Lessons Learned:
A Northern Syria Earthquake Assessment and Response Analysis
Aid Fund for Northern Syria (AFNS)
21 March 2023
**Executive Summary**

This summary presents the identified gaps in the current response to the crisis in the northwest of Syria that has been further intensified by the February 2023 earthquake, indicating potential areas of intervention for the Aid Fund for Northern Syria in its upcoming allocation(s) of funds. These findings should be read with two caveats in mind. Firstly, the findings draw primarily from secondary data collected from existing needs assessments, which have thus far been a) limited in coordination and b) employed a range of different analytical parameters, limiting the comparability of data. Secondly, these extant secondary sources do not provide information on response gaps. As such, the independent Assessment Team leveraged key informant interviews with Cluster personnel (or those involved in Cluster activities) to better understand their implementation plans and strategies (though, in many cases, these plans are still in development). Therefore, the identified gaps should be seen as tentative and indicative, rather than definitive.

| Infrastructural Rehabilitation | As of 14 March, 1,869 buildings had been completely destroyed, and 8,731 had been partially destroyed in the northwest of Syria.¹ Rehabilitation of these buildings is essential for the resumption of basic services for, *inter alia*, water, electricity, health, education, and food security. Rehabilitation of this service infrastructure does not fall under the purview of any Cluster’s ‘traditional’ activities. Moreover, despite the availability of limited amounts of funding in specific sectors, there is donor reluctance to fund and implement rehabilitation due to 1) a perceived lack of capacity among engineering and construction partners in the affected areas and 2) the fiduciary and safety risks inherent in these activities. Alongside first-line-emergency-response efforts, there are likely to be opportunities to provide more medium-term strategic interventions to address infrastructure that was already inadequate prior to the earthquakes. These interventions could ensure that there are schools to which children can return, health facilities catering to primary and specialised needs, and infrastructure for agricultural supply-chains for cash crops and ‘climate-smart’ farming approaches. |
| Shelter and Non-Food Items | According to UN-OCHA’s estimates, more than 103,000 displaced persons have moved to new communities or last-resort sites since the earthquakes.² Given 1) the ongoing Cluster efforts to provide emergency shelter and non-food items, and 2) the quickly evolving situation on the ground, it is impossible to identify gaps that the Aid Fund for Northern Syria could meet in the shelter and non-food item response without close consultation with the salient coordination and delivery actors. However, as the situation develops, two key priorities will likely emerge: 1) providing dignified shelters to protect women, children, and other vulnerable groups from exploitation, abuse, and harassment, and 2) addressing return and normalisation to mitigate protection risks and transition from the humanitarian response to early recovery. Interventions will therefore be required in housing, land, and property to manage disputes (which are already being reported) regarding ownership and rights of access in damaged or destroyed buildings. Multi-purpose cash assistance may also give affected populations the autonomy to return; indeed, with housing demand stretched, rents may increase. Cash assistance may also enable people to navigate these anticipated challenges. |
| Nutrition | Nutrition interventions to manage the impact of food insecurity on affected populations will be crucial. The expansion of cash vouchers for nutrition activities could supplement existing Cluster efforts to provide micro-nutrients, high-energy biscuits, and other nutritional supplies, as the Cluster’s procurement of these supplies can be hampered by logistical challenges in the international market. Support for pregnant and lactating women and other groups that are particularly vulnerable to food insecurity and turbulent food prices is also crucial, and with Cluster funding uncertain over the next year, there may be a range of interventions – from mother-baby corners to stabilisation centres (on which the impact of the earthquakes is not well understood) – to supplement existing and planned response efforts. |

¹ Approximately 57 per cent of partial and fully destroyed buildings were reported in Harim and Afrin. See UN-OCHA, “EQ Situation report,” 14 March 2023, p. 5.
| WaSH | In addition to interventions for rehabilitating water stations and improving clean water access in schools, hospitals, and other public and private access points, the public water infrastructure is under-funded and inadequate. With resources from the Syria Cross-Border Humanitarian Fund channelled into emergency operational support, key informants stressed the importance of structural improvements to the water and sewage system, including the installation of hybrid systems to promote ‘climate-smart’ approaches to water management – not just in urban hubs but also in rural and farming areas. Mainstreaming protection in water stations and community access point activities to mitigate sexual exploitation, abuse, and harassment and sexual and gender-based violence is also a potential gap. |
| Health | The current condition of WaSH infrastructure raises the cholera threat level, with more than 700,000 unvaccinated people located in the most at-risk sub-districts. Health interventions in risk communication and community engagement may supplement the Health Cluster’s ongoing efforts to curtail the effects of potential epidemics. Moreover, the lack of specialised hospitals could leave large numbers of patients requiring malnutrition, cancer, cardiovascular disease, gynaecology and obstetrics, and dialysis medical interventions without treatment. Pathways to these treatments, including patients requiring interventions for mental health, psychosocial support, and sexual and reproductive health, are severely interrupted, with, for example, 100,000s of people anticipated to require mental health and psychosocial support. |
| Protection | To respond to the expected rise in 1) cases of sexual and gender-based violence and 2) cases of sexual exploitation, abuse, and harassment, and to provide 3) case management and psycho-social support to survivors affected by high levels of sexual exploitation, abuse, and harassment before the earthquakes, interventions are required to meet gaps in previous funding shortfalls in these areas. With 1) only 40 active child protection case managers and 2) general case management services debilitated by the loss of many specialist case management centres, the Cluster’s first-line sexual and gender-based violence response (through case managers, safe spaces, and mobile teams) is likely in need of additional support. |
| Food Security and Livelihoods | Although markets are largely functioning amidst the post-earthquake context, there are concerns related to food pricing and food security. Over the next three to four months, there may be a need to supplement existing Cluster efforts in emergency food provision through food baskets. More strategic and medium-term interventions could also address limited capacity in food supply chains. Historic donor and Cluster focus on wheat and bread supply chains has left open opportunities to regenerate value chains in cash crops such as olives, chickpeas, and cotton beginning with farming and food production infrastructure, which have been under-assessed and under-funded. At the intersection of water, sanitation, and hygiene-farming-climate change, respondents highlighted the need for the promotion of improved water (and soil) management techniques in farming; the embedding of climate change approaches into the existing response has not yet been extensively considered. |
| Education | There may be opportunities available to supplement the existing response to promote school attendance and the quality of education delivered to affected populations (from rehabilitation of damaged school infrastructure to teacher training). In this regard, there are several potential gaps for consideration: 1) back-to-school interventions to increase school attendance, for example, in cash vouchers for school supplies; 2) furnishing and equipment provision for existing or rehabilitated school infrastructure to enhance learning, which might also include construction work to supplement existing Cluster efforts in rehabilitation; 3) at the intersection of education and protection, support is needed in MHPSS and child protection, perhaps through dedicated psychologists and/or case workers stationed in schools. |
### Summary of Challenges and Lessons from the Earthquake Response

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Challenges</th>
<th>Lessons Learned</th>
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<tr>
<td></td>
<td>In the wake of the earthquakes, so many rapid needs assessments were produced that coordination actors could not review all of them. While there was some within-Cluster coordination, most assessment teams worked independently, resulting in research fatigue among affected communities and the use of less comprehensive methodological approaches.</td>
<td>• In addition to adding crucial insight, the engagement of local actors in assessment processes can help to share the data-collection burden, rendering needs assessments more comprehensive. To enable this engagement during future emergencies, Clusters could support regular assessments that engage a wide range of partners in collecting data for standardised, Cluster-level indicators, thereby enabling effective and inclusive assessment processes when emergencies occur.</td>
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<tr>
<td>Implementation</td>
<td>The unique challenge of the earthquakes affecting not only the northwest of Syria, but also cross-line and cross-border communities (and the humanitarian coordination hubs located therein) resulted in delays in supplies, funds, and coordination for on-the-ground actors.</td>
<td>• Rapid needs assessments are more useful if they provide disaggregated data about how the emergency is affecting specific areas and groups. This disaggregation requires methodologies that engage with a broad cross section of the affected communities. Future needs assessment should thus employ methods that directly engage with affected communities and vulnerable groups therein, drawing in Syrian partners to ensure reach and efficiency in this data-collection process. • While myriad assessments have already been produced, continued assessments will remain valuable. As the IFRC has noted, “[a]ssessments in earthquakes should be seen as a continuous process, given the possibility of changes in the situation.” AFNS and other responders should consequently conduct ongoing assessments at strategic points following the earthquakes, particularly in alignment with future allocations. • Quick responses to emergencies that affect target communities and cross-border/line coordination hubs require localised solutions, including 1) the local availability of supplies, 2) streamlined processes through which local actors can apply for emergency funds, 3) mechanisms for fulfilling duty of care without detracting from local actors' response funds, and 4) logistical solutions for delivering cash on the ground. As a first step, AFNS should consider streamlined application processes for emergency allocations. It would also be beneficial to consider contingency plans for supplying cash for additional activities and duty of care during emergencies. • Surge staff should be experienced not only in the sector they are supporting, but also with large-scale emergencies and the relevant country/regional context. To mitigate a situation where local actors are waiting on outside coordination, greater response capacities should be fostered locally, focusing, in particular, on capacities for compliance. As such, AFNS and other responders could focus on building compliance capacities as part of their support to implementing partners.</td>
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The views expressed in this report do not necessarily represent the opinion of the AFNS, its Fund Management Agent, or the Steering Board. It has been produced by the independent third-party research organisation at the commission of the Fund Management Agent.

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<th>Definition</th>
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<tr>
<td>AFNS</td>
<td>Aid Fund for Northern Syria</td>
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<td>BMS</td>
<td>Breast Milk Substitutes</td>
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<td>CD</td>
<td>Communicable Disease</td>
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<td>CHW</td>
<td>Community Health Worker</td>
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<td>CTU</td>
<td>Cholera Treatment Centres</td>
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<td>EQ</td>
<td>Earthquake</td>
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<td>FLER</td>
<td>First Line Emergency Response</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GoS</td>
<td>Government of Syria</td>
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<td>HCT</td>
<td>Humanitarian Country Team</td>
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<td>HLP</td>
<td>Housing, Land and Property</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IFRC</td>
<td>International Federation for the Red Cross and Red Crescent Societies</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>MAM</td>
<td>Managing Acute Malnutrition</td>
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<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
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<td>MPCA</td>
<td>Multipurpose Cash Assistance</td>
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<td>NCD</td>
<td>Non-Communicable Disease</td>
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<td>NFI</td>
<td>Non-Food Item</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>PFA</td>
<td>Psychological First Aid</td>
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<td>PLW</td>
<td>Pregnant and Lactating Women</td>
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<td>PSS</td>
<td>Protection and Psychosocial Support</td>
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<td>PTT</td>
<td>Post and Telegraph Agency</td>
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<td>RCCE</td>
<td>Risk Communication and Community Engagement</td>
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<td>RNA</td>
<td>Rapid Needs Assessment</td>
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<td>RRT</td>
<td>Rapid Response Teams</td>
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<td>RTE</td>
<td>Ready-to-Eat</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SCD</td>
<td>Syria Civil Defence (White Helmets)</td>
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<td>SEAH</td>
<td>Sexual Exploitation, Abuse, and Harassment</td>
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<td>SC</td>
<td>Stabilisation Centre</td>
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<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>TAS</td>
<td>Takaful Al-Sham</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UN-OCHA</td>
<td>United Nations Office for the Coordination of Humanitarian Affairs</td>
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<td>WaSH</td>
<td>Water, Sanitation, and Hygiene</td>
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1. Background, Purpose, and Scope

An independent Assessment Team was commissioned by the Aid Fund for Northern Syria (AFNS) to conduct a needs assessment for the areas affected by the 6 February and 20 February earthquakes (EQs), which have compounded the humanitarian crisis in the northwest of Syria.

The purpose of this report is to:

1) Generate an evidence-based and timely needs assessment that consolidates evidence across sectors in the context of urgent, emerging, and broad multi-sectoral needs on the ground;

2) Make use of the extensive reporting and data published by the United Nations (UN) and non-governmental organisations (NGOs) on the ground in Syria (both Syrian and international) that are in close proximity to the humanitarian crisis that has been exacerbated by the EQs;

3) Aggregate needs identified across the existing reporting and present, as far as possible, a triangulated evidence base for a) which needs exist, b) where, and c) for which vulnerable groups;

4) Identify key gaps in terms of target groups, geographic areas, sectors, and sectoral capacity (i.e., actors to deliver against needs and gaps identified, including the need for integrated programming).

This report presents evidence collected from 1) a desk review of existing assessments and 2) interviews with local and international stakeholders involved in the EQ response. The methodology was designed to deliver summarised and timely evidence on needs identified in existing needs assessments (in terms of sector, geography, and vulnerable groups) and gaps in the current response.

Following this introduction, Section 2 introduces the methodology used for the research. Section 3 describes the key needs and gaps for the EQ response across sectors, geographies, and vulnerable groups. Section 4 identifies key challenges and lessons learned from the EQ response in terms of both assessments and implementation.
2. Methodology

2.1 Overview

The Assessment Team designed the methodology for the needs assessment in collaboration with AFNS, with the final methodology agreed upon on 5 March 2023. The research proceeded in two stages. The Assessment Team first conducted a desk review of existing secondary sources produced in the wake of the EQs. The Team then conducted 10 key informant interviews (KII) during the week commencing 13 March 2023.

2.2 Desk Review Methodology

The desk-review component of the assessment consisted of four linear steps:

Step 1: Selecting Desk Review Sources

From the multitude of available rapid needs assessments (RNAs) compiled by UN Clusters, international NGOs, and Syrian NGOs, more than 100 sources were collected by the Assessment Team and AFNS. By using a simple guiding criteria, the Assessment Team reduced the number of potential sources to a level in line with the scope of this report. This criteria involved 1) selecting, where possible, between three and five reports for each sector, as defined by the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA) Cluster classification of sectors; 2) including reports that contain evidence and data disaggregated for vulnerable groups and, where possible, intersectional vulnerabilities; 3) prioritising reports with a solid evidence base, determined by whether they used mixed-methods, frame findings through broad geographic reach, and state a methodology that could be examined for bias; and 4) where reports were authored by the same agency, using the most up-to-date report and prioritising recent reports when other criteria were met. A list of the selected reports categorised by sector is included in Annex 1. Importantly, the desk review was conducted as the first phase of this report’s research process and, thus, includes only reports published before 7 March 2023.

Step 2: Defining Parameters of Analysis

To identify coverage gaps in existing RNAs, the Assessment Team framed its analysis around three parameters: 1) Sectors, as defined by the UN-OCHA classification of sectors and sub-sectors, which are included in Annex 2; 2) Geographies, using districts as this report’s unit of analysis, and borrowing the districts assessed in the REACH dataset, included in Annex 3; and 3) Vulnerable groups, using the Rapid Protection Assessment Findings vulnerable groups as the methodological guide, included in Annex 4.

Through this process, the Assessment Team was also able to remove reports that risked introducing disproportionate bias or futility into the gaps- and needs-identification process.

Where there were insufficient reports that met the report selection criteria for a specific sector or vulnerable group, the Assessment Team used the same report for two sectors.

In the absence of a uniform and comprehensive definition of sub-sectors, the Assessment Team used the UN-OCHA categorisations as far as possible and then the Assessment Team’s knowledge of the humanitarian system in Syria.

To present comparable findings across the selected reports, it was necessary for the Assessment Team to use districts, rather than a smaller scale, as this report’s unit of analysis.

Protection Cluster, “Rapid Protection Assessment Findings: Syria Earthquake, Protection Sector Report,” 21 February 2023. Please note that the vulnerability categories varied for each sector, reflecting the ways in which different sectors intersect with vulnerabilities.
Step 3: Assessment Rating and Gap Identification
The Assessment Team then designed a method to assess the extent of 1) sub-sectoral coverage in each sector’s reports, 2) geographic coverage and disaggregation, and 3) coverage of vulnerable groups. To enable comparison of sub-sectoral, geographic, and vulnerability coverage across the sectors, the Assessment Team designed a simple scoring criteria, which is included in Annex 5. These scores were used to determine whether the existing needs-assessment coverage in each sector was strong, medium, or weak. This method was designed to enable AFNS to understand where gaps exist in the existing understanding of needs and gaps, thereby indicating a) which interventions may be needed b) where and c) for whom in the coming phases of the EQ response – and broader humanitarian response.

Step 4: Identifying Needs
The Assessment Team then built a table containing the needs listed in the existing reports. Organised by sector and using the classification of sub-sectors, this table enabled the Assessment Team to identify needs by drawing out the key identified findings, measured qualitatively by 1) the frequency with which they appear in reports, 2) the severity of the need based on qualitative evidence in the reports, and 3) approaching traditional Cluster responses to needs identified as a guide. The findings regarding identified needs are presented as specific interventions required to save lives and alleviate suffering, with geographic, and vulnerability targeting included (where possible from the secondary sources) in the analysis. While the available RNAs provide decent coverage of implementation needs, it was not possible from the secondary sources to ascertain a firm understanding of implementation gaps (as discussed further in Section 2.4 in relation to methodological limitations). As such, the KIIs with individuals engaged directly in the EQ response were leveraged to supply information pertaining to these gaps.

2.3 Interview Methodology
Following the initial desk review stage, the Assessment Team worked with AFNS to identify potential interviewees from among Syrian and international subject matter experts and stakeholders playing key roles across the different sectors of the response. Rather than representing a broad sample, the interviews were held with this select group based on their in-depth knowledge of the post-EQ and broader aid efforts in the northwest of Syria. The group included individuals engaged across the salient Clusters, representatives of Syrian NGO and NGO coordination mechanisms, and the Syrian Civil Defence (SCD – White Helmets). The Assessment Team targeted and prioritised interviews with respondents from local Syrian organisations, with seventy per cent of the interviews conducted with representatives from local organisations.

With all of these participants, the Assessment Team conducted remote, semi-structured KIIs that lasted between one and two hours. In total, 10 interviews were conducted (some of which had two or more participants). All of the KIIs were conducted remotely between 13 and 17 March. The data from these KIIs was primarily used to capture the up-to-date status of the sectoral responses in terms of assessments in their fields of work, the associated responses in these fields, and any remaining gaps that had been observed therein.
2.4 Methodological Limitations

All research methodologies have limitations. For this report, the Assessment Team is aware of – and has sought to mitigate the implications of – the following limitations:

- The Assessment Team was only able to draw upon reports from a discrete period of time for the desk review process. In this regard, it set the cut-off date at 7 March 2023. Assessments of RNA coverage (in terms of assessment ratings of strong, medium, or weak) are thus reflective only of reports published within this period. However, in analysing gaps in the response, some more recent multi-sectoral reports were drawn upon in order to assess the most-up-to-date evidence on cluster implementation plans, enabling the Assessment Team to assess gaps and support AFNS efforts to mitigate duplication of cluster (and other) interventions.\(^9\) It is also worth noting that some interviewed actors were working on new assessments at the time of research.

- Relatedly, given that the analysis in this assessment is predicated upon the reports included in the desk review, the validity of the findings consequently rests upon the strength of the evidence base available to the Assessment Team during this research.

- The desk review was essential for understanding the depth of assessment coverage to date as well as aggregating identified needs across those assessments. However, this component of the research did not allow for the identification of gaps remaining within the current response efforts, especially as some Clusters are still developing or adjusting their implementation strategies for the earthquake response. As such, this aspect of the report’s findings was heavily informed by the KIIs with stakeholders playing key roles across the different sectors of the response.

- Reflecting a methodological compromise in some of the reviewed RNAs, the limited primary data collection for this report (the KIIs) was only conducted with key informants involved in the delivery of the report. No research was conducted with the affected communities or beneficiaries themselves.

- For some sectors, it was not possible to identify at least three reports meeting this report’s guiding criteria and therefore in the interests of methodological rigour and to avoid the introduction of bias, the Assessment Team conducted analysis of fewer reports for some sectors.

- Given the limited availability of reports that disaggregate data for vulnerabilities, some reports had to be selected that did not meet this criterion.

- Many of the selected reports did not include granular geographic (or vulnerable group) detail. Where reports included this level of targeting for specific interventions needed, the analysis reports the detail. However, many of the identified needs are reported without specific geographic or vulnerability targeting, reflecting the limited level of granularity in the secondary sources.

- Early recovery was not considered as a distinct sector, with early recovery not involved in the EQ response at the time of research.\(^10\) Likewise, the Assessment Team did not include search and rescue as a distinct sectoral category despite its inclusion as an Inter-Agency Standing Committee (IASC) defined sector because the First Line Emergency Response (FLER) phase of the response is likely to be completed prior to the disbursement of the AFNS Regular Allocation.

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\(^9\) The Assessment Team was not able to review any reports for gaps analysis made available after 16 March 2023.

\(^10\) The list of potential needs assessments provided by AFNS to the Assessment Team did not include any assessments focussed on – or including – early recovery nor did the Team identify any such assessments.
3. Identified Needs, Gaps, and Current Assessment Coverage

This section presents the identified needs and gaps based on the reviewed RNAs and the conducted KII's. The secondary sources reviewed during the desk phase of the assessment are listed in Annex 1. The section begins with an overview of the multi-sectoral reports before proceeding to a sector-by-sector review. For each sector, the report highlights 1) response needs, 2) remaining gaps in the response, 3) the extent of response's targeting of geographies and vulnerable groups, and 4) the degree of extant assessment coverage. The purpose of analysis is to identify existing and potential gaps for which AFNS can design interventions to meet the needs of people in the northwest of Syria.

3.1 Multi-Sectoral Needs Assessments

3.1.1 Challenges in Needs and Gaps Assessments

There is no single report – or collection of reports taken together – that can provide a holistic and detailed picture of needs and gaps on the ground as they have developed since the EQs struck the northwest of Syria in early February. For instance, even REACH’s “NWS Earthquake Rapid Needs Assessment” dataset, which offers the most comprehensive assessment of needs (by geographical reach and consideration of vulnerable groups), does not provide data on the number of people in need of specific interventions. The EQ-related capacity constraints as well as limits to coordination across Cluster sectors led to limitations in understanding where aid should be targeted to deliver the greatest impact.

The sub-sections below dive into the needs within each sector and, perhaps more germanely, the existing and potential gaps in the response. Based on the collected evidence, it is not possible to identify quantitatively the priorities for the AFNS aid allocation(s); however, in prioritising 1) one intervention over another or 2) one sector over another, the current research has identified key findings that can support this prioritisation process:

1. Many of the needs assessments conducted to date (and much of the assistance delivered) have focussed on FLER needs and gaps. Given the multitude of actors now receiving funding in this area, much of the extant analysis may be out of date at the time of the coming AFNS allocation. The analysis below consequently approaches the identified needs and gaps by considering the phasing to assistance efforts and thereby identifying relevant gaps as the emergency develops and AFNS moves forward with future allocations. The KII's greatly enhanced the ability of the Assessment Team to understand how existing gaps might endure and new ones may develop over time.

2. The traditional Cluster system could frame the overall design across and within the Cluster classifications in a way that is more conducive to respond to the specific needs arising in the EQ context, such as the rehabilitation of key infrastructure, which is currently difficult to categorize into one sector or another.

3. While funding may be allocated to sectors collectively in recognition of the fact that interventions cut across two or three sectors, such as agricultural water management cutting across 1) food security and livelihoods, 2) WaSH, and 3) climate change, implementation strategies should consider the impact of integrated interventions on targeting and results in each sector, managing, or at least assessing and accepting the risk that some sectors are deprioritised and therefore underfunded through integrated design.

4. As discussed in Section 3.1.2, targeting of vulnerable groups (and coverage thereof in the secondary sources) has been limited. Key informants were able to assist the Assessment Team in identifying specific vulnerabilities in each sector, but the current comparative understanding of which vulnerable groups are at risk across sectors and – therefore which should be prioritised in future needs assessments and implementation of activities – is piecemeal and not based on rigorous evidence. Specific interventions for

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11 KII's anonymised.
vulnerable groups within each sector are presented in the analysis organised by sector, throughout the remainder of Section 3.

3.1.2 Geographic and Vulnerability Targeting

Three of the five selected multi-sectoral reports offer broad coverage of the districts affected by the EQs,\(^\text{13}\) with the ATAA report and REACH’s “NWS Earthquake Rapid Needs Assessment” dataset, in particular, containing data geo-targeted to the community level.\(^\text{14}\) However, these sources remain inconducive to the identification of needs and/or gaps at the community or even district level. In the case of the ATAA report, it counts the number of vulnerable people in a given vulnerability category, without assessing the needs of these groups by district. In the case of REACH’s “NWS Earthquake Rapid Needs Assessment” dataset and the related reporting, the presented data does not assess the volume of needs (i.e., the number of people in need) for specific interventions within geographical units, such as communities and districts.

None of the three most comprehensive datasets or reports identified in the desk review disaggregates data by vulnerable groups.\(^\text{15}\) For instance – and likely for the sake of expedience – REACH did not consult directly with vulnerable persons when compiling its dataset; instead, it used male community leaders or government personnel as proxy respondents, with one of these individuals representing each of the assessed communities.\(^\text{16}\) The approach to vulnerability in the reviewed multi-sectoral reports indicates that the intersection between needs and vulnerability is poorly understood. Indeed, at this point there is little evidence regarding 1) the number of vulnerable individuals in need of specific interventions or 2) how integrated projects and activities will mainstream inclusion of vulnerable groups, particularly those whose vulnerabilities that have been compounded by the EQs.

The five reports included in the desk review that covered more than one sector do not explicitly include several vulnerable groups within their assessments, which risks the exclusion of these groups in programme design – or at least obscures current understanding of how the EQs have uniquely impacted their vulnerabilities.\(^\text{17}\) Persons with disabilities and elderly persons are considered briefly in only one of the five selected reports,\(^\text{18}\) and children are included in two reports, with none of the five reports assessing the needs of unaccompanied children.\(^\text{19}\) There is greater focus on 1) women and girls and 2) pregnant and lactating

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\(^\text{14}\) For example, consideration was paid to A’zaz, Al Bab, Harim, Idleb, Jebel Saman and Jisr-as-Shughur in both reports; however, As Suqayliyah was not considered in any reports, despite being included in REACH’s “NWS Earthquake Rapid Needs Assessment” dataset. This is likely a result of Government of Syria control over most parts of the district.

\(^\text{15}\) These reports being REACH’s “NWS Earthquake Rapid Needs Assessment” dataset; UN-OCHA, Data Friendly Space, and DEEP, “North West Syria Earthquake,” 7 March 2023; and World Vision, “Rapid Needs Assessment in Northwest Syria,” 8-9 February 2023.

\(^\text{16}\) See, REACH’s “NWS Earthquake Rapid Needs Assessment” dataset.. It is worth noting that direct consultation with vulnerable groups is one of the key points identified by the ALNAP team. See ALNAP, “Lessons Paper: Responding to Earthquakes,” 2018.

\(^\text{17}\) Exploitation of REACH’s “NWS Earthquake Rapid Needs Assessment” dataset is likely the only available method to understand the intersection of vulnerability and the impact of the EQs.


women (PLWs), each of which is discussed in three reports. Additionally, there is substantial focus on displacement and understanding which communities (and districts) have been impacted by the EQs more severely (by, for example, calculating the number of damaged buildings) and are therefore likely to be the source of large numbers of internally displaced persons (IDPs).\(^\text{20}\) Much less attention, has thus far been paid to assessing the needs of these IDPs in comparison to the needs of the broader population affected by the EQs.

### 3.1.3 Current Assessments of Multi-Sectoral Needs

The table below outlines the extent of current coverage of multi-sectoral needs assessments. It focusses on the coverage of the assessments as a whole, rather than the quality of any single report.

<table>
<thead>
<tr>
<th>Multi-Sectoral Assessment Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sectoral</strong></td>
</tr>
<tr>
<td><strong>Geographic</strong></td>
</tr>
<tr>
<td><strong>Vulnerability</strong></td>
</tr>
</tbody>
</table>

\(^\text{20}\) See, e.g., REACH's “NWS Earthquake Rapid Needs Assessment” dataset.
3.2 Nutrition

The Assessment Team 1) conducted a KII with three individuals who are well placed within the Nutrition Cluster response as well as 2) conducted analysis of the Nutrition Cluster’s RNA (the only report at the time of research that fits the Assessment Team’s inclusion criteria) to inform the analysis in this section.21

3.2.1 Identified Nutrition Needs

Since the EQs, the Nutrition Cluster has thus far identified the following needs:22 1) the provision of mother-baby corners to promote educational awareness and provide a space for breastfeeding and other interventions for improved infant and young child feeding (IYCF) practices; 2) cash vouchers for nutrition; 3) scaling up of services for acute malnutrition, primarily for managing acute malnutrition (MAM); 4) the prevention of breast milk substitutes (BMS), strengthening of BMS monitoring and reporting systems, and educational awareness around the health risks of BMS; 5) access to preventive nutrition services, including micronutrient’s supplementation and high-energy biscuit provision; 6) the rehabilitation and/or re-establishment of stabilisation centres for curative treatment of malnutrition;23 and, 7) at the intersection of nutrition and food security, general food assistance (through food basket distribution).24

The RNA conducted by the Nutrition Cluster collected data across the nine districts in Aleppo and Idlib, yielding the following findings: 1) among 1,233 children aged between six months and 59 months who were screened for malnutrition, five severe acute malnutrition (SAM) cases and 14 MAM cases were identified; 2) among 474 PLWs screened, 77 cases of malnourishment were detected; 3) among 162 children aged between six and 59 months screened at gathering points in Idlib, six cases of malnourishment were detected.25

As of 6 March, the Nutrition Cluster services had reached 107,113 PLWs and children under the age of five. More than 71,000 children (aged between six and 59 months) were screened for malnutrition; over 35,800 PLWs were screened for malnutrition; over 31,000 caregivers were reached with IYCF counselling; and over 3,000 children and PLWs were provided with high-energy biscuits.26

There is a risk that, if food insecurity increases and the humanitarian system is further stretched over the coming months, cases of malnourishment may increase. As such, the needs identified above are to be considered ongoing and chronic rather than solely resulting from the consequences of the EQs.27 Last year, the Nutrition Cluster was only able to meet the needs of 40 per cent of MAM cases due to the lack of supplies for MAM treatment. Similarly, the Cluster is facing challenges this year that might constrain its ability to meet needs for 75 per cent of people requiring support in the seven intervention areas listed above:

1. The annual funding cycle is not synchronised with the Cluster’s assessments of partner capacities or community needs. This disjuncture affects the Cluster’s ability to assess its partners’ capacities to deliver against needs before it applies for funding, which can also result in the loss of nutrition funding.

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23 Please note the absence of discussion of stabilisation centres in the Nutrition Cluster Assessment, as this assessment presented findings from a nutrition screening exercise. A Nutrition Cluster assessment, which may contain more detailed discussion of the stabilisation centre needs assessment, is in the process of completion.
24 The distribution of general food assistance is anticipated as an intervention to be delivered under the Food Security and Livelihoods Cluster as the food security situation continues efforts to return to the pre-EQ status quo after the distribution of RTEs as part of the emergency response. See KII 07, representatives of IMMAP, 14-15 March 2023.
25 The Cluster’s data collection involved more than 1,200 individuals at 45 gathering points – many of which are centrally located municipal buildings (schools, camps, mosques) – for people affected by the EQs across the nine districts. See Northwest of Syria Nutrition Cluster, “NW Syria Nutrition Cluster Rapid Need Assessment Earthquake Response,” 12 February 2023.
2. There is a tendency among donors to combine allocations for funding across nutrition, health, and WaSH, which can result in less funding being directed toward nutrition.²⁸

3. The number of possible partners that might be able to deliver specific interventions in a given geography is limited by donor designed/approved qualification criteria. This limitation was particularly acute for EQ funds because partner capacity, particular for reporting, was affected by the EQs’ impact on staff and resourcing.²⁹

### 3.2.2 Identified Nutrition Gaps

In part due to the funding challenges described above, the Nutrition Cluster has assessed that there are – and will be – delivery gaps across the seven intervention areas listed. There will also be geographic coverage gaps across the target districts in the northwest of Syria, with these interventions required in all of the affected geographies and areas of intervention.³⁰ The immediate FLER gaps in nutrition include: 1) the deployment of rapid response teams (RRTs) with technical skills in emergency support for nutrition, 2) the establishment of mother-baby corners, 3) cash vouchers for nutrition to enable malnourished individuals to purchase nutrition supplies,³¹ and 4) support in preventive nutrition, such as micronutrient supplementation and high-energy biscuit provision.³²

The Nutrition Cluster relies on the provision of supplies from UN agencies and supply chains that experience delays, especially in the current trade context with Türkiye. In this context, cash for nutrition can facilitate access to nutrition supplies (if they are sufficiently available locally).³³ During the two months prior to data collection in February, the main challenge reported in relation to feeding babies children under the age of two was the high price of suitable foods, such as formula.³⁴

The establishment of stabilisation centres plays a key role in the treatment of severe malnutrition (and cases of malnutrition that involve complications, but these cases were not discussed in detail in the reviewed secondary sources). Treatment of this malnutrition depends on referrals from nutrition RRTs, mobile medical teams, or healthcare facilities. Low capacity in the referrals system as well as a lack of monitoring of partners’ capacity to effectively refer these cases indicate potential gaps in 1) patient pathways to stabilisation centres and 2) the rehabilitation or establishment of stabilisation centres to meet developing needs.

As the response develops over the next three to nine months, the outlook for emerging gaps is even bleaker. There are likely to be gaps in all of the discussed intervention areas. The six-month funding cycle under the UN Special Resolution is a further complicating factor for nutrition actors because it constrains medium-term planning.³⁵

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²⁹ For example, especially in Afrin. All findings based on evidence from KII 04, representatives of Nutrition Cluster, 14 March 2023.
³⁰ The 2023 HNO nutrition severity index, which was conducted prior to the EQ, scored each of the districts assessed in this assessment between 4 and 5, with 5 representing the most severe rating. See UN-OCHA. “2023 Humanitarian Needs Overview,” December 2022.
³¹ KII 02, representative of Syrian NGO Alliance, 14 March 2023.
³² The Nutrition Cluster secures supplies through other UN agencies but disruptions to supply chains and difficulties in cross-border and cross-line transit may leave the Cluster without sufficient supplies to meet needs. See KII 04, representatives of Nutrition Cluster, 14 March 2023; and KII 07, representatives of IMMAP, 14-15 March 2023.
³³ KII 02, representative of Syrian NGO Alliance, 14 March 2023; and KII 04, representatives of Nutrition Cluster, 14 March 2023.
³⁵ KII 04, representatives of Nutrition Cluster, 14 March 2023. Other KIIs discussed this issue in regard to their respective sectors.
3.2.3 Geographic and Vulnerability Targeting

The Cluster has strong partner coverage across the affected geographies, with an operational presence in 237 communities located across 32 sub-districts in the northwest of Syria. The Cluster assesses the affected geographies through a surveillance monitoring system that provides monthly insights on areas with high rates of global acute malnutrition (GAM). The three sub-districts for which there is currently poor partner coverage and/or delivery capacity are Raju, Sheikh al-Hadid, and Al Rai in Northern Aleppo; access is limited in these areas because they require approval from Ankara to deliver humanitarian assistance.

Through its partners, the Nutrition Cluster deploys 135 RRTs covering approximately 1,000 of the 1,500 camps listed by the camp coordination and management (CCCM) Cluster list. The remaining camps are not served through the Cluster and may be underserved by the nutrition response overall, but it is difficult to identify which camps fall into these categories because there is no uniform naming convention for the camps – and assessing which partners are covering a given camp is difficult due to sporadic partner reporting since the EQs. Given the anticipated increase in malnourishment cases and with a mid to high proportion of these cases likely to be among those using collective shelters or residing in camps, there is likely a need for RRTs to manage and refer these cases to stabilisation centres and other nutrition and medical services at collective shelters, reception centres, and the under-served camps.

Gaps in the provision of nutrition to vulnerable groups likely cuts across the geographic gaps discussed above. The Nutrition Cluster targets several groups that are vulnerable to malnourishment (including children between the ages of zero and 59 months, PLWs, and persons/children with disabilities), with the Cluster targeting these groups intuitively, rather than directly, through its offered nutrition services. Other groups that may be considered vulnerable (including some the categories used in this assessment) are not considered in the Nutrition Cluster’s RNA. These groups include unaccompanied or orphaned children, elderly persons, households displaced in the last three months, and households in damaged/unfinished/insufficient sub-standard shelter. However, the Nutrition Cluster’s focus for data collection and RRT targeting might ensure, to some degree, that nutrition services do reach these vulnerable groups, notwithstanding the gaps in geographic coverage discussed above.

Regardless of the fund or actor delivering assistance, there are two main exclusion risks for members of these vulnerable groups in any nutrition services being delivered. First, the concerns around referral services discussed above might result in some of these groups failing to access services, either as a result of 1) lack of awareness of the services or inadequacies in screening by those untrained in MAM and SAM detection, or because 2) nutrition RRTs and other actors are stationed at collective/reception centres, camps, or other centralised (urban) locations. This

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38 The Cluster may expand delivery to these areas through contracting new partners to serve these sub-districts. See KII 04, representatives of Nutrition Cluster, 14 March 2023.
39 The Assessment Team is unclear whether these camps include or exclude collective centres and shelters established in the EQ response.
43 KII 03, representative of ACU, 14 March, 2023.
situation means that MAM and SAM cases in more rural and inaccessible areas (including in the sub-districts discussed above) are unaware of, or unable to access, screening services.

3.2.4 Current Assessments of Nutrition Needs
The table below outlines the extent of current coverage of nutrition needs assessments. The rating reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

<table>
<thead>
<tr>
<th>Nutrition Assessment Coverage</th>
<th>Rating</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sectoral</td>
<td>Weak</td>
<td>Only one report (Northwest Syria Nutrition Cluster) was identified in the nutrition sector that meets this report’s inclusion criteria. The selected report includes two of the three nutrition sub-sectors; it includes infant and young child feeding and managing acute malnutrition, but it excludes stabilisation centres.</td>
</tr>
<tr>
<td>Geographic</td>
<td>Weak</td>
<td>The Nutrition Cluster report covers nine of the ten affected districts (it excluded As Suqaylibiyah). Geographic coverage was scored as ‘weak’ because a second desk source was not available with which to triangulate the Cluster’s geographic data.</td>
</tr>
<tr>
<td>Vulnerability</td>
<td>Weak</td>
<td>The Nutrition Cluster report includes two vulnerable groups (women and girls and pregnant and lactating women). Further research is required that examines a range of groups that may have unique nutrition needs.</td>
</tr>
</tbody>
</table>

For example, the Nutrition Cluster’s RNA reviewed in the desk review for this assessment collected data from 45 gathering points – many of which are centrally located municipal buildings (schools, camps, mosques) – for people affected by the EQs across the nine districts. See Northwest of Syria Nutrition Cluster, “NW Syria Nutrition Cluster Rapid Need Assessment Earthquake Response,” 12 February 2023.

KII 03, representative of ACU, 14 March, 2023.
3.3 WaSH

The Assessment Team identified two secondary sources on WaSH that meet this report’s inclusion criteria: Takaful Al-Sham’s multisector assessment and UN-OCHA’s earthquake situation report from mid-March. These sources were used to identify WaSH needs and gaps and were supplemented by 1) a KII with a Syrian organization dedicated to WaSH needs and 2) WaSH-related needs and gaps discussed in other non-WaSH-focussed KIIs conducted for the assessment. The WaSH Cluster Earthquake 2023 Response Plan for February to July 2023 was not available to the Assessment Team at the time of analysis and drafting. The plan contains detailed information on the needs and intervention plans of the Cluster and should therefore be read in conjunction with the analysis below and as the definitive evidence on Cluster plans over the coming months.

3.3.1. Identified WaSH needs

The Assessment Team approached WaSH needs and gaps as a holistic system: from rehabilitation of critical WaSH infrastructure damaged in the EQs or needing rehabilitation pre-EQs, through water treatment and quality management, to water access for communities and including the use of ‘climate-smart’ approaches in farming. UN-OCHA’s reporting indicates that several water sources were affected by the EQs, with a range of damage levels sustained, which led to the temporary suspension of some water resources. In the absence of a published needs assessment by the WaSH Cluster, a precise understanding of which infrastructure requires rehabilitation is not well developed.

Reports from Cluster partners showed an immediate need to repair or construct at least 35 elevated and ground-level water tanks. Furthermore, 47 reception centres with a total population of 38,000 IDPs assessed by the Cluster’s field facilitator teams showed an immediate need for clean water, storage capacity, emergency latrines, solid waste management, and hygiene kits. The affected population are vulnerable to health-related risks, especially cholera and other water-borne diseases, with as many as 700,000 people in the most at-risk sub-districts unvaccinated against cholera. The rehabilitation of WaSH infrastructure (and emergency support to provide clean drinking and washing water in the meantime) are crucial to curtail a potential epidemic and, of course, enable access to clean water.

The Assessment Team used the SCHF Allocation Strategy to understand WaSH Cluster implementation priorities (in lieu of the updated WaSH implementation plans to be found in the newly released WaSH Cluster EQ Response Plan, information from which was not incorporated into this analysis because it was not available at the time of analysis and drafting). Taking the SCHF Allocation Strategy as a guide, WaSH interventions will 1) provide life-saving emergency WaSH supplies and services, 2) deliver quick fixes and operational support to water and sanitation systems, including elevated and ground-level water storage tanks and dams, and 3) procure, preposition, and distribute WaSH supplies via in-kind or cash-based assistance.

With regard to ongoing EQ-response activities, the WaSH Cluster is providing desludging and water trucking support and, as of March 7, over 87,000 IDPs were reached with at least one WaSH service across 250 camps and 80 reception centres. Plans are in place to reach an additional 81,000 IDPs in 97 camps and 69 reception centres.

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48 Before the earthquake, ACU monitored water stations and after a temporary break, ACU has resumed monitoring. See KII 03, representative of ACU, 14 March 2023.
51 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023; KII 07, representatives of IMMAP, 14-15 March 2023; KII 09, representative of White Helmets, 13-14 March 2023; and KII 10, representatives of Violet, 17 March 2023.
the time of this assessment, 30 partners were responding to the WaSH emergency or conducting assessments. Field facilitators are carrying out inspections of collective and reception centres in addition to checking water quality across locations to inform cholera prevention and response measures.\textsuperscript{54}

3.3.2. \textit{Identified WaSH Gaps}

From these needs, the Assessment Team has identified several gaps in the existing response that might be addressed through additional funds. The first priority need that is not explicitly targeted by the Cluster is water quality management and risk communication and community engagement. A two-pronged intervention in this area could support the Health Cluster’s efforts to reduce the transmission of cholera among the affected populations through chlorination of water supplies (and other efforts to improve water quality) while also raising awareness of the risks in drinking water from potentially contaminated water sources.\textsuperscript{55}

As the response develops, and the WaSH sector re-orient to meet the needs of IDPs residing in camps, informal settlements and houses with damaged water connection, the Cluster will likely focus on desludging and quick-fix operational support, including for elevated and ground-level water storage tanks. The Health Cluster’s gap analysis at the health-WaSH intersection highlighted three key gaps related to 1) water provision, 2) hygiene and sanitation and 3) waste management.\textsuperscript{56} The extent to which the WaSH Cluster (and/or the Health and WaSH Clusters through integrated programming) can cover these gaps and thereby increase clean water access is hitherto unclear. As the displacement situation stabilises, and needs can be assessed for the rehabilitation of more structural water systems, one respondent highlighted the need for investment in electro-mechanic water systems for water treatment and in the water distribution network to increase the number of household connections.\textsuperscript{57}

As AFNS considers the medium-term response and the historic under-funding of public water infrastructure, there may be opportunities to fund the rehabilitation of EQ-damaged and otherwise inadequate water and sewage networks.\textsuperscript{58} Only limited funds are available for such rehabilitation – a situation one respondent attributed to 1) the challenges (and risks) donors face in trying to obtain consent from de facto authorities,\textsuperscript{59} and 2) the need for substantial funds.

In the meantime, respondents highlighted the importance of integrating WaSH activities across not just health, but also protection, education, and food security and livelihoods. An anticipated gap in the Cluster response sits at the WaSH-protection-education nexus, with the need for lighting and other installations at community/collective water access points, especially in camps and schools, to reduce risks of sexual exploitation, abuse, and harassment (SEAH).\textsuperscript{60} It is also important to focus on building back better, with, for example, ‘climate-smart’ approaches in farming (such as improvements in irrigation techniques and waste water management) remaining under-funded – and requiring attention to increase yields and contribute to enhanced food security (see Section 3.6).\textsuperscript{61}

3.3.3. \textit{Geographic and Vulnerability Targeting}

Without an available WaSH Cluster needs assessment or a KII with a member of the WaSH Cluster, the Assessment Team is not well positioned to identify specific geographic gaps at the district, sub-district, or community level. Nevertheless, the extant evidence suggests two geographic frames for directing assistance.

\textsuperscript{55} KII 09, representative of White Helmets, 13-14 March 2023; and KII 10, representatives of Violet, 17 March 2023.
\textsuperscript{56} KII 05, representative of Health Cluster, 15 March 2023.
\textsuperscript{57} KII 10, representatives of Violet, 17 March 2023.
\textsuperscript{58} KII 07, representatives of IMMAP, 14-15 March 2023; and KII 10, representatives of Violet, 17 March 2023.
\textsuperscript{59} KII 10, representatives of Violet, 17 March 2023.
\textsuperscript{60} KII 08, interview on education sector, 13 March 2023; and KII 10, representatives of Violet, 17 March 2023.
\textsuperscript{61} KII 07, representatives of IMMAP, 14-15 March 2023.
• WaSH needs are severe in camps, especially those that 1) are newly established, 2) have seen an increase in residents, or 3) have pre-existing inadequacies in waste and water management. Overcrowding and the risk of cholera further underscore the importance of WaSH interventions. Moreover, with the geographic targeting of the WaSH Cluster response remaining unclear, there are likely to be geographic gaps, especially in camps that meet any of the above criteria.

• Areas that have been more severely impacted by the EQs – perhaps taking the number of collapsed buildings as a simple heuristic that might indicate structural damage to water and waste infrastructure – are also likely to require interventions. These areas are discussed elsewhere in the report (see, for example, Section 3.4.3).

The two vulnerability factors highlighted in the available evidence relate to 1) access to clean water and 2) protection risks specifically related to SEAH. In regard to the former, individuals who have limited mobility may now be located farther from a communal water point as a result of damage sustained during the EQs – and may even have faced difficulties pre-EQs in physical access to water points. Moreover, those with cognitive impairments or psycho-social conditions may also face heightened difficulties identifying a proximate or suitable water point. In regard to the latter factor, and as discussed above, women, girls, and boys (and those living with cross-cutting vulnerabilities among these groups) face increased SEAH risks arising from the absence of dignified and private washing facilities and safe water-access points.

3.3.4 Current Assessments of WaSH Needs
The table below outlines the extent of current coverage of WaSH needs assessments. The rating reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

<table>
<thead>
<tr>
<th>WaSH Assessment Coverage</th>
<th>Sectoral</th>
<th>Weak</th>
<th>Only one report (Takaful Al-Sham) was identified in the WaSH sector that meets this report’s inclusion criteria. The Takeful Al-Sham report covers four of the five WaSH sub-sectors; it covers access to clean water, WaSH facilities/latrines, waste management, and hygiene promotion, but it excludes sewage system rehabilitation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Geographic</td>
<td>Weak</td>
<td>The Takaful Al-Sham report covers eight out of the ten districts, providing reasonable and equitable coverage of those districts, Afrin, Al-Bab, A’zaz, Harim, Idleb, Jarablous, Jebel Saman, and Jisr-Ash-Shugur, but excludes Ariha and As Suqaylibiyah</td>
</tr>
<tr>
<td></td>
<td>Vulnerability</td>
<td>Weak</td>
<td>The Takaful Al-Sham report includes only one vulnerable group (persons with disabilities), with a brief discussion of their access to WaSH facilities/latrines. Notably, households in damaged/unfinished/insufficient sub-standard shelter who may be particularly vulnerable to water-borne diseases are not closely considered.</td>
</tr>
</tbody>
</table>

63 KII 02; and KII 10, representatives of Violet, 17 March 2023.
64 KII 10, representatives of Violet, 17 March 2023; and IRC, “Rapid Protection Assessment, Idlib, Northwest Syria,” 20 February 2023, p. 6.
3.4 Health

The Assessment Team identified two reports that meet its inclusion criteria for the desk review of health needs, and augmented this information with KIIs with well-placed personnel in the health sector’s EQ response in the northwest of Syria. The Health Cluster has commissioned two needs assessments. The first examines needs and gaps in health services and the second assesses needs and gaps in the number of health and WaSH facilities. However, these reports were not available to the Assessment Team at the time of research.

3.4.1 Identified Health Needs

The Assessment Team approached health through the following health sub-sectors: 1) primary healthcare, 2) mental health and psychosocial support (MHPSS), 3) medicines and consumables, 4) secondary healthcare, 5) tertiary healthcare, 6) sexual and reproductive health (SRH), 7) communicable diseases (CDs) and outbreaks, 8) non-communicable diseases (NCDs), 9) trauma and physiotherapy, 10) community health workers (CHWs), 11) risk communication and community engagement (RCCE), 12) dialysis, and 13) referrals. Of these sub-sectors, only medicines and consumables were specifically discussed in the secondary sources selected in this assessment.

The Health Cluster developed a 90-day strategy to respond to FLER and emergency health needs after the EQs, aiming to increase the preparedness for outbreaks in disease and continue essential services. As of 5 March, the strategy included 1) operationalising 115 mobile clinics in seven districts, the majority of which are in Jandaris, Dana, Harim, and Maaret Tamir, and are considered sufficient to cover post-earthquake needs; 2) having 93 per cent of intact health facilities functional and reporting; and 3) Health Cluster partners distributing more than 6.7 million medical supplies to 344 health facilities.

The available evidence suggests that the coordinated health response can now re-orient towards more sustainable solutions for non-EQ-related health service infrastructure, with the FLER response for medical care to those injured in the EQs provided by other actors. In health infrastructure, an estimated 55 primary healthcare centres were destroyed or damaged in the EQs. The Health Cluster’s infrastructure needs assessment has highlighted key needs in this area. According to the respondents, there are still gaps in medicines provision, but there are a number of donors working on this issue.

The Health Cluster’s strategic objectives are concentrated on the development of health resilience in affected communities through a focus on interventions in mobile services, risk communication and community engagement, medicines provision, and ambulance and emergency services. The Health Cluster has insufficient funding to cover all of the health sub-sectors, especially for the early recovery and resilience interventions that should be implemented over the coming year. Sporadic partner reporting is also limiting the Cluster’s ability to understand needs on the ground as they develop. In health services, there are expected to be severe needs in MHPSS, SHR (including for survivors of sexual and gender-based violence (SGBV)), physiotherapy (including for those injured in the EQs), RCCE (especially as it relates the control of cholera), and referral services due to the under resourcing of the health sector and the risk of chronic illnesses being de-prioritised as health services are over-stretched.

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71 KII 09, representative of White Helmets, 13-14 March 2023; and KII 05, representative of Health Cluster, 15 March 2023.
3.4.2 Identified Health Gaps

From these needs, the Assessment Team has identified several gaps in the existing responses – and the associated intervention areas that could complement and improve the overall health sector response, not only in the wake of the EQs but also in redressing gaps that predate the EQs.

First, there is likely to be insufficient levels of funding for the rehabilitation of the primary healthcare facilities damaged or destroyed in the EQs. Indeed, prior to the EQs, many of the healthcare facilities were operating out of buildings that were not built for purpose, such as schools and municipal buildings. Of the 510 communities affected by the EQs and assessed by the White Hands report, 21 per cent have no access to healthcare.\(^74\) The health sector in the northwest of Syria needs short-term interventions to re-establish emergency healthcare facilities (in addition to operating costs, such as salaries and the provision of equipment medicine for these facilities) as well as longer-term investment in healthcare infrastructure.\(^75\)

Second is the (re-)establishment and/or rehabilitation of specialised hospitals and pathways for accessing these hospitals through referral services. Patients in need of treatments for, \textit{inter alia}, cardiovascular disease, cancer, gynaecology and obstetrics, paediatric services, and dialysis are at risk of exclusion from health services; these sectors are neglected in secondary desk sources and at risk of under-funding from donors.\(^76\)

Third, in relation to referral services, key informants raised concerns linked to the capacity in referrals for protection services, not only for survivors of SGBV but also in the management of SEAH at healthcare facilities. There are similar concerns in referrals for nutrition.\(^77\)

Fourth, multiple respondents highlighted the risk of MHPSS among the affected population and capacity constraints in providing services to EQ survivors and other individuals in the northwest of Syria who are under-served by the health response.\(^78\) According to UN-OCHA, there are as many as 1,000,000 people in Syria who are in need of mental health support. The MHPSS Working Group’s response to date – reaching 56,000 people in the last two weeks of February – indicates that there are unmet emergency and chronic needs.\(^79\) ATAA’s survey found that across the 84 communities surveyed, 11 per cent of respondents cited psychological first aid (PFA) as the support they needed most and five per cent indicated psychosocial support (PSS). These figures indicate that the actual proportion of individuals in need of one of these interventions is actually much larger.\(^80\)

Finally, there may be a range of interventions that need to be delivered in coordination with other actors, such as the Health Cluster, to address gaps in the existing response. Respondents highlighted SRH and RCCE (especially around cholera), which could both stress the health system as a result of 1) the living conditions of displaced people residing in camps, collective shelters and reception centres over the past month and 2) the damage sustained to the

\(^{74}\) White Hands, “Post-Earthquake Rapid Needs Assessment in NW Syria,” 17 February 2023, p. 5.

\(^{75}\) KII 02, representative of Syrian NGO Alliance, 14 March 2023; and KII 05, representative of Health Cluster, 15 March 2023.

\(^{76}\) To compound the issue, referral services to Türkiye are suspended. See KII 05, representative of Health Cluster, 15 March 2023.

\(^{77}\) KII anonymised.

\(^{78}\) KII 05, representative of Health Cluster, 15 March 2023; and KII 09, representative of White Helmets, 13-14 March 2023; KII 07, representatives of IMMAP, 14-15 March 2023; and KII 10, representatives of Violet, 17 March 2023.

\(^{79}\) “In north-west Syria, it is estimated that 994,500 persons have a mental disorder and 229,500 have severe mental disorders. However, only 24 psychologists are available in the area, resulting in a ratio of 200,000 people per psychologists. See UN-OCHA, “EQ Situation Report,” 14 March 2023, p. 2, 7.

water infrastructure. In particular, the risk of cholera was highlighted by a number of respondents as requiring close monitoring. There are more than 55,000 suspected cases of cholera in the northwest of Syria (but only 577 lab-confirmed cases) as of 11 March 2023. There are more than 2,100,000 people living in the most at-risk sub-districts, with 1,367,157 of them vaccinated against the disease. There are also concerns of under-reported cases. The implications of WaSH infrastructure damage (and gaps in implementation) are considered in Section 3.3, which discusses WaSH needs.

3.4.3 Geographic and Vulnerability Targeting
In the aftermath of the EQs, the health response has focussed on the six districts that were most severely affected by the EQs: A’azz, Afrin, Ariha, Jebel Saman, Harim, and Jisr-ash-Shugur, with the mobile clinic response concentrated in Jandaris, Dana, Harim, and Maaret Tamsrin. The gaps discussed above exist across these six districts, with health sector interventions required across the board. The Health Cluster’s own data does not identify geographical units smaller than the district level; similarly, reports reviewed in the assessment, while presenting some analysis on needs at the sub-district level, do not articulate the needs within or across sub-districts.

Of the vulnerable groups assessed in this assessment, key informants noted particular concern for four groups. First, the absence of specialised services is likely to impact healthcare for persons with disabilities, both because the intersectional health vulnerabilities of these individuals are not well serviced, and also because the reduction in healthcare facilities as a result of the EQs will hinder (physical) access in disrupted health facility network. Two key informants who are close to the field response raised concern regarding the availability of assistive devices for persons with disabilities, including those newly affected by the EQs. Second, children under the age of five are also likely to bear the consequences of the fragmentation in the health sector and be excluded from referral opportunities due to reduced health system capacity and health sector expertise in specialised services. Third, given the gaps in SRH and SGBV referral, women, girls, and boys may be unable to access key referral advice and openings. Fourth, persons with chronic illness and in need of specialised services will likely suffer from the lack of specialised services discussed above. These vulnerabilities are not discussed in detail in the secondary sources, and the presented data does not disaggregated data for vulnerabilities. As such, more information is required to assess the effect of the EQs on these vulnerable groups.

3.4.4 Current Assessments of Health Needs
The table below outlines the extent of current coverage of health needs assessments. The rating reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

81 KII 09, representative of White Helmets, 13-14 March 2023; KII 10, representatives of Violet, 17 March 2023.
82 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023; KII 07, representatives of IMMAP, 14-15 March 2023; KII 08, interview on education sector, 13 March 2023; KII 09, representative of White Helmets, 13-14 March 2023; and KII 10, representatives of Violet, 17 March 2023.
84 KII 07, representatives of IMMAP, 14-15 March 2023.
85 Determined by 1) geological impact, 2) number of injuries and deaths, 3) areas hosting the most recently displaced IDPs. See KII 05, representative of Health Cluster, 13 March 2023.
87 KII 09, representative of White Helmets, 13-14 March 2023; and KII 05, representative of Health Cluster, 15 March 2023.
88 KII 02, representative of Syrian NGO Alliance, 14 March 2023; and KII 09, representative of White Helmets, 13-14 March 2023.
### Health Assessment Coverage

<table>
<thead>
<tr>
<th>Sectoral</th>
<th>Medium</th>
<th>Two reports (White Hands and ATTA) were identified in the health sector that meet this report’s inclusion criteria. Across White Hands’ and ATTA’s reports, there is no coverage of secondary and tertiary healthcare, sexual and reproductive health, communicable diseases, non-communicable diseases, trauma and physiotherapy, community health workers, risk communication and community engagement, dialysis, or referrals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic</td>
<td>Medium</td>
<td>The White Hands report covers nine districts (it excludes As Suqaylibiyah). The ATTA report covers eight (it excludes Ariha and As Suqaylibiyah). Both reports offer equitable attention across the covered districts, focussing, in particular, on medication, primary health care and MHPSS</td>
</tr>
<tr>
<td>Vulnerability</td>
<td>Weak</td>
<td>Neither of the selected reports disaggregate data by vulnerability. The White Hands report outlines health needs without specification of the most vulnerable populations or groups, and the ATAA report tallies the number of several vulnerable groups, but without an assessment of these groups’ health needs.</td>
</tr>
</tbody>
</table>
3.5 Protection

This section draws upon insights provided by 1) two protection-focussed needs assessments, 2) a KII with a delivery actor involved in the Protection Cluster response, 3) a KII with a delivery actor close to the child protection response, and 4) protection-related needs and gaps discussed in other non-WaSH-focussed KIIs conducted for the assessment. The available secondary sources – both within the protection sector and secondary sources focussed on other sectors – did not on the whole disaggregate data by vulnerabilities; thus, as discussed in Section 3.1, extant gaps in the response for specific vulnerable groups is not well understood at this time.

3.5.1. Identified Protection Needs

The Assessment Team examined protection needs and gaps through the lens of 1) general protection, 2) child protection, 3) SGBV, and 4) housing, land, and property (HLP) rights. The SCHF Allocation Strategy 2023 focusses on protection interventions around three main areas: 1) addressing family separation risks and the provision of individual protection assistance, 2) emergency SGBV services, including the provision of mobile SGBV and SRH, and the establishment of women and girls safe spaces, and 3) prevention of child protection risks and response to the needs of children and caregivers, especially at-risk groups, focussing on unaccompanied minors and separated children.

The number of vulnerable people in the northwest of Syria has increased substantially since the EQs. For instance, more than 103,000 individuals face compounded risks to existing vulnerabilities as a result of now being displaced; an even larger number will be pushed toward negative coping strategies, such as exposure to sexual exploitation, as a result of reduced basic service provision and access to food and water. The available infrastructure for child protection services has been severely impacted by under-funding and burnout among child protection personnel, with only 40 child protection case managers currently working in the northwest of Syria, according to one respondent. Likewise, the infrastructure for SGBV services has been decimated by EQ-related damage, with 10 out of the 93 pre-EQ SGBV service points now incapacitated. In regard to HLP rights, evidence across the secondary sources and KIIs indicates an emerging crisis in access to formal shelter and HLP disputes – the resolution of which is a condition of return and normalisation for the population in affected areas. HLP rights are not discussed in the gaps section below due to the limited evidence and data available to the Assessment Team on the problem and existing response.

3.5.2. Identified Protection Gaps

There are four areas of intervention in protection where gaps are likely to emerge within the existing response plans.

Firstly, gaps will likely emerge around MHPSS. The Health Cluster has provided MHPSS services in 145 health, social, shelter, and educational facilities in Aleppo and Idleb across all nine affected districts, reaching more than 56,000 people. However, current estimates suggest that there are 994,500 persons in the northwest of Syria living with mental disorders and 229,500 living with severe mental disorders; with only 24 trained psychologists working in this area, there are an estimated 200,000 people in need of MHPSS per psychologist. It is unclear to the Assessment Team whether this estimate pre-dates or accounts for the increase in those in need since the EQs. There are actors

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93 KII 06, representative of Hurras Network, 14 March 2023.
addressing this need on the ground, such as the Syrian American Medical Society, but according to multiple respondents, need far outstrips supply. FLER and emergency interventions may seek to provide PFA and reach into communities not covered by the health response through mobile MHPSS clinics. Medium-term interventions at the health-protection intersection might invest in the MHPSS service infrastructure to train psychologists and improve access for the almost 1,000,000 people in need of MHPSS services, including survivors of SGBV.

Secondly, respondents in numerous locations have observed children living alone or with extended family since the EQs – with no recourse available to reunite them with their families. Children (and adults) are suffering from psychological distress, which may compound (child) protection risks, such as neglect, domestic violence, isolation, or other harm. Children are bearing the emotional consequences of this protection crisis, which is manifesting through changed behaviour, such as unusual crying, nightmares, and depression. These EQ effects are compounding the above-noted pre-existing capacity gaps in the child protection infrastructure.

Thirdly, according to several respondents (including one closely involved in child protection in the Northwest of Syria), the priority should be re-opening schools and expanding access to formal or informal education, with child protection officers assigned to as many schools or learning spaces as possible (back-to-school interventions are discussed in Section 3.8). Integrated education-protection programming can use methods to target vulnerable children, especially those with disabilities or cognitive/learning impairments, to achieve catalytic effects in back-to-school outcomes across protection and education. In the medium term, investment in case work/management training could enable the child protection sector to supply case management pathways for those in need. More strategic and longer-term support may be provided to support the development of a child protection strategy for the northwest of Syria that promotes community-based approaches designed for localised contexts. These child protection needs are, according to the respondent working with the child protection response, unlikely to be met through the Cluster system.

Fourthly, amidst concerns of rising SGBV rates, the prevention of SGBV will require a multi-sectoral approach involving, inter alia, 1) dignified shelters, 2) safe access to basic service delivery points, and 3) risk communication and community engagement and SGBV detection. Respondents highlighted gaps in referral pathways (including for SRH and case management) that will continue to result in SGBV survivors lacking proper care. Given the scale of the situation, there are likely to be opportunities to support and supplement Cluster efforts up and down the SGBV treatment pathway in 1) SRH, 2) case management, 3) the establishment of women and girls’ safe spaces, and 4) recreational and vocational pathways for survivors. Given the damage sustained to SGBV service points and the lack of local capacity in psychologists and case managers, medium-term interventions could focus on building capacity in the protection system for survivors of SGBV and other protection incidents.

98 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023; KII 06, representative of Hurras Network, 14 March 2023; and KII 10, representatives of Violet, 17 March 2023.
102 KII 06, representative of Hurras Network, 14 March 2023; and KII 08, interview on education sector, 13 March 2023.
103 According to one respondent, there are 50,000 children with disabilities living in NW Syria and only 5,000 currently being served in protection. See KII 06, representative of Hurras Network, 14 March 2023.
104 KII 06, representative of Hurras Network, 14 March 2023.
3.5.3. Geographic and Vulnerability Targeting

Geographic targeting for protection, as in other sectors, is likely to direct funds and activities toward the areas where existing vulnerabilities have been compounded by the geological impact of the EQs, such as Jandaris, Salqin, and Harim, and displacement resulting from the EQs, such as Idleb city and Jisr-ash-Shugur. Respondents discussing highlighted the following geographical areas as high risk or severely impacted areas for protection:

1. Jandaris, given historic limits on funding to areas governed by Turkish-backed authorities;
2. Areas close to the M4 highway, which have faced a similar situation due to a lack of international NGO access amid security concerns and are now receiving IDPs;
3. Dana, due to large pre-existing camp populations;
4. Jisr-ash-Shugur, due to the high number of IDPs moving to the district;
5. Ariha, because there is little data or reporting in protection coming from the district stoking fears the protection situation is not just under-assessed but severe.

Many of the vulnerable groups and cross-cutting vulnerabilities are discussed above, but one vulnerability factor that was not discussed in detail is the EQ-induced separation of children, persons/children with disabilities, and elderly persons from their families and/or caregivers. Many of these individuals have lost documentation pertaining to their legal identity, and FLER interventions are therefore necessary to provide interim identification to ensure that these people can access humanitarian assistance and prove their identity to international actors and local authorities for other purposes. In recognition of 1) the limited understanding of vulnerabilities compounded by the EQs in the humanitarian system, and 2) the rapid protection assessments conducted by Protection Cluster partners, there is likely a large cross-section of vulnerable persons, including the young, elderly, and those with intersectional vulnerabilities, at risk of exclusion from basic services and being exposed to negative coping strategies.

3.5.4 Current Assessments of Protection Needs

The table below outlines the extent of current coverage of protection needs assessments. The rating reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

<table>
<thead>
<tr>
<th>Protection Assessment Coverage</th>
<th>Sectoral</th>
<th>Geographic</th>
<th>Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two reports (Takaful Al-Sham and IRC) were identified that meet this report’s inclusion criteria. The reports cover most of the protection and child protection needs, including child labour, loss of official documents, and the psychological impact of the earthquake on children, but less information is provided on gender-based violence risks and interventions.</td>
<td>Medium</td>
<td>Weak</td>
<td>Medium</td>
</tr>
<tr>
<td>The Takaful Al-Sham report covers eight of the ten districts (it excludes Ariha and As Suqayliyah). The IRC report covers Harim and Jebel Saman. The needs of the included vulnerable groups are assessed at the district level in the Takaful Al-Sham report.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Takaful Al-Sham report provides a degree of detail on women and girls, PLWs, unaccompanied or orphaned children, elderly persons, and persons with disabilities or chronic illnesses. The IRC report mentions women and girls, PLWs, elderly persons, and persons with disabilities or chronic illnesses, but it does not specify their protection needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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110 KII 06, representative of Hurras Network, 14 March 2023; and KII 10, representatives of Violet, 17 March 2023.
111 KII 10, representatives of Violet, 17 March 2023.
112 KII 10, representatives of Violet, 17 March 2023.
113 KII 06, representative of Hurras Network, 14 March 2023.
3.6 Food Security and Livelihoods

The Assessment Team identified two reports containing rich information on the food security and livelihoods situation and needs,\(^{117}\) and conducted a KII with an organisation close to the food security and livelihoods assessment and analysis processes. The findings contained in this section below are caveated by the absence of KII data from the Food Security and Livelihoods Cluster itself.

3.6.1 Identified Food Security and Livelihoods Needs

The food security and livelihoods sector in Syria requires a phased response to 1) manage the shocks resulting from the EQs and 2) ensure that supply chain and livelihoods interventions can support early recovery as displaced persons return to their home communities or establish new homes. The immediate FLER response has focussed on the provision of multi-purpose cash assistance (MPCA),\(^{118}\) RTE kits, and re-opening markets to ensure some level of emergency food provision for the displaced and individuals otherwise affected by the EQs. Indeed, 23 per cent of the communities accessed in REACH’s research required basic food items.\(^{119}\) Among the districts reporting limited or no availability of food items were Harim, Jandaris, and Sheikh al-Hadid (all severely affected by the EQs), and among the sub-districts facing particularly acute food item shortages were Ehsem, Ariha, and Ziyara (all underserviced and areas without access to a main market hub).\(^{120}\) Twenty-three per cent of surveyed households in the World Vision sample of 322 families also reported needing these items, suggesting that gaps remain in the response – at least at the time of data collection – within the affected communities.\(^{121}\) Most markets were able to open or partially open (meaning most vendors had re-opened their shops/stalls) soon after the EQs.\(^{122}\)

Without access to security and livelihoods monitoring data, it is not possible for the Assessment Team to determine whether these needs are now met – or will be met in the coming weeks – in the districts and sub-districts experiencing these food shortages. As in most sectors and Clusters assessed, the Food Security and Livelihoods Cluster is contending with a number of challenges that could constrain its ability to identify where shortages exist at greatest severity and subsequently meet these needs. Firstly, challenges have thus far been encountered receiving timely and accurate information on needs from Cluster partners. Secondly, restrictions remain on cross-border/line movement, impacting the supply of basic food items, such as wheat.\(^{123}\) It was the view of at least one respondent that the FLER security and livelihoods response, while not meeting all the needs, has thus far been “pretty effective” and should now look towards early recovery.\(^{124}\)

The anticipated and immediate focus of the Food Security and Livelihoods Cluster is 1) the provision of MPCA and food baskets, 2) the rehabilitation of bakeries, silos and grinders,\(^{125}\) and 3) the resumption of activities in wheat cultivation and bread subsidisation – pending sufficient funding to implement – to promote ‘normalisation’ after the EQ shock.\(^{126}\) The SCHF Allocation Strategy details its objective to “improve communities’ capacity to sustain household livelihoods by improving linkages with value chains through the rehabilitation and building of productive


\(^{118}\) “Multi-purpose cash, amounting to $6.4 million, has been distributed to 196,614 people living in 81 communities in Idleb and Aleppo in February.” REACH, “EQ Brief,” March 2023, p. 9.


\(^{120}\) REACH, “Joint Rapid Assessment of Markets (JRAM),” February 2023, p. 9.

\(^{121}\) World Vision. “Rapid Needs Assessment in Northwest Syria.” 8-9 February 2023, p. 2. Please note the World Vision report was not included in the sample of Food Security and Livelihoods reports reviewed due to its multi-sectoral rather than Food Security and Livelihoods focus.

\(^{122}\) KII 07, representatives of IMMAP, 14-15 March 2023.

\(^{123}\) KII 07, representatives of IMMAP, 14-15 March 2023; and KII 10, representatives of Violet, 17 March 2023.

\(^{124}\) The White Hands report details that of 332 communities assessed in the affected areas, seven per cent had no access to markets. See White Hands, “Post-Earthquake Rapid Needs Assessment in NW Syria,” 17 February 2023, p. 5.

\(^{125}\) IMMAP has mapped the damage sustained to bakeries. See KII 07, representatives of IMMAP, 14-15 March 2023.
infrastructure, and by supporting services, early warning, and disaster risk reduction systems.” However, one respondent indicated that the Cluster is not well placed to deliver against this objective as things stand. The next section considers potential gaps in the security and livelihoods response through three phases over the next year, including in supply chain efficiencies and farming and livelihoods: areas not addressed in detail in the secondary desk sources.

3.6.2 Identified Food Security and Livelihoods Gaps

Lacking the opportunity to directly discuss the Cluster’s plans to deliver against FLER gaps with a member of the Food Security and Livelihoods Cluster, the Assessment Team is not well placed to identify gaps in geographic coverage and targeting of vulnerable groups in the delivery of MPCS, RTE kits, and bakeries rehabilitation. However, gaps may exist in current efforts to return to the pre-EQ situation, especially because the sector is facing funding constraints and challenges related to understanding up-to-date needs and partner coverage. As the response moves from FLER (first 30 days) to emergency status (first three to four months) and recognising supply chain constraints and continued (and aggravated) food insecurity, the distribution of food baskets may be required to meet gaps in Cluster distributions. In particular, the relationship between infrastructure damage, its effect on supply chains and the risk of deepening food insecurity is neither well-articulated in the secondary desk sources nor well-understood in the humanitarian system.

The damage sustained to much of the food supply infrastructure has been left unassessed by the international community and could require immediate support to re-establish food production in these food sectors. These gaps included milk and cheese production (dairy farms and milk processing plants), olive oil (olive oil extraction facilities) and livestock rearing (silos to stock feed and fodder reserves). Rehabilitation of this infrastructure could constitute the first step in a deeper international engagement with – and provision of funding to – these sectors, which have been under-assessed and under-served in the humanitarian response since the EQs.

Similarly, the prioritisation of international support to bread and wheat supply chains has left latent economic capacity in the production of cash crops, such as olives, sugar beets, beef, chickpeas, and cotton. As the response moves from the FLER and emergency response phases toward medium and long-term solutions for Syria’s food security, opportunities for early recovery or development interventions might include support to these cash crop sectors (in technical interventions to enhance farming practices or food production) with the objective of promoting the economic viability and economic opportunities for farmers, either in wheat or cash crops.

Lessons learned from other EQ contexts highlight the importance of building climate-sensitive responses into the response as early as possible, but there has been very little consideration of the intersection between livelihoods and climate change in the EQ response to date – and in the Syria humanitarian response in general. In this regard, technical support programmes could support improved soil management techniques. More germanely, given the lack

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130 The REACH report provides an in-depth analysis of the market conditions in the districts impacted by the EQs, including supply and demand, pricing dynamics and the accessibility of essential provisions. See REACH, “Joint Rapid Assessment of Markets (JRAM),” February 2023.
131 IMMAP has conducted a damage assessment of the bread and wheat supply chain, but not in these food sectors listed in the main text. KII 07, representatives of IMMAP, 14-15 March 2023.
132 KII 07, representatives of IMMAP, 14-15 March 2023; and KII 10, representatives of Violet, 17 March 2023.
133 The UNSC Resolution funding cycle does not give Clusters and partners the space for planning more medium- and long-term interventions in farming and supply chain. See KII 07, representatives of IMMAP, 14-15 March 2023.
of rainfall in the northwest of Syria hinterland and the intersection between food security, livelihoods and WaSH, interventions could promote improved irrigation, water and weather monitoring, and wastewater management.\textsuperscript{137}

\subsection*{3.6.3 Geographic and Vulnerability Targeting}

The Food Security and Livelihoods Cluster is targeting ‘under-served’ areas which may – though the Assessment Team is unable to confirm this conclusion – be calculated through a number of key geographic indicators, such as 1) the areas most affected by the EQs, including Jandaris, and other areas of Afrin district, A’zaz, Harim, and Jisr-ash-Shugur, and the 2) areas to which those displaced by the EQs are moving.\textsuperscript{138} Agricultural input prices tend to be higher in Aleppo and Idleb due to the impact of insecurity on food supply chains, including attacks on the M4 motorway.\textsuperscript{139}

Section 3.6.1 highlights some specific geographic areas that were (at the time of data collection) still in need of FLER food security and livelihoods inputs, such as RTEs and MPCA. With regard to potential emergency responses, the locations of food infrastructure in need of rehabilitation are not mapped, but they likely exist across the northwest of Syria; in this context, it may be prudent to prioritise infrastructure support in Aleppo and Idleb due to the supply chain and pricing issues faced in these urban hubs.\textsuperscript{140} Given the gaps in farming support, climate-sensitive approaches to farming and water management across the northwest of Syria, there are likely multiple sub-districts available for gap targeting with these interventions. However, additional assessments are necessary to 1) identify the locations of farming and food production infrastructure and 2) map supply chains.

\subsection*{3.6.4 Current Assessments of Food Security and Livelihoods Needs}

The table below outlines the extent of current coverage of food security and livelihoods needs assessments. The scoring reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

<table>
<thead>
<tr>
<th>Food Security and Livelihoods Assessment Coverage</th>
<th>Sectoral</th>
<th>Geographic</th>
<th>Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strong</td>
<td>Medium-Strong</td>
<td>Weak-Medium</td>
</tr>
<tr>
<td></td>
<td>Two reports on food security and livelihoods (White Hands and REACH) were identified that meet this report’s selection criteria. The White Hands report provides detailed information on the need for ready-to-eats, daily meals, bread distributions, and support to bakeries. The REACH report provides in-depth analysis of the market conditions in the districts impacted by the EQs.</td>
<td>The reports cover all ten affected districts. The REACH report provides a detailed breakdown of the needs for each of the 10 districts (but only Ziyara in As Suqaylibiyah). REACH also collected and analysed data at the community level, but it presents only selected communities in the report. The White Hands report does not geo-target needs for specific districts.</td>
<td>The reports do not assess needs for two vulnerable groups who may require support (those who have been displaced during the past three months and those who require winterisation assistance), and only limited attention is given to several other groups, including women and girls, pregnant or lactating women, elderly persons, unaccompanied or orphaned children, and persons with disabilities or chronic illness.</td>
</tr>
</tbody>
</table>

\textsuperscript{137} KII 07, representatives of IMMAP, 14-15 March 2023.
\textsuperscript{138} The Food Security and Livelihoods Cluster monitors food consumption scores on a quarterly basis to determine individuals’ vulnerability, with those designated as vulnerable if they cannot meet the minimum weekly target for calorie intake across food groups. KII 07, representatives of IMMAP, 14-15 March 2023.
\textsuperscript{139} KII 07, representatives of IMMAP, 14-15 March 2023.
\textsuperscript{140} KII 07, representatives of IMMAP, 14-15 March 2023.
3.7 Camp Coordination/Management, Shelter, and NFI

This section is informed by evidence collected from 1) six secondary sources on CCCM, shelter and non-food items (NFIs), 141 2) a KII with an actor involved in the shelter and NFI response and 3) other respondents discussing the multi-sectoral response though not directly working in CCCM, shelter, or NFI. These secondary sources taken together provide strong sectoral and geographic coverage of the affected areas reflecting the humanitarian system’s assessment and delivery in shelter and NFI as part of the FLER. Recognising the UN mandate and experience in CCCM, analysis in this section refers to areas relevant for AFNS intervention.

3.7.1. Identified CCCM, Shelter and NFI Needs

The Shelter and NFI Cluster has outlined its strategic priorities in three key areas: 1) life-saving NFI assistance to families affected by the earthquake, 2) life-saving shelter assistance to families affected by the earthquake, and 3) inclusive dignified shelter, integrated infrastructure improvements and shelter rehabilitation.142 The Assessment Team examined shelter and NFI gaps through the lens of 1) the provision of NFIs, 2) the provision of emergency shelter, including dignified shelter and infrastructure improvements to camps and shelters, 3) MPCA, where targeted to address needs in dignified shelter and NFIs, and 4) the rehabilitation of housing infrastructure to promote return and normalisation after the EQs. The latter two intervention areas do not traditionally sit in the Shelter and NFI Cluster classification but are considered here in line with the views of respondents who emphasised the importance of such interventions.143

UN-OCHA estimates the number of newly displaced people as a result of the EQs to be greater than 103,000, with more than 280,000 people requiring shelter and NFIs.144 According to some respondents, shelter and NFI supplies were already low when the EQs struck due to 1) under-funding, 2) an assumption among donors that the humanitarian situation had stabilised to an extent, and 3) staff turnover at UN agencies.145 Within this context, the EQs also impacted Cluster partner reporting and delivery capacity.146 The Cluster has provided detailed information on their response to date.147 According to this information, 91 newly established last-resort sites are providing shelter for 57,149 individuals, and 77 reception and collective centres are being used – 50 of which are newly established since the EQs. However, the report also indicates that 62 of these reception and collective centres have inadequate services and are being prioritised for immediate Cluster support.

Secondary quantitative data indicates that some of the newly displaced persons will stay with families, but many others are likely to need emergency shelter and the service infrastructure to meet their basic needs and live in a dignified manner until rehabilitation efforts enable their return.148 In regard to NFIs, the most urgent needs are in NFI kits,149 basic winter clothing, and emergency shelter kits,150 which the Cluster has been providing. There were immediate FLER shortages in blankets, mattresses, and tents,151 and price increases for shelter rehabilitation will

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143 KII 07, representatives of IMMAP, 14-15 March 2023; KII 09, representative of White Helmets, 13-14 March 2023; and KII 10, representatives of Violet, 17 March 2023.
145 KIIs anonymised.
146 KII anonymised.
148 For example, 58 per cent of respondents indicated they intended to stay with family members. See Takaful Al-Sham (TAS), “Rapid Need Assessment for the Needs of Earthquake in NW Syria,” 10 February 2023.
149 Close to 119,900 people have been reached with the provision of emergency NFIs. REACH, “EQ Brief,” March 2023, p. 8.
150 Over 1,900 people have been reached with the provision of emergency shelter kits. REACH, “EQ Brief,” March 2023, p. 8.
151 KII 10, representatives of Violet, 17 March 2023.
affect the purchase of these items in ongoing and future implementation. The Cluster is now working to provide all of these items.\(^{152}\)

### 3.7.2. Identified CCCM, Shelter and NFI Gaps

Without evidence from KIIs conducted directly with CCCM and/or Shelter and NFI Cluster personnel, the Assessment Team is not positioned to draw conclusions about the extent to which needs are being met — or are likely to be met — through the Cluster’s delivery partners. However, with winter ending before the AFNS Regular Allocation and recognising the UN’s experience in shelter and NFI, the Assessment Team can make tentative recommendations for AFNS interventions to support and enhance the Cluster(s’) response, based on the conducted KIIs with personnel well placed in the Cluster response.

First, field reports indicate that the provision of dignified shelter has been under-resourced relative to the emergency shelter response.\(^{153}\) As part of the post-FLER emergency response, interventions to provide privacy and dignity to people residing in reception and collective centres as well as existing camps can improve the gender sensitivity of the emergency response and achieve intersectoral outcomes across WaSH, health and protection (discussed in more detail in Sections 3.3, 3.4 and 3.5).\(^{154}\)

Second, reflecting the need for measures to enable displaced persons to return to their home communities (or at least reside in formal housing), one well-placed respondent suggested employing MPCA to offset potential increases in rent and cost of living.\(^{155}\) MPCA could offset three problems in the current humanitarian response. First, existing RNAs and the coordinated assessment process do not provide a clear understanding of priority needs, and evidence of how these needs may change over the coming months is not available and would require substantial further investment (see Section 3.1). Second, delays and ongoing challenges delivering in-kind assistance risks leaving many people without assistance. Third, in-kind assistance — while necessary in the FLER and emergency phases — threatens to perpetuate aid dependency to the neglect of more strategic (early recovery) measures to promote return and normalisation. MPCA would provide autonomy to affected populations, allowing them to make decisions in their best interests, which, based on evidence from KIIs, is related to return and normalisation.\(^{156}\)

Third, there are a range of interventions required to provide formal shelter in the areas most affected by the geological impact of the EQs. As of 14 March, 1,869 buildings had been completely destroyed and 8,731 buildings had been partially destroyed in the northwest of Syria,\(^{157}\) with many of these structures containing private residences.\(^{158}\) After 12 years of displacement, affected populations ‘resent’ solutions involving temporary shelter, and they are seeking more permanent solutions for housing and return.\(^{159}\) Infrastructure rehabilitation requires structural damage assessments, which many local organisations are unwilling to conduct due to perceived capacity constraints and liability risks.\(^{160}\) These interventions sit outside the traditional Cluster system and, although there are reported conversations in Cluster meetings and working groups, these conversations are not reflected in existing funding or operational planning.\(^{161}\)

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\(^{153}\) KII 02, representative of Syrian NGO Alliance, 14 March 2023; and KII 07, representatives of IMMAP, 14-15 March 2023.

\(^{154}\) KII 02, representative of Syrian NGO Alliance, 14 March 2023; and KII 07, representatives of IMMAP, 14-15 March 2023; and KII 10, representatives of Violet, 17 March 2023.

\(^{155}\) KII 02, representative of Syrian NGO Alliance, 14 March 2023; and KII 07, representatives of IMMAP, 14-15 March 2023.

\(^{156}\) In February, the UN provided $6.4m USD in MPCA to 196,614 people living in 81 communities in Idleb and Aleppo governorates. See UN-OCHA, “EQ Situation Report,” 14 March 2023, p. 1.

\(^{157}\) KII 10, representatives of Violet, 17 March 2023.

\(^{158}\) See, e.g., KII 07, representatives of IMMAP, 14-15 March 2023; and KII 10, representatives of Violet, 17 March 2023.

\(^{159}\) Approximately 57 per cent of partial and fully destroyed buildings were reported in Harim and Afrin. See UN-OCHA, “EQ Situation Report,” 14 March 2023, p. 5.

\(^{160}\) KII 03, representative of ACU, 14 March 2023.

\(^{161}\) KII 07, representatives of IMMAP, 14-15 March 2023.
3.7.3. Geographic and Vulnerability Targeting:
The geographic focus of the coordinated response will likely consider the factors discussed throughout the report. These factors include the EQs’ impact on building infrastructure, areas with newly displaced persons and pre-existing vulnerabilities, as well as areas potentially neglected in the EQ response in light of the first two factors (see, for example, Section 3.5.3).

Section 3.7.2. above suggests that AFNS might be well positioned to deliver separate interventions, rather than complement existing Cluster interventions. This approach could enable AFNS to meet needs across the nine EQ-affected districts and other areas of the northwest of Syria. The geographic foci across these districts could be determined by the type of intervention; for instance, infrastructure damage assessments and rehabilitation efforts may target areas most severely damaged, such as Jandaris, Salqin, and Harim.

Given the scale of displacement and the focus of the existing Cluster response, vulnerability targeting might focus on those displaced with intersectional vulnerabilities, such as persons with disabilities, unaccompanied children, elderly persons and children with disabilities, widows and female-headed households, and women and girls (particularly where vulnerable to SGBV and other protection risks). One respondent highlighted the importance of agreeing clear vulnerability targeting with implementation partners to ensure that persons living with these vulnerabilities are reached during delivery.162

3.7.4 Current Assessments of Camp Coordination/Management, Shelter, and NFI Needs
The table below outlines the extent of current coverage of camp coordination/management, shelter, and NFI needs assessments. The rating reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

<table>
<thead>
<tr>
<th>Camp Coordination/Management, Shelter, and NFI Assessment Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sectoral</strong></td>
</tr>
<tr>
<td><strong>Geographic</strong></td>
</tr>
<tr>
<td><strong>Vulnerability</strong></td>
</tr>
</tbody>
</table>

162 KII 10, representatives of Violet, 17 March 2023.
3.8 Education

The Assessment Team conducted a KII with personnel close to the Education Cluster response and analysed two reports containing information on the education situation and needs.\textsuperscript{163} The Education Cluster is currently undertaking a comprehensive needs assessment for the education sector, but the findings have not yet been published.\textsuperscript{164} Existing needs assessments – from the Cluster’s local delivery partners – have been conducted; however, in the absence of baseline data on educational needs and the distribution of local delivery partner’s geographic focus across the northwest of Syria, a comprehensive understanding of needs remains elusive.\textsuperscript{165}

3.8.1 Identified Education Needs

The education sector in Syria is facing several key challenges that limit the education response’s ability to meet needs across the range of interventions required in education. First, the de facto absence of a ministry of education and the complex governance and administrative division of responsibilities in education governance across the northwest of Syria hinders the international response. Second, the absence of baseline data on 1) school facilities, and 2) the number of children in need of formal, informal education (e.g. temporary learning spaces), and specialised learning (for children with disabilities and/or cognitive impairments) complicates the task of understanding needs and directing the response towards geographies.\textsuperscript{166} Third, the number of children out of school after 12 years of the protracted crisis means that, taken together, the Education Cluster is unable to meet extensive needs across the range of interventions typically deployed in an international education response.\textsuperscript{167}

Without prejudicing the findings of the Education Cluster’s needs assessment and considering the likely increase in children without a school to attend in the coming months, the Assessment Team has identified the following gaps in education that require redress – through the combined efforts of the Education Cluster, AFNS, other international funds and mechanisms, and locally driven education interventions.

1. The rehabilitation of schools destroyed or partially damaged during the EQs.\textsuperscript{168}

2. An equitable focus on a) the provision of temporary learning spaces that may have been damaged in the EQs and can function in lieu of schools during rehabilitation and b) the rehabilitation of schools in recognition of the importance of formal learning spaces for medium- and long-term educational outcomes.\textsuperscript{169}

3. Interventions to support back-to-school processes, for children out of school pre- and post-EQs. These interventions could, for example, include unconditional cash vouchers, enabling the purchase of school supplies to encourage children to return to school.\textsuperscript{170}

4. Investment in training to support teachers’ ability to provide instruction across different ages and stages of education. This need for this training existed before the EQs.

5. MHPSS support both for 1) teachers to respond to their own needs and enable them to support students, and 2) for the children themselves.\textsuperscript{171}

3.8.2 Identified Education Gaps

Given the scale of the needs across education interventions and in response to the challenges discussed above, there are likely opportunities for AFNS to provide support to supplement the work of the Education Cluster and other actors at each phase of the EQ and regular response: from the rehabilitation of educational facilities and temporary


\textsuperscript{164} The Education Cluster needs assessment, facilitated by ACU, will comprise 1) a community-based assessment, integrated with child protection; 2) a school level assessment to understand educational and learning needs; and 3) a school level structural assessment to understand structural damage and repair needs.

\textsuperscript{165} KII 08, interview on education sector, 13 March 2023.

\textsuperscript{166} A dataset provided to the Assessment Team does not distinguish between formal and informal facilities.

\textsuperscript{167} KII 08, interview on education sector, 13 March 2023.

\textsuperscript{168} KII 09, representative of White Helmets, 13-14 March 2023; and KII 08, interview on education sector, 13 March 2023.

\textsuperscript{169} KII 09, representative of White Helmets, 13-14 March 2023; and KII 08, interview on education sector, 13 March 2023.

\textsuperscript{170} KII 08, interview on education sector, 13 March 2023.

\textsuperscript{171} KII 09, representative of White Helmets, 13-14 March 2023; and KII 08, interview on education sector, 13 March 2023.
learning spaces to skills training for teachers and MHPSS. Below, the report highlights some specific areas that might fill existing gaps or address unmet needs.\(^{172}\)

First, as many as 40 per cent of schools (323 educational facilities) were damaged in the earthquake-affected areas.\(^{173}\) It is expected that the Education Cluster will deliver some of the need repairs but perhaps not all. In addition, more ‘moderate’ repairs that could encourage the use of formal education may be under-resourced or under-addressed. These moderate repairs include 1) the provision of classroom furniture, 2) decoration to promote functionality and playful learning, 3) safety inputs to guarantee the health and safety of children,\(^{174}\) and 4) facilities to improve disability access and inclusion, such as ramps for students with mobility difficulties and learning devices for those with cognitive impairments or learning difficulties.\(^{175}\)

Second, there is an opportunity to pilot an initiative discussed in the education sector but not yet implemented to scale, thereby addressing a key gap in the education service delivery structure.\(^{176}\) Namely, this would involve distribution of cash vouchers for households with vulnerable children to encourage their return to school, regardless of whether their lack of attendance predates the EQs. The logic of the intervention is premised on 1) the informational asymmetry between households and donors, with households possessing more insight on the incentives to return to school and 2) ensuring there are enough children to attend school if and when temporary learning spaces are (re-)established or schools are rehabilitated.\(^{177}\)

Third, there are ongoing efforts to improve the mainstreaming of MHPSS through sectoral delivery, including education.\(^{178}\) However, MHPSS services are historically under-resourced and, according to field reports, acutely needed among the populations in the EQ-affected areas.\(^{179}\) An MHPSS focus through AFNS may supplement existing education efforts and meet anticipated needs arising from the impact of the EQs.

3.8.3 Geographic and Vulnerability Targeting
Reflecting the number of children out of school or attending under-serviced educational facilities (even prior to the EQs), gaps in the education response exist across the northwest of Syria. While the Education Cluster partners are well positioned to address the most severe gaps in education, the most vulnerable areas may have changed since the EQs.\(^{180}\) The areas most in need of geographic re-focus are expected to be 1) those most severely impacted by the EQs, such as Jandaris, Salqin, Harim, and Itareb (as well as Armanaz, according to ACU findings)\(^{181}\) and 2) the areas to which displaced people are moving, such as A’zaz, Afrin, and Idleb.\(^{182}\)

Education Cluster partners, according to one respondent, tend to consider 1) displaced children, 2) children with disabilities and/or learning difficulties, 3) unaccompanied and/or separated children, and 4) children single headed households, among others, as vulnerable groups. The numbers of children falling within these vulnerability categories

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\(^{172}\) Given the scale of the needs, Save the Children, a delivery partner to the Education Cluster, are advocating an approach which does delineate between EQ-related gaps and pre-EQ existing gaps, but meets needs regardless of the cause of the gap. See KII 08, interview on education sector, 13 March 2023.

\(^{173}\) UN-OCHA, Data Friendly Space, and DEEP, “North West Syria Earthquake”, 7 March 2023.

\(^{174}\) KII 08, interview on education sector, 13 March 2023.

\(^{175}\) KII 09, representative of White Helmets, 13-14 March 2023.

\(^{176}\) UNICEF has piloted cash vouchers for education, and the Education Cluster has considered, or is in the process of, developing SOPs and guidance for cash vouchers for education activities. See KII 08, interview on education sector, 13 March 2023.

\(^{177}\) KII 08, interview on education sector, 13 March 2023.

\(^{178}\) For example, there was a meeting in the week commencing Monday 13 March to discuss this. See KII 08, interview on education sector, 13 March 2023.

\(^{179}\) KII 09, representative of White Helmets, 13-14 March 2023; and KII 08, interview on education sector, 13 March 2023.

\(^{180}\) KII 08, interview on education sector, 13 March 2023.


\(^{182}\) KII 09, representative of White Helmets, 13-14 March 2023; and KII 08, interview on education sector, 13 March 2023.
has likely increased; however, evidence on the needs of these specific vulnerable groups in education was not well developed at the time of writing. An improved understanding of the specific needs of these groups will require 1) investment from donors to disaggregate data for these groups in needs assessments, 2) the expertise of local partners to articulate the needs of these groups and thereby promote inclusion and improved educational and vocational outcomes, and 3) the capacity of school and learning spaces to deliver against the unique needs of these vulnerable groups.183

3.8.4 Current Assessments of Education Needs
The table below outlines the extent of current coverage of education needs assessments. The rating reflects the coverage of the sector as a whole, rather than the quality of any single report. The rating system is explained in Section 2.2 and the scoring system is included in Annex 5. The desk review phase of this assessment concluded on the 7 March 2023; any reports since published are not considered.

<table>
<thead>
<tr>
<th>Education Assessment Coverage</th>
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<tbody>
<tr>
<td><strong>Sectoral</strong></td>
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<td><strong>Geographic</strong></td>
</tr>
<tr>
<td><strong>Vulnerability</strong></td>
</tr>
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</table>

183 KII 08, interview on education sector, 13 March 2023.
4. Earthquake Response Challenges and Lessons Learned

4.1 Assessment Challenges and Lessons Learned

In the wake of the EQs, a large number of the RNAs were conducted by international and Syrian organisations. Despite varying degrees of coordination within each Cluster, organisations primarily worked independently, consequently producing hundreds of reports. Among the member organisations of the NGO Forum for the northwest of Syria, for instance, almost three quarters worked on their own the RNAs.\textsuperscript{184} This situation yielded palpable research fatigue, with many EQ-affected individuals participating in multiple assessment processes.\textsuperscript{185} Moreover, with so many actors working independently and within the constraints of their resources, the situation resulted in the RNAs that were overlapping in scope – and typically quite general in terms of sectors, geographies, and target groups. This situation was manifest in the process of selecting desk-review sources for this review; only a few passed the Assessment Team’s criteria related to detailed information in these areas. As a result, many of these assessments were more important for drawing attention to the crisis than informing the response thereto.\textsuperscript{186}

Amidst the deluge of reports that were produced, coordination actors were unable to review all of the reporting. Indeed, the NGO Forum for the northwest of Syria itself had to inform its members that it could not review all of the members’ the RNAs and assess their respective quality and thus it would recommend the reports of some of the more specialised assessment organisations (such as REACH and IMMAP) in its communications with international donors.\textsuperscript{187} A number of local actors similarly noted their use of these assessments (as well as the information produced by a handful of other organisations, such as the ACU and White Helmets). This approach led to the unfortunate loss of valuable insights offered by local actors, including ones with the capacity to conduct very broad data collection. Moreover, while there was significant reliance on a small number of more rigorous reports, even the most rigorous reports had significant limitations for effective targeting and prioritisation of sectors, geographies, and vulnerable groups (as discussed above). Some Cluster representatives also noted that these multi-sectoral reports were more focussed on some sectors than others, forcing them to rely on their own the RNAs or other sector-specific ones.\textsuperscript{188}

Out of the complex informational landscape that emerged, several key lessons can be learned:

- It is important to focus on how the EQs (or other emergency context) uniquely affected each area and individual group, particularly vulnerable ones. Doing so requires methodologies that engage with a broad cross section of affected communities, allowing for disaggregation of needs. Cross-cutting issues need to be addressed early in assessments because they need to be responded to in all stages of the response.\textsuperscript{189}
- Relatedly, the EQs represented a crisis within a crisis. They exacerbated many extant challenges but also created novel ones. As such, the challenges faced by vulnerable groups may be significantly different than the ones that existed in the extant protracted conflict context. As such, it is important to also disaggregate which needs are specifically related to the EQs and which already existed. In this regard, the Clusters that were conducting regular need assessments before the EQs were in the best position to not only conduct assessments, but identify which needs were novel.
- The number of RNAs that have been produced should not discourage donors and actors from undertaking further assessments as they move forward in the response. As the IFRC has noted in its guidelines for responding to earthquakes, “[a]ssessments in earthquakes should be seen as a continuous process, given the possibility of changes in the situation. They should evaluate the possibility and likely impacts of secondary

\textsuperscript{184} KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023.
\textsuperscript{185} KII 07, representatives of IMMAP, 14-15 March 2023.
\textsuperscript{186} KII 03, representative of ACU, 14 March 2023.
\textsuperscript{187} KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023.
\textsuperscript{188} KII 06, representative of Hurras Network, 14 March 2023.
\textsuperscript{189} ALNAP, Lessons Paper: “Responding to Earthquakes”, 2018.
hazards,” such as increased risks of epidemics. In particular, assessments need to turn their focus to exacerbating factors, such as the recent floods, as well as longer-term recovery and stabilisation needs.

- Engagement with local actors in assessment processes is essential, especially if ‘official’ reports are produced. Many local actors with significant field presence, networks, and capacities were willing to contribute to larger RNA processes, but they did not know how. They were also keen to draw upon standardised indicators, but they were not aware of the existence of any that could be used. Better engagement with these actors could help to share the data-collection burden and consequently render the RNAs more comprehensive. Importantly, although many of the actors focussed on speed rather than rigour in the RNAs they produced, they have networks of experts, such as healthcare workers and engineers, who can be used to provide expert assessments. It could also minimise duplication, research fatigue, and unusable data (because of lack of comparability or non-rigorous methods).

4.2 Delivery Challenges and Lessons Learned

A key challenge in the earthquake response was its localisation. The EQs affected not only the northwest of Syria, but also the cross-border coordination hubs in Gaziantep and Antakya. This unique situation impacted various humanitarian organisations, forcing them to transition from in-office to remote work and deal with the loss of essential equipment, such as laptops. Local actors, already present in the affected communities, were able to respond rapidly to the situation. They endeavoured to coordinate efforts on the ground, but in some instances, they had to rely on Gaziantep and Antakya for further coordination. The earthquakes therefore highlighted a limitation of having response teams located across borders, as coordinating, and accessing the northwest of Syria became increasingly challenging.

Moreover, while surge support was quickly brought in to buttress international coordination efforts, it remained across the border and did not possess deep experience with the northwest of Syria context. Likewise, while actors on the ground were able to respond quickly, their efforts were limited by the lack of available supplies (and regulations for procurement), with significantly less pre-positioned humanitarian supplies (and heavy machinery) available in the northwest of Syria than in Türkiye and Government of Syria (GoS) areas. The injection of supplies across the border was also delayed by 1) reported damage to the roads inside Türkiye leading to the Bab al Hawa crossing, 2) border patrols at the crossing leaving their posts to be with their families, and 3) efforts to secure GoS approval for expanded cross-border aid. As a result, many organisations found themselves in the position of competing with other actors and members of the communities they were trying to serve to obtain locally available supplies – the prices of which rose dramatically.

Relatdly, while local actors were ready to play a significant role in the response, they were limited by the availability of funds. As ALNAP indicated in its lessons learned paper on responding to EQs, “[o]ne of the challenges faced by humanitarian practitioners involved in post-earthquake response is how to quickly make resources available.” Not only were there overall delays in receiving funds, but organisations also had to contend with proposals processes that they felt were overly burdensome given the situation. As a result, many organisations depended on private donations or re-directing existing funding rather than obtaining new donor funding. The funding challenge was exacerbated by the broader logistical difficulties of physically receiving cash in the northwest of Syria, with local actors dealing with the temporary closure of the Turkish Post (PTT) and facing high fees and overburdened transfer

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193 KII 02, representative of Syrian NGO Alliance, 14 March 2023.
194 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023.
196 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023.
services. A related issue emerged regarding duty of care for organisations’ own staff members. Donors that offered duty of care support for their partners frequently asked for these funds to be taken from existing project budgets, rather than offering additional funds, yielding implications for program budgets. Indeed, a representative of the Syrian NGO Alliance even noted that some organisations were providing this staff support on credit. Moreover, some local partners refused duty of care support because it was only eligible for staff members who were on specific projects, which would have resulted in intra-organisational inequality.

From these challenges, several important lessons can be learned:

- It is essential that local actors can efficiently obtain financial support to enable immediate responses. Reviewing current application processes for emergency funding should be considered, focusing on identifying ways to streamline the application processes. Measures mentioned by local implementers included allowing applications to be submitted in Arabic and allowing rounds of comments to be dealt with iteratively once the projects are approved.

- Plans need to be established for responding to EQs and other emergencies that affect both the target community (the northwest of Syria) and the coordination hub (Gaziantep and Antakya). To mitigate a situation where local actors are waiting on outside coordination, greater response capacities should be fostered locally, focusing, in particular, on capacities for compliance. Relatedly, contingencies should be in place to simultaneously provide duty of care while not detracting from funding to respond to the emergency.

- Surge support for response coordination is incredibly important. In addition to timely deployment, it is also crucial, as other EQ responses have highlighted, that staff are experienced not only in the sector they are supporting, but also with large-scale disasters and the country/regional context within which they are working.

- Ensuring to the extent possible that supplies are locally available for responses is crucial, not only for delivering needed aid in a timely manner, but also for mitigating perceptions of political biases within responses. To this end, it is essential that the unique challenges of delivering emergency aid within communities controlled by different de facto authorities is considered.

- Looking forward, EQ responses elsewhere have faced challenges related to 1) ephemeral surge support and 2) short-term funding support. It is crucial that surge capacities remain in place for at least six months and that donors continue to conduct needs assessments and provide funding with longer time spans and efforts beyond FLER needs.

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197 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023.
198 KII 02, representative of Syrian NGO Alliance, 14 March 2023.
199 KII 01, representative of NGO Forum for the Northwest of Syria, 15 March 2023.
200 KII 06, representative of Hurras Network, 14 March 2023; and KII 02, representative of Syrian NGO Alliance, 14 March 2023.
## 5. Annexes

### Annex 1: Sources Included in Desk Review Assessment

| Protection           | • IRC. “Rapid Protection Assessment.” 20 February 2023.  
|                      | • ACU. “ACU Earthquake NW Syria SitRep07.” 12 February 2023.  
Annex 2: Sectoral Parameters of Analysis for Desk Review Assessment

| Nutrition                          | Infant and young child feeding (IYCF)  
|                                    | Managing acute malnutrition (MAM)  
|                                    | Stabilisation centres  
| Water Sanitation Hygiene           | Water access  
|                                    | Hygiene promotion  
|                                    | Sewage system rehabilitation  
|                                    | Waste management  
|                                    | WaSH facilities/latrines  
| Health                             | Primary healthcare  
|                                    | Secondary health care  
|                                    | Tertiary health care  
|                                    | Sexual and reproductive health (SRH)  
|                                    | Mental health and psychosocial support (MHPSS)  
|                                    | Non-communicable disease (NCD)  
|                                    | Communicable diseases (CD)  
|                                    | Trauma and physiotherapy  
|                                    | Community health workers (CHW) and risk communication and community engagement (RCCE)  
|                                    | Dialysis  
|                                    | Referral  
|                                    | Medicine, consumables, and equipment  
| Protection                         | General protection  
|                                    | Child protection  
|                                    | Gender-based violence (SGBV)  
| Food Security and Livelihoods      | Multi-purpose cash assistance (MPCA)  
|                                    | Ready-to-eat (RTE) kits  
|                                    | Markets  
|                                    | Bakeries  
|                                    | Food supply chains  
| Camp Coordination/Management, Shelter and NFI | Camp administration  
|                                    | Camp coordination  
|                                    | Camp management  
|                                    | Emergency shelter (including tents)  
|                                    | Non-food item (NFI) (including winterisation, hygiene & dignity kits)  

Annex 3: Geographical Parameters of Analysis for Desk Review Assessment

| Idleb | Ariha  
|       | Harim  
|       | Idleb  
|       | Jebel Saman  
|       | Jisr-Ash-Shugur  
| Aleppo | A'zaz  
|        | Afrin  
|        | Al Bab  
|        | Jarablous  
| Hama | As Suqaylibiyah  

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Annex 4: Vulnerable Group Parameters of Analysis for Desk Review Assessment

<table>
<thead>
<tr>
<th>Parameters of Analysis</th>
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<tbody>
<tr>
<td>Women and girls</td>
</tr>
<tr>
<td>Pregnant and lactating women (PLW)</td>
</tr>
<tr>
<td>Unaccompanied or orphaned children</td>
</tr>
<tr>
<td>Elderly persons</td>
</tr>
<tr>
<td>Persons with disabilities or chronic illnesses</td>
</tr>
<tr>
<td>Households displaced in the last three months</td>
</tr>
<tr>
<td>Households in damaged/unfinished/insufficient sub-standard shelter</td>
</tr>
<tr>
<td>Households that have not received winterisation assistance</td>
</tr>
</tbody>
</table>

Annex 5: Scoring Criteria for Report Inclusion in Desk Review

<table>
<thead>
<tr>
<th>Coverage Area</th>
<th>Coverage Score</th>
<th>Scoring Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sectoral Coverage</td>
<td>3</td>
<td>The Assessment Team selected at least three reports as per the criteria for selection of desk sources and there is broad inclusion of sub-sectors within the sector across these reports with no key sub-sectors missing</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>The Assessment Team selected at least three reports as per the criteria for selection of desk sources and there is inclusion of some sub-sectors within the sector but some key sub-sectors missing across the reports</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>The Assessment Team could only identify two reports for this sector as per the criteria for selection of desk sources and there is inclusion of some sub-sectors within the sector but some key sub-sectors missing across the reports</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>The Assessment Team could only identify one report for this sector as per the criteria for selection of desk sources</td>
</tr>
<tr>
<td>Geographic Coverage</td>
<td>3</td>
<td>For this sector, the reports selected cover all ten of the districts listed under the geographic unit of analysis or nine districts with the missing district being As Suqaylibiyah, with at least two reports containing reference to each district (or nine of the ten districts with the missing district being As Suqaylibiyah)</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>For this sector, the reports selected cover between 5-9 of the districts affected by the EQ, with at least two reports containing reference to between 5-9 districts</td>
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<tr>
<td></td>
<td>1</td>
<td>For this sector, the reports selected cover between 3-4 of the districts listed affected by the EQ, with at least two reports containing reference to between 3-4 districts</td>
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<tr>
<td></td>
<td>0</td>
<td>For this sector, the reports selected cover less than three of the districts affected by the EQ, because across all the reports there is not reference to more than two districts</td>
</tr>
<tr>
<td>Vulnerability Coverage</td>
<td>3</td>
<td>For this sector, the reports selected cover all of the vulnerability categories assessed, with at least one report containing reference to each vulnerability category</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>For this sector, the reports selected cover between 4-7 vulnerability categories assessed, with at least one report containing reference to between 4-7 vulnerability categories</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>For this sector, the reports selected cover between 2-3 vulnerability categories assessed, with at least one report containing reference to between 2-3 vulnerability categories</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>For this sector, the reports selected cover less than two vulnerability categories listed under the vulnerability unit of analysis, because across all the reports there is not reference to more than vulnerability categories</td>
</tr>
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</table>

These vulnerable groups, which were used for the desk review assessment of extant RNAs, reflect those included in the Protection Cluster RNA. Analysis throughout the report indicates other vulnerable groups that are specific to the different sectors.
AFNS is a Humanitarian multi-donor Pooled Fund established in October 2022 to meet priority needs in the north of Syria with a primary focus on the northwest of the country, where 4.1 million people are in urgent need of assistance in 2022.