# Second Joint Rapid Assessment in Northern Syria (J-RANS II) March/April 2013

# - Key findings-

### Methodology

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

During the J-RANS II, 104 out of the total of 150 sub-districts were assessed across 7 northern governorates of Syria - Hama, Idleb, Aleppo, Lattakia, Ar-Raqqa, Al-Hassakeh and Deir-ez-Zor. Aleppo city was not included in this assessment.

The field data collection took place in March and April 2013 during which qualitative and quantitative data was gathered using key informant interviews and direct observation.

## **Key findings**

J-RANS II found there to be over 2.7 million Internally Displaced People (IDPs) and 10.5 million people with limited access to essential goods and services in the 7 northern governorates of Syria.

- 10.3 million people live in areas where health services are insufficient.
- 8.9 million people live in areas where food security and livelihood opportunities are insufficient.
- 7.4 million people live in areas where WASH services and goods are insufficient.
- 9.6 million people live in areas where access to shelter and non-food items (NFI) is insufficient.

The combined results of the Aleppo city assessment (March 2013) and the J-RANS II (March and April 2013) showed 12.9 million people to be at risk or acute risk, while 3.2 million people were displaced in the 7 northern governorates of Syria.

The overall humanitarian situation has significantly deteriorated since the J-RANS I in January 2013.

 While pockets of the population remain at acute risk, the on-going conflict is now putting nearly the entire population in assessed areas at an elevated risk, to one extent or another – in J-RANS I, 76% of the assessed population were reported to be at risk and acute risk, compared to 91% of the assessed population in J-RANS II.  Sub-districts showing the highest level of severity of need are either besieged urban-centres or areas surrounded by high levels of conflict and cut from supply routes. The populations in the latter areas faces high restriction of movement, influx of IDPs, overwhelmed services and restricted supply of goods and assistance.

#### J-RANS II identified 2.7 million IDPs in the assessed areas

- Key informants from Idleb and Ar-Raqqa governorates reported that more than 40% of the current population were IDPs.
- In other governorates (except Lattakia) between 15 and 24% of the population were found to be IDPs.
- Across the assessed areas, IDPs were consistently reported as the
  population group most at risk. It is important to note that while conditions
  for IDPs in collective shelters, vacated buildings and with host families
  are severe, IDPs in some camps are receiving significantly more
  assistance than IDPs outside of camps and therefore face better
  conditions.

#### Priority interventions have shifted since January 2013

- The severity and extent of health needs has significantly increased in all assessed governorates since J-RANS I. Access to health services is currently cited as the most important and severe problem across all visited areas.
- The nature of needs has shifted. In January, food and health were the most acute needs. Demand still remains high in terms of food access, even if food assistance has increased. However, health needs have grown more acute in most areas. This includes both acute needs brought on by fighting and regular needs for people without access to medicines or health care. Nutrition is a growing concern, especially for infants and children.
- Access to safe water is increasingly more difficult in 4 out of the 7 assessed governorates.
- Rising temperatures, with average temperatures up to 40°C in July in Deir-ez-Zor, and lower levels of rainfall over the summer months pose a significant public health hazard associated with the disruption of water supply and solid waste management systems, limited access to hygiene items, the risk of communicable diseases and the lack of adequate NFI and shelter.
- The lack of financial resources is a crosscutting problem identified as primary or secondary underlying factor in all assessed sectors except WASH.

#### Humanitarian access is hampered by security conditions

- 79% of sub-districts reported a problem with humanitarian access for both humanitarian actors and for the affected population.
- Restriction of movement and interference with humanitarian activities by powerful groups, especially in Low Conflict Intensity (LCI) areas, were found to be the most severe access constraints.
- Restriction of movement is a widespread problem posing severe operational constraints for humanitarian actors. Almost 70% of subdistricts reported a problem for relief actors to move freely. There were only minimal differences between High Conflict Intensity (HCI) and LCI areas.

# While assistance has increased, it remains insufficient to meet the exponentially growing needs

- Assistance coverage has increased, particularly with regards to food assistance in areas with better access and those close to the Turkish border (particularly Aleppo and Idleb governorates). However, even for areas supported by the largest number of relief actors, coverage remains largely insufficient to cover existing needs. Proportionally more HCI areas are supported (especially one-off support) compared to LCI areas.
- The lowest coverage of humanitarian assistance was reported in Education, Protection and WASH.

### Concentration of high intensity conflict in fewer areas

One of the trends identified in areas covered in both J-RANS I and J-RANS II was the decrease in number of areas with reported high conflict intensity in the northern governorates. While high conflict intensity was recorded in 28 sub-districts assessed in January, only 13 were found to still be HCI areas in April 2013. In contrast the number of LCI areas (assessed under both J-RANS I and II) increased from 24 to 39. However, the situation in some areas changes on a daily basis. Highly contested areas are mainly found in urban centres such as Aleppo city, Al-Hassakeh, Deir-ez-Zor City and Ar-Raqqa.

#### **Recommendations from J-RANS II assessment**

- The on-going conflict is causing large numbers of civilian casualties, including among women and children. The protection of civilians is urgently required.
- The humanitarian needs are a direct result of the conflict. Promotion of humanitarian access to all areas is urgently needed, especially to vulnerable groups such as children, women, older persons and the disabled, in order to allow relief actors to save lives.

- With the exception of some areas in Lattakia Governorate and 1 in Aleppo, all sub-districts covered under this assessment have significant humanitarian needs in almost all assessed sectors. A multi-sectoral response is therefore required.
- The most acute and severe needs are reported in the health sector, followed by food/nutrition, WASH and protection. Access to medicine and medical facilities is urgently required.
- While support to HCI areas needs to continue and increase, interventions should also be directed to IDPs and their host families in LCI areas where the highest density of population are found.
- The risk factors for malnutrition are in place, including poor feeding practices, displacement, and a high number of children with diarrhoea.
   Nutritional support is urgently needed for critical vulnerable groups such as children under the age of 5 years, pregnant and lactating mothers.
- Support to solid waste management and garbage collection is urgently needed in order to control vermin and vectors, and to minimise public health hazards.
- The education system in the northern governorates has collapsed as a direct consequence of the conflict. Interventions are required to allow children to exercise their right to education in a safe learning environment.

The situation is volatile and population movements are dynamic. There is a need for a comprehensive monitoring system to provide regular update of the situation and adapt the response accordingly.

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 of Syria 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.

Severity of need:

