

MANBIJ NEEDS

ASSESSMENT REPORT

3 JANUARY 2019





Al-Ameen for Humanitarian Support:

Al Ameen, short for Al-Ameen for Humanitarian Support, is a non-profit organization, established in 2012 in Northern Syria. Starting as a group of activists with a mission of helping all conflict-affected people of Syria, Al-Ameen had to grow and expand in order to deal with huge and poorly satisfied humanitarian, rehabilitation, and development needs of conflict-affected communities throughout the country.

An expanding scope of military operations, increased displacement of Syrian people and lack of centralized government to provide administration and services in many areas of the country, provided background for the organization's expansion and growth as it worked vigorously to support people and communities in dire need.

Al Ameen implements number of programs in the different non-regime-controlled areas across Syria.

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Manbij Profile

Manbij is a city in the northeast of Aleppo Governorate in northern Syria, 30 kilometers west of the Euphrates.

Prior to and in the early years of the Syrian War, Manbij had an ethnically diverse population. The city's socio-political life was dominated by its main tribes. Tribal leaders served as the mediators and arbiters of major disputes in Manbij, while the state's security forces largely dealt with petty offenses. The city was relatively liberal compared to other Sunni Muslim-majority cities in the countryside of Aleppo.

Manbij Major Events During the Syrian war

- on 20 July 2012, Manbij fell to local rebel forces /Free Syrian Army/ who thereafter administered the city. In December, there was an election to appoint a local council.
- In January 2014, forces from the So-Called Islamic State of Iraq and the Levant (ISIL) took over the city after ousting the rebels. The city has since become a hub for trading in looted artifacts and archaeological digging equipment.
- In June 2016, the So-Called Syrian Democratic Forces (SDF) launched an offensive to capture Manbij.
- and by June 8 had fully encircled the city.
- On 12 August the SDF had established full control over Manbij after a two-month battle.
- By 15 August, thousands of previously displaced citizens of Manbij were returning.
- On 19 August 2016, the Manbij Military Council issued a written statement announcing it had taken over the security of Manbij city center and villages from the SDF, of which it is a component.
- United States special operations forces near Manbij, acting as advisors to the Syrian Democratic Forces, March 2017
- On 12 March 2017, the Legislative Assembly of Manbij approved the elected co-presidents who then took office. During the meeting the departments of the committee members, co-presidents and committees were determined after speeches and evaluations. 13 committees were determined. The 13 new committees include 71 Arabs, 43 Kurds, 10 Turkmen, 8 Circassians, an Armenian and a Chechen.
- Today Manbij is self-administered by the Manbij City Council, as part of Shahba region within the de facto autonomous Federation of Northern Syria – Rojava framework.
- While public administration including public schools has regained secular normalcy after the ISIL episode, a reconciliation committee to overcome rifts created by the civil war was formed, and international humanitarian aid has been delivered.

- Manbij today also is a hub for Combined Joint Task Force – Operation Inherent Resolve training of new SDF recruits in the fight against ISIL and other Islamist militias in Syria.
- On 26 February, the United States announced its support for the security of the Manbij Military Council. The United States also reportedly sent special forces and several military convoys to Manbij after the announcement.
- U.S. and Turkish soldiers conduct the first-ever combined joint patrol on Nov. 1, 2018, Manbij outskirts, Syria
- On 1 November 2018 Turkish and US troops began joint patrols around Manbij along the front lines of the Euphrates Shield rebel territory and the Manbij Military Council. The joint patrols were seen as part of a "roadmap" for easing tensions between militants in the region and tensions between the two NATO allies.

Transportation

Manbij is served by two major roads, Route M4 and Route 216. There is no airport near Manbij, the nearest is in Aleppo.

2018 Overview

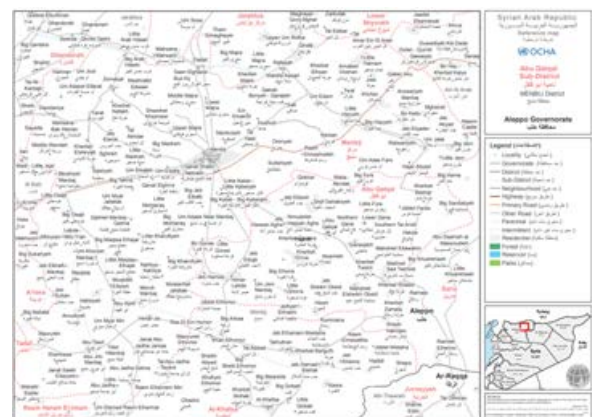
Intensification of conflict in northwestern Aleppo governorate since January 2018, has led to increased uncertainty in Menbij district and surrounding area, Menbij has received internally displaced persons (IDPs) from Afrin district and the neighboring sub-districts (estimated at 750-900 households).

Adding to the high proportion of IDPs in the sub-district (24% of the total sub-district population of 265,649 individuals).

This, coupled with the overall scale of displacement from Afrin since the start of the year (which the United Nations Office for the Coordination of Humanitarian Affairs estimates to total 130,070 individuals), indicates that the emergence of conflict in Manbij could lead to a further increase in displacement from the region.

Methodology

Al-Ameen developed the assessment form to collect data from Key Informants (KIs) during the information collection. All the enumerators received an online training on the questionnaire for two days.



Fieldworks started on 15-Aug-2018 and were completed on 20-Aug-2018. after receiving the raw data, the Data Need Assessment Unit /DNA/ in Al-Ameen began the data validation and cleaning process. Next, the data analysis & translation process started.

The assessed geographical area is limited to areas that are accessible by Al-Ameen enumerators. /all the areas of Ar-Raqqa excluding Maskana and part of Al Khasfa sub-districts which are under the control of the Syrian regime/.

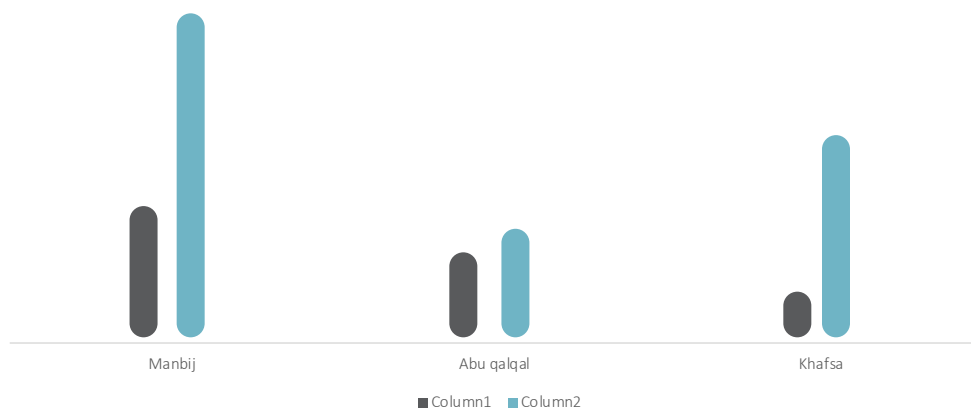
The enumerators assessed 3 Sub-District of 3 in Menbij District out of control GoS (Manbij. Abu qalal and Khafsa)

50 community of 121 in Menbi sub-district

33 of 42 in Abu Qalqal sub-district

17 of 76 in Khafsa sub-district

Figure 1: Communities



The assessment was provided to the enumerators on smart phones and tablets for onsite completion using Kobo-Collect software, all interviewees were instructed to provide answers to the best of their knowledge about the topics.

The primary data collection methods used include key informant interviews and direct observation. The enumerators formed in 3 teams (6 persons 4 mal +2 female) visited 100 community of 239 over all Manbij out of control GoS, they assessed 27 health infrastructures, 172 schools sites & met with well over 100 education personnel, parents and community members.

One key informant (KI) was interviewed in each community. KIs were asked 9 education related questions. Of the 100 KIs 10 are female representing between 8% and 12% of the KIs in each sub-district. The average age of the KIs is 39 years old

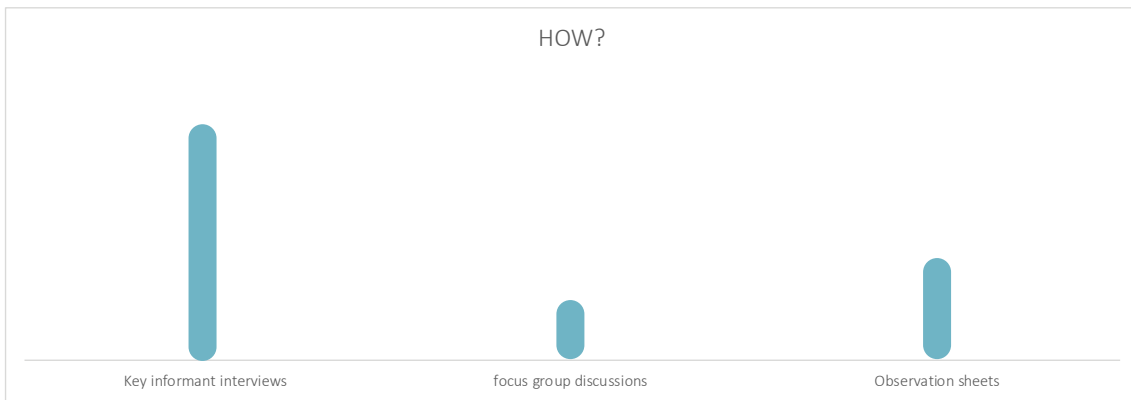
All KIs were based in the assessed community. All the sub-districts had exclusively face-to-face interviews

Figure 2: Communities



100 Key informant interviews with school directors and teachers
22 focus group discussions with Parents or community members
35 Observation sheets

Figure 3: how ?



Health & Nutrition Analysis

1-Health background information:

During the years of the control of the so-called ISIS on the city of Manbij and its countryside, the health sector has deteriorated significantly, and most of the sections of public hospitals and clinics were unable to provide free health services to citizens, as a result of equipment failure and the travel of many doctors and health staff outside Syria. After the so-called “Syria's democratic forces” “SDF” took control of the town of Manbij and some of the rural villages, the situation of the public sector worsened.

The private sector, represented by a group of private hospitals and clinics, found an opportunity to achieve rapid enrichment of its presence in the medical competition market. Private hospitals in Manbij have begun imposing new prices on their patients for medical services under the pretext of a higher dollar exchange rate.

Private hospitals request on patients to pay the cost of treatment as a prerequisite for receiving the patient and be paid sometimes in dollars or the equivalent of the exchange rate according to the black market.

The medical situation in the city of Minbij needs more efforts & support, the medical situation in the city is worse than it was during the days of the control the so-called ISIS. Number of the devices & medical equipment from public hospitals were lost from Manbij to other locations in the North of Syria.

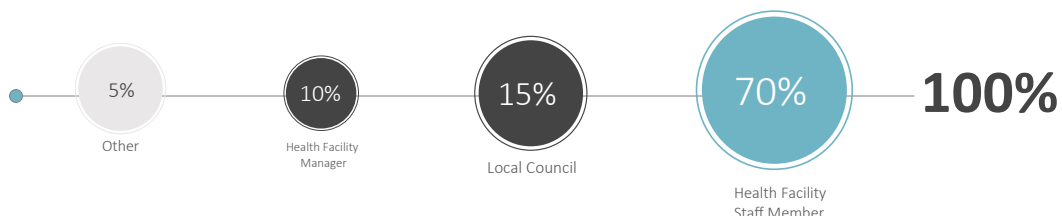
The cost of medicine in private hospitals is very high compared to the poor financial conditions of the population. For example, the average cost of cesarean delivery in Manbij's private hospitals is 100,000 Syrian Pounds (approximately \$ 185) and 30,000 Syrian Pounds (approximately \$ 56) for normal deliveries.

2-Source of information:

the information source is the person, and place from which information came, raised, and obtained. That source informed Al-Ameen field staff about the assessed health facilities and provided knowledge about it.

They key sources of information which Al-Ameen field staff interviewed are:

Figure 1: Source of Information



20 health facility staff member or health facility manager were interviewed, which equal 74% of the total interviews during the data collection process. The rest which is 7 other interviews were conducted with host local councils and community leader, to provide information mainly about the closed center.

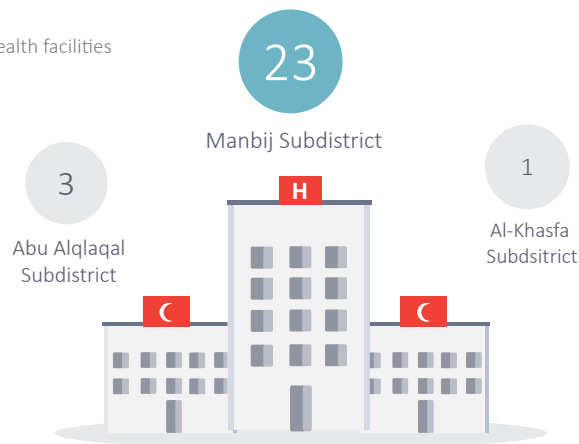
3- Geographical distribution of health system:

Having the knowledge about the Healthcare facility (HCF) location has attracted considerable attention from the humanitarian actors during the last years as one of the most important strategic issues in healthcare systems, disaster management, and humanitarian logistics.

Healthcare infrastructure is essential for effective operations of healthcare systems. An efficient facility location can save cost and improve facility utilization.

The assessment targeted health running health facilities or sites and infrastructure were health services was previously provided. From the total of 27 sites been assessed, 23 of them was in Manbij subdistrict 13 in the city of Manbij, while 3 in Abu Alqalqal, and one in Al-khasfa subdistrict.

Figure 2: Geographical distribution of health facilities

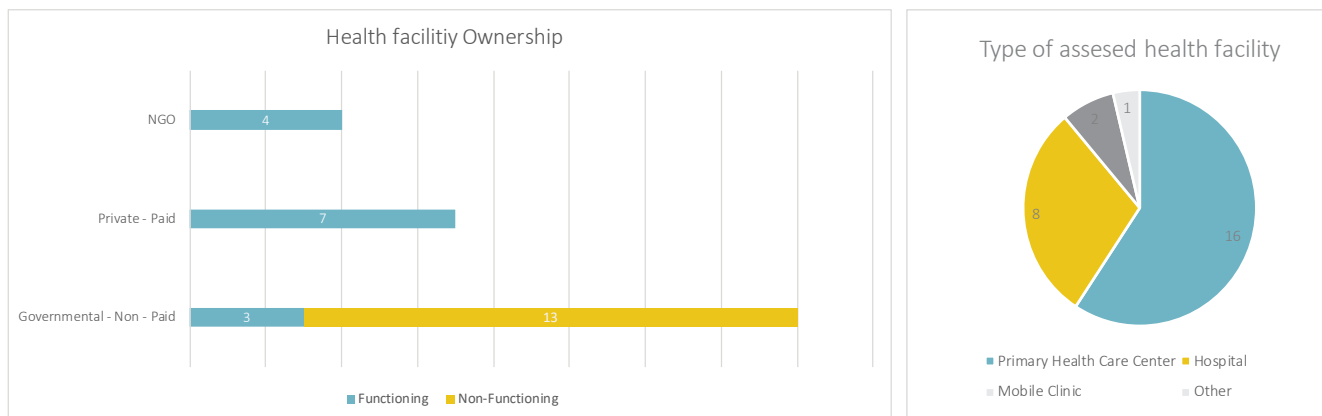


4-Type of Assessed Health Facilities:

Understanding the differences between the various types of functioning and non-functioning health facilities in Manbij is crucial when trying to make an informed decision about medical care. In total 27 health sites were assessed, 8 of total were hospitals, 16 were primary health care centers, 2 were mobile clinics, and 1 classified as other medical center.

The health care facility ownership and management is crucial in understanding the health system in an area, according to the assessed health facilities, most of the functioning health facilities are private paid facilities while most of the governmental facilities are not functioning and the presence of NGO supported facility in such situation is limited, the following charts giving detailed information about from whom the facility are managed and administrated.

Figure 3: Type of asessed health facility



5-Primary health care:

-The Primary health care centers:

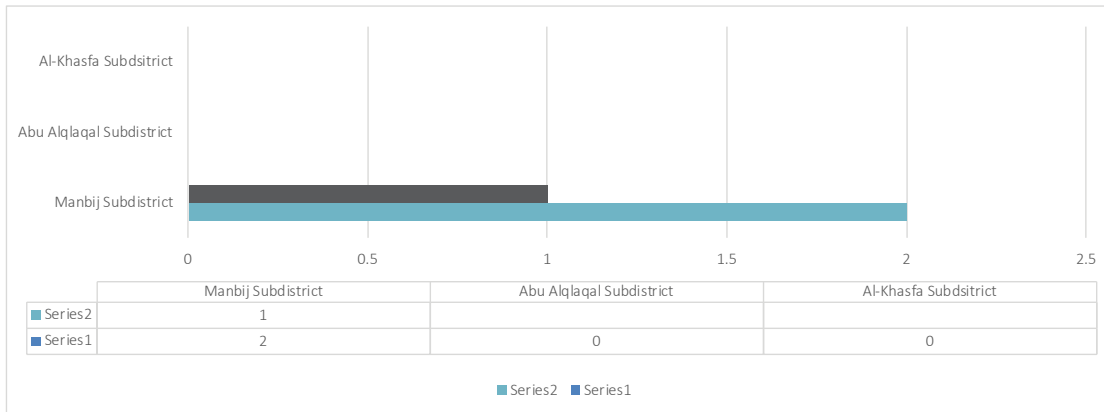
Total of 16 sites for health facility were assessed, most of the assessed location was previously a primary health care center “PHCC” but most of them are not functioning anymore, from the total 16 there’re only 3 are functioning, while there are 8 closed totally and 5 working for one day to provide EPI services from the Kurdish Red Crescent.

Figure 4: Source of Information



The two functional PHCs are in Menbij city and the third facility in Manbij subdistrict located exactly in “Little Hayyeh” community.

Figure 5: Source of Information



Regarding the services that are provided from the PHCCs, all of them providing free acute medication but having lack in medication, all are providing general medicine, pediatric consultation in addition to antenatal and postnatal care.

Only one of the functioning facility have free NCD medication and MHPSS activities and laboratory, but non-of them have diagnostic imagining devices.

From the whole assessed health facility only one have a Tuberculosis specialized clinic, in one of the running PHCs support from Damascus government in Manbij city.

With the limited number of PHCCs especially in the rural areas, the huge load shifted to the city of Menbij, the only two running PHCs in Manbij city has a huge load of patients to be consulted and treated, each PHCC of the tow PHCCs in Manbij city have more than 300 patients daily.

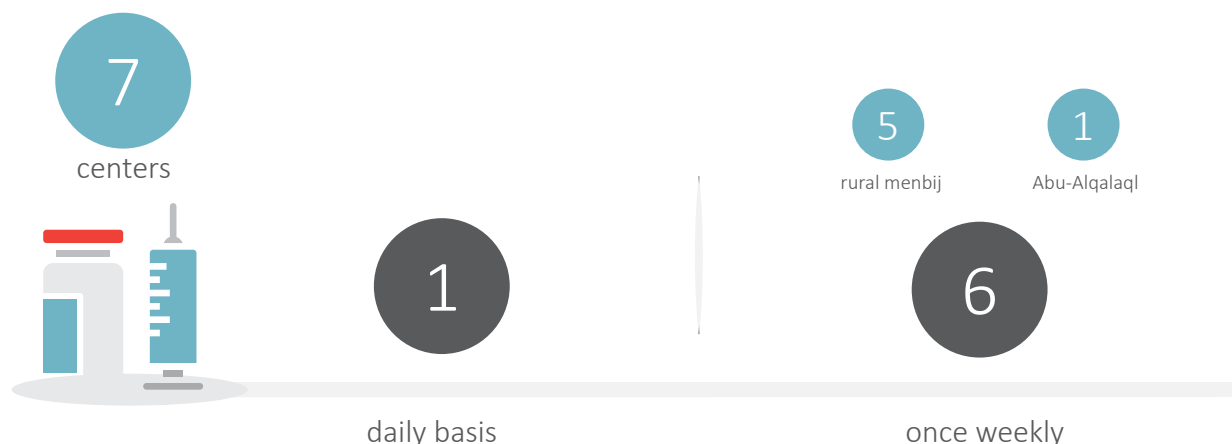
- Mobile clinics:

The mobile unites manly works as part of primary health care system to ensure access for basic health care services in underserved and rural areas, it's provide only basic health care consultation, prescribe and provide treatment if available and ensure referral to advanced health care facilities to ensure the continuity of care. In Manbij district most of the villages and town don't have primary health care united, through the assessment we assessed only two mobile clinics which they are running within Menbij subdistrict, they provide free medication, with basic RH services, they are accepting an average of 85 patients and the belongs to Non-governmental organizations.

-EPI services:

The EPI services consider as crucial service to be delivered especially with the Interruption that happened when ISIS take control over the city, there are 7 centers providing EPI services, 6 of them are providing it through KRC once weekly, 5 of them in rural menbij and one in Abu-Alqalaql subdis- trict. While the one which is providing in daily basis are in Menbij city. In addition, the KRC had non-continuous outreach activities for EPI in rural of Menbij

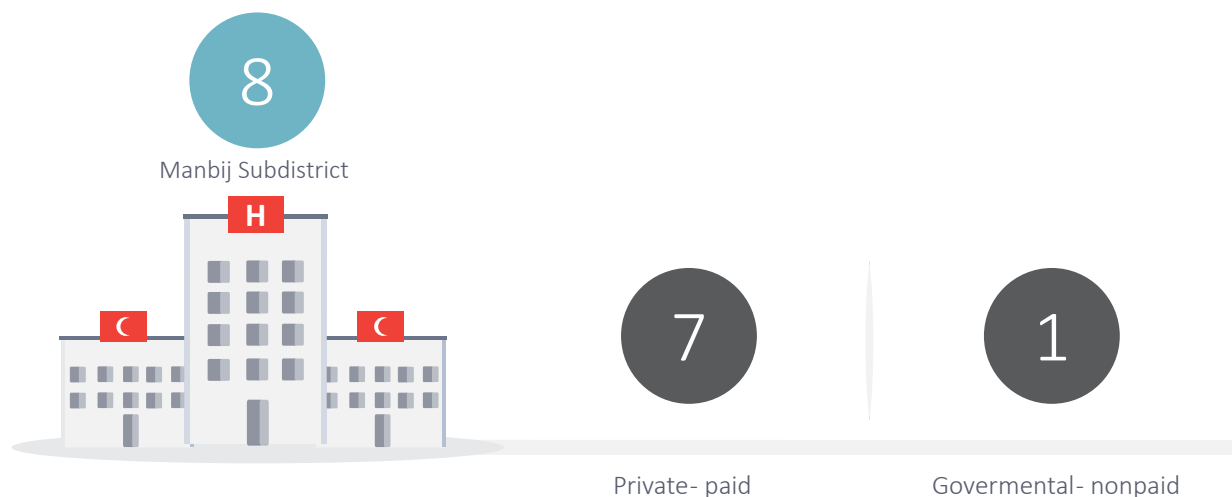
Figure 6: EPI services



6- Secondary health care:

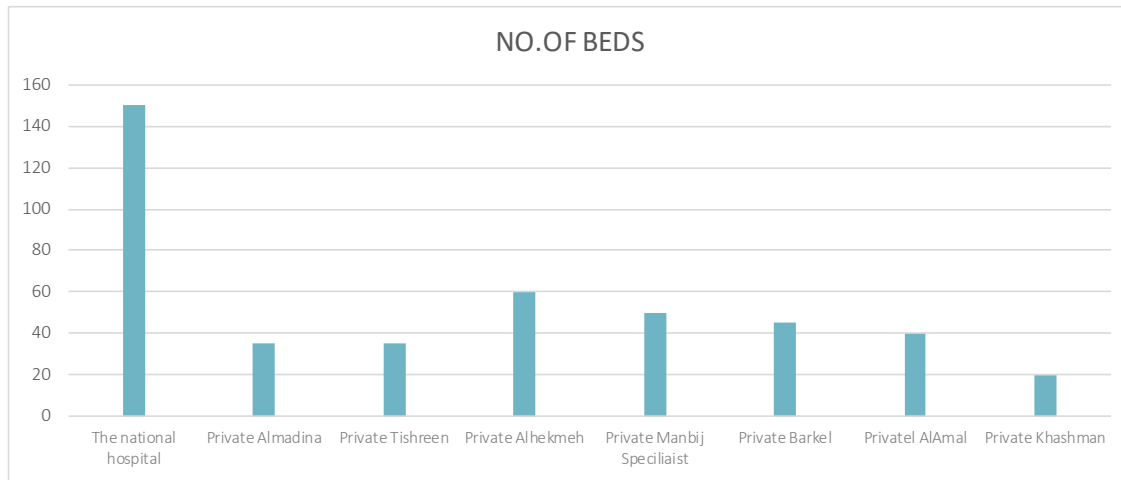
The secondary health care system which provide services by specialist's trough hospitals, are only available in Manbij city, the system is relying almost all on private sector, from the total of 8 hospitals, 7 of them are private. The national hospital considered as the only hospital in the district that is free of charge and have the highest number of patients load.

Figure 7: Manbij Subdistrict



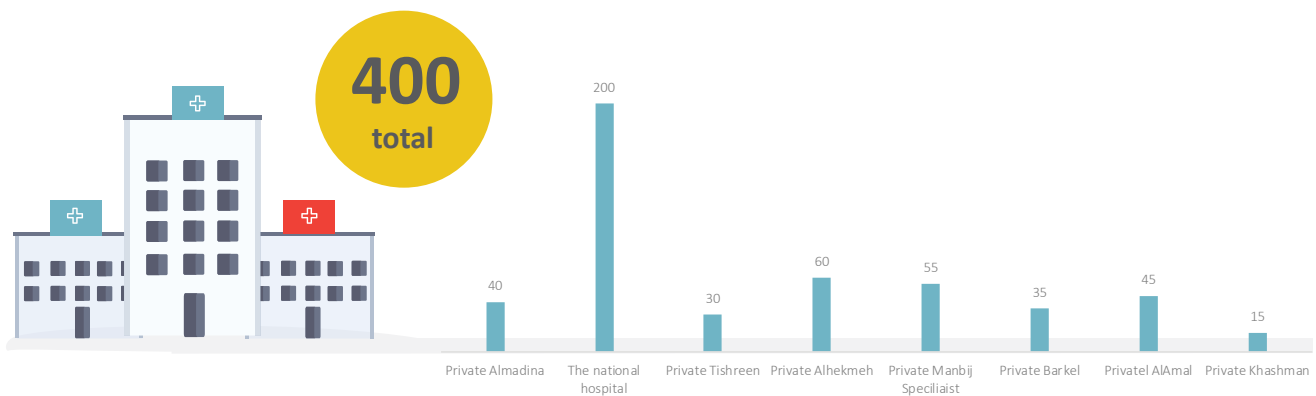
-No of Beds: The total number of beds for the functioning hospitals inside Manbij district are 435 beds, the national hospital has 150 and the rest have between 20-60 beds, the average number of beds are 54.3 bed per hospital.

Figure 8: Source of Information



- Daily visitors: The total number of daily visitor to the hospital is as following:

Figure 9: Number of daily vistors categorized by hospital



In addition to general and orthopedic surgeries provided within all the hospitals, all of them also provides normal and caesarian delivery services.

The national hospital has a huge load of patients as it is the only free of charge hospital, and it had a variety of department, in addition to the previously mentioned, the national hospital has a blood bank, dialysis devices, thalassemia unit, laboratory, x-ray imaging and an ambulance.

The national hospital having reported a shortage in medication and ventilators.

1 CT scan device is available in one of the private hospitals.

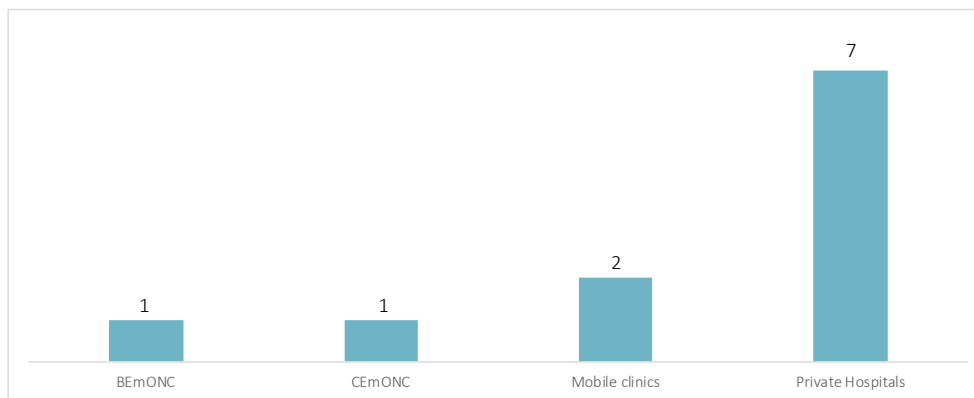
None of the hospitals have an ICU neither MRI nor Mammograph.

7- Reproductive health:

All RH services are providing only within Manbij city, Free RH services are providing by 1 BEmONC center in Menbij city and one CEmONC center as a separated department in the national hospital operated by KRC, in addition to the two-mobile clinic that provide ANC, PNC and family planning. Moreover, all private hospitals provide CEmONC services.

The only CEmONC free of charge center is seeing around 40 patients and linked with referral services through ambulance, and it reports a shortage in equipment's.

Figure 7: Availability of Ambulances



7- Ambulance system:

Eight Ambulances are available within the subdistricts, 5 of them for private hospitals, the location of the ambulances are as following:

Figure 7: Availability of Ambulances



Health care recommendation:

-The first priority should be the strengthening of the primary health care services by having at least one comprehensive PHC in the main town of the subdistrict of “Abu Qalqal and Khasfa”, in addition to a set of community-based health management through mobile clinics in both previously mentioned subdistrict, and scaling up the already existed in Manbij subdistrict.

- Increase the capability of the national hospital by providing more dialysis equipment and establishing an ICU unite.
- Increase the capability of already existing PHCs to have diagnostic procedures like x-ray imagining and laboratories.
- Referral pathway should be established between already existed and the additional needed facility to ensure the continuum of care.
- Both NCDs and CD medications should be provided to all primary health care facilities.
- There is an urgent need to establish a physiotherapy and scale-up the MHPSS services.
- A mass vaccination campaign should be considered as most of the communities didn't receive vaccination since more than one year, in addition to ensuring the stability of EPI services through fixed and mobile locations.

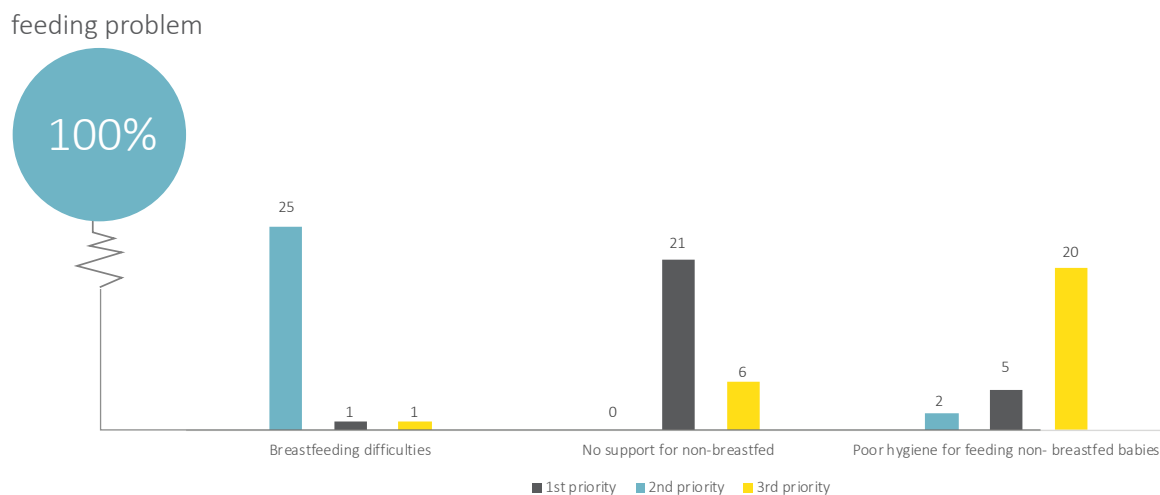
Nutrition Analysis:

1- Feeding Problems 0-6 months:

Most of key informants interviewed was either health workers 74% or a member of local councils (22%), but most of them were unaware of the details of nutrition programs, as such, the data may not provide sufficient insight to the status of these issues.

100% of the interviewee stated that there is a problem in feeding babies and young children from 0-6 months.

Figure 8: Top 3 Problem 0-6 months

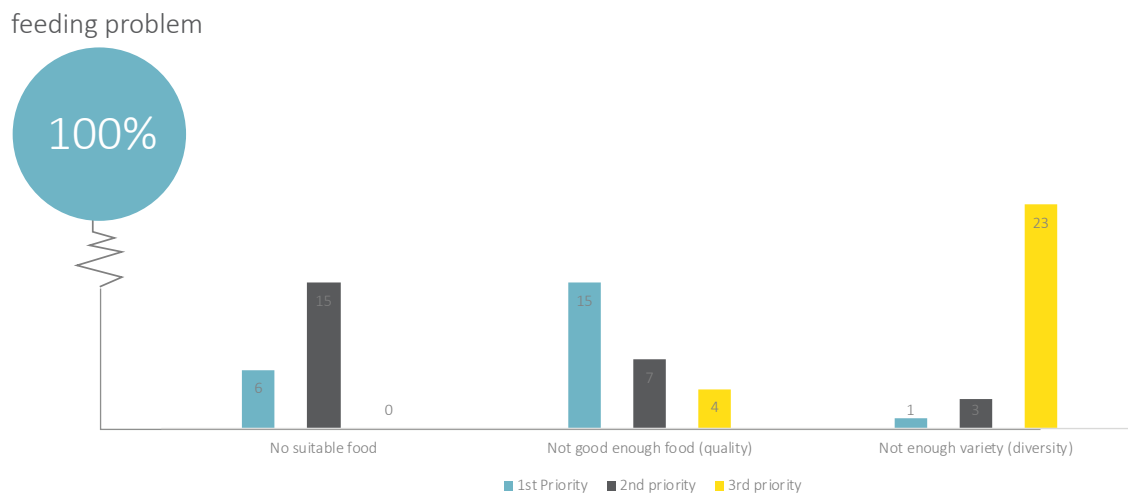


From total key interviewee the 1st problem mentioned for children between 0-6 months is the breast-feeding difficulties, while the 2nd problem is the lack of support for non-breastfed and the 3rd one is the poor hygiene for feeding the non-breastfed babies.

2- Feeding Problems 7-23 months:

All the interviewee also stated that there is a problem in feeding them between the ages of 7-23

Figure 8: Top 3 Problem 7-6 months



From total key interviewee the 1st problem mentioned for children between 7-23 months is the quality of food, while the 2nd problem is the non-existing of suitable food and the 3rd one is not having enough variety of food.

3- Milk Distribution:

No milk distribution was conducted at the time of conducting the assessment in all subdistricts.

4- CMAM, IYCF services, distribution of nutrition supplies:

In all subdistrict, Menbij, Abu Qalqal and Khasfa, there was not any malnutrition services providers neither CMAM nor IYCF within the whole district, and there's no distribution of any nutrition supplies, neither preventative nor treatable supplies.

Nutrition Recommendation:

- Scaling up infant and young child feeding through establish IYCF-E programs in all subdistrict including caregivers counselling (group or individual sessions), outreach activities to support and raise the awareness of proper feeding and integrate services with health, education and protection activities.
- Screening of children for acute malnutrition in all subdistricts and referral of identified children to the appropriate services
- Establish treatment of acute malnutrition delivery through existing health facilities in the city of Manbij and through health facilities that are required to be establish at least one in each subdistrict. In areas where health facilities are not functional, not present or not functional mobile strategies could be used to increase program reach.
- Provision of micronutrient supplementations to children 6-59 months and pregnant and lactating women to prevent acute malnutrition as well as anemia.

Education Analysis:

Executive Summary

The recurrent war in Syria in general and heavy ISIS fighters grasp in Manbij for more than 2 years, fissured and weakened the already weak education system. The bad situations affected over 390 schools across the District and resulted in the loss of precious instructional hours for over 78000 students. The structural and material losses are significant. Some schools, particularly in Abu Qalqal Sud-District were so badly damaged.

The immediate risk – including mains risk, are only the first obstacle. Many schools have lost school-books, educational materials, furniture and supplies.

The larger, though longer-term challenges lie in establishing patterns and situations that will help mitigate these effects in the future.

Manbij is already underfunded education process has been dealt a blow by the effects of the Syrian war and suspension of education process during ISIS control.

The Rapid Needs Assessment (RNA) was conducted by Al-Ameen DNAU (Data Needs Assessment Unit)

The objective of the RNA was to establish an education impact baseline in directly affected areas for Al-Ameen itself and other educational actors who have the desire to operate in and identify important linkages to mid- and longer term, identify the most needed area for our intervention.

Outcomes:

The difficulties identified by the RNA brought to light a large number of structural challenges.

As a result of the sites on which they were placed and the nature of their construction, many schools were already highly vulnerable to damage.

As well, the economic means at the disposal of most families make it very difficult for them to respond to the education, health, food and other needs of their children at the same time.

While families struggle to meet basic needs and their meagre resources stretched to the limit, some children have been forced to give up school, flee to richer conditions, that is why they are become targets of child labour or recruiting by armed groups.



Affected Schools:

This table describes the number of schools visited, which represents almost 1/2 of all schools over all Manbij District.

Subdistrict	Functioning schools	School visited	Total of affected school			Total of primary schools		Total of secondary schools	Total of schools
			Limited damage (can easily repaired)	Damaged but can repaired	Other (destroyed or used for non-educational matters)	One shift	Two Shift		
Manbij	119	86	61	24	1	39	11	36	200
Abu qalaqal	77	55	41	14	0	31	5	19	125
Khafsa	31	31	24	7	0	19	4	8	45
Total	227	172	126	45	1	89	20	63	380

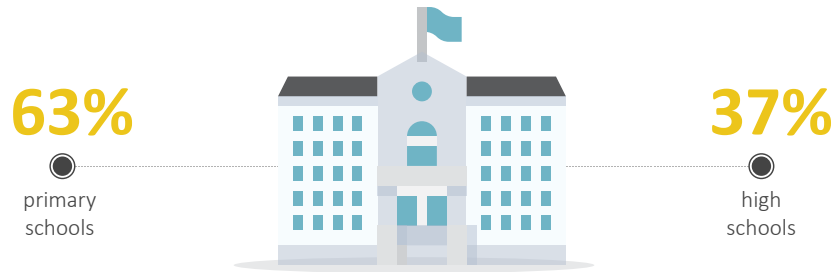
Data collector team visited 100 community and 172 school sites

Key Findings:

Manbij reported the high number of functioning schools, 119 schools, 77 in Abu qalqal and 31 in Khafsa
 Manbij reported the high percentage of the functioning schools of total school number, 77%, Khafsa 67% and Abuqalaql 61% .

109 of 172 assessed schools are primary schools (6-14) years, 63 are high schools

Figure 9: schools

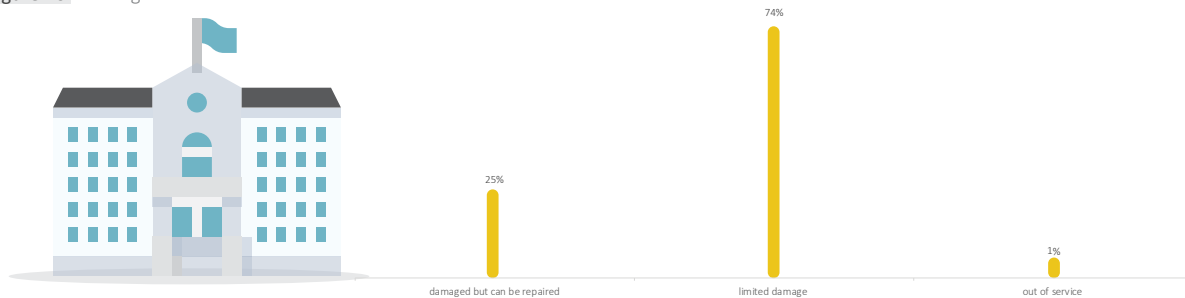


- 20 of 172 schools functioning two shifts daily, all these schools are primary
- 74% of the assessed schools suffered from limited damage
- 25% are damaged but can be repaired
- There are no destroyed schools total over all assessed schools in Manbij

According to KIs, 98% of the functioning school are a public school basically.

Just one school over all assessed schools is out of service as it has been used as bakery during ISIS control and it is still.

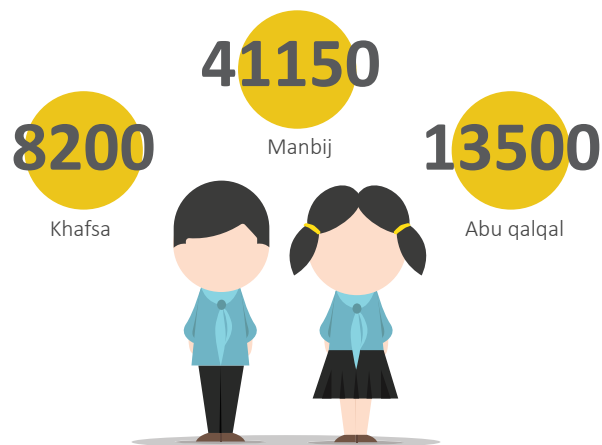
Figure 10: Damages



Children and Enrolment

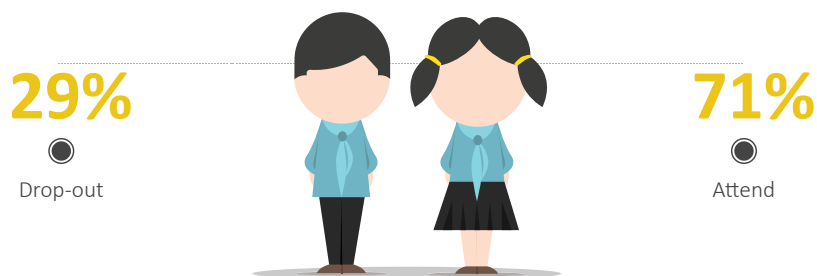
All assessed sub-districts report children attending formal and non-formal education services. Manbij reported 41150 children attending education services, Abu qalqal 13500 attending and Khafsa 8200 students attending. If this is compared to the number of functioning schools reported there is an average of between 264 and 478 students per school. The assessment did not capture the number of students per school but if the functioning schools are fully structurally sound one could assume that there is space to absorb more students if they are provided the needed resources.

Figure 11: attending education services



63% of students attending schools, attend primary schools, while 37% high. School aged children are almost 88000 children. 29% of school aged children have been reported a drop-out student.

Figure 12: Students



Identified Risks and Hazards

This table shows the response rate for different risks that children might face on their way to, or at school. Respondents were asked to name what risks they believed children faced either on their way to, or at school.

Green indicates that fewer than 1/3 of respondents in that sub-district named that risk as significant; orange, between 1/3 and 2/3rds of respondents thought it was a risk; and red shows those areas where more than 2/3rds of respondents thought it was a risk.

Sub-district	Arial bombardment	Kidnapping	Infection	Sexual exploitation and abuse	Mine risk	Physical and Psycho harm	Other security issues
Manbij	Light Blue	Light Blue	Yellow	Light Blue	Light Blue	Yellow	Yellow
Abu qalqal	Light Blue	Yellow	Yellow	Light Blue	Yellow	Yellow	Yellow
Khafsa	Light Blue	Light Blue	Yellow	Light Blue	Light Blue	Dark Grey	Yellow



Teachers

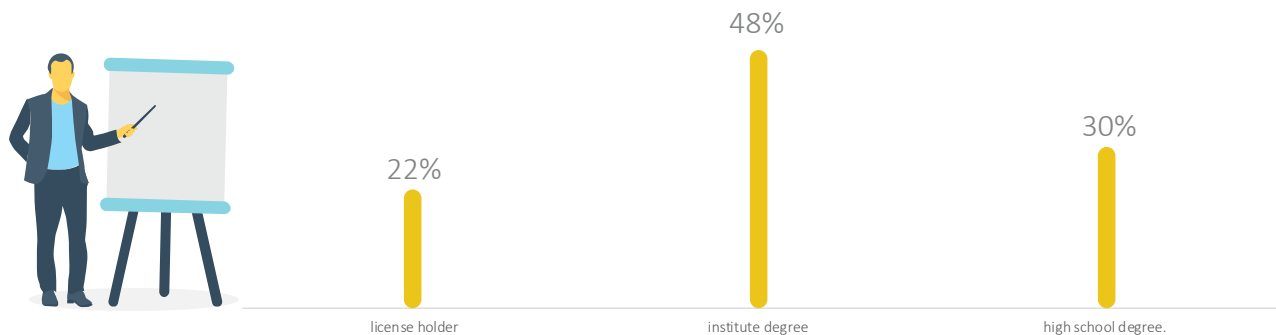
The assessed schools reported 3800 teachers and education personnel.

22% of reported teachers are license holder

48% have an institute degree

30% have high school degree.

Figure 13: teachers

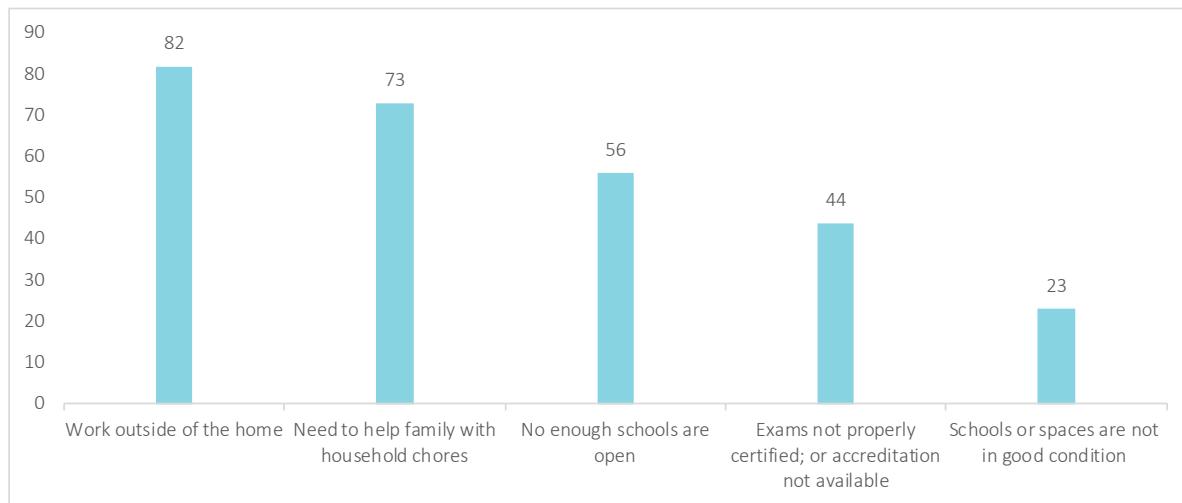


Education Needs

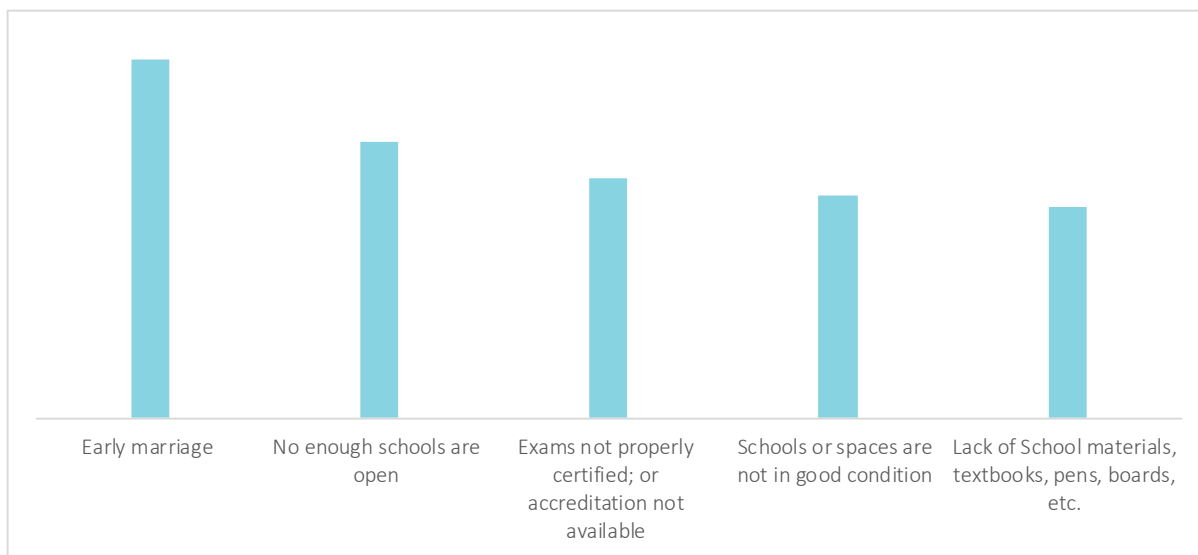
Interviewees were asked to list the top 5 problems with sending and keeping children in school. The answers were varying according to students' gender (male or female)

Boys:

Figure 14: boys



Girls



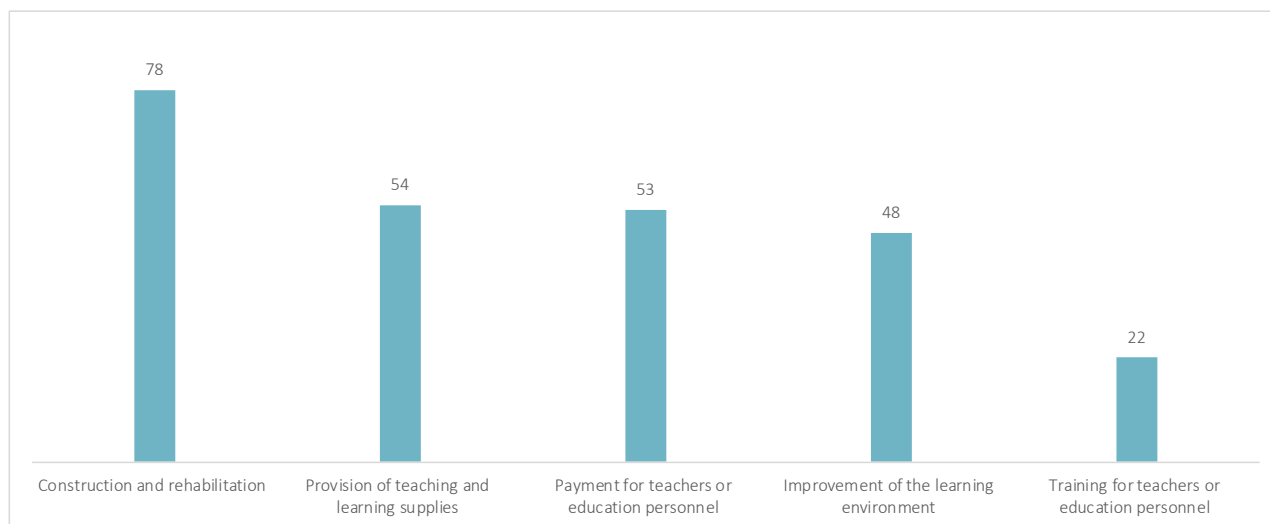
The most noticed issue that the vast majority of KIs (98%) reported that the children walk no more than 15 minutes to reach their schools, that is why the provision of transportation for student is not recognized as a priority.

Solutions needs

Interviewees were then asked to list the top five solutions needed. The solutions generally correlated with the problems sited and like the problems sited are in line with other information gathered during the assessment

The answers were as following

Figure 14: top five problems for girls



CONCLUSION AND RECOMMENDED ACTION

In order to strengthen the response to the current emergency, the education actors should be provided by guidance regarding common standards, strategies and approaches, and provide information on roles and responsibilities and accountability to address all gaps without duplication. The coordination and partnership of the education response should be strengthened.

Teaching and Learning Materials: In the immediate term, distribution of teaching and learning materials as well as recreational materials for those schools that have lost materials.

This includes distribution of school school kits for children, recreation materials as well as pedagogical materials for teachers, Distribution of these materials will also serve as an incentive for children to return to school, including out-of-school youth.

Structural repair or rehabilitation of school buildings and the provision of temporary learning spaces

The provision of school furniture, equipment, operation and maintenance costs

The provision of teaching and learning supplies and materials and textbooks

The hiring and retention of paid and trained teachers and education personnel

Cross-cutting protection, health and WASH issues should be integrated into education activities

MANBIJ NEEDS ASSESSMENT REPORT

3 JANUARY 2019

