-filtering of crude oil in Deir-ez-Zor is causing respiratory infections and some skin burns have been reported during this assessment. In addition five sub-districts reported cases of cancer in adults and malformations in new-borns. In Ain al Arab in Aleppo, cases of respiratory diseases where mentioned as well, due to inadequate filtering of oil brought from Deir-ez-Zor.

Priority interventions

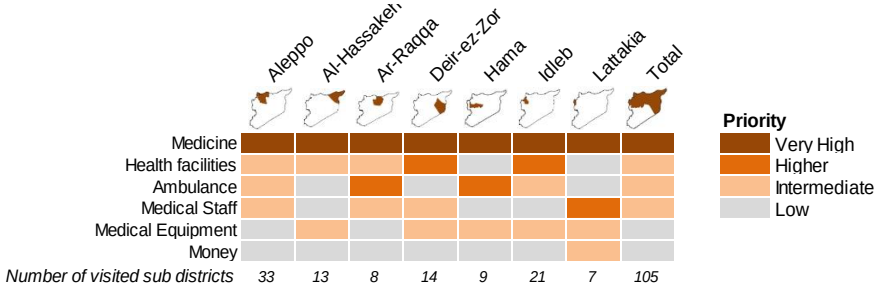


Figure 61: Priority interventions in the health sector in visited sub-districts

The provision of medicines was reported as the highest priority for intervention in all areas across all governorates. There is an urgent need to improve access to life-saving medicines and health facilities.

Most affected groups

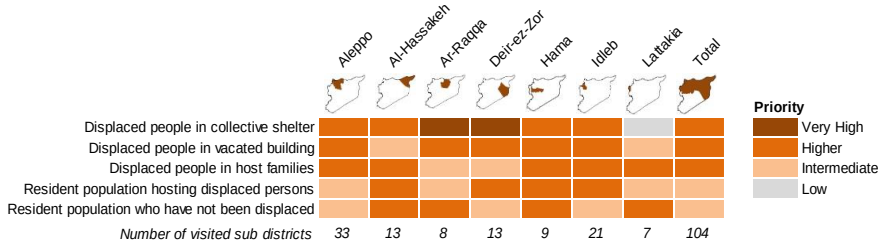


Figure 62: Affected groups in the health sector in visited sub-districts

The most affected groups were IDPs residing in collective shelter, particularly in Ar-Raqqa and Deir-ez-Zor. Next most affected were IDPs in vacated buildings and host families.

Relief providers

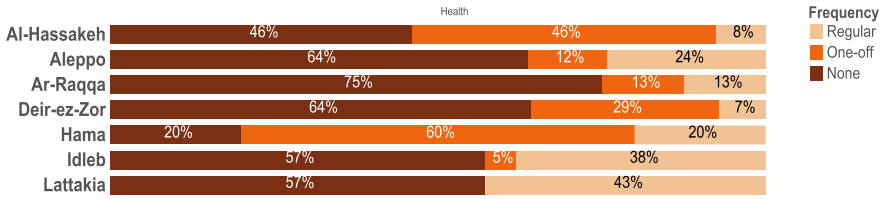


Figure 63: % of sub-districts receiving Health support

Ar-Raqqa was the least served governorate, with 13% of sub-districts reported as receiving regular support and 13% receiving one-off support. Regular support was provided to the highest number of sub-districts in Lattakia (43%) while the lowest number was reported in Deir-ez-Zor, where only 7% of sub-districts received regular health support, despite the facts that the governorate already had a poor health infrastructure prior to the crisis and that Deir-ez-Zor was assessed as hosting a large number of IDPs (at least 770,000 in the 13 sub-districts).

Local relief providers were reported as the most common health practitioners providing health support in 29 assessed sub-districts, followed by INGOs (who had projects in 25 sub-districts).

Severity of health situation

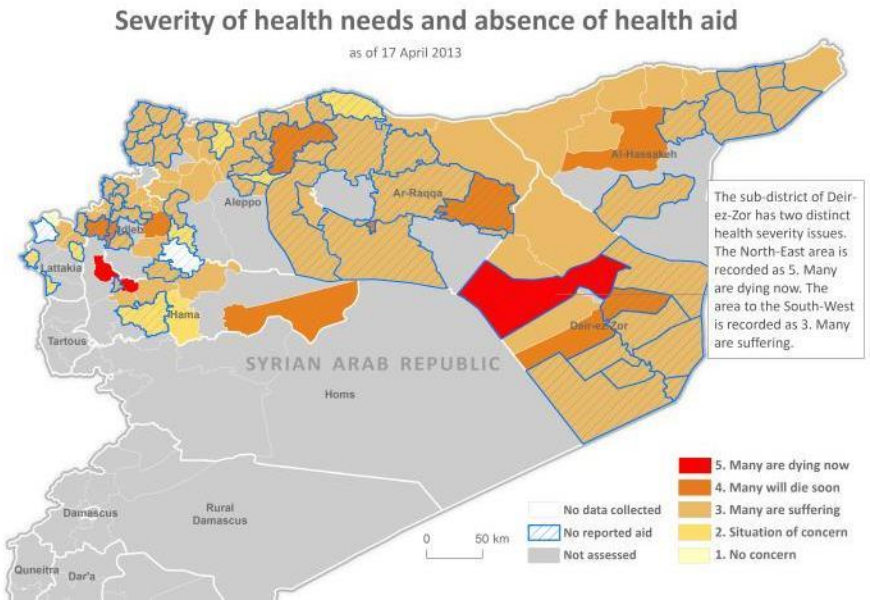


Figure 64: Severity of health needs and areas that reported no health aid delivery in the last 30 days.

In three areas, enumerators were told that "many people were dying" due to insufficient health services: Kafr Zeita (Hama), Madiq Castl (Hama) and the north eastern part of Deir-ez-Zor (Deir-ez-Zor). These HCI areas all reported a lack of ambulances, medicines and medical staff. Priorities were as follows: *Kafr Zeita* – Medical Equipment, Ambulance, Medicine, *Madiq Castl* – Ambulance, Medicine, Medical Equipment, *Deir-ez-Zor* - Medical staff, Medicine, Ambulance. In Kafr Zeita, it was reported that people who suffer conflict-related injuries needed to be transported to Idleb or Turkey, and there were numerous cases where people die in transit.

In Madiq Castle, only 1 actor is providing health support in 1 sub-district. In the areas where many were reportedly "dying now", the number of relief providers is limited with, for instance, only 1 actor providing health support in the sub-district of Madiq Castle.

In 10 sub-districts, half of them in LCI areas, "many people will die because health services are insufficient". In 9 of these 10 sub-districts, medicines were ranked as the most urgently required intervention.

During the J-RANS I, in the sub-district of Al-Thawrah in Ar-Raqqa district key informants indicated that "many people were dying soon". Currently, this sub-district has been classified as "many people will die because health services are insufficient". This discrepancy could be explained by the fact that a local hospital was recently opened despite the current level of assistance remaining highly insufficient.

The three areas identified as "many will die soon" during the J-RANS I were Al Mayadin (Deir-ez-Zor) Ashara (Deir-ez-Zor) and Atareb (Aleppo). Different INGOs have provided aid in the last 30 days to Al Mayadin and the situation remains at "many will die soon". While the situation has slightly improved in both Ashara and Atareb to "many will suffer", only Atareb reported support from relief providers.

Estimated number of people at risk and at acute risk: 10,367,168*

	At risk	At acute risk
Aleppo	2,511,230	509,500
Al-Hassakeh	491,900	709,000
Ar-Raqqa	707,200	193,000
Deir-ez-Zor	1,605,519	331,400
Hama	1,175,950	141,600
Idleb	1,856,319	120,000
Lattakia	14,550	
Grand Total	8,362,668	2,004,500

**Figures represent the number of people at risk and acute risk in the health sector in 106 assessed sub-districts in Northern Syria only. They are based on the number of people (residents + IDPs) who have been assessed in areas classified with severity level 3, 4 and 5.*

Situation in HCI/LCI areas

Problem explanations Health Care: A lack of medicines is the major issue affecting health care in both LCI and HCI areas. In some areas, like Raju in Aleppo, medicines are available, but are inaccessible because of high prices. The lack of medical staff comprised 16% of the total responses in HCI areas, against 13% in LCI areas. Both HCI and LCI areas face a lack of available health facilities, either because health infrastructure has been destroyed and/or because the demand has increased in some areas due to an influx of IDPs. In some places, such as Oqeirbat in Hama it was mentioned that several health centres were used by armed forces and no longer available for the civilian population. Access to health care facilities is hampered by limited economic resources and a lack of ambulance services. The lack of ambulance services, and insufficient access to health services due to physical/logistical constrained or security constraints, illustrates the difficulties in reaching available health care. For HCI areas, the lack of ambulances (9% instead of 14% in LCI areas) seems less of a problem than in LCI. The cause of this discrepancy is unclear. While over 75,000 people have been injured in assessed areas, access to rehabilitation services and mobility devises is limited, particularly in HCI areas.

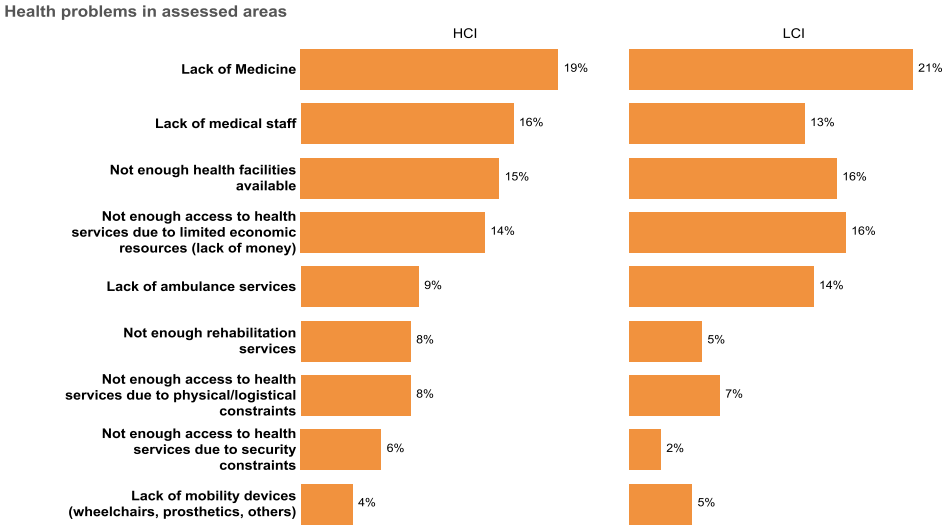


Figure 65: Main health problems reported in visited sub-districts, HCI/LCI areas

Problem explanations Health Status: The main issue mentioned in both LCI and HCI areas with regards to the health status was the lack of vaccines for children (18%), indicating that people to be well aware of the need for vaccination. Psychological trauma, such as anxiety, was mentioned in 11% of responses in HCI areas referred to the numerous disabled with limitation to move in HCI areas – significantly higher than in LCI areas (4%), most probably due to the high level of conflict injuries sustained. As was mentioned under 'problem explanations health care', a lack of mobility devices was reported. Cases of chronic diseases, such as hypertension and diabetes formed 14% of responses in LCI areas against 10% in HCI areas.

Incidents of communicable diseases, measles, TB, cholera etc. formed 12% of the responses in LCI areas and 10% in HCI areas. At the start of February, there were 133 registered confirmed measles cases countrywide, while the actual number is likely to have been much higher as formal registration systems have been severely disrupted. (UNICEF 2013/04/30) Although the risk of cholera has been highlighted (OCHA 2013/04/18), no cholera cases have yet been reported. Under the category 'other', cases of Leishmaniasis (6% in LCI areas) were often mentioned. There was only a slight difference between the HCI and LCI areas with regards to the answers on cases of respiratory diseases (8%), diarrhoea (7%) and fever (3%). 13% of responses in HCI areas referred to those injured against 8% in LCI areas, which can be explain by the high levels of violence and civilian casualties in HCI areas. Cases of disabilities (hear, see, speak) was only mentioned a very few times as an issue.

Relief providers HCI/LCI areas

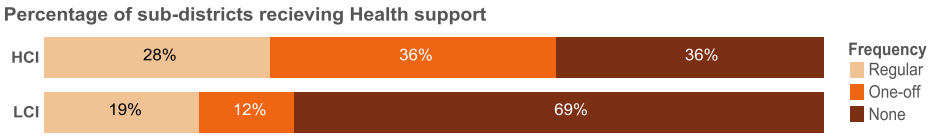


Figure 66: Comparison of health support HCI/LCI areas

64% of sub-districts in HCI areas reported to have received health support compared to 31% of the LCI areas. This discrepancy could be explained by a higher need and focus of relief actors on conflict areas, due to the higher proportion of health infrastructure destroyed and people injured.

Compared to the J-RANS I, the percentage of HCI sub-districts receiving health support has increased, from 42% to 64%. For LCI areas, this percentage has decreased – from 56% of sub-districts assessed receiving support 30 days prior to J-RANS I to 31% currently.

Health situation in HCI areas

Severity status health (HCI)

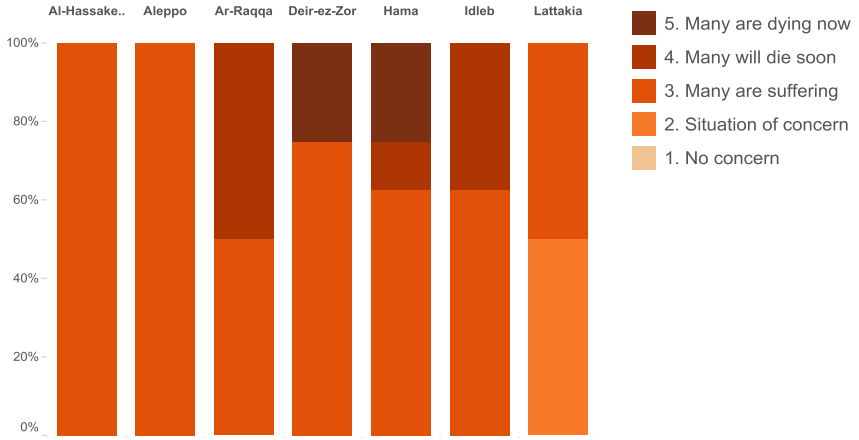


Figure 67: Severity of the situation for the health sector in HCI areas

The situation in HCI sub-districts in Hama governorate was most severe, with key informants in 2 HCI sub-districts reporting that “many people are dying now” and “many will die soon” in 1 sub-district. Even in the least affected governorate, Lattakia, people in over 65% of the HCI sub-districts assessed were reportedly suffering because of the health situation.

Priority interventions health (HCI)

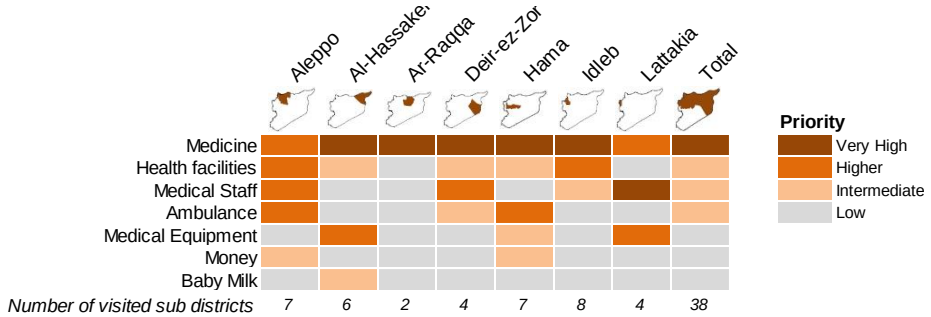


Figure 68: Priority interventions in the health sector in HCI areas

The provision of medicines has the highest priority for intervention in HCI areas, followed by access to health facilities and medical staff to treat conflict related injuries.

Most affected groups in health sector (HCI)

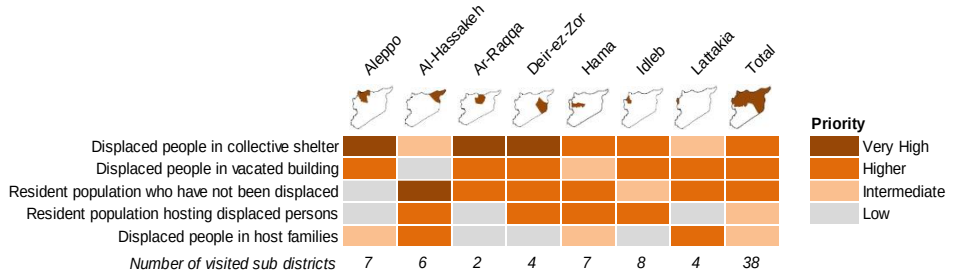


Figure 69: Affected groups in the health sector in HCI areas

Displaced people in collective shelter are a very high priority in three governorates and the most vulnerable group throughout the governorates.

Health situation in LCI areas

Severity status health (LCI)

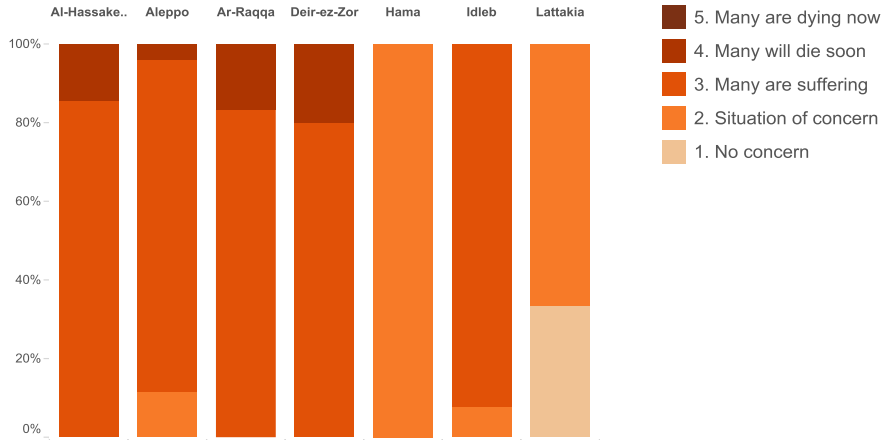


Figure 70: Severity of the situation for the health sector in LCI areas

Overall, the situation in LCI areas is less severe compared to the situation in HCI areas, apart from the governorate of Al-Hassakeh where in one LCI district the enumerator reported that many will die soon.

Priority interventions (LCI)

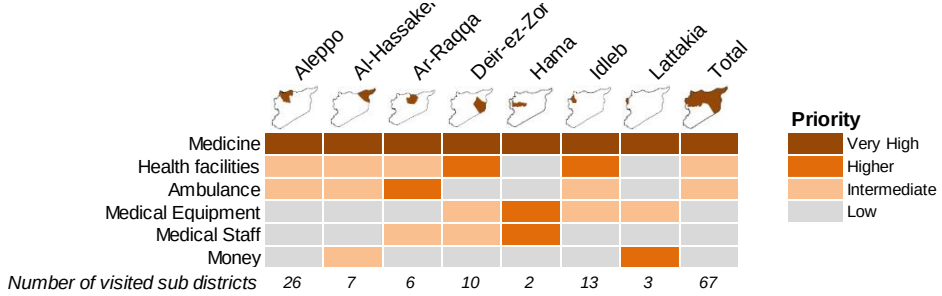


Figure 71: Priority interventions in the health sector in LCI areas

There is an overwhelming need to provide medicines in LCI areas. All governorates report that access to life-saving medicines has the highest priority for intervention, followed by access to health facilities and ambulances. In LCI areas, where medicines are available sub-districts reported high prices and the lack of money to buy medicines to be a problem.

Most affected groups in health sector (LCI)

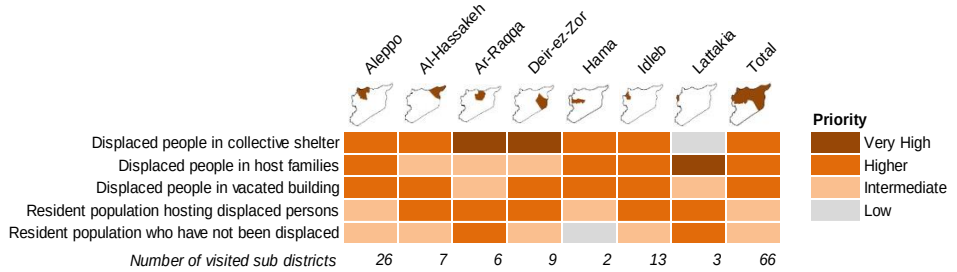


Figure 72: Affected groups in the health sector in LCI areas

Similar to HCI areas, IDPs in collective shelters are the most affected groups, particularly in Ar-Raqqa and Deir-ez-Zor, followed by IDPs in host families and vacated buildings.

E.3 Nutrition

General situation

Prior to the unrest, moderate levels of malnutrition were an important but not significant issue in Syria (12% wasting, 28% stunting and 9% underweight). (UNICEF, State of the World's Children Reports 2009 and 2012). The level of malnutrition is higher among children in rural areas when compared to urban areas. Pockets of high malnutrition existed in north-eastern areas. There have been no reports of severe malnutrition of children under 5 prior to this assessment. However, the risk factors are in place, such as poor feeding practices, displacement, market disruption, deteriorating access to health and WASH as well as reports of significant number of children with diarrhoea (INGO 2013/01, UNICEF 2012, MoH 2006,CAP 2009-2010, UNICEF 2010OCHA, 11/26/12, ChildInfo 2005, Family Health Survey 2009).

Most mothers did not breastfeed their infants prior to the conflict: in 2006 29% percent of infants under 6 months were exclusively breastfed (MICS 2006). Before the crisis, the Government controlled the distribution of infant formula. This supply route has been disrupted and supplies from Turkey are unaffordable for most. The lack of clean water to prepare infant formula and sterilisation of bottles is an issue (NGO 2013/01).

WFP reported displaced families to be struggling to maintain a varied diet and provide adequate complementary food for young children. Many children lacked access to diversified quality diets leading to a further deterioration of the nutrition status (OCHA 2013/04/26).

Feeding issues

Over half of the feeding issues mentioned a lack of access to or availability of infant formula, due to unavailability of the formula on the market (21%) or a lack of money and the high costs of infant formula (34%)**.** The high dependence on infant formula by respondents as opposed to natural breastfeeding is of concern.

The deteriorating WASH situation was found to be affecting baby feeding, as there a shortage of water and sterilising equipment for the preparation of infant formula was reported. Untargeted distributions of infant formula were also mentioned as an issue, and this is supported by the findings of INGO reports stating that uncontrolled distribution of breast milk substitutes such as infant formula is a factor in the current reduction of number of mothers who are breastfeeding.

Infant and Young children are at higher risks of morbidity and mortality in emergencies as unsafe artificial feeding due to limited/poor access to safe water, lack of sterilisation material, storage equipment (INGO 2013/03/13). Key informants in 89 sub-districts mentioned that mothers feel unable to breastfeed due to the lack of food, stress, lack of privacy or a combination of all three even though these reasons may not be medically vested.

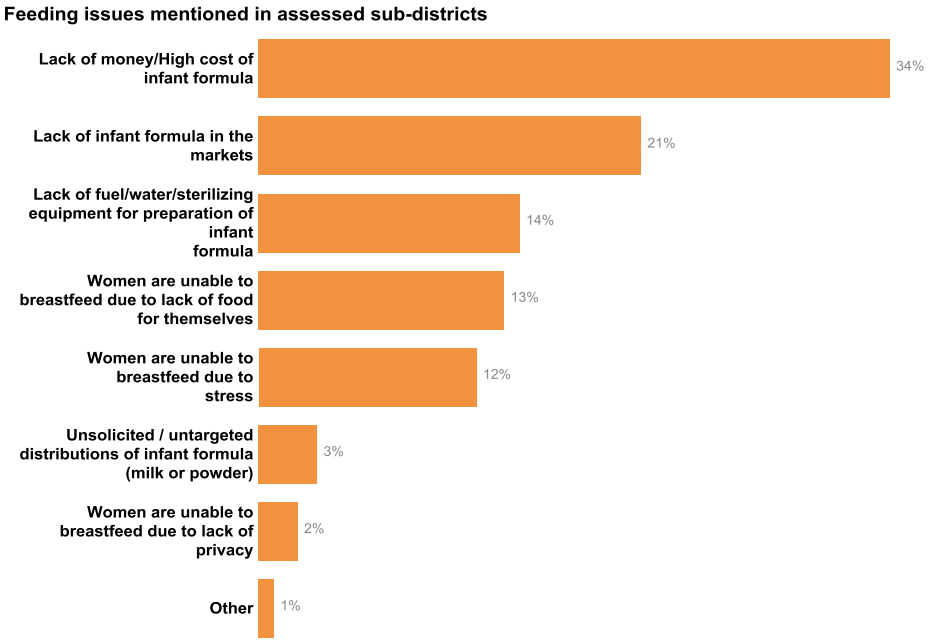


Figure 73: Feeding issues reported in assessed sub-districts

Priority nutrition interventions

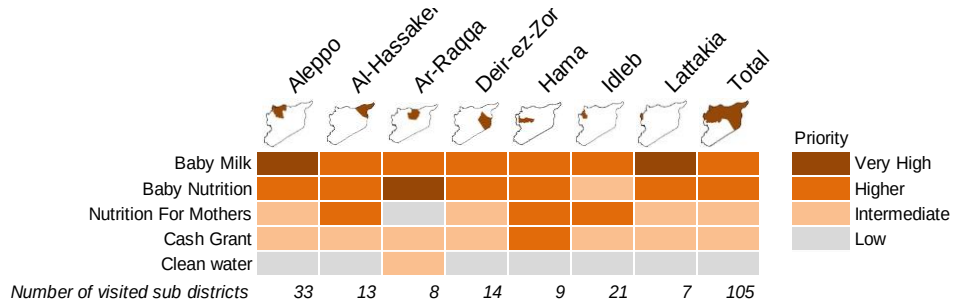


Figure 74: Priority interventions in the nutrition sector

Baby milk and nutrition were the most urgently demanded intervention. While it is recommended to provide support to breastfeeding as a lifesaving intervention instead of the provision of infant formula, where baby milk is provided it is crucial to ensure it can be used safely. This includes the provision of cups for feeding and clear instructions (in Arabic) about its preparation, as well as water/treatment for purification and preparation utensils to reduce risk of health risks to babies who are fed with breast milk substitutes.

Most affected groups

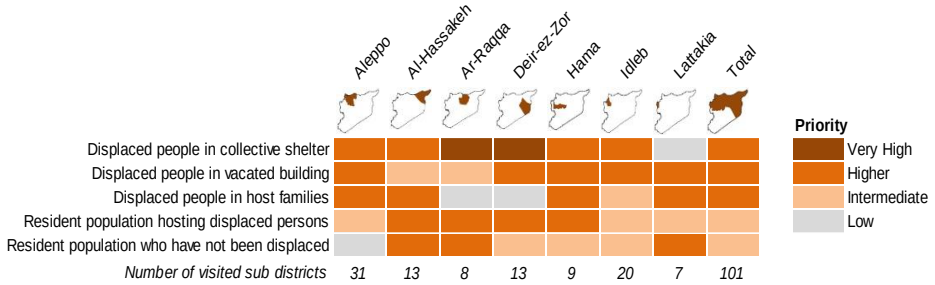


Figure 75: Affected groups in the nutrition sector

In general, displaced people in collective shelters were considered the most affected groups in terms of the nutrition situation, followed by IDPs in vacated buildings and IDPs in host families. Particularly in collective shelters mothers had limited privacy and space to breastfeed.

Group with the most serious nutrition problems

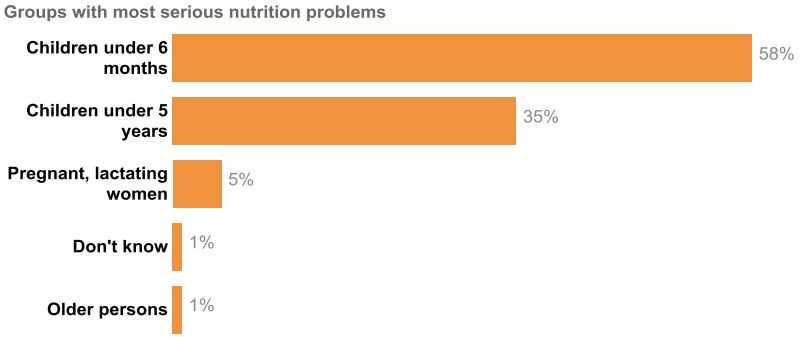


Figure 76: Population segments with the most serious nutrition issues

In both HCI and LCI areas, children under 6 months were reported to have the most serious nutrition problems. Under 'other', informants in Qahtaniyyeh Al-Hassakeh mentioned older persons as a specific group.

Relief providers

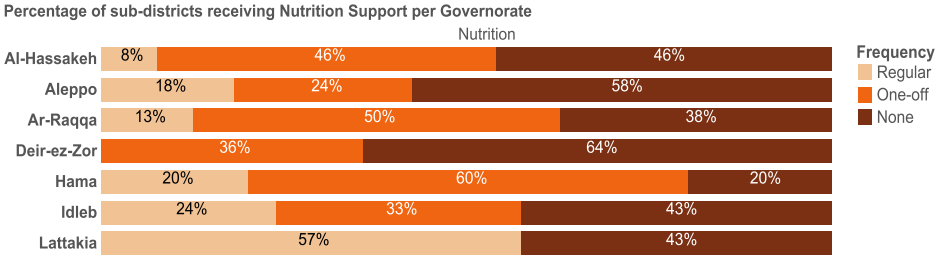


Figure 77: % of sub-districts receiving nutrition support

Around half of all assessed sub-districts had not received any nutrition support in the 30 days prior to the assessment. Most of the support had been provided through local relief providers. The least served district was Deir-ez-Zor while Hama was best covered in terms of sub-districts receiving nutrition support.

Severity of the nutrition situation

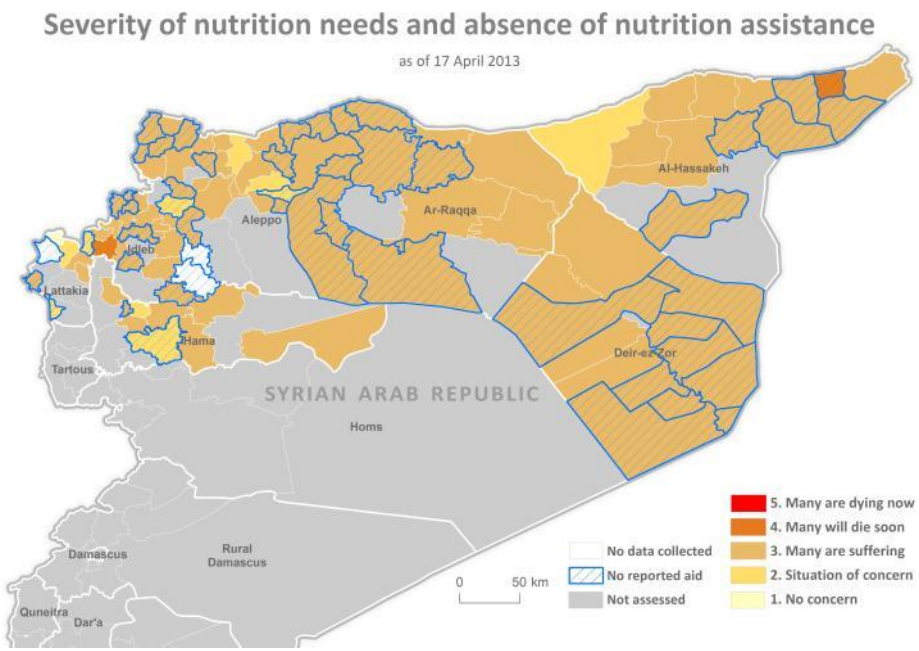


Figure 78: Severity of nutrition situation and absence of nutrition support received in the last 30 days in the assessed sub-districts

There were no sub-districts were many people are known to be dying because of insufficient nutrition services. In 2 sub-districts respondents reported, *"many people will die soon"* if no nutrition is provided soon: Jisr-Ash-Shugur in Idleb and Jawadiyah in Al-Hassakeh. Although the HCI sub-district of Jisr-Ash-Shugur reportedly received regular assistance from at least one actor, there remained a shortage of nutrition for mothers, baby milk and fuel for cooking. The LCI sub-district of Jawadiyah had not received any nutrition support in 30 days prior to the assessment.

COMMENT: Nutrition experts advocate for urgent nutritional support to encourage breastfeeding, stricter controls around the distribution of breast milk substitutes (BMS) and clean water.

Situation in HCI/LCI areas

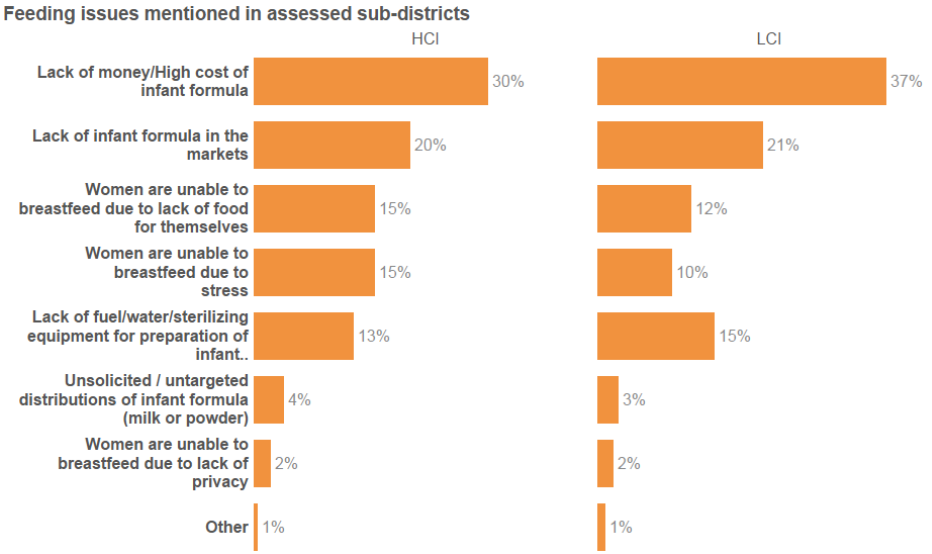


Figure 79: Feeding issues reported in assessed sub-districts, HCI/LCI areas

Lack of infant formula in the markets and lack of money to buy infant formula were most often mentioned in both HCI and LCI areas, followed by the cost of infant formula in LCI areas. In HCI, mothers' inability to breastfeed due to stress or lack of food for mothers was mentioned more often than the cost of infant formula.

A lack of fuel, water and sterilising equipment for the preparation of infant formula was reported by key informants in 12% of HCI and 15% of LCI areas. A lack of fuel, water and sterilising equipment is one of the key reasons why artificial feeding bears a high risk of infections and other health threats for infants in emergencies and breastfeeding should be supported and encouraged through assessment of breastfeeding challenges, breastfeeding support by qualified nurses and health professionals, peer support and safe spaces where mothers can breastfeed should be set up.

Under 'other' a lack of nutritional food was mentioned in addition to a lack of varieties in food.

Relief providers

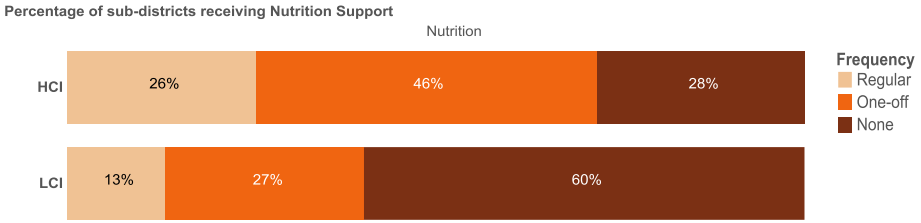


Figure 80: % of sub-districts receiving nutrition support, HCI/LCI areas

HCI areas reported to receive a higher percentage of both one-off and regular support than LCI areas. This could be due to there being more problems feeding infants in HCI areas including decreased access to infant formula, sterilising equipment, and/or clean water. Local relief providers have the widest coverage (46 sub-districts receive nutrition support from a local relief provider), followed by SARC, which is covering 14 assessed sub-districts.

Nutrition situation in HCI areas

Severity status nutrition (HCI)

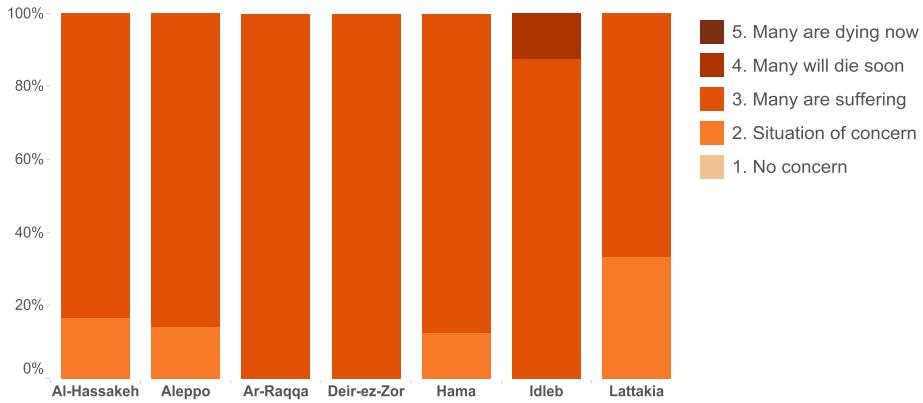


Figure 81: Severity of the situation for the nutrition sector in HCI areas

The situation is more severe in HCI areas compared to LCI areas, with the governorate of Idleb identified as most critical. Key informants in around 90% of sub-districts in Idleb reported "many are suffering" while in one sub-district "many will die soon". 9 out of the 21 sub-districts assessed in the governorate have not received nutritional support. Baby milk is the most urgently required intervention mentioned by 40% of assessed sub-districts in Idleb, followed by nutrition for mothers (30% of sub-districts).

COMMENT: It is recommended to provide support to breastfeeding as a lifesaving intervention instead of the provision of infant formula. Where baby milk is provided it is crucial to ensure it can be used safely and following the international operation guidance, which includes cups for feeding and clear instructions (in Arabic) about its preparation, water/treatment materials for purification as well as preparation utensils to reduce risk of health risks to babies who are fed with breast milk substitutes.

Priority nutrition interventions in HCI areas

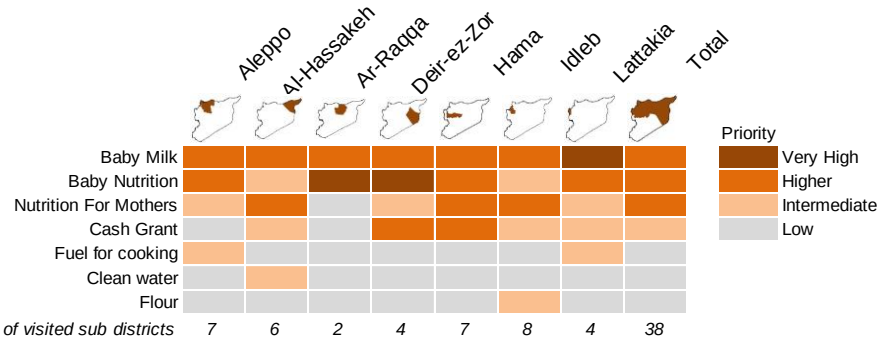


Figure 82: Priority interventions in the nutrition sector in HCI areas

Most affected groups in HCI areas

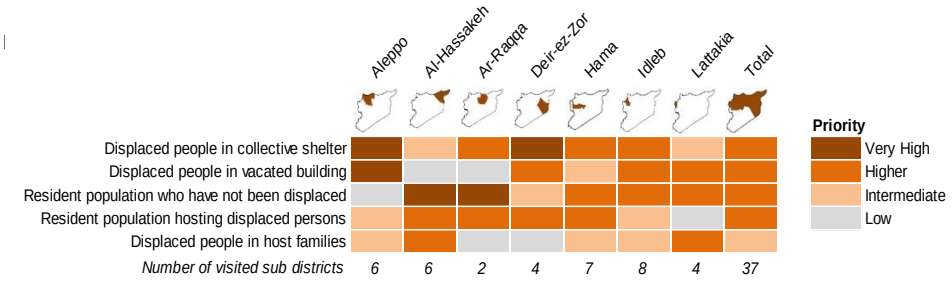


Figure 83: Affected groups in the nutrition sector in HCI areas

Similar to LCI areas, the most vulnerable group were reported to be the IDPs in collective shelters. For HCI areas, this was followed by IDPs in vacated buildings and resident population who had not been displaced. The displaced people in host families appeared to be the least affected.

Nutrition situation in LCI areas

Severity status nutrition (LCI)

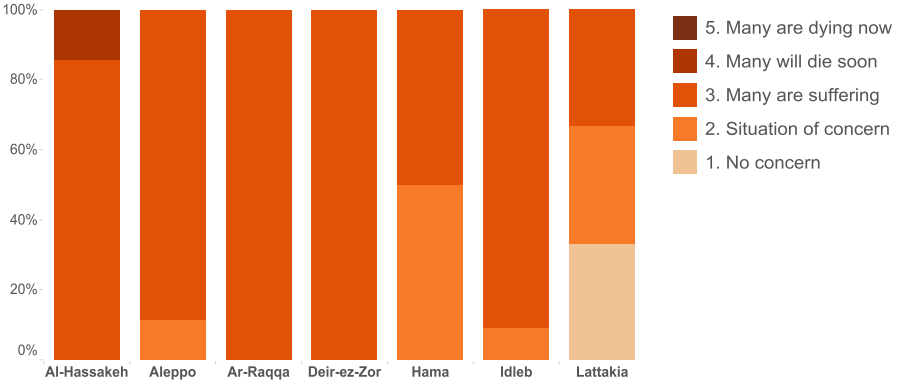


Figure 84: Severity of the situation for the nutrition sector in LCI areas

The situation in LCI sub-districts was of most concern in Al-Hassakeh, where key informants in one area indicated that "many will die soon", while in the other 6 LCI sub-districts, many people were reportedly suffering. Baby milk or nutrition was identified as the most urgent nutrition intervention required in 6 out 7 sub-districts.

Priority nutrition interventions in LCI areas

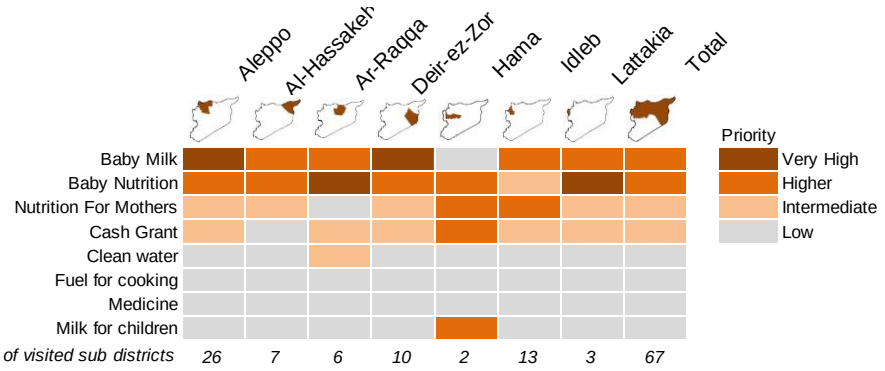


Figure 85: Priority interventions in the nutrition sector in LCI areas

Most affected groups in LCI areas

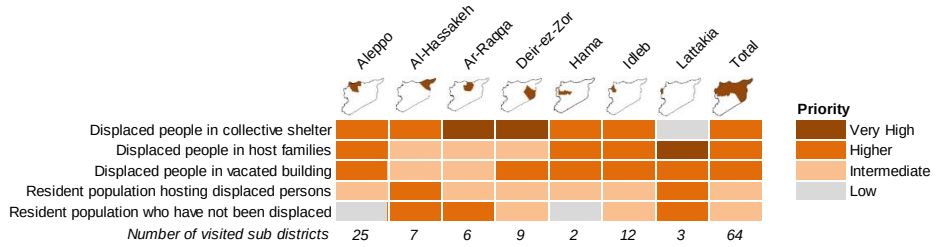


Figure 86: Affected groups in the nutrition sector in LCI areas

Displaced people in collective shelters were also the most vulnerable group in LCI areas, followed by IDPs in host families and vacated buildings. The resident population who had not been displaced was the least vulnerable in LCI areas.

E.4 Water, Sanitation, Hygiene (WASH)

General situation

While in 2009, 89% of the population used improved water sources and 96% used improved sanitation facilities, the high levels of conflict have impacted the water and sanitation infrastructure. Damage to water supply system is particularly severe in Aleppo, Ar-Raqqa, Deir-ez-Zor, Idleb, Homs and Rural Damascus (WHO 2013/04/10). In addition, water networks in HCI areas are affected by frequent power cuts. 36% of the HCI sub-districts report that electricity is not functional compared to 17% non-functional in LCI areas.

A lack of supplies such as chlorination products, and a shortage of skilled staff able to maintain the water infrastructure have been reported.

Inadequate waste management continues to be an issue and household rubbish is reportedly accumulating in the streets across the country. In parts of Aleppo, Homs, Deir-ez-Zor, Idleb and Rural Damascus, the lack of rubbish collection and shortage of rubbish bins is an increasing concern (OCHA 2013/04/26). Rubbish is also accumulating in the proximity of IDP camps. Solid waste management teams are often poorly equipped to dispose of rubbish, dumping it in randomly chosen spots in the host community or nearby roads.

Limited access to hygiene products in many areas inhibits good practice. Of particular concern are the conditions in collective centres, where a lack of latrines and water for basic needs exacerbates the risk of unsanitary conditions (WHO 2013/04/10). Despite the low water and sanitation facilities availability, Sphere standards of 15 litres of water per day per person for basic needs are reached in most of the IDP camps. The number of toilets and washing areas are reported to be below Sphere standards due to the recent increase of population (PI 2013/05). Karameh camp, estimated to hold 4,500 IDPs, has only eight toilets indicating that 563 people are sharing one toilet. The global SPHERE standard recommends that 1 toilet be provided for every 50 people. (UNFPA 2013/03/19, UNICEF 2013/03/12, WHO 2013/03/15)

IDPs who have settled in public buildings and camps also suffer from a shortage of available latrines. There is also a lack of maintenance of latrines and bathing facilities, resulting in sewage contaminated potable water. WASH was named a key priority by 24% of respondents in a recent camp-assessment. While respondents rated health as their first priority, many of the specific health concerns identified are most likely related to poor WASH standards. Access to sufficient clean water was identified as an urgent gap and there is a need for rehabilitation of water sources. (ACU 2013/04)

Camp assessments in Syria have revealed that the hygiene conditions in IDP camps are very poor with a lack of hygiene products like soap, personal hygiene items like sanitary towels, shampoo, and tooth brushes. In addition the data from J-RANS II confirms that strained economic resources are limiting access to hygiene items such as soap. (ACU 2013/04)

As temperatures rise in the upcoming summer months, availability of clean water will continue to decrease, increasing health risks for the population. Trusted sources stated in March that the cold weather has been keeping vermin and vector prevalence low, but once the warmer weather starts there will be a very acute public health hazard in many neighbourhoods due to inadequate waste management. (Aleppo Assessment 03/2012)

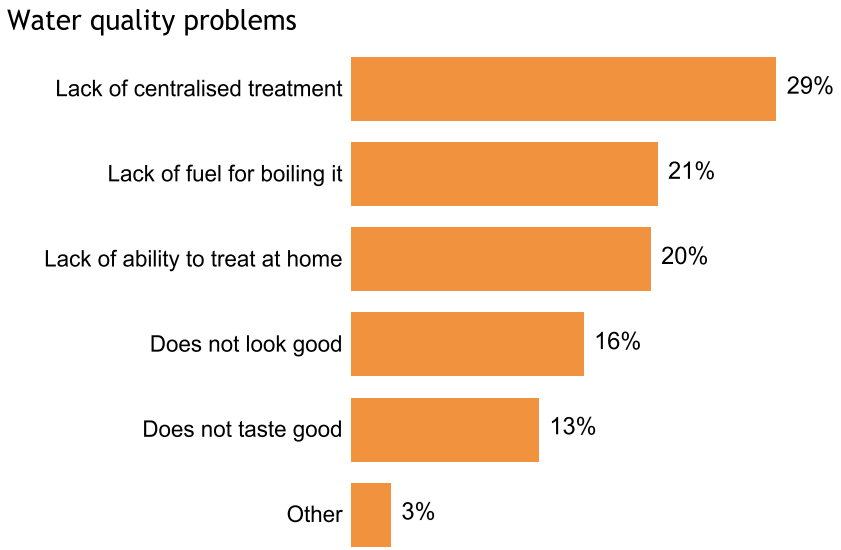


Figure 87: Water quality problems reported in assessed sub-districts

The lack of adequate water treatment facilities both at central level and at household level were the most frequent problems mentioned affecting the water quality. Some 29% of responses highlighted the lack of centralised treatment as being the biggest problem affecting water quality. Key informants reported that particularly in areas with high water pollution such as in Deir-ez-Zor local water boards have been unable to treat water due to the lack of water treatment materials such as chlorine and aluminium phosphate.

Water pollution due to crude oil-filtering in oil-rich areas in Deir-ez-Zor is a problem affecting the whole Governorate. All three districts report that water pollution with oil products is a severe problem. The bi-products of oil-filtering are disposed of in the Euphrates River, which is the main source of water for the area. The pollution of drinking water poses a high health risk for the local population and especially for those that do not have the financial means to buy potable water from water tankers. In addition there are reportedly very few boreholes and 20 litres of water from the borehole can cost as much as $20. Reportedly, individuals are attempting to hand-dig new wells, but the water is "salty" (PI 2013/05).

The lack of fuel for water treatment in homes was reported as a problem (22% for LCI areas and 18% for HCI areas) as was the lack of treatment abilities at homes (23% for LCI and 15% for HCI).

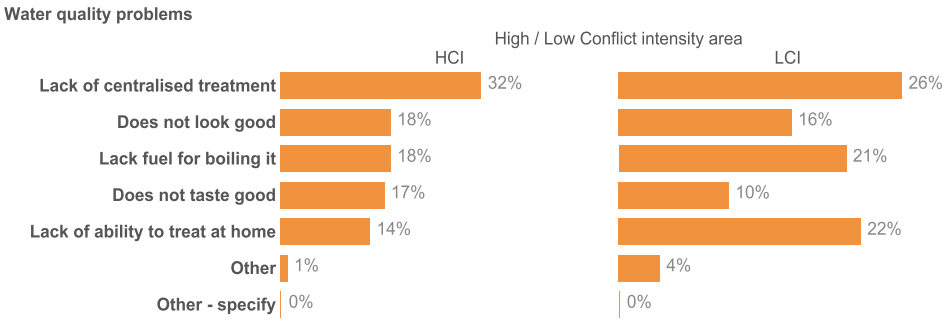


Figure 88: Water quality problems reported in assessed sub-districts, HCI/LCI areas

Water Quantity Problems

The lack of fuel and electricity to operate water systems and water pumping systems was found to be the major constraint limiting water quantity in the assessed areas: 44% of responses mentioned insufficient fuel and electricity. As electricity supply is irregular and in some cases low-power, water pumps are ineffective. Electricity in the Deir-ez-Zor region is supplied through Hajin. In Sur sub-district electricity supply is functional for only 1-2 hours a day. Key informants reported that there are generators close to the oil fields, which have, if repaired, the capacity to deliver electricity to the whole district of Deir-ez-Zor.

Especially in IDP camps it was reported that the low power of pump and generators and/or a lack of fuel were a main WASH constraint.

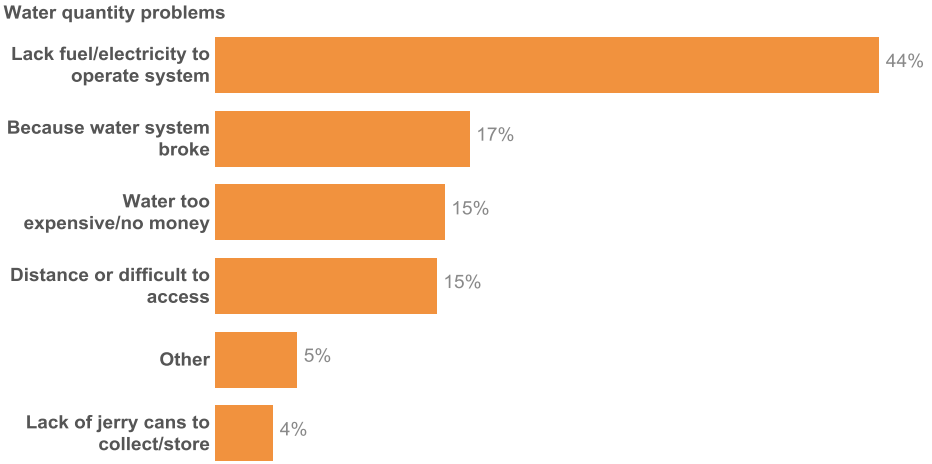


Figure 89: Water quantity problems reported in assessed sub-districts

The destruction of water infrastructure was the second most reported problem significantly affecting water quantity. Some 17% of answers indicated insufficient water due to the broken water systems; the need of repair and spare parts.

The high cost of water was also reported as an issue with 15% of sub-districts reporting that water was too expensive and that a lack of money was limiting the access to adequate water quantities. In Idleb's Maarrat An Numen district there no water network existed with the population relying entirely on water trucking and tanks, which cost USD 30 per 10 litres. The lack of water and the high cost of water tanks and trucking were also reported in Aleppo's Afrin district

In Ar-Raqqa's Al-Thawrah district no problems with electricity or water were reported, as this area is directly in the vicinity of a big water dam which supplies sufficient electricity and water. It was reported that opposition forces have taken control of the power and water departments and were providing a mostly uninterrupted service (AlertNet 2013/04/09).

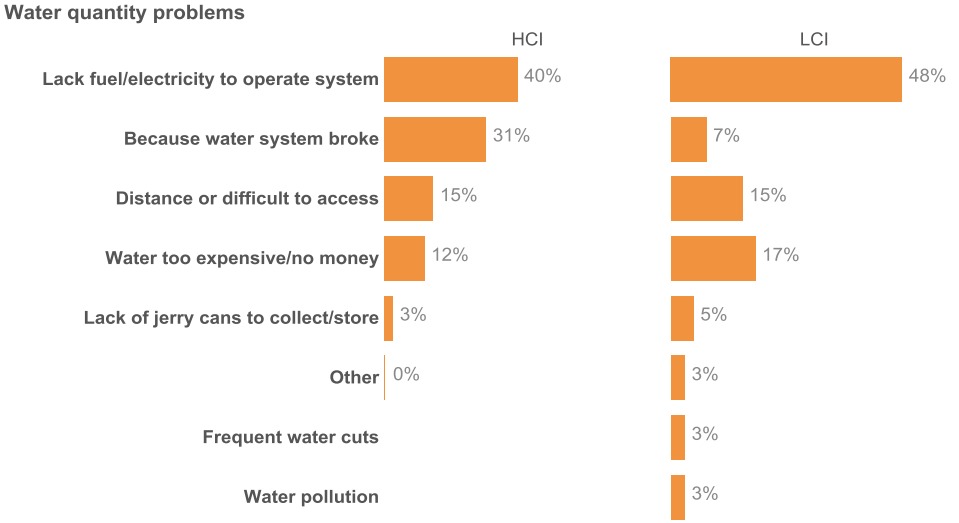


Figure 90: Water quantity problems reported in assessed sub-districts, HCI/LCI areas

While quantity is slightly more problematic in LCI areas due to the lack of fuel and electricity to operate the systems (48% compared to 40% in HCI areas), HCI have a significantly higher percentage of destroyed water systems and networks (31% compared to 7% in LCIs) which is limiting the water quantity. Difficulties in access and distance to water sources as well as high prices for water, water trucking and water tanks represent further obstacles to accessing adequate quantities of water. These concerns are similarly important in both LCI and HCI areas.

In addition LCI areas have reported cuts in water supply as a problem limiting the water quantity (3%). One LCI sub-district in Idleb reported that water quantity is a problem as the wells are controlled by armed forces. This sub-district also reported that "many people will die soon if they do not receive WASH assistance".

Compared to the water problems assessed in J-RANS I, the lack of economic means for water trucking as well as the lack of water containers was mentioned less often.

Sanitation and Hygiene

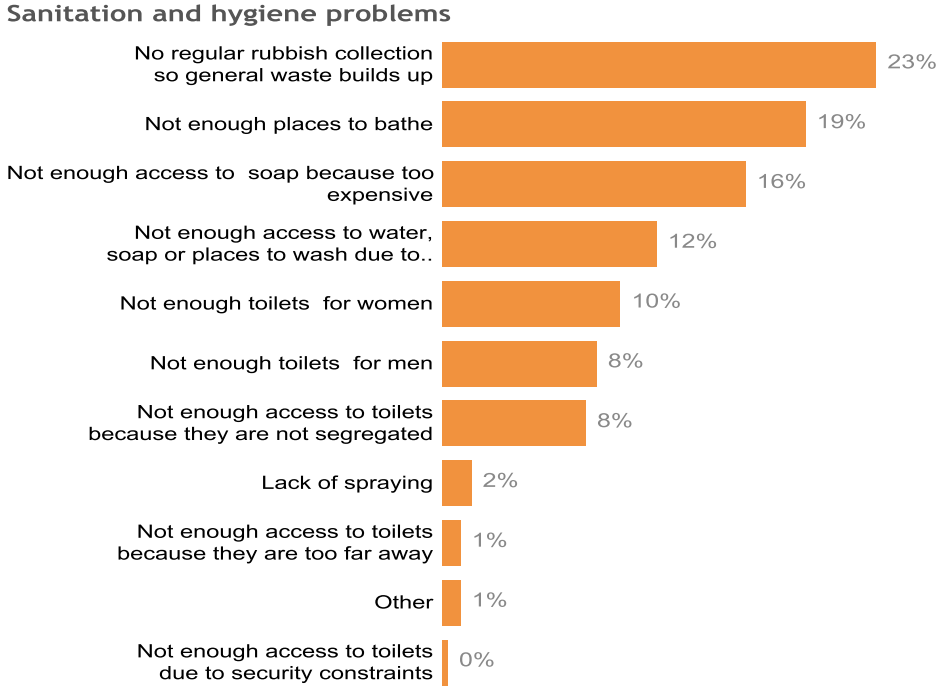


Figure 91: Sanitation problems reported in assessed sub-districts

The provision of hygiene supplies continued to be reported as a priority need along with the provision of adequate sanitary facilities. The lack of economic resources reportedly also impeded access to hygiene items such as soap, sanitary towels and diapers.

Inadequate waste management was also an issue in both HCI and LCIs with a slightly higher percentage in HCIs (27% compared to 22% in LCIs). The Aleppo Assessment from March 2013 also found that the lack of solid waste collection to be a severe problem (36% of neighbourhoods), especially in the North East and South East.

IDPs, forced to live off very limited financial resources, frequently reported difficulty in buying hygiene products. Some 32% of sub-districts in HCI areas reported that the lack of economic resources to be a problem compared to 25% in LCI areas.

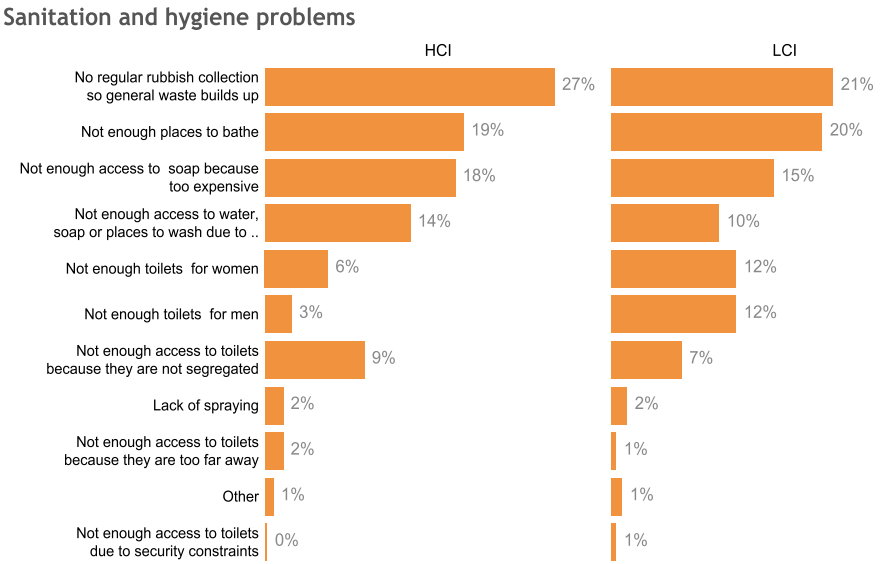


Figure 92: Sanitation and hygiene problems reported in assessed sub-districts, HCI/LCI areas

Adequate hygiene practices are often disrupted by the lack of dedicated space for bathing, which was mentioned as a problem for in both HCI (19%) and LCI (19%) areas.

Insufficient latrines and bathing spaces was reported as especially problematic for IDPs who have settled in public buildings and camps which have few latrines.

The provision of sufficient, segregated, latrines for men and women was reported as a priority in both HCI and LCI with slightly higher percentages in LCI areas. Incidences of diarrhoea in children, yeast infections in women, stomach inflammations and kidney diseases in the assessed governorates were observed due to a lack of access to hygiene products and sufficient water.

Severity of WASH situation

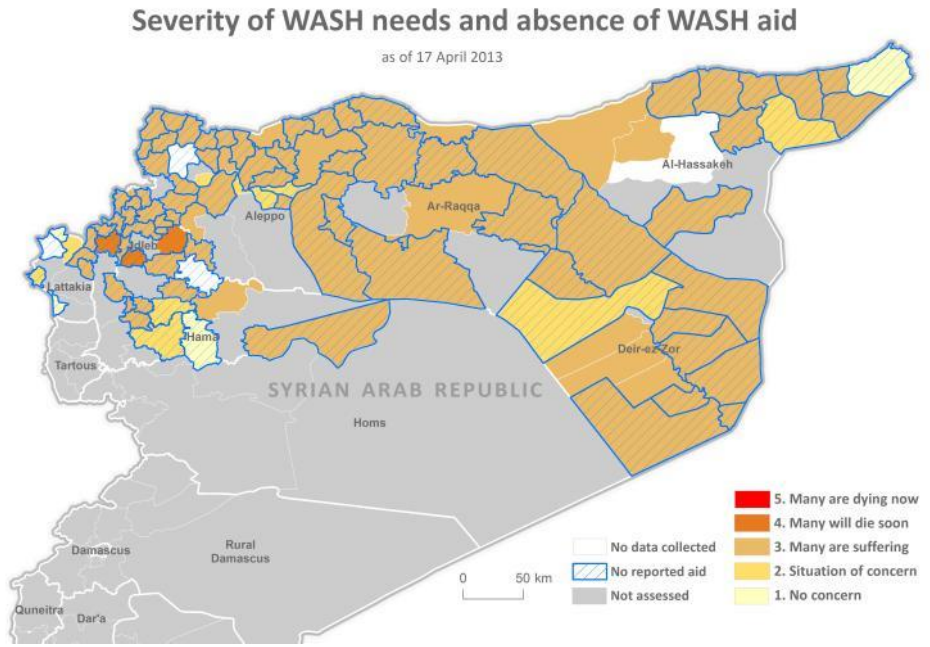


Figure 93: Severity of water and sanitation needs together with areas that reported no WASH support delivery in the last 30 days

In J-RANS II, two sub-districts reported that *"many will die soon"* due to lack of access to water are situated in HCI areas (Jisr-Ash Shugur and Saraqab sub-districts). However, Ehsem sub-district, is in an LCI Area. No sub-districts reported that "many are dying now".

In J-RANS I, respondents in 7 sub-districts indicated that *"many will die soon"* if access to drinking water did not improve. Of these, 4 sub-districts were HCI areas in Deir-ez-Zor (Ashara, Thiban, Al Mayadin and Deir-ez-Zor).

Although the number of people *"at acute risk"* has somewhat decreased, the situation has deteriorated: 2 million people "at risk" in January compared to 7 million *"at risk"* in April. In addition, experts from operational humanitarian actors in Syria report that the number of people *"at acute risk"* is considered to be higher.

Since the publication of the J-RANS I assessment Al Mayadin and Ashara sub-districts have reportedly received WASH assistance from local relief providers and SARC.

Evidence presented by key informants in these areas suggested rainwater was the only source of potable water and that there were cases of water-borne diseases such as diarrhoea, Hepatitis A and inflammation of the stomach. Already in March, clinical staff reported increases in suspected Hepatitis A and cutaneous Leishmaniasis in Aleppo City that could be negatively influenced by rubbish pollution (Aleppo Assessment 03/2013). A recent assessment by an INGO found an increasing number of children to be suffering from diarrhoea, hepatitis A, upper respiratory tract infections, and skin rashes because of the deterioration in sanitation conditions (INGO 2013/03).

Estimated number of people at risk and at acute risk: 8,906,238*

Severity status WASH

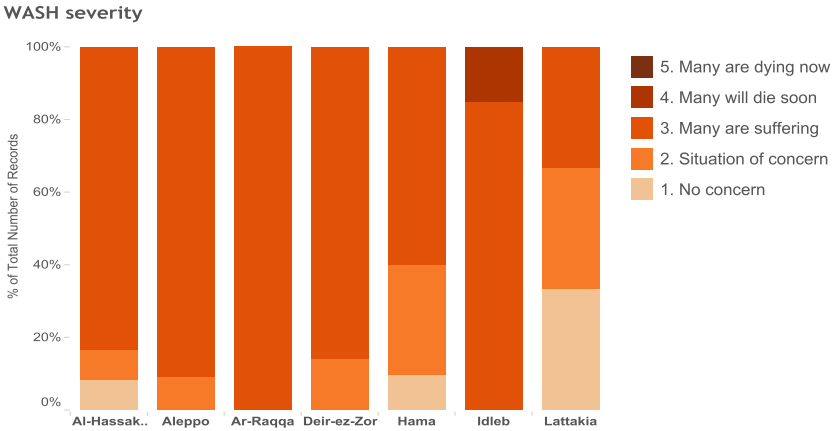


Figure 94: Severity of the situation for the WASH sector in assessed sub-districts

Three assessed sub-districts in Idleb reported that “many will die soon” if the situation does not improve and there is no WASH assistance provided.

Severity status WASH (HCI)

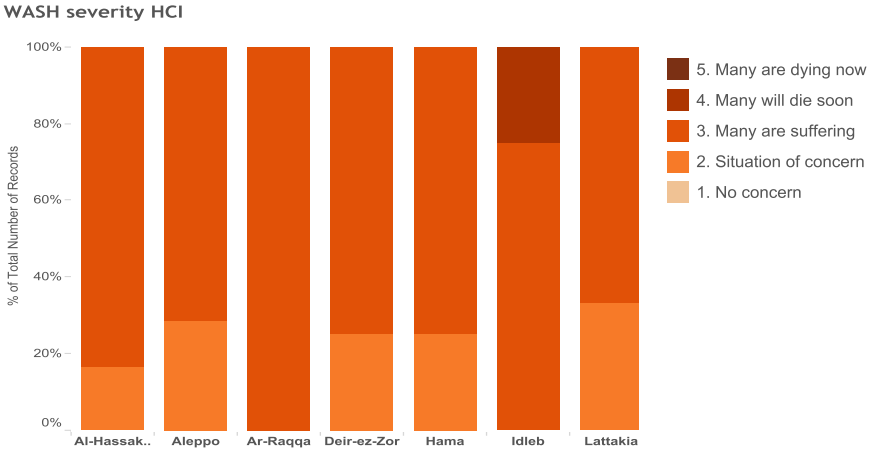


Figure 95: Severity of the situation for the WASH sector in HCI areas

Figures represent the number of people affected in 106 assessed sub-districts in 7 governorates in Northern Syria only. They are based on the number of people (residents + IDPs) who have been assessed in areas classified with severity level 3, 4 and 5.

	At risk	At acute risk
Aleppo	2,415,730	
Al-Hassakeh	349,900	
Ar-Raqqa	900,200	
Deir-ez-Zor	1,516,919	
Hama	232,750	
Idleb	1,774,319	242,000
Lattakia	10,000	
Grand Total	7,199,818	242,000

On average, 78% of assessed sub-districts in HCI areas reported that “many are suffering” due to a lack of access to clean water; to adequate sanitation; hygiene services or a combination of all three. All assessed sub-districts in Ar-Raqqa have reported that “many are suffering”. This may be due to the fact, that only 13% of sub-districts in Ar-Raqqa reported regular WASH assistance.

Severity status WASH (LCI)

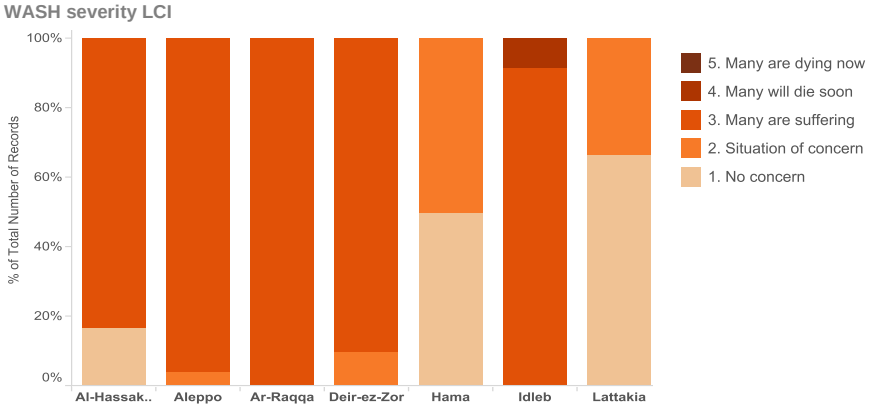


Figure 96: Severity of the situation for the WASH sector in LCI areas

In LCI areas, 67% of assessed sub-districts in Lattakia, 50% in Hama and 17% in Al-Hassakeh report that WASH is not a concern. However in LCI areas in Al-Hassakeh, Aleppo, Ar-Raqqa, Deir-ez-Zor and Idleb the sub-districts reported that in 93% of the cases “many are suffering”.

Most affected groups

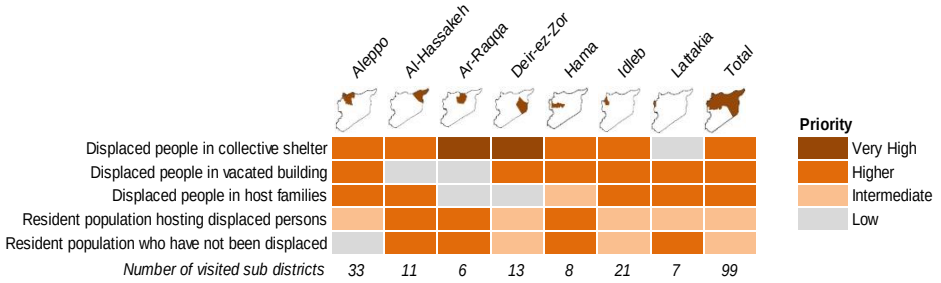


Figure 97: Affected groups in the WASH sector in assessed sub-districts

IDPs in collective shelters in Ar-Raqqa and Deir-ez-Zor were identified as the highest priority among the affected groups. In general, IDPs in vacated buildings were rated to be a high priority group except in Al-Hassakeh and Ar-Raqqa. Displaced people in host families were rated to be a high priority in Idleb, Lattakia, Aleppo and Al-Hassakeh. This differs from J-RANS I when the displaced population in host families was not rated to be among the most affected group in any of the Governorates.

Families hosting IDPs were rated as a high priority group in Al-Hassakeh, Ar-Raqqa and Hama. This affected group was not rated as a priority in J-RANS I in Ar-Raqqa which could indicate that capacities of IDP hosting families are being increasingly strained by the continuing conflict.

Most affected groups LCI

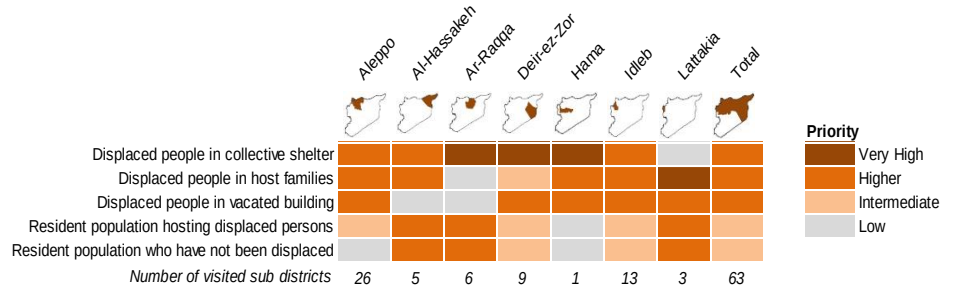


Figure 98: Affected groups in the WASH sector in LCI areas

IDPs in collective shelters and in host families are a high priority group in LCI areas due to the large displaced populations in LCI areas.

Overcrowding of shelters was reported in both host families and collective shelters, increasing the number of people sharing sanitation facilities as well as scarce water resources due to irregular water supply. In Lattakia, only 3,000 people were reported to reside in collective shelters. These were not rated to be an affected group.

Most affected groups HCI

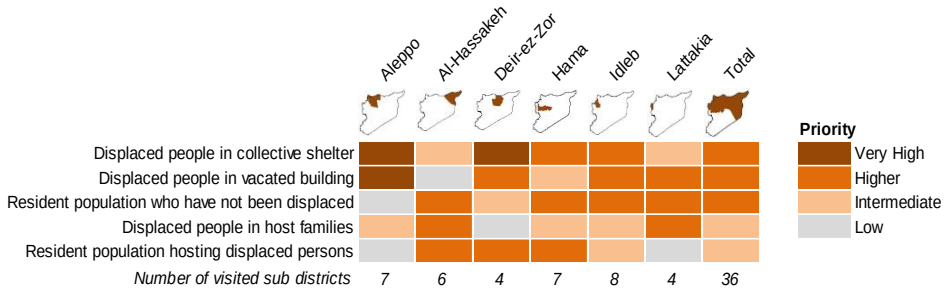


Figure 99: Affected groups in the WASH sector in HCI areas

In HCI areas, IDPs in collective shelters as well as vacant buildings were most affected due to the high percentage of destruction of public buildings as well as the destruction of water supply systems and the disruption of supply routes of aid and goods. The remaining resident non-displaced population was considered to be particularly affected as it is assumed that people with higher vulnerability were unable to flee the HCI areas.

Relief providers

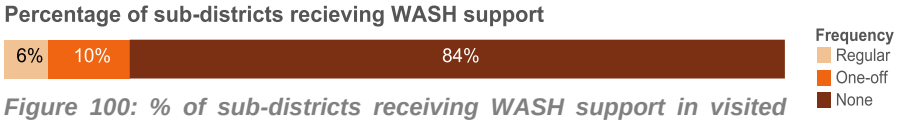


Figure 100: % of sub-districts receiving WASH support in visited sub-districts

Some 84% of sub-districts had not received any WASH support, while 10% have had one-off support in the 30 days prior to the assessment. Only 6% reported regular WASH support.

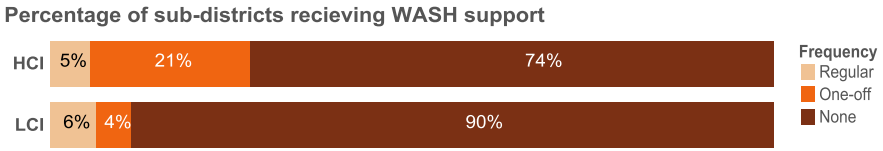


Figure 101: % of sub-districts receiving WASH support, HCI/LCI areas

In 76% of HCI sub-districts there was no regular WASH support reported in the last 30 days. 21% of sub-districts received only one-off support and 5% have reported regular WASH support. Relief actors providing WASH support were primarily local relief providers (over 70% of all relief actors operational in the WASH sector as stated by key-informants compared with INGOs (15%) and SARC (10%)).

Fewer sub-districts in LCI areas have reported one-off WASH assistance (4% compared to 21% in HCI) and 6% were receiving regular WASH assistance.

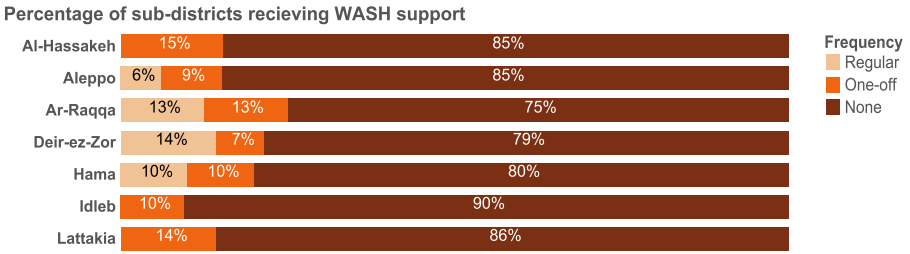


Figure 102: % of sub-districts receiving WASH support per Governorate

The highest percentage of regular WASH assistance was reported in Deir-ez-Zor with 14% of sub-districts receiving assistance, followed by Ar-Raqqa with 13% and Hama with 10%. No regular support was reported in Al-Hassakeh, Idleb and Lattakia. The assistance in Deir-ez-Zor and Ar-Raqqa was provided by local relief providers and the Syrian Red Crescent. The assessed sub-districts have only reported WASH assistance provided by INGOs in Aleppo and Idleb.

Priority Interventions

Priority WASH interventions

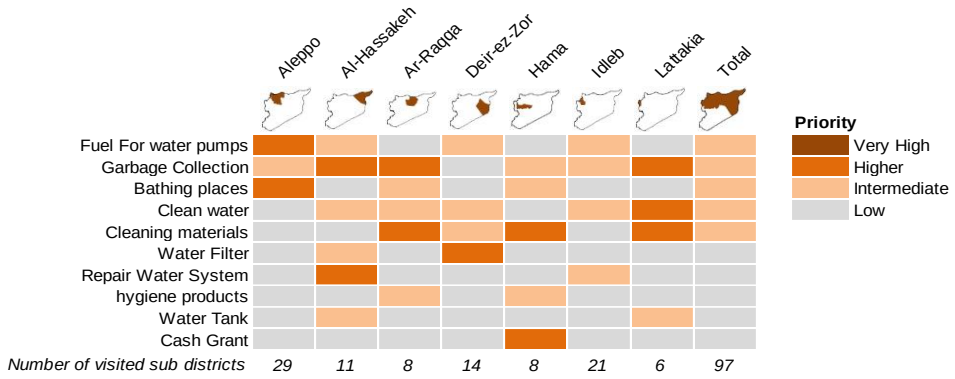


Figure 103: Priority interventions in the WASH sector in assessed sub-districts

Provision of fuel for water pumps, rubbish collection and provision of bathing places along with provision of clean potable water and cleaning materials were mentioned as the top priority interventions in the assessed sub-districts. These top priority interventions are congruent with the priorities given in LCI areas (see figure 98 below).

Priority WASH interventions in LCI areas

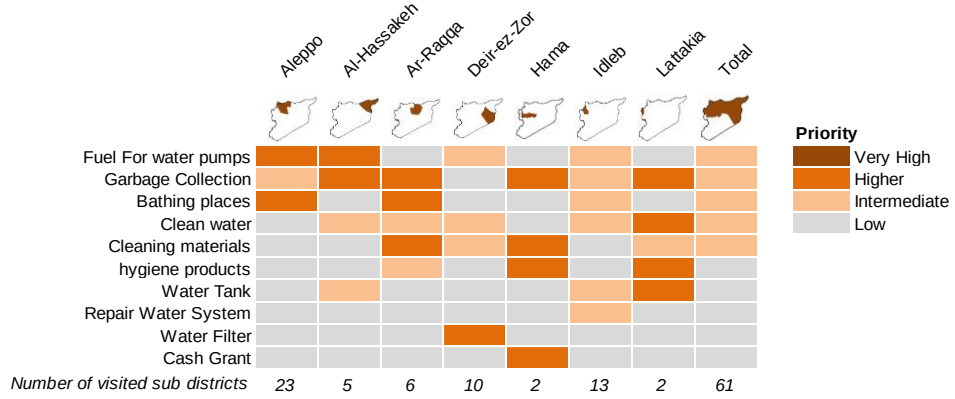


Figure 104: Priority interventions in the WASH sector in LCI areas

Priority WASH interventions in HCI areas

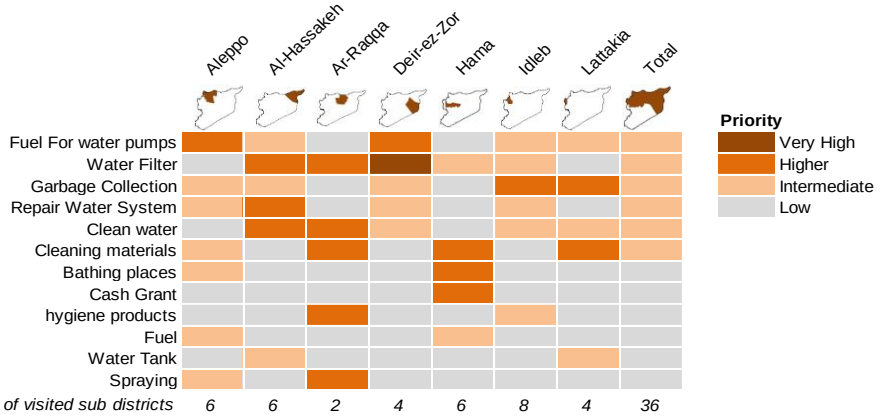


Figure 105: Priority interventions in the WASH sector in HCI areas

Priority interventions for HCI areas differ: although fuel for water pumps was also stated to be the first priority intervention, water filters had a higher priority in HCI areas than rubbish collection. Repair of the water system also ranked amongst the top priorities. Bathing spaces are reported to be a lower priority in HCI than in LCI areas.

E.5 Shelter/NFI

General situation

Fighting, including the use of heavy weaponry has caused widespread damage to infrastructure and houses. ESCWA estimated in April that over a million houses have been damaged or destroyed throughout Syria. Heavy fighting and air strikes have caused widespread destruction of buildings. The J-RANS II found 13% of public infrastructure and 11% of private buildings totally destroyed across the 7 governorates (J-RANS 2013/03/27, OCHA 2013/04/08, Guardian 2013/04/26, OCHA 2013/04/26).

The vast majority (generally estimated to be around 80%) of IDPs are living with host families with the remainder staying in unfinished or vacant buildings; renting accommodation; staying in collective centres and a small, but significant number thought to be sleeping rough in parks, barns, caves etc. At least 60,000 IDPs are staying in IDP camps on the border with Turkey. As of March, around 165,000 of IDPS are hosted in 722 state shelters across Syria. Return to areas where fighting has decreased is hampered as former homes have been damaged or destroyed (OCHA 2013/04/26, INGO 2012/12/30, OCHA 2012/12/03, OCHA 2012/11/26, UNHCR 2013/01/26).

During an April IDP camp assessment shelter was identified by only a small percentage of the respondents as a priority (5%). However, the assessment report notes that a significant number of people reside outside of camps, without access to adequate shelter. The improvement/upgrade of tents was mentioned most often as the key shelter priority by those inside the camp. This reportedly refers to 'summer-isation' of tents, as the tents that were distributed in winter will be too hot for the summer months of July and August. NFIs were prioritised as the most important intervention necessary by 19% of respondents. The items mentioned varied widely, however there was a consensus on the need for hygiene kits, baby kits, summer and children clothes, cooking kits and mattresses and blankets. (ACU 2013/04)

Average temperature in May is 28°C in Aleppo and 31°C in Deir-ez-Zor, while night temperatures are at 13.5°C and 17°C respectively (WMO n.d.). Consequently, the need for heated shelter has decreased.

Shelter problems

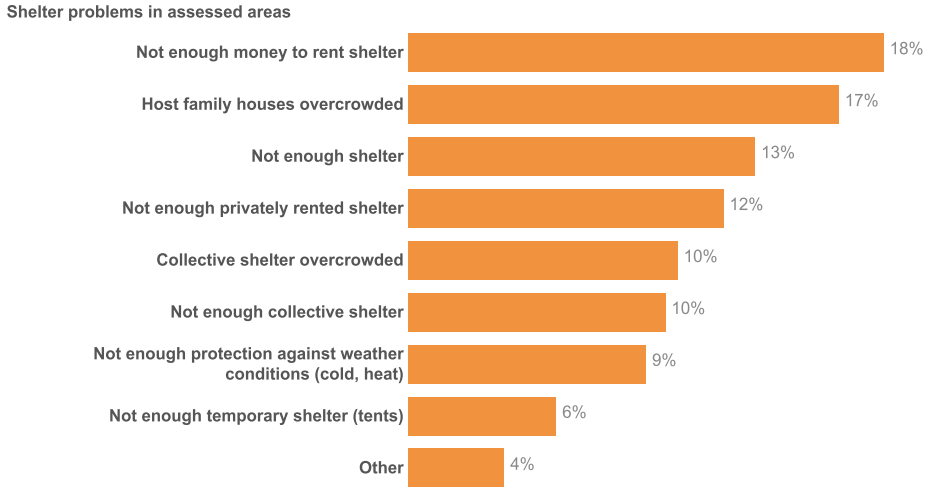


Figure 106: Shelter problems reported in assessed sub-districts

18% of responses indicated that **a lack of money to rent shelter** presented a problem. Disrupted livelihoods and a steep increase in prices have significantly decreased household's income and depleted savings. According to ESCWA, the number of poor people has increased by 3.1 million persons, of which around 1.5 million are expected to have fallen below the lower poverty line, thus becoming extremely poor (ESCWA, March 2013, from OCHA 2013/04/26).

Though the majority of IDPs live among host communities, increasing numbers seek refuge in official and unofficial communal shelters (OCHA 2013/04/26).

Overcrowded host family houses (17%) and collective shelter (10%) are shelter problems faced by IDPs. In addition, 25% of the responses relate to the **lack of available (private) shelter**. This was mentioned as the key concern during the J-RANS I as well (20% of responses).With the congestion of family houses, lack of available shelter and the increase in temperatures, IDPs are increasingly moving into tents. In Menbij, Aleppo, IDPs have requested the establishment of a camp, but this has not materialised as of yet. The **lack of tents** was identified

as an issue (6%). Under 'other', bombing of shelter was mentioned once, as well as shelling of tents.

During the J-RANS I, a large part of the responses (40%) related to a lack of access to heating fuel or protection against the cold. With the arrival of spring, heating fuel and protection against the elements has become less important. However, 9% of the answers are still related to the **lack of protection against weather conditions,** presumably because of the low temperatures at night (5°Cin March in Aleppo).

NFI problems

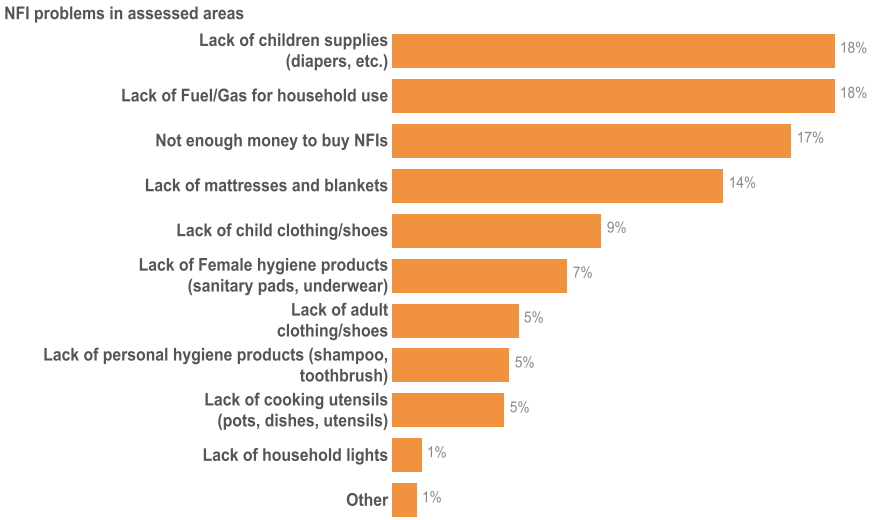


Figure 107: NFI problems reported in assessed sub-districts

A **lack of children supplies** was mentioned in 91 out of 104 sub-districts surveyd (86%). 18% of the responses related to the **lack of fuel and gas** for household use such as cooking. At the onset of the crisis, the price of heating oil was SYP15 per litre. The current price is SYP35 per litre (OCHA 2013/04/26). Prices on the black market are well above the price set by the Government and in some areas, the price per litre has reached SYP75-90 (ESCWA, March 2013, from OCHA 2013/04/26).

A lack of income to rent shelter formed 18% of the responses under shelter and for NFIs **the lack of money to buy items** was mentioned in 17% of the responses. A **lack of mattresses and blankets** was also identified as a key issue. Some people prefered sleeping in parks rather than in public buildings, because of the softer bedding. (JRS 2013/04/18) A **lack of clothing/shoes** formed 14% of the responses (9% for children and 5% for adults). **Hygiene supplies**, such as female hygine products (7%) and personal hygiene products (5%) were mentioned as well. In addition to the lack of cooking gas, a **lack of cooking utensils** further hampered cooking.

Priority shelter interventions

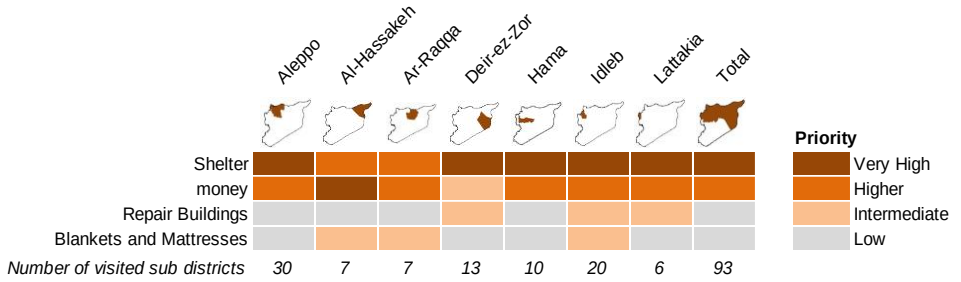


Figure 108: Priority interventions in the Shelter sector in visited sub-districts

Priority NFI interventions

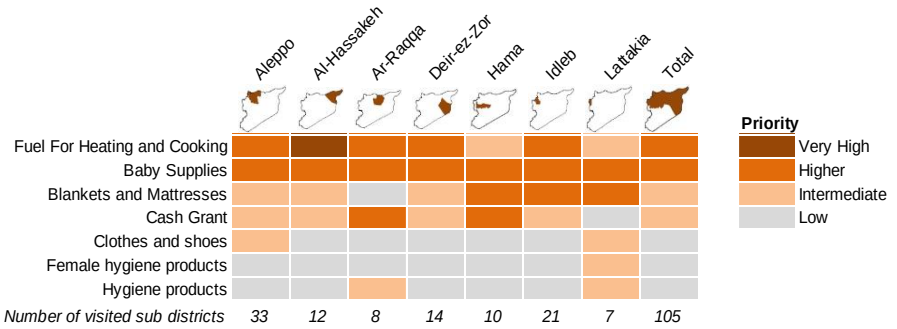


Figure 109: Priority interventions in the NFI sector in visited sub-districts

Most affected groups

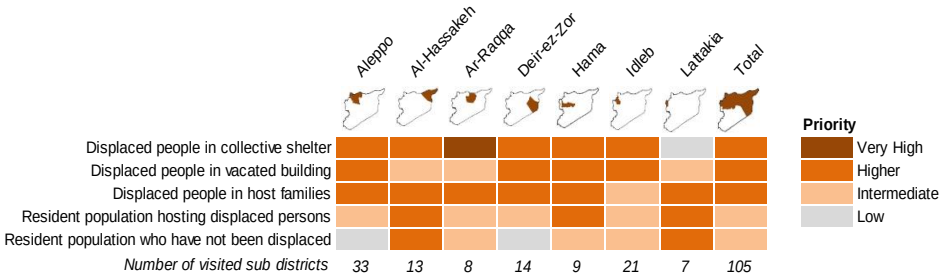


Figure 110: Affected groups in the Shelter/NFI sector in visited sub-districts

The most affected groups were found to be IDPs in collective shelter, followed by IDPs in vacated buildings and in host families. This rating is confirmed by the recent findings of OCHA: Many of the communal and makeshift shelters are overcrowded and unsuitable in terms of water and sanitation facilities, cooking and privacy, especially for women. (OCHA 2013/04/26)

Relief providers

Percentage of sub-districts receiving shelter/NFI assistance

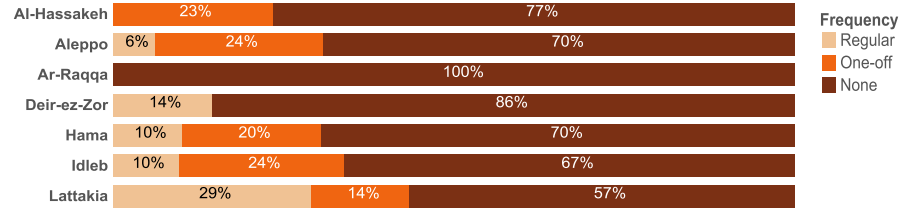


Figure 111: % of sub-districts receiving WASH support per Governorate

Ar-Raqqa was found to be the least served district, with none of the sub-districts having received support in the 30 days prior to the assessment, although the governorate was hosting more than 370,000 IDPs. In 6 of the 8 sub-districts covered, “many people are reportedly suffering” because of the shelter and NFI status. Local relief providers had the largest coverage in terms of shelter/NFI support, operating in 22 sub-districts, while NGOs and SARC are operational in 4 sub-districts.

Severity of shelter/NFI situation

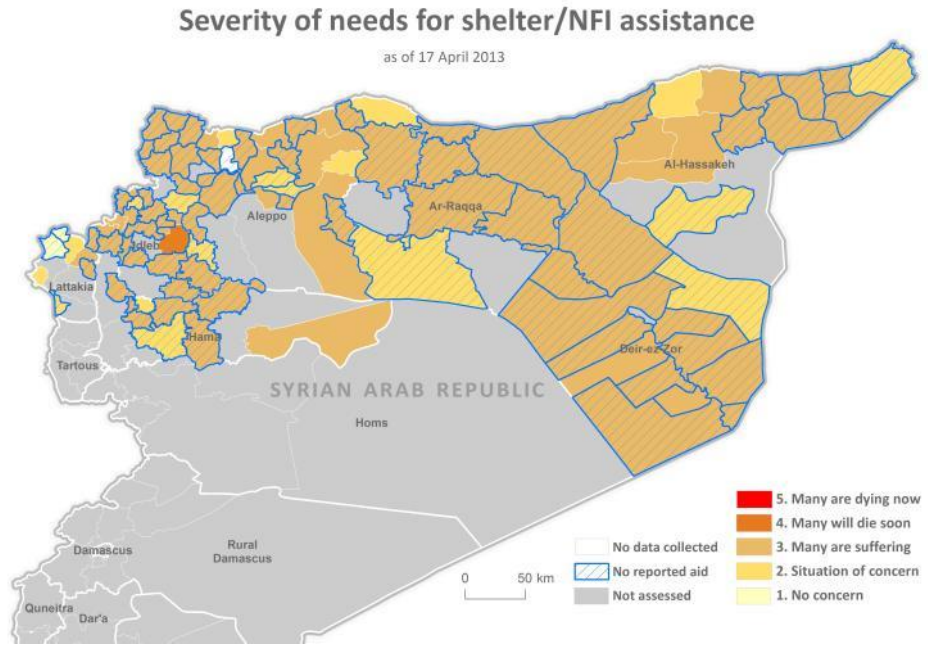


Figure 112: Severity of shelter and NFI needs together with areas that reported no shelter or NFI aid delivery in the last 30 days.

During the J-RANS II, no sub-district was classified as “many are dying now”. Enumerators from the HCI area Saraqab in Idleb indicated that ‘many will die soon” if no adequate shelter/NFI support is being provided. Around 10,000 IDPs are residing in the sub-district and the most urgently required shelter and NFI interventions are (not in order of priority) shelter, blankets and matrasses, fuel for heating and cooking, cash grant and baby supplies.

Bombing of shelters was mentioned as a specific issue in the sub-district. Saraqab has not recevied shelter/NFI support in the 30 days before the assessment.

83 of 106 sub-districts reported that “many are suffering” due to the lack of access to shelter and basic non-food items.

Estimated number of people at risk and at acute risk: 9,597,238*

**Figures represent the number of people affected in the shelter sector in 106 assessed sub-districts in 7 governorates in Northern Syria only. They are based on the number of people (residents + IDPs) who have been assessed in areas classified with severity level 3, 4 and 5.*

	At risk	At acute risk
Aleppo	2,685,950	
Al-Hassakeh	944,900	
Ar-Raqqa	700,200	
Deir-ez-Zor	1,863,919	
Hama	1,459,950	
Idleb	1,877,319	55,000
Lattakia	10,000	
Grand Total	9,542,238	55,000

Situation HCI and LCI areas

Shelter problems in assessed areas (HCI/LCI)

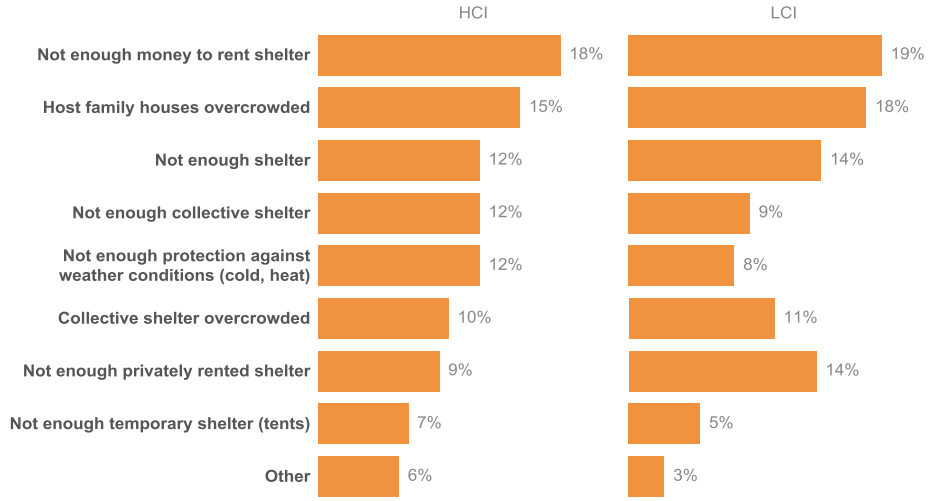


Figure 113: Shelter problems reported in assessed sub-districts, HCI/LCI areas

Insufficient access to money to rent shelter was the main issue identified in both LCI and HCI areas, as well as the congestion of host family houses. Access to collective accommodation and protection against weather was of less concern in LCI areas while access to rented shelter was more of an issue.

In HCI areas, the lack of temporary shelters – collective shelters and tents – was more often mentioned as an issue. This could be explained by the fact that IDPs in contested areas prefer temporary living arrangements above more permanent options (such as renting private shelters). Under 'other' in HCI areas, shelling of tents was mentioned in Al Bab in Aleppo.

NFI problems in assessed areas (HCI/LCI)

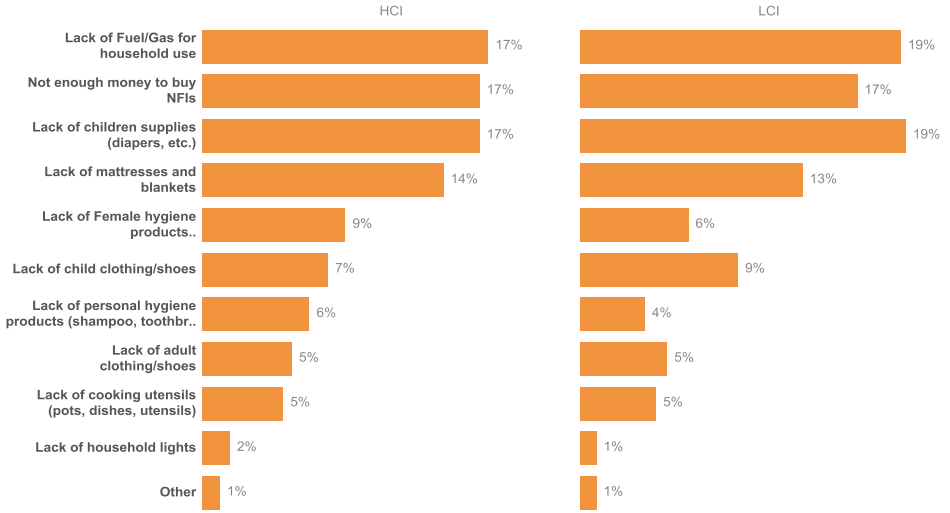


Figure 114: NFI problems reported in assessed sub-districts, HCI/LCI areas

There was no major difference between the results of the NFI problems in assessed HCI areas compared to the problems in LCI areas, apart from the lack of female hygiene products, which was mentioned more often in HCI areas (9% against 6% in LCI areas).

Relief providers

Percentage of sub-districts receiving shelter/NFI assistance

Figure 115: % of sub-districts receiving Shelter/NFI support HCI/LCI areas

With regards to the percentage of sub-districts receiving shelter support in 30 days prior to the J-RANS II assessment, there was no significant difference between HCI and LCI areas. For HCI areas, the proportion of sub-districts receiving health support had decreased compared to the fist J-RANS – from 36% of sub-districts receiving aid in January to 26% currently. This could be explained by the fact that during the winter months, the provision of NFIs such as blankets was considered a key priority.

Severity status shelter/NFI (HCI)

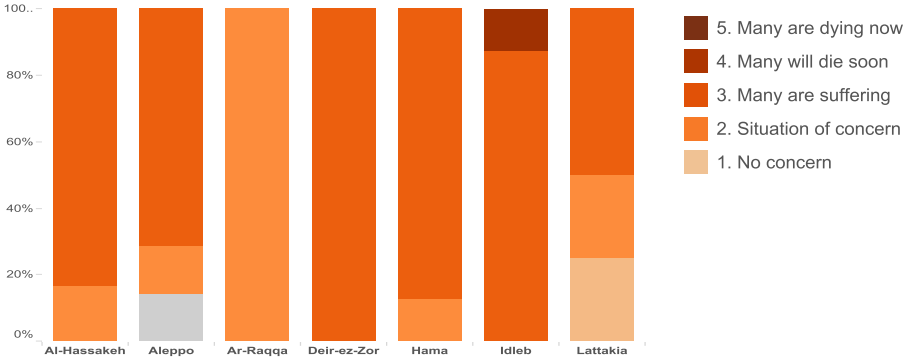


Figure 116: Severity of the situation for the shelter/NFI sector in HCI areas

The situation in HCI areas of Idleb was most severe, with 85% of sub-districts assessed in this governorate indicating that "many are suffering" and in one sub-district, "many will die soon if they don't receive shelter/NFI assistance". 7 of 21 assessed sub-districts in the governorate had not received shelter or NFI support during the 30 days prior to the asssessment. Key informants in 60% of the sub-districts indicated that shelter support was the most urgent intervention required in their area. Regarding NFI support, the need for baby supplies was mentioned most often as an urgent response required (in 33% of sub-districts).

Priority shelter interventions HCI

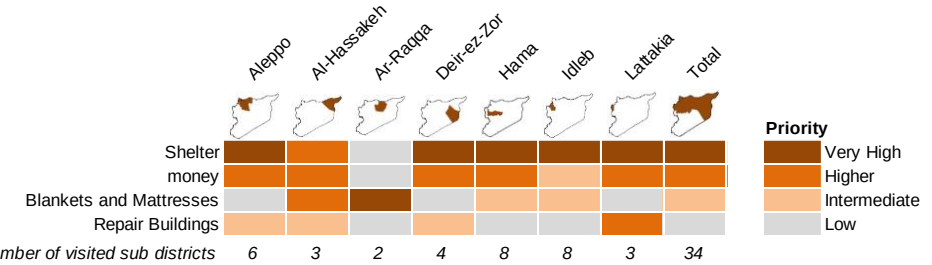


Figure 117: Priority interventions in the shelter sector in HCI areas

Priority NFI interventions HCI

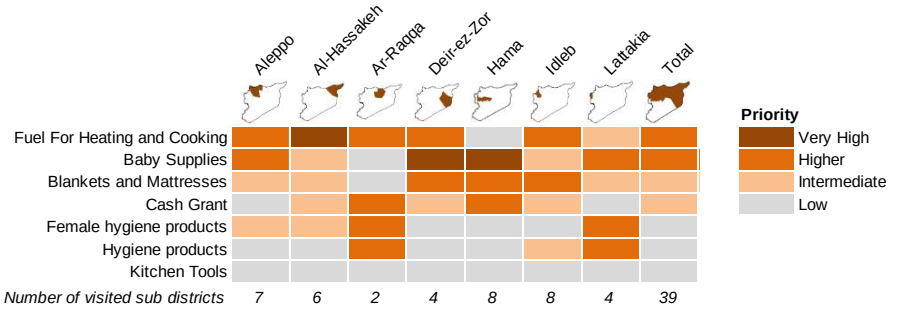


Figure 118: Priority interventions in the NFI sector in HCI areas

Most affected groups HCI

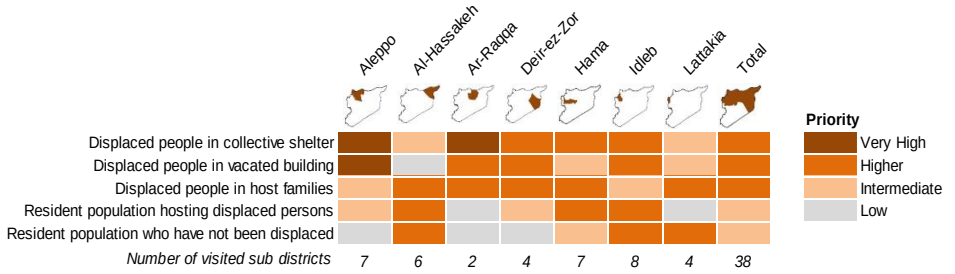


Figure 119: Affected groups in the Shelter/NFI sector in HCI areas

The most affected group was similar in LCI and HCI areas: namely the IDPs in collective shelters. In Aleppo and Ar-Raqqa, this group was identified as a very high priority for assistane across the visited areas.

Severity status shelter/NFI (LCI)

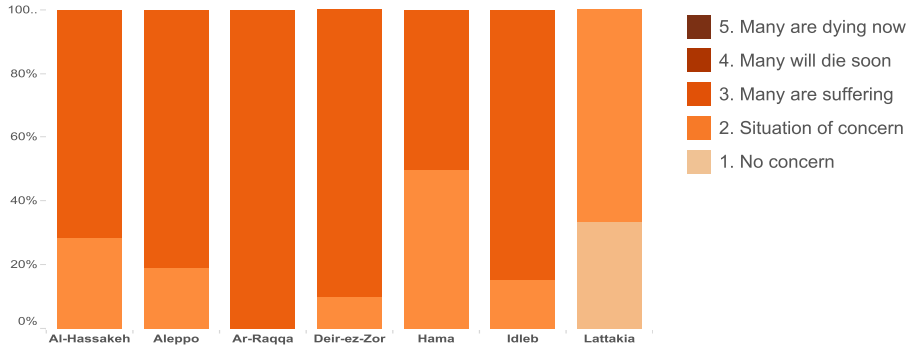


Figure 120: Severity of the situation for the shelter/NFI sector in LCI areas

For all (6) assessed LCI sub-districts in Ar-Raqqa, key informants indicated that "many are suffering" because of the shelter/NFI problems. In the 2 HCI areas of Ar-Raqqa, the shelter/NFI situation was reportedly better – a "situation of concern". This is most likely caused by the fact that the number of IDPs in LCI areas is much greater than in HCI areas (around 550,000 IDPs in HCI and 2 million IDPs in LCI areas): IDPs have often fled their house without their belongings and are forced to find alternative shelter, leading to high shelter and NFI needs.

Priority shelter interventions LCI

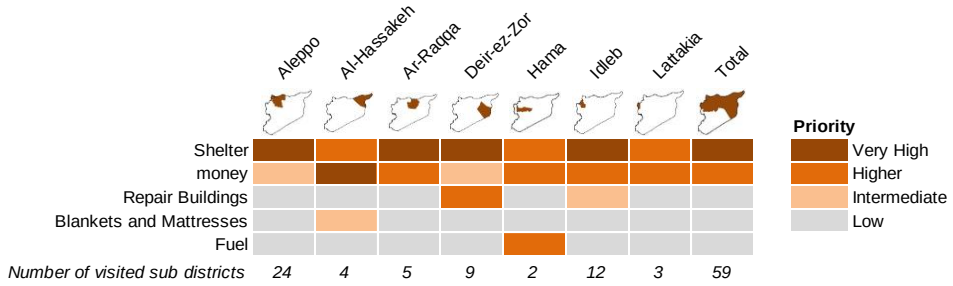


Figure 121: Priority interventions in the Shelter sector in LCI areas

Priority NFI interventions LCI

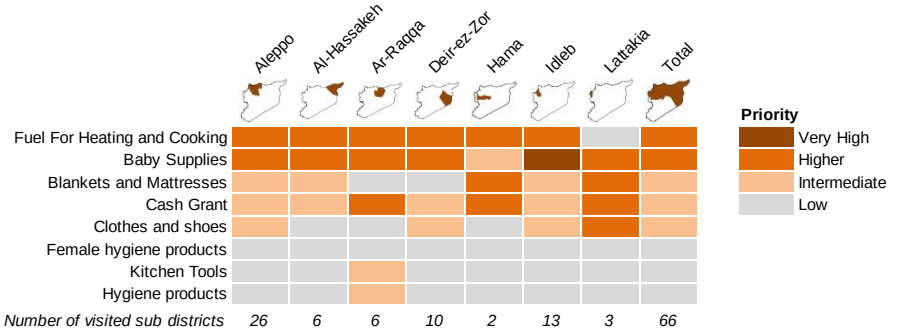


Figure 122: Priority interventions in the NFI sector in LCI areas

Most affected groups LCI

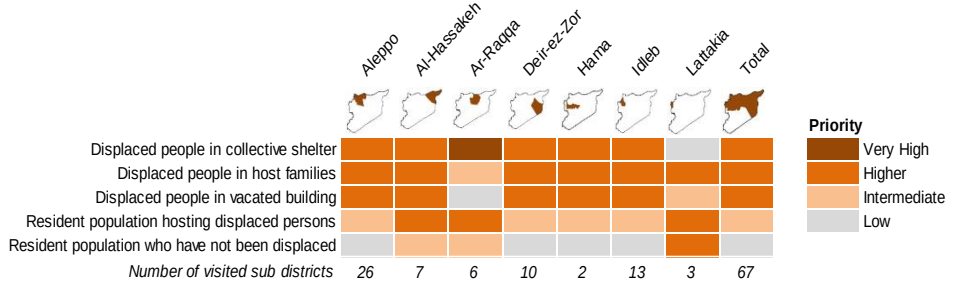


Figure 123: Affected groups in the Shelter/NFI sector in LCI areas

The most vulnerable group throughout the governorates were identified as IDPs in collective shelters. The exception was Lattakia, where IDPs in collective shelters were not reported as a "most affected group". In both HCI and LCI areas of Ar-Raqqa IDPs in collective shelter were identified as a very high priority for assistance.

E.6 Protection

General situation

The general protection situation in the assessed governorates was found to differ between HCI and LCI areas. HCI sub-districts were experiencing regular shelling and fighting; and were close to key military infrastructure and roads which increased the risk of shelling. A number of sub-districts in these areas reported *ad hoc* population movements within the district and sub-district as a result of the fighting. In HCI areas, these population movements remained difficult to document due to access issues and the lack of monitoring mechanisms. These highly contested areas experienced shelling on a daily basis and movement was restricted due to numerous checkpoints. LCI areas were mostly non-contested and experienced little or irregular shelling. High numbers of IDPs had moved to LCI areas in search of safe shelter and better provision of basic services.

Human rights violations were continuing on a large scale. Children were particularly affected by the crisis and child protection concerns include association with armed groups, child labour, sexual violence, maiming and killing. More than 11,000 children under the age of 18 years were reported to be injured in the areas assessed in J-RANS II with the highest number of injured reported in Aleppo and Idleb.

Explicit concerns related to Sexual and Gender Based Violence (SGBV) were not mentioned in J-RANS II. This may be due to the cultural sensitivity of SGBV, as well as to the reluctance of victims to report violations. Secondary data, however, indicates SGBV to be gravely underreported and a major protection concern. Human Rights Watch has documented more than 600 rape cases. The actual number of cases is believed to be much higher as survivors often do not report the attacks for fear of dishonouring their family or bringing about reprisals. Rape has been used as a form of torture to extract information during interrogations and to punish victims for supporting the opposite party. Attacks are often carried out in public, compounding the humiliation and stigma endured by those who survive. Refugees cite rape, and SGBV in general, as primary reasons for fleeing Syria. Support for victims is often inadequate, and access to justice is limited, increasing impunity for perpetrators (UN 2013/02/26, UN 2013/02/27, Brookings LSE 2013/03/08, Woodrow 2013/03/11).

Reported Concerns

Reported problems in visited sub-districts

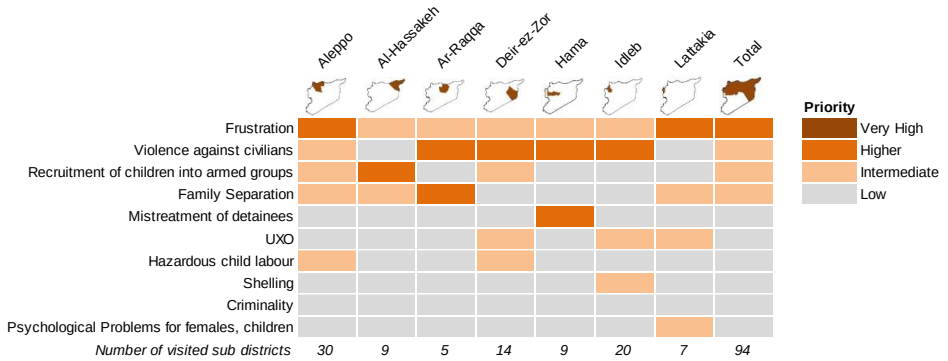


Figure 124: Reported problems in protection sector in visited sub-districts

Reported problems in HCI areas

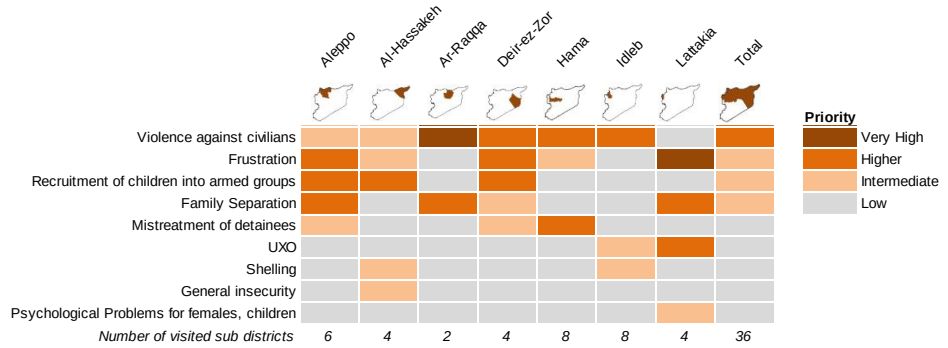


Figure 125: Reported problems in protection sector in HCI areas

Reported problems in LCI areas

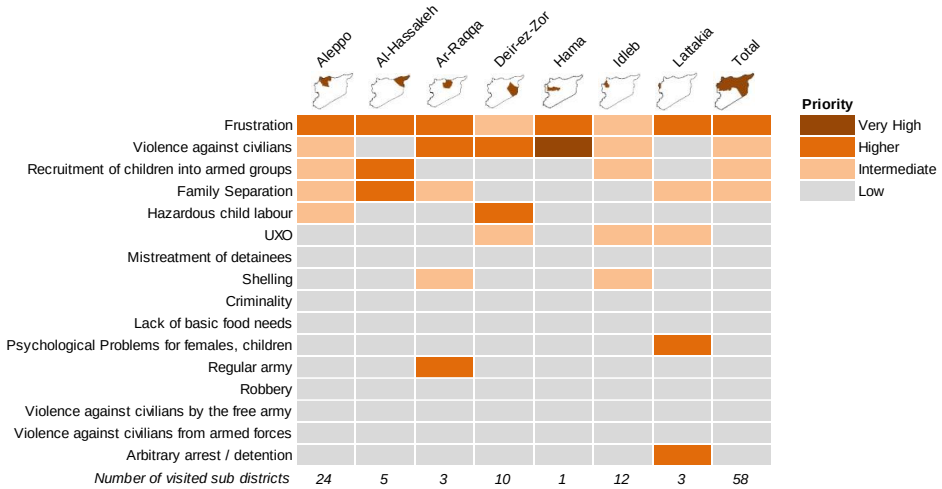


Figure 126: Reported problems in protection sector in LCI areas

J-RANS II data from Aleppo refers to the Governorate and excludes the city of Aleppo which was covered in a separate "Aleppo City Assessment". Both assessments used the same methodology. Aleppo City has seen some of the heaviest fighting in the country, and inclusion of Aleppo City would change priorities for Aleppo governorate. While in J-RANS II "*frustration"* (including anxiety, psychological stress etc.) was rated as a high protection concern, "*violence against civilians* and *psychological trauma"* were priority issues in all assessed areas of Aleppo City.

Frustration was mentioned as a priority concern in 20 of the 106 assessed sub-districts however without further specification by key informants. In 4 of the 20 sub-districts, the recruitment of children into armed forces was mentioned as a priority concern in addition to frustration concerns. All 4 sub-districts are situated in Aleppo's Afrin district. 3 sub-districts in Lattakia and 1 in Idleb reported the presence of UXOs to be a concern in addition to frustration. Other secondary concerns included violence against civilians (2 sub-districts in Deir-ez-Zor and Aleppo), family separation (2 sub-districts in Lattakia and Al-Hassakeh) and hazardous child labour (3 sub-districts in Aleppo). It is however unclear to which extent these protection concerns are correlated.

Human Rights Violations

Violence against civilians has been reported as a high priority particularly in HCI areas due to on-going fighting; especially in Ar-Raqqa. Conflict in Ar-Raqqa escalated in early March when opposition forces took the city on the 6th, capturing the first provincial capital since the start of the crisis. Since then, the city and its surroundings have been subject to continuous aerial bombardment causing large-scale destruction and population displacement. Shelling continued throughout March in the town of Al-Thawra and at the military airport. Following the fall of Ar-Raqqa to opposition forces, the city witnessed large scale air raids which killed people and damaged infrastructure further restricting remaining residents' ability to move freely. The Ba'ath and Tishreen dams are now being operated by opposition forces. Before March, only limited fighting had occurred in the governorate. (Al-akhbar 2013/03/05 , AlertNet 2013/03/10, AFP 2013/03/04 , AFP 2013/03/18, AFP 2013/03/18, Aljazeera 2013/03/20, Aljazeera 2013/03/22, AFP 2013/03/20, AFP2013/03/02)(Oxford Research Group 2013/03/04 , SRMD 2013/02/23, MEO 2013/01/18, Al-Arabia 2013/01/18, AFP 2013/01/19).

Deir-ez-Zor, Hama and Idleb have reported violence as a major protection concern. Several mass killings of up to 50 people were reported in Deir-ez-Zor City and Hama. Enumerators observed that mass graves were becoming health hazards with vermin feeding on human remains and spreading rabies and other diseases as a result.

Neither HCI nor LCI areas in Lattakia reported violence against civilians to be a priority concern. However, the mountainous region of Jabal Al-Akrad has seen heavy clashes.

HRW has reported a large number of indiscriminate attacks on non-military locations and targeted attacks on civilian infrastructure such as bakeries (HRW 2013/04).

Arbitrary Detention

In LCI areas of the governorate of Deir-ez-Zor, people have reported abuses by the regime against individuals in detention. These include reports of forced surgery (removal of kidneys) in the military hospital in the city of Deir-ez-Zor.

Respondents in HCI areas in Deir-ez-Zor reported the mistreatment of detainees as an important protection concern. Some sub-districts also reported arbitrary, and illegal, detentions by the FSA and detainees have reportedly suffered injuries whilst in detention. The mistreatment of detainees was also reported to be a high priority concern in HCI areas in Hama.

LCI areas did not report mistreatment of detainees to be a protection concern.

Child Protection

Signs of distress are a common and widespread concern, while information is lacking as assessments in this field are very limited. When asked how their children are coping with their experiences, most parents reply that the war has left children with a pervading and persistent feeling of fear. Parents also reported that their children are showing signs of significant emotional distress, such as nightmares, bed-wetting, or becoming uncharacteristically aggressive or withdrawn; any loud noise reminds the children of the violence they fled from (INGO 2013/03). Children with disabilities, chronic diseases or from single parent families are particularly vulnerable and do not have equal access to services.

In Al Karameh IDP camp in Idleb, children are showing obvious signs of distress and are exposed to maltreatment and neglect from parents who themselves are showing high levels of distress and are unable to cope with their own difficulties (INGO 2013/02) Same signs were reported by children in other camps and host communities in Idleb Governorate. (INGO Initial Assessment 2013/01)

Child Labour

Child labour was reported both in HCI and in LCI areas and is a major protection concern. In IDP camps, as well as in host communities, children were selling cigarettes, biscuits, tissues and vegetables in the streets, others are transforming oil into benzene through a dangerous manual process and selling it and other goods illegally across the border. The scope of the issue seems however limited. (INGO 2013/02)

In Deir-ez-Zor's Ashara sub-district most of the children who are not going to school were reported to work in filtering crude oil and operate generators. A small percentage of children in Deir-ez-Zor governorate were reported to work in their homes and are taking short-term jobs. Hazardous child labour was reported to be a high protection concern in LCI areas in Deir-ez-Zor.

High percentages of children engaging in child labour such as trade were also reported from Aleppo's Menbij sub-district. In Maaret Tamsrin, children are reported to be begging in the streets.

Association with armed groups

There is a growing pattern of armed groups on both sides of the conflict recruiting children under 18 as porters, guards, informers or fighters. For many children and their families, this is seen as a source of pride. But some children are forcibly recruited into military activities, and in some cases children as young as 8 years have been used as human shields (INGO 2013/03).

HCI areas in Aleppo, Al-Hassakeh and Deir-ez-Zor have reported that recruitment of children into armed groups is a high priority protection concern. For LCI areas in Al-Hassakeh, child recruitment is also a high concern; to a lesser extent, it is also the case in LCI areas in Aleppo and Idleb.

Several sub-districts in Deir-ez-Zor report that children are recruited and working with armed groups. In Thiban sub-district some 25% of children of 15+ years are reported to be recruited by armed groups.

Child recruitment was also reported in Aleppo's Menbij and Afrin districts. In Aleppo's Afrin district and specifically in Raju, children who do not attend school have been recruited by armed forces. Children have also been seen to man armed checkpoints across Afrin district.

Smaller percentages of children of 15+ years have been reported as joining the Government in Hamra sub-district, Hama. There is a risk of enrolment of teenagers in armed forces. No children below 17 years old in the IDP camp have been reported to be recruited by armed forces (INGO 2013/02).

UXOs, Fighting and Shelling

Explosive remnants of war (ERW), including rockets, cluster munitions and IEDs contaminate large parts of Syria. Syrian forces have also reportedly placed landmines near the Lebanese and Turkish borders causing civilian casualties.(HRW 2013/01/30, UNMAS 2013/02/22)

Only Lattakia reported UXOs to be a high protection concern in HCI areas. This may be explained by the fact that the sub-districts which reported UXOs as a concern are those situated in along the Turkish border, where the Syrian forces may have placed landmines.

LCI areas of Deir-ez-Zor, Idleb, and Lattakia have reported that the presence of UXOs is a problem.

In Deir-ez-Zor's Abu Kamal sub-district, the presence of UXOs was reported. However, civilians are also trying to collect ammunitions after the shelling to reduce the risk of related injuries.

Attacks with scud missiles and cluster munitions have been reported (HRW 2013/04). In Menbij in Aleppo, scud missile attacks have hit the outskirts of built up areas. Markets have also been targeted for shelling.

Communities in Aleppo's Jabel Saman district have appealed for support from de-mining organisations. Sub-districts also report that mines have been laid between the civilian buildings inside the city as well as around army buildings to prevent people from entering these areas.

Restriction of Movement

In Hama, Muhradah sub-district, the civil population is experiencing severe restriction of movement due to the high number of checkpoints. Muhradah is a highly contested, high conflict area with fighting and shelling. Key informants reported government forces to be moving into the area as a result of which people were preparing to move to Idleb. Protection and insecurity were reported as the most severe problems in the area.

In large sub-districts, movement between villages is restricted due to the breakdown of transportation systems, the lack of fuel, and insecurity on the roads. Though many roads are safe, the transport of aid often requires the use of armed groups to protect the "convoys".

Provision of protection services

The level of support of protection structures and provision of services varied significantly between HCI and LCI areas. In HCI areas, community based structures were mentioned as the main provider of protection (34%) followed by Local Councils (LC 31%). Local councils include local governance structures such as the LCs themselves but also Relief Committees under their authority, community councils, tribal councils etc. 15% of assessed HCI areas reported no structures in place.

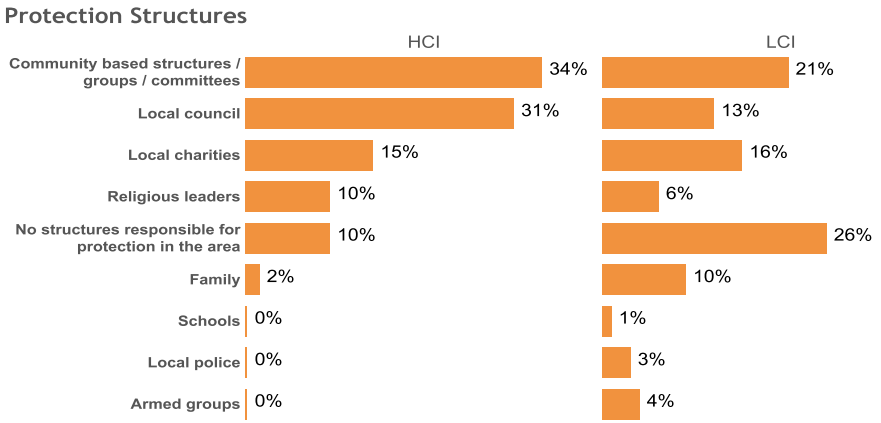


Figure 127: Structures providing protection assistance in visited sub-districts

Local Councils were reportedly less important as providers of protection in LCIs (13%) than in HCIs (31%). 26% of LCI areas reported having no structures responsible for protection compared to 10% in HCIs. This may be due to a lower need for organised protection structures in non-contested areas in conjunction to existing mechanisms. Community (21%) and family (10%) based structures are reported to provide a higher percentage of protection in LCIs than in HCI areas.

Local police forces were reported in 3% of the sub-districts with low conflict intensity. 5% of assessed sub-districts reported that Local Councils were trying to establish local police forces mostly comprised of civilians or people engaged in the local police before the conflict to be able to control the area. All these districts reported the need for financial support, training and communication means for such a police force. Mostly the police forces did not relate to armed groups, the FSA or other armed elements. The FSA and the Local Councils have agreed that the police forces have the monopoly on weapons and will operate under the supervision of the Local Council.

Community Tensions

Communal tensions were attributed to assistance being insufficient to meet the needs of all those affected. Three sub-districts (Al Mayadin, Muhasan, and Deir-ez-Zor City) in Deir-ez-Zor have reported tensions and fighting in the community due to the unequal distribution of support. Village elders in Deir-ez-Zor were reported to have assumed a mediation role to prevent communal tensions. Local Councils reported that they were trying to prioritise aid delivery based on the highest needs; however the impartial distribution of aid remained challenging and frustration of affected persons persisted.

In Thiban, Deir-ez-Zor communal fighting for the control of the oil fields has been reported.

Over 2/3 of IDPs were reportedly receiving short term support and over ¼ long term support.

Only 1% of sub-districts reported tensions between IDPs and host communities. When asking about the relationship between these two groups, 4% of key informants responded that both IDPs and host communities are suffering and host communities cannot assist IDPs due to a lack of money. Tensions between the host community and IDPs were reported in Janudiyeh, Idleb.

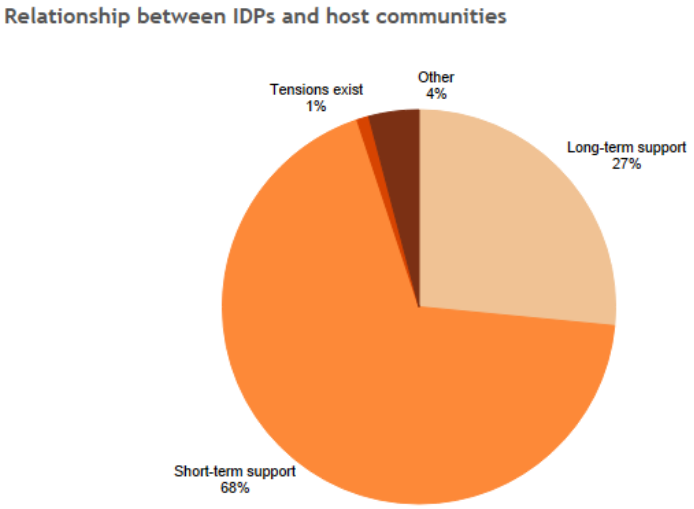


Figure 128: Relationship between IDPs and host communities in visited areas

Most vulnerable groups

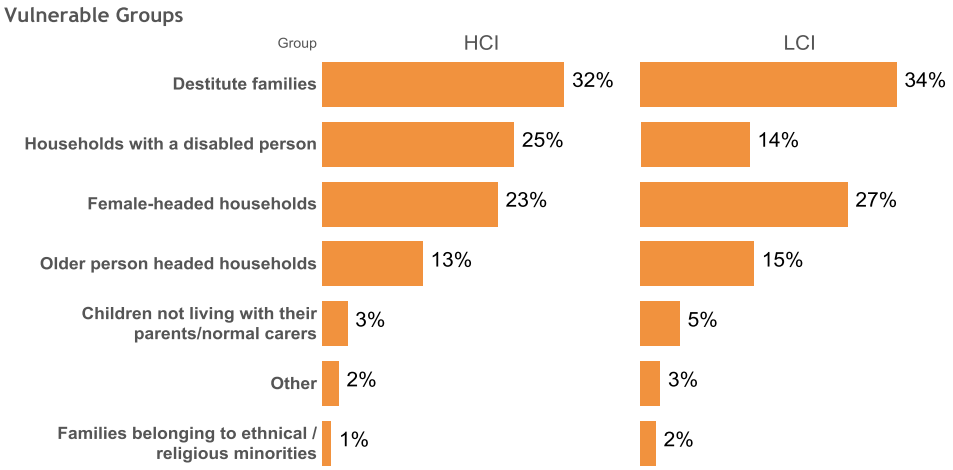


Figure 129: Most vulnerable groups as identified by the population in visited sub-districts, HCI/LCI areas

The most affected groups varied in HCI and LCI areas. However, destitute families were mentioned as the most vulnerable group in both HCI (32%) and LCI (34%). This included families without an adequate shelter or financial resources.

The top three most mentioned vulnerable groups in HCI areas were:

- Destitute families
- Households with a disabled person
- Female headed households

The most affected groups mentioned in LCI areas were:

- Destitute families
- Female-headed households
- Older person headed households
- Households with persons with a disability

A higher percentage of households with disabled person were reported as a vulnerable group in HCI areas (25%) than in LCI areas (14%). In HCI areas, persons with disabilities reported experiencing restriction of movement, on-going conflict and fighting. The highest percentages of responses highlighting households with displaced people were found in Hama (23%), Deir-ez-Zor (22%) and Idleb (22%).

Female-headed households were mentioned to be vulnerable in 27% of responses in LCI areas, compared to 23% in HCI areas. HCI sub-districts in Idleb reported a large percentage of women-headed households and unaccompanied children. Children not living with their parents were reported as a vulnerable group in 5% of the responses in LCI areas and 3% in HCI areas.

Priority Interventions

Priority interventions in the protection sector in visited sub-districts

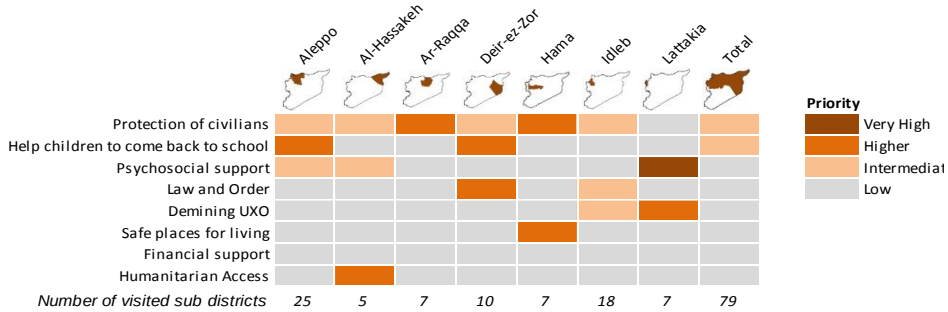


Figure 130: Priority interventions in the protection sector in visited sub-districts

Priority interventions in the protection sector in LCI areas

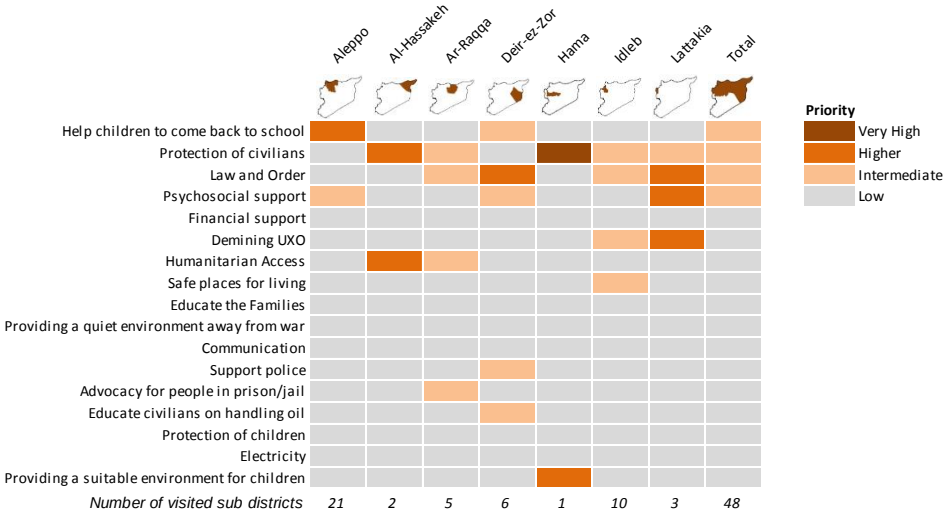


Figure 131: Priority interventions in the protection sector in LCI areas

Priority interventions in the protection sector in HCI areas

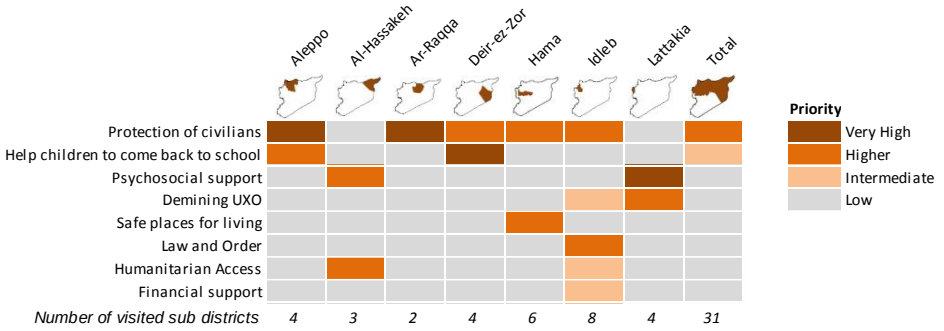


Figure 132: Priority interventions in the protection sector in HCI areas

Priority interventions did not differ across HCI and LCI areas: the highest priority for intervention was the protection of civilians from violence, fighting, shelling and psychological trauma followed by the establishment of support mechanisms to help children return to school.

Relief Providers

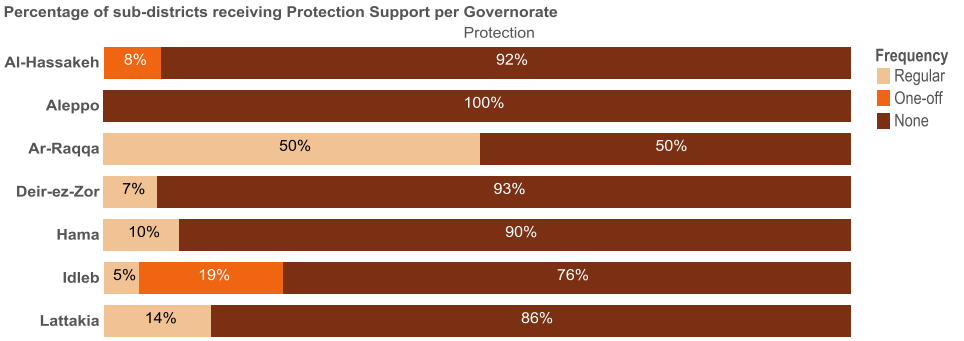


Figure 133: % of sub-districts receiving protection support per Governorate

With exception of Ar-Raqqa, where 4 out of 8 assessed sub-districts reported receiving regular protection assistance from local relief providers, 88% of the assessed sub-districts reported that they have not received protection support in the last 30 days prior to the assessment. The 4 sub-districts in Ar-Raqqa

(Karama, Maadan, Ein Issa and Tel Abiad) were all classified as LCI areas with only limited problems in humanitarian access. There was no significant difference between HCI and LCI areas with regards to the amount of protection assistance provided. Slightly more HCI areas reported to have received one-off support compared to LCI areas (8% and 3% respectively). Aleppo governorate had not received any protection assistance in the past 30 days. The majority of relief providers were local actors including SARC and the Syrian National Coalition.

E. 7 Education

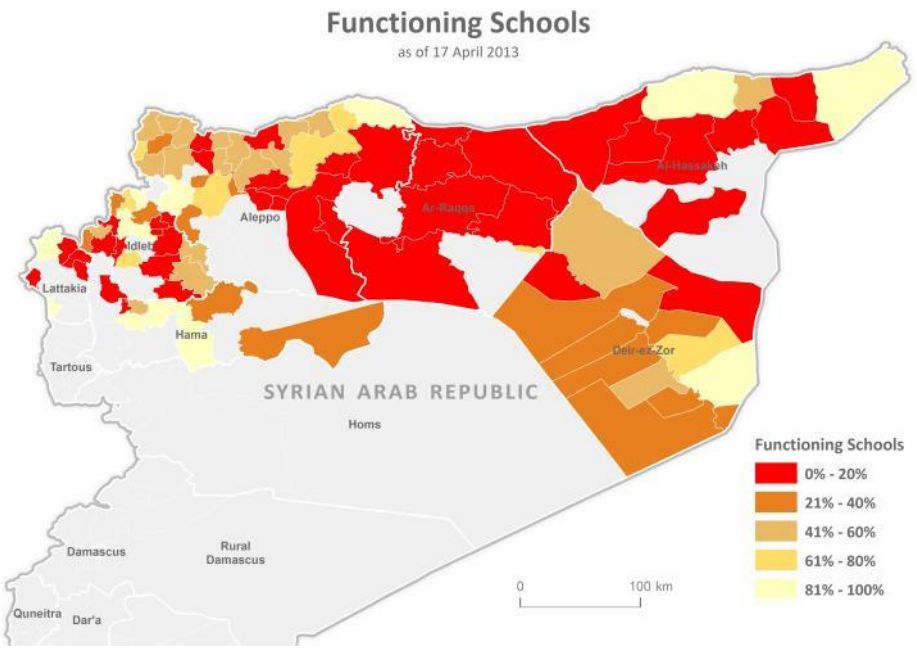


Figure 134: Percentage of schools functioning now compared with the number functioning prior to the conflict.

The high percentage of damaged schools and schools used as collective shelter for internally displaced families has severely disrupted educational activities.

During the assessment, key informants indicated that there were 5,598 functional schools before the start of the crisis. In April 2013, out of these schools only 2,417 or 43% were reported to be functional and used for educational activities.

Almost 800,000 children under 14 have been displaced and their opportunities for schooling are severely constrained. Displaced children within Syria have difficulties enrolling in school, either because schools are already overcrowded or because they have missed the registration. With the influx of IDP children in schools, overcrowding of classes has been reported Local Councils in some sub-districts in Deir-ez-Zor are trying to re-settle IDPs. Teachers are said to advocate for the re-settlement of the IDPs from schools to other collective shelters as the Government stated that teachers would only be paid if they can prove to be giving lessons to students. If teachers miss 15 days of attendance they are cut off from the payroll, hence many teachers seem to be going to register at the school, even if the school is no longer functional (Education Rapid Assessment 2012/12).

Key informants reported schools in Ar-Raqqa's Al-Thawrah district to be occupied with IDPs as a result of which educational activities have been put on hold. Some 13,000 IDPs were reported to reside in schools in Menusra sub-district.

In addition, the fear of shelling of schools and the lack of teachers are leading to an increasing number of education activities taking place in temporary education facilities for instance in mosques and in private homes (UNICEF 2013/04/18, UNRWA 13/04/14, IO 2013/04/16) .

Some 30% of the assessed sub-districts reported education activities to be taking place outside of schools indicating a need to invest significantly in temporary learning spaces. This would address both non-attendance because schools are damaged/destroyed/occupied by IDPs, and the overcrowding of schools.

In HCI areas the fear of shelling on schools is slightly higher with 23% compared to 20% in LCI areas. This can be explained by the higher shelling frequency and fighting in contested areas.

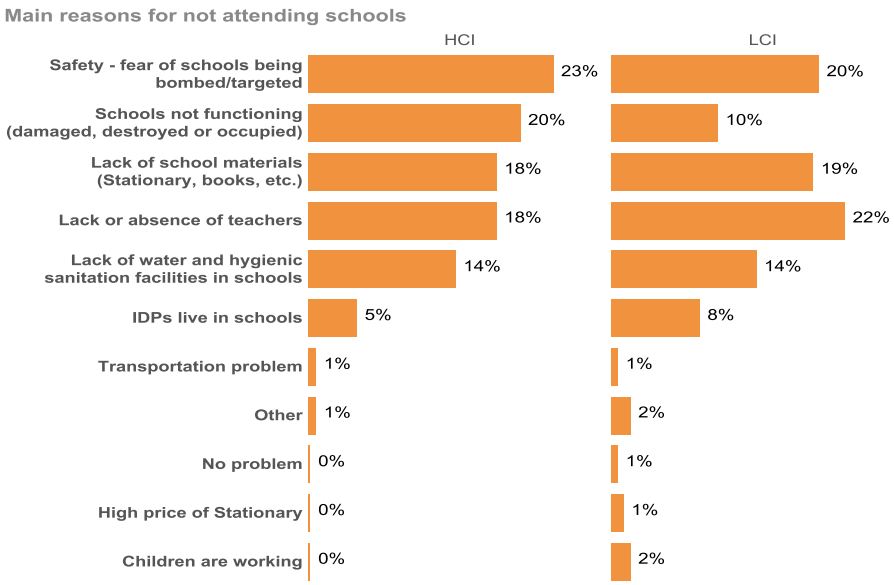


Figure 135: Main reasons for not attending schools in visited sub-districts

The second most mentioned reason for not attending school is the high percentage of damaged, destroyed or occupied schools in HCI areas. Only 10% of sub-districts in LCI areas reported non-functional schools as a reason for not attending school.

The most often mentioned reason for not attending school in LCI areas was reported to be the lack or absence of teachers with 22% compared to 19% in HCI areas.

2% of responses in the 67 assessed LCI areas also indicate that children are not attending school as they are engaging in labour. Key informants in Al Malikya, Al-Hassakeh reported that although schools are functioning the sub-district has seen an increase in drop-out rates as children are withdrawn from school to work and support their parents by contributing to the family income.

Both HCI and LCI areas report that the lack of school materials such as books, stationary etc. is also a reason for hampering children's school attendance. Materials need to be distributed across the country, and school books need to be printed. However a lack of paper was reported and many of the MoE's printing facilities are located in opposition-controlled areas (PI 2013/05). A rapid education assessment reported in December 2012 that warehouses and print shops of the Textbook Authority have been damaged, destroyed or burned (Education Rapid Assessment 2012/12).

Support mechanisms to help children return to school were mentioned a second priority in the protection questions (figure 129). Education is often mentioned as a priority for Syrian families, although the sector is reportedly not being prioritised for funding.

This is reflected in the coverage of aid activities; with only 4% of the assessed sub-districts reporting to have received educational assistance on a regular basis. 96% of the sub-districts in LCI areas do not receive educational assistance. Only 1% has reported regular support. Deir-ez-Zor is the only governorate where LCI sub-districts have received regular support. HCI sub-districts in Lattakia report the highest percentage of regular assistance with 50% of sub-districts assisted followed by Al-Hassakeh with 17%. All actors providing education assistance were reported to be local relief providers.

Percentage of sub-districts receiving education support, HCI/LCI areas

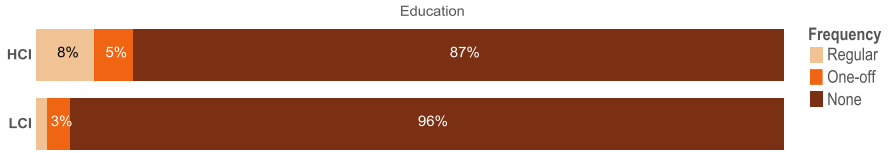


Figure 136: % of sub-districts receiving education support

Percentage of sub-districts receiving education support per Governorate

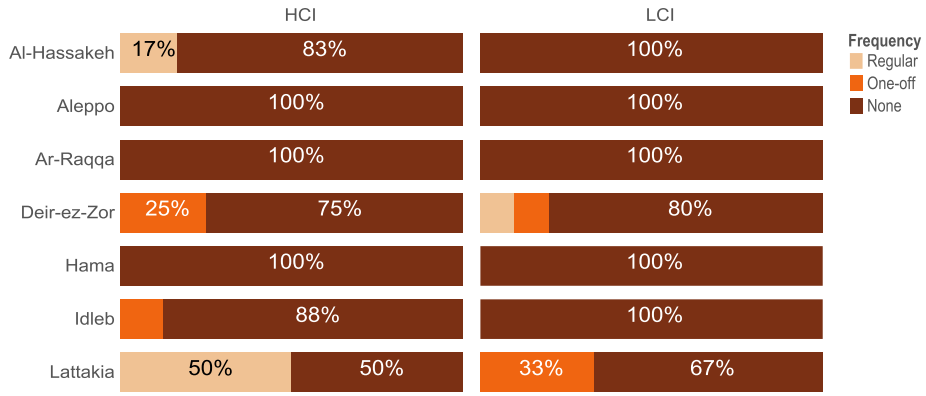


Figure 137: % of sub-districts receiving education support

School Attendance Rates

Many children have been absent from school for a period of up to almost two years in the cities where conflict is most intense. The security situation is found to have particularly low attendance of girls, and concerns have emerged on quality of education due to shortened hours of schooling for children, overcrowding, double-shifting and lack of materials (OCHA 2013/03/04, UNICEF 2013/03/05).

According to the latest UNICEF assessment, students' attendance rates have dropped significantly reaching 60% in Ar-Raqqa, 40% in Idleb and 6% in Aleppo.

According to the MoE, 140,000 out of 1.2 million (12%) school-aged children in Aleppo governorate are still going to school. The data collected in J-RANS II indicates however a great disparity in these governorates depending on the intensity of conflict. In the assessed areas with low conflict intensity the percentage of children regularly attending school is on average 49% across all 7assessed Governorates with 88% of children reportedly attending school in LCI areas in Lattakia and 82% in Al-Hassakeh. In three sub-districts in Al-Hassakeh school attendance rates are above 70%: Al Malika with 80% of attendance, Jawadiyah with 95% of attendance and Amuda with 70% of school attendance. The lowest percentages of children regularly attending school are reported from LCI areas in Ar-Raqqa with 12% and Hama with 30%.

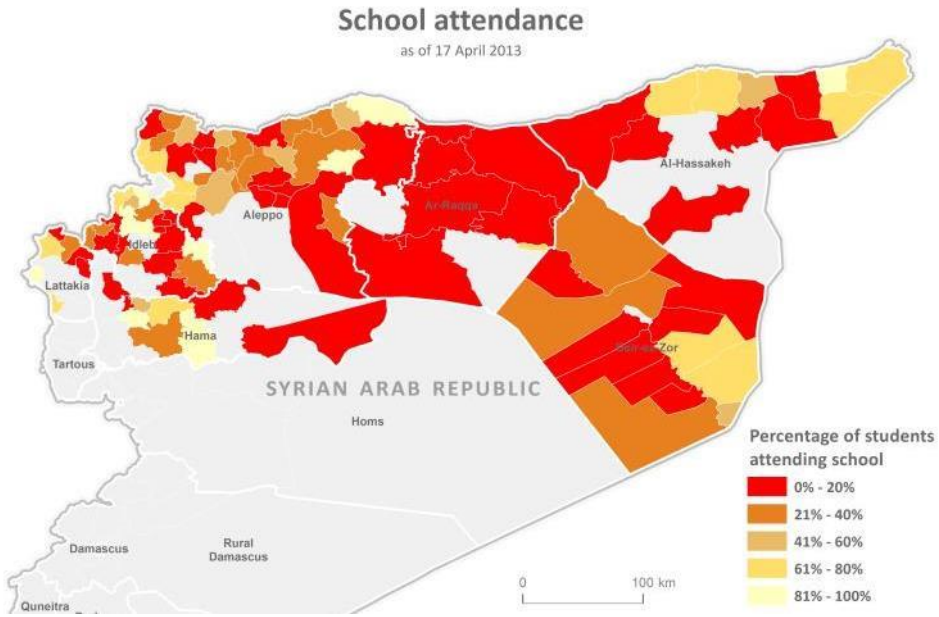


Figure 138: Percentage of children attending schools by sub-district

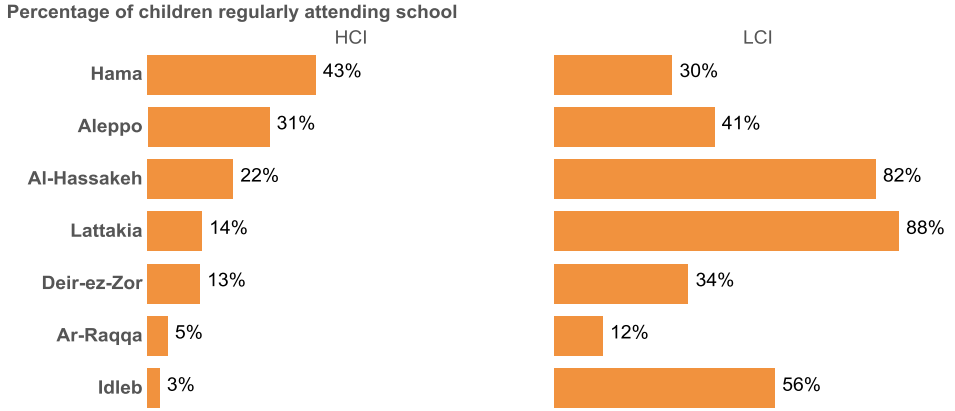


Figure 139: % of children regularly attending schools, HCI/LCI areas

Before the crisis, the incidence of poverty in Syria was highest in the northern eastern region. 58% of the poor lived in this area, 38% of the poor households worked in agriculture, and GDP growth was only 0.9%. The northern eastern region, referred to as the triangle of poverty, includes the governorates of Deir-ez-Zor, Ar-Raqqa and Al-Hassakeh (ACF 2012). Prior to the conflict, Ar-Raqqa and Hama had a lower number of qualified teachers and lower enrollments. In 2006, Ar-Raqqa and Deir-ez-Zor had the lowest percentage (76%) of children of primary school entry age currently attending primary school, even lower than the general average in rural areas of 89%. Ar-Raqqa and Deir-ez-Zor also had the lowest rates of girl attendance (MICS 2006).

In 2006 secondary school attendance in these areas was significantly lower than the average primary school attendance across all Governorates. The average was only 57% in urban areas and 51% in rural areas. In 2006, Aleppo and Ar-Raqqa showed the lowest net attendance ratio of all governorates with 40 and 44% respectively. For girls, this percentage was even lower with only 37% attending secondary school.

In HCI areas the average percentage of children regularly attending school dropped to 19% with as little as 3% in conflict-affected areas of Idleb and 5% in Ar-Raqqa. Despite the high conflict intensity in eight of the nine sub-districts covered by the assessment, Hama had the highest school attendance rate among the HCI areas with 43%. UNICEF reported in Mid-March that students' attendance rates in Hama had only decreased by 5% to 95% (UNICEF 2013/03/15, UNICEF 2013/03/15).

School attendance rate in Aleppo governorate excluding Aleppo City is 31% percent for HCIs with no children attending school in Eastern Kwaires.

There were also significant differences in hours of school attended between HCI and LCI areas. In 26% of assessed HCI sub-districts children did not attend school at all compared to only 9% of assessed LCI sub-districts. Only 12% of HCI sub-districts reported that children attended 5 hours of school per day in the 30 days prior to the assessment, while children in other sub-districts attended fewer hours a day. In LCI areas 22% of sub-districts reported that children attended 5 school hours per day. Prior to the conflict children spent on average 30 hours per week in primary school and 32 hours per week in secondary school (PI 2013/05).

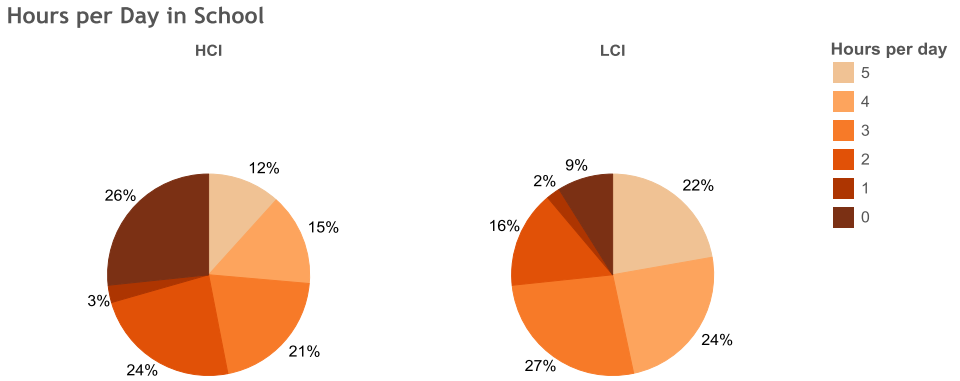


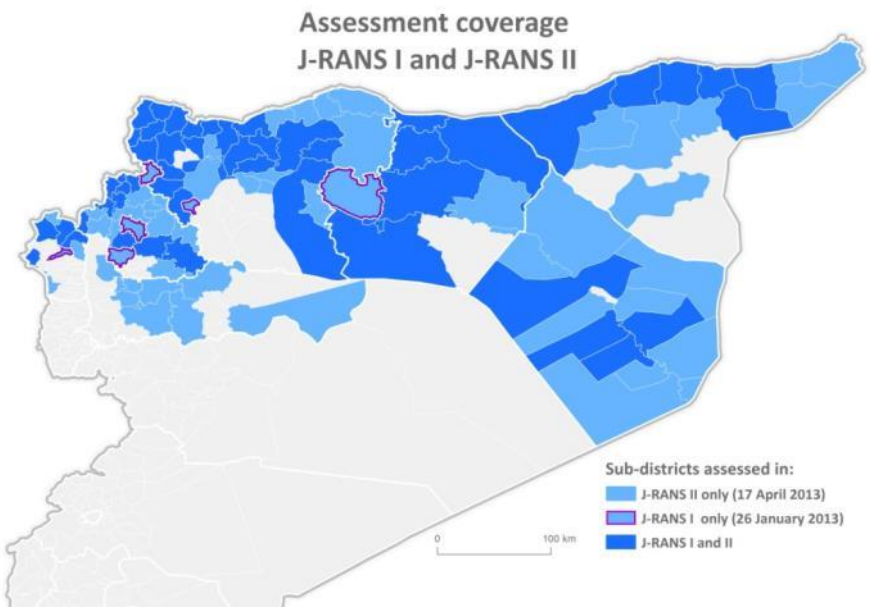
Figure 140: % of children regularly attending schools, HCI/LCI areas

Annexes

1. Table of Figures
2. Detailed sampling plan
3. Questionnaire
4. Trend maps J-RANS I – J-RANS II

Annex 1. Table of Figures

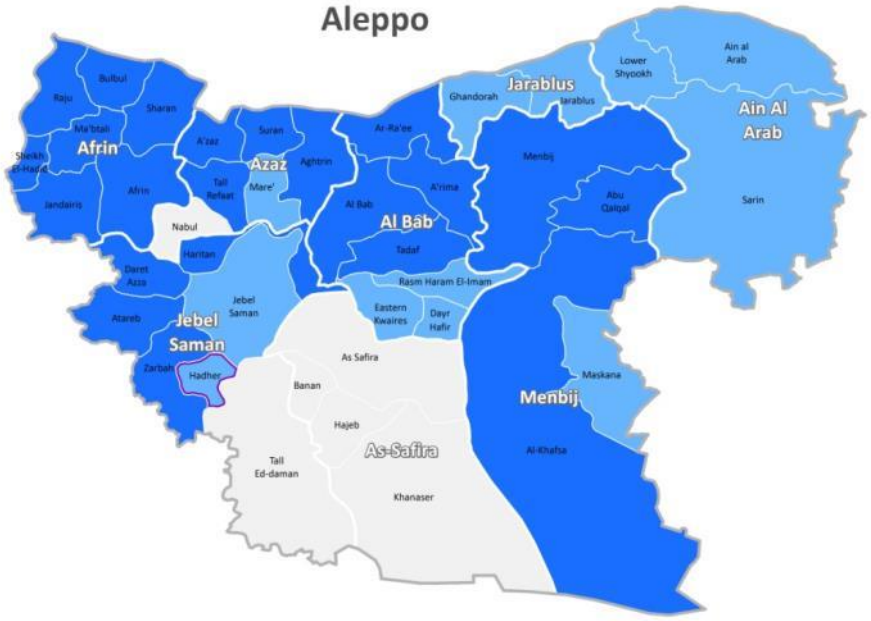
Annex 2: Detailed sampling plan J-RANS I & II



7 Northern Governorates fact sheet	
Area (km^2)	111,769
Districts*	29
Sub-districts	150
Population 2011 (Civil Affairs records)	15,645,000
Population 2011 (Gov. Projection 2004 census)	12,700,000

	J-RANS I	JRANS II
Governorates assessed	6	7
Districts assessed	18 of 24 (75%)	29 of 29 (100%)
Sub-districts assessed	58 of 128 (45%)	104 of 150 (69%)
Population assessed	4,681,624 (38%)	12,571,668 (84%)
Area covered (km^2)	42,734 (38%)	83,070 (74%)

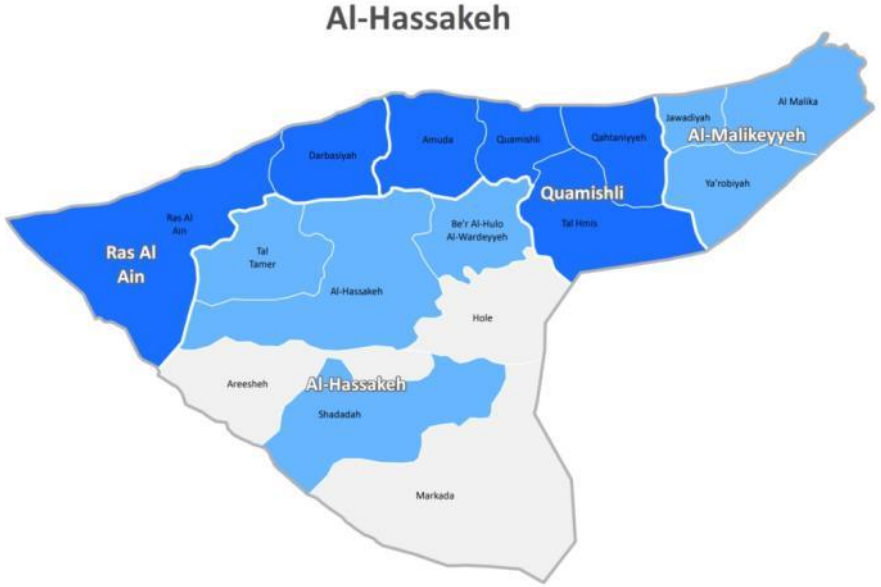
J-RANS I only J-RANS II only Both J-RANS I and II



Area (km^2)	19,883
Districts	8
Sub-districts	40
Population 2011 (Civil Affairs records)	5,927,000
Population 2011 (Gov. Projection 2004 census)	4,868,000

	J-RANS I	JRANS II
Districts assessed	5 of 8	7 of 8
Sub-districts assessed	23 (58%)	33 (82%)
Population assessed	1,815,532 (31%)	4,371,730 (74%)
Area covered (km^2)	10,114 (58%)	15,581 (78%)

Al-Hassakeh

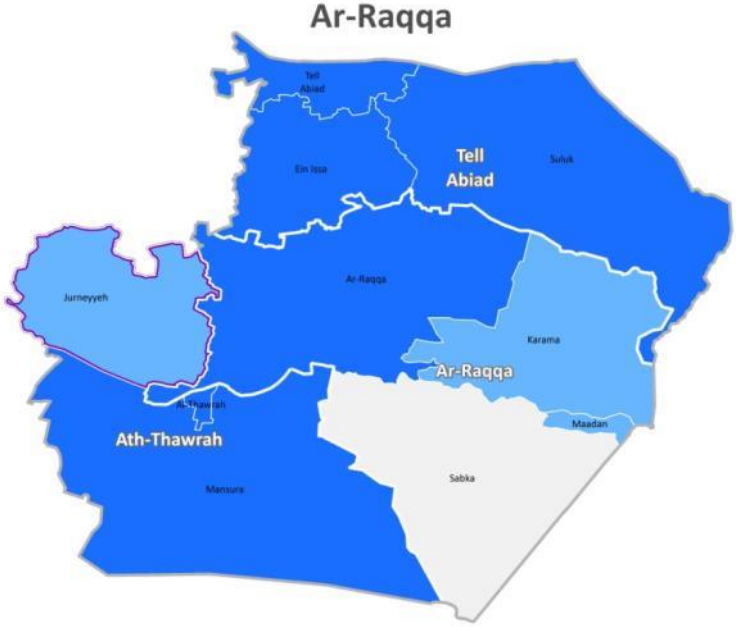


Area (km^2)	23,169
Districts	4
Sub-districts	16
Population 2011 (Civil Affairs records)	1,604,000
Population 2011 (Gov. Projection 2004 census)	1,512,000

	J-RANS I		JRANS II	
Districts assessed	2 of 4		4 of 4	
Sub-districts assessed	6	(38%)	13	(81%)
Population assessed	263,000	(16%)	1,756,400	(110%)
Area covered (km^2)	7,869	(33%)	16,994	(73%)

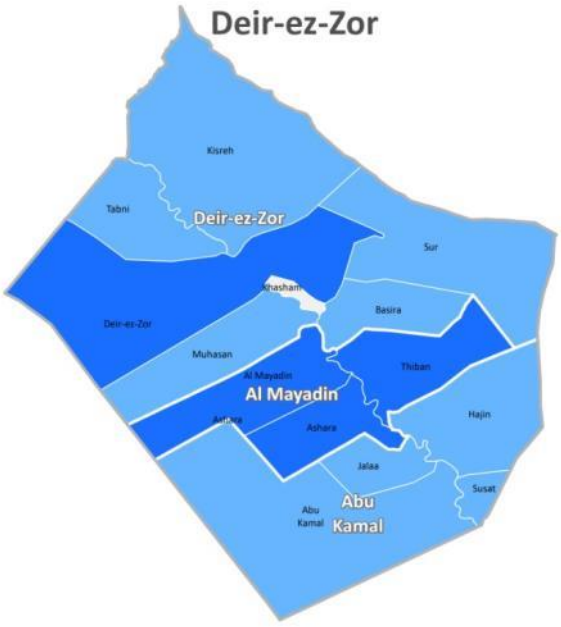
J-RANS I only J-RANS II only Both J-RANS I and II

Ar-Raqqa



Area (km^2)	17,613
Districts	3
Sub-districts	10
Population 2011 (Civil Affairs records)	1,008,000
Population 2011 (Gov. Projection 2004 census)	944,000

	J-RANS I		JRANS II	
Districts assessed	3 of 3		3 of 3	
Sub-districts assessed	7	(70%)	8	(80%)
Population assessed	1,030,700	(102%)	900,200	(89%)
Area covered (km^2)	13,180	(75%)	13,612	(77%)



Area (km^2)	25,142
Districts	3
Sub-districts	14
Population 2011 (Civil Affairs records)	1,692,000
Population 2011 (Gov. Projection 2004 census)	1,239,000

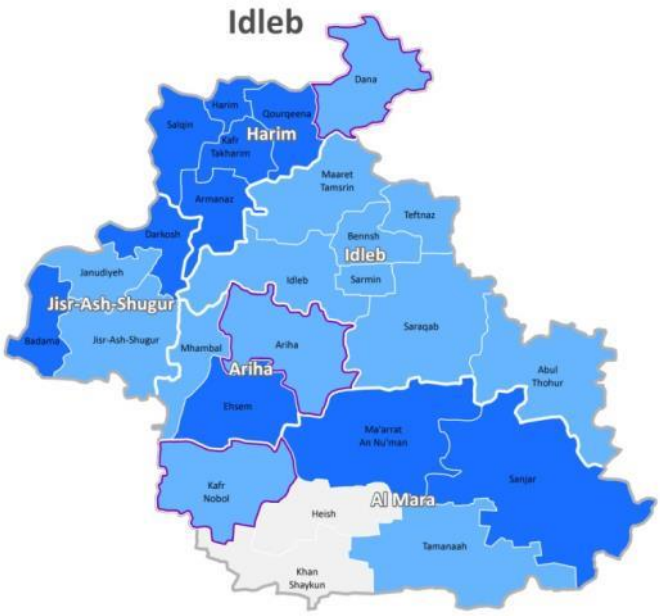
	J-RANS I	JRANS II
Districts assessed	3 of 3	3 of 3
Sub-districts assessed	4 (29%)	13 (92%)
Population assessed	359,000 (21%)	1,916,919 (113%)
Area covered (km^2)	7,963 (32%)	25,027 (99%)

J-RANS I only J-RANS II only Both J-RANS I and II

Hama

Area (km^2)	11,094
Districts	5
Sub-districts	22
Population 2011 (Civil Affairs records)	2,113,000
Population 2011 (Gov. Projection 2004 census)	1,628,000

	J-RANS I	JRANS II
Districts assessed	(not covered)	4 of 5
Sub-districts assessed	-	9 (40%)
Population assessed	-	581,550 (28%)
Area covered (km^2)	-	6,515 (59%)



Area (km^2)	5,418
Districts	5
Sub-districts	26
Population 2011 (Civil Affairs records)	2,072,000
Population 2011 (Gov. Projection 2004 census)	1,501,000

	J-RANS I	JRANS II
Districts assessed	4 of 5	5 of 5
Sub-districts assessed	13 (50%)	21 (80%)
Population assessed	658,092 (32%)	2,101,319 (101%)
Area covered (km^2)	2,720 (50%)	4,268 (78%)

J-RANS I only J-RANS II only Both J-RANS I and II

Area (km^2)	2,390
Districts	4
Sub-districts	22
Population 2011 (Civil Affairs records)	1,229,000
Population 2011 (Gov. Projection 2004 census)	1,008,000

	J-RANS I	JRANS II
Districts assessed	2 of 4	3 of 4
Sub-districts assessed	5 (23%)	7 (32%)
Population assessed	720,000 (59%)	943,550 (77%)
Area covered (km^2)	858 (36%)	1,073 (45%)

Annex 3: Questionnaire

Questionnaire ID:		Governorate:		Sub-District code	
Date (dd/mm/yy):		District:		Contested (Y/N)	
Enumerator code:		Sub-District:		Sub-district is largely:	☐Rural ☐Peri-urban ☐Urban ☐Mixed

*__Evidence Rating__: 1. Strong evidence – verified by enumerator or very credible sources, triangulation between different sources confirms **same**, observation confirms findings; 2. Good evidence – triangulation between different sources confirms **similar**, credible sources; 3. Triangulation not possible or sources not credible or triangulation reveals significant differences, information not confirmed with evidence, no observation.

A. Conflict Damages

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence Rating***	

A1. People	**Adult Male**	**Adult Female**	**Children < 18 years**	**Total**
Killed				
Injured				
Missing				
Arrested				

A2. Due to conflict damages of physical infrastructure (*enter in %)*
Total for each column should be 100%

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence Rating***
Description	**Private Buildings (houses, flat etc.)**	**Public Buildings (school, health etc)**
No damages		
Slight damages: light repairs required (windows, doors)		
Moderate damages: Under 30% roof damage, severe fire damage, repair possible		
Heavy damage: Over 30% roof damage, severe fire damage, repair possible		
Destruction: Unusable, houses levelled, repair not possible		
Total	100%	100%

A3. Electricity in last 30 days ☐ not functional (Tick one only)

Per day ☐ 1-2 hrs ☐ 2-6 hrs ☐6-12hrs ☐ 12-18 hrs ☐ 18-24hrs
Per week ☐ 1-2 hrs ☐ 2-5 hrs

B. Population

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence Rating***	

B1. Estimated # of population in sub-district:	**Total**	**% Female**
Total number of pre-conflict population (2011)		
Total number who have fled the sub-district		
Total number of displaced in sub-district		
Current Population		

Displaced		
- Number displaced living in collective centres		
- Number displaced hosted by local families		
- Number displaced people in vacated buildings		
TOTAL (check total is same as above)		
List the evidence available for Damages and Population numbers		

Where are most displaced coming from? (tick 1)
☐ DNK ☐ No Displaced

☐ Within the sub-district	☐ Within the governorate
☐ Within the district	☐ Other governorate specify _____

B2. Have the displaced/crisis-affected people been registered in this sub-district?

☐ Yes (completed)	☐ No
☐ Yes (under way)	☐ Not yet, but scheduled
If yes, which organisations conducted the registration in this sub-district?	1. 2.

B3. Is the population increasing, decreasing, or staying the same in this sub-district?

☐ Increasing ☐ Decreasing ☐ About the same ☐ DNK

How is the relationship between the displaced and the host community in this sub-district? ***Select only one***

☐ No displaced people	☐ Host community willing to assist, but for limited time
☐ Host community willing to assist for as long as necessary	☐ Tensions already exist
	☐ Other (specify _____)

C. Humanitarian access

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence Rating***	

C1. Humanitarian Access: Are there problems to gain access to humanitarian aid in this sub-district? ☐ Yes ☐ No ☐ Do not know

If yes, how severe are the following problems: ***(Tick only one box per problem)***	**Severe problem**	**Moderate Problem**	**Limited problem**	**No problem**
Restriction of movement for relief agencies				
Interference into humanitarian activities by powerful groups or persons				
Violence against relief agencies' personnel, facilities and assets				
Restriction and obstruction for beneficiaries to access to aid				
Active hostilities affecting humanitarian assistance				
Presence of mines and explosives affecting humanitarian assistance				

D. Information on Accessing Humanitarian Assistance

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence Raing***	

D1. Is humanitarian assistance provided in this sub-district?
☐ **Yes** If yes, (***Select only one below)*** ☐ **No** ☐ **Do not know**

☐ Most people are well informed how to access humanitarian assistance
☐ Half of people are well informed how to access humanitarian assistance
☐ Few people are well informed how to access humanitarian assistance
☐ No people are informed about humanitarian assistance

E. Health

List All Key Informants Eg INGO, Committee, health staff, etc		Evidence Rating*	

E1. Health Status: Is there a serious problem regarding health status in this sub-district? ☐ Yes (tick max 5) ☐ No ☐ DNK

- ☐ Numerous cases of psychological trauma (anxiety, etc.)
- ☐ Numerous injured less than 6 months ago
- ☐ Numerous injured more than 6 months ago
- ☐ Numerous disabled with limitation to move
- ☐ Numerous cases with other disabilities (hear, see)
- ☐ Lack of vaccination for children
- ☐ Incidents of communicable diseases eg measles, TB, cholera
- ☐ Numerous cases of chronic diseases eg HTN, DM, diabetes
- ☐ Numerous cases of diarrhoea
- ☐ Numerous cases of fever
- ☐ Numerous cases of respiratory diseases
- ☐ Numerous cases of pregnancy related diseases
- ☐ Other: _____

Have there been injuries in the last 30 days as a result of shelling ☐ Yes ☐ No ☐ Do not know

E2. Health Care: Is there a serious problem because people are not able to get adequate health care? ☐ Yes (tick max 5) ☐ No ☐ DNK

- ☐ Not enough health facilities available
- ☐ Lack of ambulance services
- ☐ Lack of medicines
- ☐ Lack of mobility devices (wheelchairs, prosthetics, others)
- ☐ Not enough rehabilitation services
- ☐ Lack of medical staff
- ☐ Not enough access to health services due to physical/logistical constraints
- ☐ Not enough access to health services due to security constraints
- ☐ Not enough access to health services due to limited economic resources (lack of money)
- ☐ Other :_____

E3. Which specific health interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

E4. Overall, which of the following statements describes best the general status of health in this sub-district? (*circle 1 answer)*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people are suffering because of insufficient health services
4. Many people will die because health services are insufficient
5. Many people are known to be dying due to insufficient health services

List evidence available to verify answers given in the Health section?

E5. Which group faces the biggest health risks in this sub-district? (*rank three:1=biggest/most at risk, 2=second most at risk, 3=third most at risk)* ☐ DNK

___ Displaced people living in host families
___ Displaced people in collective shelter (schools, camps, etc.)
___ Displaced people living in vacated apartments, buildings
___ Resident population hosting displaced persons
___ Resident population who have not been displaced

E6. Which organisations have been providing health care services in this sub-district over the past 30 days? ☐ None

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

F. Food

List All Key Informants Eg INGO, Committee, health staff, etc		Evidence Rating*	

F1. Is there a serious problem regarding food in this sub-district? ☐ Yes (tick maximum 5) ☐ No ☐ DNK

- ☐ Not enough food available *(including in markets, etc.)*
- ☐ Not enough diversity in food
- ☐ Not enough access to markets *(transport)*
- ☐ Not enough access to food sources *(i.e. markets)* due to security constraints
- ☐ Not enough access to food due to lack of money
- ☐ Price increase of basic food items
- ☐ Agricultural production is disrupted
- ☐ There are not enough cooking facilities or utensils
- ☐ Not enough cooking fuel
- ☐ Loss of economic assets due to conflict *(livestock, machinery, business)*
- ☐ Other: _____

F2. Which specific food security interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

F3. Price of Bag of Bread (bag=5-6 pieces) ☐ varies too much ☐ DNK

Price on the street *(per bag, not subsidized)*: _____SYP

Price of subsidized bread *(per bag):* _____ SYP

F4. Overall, which of the following statements describes best the general status of ability of families to eat? (*Circle 1 answer)*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people are suffering because food is insufficient
4. Many people will die because food is insufficient
5. Many people are known to be dying due to insufficient food

List the evidence available to verify answers given in the Food Section

F5. Which group face the biggest risks of having not enough food to survive in this sub-district? (*rank three:1=biggest/most at risk, 2=second most at risk, 3=third most at risk)* ☐ DNK

___ Displaced people living in host families
___ Displaced people in collective shelter (schools, camps, etc.)
___ Displaced people living in vacated apartments, buildings
___ Resident population hosting displaced persons
___ Resident population who have not been displaced

F6. Which organisations have been providing food support in this sub-district over the past 30 days? ☐ None

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

G. NUTRITION

List All Key Informants Eg INGO, Committee, health staff, etc		Evidence Rating*	

G1. Nutritional Status: Which group has the most serious nutrition problems in this sub-district (tick 1) ☐DNK

- ☐ Children under 6 months
- ☐ Children under 5 years
- ☐ Children greater than 5 years
- ☐ Pregnant and lactating women
- ☐ Other: _____

G2. Are mothers facing a problem with feeding their babies? If yes, what are some of the reasons mothers are facing trouble feeding:
☐ Yes (tick all that apply) ☐ No ☐ Do not know

- ☐ Women are unable to breastfeed due to stress
- ☐ Women are unable to breastfeed due to lack of food for themselves
- ☐ Women are unable to breastfeed due to lack of privacy
- ☐ Lack of infant formula in the markets
- ☐ Cost of infant formula
- ☐ Lack of money to buy infant formula
- ☐ Lack of fuel/water/sterilizing equipment for preparation of infant formula
- ☐ Unsolicited/untargeted distributions of infant formula *(milk or powder)*
- ☐ Other: _____

G3. Which specific nutrition interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

G4. Overall, which of the following statements describes best the general nutritional status in this sub-district? (*Circle 1 answer)*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people are suffering because nutrition services are insufficient
4. Many people will die if no nutrition assistance is provided soon
5. Many people are known to be dying because of insufficient nutrition services

List evidence available for answers given in Nutrition section

G5. Which group faces the biggest risks of malnutrition ?
(rank three:1=biggest/most at risk, 2=second most at risk, 3=third most at risk)
☐ DNK

___ Displaced people living in host families
___ Displaced people in collective shelter (schools, camps, etc.)
___ Displaced people living in vacated apartments, buildings
___ Resident population hosting displaced persons
___ Resident population who have not been displaced

G6. Which organisations have been providing nutrition services in this sub-district over the past 30 days? ☐ None

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

H. Places to live in and non-food items (NFI)

List All Key Informants Eg INGO, Committee, health staff, etc		Evidence Rating*	

H1. Is there a serious problem in your sub-district regarding shelter? ☐ Yes (tick all that apply) ☐ No ☐ Do not know

- ☐ Not enough shelter
- ☐ Not enough protection against weather conditions (cold, heat)
- ☐ Not enough privately rented shelter
- ☐ Not enough collective shelter
- ☐ Not enough temporary shelter (tents)
- ☐ Collective shelters overcrowded
- ☐ Host family houses overcrowded
- ☐ Not enough money to rent shelter
- ☐ Other (Specify): _____

H2. Which specific shelter interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

H3. Is there a serious problem in your sub-district regarding Non Food Items (NFI?) ☐ Yes (tick max 5) ☐ No ☐ Do not know

- ☐ Lack of cooking utensils *(pots, dishes, utensils)*
- ☐ Lack of household lights
- ☐ Lack of adult clothing/shoes
- ☐ Lack of child clothing/shoes
- ☐ Lack of baby supplies *(diapers, etc.)*
- ☐ Lack of personal hygiene products *(shampoo, toothbrush)*
- ☐ Lack of female hygiene products (*sanitary pads, underwear)*
- ☐ Lack of mattresses and blankets
- ☐ Fuel/Gas for household use
- ☐ Not enough money to buy NFIs
- ☐ Other (Specify): _____

H4. Which specific NFI interventions are most urgently required in this sub-district? ☐ Do not know

First rank:

Second rank:

Third rank:

H5. Overall, which of the following statements describes best the general status of Shelter and NFIs?

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people are suffering due to insufficient shelter and NFIs
4. Many people will die due to insufficient shelter and NFIs
5. Many people are known to be dying due to insufficient shelter/NFIs

List evidence available for responses given in Shelter/NFI section

H6. Which group is most at risk due to lack of shelter and NFIs?
(rank three:1=biggest/most at risk, 2=second most at risk, 3=third most at risk)
☐ DNK

___ Displaced people living in host families
___ Displaced people in collective shelter (schools, camps, etc.)
___ Displaced people living in vacated apartments, buildings
___ Resident population hosting displaced persons
___ Resident population who have not been displaced

H7. Which organisations have been providing shelter and NFI support in this sub-district over the past 30 days? ☐ None

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

I. Water, Sanitation and Hygiene

List All Key Informants Eg INGO, Committee, health staff, etc		Evidence Rating*	

I1. What is the main water source in this sub-district?

☐ Piped water system ☐ Stream, river or hillside spring ☐ Water truck	☐ Rain water harvesting ☐ Private well ☐ Other (Specify):_____

I2. Is there a serious problem regarding water in this sub-district?
☐ Yes (tick all that apply) ☐ No ☐ DNK

Quality of Water	Quantity of Water
☐ does not taste good ☐ does not look good ☐ Lack of centralised treatment ☐ Lack of ability to treat at home ☐ Lack fuel for boiling it ☐ Other (Specify): _____	☐ distance or difficult to access ☐ because water system broken ☐ Lack of jerry cans to collect/store ☐ water too expensive/no money ☐ Lack fuel/electricity to operate system ☐ Other (Specify): _____

I3. Overall, which of the following statements describes best the general status of access to water (quantity and quality)? *(Circle one)*

0. DNK
1. No concern – situation under control
2. Situation of concern that requires monitoring
3. Many people are suffering due to insufficient access to water
4. Many people will die due to insufficient access to water
5. Many people are known to be dying due to insufficient access to water

List evidence available to verify answers in WASH section?

I4. Regarding the lack of safe water, which group is most at risk?
(rank three:1=most at risk, 2=second most at risk, 3=third most at risk)
☐ DNK

___ Displaced people living in host families
___ Displaced people in collective shelter (schools, camps, etc.)
___ Displaced people living in vacated apartments, buildings
___ Resident population hosting displaced persons
___ Resident population who have not been displaced

I5. Is there a serious problem regarding sanitation and hygiene in this sub-district? ☐ Yes (select max 5) ☐ No ☐ Do not know

☐ Not enough places to bathe ☐ Not enough access to water, soap or places to wash due to security constraints ☐ Not enough access to soap because too expensive ☐ Not enough toilets for men ☐ Not enough toilets for women	☐ Not enough access to toilets due to security constraints ☐ Not enough access to toilets because they are too far away ☐ Not enough access to toilets because they are not segregated ☐ No regular rubbish collection so general waste builds up ☐ Others: _____

I6. Which specific water, sanitation, and hygiene interventions are most urgently required? ☐ Do not know

First rank:
Second rank:
Third rank:

I7. Which organisations have been providing water, sanitation or hygiene support in this sub-district over the past 30 days? ☐ None

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

J. EDUCATION

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence Rating***	
Number of functional schools in this sub-district before the conflict	**Number of functional schools today in this sub-district (used for education)**		

J1. What % children (6-14 yrs) regularly attend school	_____%

J2. What are the reasons why children are not attending schools? (*Select all that apply)*

☐ Schools not functioning (damaged, destroyed or occupied) ☐ Safety - fear of schools being bombed/targeted ☐ Lack or absence of teachers	☐ Lack of school materials (stationery, books, etc.) ☐ Lack of water and hygienic sanitation facilities in schools ☐ Other (specify): _____

J3.Are education activities taking place in other locations? (e.g. home, mosque, etc.) ☐ Yes ☐ No ☐ Do not know

If yes, add **main** type of location:_____

J4. What percentage of children (6-14 years) is regularly receiving education in these other locations?	_____%

J5. How many hours per day and days per week are children have schooling?

_____ hours per day	_____ days per week

List evidence available to verify answers in Education section?

J6. Which organisations have been providing education support in this sub-district over the past 30 days? ☐ None

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

K. Protection

List All Key Informants Eg INGO, Committee, health staff, etc		**Evidence***	

K1. Is there a serious problem in the sub-district regarding protection issues? ☐ Yes ☐ No ☐ Do not know

If yes, what are the main problems: List up to 3 (See separate list for guidance)

1
2.
3.

Which specific protection interventions are most urgently required in this sub-district? ☐ Do not know

1.
2.
3.

K2. Everyone finds the current situation difficult, but are there groups of people who are particularly facing problems at this time (Don't tell people the options, but let them say *(tick max 3)* ☐ DNK

☐Female-headed households ☐Elderly headed households ☐Households with disabled people ☐ Destitute families	☐ Families belonging to ethnical / religious minorities ☐ Children not living with their parents/normal carers ☐ Other. Specify _____

What are the main problems that these groups are facing? List up to 3 ☐ DNK

1.
2.
3.

Which specific interventions to protect these groups are most urgently required in this sub-district? ☐ Do not know

1.
2.
3.

K3. Who do these people go to for help? (Don't Read List) ☐ DNK

☐ Local Council ☐ Community based structures / groups / committees ☐ Local charities ☐ Religious leaders ☐ Schools	☐ Local police ☐ Family ☐ No structures responsible for protection in the area ☐ Other. Specify: _____

K4. Where do you see most of these vulnerable groups in this sub-district? (*rank three:1=most found, 2=second most found, 3=third most found)* **☐ DNK**

___ Displaced people living in host families
___ Displaced people in collective shelter (schools, camps, etc.)
___ Displaced people living in vacated apartments, buildings
___ Resident population hosting displaced persons
___ Resident population who have not been displaced

K5. Which organisations have been providing protection services in this sub-district over the past 30 days? **☐ None**

Organisation responsible	Type (eg INGO, Local Org, Self-help group)	Support Type	Frequency
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off
			☐ Regular ☐ One-off

List evidence available to verify answers in the Protection section?

L. Sector Prioritization

After these specific questions, we want to recapitulate. In terms of which sector poses the most serious problems, can you say which is the most serious, second most, third most, fourth most, and fifth most serious? I read you a list of 7 sectors:

L1. Priority Level. ***Rank 5: 1=first rank, 2=second rank, 3=third rank., 4=fourth rank; 5= fifth rank***

	Health
	Food Security
	Nutrition
	Water, Sanitation, Hygiene
	Places to live and Non-Food Items
	Education
	Protection

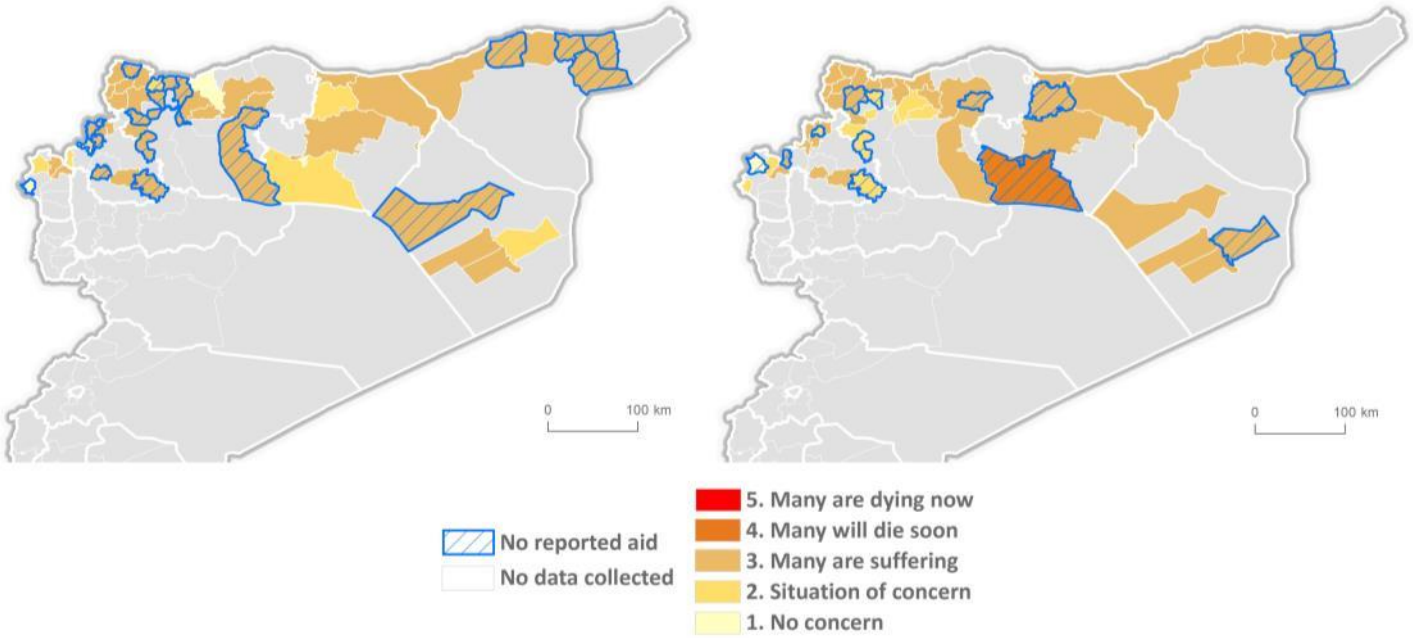
L2. Are there any other urgent problems in this sub-district, which I have not yet asked you about? (Please write down bullet points only)

L3. Any further observations from the assessment team on the difficulty to collect information or the situation in the sub-district *(Please elaborate as required)*

Annex 4: Trend maps J-RANS I - J-RANS II

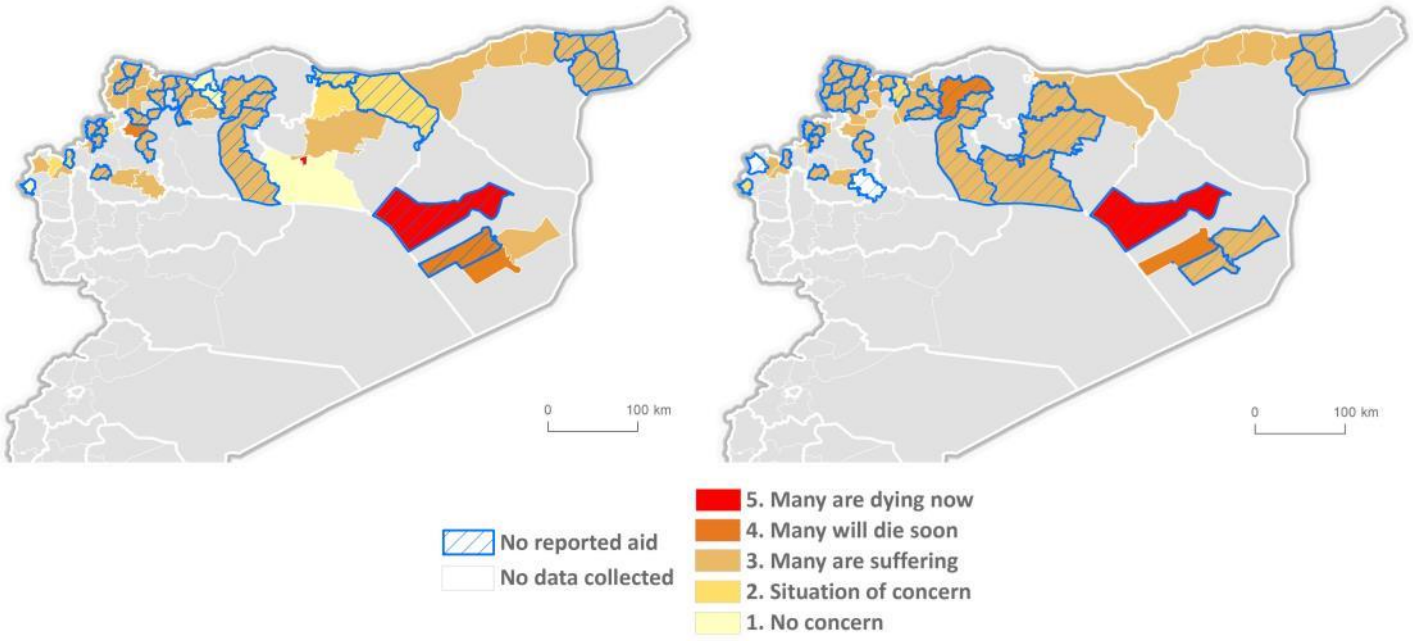
Severity of food needs and absence of food aid

sub-districts assessed in both J-RANS I and II



Severity of health needs and absence of health aid

sub-districts assessed in both J-RANS I and II

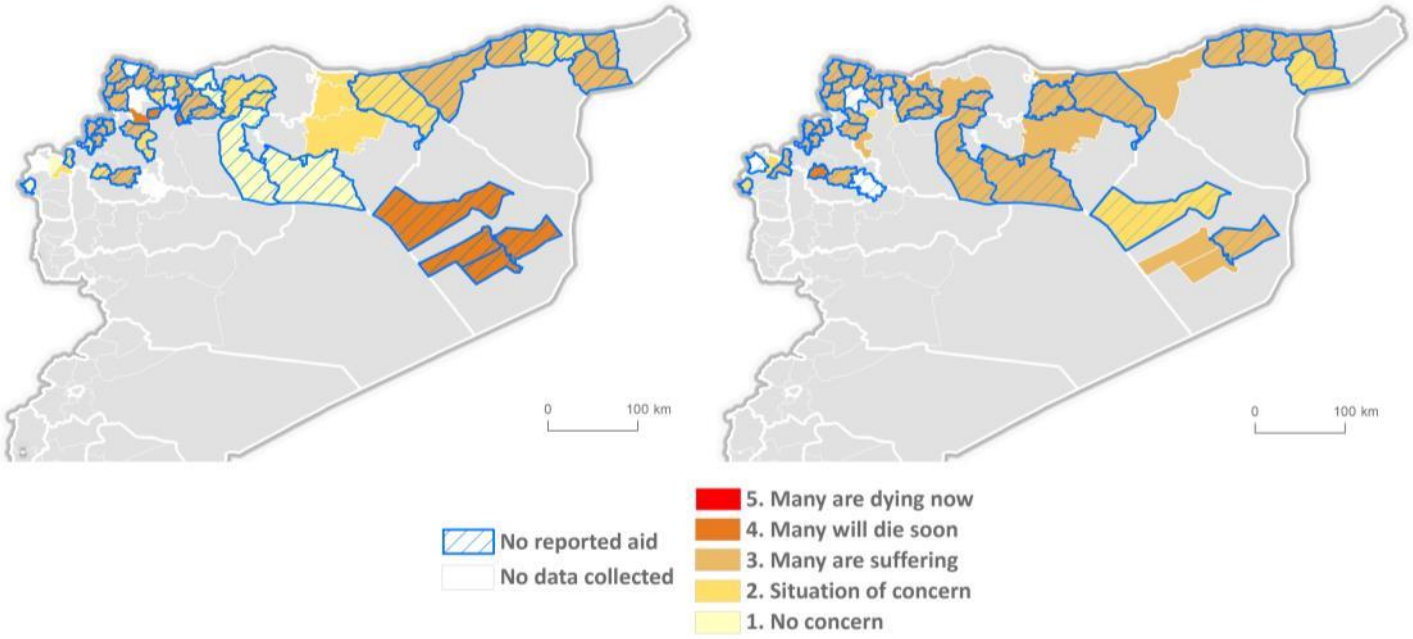


Severity of WASH needs and absence of WASH aid

sub-districts assessed in both J-RANS I and II

J-RANS I
as of 26 January 2013

J-RANS II
as of 17 April 2013



Severity of needs for shelter/NFI assistance

sub-districts assessed in both J-RANS I and II

J-RANS I
as of 26 January 2013

J-RANS II
as of 17 April 2013