AFRIN RAPID NEEDS ASSESSMENT
3-8 MAY 2018

TURKEY XB CLUSTER/SECTOR FINDINGS AND ANALYSIS
OCHA TURKEY
Gaziantep - Turkey
Afrin Rapid Needs Assessment

3 – 8 May 2018

Turkey XB Cluster/Sector Findings and Analysis

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Executive Summary

**Situation Overview**

Two months after the start of operation “Olive Branch”, the Turkish Armed Forces and allied Free Syrian Army factions gained full control over Afrin (including Afrin city); thereby bringing the military offensive to an end. The military operation resulted in the displacement of tens of thousands of people both within Afrin district, and to areas outside of Afrin.

The humanitarian situation for those who remained in Afrin district was uncertain, as unfettered and predictable humanitarian access to the population Afrin district remains challenging. Only a few NGOs so far have access to deliver assistance.

**Reasons for the rapid needs assessment**

Upon the request of the Regional Humanitarian Coordinator (RHC) and the Deputy Regional Humanitarian Coordinator (DRHC), a multi-sectoral rapid assessment was rolled out (calling for the integration/mainstreaming of early recovery to the response) in Afrin district in coordination with the clusters and operational humanitarian partners. It is the first inter-agency multi-sectoral need assessment undertaken since the end of the military operation. The assessment was carried out by NGO cluster members, and the questionnaire was developed with the support of the cluster technical experts. Cluster coordinators provided training for the NGOs (conducting the data collection) around their respective questionnaire to ensure clear understanding on methodology, etc. The actual data collection took place between 3 and 8 May 2018.

**Methodology & Process:**

Following the decision to conduct a multi-sectoral rapid needs assessment, cluster coordinators contributed towards a joint assessment questionnaire. This questionnaire mainstreamed early recovery and included questions on sex, age, and disability data. Using the standard methodology for a rapid needs assessment, it employed a non-representative geographic sample selection and the use of key informant interviews. Using this methodology provides for a quick overview of the humanitarian situation but at the same time has limitations. As key informants were used, the responses were based on that individual’s expertise ultimately his/her perception of the facts on the ground. Further, this was not a representative sampling methodology; therefore, the results cannot be extrapolated or generalized to the entire population.

Data collection was achieved through interviews with either generalist key informants (KIs) and/ or specialized key informants (based on clusters’ recommendations of preferred KIs/generalist KIs). The rapid needs assessment covered 180 communities from seven sub-districts of Afrin district. One questionnaire was filled for each community based on the information provided by an average of four key informants. A total of 788 interviews were conducted in 180 communities out of which 79 (10%) were female and 708 were males.

**Challenges during data collection:**

The main challenges encountered during the data collection included:

- the under-representation of women in community leadership positions, which is a key informant criterion, coupled with general security and access constraints resulted in a low percentage (10%) of female key informants; and
- the cumbersome deconfliction process slowed down the ability of the enumerators to move quickly from community to community.

[NB: There were few female enumerators, and only 10% of the key informants were female. While this does not negate the overall findings, it must be recognized that the analysis can be interpreted to be male centric. It necessitates further assessments to be undertaken to explore gender and age specific needs and vulnerabilities]

**Key Highlights reported by key informants:**

The results of the rapid needs assessment highlighted a number of concerns in terms of the humanitarian situation across a range of sectors - food security and livelihood, WASH, health, nutrition, education, shelter and NFIs.
Some critical areas requiring a priority response include:

- Provision of basic services as well as the operations of markets and public institutions have been affected by displacement rendering the district without critical personnel to provide such services.
- Limited health care options for patients with tuberculosis and leishmaniasis and no health facilities nor services for mental health and physical rehabilitation;
- Few public health facilities in Afrin, Jandaris and Raju cities remain operational, and are supported by Syrian NGOs but lack sustainable funding;
- Food is either unavailable or local markets are inaccessible, except for Afrin town where bread is available in adequate amounts. Prices of basic food commodities have significantly increased;
- High NFI needs are reported in four out of seven sub-districts;
- More than half of the electricity networks are completely damaged;
- Markets and commercial centers are either completely or partially damaged;
- 4 out of 7 sub-districts report no functioning schools.
- Damaged infrastructure (roads, water supply systems and electricity networks) and disrupted services (public transportation and solid waste-management) are limiting economic recovery and livelihood opportunities.

**Coverage**

A total of 180 communities (out of 220) were assessed in Afrin district between 3 – 8 May 2018.

**Participation**

The process was supported by the following humanitarian organisations and project: Al-Ameen For Humanitarian Support, Bahar Organization, Ihsan Relief and Development, Silk Road, Syria Relief and Development, Watan, Muzun Humanitarian Development, Ertugrul Social Solidarity Association, IHH Humanitarian Relief Foundation, Qatar Red Crescent Society, Turkish Red Crescent Society, and the Humanitarian Needs Assessment Project.
Sector Findings and Recommendations

For the Early recovery sector key findings include damage to electricity networks, water supply systems, roads, markets and commercial centers. The lack of public transportation is a serious challenge, which affects population movement. For women, the most affected types of businesses were home-based enterprises as well as skilled and unskilled wage employment. For men, the most affected types of businesses were home based enterprises, wage employment – skilled and unskilled, trading, manufacturing, and shops/markets. The Early Recovery sector recommended support to businesses and economic recovery through short-term and immediate impact type of interventions such as: electricity supply, the provision of raw materials and cash injections. If feasible, some cash-based responses might accelerate market recovery.

The Education cluster’s main finding was that the education system is not able to meet the school aged populations needs, and in many areas, it is not functioning at all, and results in high numbers of out-of-school children. The Education cluster recommended: ensuring availability of teaching staff; learning supplies/materials and structural rehabilitation in addition to provision of school furniture, equipment and running costs. Significant investment needs to be made in attracting, retaining, paying and training teachers and education personnel. Clarification of the curricula is needed and special attention needs to be taken for related language issues.

The Food Security and Livelihoods (FSL) cluster’s main finding indicate that access constraints to markets impact food security. Most markets and bakeries are reported as neither functioning nor regularly accessible by the population. Food prices have increased and the population has adopted unsustainable food related coping strategies, including relying on less preferred and expensive foods. The FSL cluster recommended: monitoring food availability, providing and maintaining food assistance, supporting sustainable agriculture and livelihoods, rehabilitating productive infrastructures (including irrigation facilities), pursuing cash programmes, and promoting/conducting livelihood training programs. It recommends assessing the food security needs through a household assessment and other sources.

The Health cluster’s main finding indicates the limited or lack of availability of health facilities and the lack of essential medicines, medical staff and specialized services. The current overcrowding in many locations, including camps, and lack of hygiene in several IDP sites might be directly linked to an increased risk of potential outbreaks. The current referral system is sub-optimal (case by case basis rather than a systematic approach) and limitations in reaching health facilities in Afrin city or else to Turkey results in lengthy clearance procedures for referral of sick and injured patients. The Health cluster recommended that newly accessible areas will require a higher number of mobile clinics/ambulances and fixed primary health care centres to improve overall health access. There are only limited health care options for patients with tuberculosis and leishmaniasis and no health facilities nor services for mental health and physical rehabilitation. There is a lack of secondary health care services. Family planning activities need to be enhanced through the distribution of contraceptives and reproductive health kits. Access to vaccination services must be improved.

The Nutrition cluster’s key findings are a lack of nutrition services in Afrin, poor practices for infant, young and child feeding (IYCF) and lack of food availability. The Nutrition cluster recommended setting up a nutrition surveillance system, providing micronutrient supplies, scaling up IYCF through caregivers counselling, and launching an integrated campaign with health education and protection activities. Acute malnutrition screening of children should take place to provide appropriate services either through existing facilities or through mobile units.

The Child Protection (CP) sub-cluster’s key findings are that CP services were scarce prior to the conflict. IEDs/landmines, violence at home and at the community level, family separation, child recruitment, forced/child marriage, child labor, and child detention were reported that affect children’s safety and wellbeing. The Child Protection Sub-Cluster recommended establishing child friendly spaces to provide structured play, psychosocial support services and recreational normalizing activities for distressed children.

The Humanitarian Mine Action sub-cluster’s key findings are that clearance of explosive hazards were among the most important factors for people to return/work, who were displaced and arrived at a community. The presence of IEDs and landmines is a main problem for general safety and for the welfare of children. The need of systematic survey, marking and clearance of hazardous areas remains a high priority and is an enabler for humanitarian access and for the return of displaced...
populations. Humanitarian Mine Action recommended the provision of explosive hazard risk education, advisory support and awareness material/training to humanitarian actors deployed in areas and continuity of victim assistance services and reinforcement of referral systems.

The Shelter/NFI cluster’s key findings are the lack of NFI; non-relevance of available/ provided NFIs; and the unavailability of fuel, clothing and jerry cans in markets. The shelter needs vary and were unclear and requires further investigation. The Shelter/NFI cluster recommended clarifying the discrepancies of the Shelter section of the assessment and integrating basic housing, land and property questions into the questionnaire. It recommended considering the use of cash in cross-border response programming.

The WASH cluster’s key findings are: Availability of less than 20 liters/person/day of water; intermittent and inadequate water supply from public distribution network; 70% of water supply is provided through water trucking; collapse of waste collection and disposal mechanism; increased rats and pest contamination; and sewerage flow in the streets. The WASH cluster recommended a detailed technical assessment to be conducted for effective programming. In the meantime, strict water quality monitoring measures should be applied and practiced on private and public water sources. There is a need to undertake solid waste removal and disposal campaigns to avoid health and environment hazards.

Key issues highlighted in Afrin assessment by Cluster and Sub-District

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandaris</th>
<th>Mabtaali</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh AlHadid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-sector</td>
<td>High numbers of unaccompanied children.</td>
<td>High numbers of older persons, persons with chronic illness and psychological conditions and large families with, babies and toddlers.</td>
<td>High number of older persons.</td>
<td>High numbers of unaccompanied children, older persons and female headed households.</td>
<td>High numbers of older persons, persons with disability and female headed households.</td>
<td>High numbers of unaccompanied children, older persons and female headed households.</td>
<td>High numbers of unaccompanied children, older persons and female headed households.</td>
</tr>
</tbody>
</table>
FSL

Availability and access constraints to markets and food prices have increased. A high number of bakeries are not functional. The main economic activity pre- and post-crisis is food and crop production; and therefore, agricultural support is top priority.

Health

Availability and accessibility to primary and secondary health services, Less number of health facilities; lack of medicines, health staff, transportation, specialized services

Nutrition

IYCF and community management of acute malnutrition (CMAM) services not enough to cover people in need.

Shelter

High shelter issues

NFI

Unavailability of NFIs

Protection

No inputs

CP

IEDs and landmines, violence against children at the household and community levels and child recruitment

Mine Action

IEDs and landmines and presence of explosive hazards

WASH

Purchase from water trucks. Garbage in streets. Rats and pest contamination. Flooding in streets.

Intersectoral Findings

Vulnerable groups

In the assessed communities in Afrin district, older people were reported as the most vulnerable group in all sub-districts. Similarly, people with disabilities and female headed-households were among the second most vulnerable groups. In Bulbul sub-district, people with chronic illness or psychological conditions, and large families were also identified as part of a vulnerable group.

Humanitarian Access:

Key informants reported that the main access challenges are due to ongoing insecurity/hostilities and presence of explosive hazards. Restrictions imposed to humanitarian actors by groups or actors controlling the areas was reported to be a major access challenge in Ma'btali and Sharan sub-districts. In Jandairis sub-district, most of the assessed communities (58%) consider that no major humanitarian access challenge exists.

Coordination with local actors to deliver humanitarian assistance

In all the sub-districts assessed, KIs reported coordination with local civilian authorities as a core requirement. In addition, liaison with relief offices and local armed actors was also reported as necessary to provide humanitarian assistance.
Inter Cluster Analysis

Vulnerable groups

In the assessed communities in Afrin, older persons are reported as the most vulnerable groups in all sub-districts. Similarly, persons with disability and female headed-households are among the second-most vulnerable groups. In Bulbul sub-district, persons with chronic illness or psychological condition and large families are also considered as vulnerable groups.

<table>
<thead>
<tr>
<th>Vulnerable groups</th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’btali</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>All Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaccompanied children</td>
<td>26%</td>
<td>0%</td>
<td>9%</td>
<td>14%</td>
<td>5%</td>
<td>12%</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>Infants &lt; 1 year with no mother</td>
<td>13%</td>
<td>0%</td>
<td>6%</td>
<td>5%</td>
<td>13%</td>
<td>8%</td>
<td>27%</td>
<td>22%</td>
</tr>
<tr>
<td>Older Persons</td>
<td>42%</td>
<td>90%</td>
<td>42%</td>
<td>76%</td>
<td>82%</td>
<td>60%</td>
<td>73%</td>
<td>64%</td>
</tr>
<tr>
<td>Persons with disability</td>
<td>23%</td>
<td>38%</td>
<td>21%</td>
<td>67%</td>
<td>47%</td>
<td>40%</td>
<td>64%</td>
<td>52%</td>
</tr>
<tr>
<td>Female Headed-households</td>
<td>10%</td>
<td>29%</td>
<td>15%</td>
<td>67%</td>
<td>45%</td>
<td>52%</td>
<td>64%</td>
<td>56%</td>
</tr>
<tr>
<td>Persons with chronic illness or psychological condition</td>
<td>29%</td>
<td>57%</td>
<td>21%</td>
<td>10%</td>
<td>32%</td>
<td>12%</td>
<td>36%</td>
<td>50%</td>
</tr>
<tr>
<td>Large family, family with babies, toddlers or children in school</td>
<td>23%</td>
<td>57%</td>
<td>24%</td>
<td>33%</td>
<td>34%</td>
<td>12%</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Persons at risk</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Do not know / Unsure</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>No answer</td>
<td>26%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

# of communities assessed

<table>
<thead>
<tr>
<th>Main barriers for humanitarian actors</th>
<th>Afrin</th>
<th>Bullul</th>
<th>Jandairis</th>
<th>Ma’btali</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>All Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>No major barriers, community can be accessed</td>
<td>26%</td>
<td>0%</td>
<td>58%</td>
<td>0%</td>
<td>21%</td>
<td>4%</td>
<td>36%</td>
<td>22%</td>
</tr>
<tr>
<td>Ongoing insecurity/hostilities affecting area</td>
<td>52%</td>
<td>71%</td>
<td>33%</td>
<td>33%</td>
<td>32%</td>
<td>84%</td>
<td>64%</td>
<td>49%</td>
</tr>
<tr>
<td>Restrictions to humanitarian actors imposed by groups or actors controlling the area</td>
<td>19%</td>
<td>38%</td>
<td>15%</td>
<td>48%</td>
<td>16%</td>
<td>48%</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Violence against relief agencies personnel, facility and assets</td>
<td>19%</td>
<td>10%</td>
<td>0%</td>
<td>33%</td>
<td>3%</td>
<td>4%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Presence of explosive hazards</td>
<td>23%</td>
<td>48%</td>
<td>33%</td>
<td>81%</td>
<td>50%</td>
<td>48%</td>
<td>55%</td>
<td>46%</td>
</tr>
<tr>
<td>Obstacles related to terrain, climate, infrastructure or other physical barriers</td>
<td>35%</td>
<td>14%</td>
<td>24%</td>
<td>24%</td>
<td>29%</td>
<td>4%</td>
<td>9%</td>
<td>22%</td>
</tr>
<tr>
<td>Do not know</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>No answer</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

# of communities assessed

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Coordination with actors to deliver humanitarian assistance

In all the sub-districts assessed, coordination with local civilian authorities has been recommended to deliver humanitarian assistance. In addition, coordination with relief offices and local armed actors have also been reported by the key informants as necessary to provide humanitarian assistance.

<table>
<thead>
<tr>
<th>Coordination with the actors</th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’btali</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>All Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination with local body is not required</td>
<td>61%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>21%</td>
<td>8%</td>
<td>0%</td>
<td>17%</td>
</tr>
<tr>
<td>Local civilian authority</td>
<td>61%</td>
<td>90%</td>
<td>39%</td>
<td>100%</td>
<td>58%</td>
<td>56%</td>
<td>82%</td>
<td>65%</td>
</tr>
<tr>
<td>Humanitarian affairs office / relief office</td>
<td>77%</td>
<td>0%</td>
<td>36%</td>
<td>5%</td>
<td>21%</td>
<td>24%</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>Local armed actors</td>
<td>6%</td>
<td>48%</td>
<td>0%</td>
<td>57%</td>
<td>47%</td>
<td>40%</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>Syrian government</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Others</td>
<td>3%</td>
<td>0%</td>
<td>39%</td>
<td>0%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Do not know</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>12%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>No answer</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

# of communities assessed | 31 | 21 | 33 | 21 | 38 | 25 | 11 | 180 |
Education Cluster Analysis

Before the assessment commenced there was discussion on who the most appropriate KIs should be, given the fact that the most appropriate KIs, i.e. the local education authorities, would not likely be present. 47% of the KIs were community leaders and 21% were teachers or school head masters. In many of the communities it is not immediately clear why the selected KIs would be expected to be a key informant for education (i.e. farmer, store owner, etc.).

The lack of a sufficiently informed pool of KIs is sited as a key constraint that impacted the data collected. This is compounded by the fact that education cluster members have not historically provided support to education services in Afrin. Education support was provided through Damascus. Recently some cluster members have started or are in the process of starting education activities. The results of this assessment were discussed with a group of these NGOs and inform the cluster’s findings.

Schools

The total number of school aged children has a wide range across the sub-districts ranging from 2,030 to 90,481 children between the age of six and 17 years old. There is no significant difference between the percentage of school aged children in the total population and the percentage in the IDP population. However, cross-analysis indicates that these numbers should be viewed with caution. When comparing the number of school aged children to the total size of the population, collected in Section-A of the questionnaire, the school aged population ranges from 39% to 70% of the total population. Normally the average is around 30%; in the 2018 HNO 2018 school aged children represented 18% of Afrin’s population.

Key findings

Three of the five sub-districts have functioning schools but the number of schools is inadequate. There are no functioning schools in four sub districts. However, organizations on the ground indicate that the number of functioning schools may be slightly underrepresented. That said some “functioning schools” may lack the basics needed to carryout education services or may only be carrying out 9th and 12th grade exams.

Enrollment

Only three of the seven sub-districts report children attending formal or non-formal education services. However, there is a general expectation that children will return to school at the start of the new school year. Afrin reported 6,112 children attending education services, Raju 892 attending and Ma’Btali 384 students attending. If this is compared to the number of functioning schools reported there is an average of between 69 and 437 students per school. The assessment did not capture the number of students per school but if the functioning schools are fully structurally sound one could assume that there is space to absorb more students if they are provided the needed resources.
Teachers
Information collected on teachers may be inconclusive. There was no logic found between the number of students attending education services—with a range of 15 to 115 students per teacher; nor between the number of schools and the number of teachers—with a range of four to seven teachers per school. A trend between these three factors was also not found. It should be noted that Sharan Sub-District reported no children attending education services and no functioning schools but reported 12 teachers conducting education activities. This may indicate that the question on the “number of teachers currently available and leading formal or non-formal education classes or activities” may have been misunderstood by the interviewer or interviewee.

Curriculum
The curriculum taught in Afrin has changed in tandem with the change of administrations. Based on experience there is an expectation that the Syrian Interim Government’s curriculum will now be taught in Afrin with the addition of Kurdish language classes. This would result in the change in curriculum content and a change in the language of instruction. Additionally, children from opposition held areas that are moving into Afrin most likely were taught the Syrian Interim Government’s curriculum. This means that classrooms could have a mix of Kurdish only, Arabic only and bilingual students and teachers who were taught different curricula in different languages.

Education Needs
Interviewees were asked to list the top five problems with sending and keeping children in school. The predominate problem stated was that there is "no school or not enough functioning schools". The next four reasons were sited nearly equally: unsuitable learning environment, low quality education, not enough qualified teachers and not enough teaching and learning supplies. These answers are in line with other information gathered during the assessment, what NGOs are seeing in Afrin and what can be assumed based on the cluster’s experience in Syria.

B41. What are the five main problems with sending and keeping children (6-17 years) in school?

Interviewees were then asked to list the top five solutions needed. The solutions generally correlated with the problems sited and like the problems sited are in line with other information gathered during the assessment, what NGOs are seeing in Afrin and what can be assumed based on the cluster’s experience in Syria. The top six responses dominated the most sited solutions. In order of the frequency mentioned the solutions are listed below.
B5. What are the five main solutions needed for the majority of children (6-17 years) to go to school and stay in school?

<table>
<thead>
<tr>
<th>#1 Construction and rehabilitation</th>
<th>#2 Provision of teaching and learning supplies</th>
<th>#3 Payment for teachers or education personnel</th>
<th>#4 Improvement of the learning environment</th>
<th>#5 Training for teachers or education personnel</th>
<th>#6 Income generation for poorer families</th>
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<tr>
<td>Construction or rehabilitation</td>
<td>Provision of teaching or learning supplies</td>
<td>Payment for teachers or education personnel</td>
<td>Improvement of learning environment</td>
<td>Training of teachers or education personnel</td>
<td>Income generation for poorer families</td>
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**E111. Level of damage - Schools**

- **RAJU**  
  - Completely damaged: 68%, 25  
  - Not damaged: 30%, 9  
  - Partially damaged: 6%, 2

- **JANDAİRİS**  
  - Completely damaged: 38%, 11  
  - Not damaged: 31%, 9  
  - Partially damaged: 31%, 9

- **AFRİN**  
  - Completely damaged: 43%, 10  
  - Not damaged: 43%, 10  
  - Partially damaged: 13%, 3

- **SHARAN**  
  - Completely damaged: 35%, 7  
  - Not damaged: 50%, 10  
  - Partially damaged: 15%, 3

- **BULBUL**  
  - Completely damaged: 42%, 8  
  - Not damaged: 47%, 9  
  - Partially damaged: 11%, 2

- **MA'BṬALĪ**  
  - Completely damaged: 33%, 3  
  - Not damaged: 33%, 3  
  - Partially damaged: 33%, 3

It should be noted that when cross checked with early recovery findings, *the percentage of schools not damaged ranged from 11% (two schools) in a sub-district to 63% (19 schools) in a sub-district. Completely damaged schools ranged from 7% (two schools) in a sub-district to 47% (9 schools) in a sub-district. When listing the top priority for repair/rehabilitation early recovery KIs site schools as the second to priority after electrical networks.*

Relevant findings from other clusters:

**Explosive contamination**

Based on results from the Mine Action Sub-Cluster education interventions should consider integrating risk education into education services. Additionally, workers carrying out school repairs or rehabilitation should be trained on safety risks and prevention measures. (See the Mine Action report for details.)

**Child Protection**

Based on results from the Child Protection Sub-Cluster education interventions should consider integrating psychosocial support and referral pathways to specialized protection services into education services. Back to learning campaigns, outreach activities and life skills and citizenship education classes should consider issues related to child labor, forced and early marriage, violence against children at the household and community levels, child recruitment and family separation. Additionally, child friendly spaces within or near schools or other appropriate
places and outreach teams can help support children to cope with the issues mentioned above and can foster a more protective learning environment. See the (Child Protection report for details.)

**Health and Hygiene**

Based on results from the Health and WASH cluster reports, education interventions should consider integrating key messages and interactive learning activities on good health and hygiene practices as well as the provision of items needed to put learning into practices. Information on leishmaniosis, approaches to appropriately dealing with limited access to water and waste removal are particularly relevant. (See Health and WASH reports for details.)

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**Conclusion:**

The assessment was designed to capture a snap shot. While keeping in consideration the limitations of the assessment and questions related to the data, the data is generally in line with what the cluster would expect are the needs and priorities in Afrin. The data and cluster members indicate that there are high rates of school aged children not attending school (formal or non-formal) and that communities prioritize making their schools functional and getting children back to school.

**Recommendations**

The core activities needed to make education facilities functional are:

- Structural repair or rehabilitation of school buildings and the provision of temporary learning spaces
- The provision of school furniture, equipment, operation and maintenance costs
- The provision of teaching and learning supplies and materials and textbooks
- The hiring and retention of paid and trained teachers and education personnel
- Cross-cutting protection, health and WASH issues should be integrated into education activities

The above activities should be based on a comprehensive needs and capacity assessment.

**Investments in education facilities should contribute to creating a protective and welcoming learning environment and should act with recognition of the specific needs and stresses that the student body may have.**

The above is in line with the needs sited in other areas of Syria where the absorption capacity of schools needs to be increased. Along with gaining a more detailed understanding of education needs and resources at the community level, subsequent assessments should explore issues related to the availability of qualified teachers and education personnel. Additionally, issues related to the administration of exams and access to certificates are not clear and are important to clarify.

The cluster assumes that the administration of education services in Afrin will be similar to the administration and regulatory environment of education services in Euphrates Shield areas. If this holds true, the cluster will seek guidance from the humanitarian leadership on how to engage with relevant authorities.

Refer to Annexure I for Education cluster tables and charts
Early Recovery Sector Analysis

The majority of key informants reported that, over the past three months electricity networks, telecommunications and markets/commercial centers were completely damaged, whereas half of respondents indicated that most roads and streets, schools and water supply networks ranked as partially damaged. Consequently, these critical services were reported as high repair priority for community recovery. Other key services such as public transportation and solid waste management are also affected; while services for persons with disabilities were reported completely unavailable throughout the district. In general, home-based enterprises as well as skilled and unskilled wage employment are the economic activities most affected, especially in Jandairis and Afrin, the two sub-districts relying the less on agriculture.

Economic recovery activities with short-term impact such as the provision of raw material, cash injection and electricity have been prioritized by KIs, whereas financial support to small and medium enterprises and market reconstruction, which have medium term impact were less prioritized.

Summary

Overall, the top five community infrastructures to be prioritized are:

1. Electricity networks
2. Schools.
4. Hospitals/Health facilities, and
5. Bakeries

The sub districts with the highest percentage of damages to community infrastructures are Afrin, Jandairis and Raju. (Figure ER-1)

The top priorities for the recovery of the local economy in short and medium terms are: (Figure ER 2-1:)

![Figure ER -1: Top 5 High Repair or Rehabilitation Priority by subdistrict (%63 of all)](image)
Men:
1. Availability of raw material
2. Availability of electricity
3. Cash injection
4. Financial support to small/medium enterprises

Women:
1. Availability of electricity
2. Availability of raw material
3. Cash injection

Priority sub districts for both men and women are: Raju, Afrin and Jandairis. Notably, prioritization of training/skills is three times higher for women than men.
Key findings/highlights

In general, 57% of communities reported electricity network as completely damaged, while half of respondents in Afrin district indicated the complete damage of telecommunication and internet coverage. Furthermore, a third of key informants reported market and commercial centers in addition to water supply networks to be also completely damaged. Other critical infrastructure such as roads/streets and schools were reported as partially damaged by 55% and 41% of respondents.

At sub-district level, 76% of the respondents reported roads as partially damaged in Raju. While water supply has been reported as completely damaged in Bulbul by 71% of respondents, also water supply was described as partially damaged in Raju based on 60% of respondents’ answers. Markets and commercial centers are severely affected in Afrin, Bulbul, Mabatli, Raju and Sharan. In Raju, particularly, 74% of respondents reported that markets and commercial centers are either completely or partially damaged.

Electricity networks were heavily affected throughout the Afrin district and particularly in Bulbul, Raju and Sharan sub-districts, where almost 100% of key informants described electricity networks’ status as partially or completely damaged. Schools were mostly reported as partially damaged in Raju sub-district with 66% of the respondents indicating partial damages to schools. Based on data collected on Afrin city, water supply network is the service that was most affected, while schools were not subject to any damages.

Other critical services, like public transportation for example, is a key challenge and was noted to hinder population’s movement by 79% of key informants. The unavailability of solid waste management is an increasing concern during summer months, as reported by 70% of respondents throughout the Afrin district. Of great concern are also the extremely limited services for PWD reported by 97% of the respondents.
For women, the most affected types of businesses are home-based enterprises as well as skilled and unskilled wage employment. Of note, a third of the respondents considered trading, manufacturing and shops/markets as not relevant for women. However, bearing in mind that 97% of respondents are men, women-led business sector might need to be further explored in order to obtain a better understanding on the business situation in the overall district.

For men, the most affected types of businesses are home based enterprises, wage employment – skilled and unskilled, trading, manufacturing, shops/markets, as indicated by more than three quarters of respondents in all sub districts. Of note, livelihood in Raju seems to be the most affected sub-district though the situation remains very difficult in all the district.

In general, business and employment have been most affected in Jandairis and Afrin sub districts. The remaining sub districts have also been affected but to a lower extent. This might be attributable to the fact that the other sub districts are more relying on agriculture-based activities as main income sources.
For men, raw material for agriculture/construction and industry are highlighted as the top priority for the recovery of local economy in short and medium term. Electricity was reported as the top priority for women being key for home-based enterprises and skilled waged work such as sewing, food processing as well as other income generating activities.

Second and third priority for men, are electricity and cash injection that contributes to increase purchasing power of local products. Similarly, availability of raw materials and cash injection are second and third priorities for women.
Recommendations

Business and economic recovery could be enhanced through short-term and immediate impact types of interventions like electricity supply, provision of raw materials and cash injection. If feasible considering the prevailing challenges concerning this modality, cash-based responses might accelerate markets’ recovery, while availability of raw materials can support repairs to damaged roads, where needed.

Employment opportunities, intended as both skilled and unskilled labor, if provided, could encourage some diversification of income sources.

As security incidents, restrictions of movement and safe transportation/road access are hampering livelihoods access and economic recovery, it is of paramount importance that security considerations are integral to economic recovery plans to stimulate the population’s return to normal life.

Refer to Annexure II for Early recovery sector tables and charts
Food Security and Livelihoods Cluster Analysis

Key findings/highlights

The findings of this RNA assessment indicate challenges for the population in Afrin with regards to access to food and markets, moreover impact of the crisis on livelihoods was clearly shown by key informants’ information. However, limitations due to under-representation of women and of the IDPs among key informants, some logical inconsistencies detected in the responses and lack of data from household survey, prevent a more in-depth understanding of the food security situation in Afrin, which could be used to inform FSL cluster’s response.

Before the crisis, agriculture was the essential economic activity in Afrin including food and cash crops production, olive and olive oil industry, fruitful tress and livestock/poultry.

Even now, agriculture and livestock remain the main economic activities in Afrin, with indication that markets have become more informal (petty commodity production such as honey and clothing is ranked as third economic activity).

Support to agriculture, livelihoods grants and cash for work activities are the priorities interventions required to restore livelihoods and promote resilience in Afrin.

Main findings from the RNA indicate the availability and access constraints to markets currently impacting on the food security of the population. Markets are reported mainly as neither functioning nor accessible regularly by all inhabitants, including bakeries, which produce the main staple food consumed by the population (bread). However, latest OCHA Afrin situation report states that the provision of humanitarian assistance and services by cross-border partners are reported to be improving as well as the availability of food and non-food items (NFIs) in the markets.

Food prices have increased and population have reportedly adopted unsustainable food related coping strategies, including relying on less preferred and expensive foods.

Most of the respondents indicated that food is neither available (73 %) nor accessible (82%) in the local markets.

But the situation varies at community level.

Bulbul and Sheik el-Hadid are the two communities where markets are totally not functional, not open neither accessible, and food commodities are not available according to all respondents, while they are not functioning for almost all respondents in Raju (95%) and in Ma’btali (90%), but in Ma’abati 29% reported that food commodities are available. Markets look slightly more functional in Afrin and Sharan, where only 81% reported there are not accessible and 76% that commodities are not available. In Sharan situation looks contradictory: three-quarters (76%) of respondents reported that markets are inaccessible while almost half (48%) stated there is food in sufficient quantities. The district with the most positive situation is Jandairs, where over half of the respondents (52%) reported that markets are open and accessible and commodities are available (58%).
Similar patterns related to functionality of markets apply to functionality of bakeries.

77% of the respondents reported that bakeries are not functional and since bread is the main staple food, ensuring bakeries’ functionality is key to food security of the population.

In Balbul, Mabtal and Sheikh El-Hadid over 80% of respondents state that bakeries are not functioning. Surprisingly, even in Jandairis, where 58% responded that commodities are available, 85% stated that bakeries are not functioning. In accordance with responses related to markets’ access and availability of commodities, higher proportion of respondents state that bakeries are functioning in Raju (21%), in Afrin (29%) and in Sharan (44%), which is again the district that presents the best indicators.

In line and as consequence of the limited functionality of the markets, 60% of respondents reported a major increase in prices of basic food commodities, further impacting the access to food.
Again, the picture varies across communities. Majority of respondents reported major increase in food commodities prices in four districts: Bulbul (95%), Ma’abtal (86%), Raju (74%), Sheikh El-Hadid (64%), while in the three remaining districts price increases are reportedly less significant according to 48% of respondents in Afrin, 64% in Jandairis and 64% in Sharan.

Bread, oil and sugar are the most consumed staple foods according to the interviewees, a result in line with findings from FSL sector assessment and monitoring reports across NW Syria and Syria. Collected data based on key informant interviews do not permit calculation of standard food security indicators such as Food Consumption Score or Household Dietary Diversity Score, proxy measures of dietary quality and calorific intake of households, but grouping of the different food groups show that main food groups consumed are low in protein and vitamin intake (low consumption of vegetables and meat/chicken). No significant differences are reported across the different sub-districts.

Respondents stated that food is mainly purchased from market shops (64% from main shop), even when majority states that markets are not functioning, while food assistance (42% of respondents) and own food production (42%) were the secondary sources of food. No further details are available with regard to food assistance provided (targeted population, modality, value, etc.).

When households (HHs) are negatively affected by a shock or crisis, they may alter their food consumption by using various strategies to adapt to the reduced access to food.

Over 50% of respondents reported that all households adopted food-related coping strategy relying on less preferred and less expensive food. Over one third of the households reduced the number of meals or the portions.
Afrin is traditionally an agricultural area and respondents confirmed the role agriculture plays as main livelihoods activity in the area. Before the crisis, the main four economic activities were related to agriculture: food production (89%), cash crop production, olive and olive oil production, planting fruitful trees, planting trees, sales of livestock and poultry. Skill labor accounted as fifth source of income and economic activity.
After the crisis, the first two economic activities remained food production and cash crop production. Petty commodity production is reported as the third economic activity along with wages from unskilled labor, which signals a shift towards more informal economic activities due to disruption of markets and economic institutions after the crisis.

Regarding the impact of the crisis on income, money, livelihood assets or living resources in the last three months, the majority of respondents reported a lack of livelihoods opportunities, followed by insecurity (which prevents livelihoods activities) and the loss or damage – due to looting - of livelihoods assets. No significant differences are reported about the impact of the crisis over men and women, however this result might be biased since the overwhelming majority of respondents are male.
The primary support required in restoring the economic activities and income of the population focuses on the support to agricultural activities, confirming the economic vocation of the area of Afrin. Secondly, livelihoods grants and livelihoods support activities such as cash for work and cash grants programs. Improved security is required as a condition to revitalize economic activities.
Recommendations

Results show that people in Afrin have been affected by the crisis through major increases in prices of basic food commodities, and disruption of markets and livelihoods. Interventions need to focus on restoring market functionalities and reviving livelihoods opportunities.

- To assess the food security needs through household data survey to provide reliable information on the food security needs of the population disaggregated per different groups, including women, children, youth, and displaced (IDPs);
- To monitor the food availability in the markets and ensure humanitarian assistance is delivered in areas where a few alternative livelihoods are available;
- To provide and maintain food assistance to support food security at acceptable levels;
- To ensure coverage of the IDPs through food assistance, both in camp and out of camps as IDPs are considered as severely food insecure after displacement;
- To restore the livelihoods of the population through the provision of agricultural support, in line with the vocation of the area, including distribution of seeds and tools, livestock support and protection of livestock assets and taking into account the seasonality;
- To provide quick impact and short-term agricultural and livelihood support to increase self-reliance;
- To rehabilitate productive infrastructures, including irrigation, is crucial to re-establish livelihood of residents and secure job opportunities;
- To restore livelihoods through setting-up cash for work and cash grants programs to provide immediate cash support to beneficiaries while engaging them in community support projects; and
- To promote and conduct vocational training programs.
Health Cluster Analysis

**Key findings/highlights**

<table>
<thead>
<tr>
<th>What are the main difficulties faced by people to get health care services?</th>
<th>What are the main health problems in the community?</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ No Health Facility</td>
<td>✓ Cardiovascular diseases 46%</td>
</tr>
<tr>
<td>✓ No medicines</td>
<td>• Heart disease 21%</td>
</tr>
<tr>
<td>✓ No transportation</td>
<td>• Hypertension 16%</td>
</tr>
<tr>
<td>✓ No staff</td>
<td>• Stroke 11%</td>
</tr>
<tr>
<td>✓ No specialized services</td>
<td>✓ Trauma 10% (70% non-war related)</td>
</tr>
<tr>
<td></td>
<td>✓ Diabetes 4%</td>
</tr>
<tr>
<td></td>
<td>✓ Pregnancy complications &lt;3%</td>
</tr>
</tbody>
</table>

The most common health problems:
- Non-Communicable Diseases (Heart Disease, HTN, Diabetes) 45%
- Communicable Diseases: Respiratory infections and Leishmaniasis

Mental health services and physical rehabilitation are non-existent.

Access to SRH services is extremely low, in particular childbirth care, due to the absence of services or inadequate services.

Among the stakeholders interviewed, 19 only were women (10% of all interviewed), aged 18 to 65 (average 38 years old), 63% being health or social workers. Men interviewed (161) were aged 21 to 80 (average 47 years old) – 20% being health or social workers. The majority were identified as community leaders. Although more women were interviewed compared to other sectors surveyed, the people interviewed are in no ways representative. A serious bias is created because of inadequate age and sex respondent selection.1

**Summary**

Before the military operations, the public health sector covered 70% of the health needs of the population. Currently, most facilities in the rural areas of Afrin are closed, and reports indicate that the majority of Afrin city's medical staff is displaced to the Government of Syria - controlled areas. There are several operational public health facilities in Afrin, Jandiris and Raju city managed by Syrian NGOs. In addition, although limited few more NGOs are mobilizing resources to support the host and displaced population

Medical cases are referred to health facilities in Jarablus, A'zaz and to Turkey depending on the severity of each case. The closest available hospital is in Zahra which has limited capacity with only twelve beds. A mechanism has been put in place for the medical evacuation of emergency cases to Aleppo city, however, it can take up to 20 days to obtain approval for the medical evacuation of critical patients.

Since the beginning of May, a hospital in Afrin town is reported to be providing free medical services to the affected population, including some 200 consultations per day. Another NGO-supported

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1 Nevertheless, the results to key questions relevant to SRH were analyzed disaggregating by age and sex of respondents and differences when they are significant are highlighted. Given the small number of young people and women, it is not always easy to conclude on whether the results are biased or can be considered.
hospital in Afrin town has recently resumed offering services to the affected population, and is providing an estimated 350 consultations daily. In addition to the services provided by hospitals, mobile clinics are active in Afrin town and some 30 pharmacies and 25 private medical clinics have reopened since the beginning of May.

According to the health-related report data, 153 out of the 180 assessed communities do not have access to health services (See map). Limited availability of health facilities is the major obstacle in access to health care, the lack of medicines being the second major issue followed by lack of health staff, lack of transportation and lack of specialized services. Women have additional constraints in accessing services, most likely due to restriction/danger of movement and lack of services corresponding to their specific needs.

Newly accessible areas require a higher number of equipped mobile clinics/ambulances and fixed PHCs to improve access to primary health care services. A suboptimal medical referral system (case by case basis rather than a systematic approach) and limitations in reaching health facilities in Aleppo are resulting in lengthy clearance procedures for the referral of sick and injured patients.

There are only limited health care options for patients with tuberculosis and leishmaniasis and no facilities at all for mental health care and physical rehabilitation. There is also a lack of secondary health care services.

Family planning activities need to be enhanced through the distribution of contraceptives and reproductive health kits. The current overcrowding in many locations, including camps, and lack of hygiene in several IDP sites might be directly linked to an increased risk of potential outbreaks. Access to vaccination services must be improved.
Cluster’s specific findings

What are the main difficulties faced by people to get health care services?

- Both female and male respondents highlight the low number of health facilities as the main difficulty (95% of females and 85% of males), lack of medicine being the second major issue (more for females: 95% than males: 65%)
- Lack of health staff, lack of transportation and lack of specialized services follow for both female and male respondents, although women rate it much higher (up to 39% higher!)
- Male respondents consider there is no discrimination in the use of the health services (only 4% thought so), while one third of women flagged it as an issue (34%)

We can conclude that the number of health facilities accessible by the population is extremely low, and that when those facilities exist, they do not have the staff and resources to function properly. Women’s answers highlight that for them it is much more difficult to access services, probably due to restriction/danger of movement and lack of services corresponding to their specific needs.

Despite the increased number of seasonal leishmaniasis cases, the main identified health issues by the respondents were the lack of or limited availability of treatment for non-communicable diseases.

As the majority of Afrin population (64%) is over 18 years old, cardiovascular diseases such as heart disease, hypertension and stroke, followed by diabetes were identified as the main health concerns as well as the main causes of mortality in the population. 15.1% of families reported having members suffering from chronic illnesses, while only 23.8% receive medication adequate to their condition.

![Figure 1: What are the main health problems in the community?](image)

Although trauma was reported after cardiovascular diseases as a cause of morbidity and mortality, 70% of the trauma was non-war related and accidental in nature. 13.6% of families have members with a permanent disability due to war injuries.

The latest vaccination round was conducted in November 2016. Since then, cross-border vaccination services were suspended and the vaccination coverage is known to be under the recommended thresholds.

The collapse of the health system in northern Syria as is seen in Afrin, has pervaded every component of the health care continuum and has resulted in breakdown of the availability of human resources, pharmaceuticals, vaccinations, and medical supplies and equipment.

The RNA confirms the limited availability of health services and health continues to have acute problems including lack of health systems structures, poor articulation of emergency and referral systems, overlaps in coverage, duplication of services and poor articulation of efforts among primary and secondary levels.

As reported the main causes to the lack of access to health care are: lack of health care facilities, lack of medicines, lack of specialized services, lack of staff and lack of transportation -when referral is required.
According to the respondents the best provided services are vaccinations (EPI) followed by Basic Emergency Obstetric Care.

![Figure 2: Morbidity and Mortality in Afrin May 2018](image)

Do people in your community have access to OPD, IPD, surgery, BEmONC, CEmONC and STIs services?

- Male respondent rated extremely low for all services (0% to 6%), which means no access.
- Female respondents also rated very low, but seem to have more information about specific access to SRH services: 16% stated that they have access to BEmONC and 11% to CEmONC.
- Both stated that there is no STIs services (0% respondents)

The answers are in line with the results to the previous question, in particular for female respondents. It shows a dramatically low availability or access to life saving health services. Mental health services and physical rehabilitation are to non-existence.
Figure 3: Do people in your community have access to the following health services?

Where do deliveries take place?

- Male and female answers are different for this question.
- 42% of female stated that women deliver at home with unskilled birth attendant, against 30% of male respondents
- 26% of female stated that women deliver in health facilities, against 48% of male respondents

Those answers are very different. Although both highlight the high percentage of women having unsafe deliveries, women respondents point a more dramatic situation. Female answers are in line with the answers of the previous question. It is very likely that female answers are closer to reality.

Figure 4: Where do deliveries take place?

In order to mitigate the potential bias resulting from the low number of female key informants, the analysis prioritized responses provided by female key informants. Results show that access to SRH services (in particular childbirth care) is extremely low, due to the absence or inadequacy of services (lack of: supplies and adequate human resources as well as acceptability and reachability challenges), and that STI services are not available.

**Recommendations**

- The severe gaps in health care provision and the limited response of agencies operating in Afrin (and the Euphrates Shield area) require an improved and urgent response based on PHC strengthening. The following minimum health facilities are recommended base on the current
gaps (as emergency response) in order to adopt a referral system that provides access to emergency care and regular services among the IDP population (new and previously arrived in the area).

- 6 Mobile Primary Health Care (PHC) Units
- 3 PHC units
- 1 Secondary Care Facility

- The Health Cluster with the support of the SRH working group needs to prioritize support to health facilities according to population geographical density. Up to a maximum of three EmONC could be supported (Basic and comprehensive to be decided according to difficulties for people to move in the area) and up to 10 PHCs with SRH activities (either fix or mobile). Referral pathways will need to be discussed with partners during the decision-making process.

- Mapping of skilled staff is an emergency (including rapid knowledge verification and certificate verification) to allocate staff to relevant level of care (and not creating structures that cannot be staffed) and to rapidly start upgrading staff capacity. Clinical protocols do exist as well as training modules.

- The large-scale movement of IDPs have allowed for the leishmaniasis epidemic to continue to spread with over 2,000 new cases being reported per week in 2018. As of 01 April 2018, the remaining pharmaceuticals available for treatment had expired in this area and most health facilities now lack the means to provide further treatment to this disease. Following recent gaps in service provision combined with a new influx of IDPs from eastern Ghouta there is an urgent need to respond to the disease in this area.

- There is additional support urgently needed to scale up services to address increasing mental health and physical rehabilitation needs.

- Although we work on the assumption that medical staff speaks Arabic, it would need to be verified as all the clinical material developed is in English and Arabic and not in Kurdish. As for the population, health promotion material will probably need to be translated in Kurdish.
Nutrition Cluster Analysis

**Key findings/highlights**

- Lack of nutrition services in Afrin;
- Infant and young child feeding poor practices are prevalent;
- Lack of availability of food.

**Cluster's specific findings:**

The assessment was done through face-to-face key informants’ interviews with key community informants, various health and aid workers. *8% of the interviewed key informants were females while 92% of the respondents were males.*

The assessment covered 98% of geographical areas of interest and only 2% of geographical areas not of interest. 95% of the data was collected face to face while 5% of the data was collected remotely.

Most of key informants interviewed are community leaders (97), social workers (24) and health workers (15) while only 4 and 3 of them are respectively nutritionists and humanitarian workers. Community leaders were unaware of the details of nutrition programs, especially for infant and young child feeding and community management of acute malnutrition. As such, the data may not provide sufficient insight to the status of these issues.

A high percentage of infants have been identified with feeding problems 53% due to lack of IYCF services on the area, while 47% of babies have been identified with proper feeding. Breastfeeding difficulties is first main problem 54% while second problem is no support for non-breastfed 36% and low percent for poor hygiene for feeding non-breastfed babies 6%.
47% of young children 7-23 months have been identified with feeding problem 47% while 53% have not been identified with any feeding problem.

22% of young children (7-23 months old) are not receiving suitable food, 8.5% are not receiving enough food. As such, there is an issue with food quantity rather than quality.

The paragraph showed the situation of BMS distribution in Afrin, there is no significant distribution of infant formula, but in 3 communities there is distribution of liquid milk and dried milk, which affects infants feeding practices.
This paragraph showed nutrition services on Afrin sub district, there is IYCF, CMAM and stabilization center in Afrin city and another 1 IYCF center in Ragu while absence of nutrition services in Bullbul, Jandareses, Ma'btali

**Recommendation:**

- Scaling up infant and young child feeding through caregivers counselling (group or individual sessions), campaign type approach and integration with health, education and protection activities;
- Screening of children for acute malnutrition and referral of identified children to the appropriate services;
- Scaling up treatment of acute malnutrition delivery through existing health facilities. In areas where health facilities are not functional, not present or not functional mobile strategies could be used to increase program reach;
- Provision of micronutrient supplementations to children 6-59 months and pregnant and lactating women to prevent acute malnutrition as well as anemia; and
- Setting up community/Health facility nutrition surveillance to monitor the nutrition trend in the area.
Child Protection Cluster Analysis

Key findings/highlights

- About 163,000 children are living in Afrin district.
- Child protection services were scarce prior to the conflict
- IEDs/landmines, violence at home and community levels, family separation, child recruitment, forced/child marriage, and child labor, child detention are reported to be affecting children’s safety and wellbeing.

Overall Situation of Children

The assessment has found that the number of children living in Afrin district is about 163,000 but there is no gender disaggregation of the number. About 73,000 (45%) of them are returnees and about 68,000 (41%) of these are IDPs, about 28,000 (17% of total number of children) are new IDPs. This means that a considerable percentage have gone through distressing events and many of them are still going through them. At the Child Protection Sub-Cluster, we know that scarce child protection services existed in Afrin prior to change of control in the area.

Issues Impacting Child Safety and Well-being

Three key child protection concerns were identified when respondents were asked to describe living conditions of the population. These are child labor (reported by 9% of total respondents), forced and early marriage (reported by 5% of respondents) and family separation (reported by 2% of respondents). From earlier data collection experiences in Syria, it is expected that these issues are usually poorly understood or seen as protection concerns and hence are likely to be underreported. Also, the significant bias in age (median age of respondents is 45) and gender (only 4% are females) of respondents is likely to have impacted the findings. Exploitation of children in child labor and early marriage was reported highest in Bubul, whereas family separation was mostly reported in Afrin sub-district.
When asked to name the top three problems in relation to child safety and well-being, the majority of respondents cited IEDs and landmines as the biggest problem as reported by 64% of respondents. About 37% of respondents cited violence against children at the household and community levels as the second biggest problem affecting children’s safety and well-being. Child recruitment was reported as the third biggest problem as reported by 24% of respondents.

Issues of child separation and detention of children were also reported but by a considerably lesser number and percentage of respondents. Despite their relatively lower incidence, child separation and detention of children are associated with higher risks on children’s safety and well-being and establishing specialized services for such issues is vital and can be life-saving in many situations.

**Child Separation and Alternative Care**

About 15% of respondents are aware of children who have become separated from their father and mother since the conflict. The vast majority of respondents (80%) reported that separated children are living with other family members and relatives. Only 6% of respondents reported that separated children are living in orphanages while another 6% reported that separated children are living with adults who are not their relatives. A smaller group (about 3%) reported that children are living on their own or with other children. While few separated children are reported to be living in orphanages, adults who are not their relatives and with other children, these groups are particularly at risk and require specialized interventions to ensure appropriate care for them.
Recommendation

The Child Protection Sub-Cluster recommends establishing child friendly spaces to provide structured play, PSS and recreational normalizing activities for distressed children. Whenever possible friendly spaces are to be established within existing community structures notably schools. Partners are encouraged to make intentional efforts to target children who are dropped from school through mobile outreach teams as those children are usually more vulnerable. Inviting these children to school can be quite helpful in protecting them and restoring normalcy of living for them.

Regardless of their location, the child friendly spaces and their outreach teams are to provide risk education, awareness raising activities and distribute IECs about toxic psychosocial distress, child labor, child separation, child recruitment and child marriage. Moreover, the child friendly spaces and the outreach teams are to act as entry points for provision of specialized case management services for unaccompanied and separated children and those who are at risk or suffering from violence, neglect, child labor, and association with armed groups. The child protection units are also expected to report and advocate safely together with the humanitarian community, particularly the Child Protection Sub-Cluster, UNICEF and OCHA around identified issues of child recruitment and child detention.
Humanitarian Mine Action analysis

The findings of this Rapid Needs Assessment (RNA) indicate explosive hazard contamination in Afrin and surrounding sub districts. Although this assessment does not well represent the population (poor representation of women and of IDPs), it gives an indication of the communities where humanitarian mine action sub cluster members should provide more support. It is also useful to inform humanitarian actors of location where they may face such threats.

**Key findings/highlights**

20% (37 key informants from the following subdistricts: Afrin, Sheikh El Hadid, Bulbul, Sharan, Raju, Jandairis, Ma’btali) reported that clearance of explosive hazards are among the most important factors for displaced people in the selection of their hosting community. Based on the results of the below indicators, answers to this question might be biased by the lack of representation of IDPs in the assessment, but also by the prioritization of other urgent basic needs. However, the need of systematic survey, marking and clearance of hazardous area remain a high priority for the humanitarian community, and an enabler for humanitarian access and for the return of displaced populations.

84% of the key informants reported that the presence of IEDs and landmines is a main problem for safety and for children welfare: 111 people (62%) ranked IEDs/landmines as top 1 problem, 19 (10%) ranked to top 2 and 22 (12%) rank to top 3. The sub districts of Jandairis, Raju and Sharan seem to be the most exposed.

35% of the key informants (63 people) have reported that they know about areas in their community that are currently contaminated by explosive hazards. Presence of explosive contamination has been reported in the 7 sub districts which raises the need to ensure continuous risk education campaigns in such areas, until explosive hazards survey and clearance has taken place.
33% of key informants (60 people) know about civilians in their communities who have been injured or killed by explosive hazards in the past six months, which also confirms the contamination in the seven sub districts. This also highlight the need for long term medical services, physical rehabilitation services, psycho-social support and socio-economic reintegration support to the victims.

87 people (48% of the key informants) have reported that clearance activities have been conducted in their communities in the past three months in the 7 sub districts. There is currently no humanitarian clearance conducted in these areas however armed forces have allegedly conducted spot tasks in their area of operation.

The presence of explosive hazards was also reported by 47% of the key informants (84 people) as a main cause for movement restrictions for civilians in the 7 sub districts. In addition, 81% in Ma'btali, 55% in Sheikh El-Hadid, 48% in Sharan and 48% in Bulbul, identified the presence of the explosive hazard as one of the main barriers humanitarian actors face in accessing their areas in the last three months. Ongoing insecurity/hostilities affecting area was also identified by the same communities, 84% in Sharan, 71% in Bulbul 64% in Sheikh El-Hadid and 33% in Ma'btali, as another main barrier humanitarian actors face in accessing their areas. This indicates that the conflict is still ongoing and potentially will add another layer to the contamination of the explosive hazards.

**Recommendations for the Humanitarian Mine Action (HMA) Sub Cluster**

- Ensure that communities in the sub districts of Afrin, Sheikh El Hadid, Bulbul, Sharan, Raju, Jandairis and Ma'btali are provided with explosive hazard risk education;
• Ensure that displaced persons from these sub districts are provided with explosive hazards risk education and informed that the area where they are going to is potentially contaminated with explosive hazards;
• Provide advisory support and awareness material/training to humanitarian actors deployed in these areas; and
• Ensure continuity of victim assistance services and reinforce referral systems.

Impact of the explosive hazard contamination on other sectors

Shelter NFI & CCM

Explosive hazard contamination can affect decisions on areas selected for setting up IDP camps and for the construction or reconstruction of shelters. It also affects decisions on location for distribution points and for safety advices to beneficiaries on areas where they should go/ not go. It is necessary to get historical knowledge of the area of work in addition to get safety advices and training from HMA sub cluster members. Risk education should also be provided to IDPs who are among the most at risk due to their lack of knowledge of the areas where they move/go back.

The resettlement of IDPs in empty villages in eastern areas of the country is also a protection risk: there are high risks that these villages are empty because of previous conflict which could have therefore resulted in explosive contamination. IDPs should be informed of such risks and of safe behaviours in unknown areas.

Education

The cluster mentioned the need for structural repair or rehabilitation and the provision of temporary learning spaces. These places may have been contaminated by explosive hazards. Historical knowledge of the area should be gathered prior to starting projects in areas where conflict may have happened and where they may be explosive contamination. Contamination in or around such facilities could represent a safety risk for rehabilitation workers but also for beneficiaries. Risk education is therefore required for children using education facilities, as well as safety training for construction workers and other personnel.

Food security and livelihood

As highlighted by the cluster, Afrin is traditionally an agricultural area and respondents to the assessment have confirmed the role agriculture plays as main livelihoods activity in the area. Before the crisis, the main four economic activities were related to agriculture: food production (89%), cash crop production, olive and olive oil production, planting fruitful trees, planting trees, sales of livestock and poultry. After the crisis, the first two economic activities remained food production and cash crop production.

Following hostilities, fields and infrastructures may be contaminated by explosive hazards and may be therefore dangerous for such productions. Explosive hazard contamination has potentially severe impact on the economy of Afrin, on food security, livelihood and early recovery. Farmers need to be informed of these risks and provided with explosive hazard risk education.

Health

Presence of explosive hazards in Afrin will result in increasing the number of victims of explosive incidents which impacts health needs, including emergency health care, and longer term physical rehabilitation services and psycho-social support.

Early recovery

In its analysis from the RNA, the cluster has reported that many infrastructures have been partially or completely damaged. These damages are potentially caused by hostilities and these
infrastructures could therefore be affected by the presence of explosive hazards (unexploded of abandoned weapons and ammunitions, landmines, IEDs).

**Recommendations from the HMA sub cluster to the humanitarian workers in other sectors**

- Get information on areas where you operate and reach HMA actors for advice if you operate in an area where conflict may have happened;
- Get awareness safety training, awareness material and training of trainers from the HMA sub cluster;
- Consider that there is currently no humanitarian clearance operation in this area when planning and implementing projects, especially for reconstruction of damaged sites, selection of sites for constructions, but also for agriculture projects, informing IDPs on returns, setting up a distribution point, etc.
- Ensure communities you are working with get risk education from HMA sub cluster members – or get yourself train to deliver risk education to your beneficiaries; and
- Ensure availability of health services, as well as the continuity of services and access from persons with disabilities (including victims of explosive hazards) to humanitarian assistance.
Shelter and NFIs Cluster Analysis

**NFIs Key findings/highlights**

The vast majority of assessed sub-districts reported problems with NFIs, with over 95% of respondents facing NFI issues in 4 out of 7 sub-districts. It is noteworthy that the sub-district of Afrin seems to be the one comparatively with lower NFI related problems, though still significant (65%).

The most common problem reported was the unavailability of the NFIs in the market, followed by the **NFIs not responding to the actual needs** and **NFIs not being enough for all entitled**. The unavailability of the commodities is likely to be related to the disconnection of the established market’s supply lines with the rest of the Syrian markets network, following the shift of the controlling authorities in Afrin. Finally, it is interesting to note that NFI affordability was not listed as the top three main NFI related problems.

### NFIs Specific Needs

In terms of NFIs specific needs, fuel, clothing and jerry cans are reported to be the top 3 needs. Fuel and clothing are mainly related to seasonal needs, therefore the more the temperature will raise in the coming weeks the more it is expected these needs to decrease in lieu of others. All the items mentioned are part of the standard NFI kit composition recommended by the SNFI Cluster.

In terms of affordability, the findings of the assessment show that clothing, mattresses and blankets are the most unaffordable NFIs, while solar lamps, jerry cans and mattresses are reported as the most difficult to find in the market.
Cross-checking the results of the assessment, the top 3 critical NFIs that need to be provided seem to be the following:

- Clothing (needed and unaffordable);
- Jerry Cans (needed and unavailable);
- Mattresses (unavailable and unaffordable).

**Cluster Recommendation:** take into consideration the above listed NFIs and ensure that they are included in the NFI package distributed in Afrin.

**Shelter Key findings/highlights**

Unlike the NFIs portion of the assessment, the Shelter one shows different concentration and level of problems/SDs. Having said that, as for the NFI findings, Bulbul and Sheikh El-Hadid seem to be the areas with the highest needs, with respectively 95% and 82% of the respondents reporting shelter problems.

Some discrepancies in the data-set arise when comparing the average percentage of shelter problems across sub-districts (62%) with the finding illustrating that 69% of the shelters are reported
as not damaged. In fact, only 5% of the shelters are reported as fully destroyed, 11% partially destroyed and 15% with minor damage.

![Shelter Damage Distribution](image)

Further, the assessment data show that there is still existing shelter absorption capacity in Afrin, with a reported total of 1,272 shelter units available (for an estimated 7,632 people). Though this data reflects a positive situation, important question marks related to the ownership of these shelter units and HLP related crucial considerations remain unanswered/unaddressed. Therefore, the Cluster strongly recommends and advocates for a thorough HLP assessment to be conducted before any empty building is reported as available shelter.

### How many shelters units are available to host IDPs in your community?

<table>
<thead>
<tr>
<th>Sub-district</th>
<th># of shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharan</td>
<td>337</td>
</tr>
<tr>
<td>Bulbul</td>
<td>320</td>
</tr>
<tr>
<td>Afrin</td>
<td>198</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>170</td>
</tr>
<tr>
<td>Jandairis</td>
<td>160</td>
</tr>
<tr>
<td>Ma'btali</td>
<td>61</td>
</tr>
<tr>
<td>Raju</td>
<td>26</td>
</tr>
</tbody>
</table>

It is important to note that the aforementioned finding on the existing number of shelter units available does not match with other two directly related findings showing an extremely low number of shelter available for rent (80% of respondents reported no shelter at all for rent) and/or in need of light rehabilitation (only 11% of the respondents reported existence of plenty of this type of shelters). Therefore, further shelter assessment should be carried out to clarify this discrepancy and have a clearer picture of the actual shelter capacity in Afrin.

On a positive note, the data-set show that the majority of the IDPs (68%) live in solid/finished apartment or houses, while only a minority are hosted in informal camps (3%), Collective centers (2%) and public buildings (9%). Shelter assistance should prioritize those living in sub-standard shelters, including in unfinished buildings (13%).
Cluster Recommendation

The Cluster recommends clarifying the discrepancies of the shelter section of the assessment and to integrate basic HLP questions into the questionnaire.

Modality:
A slight majority of the respondents reported cash as preferred modality of assistance (49%), followed by in-kind (45%). The lower percentage of responded preferring cash compared to other parts of Syria might be related to the unavailability of some needed items in the market, as reported in the NFI section.

Cluster Recommendation: Specific recent limitation on the use of cash in XB activities should be taken into consideration when selecting which modality to use.
WASH Cluster Analysis

Cluster specific information

Intermittent water supply through public/municipal system to Afrin and other sub-district, relaying on water trucking as the main source of water. Solid waste collection and disposal system is totally dysfunctional and waste pilling was reported. This has resulted in poor healthy and hygienic environment. Lack of adequate water led the people to reduce bathing and cloth washing.

Key findings/highlights

- Intermittent and inadequate water supply from public distribution network. 4.5% of the interviewees reported access to water network from the same neighborhood and 70% is water access through trucking.
- 39% reported access to less than 20 liters per person per day of water.
- 88% of the interviewees reported accumulated solid waste due to collapse of waste collection and disposal by municipal system. 49% reported increased rats and pests contaminating food and people.
- 20% reported sewage flowing onto the streets.

Recommendations

- Detailed technical assessment needs to be conducted by cluster members for effective program planning and response;
- Undertake solid waste removal and disposal campiness to avoid health and environment hazards;
- Though open defecation is 8%, more risk assessment and community awareness campaigns should be conducted; and
- Strict water quality monitoring measures should be applied and practiced on private and public water sources.

Refer to Annexure I for WASH cluster tables and charts
Annex I - Education

Key Informant Details

X1. What is Key informant type?

- Teachers/ headmaster of the school, 21%
- Social Worker, 9%
- Other, 13%
- NGO/Humanitarian Aid Worker, 3%
- Local administration, 6%
- IDPs representative, 1%
- Community Based Organization staff / manager, 1%
- Community Leader/Tribe leader/Mukhatar, 47%

Other

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repatriation Representative</td>
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<tr>
<td>Store owner</td>
<td>5</td>
</tr>
<tr>
<td>Farmer</td>
<td>2</td>
</tr>
<tr>
<td>Religious leaders</td>
<td>1</td>
</tr>
<tr>
<td>Community leaders</td>
<td>1</td>
</tr>
<tr>
<td>Dealer</td>
<td>1</td>
</tr>
<tr>
<td>The representative of the village</td>
<td>1</td>
</tr>
<tr>
<td>Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Citizen</td>
<td>1</td>
</tr>
<tr>
<td>Former Employee</td>
<td>1</td>
</tr>
</tbody>
</table>

X2. Key informant Gender

- Female, 11, 6%
- Male, 169, 94%
X3. Key informant Age (Years)

AVERAGE KI AGE - 46 YEARS

AFRİN  50
MA’BTALİ  49
SHARAN  48
BULBUL  46
RAJU  46
SHEIKH EL-HADİD  44
JANDAIRİS  42

X5. Is the source located in the geographical area of interest?

Yes, 100%

B11. What is your best guess of the number of schools available in your community?
B12. What is your best guess of the number of schools functioning in your community?
Population:

<table>
<thead>
<tr>
<th></th>
<th># of schools</th>
<th># of functioning schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAJU</td>
<td>13</td>
<td>51</td>
</tr>
<tr>
<td>AFRIN</td>
<td>14</td>
<td>50</td>
</tr>
<tr>
<td>JANDAIRIS</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>SHARAN</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>BULBUL</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>MA’BTALI</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>SHEIKH EL-HADID</td>
<td>0</td>
<td>12</td>
</tr>
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</table>

A11. How many people are living in this location (Total Population)? 253,499

A12: Total number of IDPs currently living in this location 60,365

A13: Number of new IDPs arrived in this location during the last 30 days prior to the assessment 43,811

A14: Number of returnees in this location in the last 3 months 103,379

A15: Total number of host community population 159,732
A11. How many people are living in this location (Total Population)?

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Population</th>
<th>Age 6-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrin</td>
<td>128,540</td>
<td>90,481</td>
</tr>
<tr>
<td>Jandairis</td>
<td>48,473</td>
<td>28,390</td>
</tr>
<tr>
<td>Sharan</td>
<td>35,536</td>
<td>23,920</td>
</tr>
<tr>
<td>Raju</td>
<td>16,265</td>
<td>8,783</td>
</tr>
<tr>
<td>Ma’btali</td>
<td>14,619</td>
<td>5,670</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>6,304</td>
<td>3,449</td>
</tr>
<tr>
<td>Bulbul</td>
<td>3,762</td>
<td>2,030</td>
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</table>

<table>
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<th>Age 6-17</th>
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</thead>
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<td>3,449</td>
</tr>
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<td>3,762</td>
<td>2,030</td>
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</tbody>
</table>

A12: Total number of IDPs currently living in this location

<table>
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<tr>
<th>Location</th>
<th>IDPs</th>
<th>Age 6-17</th>
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<tbody>
<tr>
<td>Afrin</td>
<td>23,800</td>
<td>17,709</td>
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<tr>
<td>Jandairis</td>
<td>19,720</td>
<td>11,679</td>
</tr>
<tr>
<td>Sharan</td>
<td>10,116</td>
<td>7,107</td>
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<tr>
<td>Raju</td>
<td>2,801</td>
<td>1,742</td>
</tr>
<tr>
<td>Bulbul</td>
<td>2,386</td>
<td>1,263</td>
</tr>
<tr>
<td>Ma’btali</td>
<td>1,285</td>
<td>742</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>1,285</td>
<td>742</td>
</tr>
<tr>
<td>Ma’btali</td>
<td>257</td>
<td>118</td>
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</table>

<table>
<thead>
<tr>
<th>IDPs</th>
<th>Age 6-17</th>
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<tbody>
<tr>
<td>23,800</td>
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<td>2,386</td>
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<td>1,285</td>
<td>742</td>
</tr>
<tr>
<td>257</td>
<td>118</td>
</tr>
</tbody>
</table>

A13: Number of new IDPs arrived in this location during the last 30 days prior to the assessment

<table>
<thead>
<tr>
<th>Location</th>
<th>IDPs</th>
<th>Age 6-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jandairis</td>
<td>16,527</td>
<td>9,215</td>
</tr>
<tr>
<td>Afrin</td>
<td>10,858</td>
<td>8,244</td>
</tr>
<tr>
<td>Sharan</td>
<td>9,997</td>
<td>7,074</td>
</tr>
<tr>
<td>Raju</td>
<td>2,025</td>
<td>1,293</td>
</tr>
<tr>
<td>Bulbul</td>
<td>1,686</td>
<td>959</td>
</tr>
<tr>
<td>Ma’btali</td>
<td>1,483</td>
<td>626</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>1,235</td>
<td>718</td>
</tr>
<tr>
<td>Ma’btali</td>
<td>1,235</td>
<td>718</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IDPs</th>
<th>Age 6-17</th>
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<tbody>
<tr>
<td>16,527</td>
<td>9,215</td>
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<td>1,686</td>
<td>959</td>
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<tr>
<td>1,483</td>
<td>626</td>
</tr>
<tr>
<td>1,235</td>
<td>718</td>
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</tbody>
</table>
A14: Number of returnees in this location in the last 3 months

<table>
<thead>
<tr>
<th>Location</th>
<th>Returnees</th>
<th>Age 6-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrin</td>
<td>63,650</td>
<td>79%</td>
</tr>
<tr>
<td>Sharan</td>
<td>50,544</td>
<td>73%</td>
</tr>
<tr>
<td>Jandairis</td>
<td>40,035</td>
<td>54%</td>
</tr>
<tr>
<td>Ma'batli</td>
<td>3,383</td>
<td>45%</td>
</tr>
<tr>
<td>Raju</td>
<td>3,902</td>
<td>62%</td>
</tr>
<tr>
<td>Bulbul</td>
<td>1,337</td>
<td>40%</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>7,304</td>
<td>50%</td>
</tr>
</tbody>
</table>

A15: Total number of host community population

<table>
<thead>
<tr>
<th>Location</th>
<th>Host Community</th>
<th>Age 6-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrin</td>
<td>103,799</td>
<td>70%</td>
</tr>
<tr>
<td>Sharan</td>
<td>72,597</td>
<td>60%</td>
</tr>
<tr>
<td>Jandairis</td>
<td>21,244</td>
<td>57%</td>
</tr>
<tr>
<td>Ma'batli</td>
<td>12,183</td>
<td>50%</td>
</tr>
<tr>
<td>Raju</td>
<td>10,968</td>
<td>35%</td>
</tr>
<tr>
<td>Bulbul</td>
<td>5,435</td>
<td>41%</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>4,302</td>
<td>61%</td>
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</tbody>
</table>

Children attending formal/non-formal education

<table>
<thead>
<tr>
<th>Location</th>
<th>Age 6-17</th>
<th>Children attending school (formal/non-formal)</th>
<th>functioning schools</th>
<th>Children school per</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afrin</td>
<td>128,540</td>
<td>128,540</td>
<td>6,112</td>
<td>14</td>
</tr>
<tr>
<td>Raju</td>
<td>16,265</td>
<td>16,265</td>
<td>892</td>
<td>13</td>
</tr>
<tr>
<td>Ma'batli</td>
<td>14,619</td>
<td>14,619</td>
<td>384</td>
<td>2</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>6,304</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sharan</td>
<td>35,536</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bulbul</td>
<td>3,762</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Jandairis</td>
<td>48,473</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grand Total</td>
<td>253,499.00</td>
<td>253,499.00</td>
<td>7,388.00</td>
<td>29.00</td>
</tr>
</tbody>
</table>
B3. Number of teachers currently available and leading formal or non-formal education classes or activities

<table>
<thead>
<tr>
<th>Subdistrict</th>
<th>Sum of total attending school</th>
<th>Number of teachers</th>
<th>Functioning schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raju</td>
<td>892</td>
<td>60</td>
<td>13</td>
</tr>
<tr>
<td>Afrin</td>
<td>6112</td>
<td>53</td>
<td>14</td>
</tr>
<tr>
<td>Ma'btali</td>
<td>384</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Sharan</td>
<td>0</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Sheikh El-Hadid</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bulbul</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jandairis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

B41. What are the five main problems with sending and keeping children (6-17 years) in school?

- No schools are open or not enough schools are open and working: 158
- Unsuitable environment (insufficient or no: heat, electricity, toilets, furniture, ventila: 89
- Low quality of education (teaching methods, school and after-school activities, unsuitable: 89
- Not enough qualified teachers willing to work in schools or learning spaces: 84
- Not enough teaching or learning supplies (stationary, textbooks, etc.): 82
- There is no certificate: 59
- Families need children to help them by earning income, helping at home, etc.: 41
- Severity of general violence (clashes, attacks, air strikes, etc.) making it too dangerous: 37
- Parents cannot afford to send children to school (buy text book, transportation etc): 36
- Severity of general violence (clashes, attacks, air strikes, etc.) making it too dangerous: 16
- Children are too hungry: 6
- Other: 5
- Overcrowding: 1
- No answer: 1
- Don’t know: 0
B5. What are the five main solutions needed for the majority of children (6-17 years) to go to school and stay in school?

- Construction or…
- Provision of teaching…
- Payment for teachers…
- Improvement of learning…
- Training of teachers or education personnel
- Income generation for poorer families
- Certification
- Transport for students, teachers or education staff
- Parents or the community need to support schools and be more…
- School feeding (meals_snacks)
- Other
- No answer
- Don’t know
Annex II – Early recovery

E111. Level of damage – Schools

<table>
<thead>
<tr>
<th>Location</th>
<th>Completely damaged</th>
<th>Not damaged</th>
<th>Partially damaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAJU</td>
<td>68%, 25</td>
<td>24%, 9</td>
<td>8%, 3</td>
</tr>
<tr>
<td>JANDAIRIS</td>
<td>30%, 9</td>
<td>63%, 19</td>
<td>7%, 2</td>
</tr>
<tr>
<td>AFRIN</td>
<td>38%, 11</td>
<td>31%, 9</td>
<td>31%, 9</td>
</tr>
<tr>
<td>SHARAN</td>
<td>43%, 10</td>
<td>43%, 10</td>
<td>13%, 3</td>
</tr>
<tr>
<td>BULBUL</td>
<td>35%, 7</td>
<td>50%, 10</td>
<td>15%, 3</td>
</tr>
<tr>
<td>MA’BTALI</td>
<td>42%, 8</td>
<td>11%, 2</td>
<td>47%, 9</td>
</tr>
<tr>
<td>SHEIKH EL-HADID</td>
<td>33%, 3</td>
<td>33%, 3</td>
<td>33%, 3</td>
</tr>
</tbody>
</table>

E31. Which of the following are a high repair or rehabilitation priority for your community? (First main priority)

E32. Which of the following are a high repair or rehabilitation priority for your community? (Second main priority)
E33. Which of the following are a high repair or rehabilitation priority for your community? (Third main priority)

- Schools: 18%
- Electricity networks: 16%
- Bakeries: 14%
- Water supply networks: 11%
- Hospitals/Health facilities: 11%
- Mosquera/religious center: 6%
- Mosquera/religious center: 6%
- Small drains: 4%
- Road/streets: 4%
- Community Dug wells: 3%
- Bridge / Culverts / Piped culvert: 2%
- Protection wall: 2%
- Any other structure: 1%
- Do not know: 1%

E34. Which of the following are a high repair or rehabilitation priority for your community? (Fourth main priority)

- Hospitals/Health facilities: 14%
- Electricity networks: 14%
- Bakeries: 9%
- Small drains: 9%
- Mosquera/religious center: 8%
- Water supply networks: 8%
- Road/streets: 7%
- Mosquera/religious center: 7%
- Mosquera/religious center: 6%
- Community Dug wells: 6%
- Bridge / Culverts / Piped culvert: 4%
- Protection wall: 3%
- Irrigation systems: 2%
- Protection wall: 2%

E35. Which of the following are a high repair or rehabilitation priority for your community? (Fifth main priority)

- Telecommunication and internal lines: 13%
- Schools: 12%
- Electricity networks: 12%
- Mosquera/religious center: 11%
- Bakeries: 9%
- Water supply networks: 8%
- Mosquera/religious center: 7%
- Mosquera/religious center: 7%
- NA: 4%
- Irrigation systems: 4%
- Community Dug wells: 3%
- Protection wall: 2%
- Protection wall: 2%
- Protection wall: 2%
- Any other structure: 1%
- No answer: 1%
Annex III – WASH

K1. On average, how many Liters of water are people using per day per person? [ask KI how he calculate this number to confirm logic/math] (situation in last 3 months)

<table>
<thead>
<tr>
<th>Water Source</th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’btali</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>Total Records per Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase from water truck</td>
<td>16</td>
<td>11</td>
<td>24</td>
<td>17</td>
<td>33</td>
<td>15</td>
<td>11</td>
<td>127</td>
</tr>
<tr>
<td>Neighborhood borehole for free</td>
<td>11</td>
<td>5</td>
<td>18</td>
<td>0</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Purchase from neighborhood borehole</td>
<td>11</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>11</td>
<td>4</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Pool money to buy diesel to operate a neighborhood borehole</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>Water network with access in your neighborhood</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Water network in a separate neighborhood</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

Water Sources

- Purchase from water truck
- Neighborhood borehole for free
- Purchase from neighborhood borehole
- Pool money to buy diesel to operate a neighborhood borehole
- Water network with access in your neighborhood
- Water network in a separate neighborhood
- Other (specify)
K3.1: And who walks to get water?

<table>
<thead>
<tr>
<th>Water Sources</th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma'btali</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>El-Total Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>30</td>
<td>21</td>
<td>33</td>
<td>21</td>
<td>37</td>
<td>25</td>
<td>11</td>
<td>178</td>
</tr>
<tr>
<td>Women</td>
<td>15</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>42</td>
</tr>
<tr>
<td>Boys</td>
<td>14</td>
<td>7</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>Girls</td>
<td>14</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Do not know</td>
<td>14</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
### Are many people getting sick from drinking water?

<table>
<thead>
<tr>
<th></th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandairi</th>
<th>Ma’btali</th>
<th>Rajun</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>26</td>
<td>12</td>
<td>26</td>
<td>18</td>
<td>30</td>
<td>20</td>
<td>9</td>
<td>141</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>

### PEOPLE GETTING SICK FROM WATER

- Yes: 16%
- No: 84%

### K41: If yes, how?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Afrin</th>
<th>Bulbul</th>
<th>Jandairi</th>
<th>Ma’btali</th>
<th>Rajun</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular diarrhoea</td>
<td>28</td>
<td>21</td>
<td>27</td>
<td>20</td>
<td>37</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Vomiting</td>
<td>27</td>
<td>18</td>
<td>26</td>
<td>18</td>
<td>35</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Fever</td>
<td>27</td>
<td>17</td>
<td>26</td>
<td>18</td>
<td>33</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>26</td>
<td>12</td>
<td>32</td>
<td>19</td>
<td>30</td>
<td>21</td>
<td>9</td>
</tr>
</tbody>
</table>

### Graphs

- Regular diarrhoea
- Vomiting
- Fever
- Other (specify)
### K5. Do people have access to the following products?

<table>
<thead>
<tr>
<th>K5</th>
<th>Afрин</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’btal</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar of soap/product access</td>
<td>19</td>
<td>9</td>
<td>19</td>
<td>16</td>
<td>24</td>
<td>16</td>
<td>10</td>
<td>113</td>
</tr>
<tr>
<td>Sanitary pads/product access</td>
<td>8</td>
<td>7</td>
<td>14</td>
<td>3</td>
<td>12</td>
<td>8</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>Disposable diapers/product access</td>
<td>9</td>
<td>6</td>
<td>19</td>
<td>4</td>
<td>19</td>
<td>13</td>
<td>3</td>
<td>73</td>
</tr>
<tr>
<td>Washing Powder/product access</td>
<td>20</td>
<td>8</td>
<td>20</td>
<td>7</td>
<td>20</td>
<td>16</td>
<td>7</td>
<td>98</td>
</tr>
<tr>
<td>Jerry can/product access</td>
<td>7</td>
<td>1</td>
<td>17</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Toothbrush/product access</td>
<td>5</td>
<td>2</td>
<td>17</td>
<td>12</td>
<td>6</td>
<td>7</td>
<td></td>
<td>49</td>
</tr>
<tr>
<td>Toothpaste/product access</td>
<td>7</td>
<td>2</td>
<td>18</td>
<td>14</td>
<td>7</td>
<td>6</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>Shampoo/product access</td>
<td>13</td>
<td>1</td>
<td>16</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Cleaning liquid (for house)/product access</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>7</td>
<td>14</td>
<td>9</td>
<td>1</td>
<td>71</td>
</tr>
<tr>
<td>Detergent for dishes/product access</td>
<td>24</td>
<td>8</td>
<td>14</td>
<td>4</td>
<td>17</td>
<td>11</td>
<td>6</td>
<td>84</td>
</tr>
</tbody>
</table>

### Hygiene items

- Bar of soap/product access
- Sanitary pads/product access
- Disposable diapers/product access
- Washing Powder/product access
- Jerry can/product access
- Toothbrush/product access
- Toothpaste/product access
- Shampoo/product access
- Cleaning liquid (for house)/product access
- Detergent for dishes/product access

### K6. Which of these practices are people sacrificing because of lack of water?

<table>
<thead>
<tr>
<th>K6</th>
<th>Afрин</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’btal</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>total answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washing clothes</td>
<td>21</td>
<td>17</td>
<td>8</td>
<td>19</td>
<td>19</td>
<td>9</td>
<td>11</td>
<td>104</td>
</tr>
<tr>
<td>Washing hands after toilet or before eating</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>12</td>
<td>3</td>
<td>7</td>
<td>45</td>
</tr>
<tr>
<td>Cooking food with water</td>
<td>13</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Bathing</td>
<td>22</td>
<td>18</td>
<td>9</td>
<td>19</td>
<td>27</td>
<td>5</td>
<td>10</td>
<td>110</td>
</tr>
<tr>
<td>Washing babies/children</td>
<td>14</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>None, water is enough</td>
<td>2</td>
<td>0</td>
<td>23</td>
<td>2</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>47</td>
</tr>
<tr>
<td>Do not know</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Page 60 of 63
K7. Does the community have any of the following sanitation issues?

<table>
<thead>
<tr>
<th>K7</th>
<th>Afri</th>
<th>Bulbul</th>
<th>Jandairi</th>
<th>Ma'btal</th>
<th>Raj</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garbage in the streets</td>
<td>21</td>
<td>21</td>
<td>31</td>
<td>18</td>
<td>35</td>
<td>22</td>
<td>11</td>
<td>159</td>
</tr>
<tr>
<td>Rats and pests contaminating food and people</td>
<td>19</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>13</td>
<td>1</td>
<td>88</td>
</tr>
<tr>
<td>Sewage flowing onto the streets</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>12</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>Flooding in the streets</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Open defecation</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Do not know</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Garbage in the streets: 40%
- Rats and pests contaminating food and people: 37%
- Sewage flowing onto the streets: 8%
- Flooding in the streets: 11%
- Open defecation: 4%
K8. Which statement would best describe your community with regards to access to functioning toilets

<table>
<thead>
<tr>
<th>K8/access toilets to function</th>
<th>Afri n</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’bta li</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>total answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-50% of the population have access to a functioning toilet</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>51-75% of the population have access to a functioning toilet</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>76-100% of the population have access to a functioning toilet</td>
<td>27</td>
<td>21</td>
<td>30</td>
<td>21</td>
<td>27</td>
<td>21</td>
<td>5</td>
<td>152</td>
</tr>
<tr>
<td>Less than 25% of the population have access to a functioning toilet</td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Nobody has access to a functioning toilet (0%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

K8: If there is problem with access, what is/are the problem(s) related to toilets?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Afri n</th>
<th>Bulbul</th>
<th>Jandairis</th>
<th>Ma’bta li</th>
<th>Raju</th>
<th>Sharan</th>
<th>Sheikh El-Hadid</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is not enough facilities too crowded</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>No water to flush</td>
<td>4</td>
<td>14</td>
<td>8</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Toilets not safe</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Septic tanks are not emptied</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td></td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Lack of privacy no separation between men and women</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Toilets are unclean</td>
<td>8</td>
<td>2</td>
<td>14</td>
<td>1</td>
<td></td>
<td></td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Pipes Connection to sewage are blocked</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
K9: Which statement would best describe your community with regards to access to functioning bathing facility?

- 26-50% of the population have access to a functioning bathing facility
  - Afrin: 2
  - Bulbul: 2
  - Jandairi: 3
  - Ma’btal: 4
  - Raju: 9
  - Sharan: 2
  - Sheikh El-Hadid: 6

- 51-75% of the population have access to a functioning bathing facility
  - Afrin: 5
  - Bulbul: 4
  - Jandairi: 9
  - Ma’btal: 2
  - Raju: 6
  - Sharan: 2
  - Sheikh El-Hadid: 1

- 76-100% of the population have access to a functioning bathing facility
  - Afrin: 23
  - Bulbul: 21
  - Jandairi: 29
  - Ma’btal: 21
  - Raju: 16
  - Sharan: 17
  - Sheikh El-Hadid: 2

- Don’t know
  - Afrin: 1
  - Bulbul: 4
  - Jandairi: 2
  - Ma’btal: 4
  - Raju: 3
  - Sharan: 3
  - Sheikh El-Hadid: 2

- No answer
  - Afrin: 4
  - Bulbul: 3
  - Jandairi: 3
  - Ma’btal: 7
  - Raju: 8
  - Sharan: 5
  - Sheikh El-Hadid: 36