



Forced Dispersion

A Demographic Report on
Human Status in Syria



Cover Image: Calligrapher Mouneer Al-Shaarani: “People are the soul of homeland”
Ibn Arabi.

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Executive summary

This report diagnoses the population question in Syria before and during the crisis, by means of a rights based participatory methodology. This diagnosis has involved a recalculation of **some significant demographic indicators for the period prior to the crisis**, including birth, mortality, and fertility rates, **one result being that population issues have been re-read from a different perspective**. To overcome the lack of theoretical and applied studies and research during the crisis, the report used the results of a field multi-purpose survey. This survey was designed and implemented to achieve an in-depth understanding of the population status in the shadow of the crisis, together with the risks associated with its continuation, and to develop future alternatives toward ending the crisis and overcoming its impact.

Demographic status before the crisis

Before the present crisis, Syria suffered from institutional bottleneck because of the inefficiency, lack of transparency and accountability, and the absence of political participation by all population. These conditions triggered developmental distortions such as low productivity, weak societal participation in the development process, and increased inequality as the expansion of crony capitalism diverted attention from the people's aspirations and their need for inclusive human-centered development. The applied development policies adopted by different Syrian governments caused deterioration in the relationship between the population and their natural, socioeconomic, cultural, and institutional environment. Moreover, public policies neglected the **population issue, frequently dealing with it from the purely demographic perspective, with the adoption of approaches close to neomalthusianism**.

Such development policies failed to embrace the demographic changes in Syria and to benefit from them. From the 1970s through the 1990s, the country witnessed a decline in birth rates as a result of economic growth and the expansion of access to education and public services. **However, these rates stabilized in the mid-1990s and rose again between 2007 and 2010, indicating a serious deterioration in fertility trends**.

In the 1970s and early 1980s, the natural increase of the Syrian population residents was maintained at the rate of 42 per thousand. Then it declined, as the decrease in birth rate became greater than the drop in the mortality rate. The population increase reached 31.6 per thousand in 1995 and remained at that level until 2007, when it again began to rise, reaching 34.4 per thousand in 2010; in other words, a demographic shift toward a higher population growth rate again.

The demographic indicators following the applied methodological amendments show that **the average annual population growth rate of the Syrian residents reached 2.9 per cent for the period 2004-2010** (compared to 2.45 per cent according to the official estimations), following an increase that reached 2.75 percent between 1994 and 2004. This shift indicates the failure of the population-related programs and policies that targeted reducing population growth rates, and it provides additional proof of the

inefficiency of the family planning policy in isolation from inclusive development. The increased rate of population growth leads to a new age structure in the population, as the children's segment of the total population increases, thereby statistically increasing the youthfulness of the society and, consequently, of dependency rates, while deferring the opening of a demographic window.

These statistics also show a structural deficit in the development process, through the stability of the crude mortality rate of about 3.8 per thousand between 2000 and 2007, which rose to 4.4 per thousand in 2010. Although the 2010 rate is considered low rate globally, its rise reflects increasing deprivation of appropriate health services and living conditions. It should be noted that the crude mortality rate in Syria retreated until the year 2000, from about 7 per thousand at the beginning of the 1970s, thanks to improved public health service, vaccines and epidemics treatment.

The rise in the mortality rate during the second half of the past decade was coupled with **a decline in life expectancy at birth**; the report calculations indicate a reduction of life expectancy at birth from 72.2 years in 2007 **to 70.8 years in 2010**, after a period of stability between 2000 and 2007. The high rate of chronic diseases and low life expectancy at birth have coincided with the rise in the mortality rate in a way that signals the weakness and inefficiency of the health system and its failure to reach to the desired outputs. This failure is coupled with a decline in families' living standards, caused by economic liberalization policies and the increased burden on families in terms of spending bill on health, education and food with progressive change in subsidies' policies and public services.

Part of the deterioration in the direction and speed of the demographic transition reflects the slow improvement of education, the decrease in employment and labor force participation rates particularly among females, and imbalanced development between governorates and between rural and urban areas. The beginning of the last decade of the millennium witnessed stability in fertility rates, which then started to rise again reaching 5.2 in 2010, to become one of the highest fertility rates in the world. During this period, celibacy rates in Syria for males and females declined, moreover, Syria witnessed a drop in the average age at first marriage, especially in rural areas, and a decrease in the average regular breast-feeding, coupled with a slight increase in the use of modern methods of family planning.

The accumulation of the developmental challenges without an accompanying drive to reform, together with weak political, economic and social participation, prompted a large portion of society to move toward a state of alienation, as the dominant institutions both traditional and modern divert themselves from the needs and aspirations of the people. One form of alienation is demonstrated in migration, where the growth rates of the net external migration were relatively high in the 1970s and 1980s. The rates declined at the beginning of the 1990s and then rebound after 1994 to settle in the last decade.

Demographic status during the crisis

The societal movement that started in March 2011 created a climate of optimism among those who demanded positive change. They hoped to build new institutions that would bridge the gap between the people and their aspirations and that would overcome the institutional bottlenecks and the sense of state alienation then prevailing in Syria. The movement voiced treasured values, such as freedom and dignity. At the beginning of this movement, the subjugating powers of political oppression, fundamentalism, and fanaticism on both the domestic and international levels were able to resist such change; as time passed, they oppressed the public movement and transferred the confrontation to a nihilistic armed conflict that has violated all rights, including the right to life.

The crisis has led to a dramatic rise in the mortality rates. The crude mortality rate increased from 4.4 per thousand in 2010 to 10.9 per thousand in 2014, accounting directly and indirectly for the death of about 1.4 per cent of the total population. Childhood mortality reached about 11.4 percent, and women's deaths reached 12 per cent of the total deaths due to the crisis. This report estimates the crude mortality rate at 10.8 per thousand in 2015. With the increase in the mortality rate, life expectancy declined significantly for males and for all age groups, especially the younger ages, where a male's life expectancy at birth retreated from 69.7 in 2010 to 48.2 in 2014 and 48.4 in 2015. The decline of life expectancy was less acute among females because of the lack of direct engagement of hostilities; female life expectancy at birth decreased from 72 years in 2010 to 64.8 years in 2014 and 65 in 2015.

The intolerable conditions of the crisis, the widening scope of chaos and insecurity, and the intensification of military operations forced millions of Syrians to leave their places of origin and move elsewhere, inside or outside of Syria, while relying entirely on domestic and international humanitarian assistance and suffering the loss of their dignity and their right to a decent life. The total population inside Syria was 20,776,000 people in mid-2014, about 25 per cent of whom were displaced, along with 3,136,000 refugees and migrants. Consequently, the portion of the population that had not moved was about 65 per cent of the total population inside and outside Syria. Based on the population survey results, the report estimates the total population inside Syria at about 20,208,000 by the end of 2015, among whom 6,361,000 were IDPs, and 4,275,000 refugees and migrants. This population drain continues.

The crisis changed gender, age, and education structures in the population as a result of various factors, including the increased number of males' deaths comparing to females' as well as the impact of displacement, migration, and asylum-seeking. According to the population survey results, the female portion of the total population that had not moved reached 51 per cent, up from about 49 per cent in 2010. The proportion of women among IDPs reached 57 per cent, while that of people aged 15-39 declined, particularly among displaced persons, as a result of migration or involvement in military operations. These shifts were accompanied by a relative rise in the proportion of other age groups, especially children below 15 years of age. In terms of educational level, many school and university graduates left the country. Results

show that the percentage of those carrying certificates beyond secondary school sharply decreased, reaching 7.4 per cent among IDPs, compared to 10.2 per cent among those who had not moved and 15 per cent of migrants.

The crude birth rate witnessed a notable decrease, from 38.8 per thousand in 2010 to 28.5 per thousand in 2014, which reflected a decline in total fertility rate from 5.2 to 3.7 for the same period. The crude birth rate of the population that had not moved was 28.4 per thousand in 2014, while among IDPs it was 27.6 per thousand. **These results contradict many assumptions that fertility rates increased during the crisis, particularly among displaced people.** According to the population survey, the lack of security, the deterioration of living conditions and the general sense of instability have been accompanied by a decline in marriage rates in many of the areas studied, which make up about half of the remaining population in Syria; it rose in other regions, which hold about a quarter of the population. Households have suffered from family fragmentation and difficult living conditions imposed by the crisis, two factors that have led to the spread of the phenomena of early marriage and the exploitation of women's rights.

The displacement movement inside Syria has occurred in all the Syrian governorates, the intensity of the reception or displacement of persons varying according to the individual governorate. These differences are widely related to the location of conflict zones and regions, lack of security, the spread of violations, and the deterioration of living conditions. The percentage of displaced persons from Aleppo governorate reached about 30 per cent of the total number of all IDPs -- the highest rate among the governorates -- while the Rural Damascus governorate ranked first among governorates receiving IDPs, as 22 per cent of the total number of displaced persons arrived there.

Most IDPs suffer from bad psychological and financial conditions because their families are scattered, some family members have been killed or kidnapped, and some have migrated; also because they have lost their sources of income and their property and have exhausted their savings to maintain a minimum living standard. **About half of the IDPs live in rented houses, thereby adding to their financial burden; relatives and friends host about 30 per cent, while 13.5 per cent live in formal and informal shelters.** Results show that about 80 per cent of the displaced have been in displacement for more than one year, a fact that deepens their suffering in terms of humanitarian, economic, and social concerns. Of all IDPs, **62 per cent prefer to return to their areas of origin**, while 33 per cent would reside in other places; these numbers indicate the importance of alleviating the suffering of displaced persons and ensuring their return to homes in decent conditions.

Despite knowing that their dignity and rights might be abused in some countries of asylum and migration, many Syrians were forced to leave the country as a result of the deteriorating social and economic situation, widespread violence, and insecurity. They have seen their humanity and dignity squandered, while losing hope for a just and fair solution to the conflict. According to the population survey in 2014, the first receiving state of Syrian refugees is Turkey, where the share of those who migrated to it

reached 37.5 per cent of the total number of Syrian refugees. Lebanon comes second, as it received 35.6 per cent of the Syrian refugees; 14.1 per cent of refugees headed to Jordan, 4.8 per cent to Egypt, and 4.6 per cent to Iraq. The numbers of migrants increased, but at a slower pace than in the first years of conflict. Most people capable of travel had left already. The results show that about 32 per cent of migrants went to Lebanon, 18 per cent to Turkey, and 16 per cent to the Gulf countries.

This forced dispersion of the Syrian people during the crisis has had significant political, social, and economic impact on the population. The crisis dispersed the Syrian population through displacement, asylum-seeking, migration, and increasing numbers of deaths and injuries from the continued fighting by subjugating powers to subordinate people regardless of any moral constraints and of the society's needs and aspirations.

Based on this research, **this report suggests population approaches from two perspectives. The first is a short-term approach that aims to face current challenges, alleviating the negative impact of the crisis and pushing toward its end. The second is based on a long-term vision to build a development paradigm based on the principles of preserving human dignity, ensuring human rights and empowering and involving all people in a fair and sustainable development process.**

Preface

This "Forced Dispersion" report is the first of a series of reports on human status in Syria issued by the Syrian Center for Policy Research. The aim of these reports is to diagnose the roots of the crisis and its impacts from various development perspectives. This report focuses on the demographic issue; it will be followed by four reports that use a comprehensive methodology to cover the dimensions of human development, the economy, social concerns, and institutions, in addition to a final study that links the other studies and presents main results.

The present report seeks to re-diagnose the population issue in Syria prior to the crisis, through methodological amendments used by the Center to recalculate demographic indicators. It also aims to approach population issues in the context of the acute structural crisis that the country has faced since 2011, a crisis characterized by a humanitarian disaster unparalleled by any since World War Two. The report monitors the impacts of the crisis on the Syrian population in terms of population growth, structure, and geographical distribution, in addition to changes in birth and death rates, fertility, and life expectancy at birth. It provides a detailed analysis of issues related to refugees, displacement and migration in terms of size, characteristics, destinations, and trends.

In approaching the population issue, the report adopts participatory and scientific methodology based on rights and applied within a comprehensive development framework that focuses on demographic factors. To amend and recalculate some demographic indicators for the period prior to the crisis, it used data from the population censuses, vital records, and various surveys by the Central Bureau of Statistics. It adopted cross information and corrections in accordance with the scientific methodologies to study the population issues. The demographic analysis during the crisis depends on the results of the population survey, including the financial, health, educational, and social status of 698 areas covering the whole country. This analysis required a methodology, strategy, and working procedures that suit crisis conditions and include dialogues and revision at each stage of the work.

Following an executive summary and this preface, the first section of this report reviews the methodology of what will be a series of reports on human status, this report being the first, in terms of the conceptual framework of the mechanism for implementing the population status survey. The second section investigates the demographic status before the crisis, including an analysis of population characteristics and distribution, fertility, reproductive health, morbidity, mortality, and internal and external migration. The third section identifies the demographic status of the country's population during the crisis, including population size and distribution, displacement, asylum, migration, births, and deaths. The last section describes an approach to a new population policy that could contribute in resolving the crisis and overcoming its harmful impacts. Hence, the report provides a summary of the most important results. Moreover, it includes appendices on population survey methodology, comparison of the recalculated demographic indicators to the official ones, and population and IDPs characteristics by governorates.

I. Methodology of the Human Status Reports in Syria

A severe armed conflict has devastated Syria, with grave implications for the country's future. The confrontation has created a comprehensive disaster whose tragic effects are reflected in the widespread destruction of human, social, cultural and economic capital, the infrastructure, institutions, nature, and civilization itself, the losses mounting beyond what current and future generations can bear. The continuation of the crisis has aggravated the force of the different subjugating powers, dragging the country into further fighting with regional and international support. New violence-based institutions have emerged, using fear and coercion as instruments of domination, forcing people to involve themselves in an absurd fight, and promoting a culture of hatred and rejection of others.

The impact of the crisis is demonstrated in the deteriorating status of the population at social, economic and humanitarian levels. The most tragic consequences of the crisis is the loss of lives. In addition to the many material losses, the crisis also has profoundly and critically undermined social cohesion and frayed the Syrian national social fabric, as it has reduced the quality of social and human life, for most of the population, to the elemental level of biological existence. The population suffers from a sharp deterioration in living conditions, aggravated by a loss of security, the intensification of military operations, excessively high prices, and the deterioration of public services including health, education, energy sources, and transportation, in addition to increasingly difficult housing conditions as the result of damage to buildings in many areas. This concern applies even more sharply to families and individuals who have been displaced to other areas within Syria or who have fled the country. The displaced and migrants live under inhumane conditions in which children and women are particularly exposed to oppression, humiliation, deprivation, and abuse.

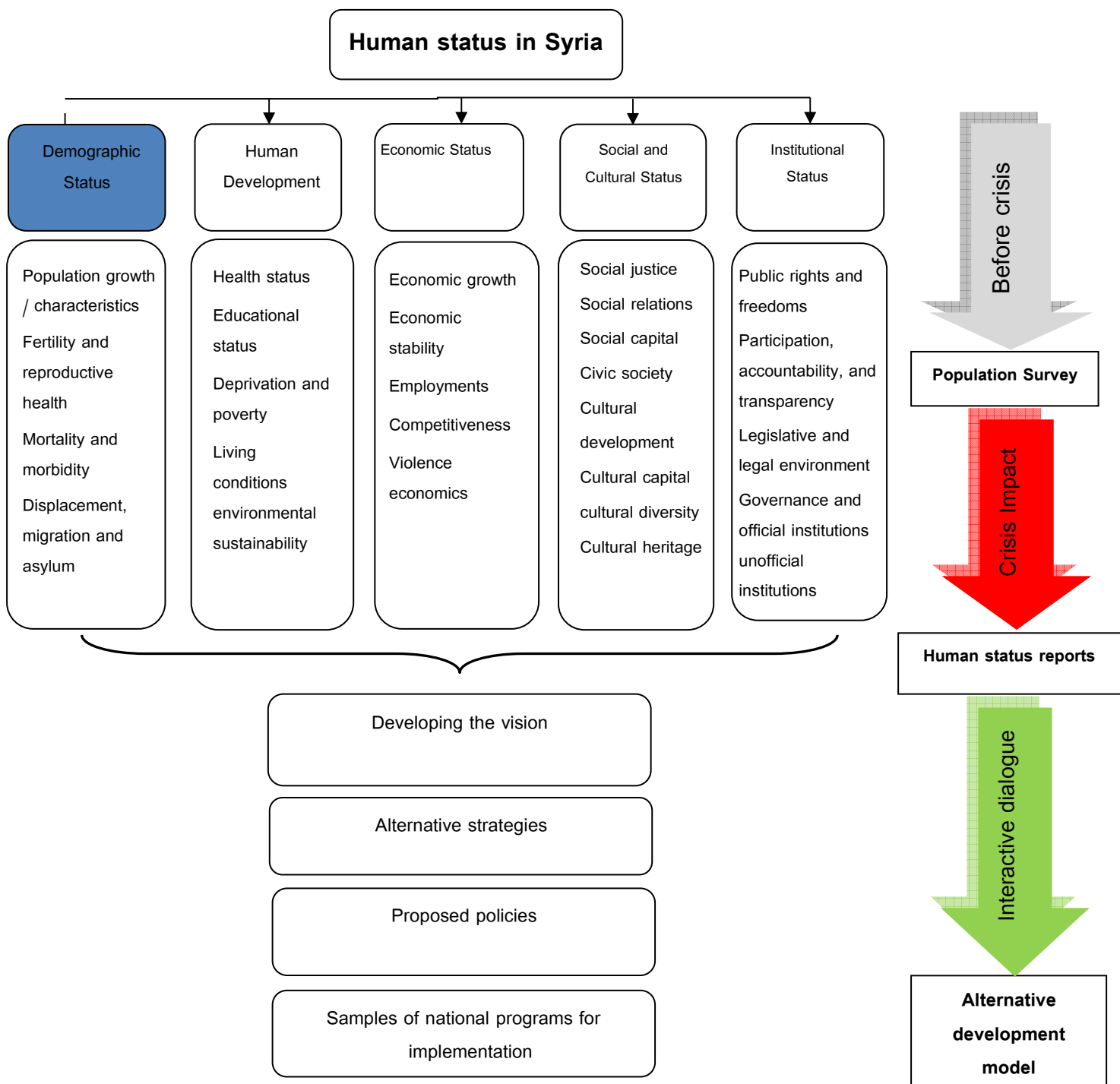
The huge damage to infrastructure and the loss of human lives in the destruction of schools and hospitals, together with other squandering of resources, mean that Syria cannot in a short time raise the education levels or improve the health of its citizens. The deterioration of the country's economic performance is evident in the sharp decline of domestic production, the loss of jobs, and the dramatic increase in prices, all of which has been reflected in household income and has raised the poverty rates to unprecedented levels.

Outputs and objectives

In the light of these extreme consequences, **this series of reports on the human status is an attempt to bridge part of the information gap caused by the lack of studies on the status of the Syrian population.** The series includes five reports: a demographic report, a human development report, an economic report, a social report and an institutional report (Figure 1). These studies aim to:

- Provide an intensive diagnosis of the human status in Syria before the crisis, and of the main challenges faced now, from an integrated development perspective that includes economic, social and institutional status.
- Analyze the impacts and dynamics of the crisis on the humanitarian status including migration, displacement, and economic status, living conditions, and emerging social relations, in addition to the institutional changes, in light of the crisis.
- Contribute to an interactive evidence-based dialogue among the various actors, through which a future vision and development strategies can be developed, while proposing appropriate policies in a participatory framework to reach an alternative development paradigm that respects human rights and dignity.

Figure (1): Human status reports and the alternative development paradigm



The analytical framework

The analytical framework for these reports is based on the concept of human development (Human Development Report 2010) **as an expansion of people's choices** to ensure long and healthy lives for themselves by gaining knowledge in an environment that ensures political freedom, human rights, and self-esteem. In this framework, development is based on equal opportunities, freedom of choice among those opportunities, and a participatory approach implying freedom of action. The means of achieving such development include the following:

- *Effective institutions*

Effective institutions stand for two aspects of development, the first being public accountability. That is, the level of political openness in a particular country must reliably enable people to choose their systems and their rulers and to insist on their accountability. The second aspect is the quality of the administration and the efficiency of the state's administration. The aim of effective institutions is to ensure private freedoms and civil and political rights, to choose the method of governance and the right to monitor the authorities, and to ensure freedom of expression through a free press, distinct political parties and widespread participation. These institutions also guarantee the transparency of information and the reduction of corruption.

- *Economic development*

Economic development depends on a steady, sustainable, and inclusive economic growth rate, achieved by using physical and human capital and investing in human potential to increase the accumulation of knowledge and convert it into production through the development of technological patterns. This development needs to consider environmental sustainability through conservation of resources and reduction of pollution, and it must consider the time aspect, in the sense of maintaining the rights of future generations. It also requires the potential equitable involvement of all human resources in the economic activity, and it must mitigate poverty and inequality.

- *Social justice*

Social justice is based on freedom and fair opportunities for all to achieve human, social, economic, cultural, and political empowerment. Moreover, it is based on fair distribution of the national wealth and of social production, factors of production, and cultural resources -- i.e., health, education, transportation, communication, and living conditions -- as well as on the rights of individuals to fair opportunities in expression, thought, knowledge, and action within the framework of the common interests, human values, and the rule of law. This concept arises from the notion of equality among the society's members, with no discrimination based on gender, age or religion, race or political and social affiliation. In this context the focus should be on the importance of social protection for the marginalized, the most vulnerable, and the excluded groups in society, by providing the appropriate framework to correct their positions and retain their active participation in the development of their societies.

- *Strengthening social and cultural capital*

Developing the positive content of social and cultural capital, and investing that content by appropriate methods, contributes to improving the lives of individuals and groups. It promotes a climate of mutual recognition of qualifications and merit, and it values entitlement, trust, respect and reciprocity, and equality that individuals add to their jobs and actions. Social and cultural capital affects, and is affected by, the growth of civil society and the processes of democratic transition. Social capital includes networks of social relations, the regularity and organization of these networks, civil institutions and intergovernmental organizations, all of which have a direct impact on the effectiveness of an economic, social, cultural, and political society, maximizing returns and the capacity for innovation and creativity.

Within this general conceptual framework, the reports seek to understand the human status on five levels:

- Demographic status, including main demographic indicators related to the demographic structure in terms of age, gender, population growth and density, fertility, reproductive health, mortality, morbidity, displacement, and migration.
- Human development, through the analysis of education, health, poverty, living conditions, environmental sustainability, and human protection.
- Economic status, through the analysis of GDP, economic growth, sources of income, employment, competitiveness, prices, and standards of living.
- Social and cultural status, including social justice, social relations, social and cultural capitals, cultural development and the functioning of a civil society, in addition to the tangible and intangible cultural heritage and diversity.
- Institutional status, including freedoms and public rights, participation, accountability, the legislative and legal environment, and governance, in addition to the positive impact of formal and informal institutions on people's rights and freedoms, social transition, social cohesion, and democratic transition.

The analytical framework of these reports is characterized by a methodological approach to the current crisis based on understanding the roots of the crisis and analysing its impact on human status. It involves a diagnosis of the economic, social, cultural and institutional challenges, which include the issue of institutional bottleneck as one of the most important catalysts in the eruption of the crisis, a result of the meager space for public freedoms, a lack of participation and accountability, and rampant corruption. These reports also develop the analytical framework in a broader context that simulates the external effects in the promotion of marginalization, exclusion, and deprivation.

The reports seek to understand the new roles of actors who were shaped during the crisis and who changed the importance and the weight of the previous factors. **The armed conflicts led to the violence-related economic structure, which became a factor in the "sustainability" of the crisis.** This effect created new social and cultural

relationships and formal and non-formal organizations entirely different from those in previous periods, with different functions and roles; thus, a special analytical approach is involved in understanding the crisis and its hypotheses and interactions.

The operational framework for the human status analysis

A team of about 25 specialized researchers worked on an intensive review of international literature on the population issue in a broad sense, in demographic, economic, social and institutional terms. They prepared more than 20 background papers on the Syrian issue, including the demographic status, the determinants of fertility, internal migration, the Syrian refugees status in neighboring countries, human security, multi-dimensional poverty, the health system, reproductive health, employment and the labor force, higher education, social relations, social capital, cultural entities, identity, governance, alienation, institutions, regulatory environment, dialogue principles and ethics, civil society, and integration with the international community. To evaluate the research and to establish a participatory vision on the developmental status in an in-depth manner, the research team exchanged and reviewed the papers and held extensive technical meetings to discuss the finalized papers and research findings.

The research team conducted an in-depth revision of the available data before the crisis at the macro and micro levels. The benefited from population censuses, detailed data on vital records, and surveys on household income and expenditure, family and health, the labor force, industry, multi-indicators, and livestock, in addition to data related to health sector spending, establishments and housing, and national accounts. These data were used to analyze the human status in Syria from various developmental aspects.

Under the current crisis, the possibility of obtaining documented and objective data on the population status is complicated; therefore, a comprehensive population survey in Syria was conducted to monitor demographic, economic, social and institutional changes due to the crisis; thus, the report has built its analysis mainly on the evidence provided by the survey (Appendix 1).

In view of the technical difficulties and challenges of conducting a national survey under the complex circumstances of the crisis, the research team developed a method of obtaining qualitative and quantitative indicators to simulate the changing de facto situation in an exceptional manner. Thus, the survey was conducted in different phases, using available secondary data, obtaining data from individuals present and active in the studied areas, and then cross-checking these data on several levels to verify their credibility.

The survey covered the entire territory of Syria, where more than 250 researchers, experts, supervisors, reviewers, encoders, programmers, and administrative assistants were organized in teams, including the field teams who identified the studied areas.

These regions were determined at the district level within the governorate and by neighborhoods within the governorate centers, with the possibility of segmentation where the studied areas were not homogeneous in terms of the crisis impact. The number of areas studied reached 698, distributed among all the governorates.

Researchers contacted at least three key Informants from each region studied. The selection requirements for the key Informants included knowledge of the region and objectivity, regardless of their affiliations. Moreover, they needed to be well informed of the conditions in their areas, to have access to updated information and data related to the indicators being studied, and to represent the civil society and be involved in the area of public interest.

The crisis imposed a number of restrictions on field work, including a lack of capacity to conduct a survey based on statistically representative sample, the difficulty of communicating with individuals in the conflict zones, the spread of fear and polarization, and the inability of some key informants to provide accurate statistical developmental profiles of their regions during the crisis. Moreover, key informants were asked about the status before the crisis and their responses could be affected by their memories and thus lead to a nonobjective evaluation of the past.

The main tool of the survey was the questionnaire, which contained qualitative and quantitative questions prepared in accordance with the main dimensions of the study. It was designed in a participatory way to ensure pragmatism and provision of the required data and indicators as targeted in the research. The detailed researcher guide was developed to ensure accurate description of the questions. Each questionnaire was completely filled only by one key informant.

After the three questionnaires were completed for each region, they were merged into a new questionnaire according to the “merging” guide. In the event of inconsistency in any of the specific questions or explanations or differences in the quantitative questions of more than ± 5 per cent, the researchers referred to the key Informants for reassurance. If the discrepancy in the results persisted, additional questionnaires were conducted for a more objective approach.

Software for this study included some rules of cross-checking. All questionnaires were entered, i.e. the field questionnaires and the merged questionnaire, in addition to the text entry of the merged questionnaire. Afterwards, the research team designed the verification program to ensure the accuracy of the data, and they produced detailed reports for the observations. The survey has produced more than 100 indicators that could be illustrated at studied areas, districts, regions, governorates, and country levels.

II. Literature Review of Population Issue

According to the famous Malthusian theory of population growth in the 19th century, an overpopulation problem emerges when the population outgrows the available resources, creating a deficiency in welfare levels and increased pressure on available resources. By this theory, the “correction” of this deficiency presumably happens as the result of natural catastrophes, epidemics, wars, and famines, which eventually restore back the balance between population and resources. Malthus's writings were followed by many other contributions designed to build a population theory. More recently, the population issue has been debated from a developmental perspective, which assumes that the deficiency of resources relative to population may be corrected by a socio-economical system built on social equality, productivity, and investment in people. This debate has grown through time and has involved different tools, theories, and schools. However, until now an agreement on a population theory that explains the demographical phenomenon in a complete, evidence-based, and cohesive way has not been reached.

Possibly the only common ground among researchers is the demographic transition phenomenon, which is manifested through the reduction of mortality and birth rates from high to low. In developed countries, this phenomenon emerged after the industrial revolution. However, agreement as to the reasons for this phenomenon did not produce an agreement among theories. The classical theory of demographic transition (Thompson, 1930; Notestein, 1953) attributes the demographic transition phenomenon to the change in social life caused by the industrialized and urbanized life-style. The theory begins with the recession of 'mortality rates' allowing the survival of a larger number of children, followed by a recession in fertility rates, which in turn drives the individual to increase the expenses of childcare and hence a preference for smaller families. A lot of criticism has been pointed towards this theory, as the relationship between the industrialized, urbanized lifestyle and low fertility rates is weak in both the long and the short term, not to mention that a lot of underdeveloped countries began having lower fertility rates, meaning that fertility rates were low in some countries before industrialization. In addition, the theory helps explain demographic transition in the long term but not in the short or medium term (Mason, 1997).

Attempts to explain demographic transition are divided into two levels, the micro level (family) and the macro level (society):

Literature at the micro level (family)

Applicable data indicate that the assumption of the decrease in mortality rate as a condition for a drop in fertility rates is the most viable. Many empirical studies show that mortality rates must drop and that this drop must be permanent, especially among children, so that families are assured of the survival of infants through childhood and therefore feel less uncertain about the number of children they desire.

Attempts to explain demographic transition through biological and behavioral factors have focused on reproductive ability, marital rates, and the extent of use of family planning tools. Such attempts, however, ignore in their process the individual's preferences, expectations, motivations, and adaptabilities, and therefore do not taking into consideration the social and cultural environment that affects the decision-making process of reproduction. In contrast, Ansley Coale attributed the causes of low reproduction ratios in traditional societies to a conscious and calculated decision as well as to the knowledge and availability of effective contraceptive methods and to the belief that a smaller family is in the best interest of both the individual and the family (Nagarajan, 2007).

Many neo-classical theories connect the decision to create a family with economic factors, using a utility function that takes into account that children can begin working at an early age, thus contributing to the family income and providing insurance for aging parents. This type of literature assumes that the family studies the costs of, and revenues from, a child and makes its decision about reproduction accordingly (Becker 1960, Schultz 1973). Caldwell presented his theory of intergenerational wealth flows, in which the wealth of the younger generation moves to the older one in an extended family, while the opposite happens in the nuclear family, a pattern that reduces the desire for a larger family (Caldwell 1982). In addition, in the theory of information behaviour, Cleland and Wilson (1987) tackled the subject of reducing family size by spreading information about the importance and methods of reducing mortality and birth rates. In addition to social communication within societies where mortality and birth rates had already dropped, the telecommunication revolution had a huge impact on this aspect of family size and planning.

Seeking further to identify factors in demographic transition, some researchers have tried to promote individualism and self-esteem values as these are affected by the western experience, and they have concluded that the culture of developing countries is the reason for belated demographic transition (Lesthaeghe 1983). This hypothesis has been criticized for ignoring the fact that individuals and families are constant debating social and cultural criteria in regard to deciding to create a family and to determine the time separations between children. This hypothesis also has failed to explain the fast demographic transition in many third world countries, whose cultures differ from those of western countries. Much of the literature has also neglected the role of the family in organizing its size after birth, even in the early stages of the demographic transition or before. Because families organize their size even after birth through, for instance, migration or adopting from other families, when the number of children exceeds the preferred capacity, other methods of family organisation may be used, and thus in later periods birth numbers are controlled (Mason 1997).

In general, theories on the micro level have struggled as a result of their fixed perspective of looking at the human being as either a biological creature or as an economic creature, failing thereby to pinpoint the main causes of the transition.

Moreover, in interpreting these factors, such theories have been overly influenced in developed countries by fertility levels and family concepts' point of view.

Especially in regard to fertility, demographic transition occurs when institutional, economic, cultural, and environmental factors together are sufficient to motivate a large group of the population to restrict birth rates (Zaki 1984; Mason 1997).

On the micro level, debate continues about the decisions made by the family. Malthusianism and neo-Malthusianism are based on the assumption that a family takes decisions deemed damaging for itself and sometimes for society, and that therefore external pressures must be applied to control population. These theories promote coercive methods of reducing fertility rates and pushing families to be smaller by narrowing their financial and social options. Coercive family planning methods based on this logic take direct forms, such as the one-child policy, and indirect forms, such as legislation that reduces reproductive incentives and provides medical care for those who are committed to the family planning program, while providing financial incentives for sterilizing and not informing women about all the unwanted side-effects of family planning methods.

Contrariwise, participatory logic is based on the comprehensive concept of development as an expansion of people's choices. In this view, **families make their decisions while rationally influenced by social commitment, as well as by criteria that close the gap between general and private costs. Thus, family planning depends on supporting and enabling the individuals and institutions connected with planning, and by expanding public freedom.** Condorcet, who presented the population issue before Malthus, suggested a different solution in reliance on the rationality of the family and the evolution of logic that pushes people to think about the welfare of unborn children and not only about their existence. This solution depends on providing female education and using available methods to minimize waste of resources and to reduce pollution (Sen, 1994).

The literature at the macro level (society)

Malthusians argue that food production and natural resources cannot meet the needs of a steadily growing the population, thereby justifying wars, famines and economic scarcity as a process of naturally correcting population "surpluses" by getting rid of them. Their argument conceals a linear understanding that ignores human beings as inventors and as well adjusted socially, and it evades issues of justice, empowerment and participation. Classical theory was based on the Malthusian proposals, considering population factors as external to the economic growth model, seeing an inverse relationship between them, and neglecting the role of unequal income distribution and deprivation in growth.

Since World War II, neomalthusianism has argued that population growth in the recently independent developing countries is the cause of hunger and poverty and that the risk of population explosions lead to more hunger, no matter how much scientific progress is made. In this view, moreover, population growth depletes of resources,

produces environmental pollution, creates food shortages, and therefore leads to an inevitable decline in population (Zaki, 1984). The neomalthusian theory posits that population density, especially among the young, is the cause of wars and political violence (Goldstone, 2001); and much recent writing relies on this hypothesis to explain the crisis in Syria and the region. Such writings have been critically reviewed (Urdal, 2011).

To argue against the Malthusian view, modern theories of endogenous growth have emerged to show that population is not an external factor in the process of economic growth. Some modern theories show the importance of the production of ideas by the population, an effect that makes the population increase a source of economic growth in the long term. The more that human capital resources and institutions governing the lives of individuals develop, the more the population can produce ideas and, thus, can have a positive impact on economic growth. The population's ability to take advantage of the evolution of ideas increases with its ability to share ideas and make them available to all. Such a trend augments the capacity for innovation and creativity in various technological fields (Jones and Romer, 2009). **Efficient institutions and effective policies empower people to take optimal advantage of the demographic transition process through the demographic dividend** (Ronad Lee and Andrew Mason 2006). Thus, the size of the productive force increases with its transition to more productive sectors that double the growth rates, as happened in East Asia. In later stages, the work of this producing category leads to higher incomes and, therefore, to future investments, greater wealth and a positive impact on development.

As a result of knowledge investment in the production process and infrastructure development, human beings have managed to increase the production of food and non-food products at high rates. This progress resulted in a major decline in the food prices in the second half of the twentieth century, but the recent decade witnessed a rise in food prices, a rise not linked to the increase of the population but resulting from the global financial crisis, which has transferred the speculations of financial markets to the markets of the real goods after the collapse of confidence in the virtual and finance markets, thus causing a higher, irrational rise in the prices of food and energy.

Declining fertility rates that have accompanied the progress of development are attributable mainly to increases in education levels and health services. These are reflected in the decline of infant and maternal mortality rates and in enhanced participation by women in the labor force, in addition to the evolution of the insurance systems, social protection, and the individuals' well-being (Sen, 1994).

The rights-based methodology of this study indicates the importance of respecting people's right to self-determination, including determination of their way of life and their reproductive patterns. It also emphasizes a participatory approach to understanding the aspirations of the society and the challenges they face. However, this normative approach remains theoretical if not accompanied by real change in the existing economic, social and political institutions, which in their present form would empty these approaches of their content by imposing restrictions and providing

incentives to issues that do not necessarily serve the sustainable development in these communities.

In his important observation on the population problem, Ramzi Zaki clarified that "the population problem is a contradiction between the population and the existing social order. The population problem cannot be attributed to eternal natural laws, or even to purely biological laws; it is rather to be referred to the existing social system. Each social system has its special population laws suitable for the system's objectives and settled by its own mechanisms. The population problem is subject to the nature of the social system and to the level of its development." Thus, the population explosion is a result, not a cause. The proliferation of humans depends on social factors such as control over nature, extent of the development of the productive forces, and the nature of production relations, and on cultural factors such as customs, traditions and values (Zaki, 1984).

This vision requires addressing the population issue with an extensive understanding of human-centered development, which is based on building capacity, providing opportunities in an equitable way for the people, and developing a system of human security to ensure the inclusion of marginalized and alienated groups in the development process and to face all kinds of deprivation. This effort requires efficient, transparent, and accountable institutions to achieve its desired objectives.

One of the most important requirements of the development process is independence in identifying priorities and implementing policies. Under the new world order, sovereignty retreats for many developing countries; in the demographic context, developed countries are afraid of population growth in the third world countries. Despite the mounting decrease in fertility rates at the global level, the demographic weight of the "southern" states is a standing concern to the developed countries, which colonized most of these states in the past and in some cases recently (Iraq), raising fears of a south-north migration problem.

The main trigger for migration, however, is not population growth but the huge disparities between the developed and the developing countries. The developed countries encourage capital and goods movement for the market balance, while putting obstacles before the movement of human beings. It is worth noting that political restrictions on migration lead to selective attraction by the developed countries, a trend that drains competencies from the countries of the Third World (Sen, 1994).

One of the paradoxes of the global system is that in the 1990s the European countries established the Euro-Mediterranean Partnership with south Mediterranean countries, aiming to achieve prosperity in these states while limiting migration yet simultaneously benefiting from economic openness. Therefore, the priority is the issue of migration, not the right of these states in a foundation for genuine development. Such unequal economic integration played a major role in the weak development of these states. On the other hand, when the developed countries passed through population explosion following the industrial revolution, the progress of development went along with a decline in fertility and mortality rates, reaching the stage of stability. The current situation of the developing countries is similar to this stage of demographic transition,

but with different circumstances and causes. In the developing countries, much **of the international aid has been turned toward reducing population growth by direct or indirect coercive methods, giving priority to family planning policy even when the priorities of these states are different, and not addressing the root developmental issues that prevent a demographic and developmental balance.**

It is clear that the relationship between development and demographic transition is positive; i.e., development is associated with a decline in mortality and fertility. However, the root of any solution to population problems is to build inclusive development in a participatory approach, the aims of which are economic efficiency, social justice, and equitable and fair opportunities for all. It is worth noting that the mortality rate retreats rapidly in the early stages of transition as a result of improvements in public health, and in most cases this improvement occurs earlier than the decline in fertility, leading to a temporary increase in population.

The inclusive policies that will lead to an economy that increases productivity, uses modern technology, invests in health and education, provides job opportunities, reduces disparities and all kinds of deprivation, and minimizes resources waste and pollution are mainly linked to the existing formal and informal institutions – in other words, the rules imposed by government and social entities to govern the lives of individuals. **This situation puts institutional performance development at the core of achieving development that includes the population as the source of production and innovation, and so the people themselves can take a conscious and voluntary decision to reach a sustainable population size.** Institutional development includes active economic and social participation for women, in addition to capacity building and fair opportunities, to enhance the possibility of reaching a desired development balance at the family and community levels. The failure of a development process and the increase in any perception of political and social exclusion lead to a reallocation of demographic and human resources toward violence and migration.

III. The Demographic Status in Syria before the Crisis

During the previous decade, the government paid relatively more attention to the issue of population in Syria, issuing legislation and procedures that focused mostly on reducing fertility rates and thus controlling the population growth that was considered the main obstacle to development. However, since these efforts dealt with the population issue from a purely demographic perspective, with its focus on family planning programs and other neomalthusian approaches, and since they did not initiate institutional reform to correct distortions resulting from inequality, exclusion, and deprivation, the result was ineffective policies and a failure to include the demographic issue in the integrated development paradigm. This shortcoming has reflected negatively on the indicators' trends and the demographic transition.

This chapter aims to analyze changes in the population status and their structure before the crisis, with a diagnosis of the most important characteristics of population in terms of age, gender, educational level, and employment status. **New methodologies made possible the recalculation of a number of population indicators in Syria**, including the total population number, as derived from several sources -- population censuses, vital records, and surveys of family health, migration, labor force, and household income and expenditure. The researchers cross-checked this information with other development indicators to verify the adjusted demographic results. This chapter contains an analysis of the population growth rates trend in light of the demographic transition, including birth rates, mortality, fertility, reproductive and sexual health, morbidity and mortality, patterns of stability and the movement of people (migration).

a) The main population characteristics

Since its independence, Syria has witnessed an increase in economic growth rates that has accompanied improvements in infrastructure, expansion of public services, and increased labor participation. The growth rates suffered serious setbacks, however, especially in the 1980s, as the country endured a sharp economic contraction in addition to increasing social and political instability, which in turn compromised food security, employment, and productivity. In the 1990s, the country returned to positive economic growth rates, more economic openness, and an increase in employment and education rates. Nevertheless, the applied development policies in Syria were characterized by low productivity, expansion of the private sector, proliferation of the informal sector, and the weakness of real wages versus large budgets to support major commodities and public services. This disappointing result accompanied regional disparities in development, increased dependence on oil in the economy, lack of participation and weak institutional performance, all of which have led to “low equilibrium” development (SCPR, 2013).

The Syrian development model exhausted its potential to achieve a sustainable shift in development. Traditional policies of expansion in public services, including infrastructure, health, education, public and private employment in low productive sectors, along with policies for public subsidies, achieved progress in some aspects of

development (a quantitative shift), but that development reached its limits. It therefore, needed to change, moving in the direction of a qualitative shift represented by substantial improvement of institutions, participation, inclusion, and focus on knowledge as factors in economic, social and cultural development. However, adopting the neoliberal policies, which are based on disparity, encouraged rentier aspects of the economy, a decline of public services, an increase of developmental disparities, weak participation, and persistent migration, particularly for skilled people. Without a shift toward comprehensive development based on human empowerment, expansion of choices, and participation, the quantitative improvement in development indicators had a negative impact on the rapprochement between reality and the aspirations of people who have become better educated and gained more contact with the outside world as a result of the telecommunications revolution.

In terms of population and in light of this development model, Syria adopted no clear population policy. Nevertheless, indicators show a rapid decrease in mortality rates and fertility rates until the 1990s, which led to a retreat in the natural population rates. Yet the country's population growth rate remained one of the highest in the world. With the adoption of economic liberal policies, mortality rates rose in the second half of the first decade of the millennium, and fertility rates began to rise again, taking the demographic transition a step backward, so that it deviated from the expected pattern of decreasing fertility rates. It could be concluded that the trimmed development policies did not contribute to the transformation of social relations toward modern structures that enhance institutional effectiveness, social justice, and economic productivity; yet they maintain the traditional structures and cultural values in the face of modernization and contemporary pressures.

1) Population size and growth

The research took several technical steps to estimate population numbers, with information from the census in 1970, 1981, 1994 and 2004. The Syrian population was considered only those people who were living in Syria, and it was estimated for the middle of the year instead of on the census date¹. To overcome weaknesses in each of these methodologies, the report cross-checked the data in the vital records with these of the population censuses. The difference between the census and the vital records was used as the estimated rate of net migration of Syrian citizens from Syria during the period 1970-2004.

During this period, the research did not adopt the linear growth between censuses; instead it applied projections by using fertility models in Syria, estimated by the research based on the vital records, and life tables based on the mortality rates according to age groups, according to vital records, except for the period 1970-1981, when the life table was adopted based on the fertility survey conducted in 1976-1978.

¹ The population estimates of the Central Bureau of Statistics did not include the Iraqi population who migrated to Syria since 2003.

As for the period 2004-2010, and because of the absence of a census, the report re-estimated the population growth rates based on the Syrian residents' birth and death rates, according to the vital records, and on the migration rate for 1994-2004. It is worth noting that for the period 1995-2006 the report developed a model for the distribution of the concealed births and deaths for the actual incidents' years on the basis of detailed data for births and deaths of the concealed statistical groups from the civil registry. **The application of these new calculation methods resulted in different outcomes from the demographic indicators for the period of the crisis** (Appendix 3).

The Syrian population living in Syria increased at high rates. From about 6,049 thousand people by the census in mid-1970, the Syrian population rose to 8,640 thousand in mid-1981, an average annual growth rate of 3.29 per cent. In mid-1994, the population residing in Syria was about 13,234 thousand, at an average annual growth rate of 3.33 per cent for the period 1981-1994. The last population census, in 2004, identified 17,351 thousand Syrian citizens at mid-year, at an average annual growth rate of 2.75 per cent from 1994 to 2004. Thus, **from 1970 to 2004 the population multiplied by 2.87**, in an international comparison, **this high growth rate of the Syrian population for the period 1970-2004 ranks Syria 21st out of 242 countries in population growth rate** (World Development Indicators, 2015). Despite the noticeable decline from 1994 to 2004, as compared with earlier periods, the population growth rate remains high.

Based on crude death and birth rates, in addition migration estimates, the research estimated the population growth rate for the period 2005-2010 by the following methodology:

- Estimating the number and structure of the population in 2010, based on the life table for 2005-06 that depended on the structure of the deaths, as shown by the vital records, with correction of the infant mortality rate based on family health surveys for the years 2001 and 2009.
- Estimating life expectancy in 2010, according to the life table which showed the numbers of deaths and their age structure of the vital records for 2005-2006.
- Using age-specific fertility rates of 2005 and 2010, based on the vital records.
- Estimating the number of migrants based on the ratio of net migration of the population for the period 1994-2004, which was calculated by the difference between the censuses and the vital records.

By the previous steps, the Syrian population was estimated at 20,597 thousand people, with an **average annual growth rate of 2.9 per cent for 2004-2010**, an increase over the population growth from 1994 to 2004. With the correction of census data from 2004, on the basis of assessment studies, the under-coverage was estimated at about 3 per cent of the population. Therefore, the Syrian population estimate in 2010 was about 21,223 thousand in mid-year; with the addition of non-Syrians residing in Syria during

the different census periods, the estimated population in Syria in 2010 reached 21,797 thousand.²

The increase in population growth rates reflects a phenomenon that diverges from the structural development transformation pattern, which assumes a decrease in population growth rates with the improvement of development indicators. **This divergence indicates the failure of population programs that aim to reduce population growth rates, and it reveals the inadequacy of family planning policy in isolation from inclusive development.** The increase in the population growth rate highlights the rise in both fertility rates and the number of children. **This trend leads to a new population age structure, increasing the proportion of children to the total population, and consequently, it increases the youthfulness of the society and the age dependency ratio; however, it will delay unlocking the demographic window of opportunity**

- Crude birth rate

The estimation of the crude birth is based on the vital records using the Syrian residents' births, including official registered births and concealed births³. The question of concealed births in Syria was addressed by studying a series of vital records from 1995 to 2006 that specify the dates of concealed births, and a pattern was estimated for these births in previous years. It was noted that most of the concealed births are registered six years after the date of birth (i.e., at school age). According to this pattern, the concealed births were distributed over the six years prior to the year of registration within the period 1970-2010.

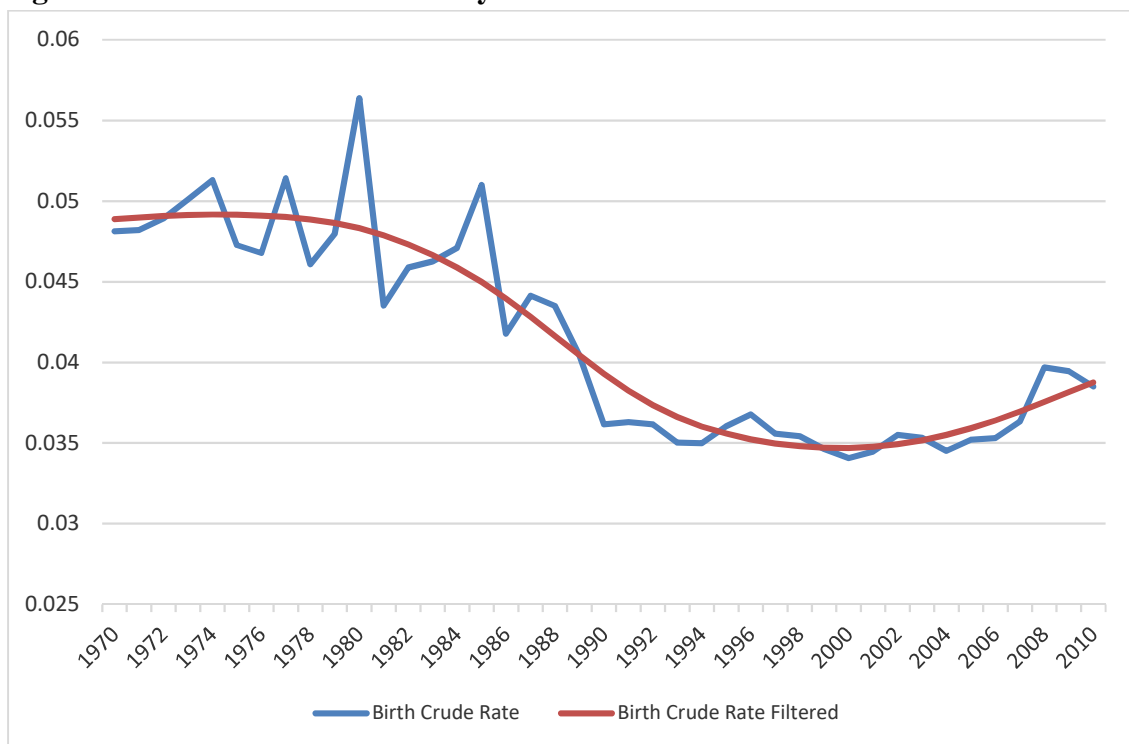
The crude birth rate was smoothed to exclude exceptional fluctuations and to focus on the changing behavior in the long term⁴. Figure (2) shows the decline of sharp fluctuations in crude birth rates over time, a trend that could be interpreted as the improvement of the registration of births and the relative stability of the pattern of fertility. Notably, the crude birth rate witnessed a retreat from the level of 50 per thousand in the 1970s to 40 per thousand at the end of the 1980s. In the first half of the 1990s it continued to decline, reaching 35 per thousand, and this rate remained until 2007, when **it rose again to 38.7 per thousand in 2010. By international comparison, this rate is high, and rather closer to that of the least developed countries (35.0) than to that of developing (22.0) and developed countries (11.4)** (World Population Prospects, 2012).

² Compared with the official number of total number of population at 20,619 thousand inhabitants and population growth rate of 2.45 per cent.

³ Distinguishing between births of the residents in Syria and outside was done through a review of the vital records 1995-2006, noting that the concealed births are those who were registered after the legal registration deadline.

⁴ The crude births rate was smoothed by using Hodrick–Prescott Filter (Eviews 7)

Figure 2: The crude birth rate in Syria 1970 - 2010



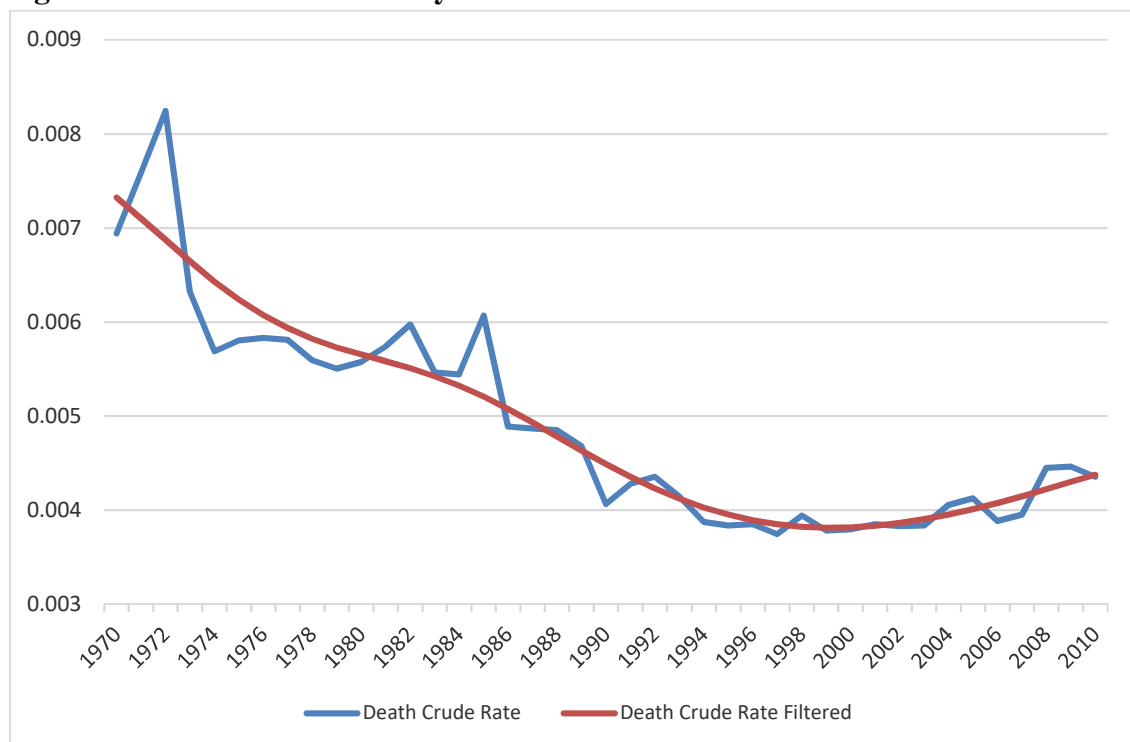
Source: vital records and SCPR's calculations

The demographic transition process from the 1970s to the 1990s was an expected result of the development process whereby birth rates retreated with the increase of economic growth rates and the expansion of education and public services. However, **the stability of the birth rate since the mid-1990s and the estimation of its return to rise at the end of the previous decade indicate a serious deterioration in the fertility trends that contradicts the trends of development.**

- Crude mortality rate

The crude mortality rate is estimated from the vital records of Syrian residents' deaths, which consist of official registered deaths and concealed deaths. Concealed deaths in Syria were addressed by studying a series of 1995-2006 vital records that specify the date of concealed deaths, and a pattern was estimated for these deaths in previous years. The concealed deaths were distributed over six years prior to the registration year, according to the rates calculated from the vital records of 1970-2010. Figure (3) illustrates crude mortality rate for Syrians in Syria between 1970 and 2010.

Figure 3: Crude death rate in Syria 1970 - 2010



Source: vital records and SCPR's calculations.

The crude mortality rate series was smoothed to exclude the exceptional fluctuations and focus on the changing behavior in the long term⁵. Figure (3) shows a decline of sharp fluctuations in the crude mortality rate over time, which could be interpreted as the result of improved registration of deaths and the relative stability in the death rate by age and gender.

The crude mortality rate witnessed a drop from about 7 per thousand at the beginning of the 1970s to 5.6 per thousand at the beginning of the 1980s and 4.1 per thousand at the beginning of the 1990s. It dropped slightly, to 3.8 per thousand, in 2000, maintained a lower level until 2007 and then **increased to 4.4 per thousand in 2010. By international measures, this rate is low compared to the rates of least developed countries (10.3), developing countries (7.7), and developed countries (10.0)** (World Population Prospects, 2012). The significant decline in the mortality rate pinpoints the improvement in general health services, infrastructure, vaccines, and treatment of epidemics; this finding concurs with world health development, which reflected a decrease in the morbidity rates especially for infectious diseases. Nevertheless, since the 1990s the rate has stabilized and then increased gradually, especially for the aged groups. This rise in the mortality rate poses many questions about the status and effectiveness of the health system and the public health policies in Syria.

⁵ The crude mortality rate was smoothed by using Hodrick–Prescott Filter (Eviews 7)

It is worth mentioning that crude birth rate and crude death rate were estimated based on the number of residents, according to population censuses. This approach differs from the previous methodology for population studies in Syria, which based estimates on the population number of vital records. The adjusted methodology is explained by the fact that the rates are for the births and deaths of Syrians living in Syria and do not include births and deaths of Syrians living abroad.

Concealed and unconcealed death and birth rates of Syrians in Syria indicate that the natural population growth rate (number of births minus number of deaths) maintained a rate of 42 per thousand in the 1970s and the early 1980s but declined more rapidly with the decline in births than with the decline in deaths, which reached 34.8 per thousand in 1990 and 31.6 in 1995. The rate was stable until 2007, and then increased to 34.4 per thousand in 2010 -- an adverse demographic shift toward higher population growth rates.

- *The rate of net migration*

Rates of net migration declined from 0.94 per cent in the 1970s to 0.76 per cent for the period 1980-1989, and then the net migration trend became negative in the period 1990-1994, reaching -0.23 per cent. This change accompanied economic recovery and political stability after the end of the large shocks in the 1980s. Then the rates of net migration returned to a positive trend (more departures than arrivals) and reached 0.39 per cent during the period 1995-2004. The research assumed a continuation of this trend for the period 2004-2010, to reach 0.44 per cent.

2) The age structure and dependency rates

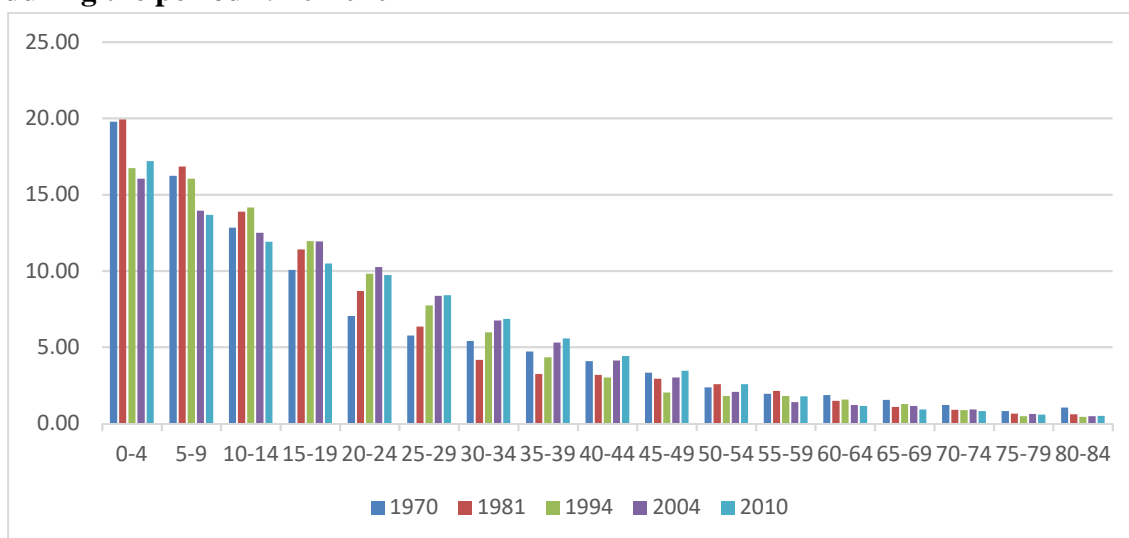
Age and sex structure reflects important issues in the demographic analysis; it sums up the history of the demographic conditions, including fertility and migration. Moreover, it is the main predictor of needs and future changes of the population, according to cohorts.

The census data related to age and gender structure were addressed using several measurement models and smoothing techniques⁶. The census data identify an improvement in the accuracy level of data, from 38 in 1970 to 34 in 1981, 27 in 1994, and 17 in 2004⁷. The differentiation between the models and the choice of the **Arriaga** model was done to smooth the censuses of 1970, 1981, 1994, 2004, and the analysis was conducted based on the smoothed data.

⁶ The report used PAS software that includes five smoothing techniques: :Carrier and Farrag, K-King Newton, Arriaga, United Nations, and Strong; the selection among which were based on the accuracy level and inclusiveness of all age groups.

⁷ Based on the accuracy level; data are accurate if it is less than 20, inaccurate between 20 and 40, and completely inaccurate if it is greater than 40.

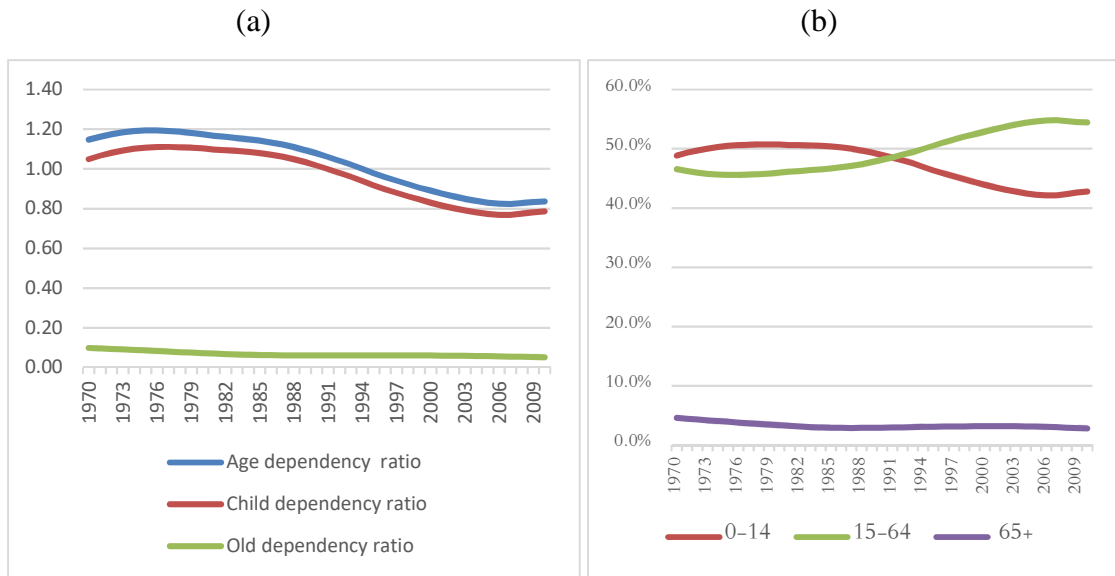
Figure 4: Syrian population age structure after smoothing, based on censuses during the period 1970-2010



Source: Central Bureau of Statistics and the SCPR’s calculations.

According to the census of 1970, 1981, 1994, 2004 after smoothing and the estimates for 2010, the age structure of the population in the middle of the year shows that the Syrian society is rather young. The high population growth rates are reflected in a widening of the base of the population pyramid, as the portion of the population under 15 years (childhood) in 1970 has reached 48.8 per cent of the total population, while the percentage of the population aged 65 years and above has reached 4.6 per cent (Figure 4 and 4A). **With the decrease of population growth rates, the base of the population pyramid retreats relative to the increase in the percentage of people at working ages 15-64.** The portion of the population under 15 declined to 46.9 per cent for the year 1994 and 42.5 per cent for 2004, while the share of the population of working age increased from 46.6 per cent in 1970 to 50 per cent in 1994 and 54.4 per cent in 2004. The percentage of the population aged 65 years and above (elderly) has shrunk during periods of high population growth, and it started to increase with the decline in population growth rates in the 1990s. However, in the period 2004-2010, and because of the increase in population growth rates, the category of children below 15 years of age rose to 42.8 per cent, specifically in the category 0-4 years. This shift has changed the age structure towards a young population while deferring the opening of the demographic window.

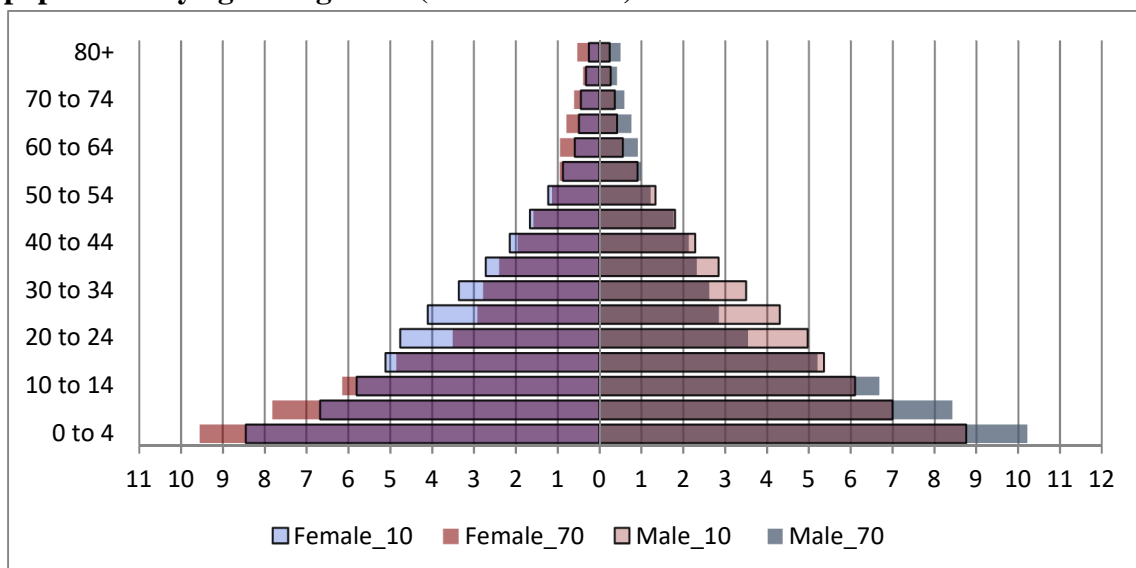
Figure 5: (a) Age dependency ratio 1970-2010 (b) Population age structure 1970-2010



Source: Central Bureau of Statistics and SCPR’s calculations

To illustrate the change in the age structure, Figure (6), which compares the population pyramids of 1970 and 2010, shows that **the relative percentage of people aged less than 19 years declined while the relative percentage of the age group between 19 and 39 years increased for both sexes.** However, a change after 2004 can be noticed in Figure (7) by comparing the population pyramids for the years 2004 and 2010. The relative percentage of children less than five years old increased in 2010, in comparison with 2004, meaning that the population pyramid in 2010 is more “young” than in 2004.

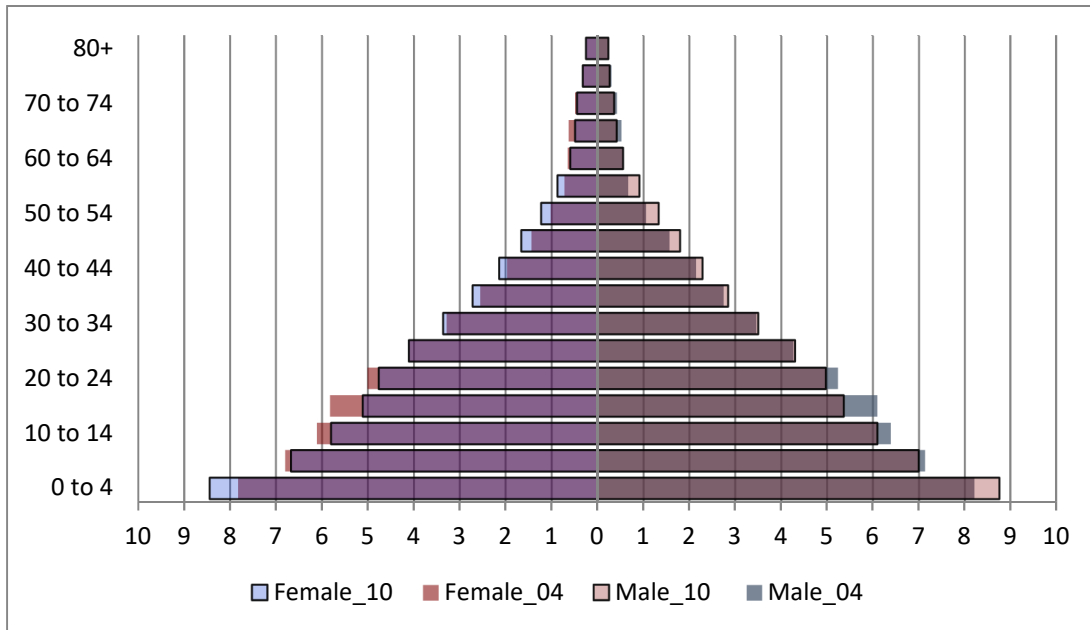
Figure 6: The Syrian population pyramid, showing percentages of the total population by age and gender (1970 and 2010)



Source: Central Bureau of Statistics and SCPR’s calculations.

These results are reflected in age dependency, as the overall age dependency rate (Figure 5 b) rose from 1.15 in 1970 to 1.19 in 1974 and gradually retreated to 1 in 1991. The decline continued to 0.82 in 2007 and then rose again to 0.84 in 2010. The same figure shows that dependency is mainly for children, as the support for the elderly is still at a rather low rate.

Figure 7: The Syrian population pyramid showing percentages of the total population by age and gender (2004 and 2010)



Source: Central Bureau of Statistics and SCPR's calculations.

Figure 6 of the population pyramid for the years 1970 and 2010 illustrates the balance of the structure by gender. The ratio of males to females is 1.05; it drops with aging as a result of migration and the higher mortality rate of males, but without creating a distortion in the sex population structure.

3) Educational level

The illiteracy rate of the Syrian population aged 15 years and above declined from 17.8 per cent in 2001 to 15.6 percent in 2010; nonetheless, it is still high. For the population aged 15 years and above, the share of those with primary education or less was about 70 per cent in 2001; it decreased to 60.5 per cent in 2010 (labor force surveys). The enrolment rate in 2009 indicates future challenges; these rates reached 96.1 per cent among children under the age of first-round basic education but decreased to 80.1 per cent in the second round and to 54.1 per cent at the level of secondary education (Family Health Survey 2009). The levels of education and enrolment rates are serious reflections of the country's inability to empower the coming generation to meet the challenges of future development.

The illiteracy rate in rural areas is close to double the rate in urban areas, and it is concentrated in developmentally deprived regions such as rural northern and

eastern regions, although the gap decreased slightly between 2001 and 2010. **The gender disparities show that female illiteracy rate is about 2.5 times the rate for males;** this gap declined slowly with the improvement of the gender balance in access to education. However, the generations beyond school age suffer from a large gender imbalance in terms of empowerment and equality, factors that affect the development role of women.

4) Labor Force

In most developing countries' experiences, the labor force participation rate increases with structural transformation in progressive developmental stages, indicating the extent of the population's labor force participation in the economic process. However, in Syria, the labor force participation rate for people aged 15 years and above has declined from 52.3 per cent in 2001 to 42.7 per cent in 2010. This is a negative indicator of the sustainability of economic growth and evidence of the non-inclusiveness of the development model in Syria. The fact that economic growth has not been accompanied by an increase in the labor force participation rate, which has generally decreased, indicates the failure of the Syrian economy to absorb potential entrants to the labor market. The successive drought affected employment in the agricultural sector and added to the weak response of other sectors in terms of job creation. Consequently, the Syrian economy created only 400,000 net jobs during the last decade, at an annual growth rate of 0.9 percent, which led to a decline of the employment rate from 47 per cent in 2001 to 39 per cent in 2010. The decrease in labor force participation rate occurred in both rural and urban areas but was more acute in rural areas.

A disparity is also illustrated by the large difference between male and female labor force participation rates, which reached 81 per cent for males in 2001 but 21 per cent for females. These percentages declined for both sexes in 2010, when labor force participation rates reached 72.2 per cent for males, 12.9 per cent for females. This large and progressive marginalization of the workforce, especially of females, leads to negative consequences that include squandering of human capital, increasing fertility rates, reducing the incentive for education, and marginalizing women.

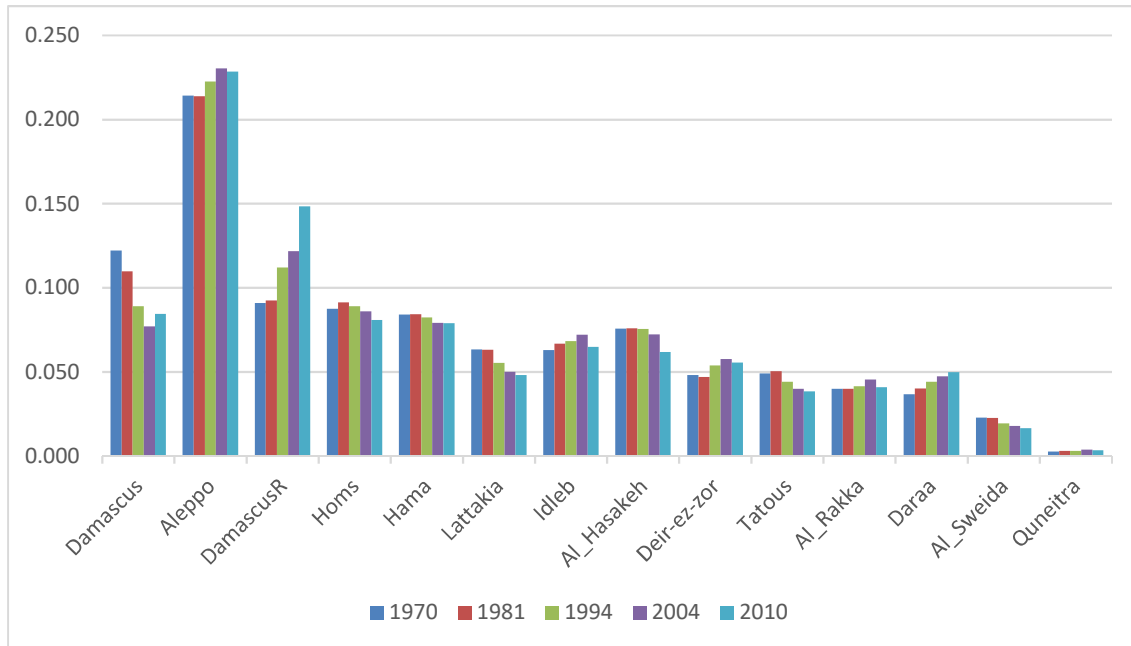
5) Population distribution and density

Urban growth rates in Syria accelerated until the 1980s, then slowed in the 1990s and the first decade of the present millennium. The population in urban areas increased from 43 per cent in 1970 to 46 per cent in 1981, 49.1 per cent in 1994, 52.7 per cent in 2004, and 53.5 per cent in 2010.

At the level of governorates, since independence the Syrian population has been concentrated in the western regions, along the Aleppo-Damascus axis, as a result of environmental, social, economic, cultural, and historical dimensions. The population distribution by regions shows a clear imbalance; according to the 2004 census, about 43 per cent of the population are in Damascus, Damascus Rural, and Aleppo; adding Homs and Hama, this rate reaches 59.4 per cent (Figure 8).

The period 2004-2010 experienced a clear population movement, with a large increase in the Rural Damascus share of the total population as well as an increased share for Damascus, and Daraa, which were affected by internal migration due to the drought in the eastern governorates, especially Al-Hassakeh. This movement has social and economic effects on the development indicators and on the depth of discrepancy in the population distribution.

Figure 8: Distribution of Syrian population by governorates (mid-year, according to censuses and 2010 estimation)



Source: Censuses and 2010 estimation, and SCPR's calculations.

The population density is identified as the resident population in mid-year divided by square km. The report distinguished between real and apparent population density (Syria 2025 report). Despite the importance of apparent density, which provides an indication of the population pressure on the total available space, the concentration of the population in a certain area gives a new dimension to the analysis. In the case of Syria, the population is concentrated in 34.5 per cent of the total area of the country.

The population density index indicates a clear imbalance in the distribution of the population. The population density in 2010 at the national level was 341 people per square km. However, there were huge disparities between regions; the population density was 17,286 in Damascus and 1622 in rural Damascus, whereas, it was 101 in Al-Rakka and 80 in Al-Hasakeh. These statistics reflect a huge variation in the investment of available resources (land) and in living conditions (Table 1).

Table 1: The population density of the Syrians by governorates in 2010

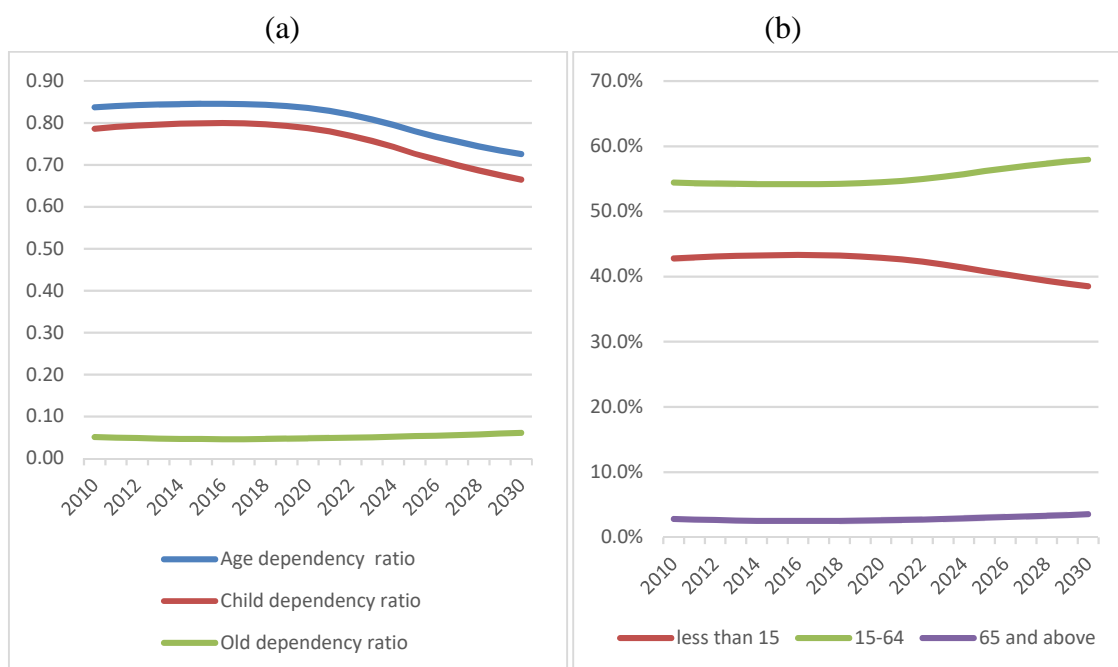
	Size Km2			Population density		Governorates in descending order	
	Total	Inhabited	Not inhabited	Apparent	Real	Apparent	Real
Damascus	118	118	0	17286	17286	1	1
Aleppo	18,500	12540	15970	264	389	5	7
Rural Damascus	18022	2052	5,960	185	1622	7	2
Homs	40920	4420	36500	43	396	12	6
Hama	10180	5120	5060	165	328	8	10
Lattakia	2300	1280	1020	448	805	2	3
Idleb	6100	4040	2060	226	341	6	9
Al Hassakeh	23330	16,620	6,710	57	80	10	14
Der Ezzor	33060	2350	30710	36	501	14	5
Tartous	1900	1450	450	432	567	3	4
Al-Rakka	19610	8640	10970	44	101	11	13
Daraa	3730	3,060	670	289	353	4	8
Al-Sweida	5550	1850	3700	64	192	9	12
Quneitra	1860	380	1480	40	197	13	11
Syria	185180	63920	121260	118	341		

Source: Censuses and 2010 estimation and SCPR's calculations.

6) Population projections

The report projected the population between 2011 and 2030, assuming the crisis had not happened (continuing scenario) and basing its projections on the Syrian population residing in Syria in 2010. The projections assumed a slow decline of fertility, to 4.11 in 2030, and used the fertility model of 2010, which had been prepared based on the vital records. It also assumed that migration rates continue similar to the rates between 1994 and 2004. The report used the Coale Demeny West model life table being the closest to the mortality rates in Syria. Accordingly, if the crisis were not to have happened, the Syrian population would reach 24,517 thousand inhabitants in 2014 and about 34,344 thousand by mid-2030, i.e. 1.7 times the population of 2010.

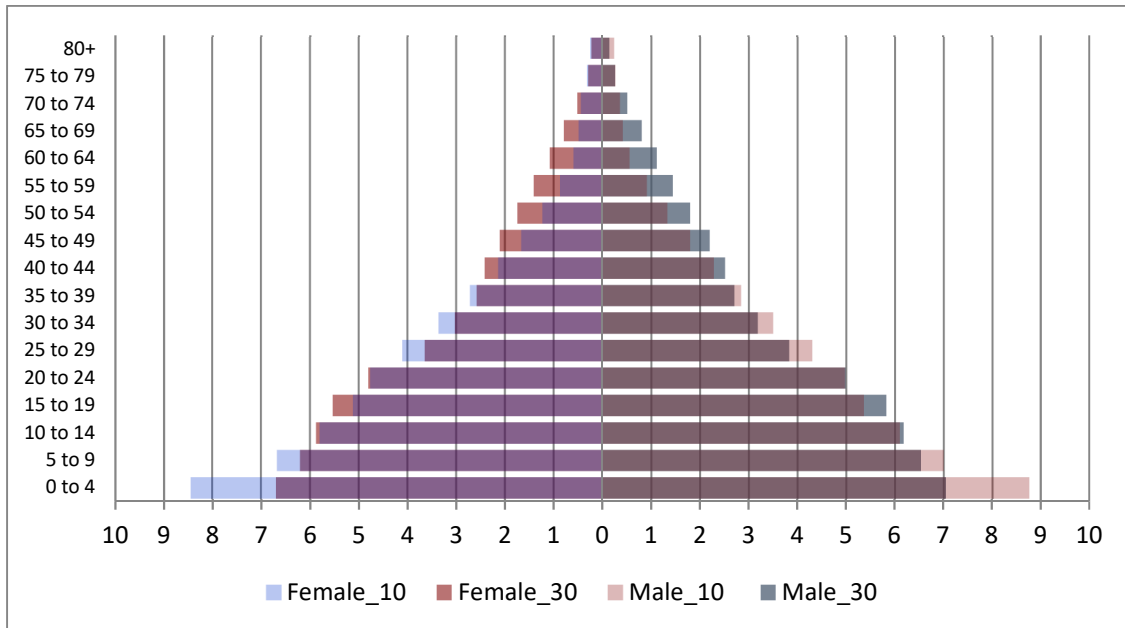
Figure 9: (a) Age dependency ratio 2010-2030 (b) Population age structure 2010-2030



Source: Central Bureau of Statistics and SCPR's calculations

Projections indicate a delay in the decline of the share of children in the population, accompanied by an increase in the proportion aged 15-64 years. In general, opening the demographic window requires a decrease in the age group 15-64 after reaching its peak, with the share of children less than 30 per cent; and this proportion would not have been reached in Syria until 2030 (Figure 9b). The results show that the age dependency ratio would rise to 0.85 in 2015 and then decline to 0.73 in 2030. However, the dependency is concentrated in child dependency, while elderly dependency is relatively low, a fact that explains the continuation of the young society structure in the long run with the continuing scenario (Figure 9(a)).

Figure 10: The Syrian population pyramid, as a percentage of the total population by age and gender for 2010 - 2030.



Source: Central Bureau of Statistics and the researchers’ calculations

The comparison of the population pyramids for 2010 and for 2030 shows a decrease in the younger age groups share versus an increase in the share of population aged 40 years and above, while maintaining the gender balance (Figure 10). These projections are a reference point for measuring the impact of the crisis on total population numbers and on population structure by age and gender.

b) Reproductive health and fertility

At the beginning of the 1990s, the approach to issues related to reproductive health at the global level shifted following the introduction of the wide definition of human development developed by Mahbub ul Haq and Amartya Sen. This shift affected the recommendations of International Conference for Population and Development in 1994 in Cairo, which focused decisively on a comprehensive rights-based method in approaching reproductive health rather than considering it only an issue of fertility rates reduction (Standing et al., 2011). The contradiction is evident between the focus on rights, on one hand, and the commercialization and privatization of health services, and on looking at fertility rates as a tool to reduce population growth in developing countries, on the other.

The reproductive health status and fertility interact with the political, social, cultural, and economic status of the society. They are affected by employment, education, traditions, values, family relations, women’s status, political participation, and public freedom.

1) Reproductive health

The Family Health survey in 2009 and the Health Expenditure survey in 2010 show **the concentration of reproductive health services in the private sector**. This focus can be attributed in part to the preference of a large part of Syrian society for home visits and private clinics; also, to the efficiency of the private health sector in terms of its geographical spread and the quality of its services compared to the poor quality of public health services due to the decrease in public investment and to inefficient management.

In 2010, women aged 15-49 were 48.7 per cent of the total number of women, and 23.8 per cent of the total Syrian population living in Syria. Hence, improvement in the reproductive health indicators not only reflects favorably on the health status of women and children but also promotes social and economic development. Thus, the health and well-being of women depend on an integrated vision that takes into account the reproductive health in all age groups, the main causes of morbidity and death among women, mental health, nutrition, and occupational health.

The data show that the **morbidity burden of chronic diseases such as pressure diseases, diabetes, and heart diseases is higher among women in all age groups, reaching 11.2 per cent compared to 9.9 per cent among men** (Family Health Survey, 2009). Although the maternal mortality rate dropped from 65.4 per 100,000 live births in 2001 to 52 per 100,000 live births in 2009, there is a substantial disparity between governorates. The maternal mortality as a result of pregnancy and childbirth in Al-Rakka Governorate, for example, is twice the rate in Damascus and Tartous (World Health Organization, 2006).

Prenatal medical care reached 71 per cent of pregnant women in 2001 and increased to 87.7 per cent in 2009. However, a significant portion of births, about 48 per cent, are still in homes, especially in the rural areas, although births assisted by local midwives declined to less than 12% of total deliveries. The portion of births attended by trained health personnel, such as a doctor or a midwife, improved to about 93% (World Health Organization, WHO 2006). Significantly, the rates of cesarean births increased to 26.4 per cent of births, rising to 38.5 per cent for women's first births (Family Health Survey, 2009). The World Health Organization (WHO) estimates the rate of medical need for cesarean operations of childbirth at 10 per cent and not to exceed 15 per cent (World Health Organization, 1985).

In 2001 and 2009, most women (70 per cent) consulted a doctor or a private clinic, versus about a quarter of women who visited general health centers. This pattern applies to many primary health care indicators, despite the availability of health centers and public hospitals, and it raises questions about the efficiency of these institutions, since private health sector costs, in addition to the costs of medication, place more financial burdens on families. These burdens may affect the ability of low income families to access efficient medical services.

2) Fertility

Many studies show that the age of marriage, employment outside home, years of schooling, and the degree of self-independency explain the different rates of fertility (Morgan et al., 2002). Much literature has also indicated that education, particularly for females, plays an important role in determining fertility rates (Cochrane, 1979; and Dixon Mueller, 1993), as education affords greater access to information, knowledge, social openness, independence and job opportunities, all of which change women's social roles. In this context, the report analyzes the trends and determinants of fertility in Syria.

- Total fertility rates

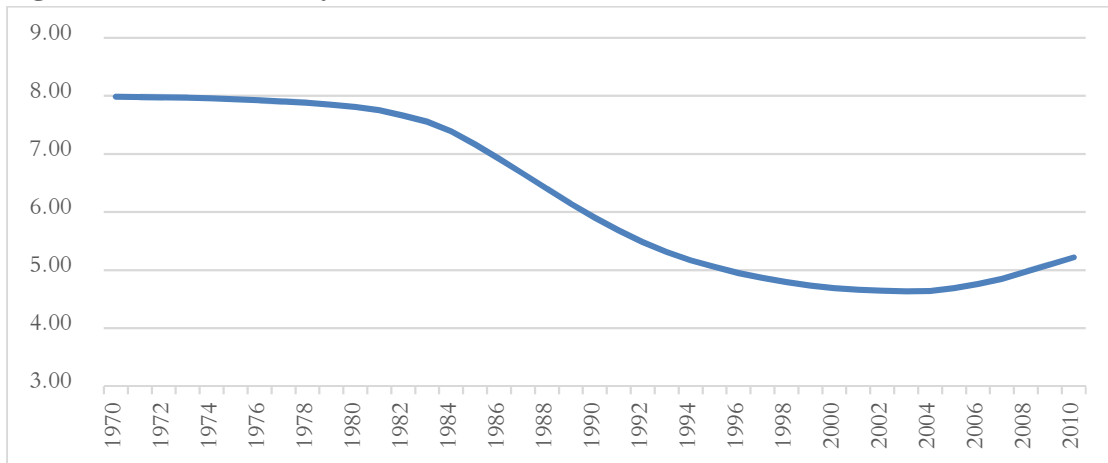
The report re-estimated the total fertility rates based mainly on vital records, by the following steps:

- Estimating the crude birth rate based on the estimation of total population from censuses up to 2004, and then estimating the total population based on the natural increase derived from the vital records, on the assumption that the migration pattern between 1995 and 2004 continued – an assumption based on the difference between the estimates of the population census and the vital records estimates. The number of births of the resident Syrians was adopted from the vital records 1970- 2010; the time series data were subsequently smoothed.
- Using the statistical abstracts of the vital records between 1995 and 2006 for the inputs to the age-specific fertility model. This model was used to estimate the pattern of age-specific fertility in Syria, on which the total fertility rates in Syria between 1970 and 2010 were estimated.

The results show that total fertility rates were very high, reaching 7.9 in 1970, and then slowly declined during the 1970s, reaching 7.8 at the beginning of the 1980s, and then slowly declining further during the 1980s, to 5.9 in 1990. The decline continued at a still slower pace in the 1990s to reach 4.7 in 2000. The first decade of the current millennium witnessed results contrary to expectations and to the structural transformation experiences that assume the continued decline in fertility rates with the expansion of education and economic growth. However, the fertility rate in Syria stabilized at the beginning of the decade and then began to rise again slightly to reach 5.2 in 2010 ⁸ (Figure 11).

⁸ The total fertility rate according to the Family Health Survey in 2009 was 3.5; therefore there is a huge difference in the results. However, using the model of the age-specific fertility according to FHS, the number of births would be less than the number of births according to the vital records by more than 210 thousand; moreover, the number of children aged 6 years and attending schools in 2010 was about 30 per cent higher than the total number of births in 2004 based on FHS fertility rate.

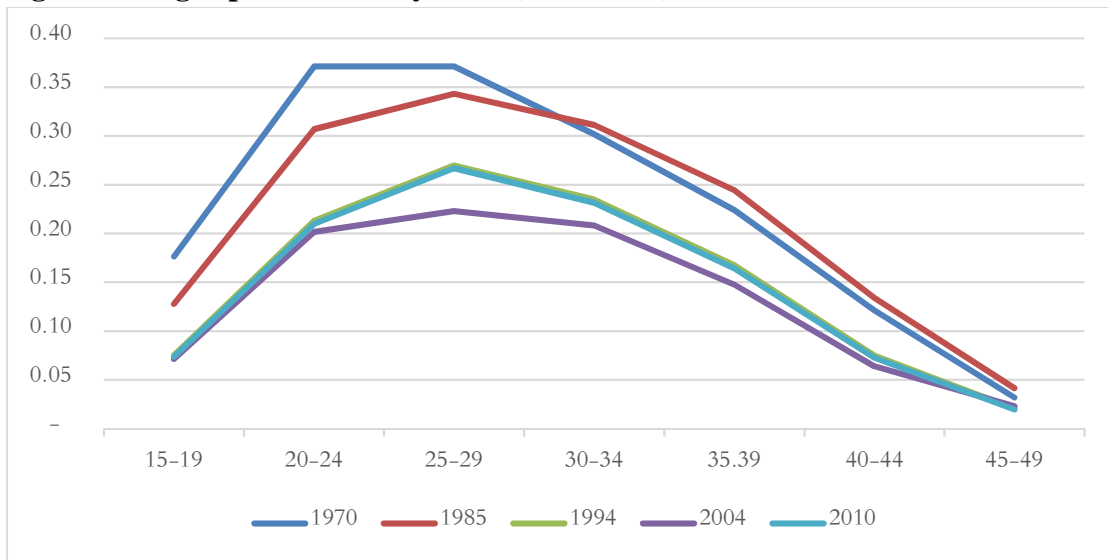
Figure 11: Total fertility rates (1970-2010)



Source: Central Bureau of Statistics, vital records, and SCPR’s calculations.

Figure (12) shows the age-specific fertility pattern, where the fertility rate of the age group 25-29 years is the highest. During the last decade, and with the decline of total fertility, the fertility rate of this age group become close to the rates of age groups 20-24 and 30-34 years. The results indicate non-declined fertility rates for the critical age groups 15-19 and 45-49 between 1994 and 2010. The first category is a challenge to the health of young women and to their ability to continue education, while pregnancy and childbirth in the second category raise the maternal mortality rate (World Fertility Report, 2013).

Figure 12: Age-specific fertility rates (1970-2010)



Source: Central Bureau of Statistics, vital records, and SCPR’s calculations.

- *Fertility determinants*

The literature indicates a number of factors that reduce fertility rates, such as improved female-educational levels, participation in the labor force and paid work, increased income for those who are above the line of poverty, a reduction of child labor in agriculture, social protection services and elderly care compensation, and patterns of internal migration. Moreover, the reduction of infant mortality rates leads to declining fertility rates, as the focus shifts from keeping the child alive to investing in the child (Meier, 2005).

Explaining fertility rates by existing social and institutional structures shows that urbanization, education, and the improvements in public services and infrastructure have contributed to the decline of these rates. However, the quantitative expansion in Syria, not accompanied by qualitative expansion based on an environment of economic, social, and institutional participation, has led to a discontinuation of declining fertility rates. Instead, the applied reforms were partial, focused on facing the reduction in oil revenue and without any change in economic and social structures towards using knowledge, alleviating disparity, and increasing participation. This is not to mention the application of neo-liberal policies, which proved ineffective in developing countries (Rodrik, 2007); gradually motivating new rentier sectors such real estate.

Despite relatively high economic growth rates, there was a sharp drop in the female labor force participation between 2001 and 2010, which can explain the trends in fertility rates, as literature indicates the role in a decline of fertility rates that accompanies economic participation of women (World Fertility Report, 2013). As for education, enrolment rates among females are close to those among males in the early stages of education but significantly decline in the more advanced stages, with a significant difference in these rates between governorates and regions; this trend could have played a role in the discontinuity in fertility rates drop during the '80s and early '90s. In addition, a slowdown in the decrease of infants' and children's mortality rates between 2001-2009, which accompanied stability, and then a decline in life expectancy, could explain the slowdown and then the increase in fertility rates.

The report used the Poisson regression model to clarify the relation between employment and education and total fertility (Bruno, 2012). The dependant variable is the fertility rate in the three years prior to the survey (Familial Health Survey 2009); the independent variables are the employment and educational status of females, controlling for governorates and rural/urban areas.

Results show a **statistically significant increase in fertility rates among non-working women compared to working women.** The fertility rate increases about 14 per cent for women who never worked before and 42 per cent for those who worked before, compared to those currently employed; thus, the fertility rate is expected to increase with the decrease in the female labor force participation rate. As for education, **results show that earning basic and secondary education reduced fertility rates**

significantly, while tertiary education has no effect on fertility rate when taking employment status as an independent variable. Regionally, fertility rates increase 25 per cent in rural areas compared to urban areas, indicating the role of urbanization in decreasing fertility rates. At the governorate level, fertility rates do not significantly differ in Aleppo, Rural Damascus, Latakia, Tartous, and Quneitra from those in Damascus, after controlling for employment, education, and rural/urban habitation. Furthermore, the fertility rates in the rest of the governorates are higher than the rate in Damascus; only Al-Sweida has a fertility rate of less than 18 per cent compared to Damascus. Fertility rates reached the highest levels in the Eastern Region, Idleb, Daraa, and Deir-ez-zor, with a peak 1.94 times the rates in Damascus after controlling for employment, education, and rural/urban factors.

In addition to the factors mentioned above, social relations, traditions, and customs play an important role in the size of families. Marriage between relatives, usually associated with the extended family and high fertility rates, was 38.9 per cent of the total number of marriages in 2009. The preference of having a male child has also contributed to the increase of fertility rates.

The social traditions and customs are not of a rigid nature, meaning that families look for ways to negotiate the social structures while considering their aspirations. In this context, Syria and many countries sharing similar values witnessed a drop in fertility rates. Changing fertility is related to several correlated factors and is reflected in many factors, such as education, urbanization, high productivity, low mortality rates, and others.

It is worth mentioning that the change in many proximate determinants of fertility rates in recent decades has contributed to reducing fertility rates. Nevertheless, the period between 2001 and 2009 witnessed changes in the trends of these determinants, which contributed to regress fertility rates in a different direction from the normal stages of demographic transition. During this period, bachelorhood rates dropped, **first marriage average age became lower, the regular breastfeeding period decreased, pregnancy rates in the 15-19-years age group increased, and the number of people wanting a second child increased.**

c) Morbidity and mortality

Literature shows the importance of improved public health services, good preventive and treatment methods, and better living conditions in the decrease of infectious and non-infectious diseases, and thus, the decline of mortality rates (Population Council, 2010). A healthy and long life is considered one of the most important elements of development. In this context, the health field made huge progress as a result of improvements in medicine and health policies, in addition to better supporting circumstances such as higher income, good nourishment and living conditions. This progress led to decreased mortality rates and increased life expectancy.

Discrepancy within and between countries in terms of health achievements is connected to discrepancy in nourishment, clean water, sewage systems and other main services. It is also related to institutional efficiency, the nature of the social structure and traditions and customs, in addition to factors associated with the crisis such as war and other conflicts, natural catastrophes, and violence-related policies.

Population and health policies have focused on children and maternal mortalities, but the new policy directions focus on the morbidity rate and on causes of mortalities, including a focus on mortalities from non-infectious diseases (United Nations, 2012). In this context, international indicators show, along with demographic transition, an improvement in life expectancy at birth and a shift in the stages of epidemiological transition, from a drop in the deaths caused by infectious diseases to a drop in the deaths caused by non-infectious diseases.

1) Morbidity

Before the crisis, Syria witnessed a substantial shift in the stages of epidemiological transition during the last quarter of the previous century, as chronic diseases formed about 60 per cent of the overall diseases burden in Syria, while maternity and child diseases formed 25 per cent, and accidents and injuries formed 15 per cent. The following diseases were the main causes of mortalities in Syria in 2008 (Higher Commission for Scientific Research, 2011):

- Heart and blood vessels diseases: the main cause of mortality in Syria, as the rate of mortalities caused by these diseases was 49.2 per cent.
- Respiratory diseases and infant diseases: the second reason for mortality, causing 11.1 per cent of the number of deaths.
- Malignant tumours: is the third cause of death in Syria (6.7 per cent of the total deaths).
- Accidents: 5.5 per cent of all deaths.

Environmental factors play a key role in increasing morbidity rates especially for chronic illnesses, in addition to health hazards caused by smoking, high blood lipids, arterial hypertension, life pressures, obesity, inactivity, and malnourishment.

As for the nature of common diseases, the Health Expenditure Survey in 2010 shows that 20.1 per cent of the health care services were provided for treatment of respiratory disorders, 13.1 per cent for heart problems, 11.2 per cent for muscular system disorders, and 10.9 per cent for dental issues. These were followed by gynaecological diseases, intestinal disorders, diabetes and tumours. The results indicate that respiratory problems among children aged less than 15 years rose significantly. The survey shows that **the health system focuses on treatment of chronic and acute diseases, whereas it spends little effort on precautionary measures.** It also indicates that medical care is mainly a private service, as only 18 per cent of medical services are provided through the public sector.

2) Child mortality and morbidity

The mortality rate for infants aged less than one year represents a general measure for the health level in society. The rate of infant mortality in Syria declined from 1970, when it was 132 per thousand live births, to 34.6 per thousand in 1993, and it continued to decline to 18.1 per thousand live births in 2001, then reaching 17.9 in 2009. Similarly, the under-five mortality rate dropped from 164 per thousand live births at the beginning of the 1970s to 20.2 in 2001, but it increased to 21.4 in 2009. Thus, the last decade in Syria has witnessed a recession in terms of health indicators, a trend reflecting weak development performance and an increase in inequality.

The study of the causes of child deaths in Syria conducted in 2008 (CBS, 2015) indicates that **child deaths in the rural areas of the northern and northeastern governorates (Idleb - Aleppo - Deir-ez-zor– Al-Rakka - Al Hassakeh) constitute half of child mortalities in the country.** The study also shows that 25.4 per cent of the deaths have occurred in urban areas, while the death toll in rural areas has been 74.6 per cent, an indication of the huge disparity between the regions.

According to the same study, the neonatal infant mortality rate (at ages less than 28 days), reached 49.5 per cent of the total deaths of children, while the mortality rate of children under one year of age reached 88 per cent of deaths among children under five years. Preterm birth has been ranked first among neonatal mortalities, causing 44 per cent of neonatal deaths compared to about 24 per cent of neonatal deaths in the 2001 study), followed by septicemia in newborns at 19 per cent, while birth defects contributed to 17.4 per cent of neonatal deaths. It should be noted that the life chance of a newborn is affected by maternal status in the community in social, economic, and nutritional terms, in addition to the level of health care for mothers during pregnancy, and the safety and security of the process of childbirth.

Childhood vaccination plays an important role in the health of children, as it is the fastest technique to reduce child mortality and to minimize the incidences of childhood illnesses such as poliomyelitis, deformities, blindness, and deafness. The portion of children who completed their vaccination doses rose from 73.3 per cent in 1993 to 82.4

per cent in 2001 but declined to 76.3 per cent in 2009, according to Family Health surveys.

In terms of children's nutritional status, the share of medium/severely stunted children, which indicates previous nutritional status and denotes a lack of good nutrition or having always the same diseases, declined from 25.7 per cent of children under five in 2001 to 23 per cent in 2009. Despite this improvement, however, the rate is still considered high. The share of medium/severe wasting among children under five, which refers to relatively recent sharp malnutrition, increased from 8.6 per cent in 2001 to 9.3 per cent in 2009. The share of underweight children declined from 10.9 per cent of children under five in 2001 to 10.3 per cent in 2009 (Family Health Surveys 2001, 2009).

The slowdown in the improvement of childhood nutritional and mortality indicators, which have retreated in some years of the last decade, raises questions about the effectiveness of the health system to achieve the desired outputs, on the one hand; and, on the other hand, the household standards of living that have followed liberalization policies in terms of the burden of health, education and food bills on families, with gradual change in subsidies policies, public services, and the health insurance system. It is worth noting that the decline in the families' standards of living is reflected in the decrease of real spending among Syrian households between 2004 and 2009 at an annual rate of 2 per cent despite the relatively high economic growth rates. This is evidence of the noninclusive economic growth during this period.

3) Life expectancy at birth

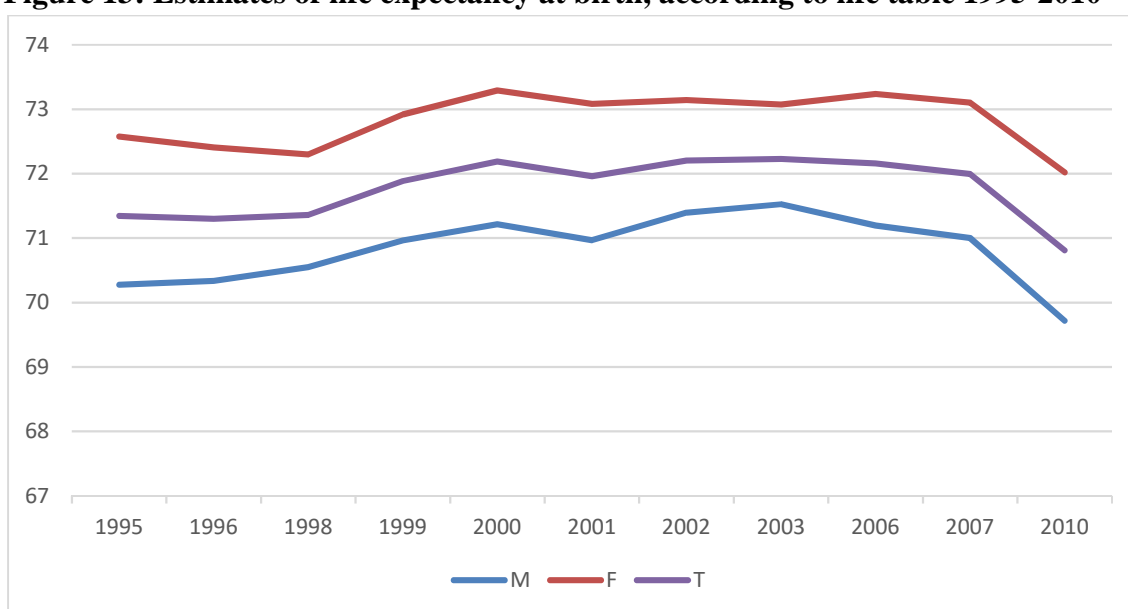
The life expectancy at birth in Syria increased greatly from the 1970s until the end of the 1990s, and then witnessed a slow decline during the first decade of the millennium. This change has accompanied a notable reduction in child mortality rates, which settled during the last 10 years before the crisis, with sharp regional discrepancies that reflect the lack of balanced and inclusive development. It is worth noting that Syria was suffering from an increase in deaths due to non-infectious diseases that are consistent with the improvement of life style and changes in the nature of health services and living conditions. Generally, the trends in health indicators, especially in the last decade, have required reconsideration of the health system in terms of issues related to lack of competence and to large regional and social disparities, in addition to weak financing and poor participation and accountability.

The published estimations of life expectancy at birth for Syria in international reports are based on projections and evidence irrelevant to Syrian indicators and statistics. This report shows the overestimation of these projections, and, thus, its negative impact on development planning. In this context, the report has constructed life tables for the years 1995-2010, depending on vital records in estimating the number of deaths, as the distribution pattern of concealed deaths was studied during the previous years and was used to estimate the crude death rate for the period 1970-2010.

For the period 1995-2004, data of age-specific deaths were analysed by decomposing the ten-year groups for deaths in the vital records into five-year groups based on the relative structure of 2004. This analysis provides deaths numbers and structure by age for ten consequent years. As for the period 2006-2010, the vital records for the years 2005-2006 were used to calculate death structure by age, and this structure was used to estimate deaths by age in 2007, 2008, 2009, and 2010. A PAS program was used to estimate the median age of deaths at less than one year, between one and four years, and at 80 years and above, according to the “West” model. The correction and re-estimation of the infant mortality rates, which are underestimated in the vital records, was made based on Family Health surveys in 1993, 2001 and 2009 to be included in the life table.

The results show an increase in life expectancy at birth from 64 years in 1978, according to a fertility survey in 1976-1978, to about 71 years in 1995 and 72 in 2000. It settled until 2007 and then declined to 70.8 in 2010⁹ (Appendix 3). These numbers indicate a decline in the level of Syrians’ well-being and wellness during the last decade.

Figure 13: Estimates of life expectancy at birth, according to life table 1995-2010



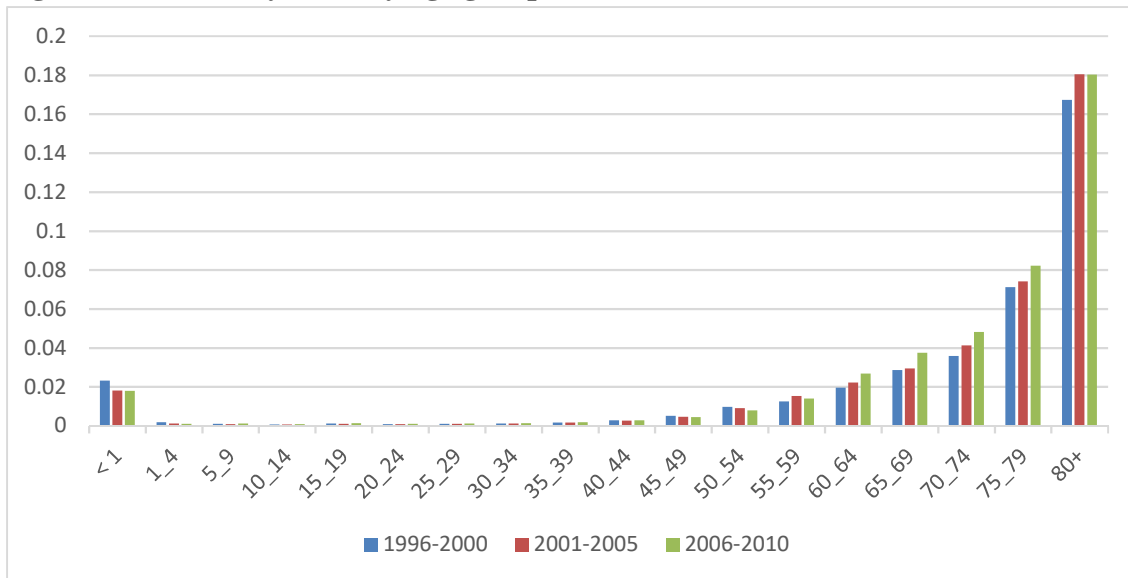
Source: Central Bureau of Statistics, vital records, and SCPR’s calculations.

Figure 14 shows the age-specific mortality rates during the periods 1996-2000, 2001-2005 and 2006-2010. The results indicate a high rate of infant mortality, which decreased in the first and second periods and settled in the third, while the mortality rates have continued to be low for people aged between 5-40 years, however, **there was a gradual increase in the mortality of the elderly (60 years and above) between 1996-2010, as this age group suffers from chronic and aging-associated diseases.** The indicators show the increase in the share of people with chronic diseases from 7.9

⁹ According to the Human Development report, the life expectancy in Syria reached 74.7 in 2010, which is higher than the average life expectancy of high human development countries (73.9)

per cent in 2001 to 10.3 per cent in 2009 (Family Health Surveys), which partly explains the re-rising of crude mortality rates between 2001 and 2009.

Figure 14: Mortality rates by age groups (1996-2010)



Source: Central Bureau of Statistics, vital records, and SCPR’s calculations.

d) Internal and External Migration

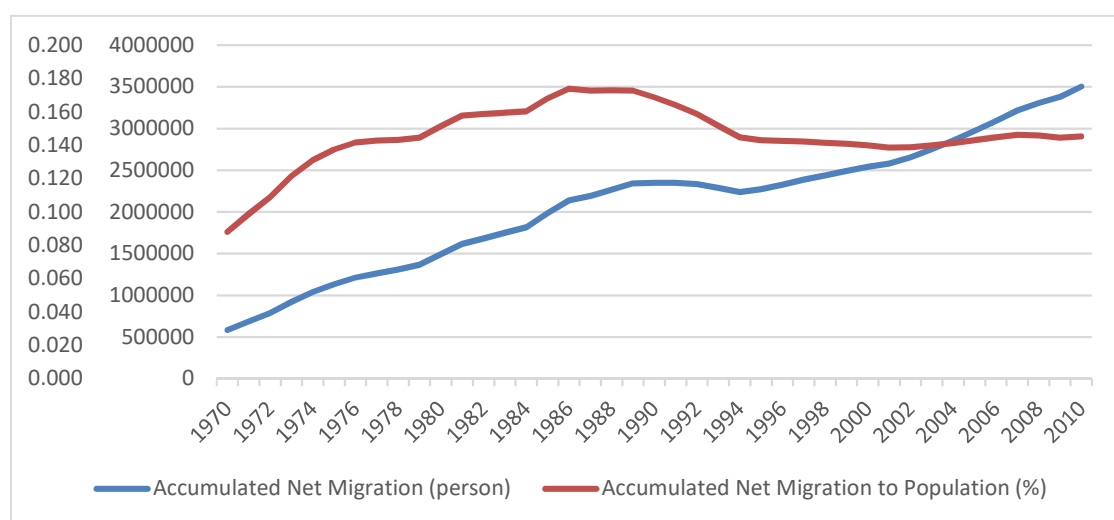
Migration is the movement of individuals from one area to another, whether within the borders of the state (internal migration) or outside its borders (international migration). Among the numerous migration theories is the theory of pull and push factors posited by Ravenstein in 1889, which indicates that the pull factors are usually more important than the push ones; moreover, that the probability of migrating to the nearby areas and major commercial and industrial regions increases, and in this context economic reasons are among the most important factors in migration. Push and pull theory addresses the importance of the sending and receiving countries’ characteristics, in addition to political, legislative, financial, and personal barriers to moving. It is worth noting a distinction between voluntary migration and forced migration, which results from crisis, wars and other conflicts (International Population Council, 2010).

1) External migration

There are several estimations of external migration in Syria. Despite agreement that waves of migration have occurred since the 1880s, however, the absence of rigorous national surveys and the lack of accurate data in the receiving countries make estimating external migration a challenge for researchers. In this context, this report adopted vital records that identify the numbers for the total Syrians population in comparison to the number of Syrians living in Syria, through the population censuses in 1970, 1981, 1994, and 2004, in addition to the estimation for 2010. The results show an increase in the net cumulative number of external Syrian migrants, from 584 thousand in 1970 to 1,618 thousand in 1981, 2,240 thousand in 1994 and 2,855 thousand in 2004, reaching 3,503

thousand migrants in 2010 (Figure 15). Data show that international migration continued to increase at rates higher than the rate of population growth in the 1970s and 1980s, where the share of external migrants in total population increased from 8.8 per cent in 1970 to 17.3 per cent in 1989. Thereafter, this share decreased, especially between 1991-1994, with the relative increase in economic growth, to reach 14.5 per cent in 1994 and settling at that level until 2010. **The relatively high rate of external migration indicates that the development paradigm in Syria could not be inclusive.** Economic factors played a major role in increasing migration waves, in addition to developmental and political crises such as the one in the 1980s. The oil boom during the 1970s and 1980s in the Gulf countries was a pull factor for Syrians in the labor force. In return, Syria received many immigrants as a result of political and humanitarian conditions, such as Palestinian and Iraqi refugees. In 2010, the estimated number of Iraqis in Syria reached 750 thousand and of non-Iraqis about 560 thousand.

Figure 15: Accumulated net migration and its share of population (1970-2010)



Source: Central Bureau of Statistics, vital records, and SCPR's calculations.

2) Internal migration¹⁰

Data indicate that about 2.3 million people migrated internally outside of the place where they were born, accounting for 14.2 per cent of the total population in 2000. This percentage was distributed between 3.4 per cent of the population who lived in another place within the region where they were born and 10.8 per cent in other regions. The annual growth rate of internal immigration increased among individuals aged 15 years and above, from 5.2 per cent in the 1950s to 7.7 per cent in the 1960s and the rate dropped to 4.2 per cent in the 1970s, reaching 1.8 per cent between 1994 and 2003 (Census 1994, 2004).

¹⁰ A part of this section relied on a background paper: "Internal migration in Syria" prepared by Ali Rustom and Waddah Alrkkad .

Internal migration allows individuals to achieve goals and aspirations that are not realized in the place where they actually live. Before the crisis, this phenomenon occurred mainly for economic reasons (looking for better income and job opportunities) and for social and educational reasons; these reasons were considered to be pushing factors in rural areas rather than as pulling factors in the governorates' main cities. Internal migration in Syria was also related to the fact that the government institutions and activities, as well as commercial and industrial establishments, are centered in the cities.

The population's density and the high living costs in main cities made them a destination for relatively financially capable people, **while internal migrants with low income have not been integrated in their new communities, thus being forced to form informal and marginalized urban areas in inappropriate living conditions, creating a phenomenon that called ruralization of urban areas, and working mainly in the informal sector, which suffers from difficult working conditions and low productivity.** Before the crisis, internal migrants in Syria were directed to social adaptation rather than social integration, as the migrants attempted to harmonize themselves with the new social environment while not significantly changing their norms of life.

Rural Damascus is historically the biggest receiver of internal migrants particularly from the city of Damascus itself, while the largest population migrated internally from Quneitra as a result of the Israeli occupation. The net migration rate to Rural Damascus reached 22.4 per cent in 1994 and 21 per cent in 2004; this relatively high rate is due to the proximity of Rural Damascus to Damascus city, which was one of the migrant-expelling governorates due to the high increase of the population density and to other consequent different pressures.

Most internal migrants were young, aged between 15 and 34 years, with a level of education higher than that of non-migrants? Most of these migrants were attracted to the services sector, and consequently their employment ratio increased compared to their status prior to migration. It should be noted that **the population estimates at the governorate level for the period 2004-2010 showed relatively high migration compared to that of the 1990s, as the drought has led to extensive internal migration estimated at about 300 thousand people from the Eastern region, especially Al-Hasakeh. Those immigrants headed mainly to Rural Damascus and Daraa.**

Before the crisis, internal migration data show a slowing trend, with the exception of migration caused by drought. This trend could be explained by the improvement of public services in the rural areas, in addition to the increasing effect of pushing factors in the cities. In general, internal migration in Syria has reflected the absence of productive employment opportunities, an inability to create high-economic productivity sectors, the absence of development policies aimed at reducing development disparities between regions, and the continuing dominance of low productivity informal sectors.

IV. The Demographic Status during Crisis

The relationship between population and violence is complex and interactive, and the literature shows contradictory views. For instance, some literature indicates that with a decreasing fertility rate and the formation of a youth bulge, a demographic window is formed as an opportunity results from the increase in the share of individuals in working age, and dependency rates decline. Thus, a youth bulge becomes a source of welfare and development, as in the experience of the East Asian countries. Other literature refers to the youth bulge and the high population growth rate in the developing countries as the main reasons for violence, as a result of pressure on the environment and resources, according to Collier's approach of greed and grievance. This violence is also explained by "grievance" and motivation, as the large youth population is subject to frustration with the poor economic, social, and political opportunities (Shukri, 1974) (Urdal 2012).

Some studies focus on the importance of the nexus of population, resources, and technology, all of which are related to institutions and to their capacity to invest in the material (resources) and the human (population and technology) to achieve development. Hence, it is important to understand the political and institutional factors, which set the foundations either for sustainable development, if successful, or violence in case of failure (Chukri, 1983).

The effects of violence on the population are categorized as direct and indirect, short term and long-term (Justino, 2009; Goodhand, 2001). Among the effects associated with the demographic status is the change in the composition of the families as a result of disabilities and deaths that occur mainly among young men in the labor force or at the head of the household, as they participate in the conflict for political, ideological or economic reasons. This makes their return to the labor market impossible and forces women to become the heads of households and to be responsible for children, a pattern that may lead to more exploitation and further poverty. Forced migration also influences the composition of the families and the population, as they are compelled in most cases to live under difficult circumstances. Such changes affect the characteristics of the population, their social relations, and their living conditions.

The social movement for dignity and freedom that erupted in Syria in March of 2011 has reflected the society's refusal of unacceptably poor institutional, economic, and social development, in addition to the sharp contradiction between institutions and the society's aspirations. **Internal and external subjugating powers, represented in political oppression, fundamentalism, and fanaticism, have played a crucial role in militarizing the conflict, exploiting the violence, and investing in identity politicization and economics of war** (SCPR, 2016).

The characteristics of the armed conflict indicate its intractability and its catastrophic impacts, as the Syrian crisis is considered one of the worst human disasters since the World War Two in terms of the intensity and the spread of fighting and destruction at the humanitarian, social and material levels. The conflict has exceeded five and a half years without any signs of a solution, in the presence of dozens of local, regional, and

international parties in the war on different fronts with different objectives using all kinds of weapons, including banned weapons. Moreover, **the conflict is characterized by massive violations of human rights, including torturing, killing, looting, subordinating, and forced displacement, accompanied by the siege and destruction of villages and cities that lack the right to protection.** The conflict has also witnessed identity disruption and the incitement to murder, which have buried the noble goals of freedom, dignity, and justice, while prevailing nihilism serves the continuation of the crisis amid sharp polarization between the fighting parties.

The severe disaster and the rampant violence in Syria have led to a devastating institutional transformation conducted by the subjugating powers. This transformation has produced new institutions to serve the cross-border economics of violence, thus reallocating resources and power for the benefit of warlords. Armed clashes in Syria have resulted in the murder of hundreds of thousands of individuals, mostly males of production age, in addition to millions of wounded and disabled, and to thousands of cases of arrest, abduction, or maltreatment. Consequently, thousands of Syrian families have lost their breadwinners or have lost the minimum level of security and decent living conditions.

The high rates of displacement, asylum, and migration have resulted in changes in the family structures as a result of the separation or loss of family members. This loss parallels the loss of capacities and the squandering of the human dignity, since asylum, displacement, and migration are different types of an escape without prior planning or desire. During this escape, IDPs and refugees lose their property and resources, and many are unable even to carry their identity papers and personal documentation. Most refugees are deprived of decent living conditions as they become hostages to international and local humanitarian assistance. This process degrades their dignity and self-respect, creating tensions with the host community.

Syria's human capital has endured heavy losses because of damages in the education and health sectors and the deprivation of the majority of Syrians, including residents, IDPs and refugees, from empowerment- and capacity-building opportunities. During the crisis, Syria has lost about 7.5 per cent of the accumulated years of schooling (SCPR, 2015). Moreover, the public expenditure on education and health services has declined as a result of the lack of resources and the change in the budget priorities, coupled with the squandering of human capital due to the brain drain.

The sharp decline in life expectancy at birth, as a result of the crisis, reflects a large number of deaths and disabilities on one hand, and the fragmentation of the health system and the deterioration of nutritional standards and living conditions on the other hand. The health infrastructure has been damaged, and the number of health workers has largely decreased as a result of killing, kidnapping, or migration, that have led to the qualitative and quantitative decline of health services, including reproductive and sexual health services and children's health.

This report is based on the results of the population status survey in providing evidence of the demographic status during the crisis, to measure the deterioration and to

understand the dynamics of the conflict as well as to analyze the disparity between geographic regions within the country.

a) Demographic indicators and characteristics

This section aims to calculate and analyze the changes in the population demographic characteristics, including population size, growth rates, fertility, trends in marriage and divorce, mortality rates, and life expectancy, in addition to the population distribution and density.

1) Population size and growth

The total population in 2014, including migrants and refugees, reached 23,912 thousand people (627 thousand of them non-Syrians) compared with 24,517 thousand people according to the continuing scenario, and 21,797 thousand people in 2010. Thus, the average annual population growth rate in the period 2010-2014 reached about 2.3 per cent, as compared to 2.9 per cent for 2004-2010. This decline reflects the sharp rise in mortality rates as a result of the dramatic increase in the number of the casualties and of the decline in birth and fertility rates due to the disastrous conditions of crisis. It should be noted that the report estimates the total population in 2015 at 24,292 thousand; thus, the average annual population growth rate for the period 2010-2015 declined to about 2.2per cent.

Table 2: Rate of natural increase (2010 – 2014)

	2010	2011	2012	2013	2014	2015*
Crude birth rate	0.0388	0.0360	0.0333	0.0307	0.0285	0.0248
Crude mortality rate	0.0044	0.0055	0.0075	0.0098	0.0109	0.0108
The rate of natural increase	0.0344	0.0305	0.0258	0.0209	0.0176	0.0140

* Projections

Source: Population Status Survey, 2014 and the SCPR's calculations.

The natural increase in rates during the crisis was estimated by calculating the crude mortality rates, which rose from 4.4 per thousand in 2010 to 10.9 per thousand in 2014, and the crude birth rate, which dropped sharply from 38.8 per thousand to 28.5 per thousand live births during the same period, reflecting a decline in fertility rates from 5.2 to 3.7. Accordingly, the natural increase rates have declined from 34.4 per thousand in 2010 to 25.8 per thousand in 2012, reaching 14 per thousand in 2015 (Table 2). **The population was exposed to a big shock through the sharp decline in birth rates and a significant increase in the mortality rates, which would affect the growth and the demographic structure in the long term.**

2) Fertility and reproductive health

- The birth rate and fertility

Some of the literature analyses childbearing patterns during crises as a consequence of these crises' various causes and specificities, which make it difficult to generalize the experiences. **The cruelty of the Syrian crisis has led to large waves of displacement and asylum that caused fragmentation of families, depletion of savings and assets, a sharp drop in employment opportunities, and the lack of personal and humanitarian security.** Thus the pre-crisis conditions, including the determinants of fertility and its correlation to development factors, have changed radically. The impact of the crisis was not limited to a specific area; it has affected all areas at different levels. The crisis period has witnessed enormous changes in nature and in the depth of the crisis itself. Thus, the generalization of findings at the national level, based on the observations in one or more areas, is misleading unless the analysis aims to understand the impact of the crisis on specific areas.

The survey included questions about the number of live births in the previous year for the not-moved population and for the IDPs in each of the regions studied. The results show a 27 per cent decline in the crude birth rate during the crisis, from 38.7 per thousand in 2010 to 28.2 per thousand in 2014 for the population residing in Syria. The decline included most governorates, in varying proportions, with the exception of Quneitra, and Rural Damascus. The highest level of crude birth rates was in Al-Rakka, followed by Deir-ez-zor, Daraa and Quneitra, while the lowest levels were registered in Damascus, followed by Tartous, Al-Sweida and Lattakia. The decline is attributable to several factors, including a change in the population demographic structure as the number of residents in Syria has decreased as a consequence of asylum-seeking and migration, in addition to the loss of security and the spread of violence. Moreover, the change of the population distribution, due to massive and repeated waves of displacement, has significantly affected the age, education, and sex structure of the inhabitants of the studied areas (Table 3).

In 2014, the not-moved population crude birth rate was 28.4 per thousand, the lowest rates being recorded in Damascus, Tartous, Al-Sweida, and Lattakia; the highest in Al-Rakka, Idleb, Daraa, and Deir-ez-zor. The crude birth rate of IDPs reached 27.6 per thousand, its highest levels being in Quneitra, Aleppo, Deir-ez-zor, and Al-Rakka; its lowest level in Damascus, Tartous, Al-Hasakeh, and Idleb. The crude birth rate for the IDPs was generally less than the rate of the not-moved population; yet, in Aleppo, Rural Damascus, Lattakia, Quneitra, and Al-Sweida, the crude birth rate for the IDPs was higher.

Table 3: Crude birth rates (per thousand) according to governorates and stabilization status 2014

	Not-moved population	IDPs	Total
Damascus	18.1	16.8	17.7
Aleppo	30.9	34.9	31.9
Rural Damascus	25.0	27.5	26.0
Homs	27.5	27.9	27.5
Hama	30.4	27.1	29.7
Lattakia	23.8	29.9	25.2
Idleb	36.7	24.6	32.5
Al Hasakeh	29.2	22.9	28.5
Deir-ez-zor	34.4	32.1	34.0
Tartous	19.3	17.5	19.0
Al-Rakka	39.9	30.9	38.7
Daraa	35.2	29.2	32.7
Al-Sweida	22.0	27.4	22.8
Quneitra	27.2	38.9	32.5
Syria	28.4	27.6	28.2

Source: The Population Status Survey, 2014 and SCPR's calculations.

In addition to changes in the demographic structure because of migration, asylum, displacement, and death, the crisis conditions have played a crucial role in changing reproductive behavior. Families and communities have experienced a deep shock in terms of stability, loss of security, and lack of certainty about the future. Their properties were destroyed, and their sources of income were exhausted. Living conditions were particularly catastrophic for IDPs in respect of providing shelter, heating, water and sanitation, health and education services, employment opportunities, and food security. The continued catastrophic effects of the crisis are depriving most Syrian families of basic living requirements, in addition having a severe impact on families' structure in terms of age and sex. The social capital is dramatically damaged with the spread of murder, kidnapping, robbery and other negatives social manifestations as a result of the decline in the rule of law, the widespread use of weapons, and the deterioration of societal values including the spread of intolerance, hatred, and denial of the other. This situation has resulted in a large number of deaths and injuries while depriving, marginalizing and dispersing families. All the previous factors have encouraged hesitation about childbearing, in the light of the uncertainty about how to ensure the minimum decent life for any forthcoming children.

- Reproductive and sexual health

The Syrian status is consistent with the literature, which identifies how armed conflicts contribute to the increased risk of pregnancy and the deterioration of

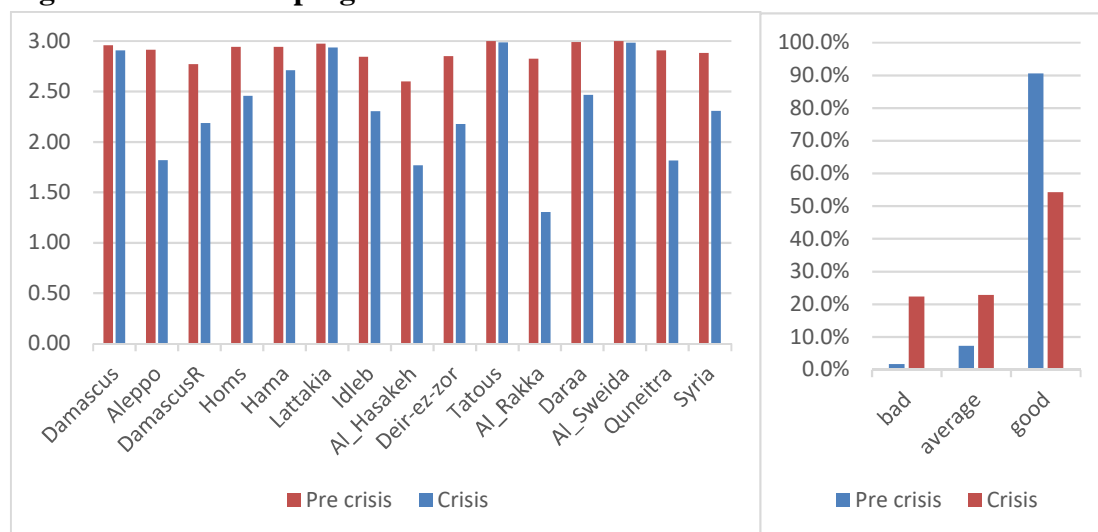
reproductive health in general. Such conditions have arisen as the effect of several factors, including those that are structural and those that are related to the deterioration of health care, lack of suitable facilities, increased gender-based violence, and the loss of human and food security. Moreover, the share of unwanted pregnancy has increased, accompanied by an increase in the probabilities of unsafe abortion and its complications (UNICEF, 2015). The loss of health cadres in Syria is one of the most important indicators that can be linked with maternal and child mortality indicators (Evans and others, 2015).

The population status survey includes the access of pregnant women to health care, an indicator that is classified as good if most or all pregnant women in the region have access to suitable health care and as bad for lack of such access for most or all pregnant women in the region studied.

The results show a huge decrease in pregnant women’s access to reproductive health care in Syria during the crisis (Figure 16). The share of women who received reproductive health care reached 54.3 per cent, while 22.8 per cent received partial but insufficient healthcare and 22.4 per cent suffered from a complete lack of care. The governorates of Damascus, Al-Sweida, Tartous, and Lattakia maintained reproductive health service close to its pre-crisis level, while the rest of the governorates, especially Northern and Northeastern governorates suffered setbacks. The disparity was huge between the governorates; deprivation of reproductive health care reached 69.7 per cent in Al-Rakka, 44.5 per cent in Aleppo, and 41.2 per cent in Al-Hasakeh.

Reproductive health services have retreated in most governorates, but the deterioration has been concentrated in the governorates that witnessed severe fighting or were besieged. The challenge to access to these services was due to the closure or destruction of health centers and public and private hospitals, in addition to the lack of medical specialized cadres, the difficulty of access and transportation, the absence of emergency services, the high cost of private clinics, and the pressure on the services in areas of displacement.

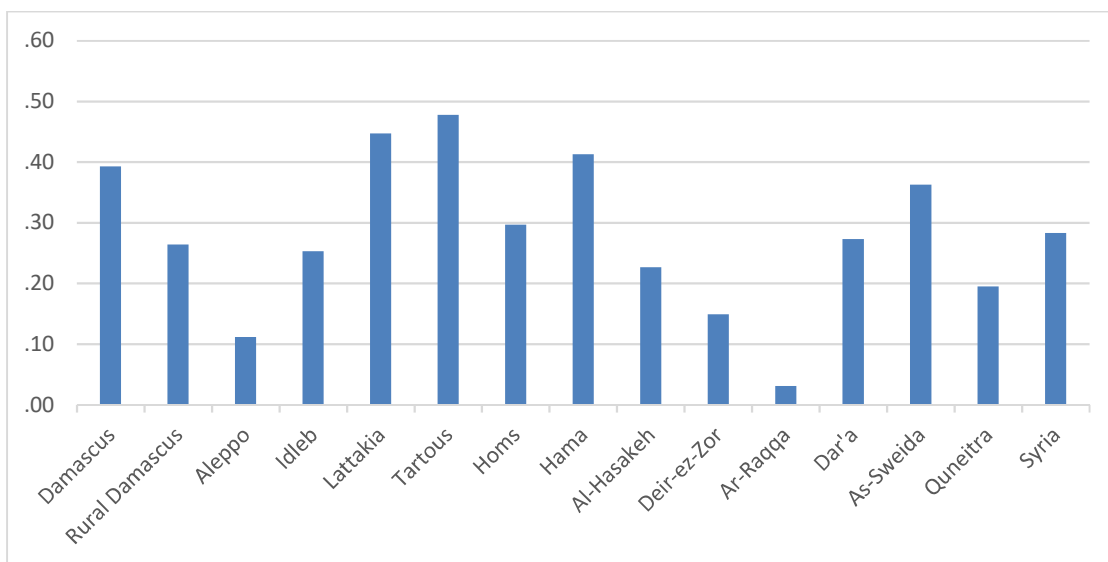
Figure 16: Access of pregnant women to health care



Source: Population Status Survey, 2014 and the SCPR’s calculations.

In terms of providing reproductive and sexual health services, including pregnant care services, natural obstetric care, and essential newborn care, the public health centers readiness index (WHO, 2016) shows a significant decline and a large disparity between the governorates. (Figure 17)

Figure 17: Reproductive and sexual health services readiness index of public health centers 2014



Source: World Health Organization and SCPR, 2016

It is worth mentioning that during the crisis the role of the civil society has greatly increased in the field of health services and reproductive health, where hundreds of associations and initiatives concerned with health and the humanitarian services have contributed to providing essential health services for people in many areas, especially those threatened by siege or killing. Civil organizations suffer from a lack of resources, poor coordination and governance, but at the same time they are privileged with resourceful initiatives and flexibility in their work.

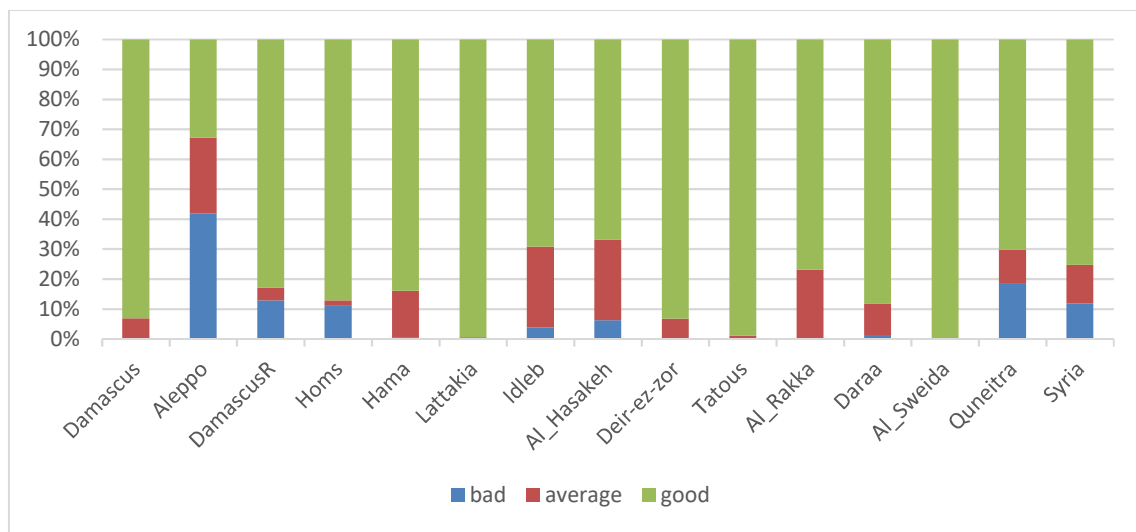
The role of international organizations, including the World Health Organization (WHO), the United Nations Population Fund, UNICEF, the International Committee of the Red Cross, Doctors Without Borders and others has expanded by providing medicines, supplies and some direct services, but the needs are so huge that these contributions cannot provide sufficient health and reproductive services.

- Child health

As for the health of children, the Population Status Survey, 2014 shows a large decline in the rates of vaccination coverage in the country, with significant discrepancies between regions. These rates declined from 98.9 per cent before the crisis to 75.2 per cent, and the rate of children deprived of vaccines reached 11.8 per cent, while the rate of children partially deprived was 13 per cent. The least affected during the crisis have been the governorates of Damascus, Al-Sweida, Tartous, and Lattakia, where immunization coverage against childhood diseases was sustained and almost

universal. The decline in the vaccination coverage rates was greatest in the governorate of Aleppo at 32.6 per cent, in Al-Hasakeh at 27 per cent, and in Quneitra at 18.7 per cent. Among the reasons mentioned for the deterioration in vaccination coverage are the inability to provide areas with the vaccines, especially in Aleppo on account of the ongoing military operations, the absence of security and the rule of law, in addition to the difficulty of maintaining the vaccines as a result of electrical power outages in many areas. The availability of vaccines fluctuated in other areas, increasing the difficulty of immunizing newborn children. Moreover, the large population displacement has been a constraint on vaccinating newborn children as well as completing children's vaccines courses (Figure 18).

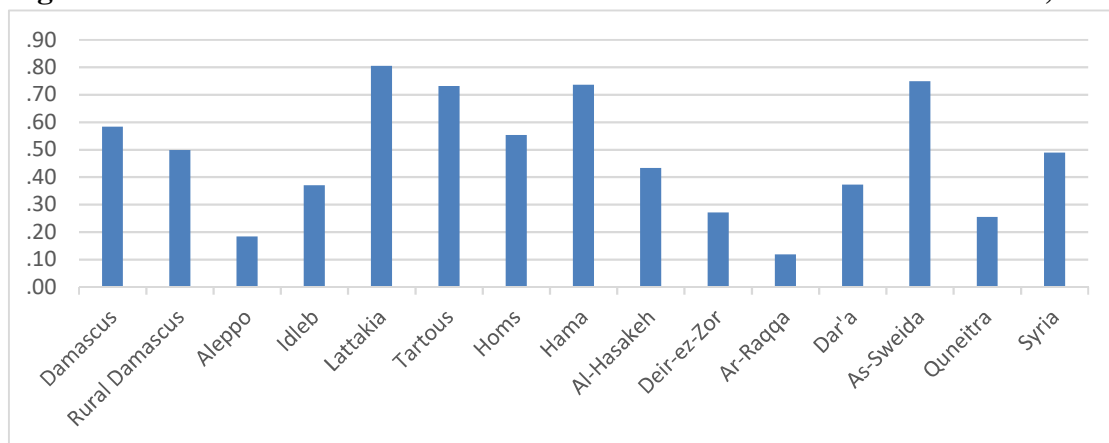
Figure 18: Availability of children’s vaccines in Syria by governorates during the crisis



Source: Population Status Survey, 2014 and SCPR’s calculations.

At the level of providing health services for children, the public health centers’ readiness index, which includes vaccination services, examination of malnutrition, and treatment of diarrhea, shows a large decline in the capacity to provide services, with a great disparity between the governorates. The lowest levels of readiness were recorded in Al-Rakka, Aleppo, Quneitra, Deir-ez-zor, Hama, and Idleb (Figure 19).

Figure 19: Children’s health services readiness index of health centers, 2014.



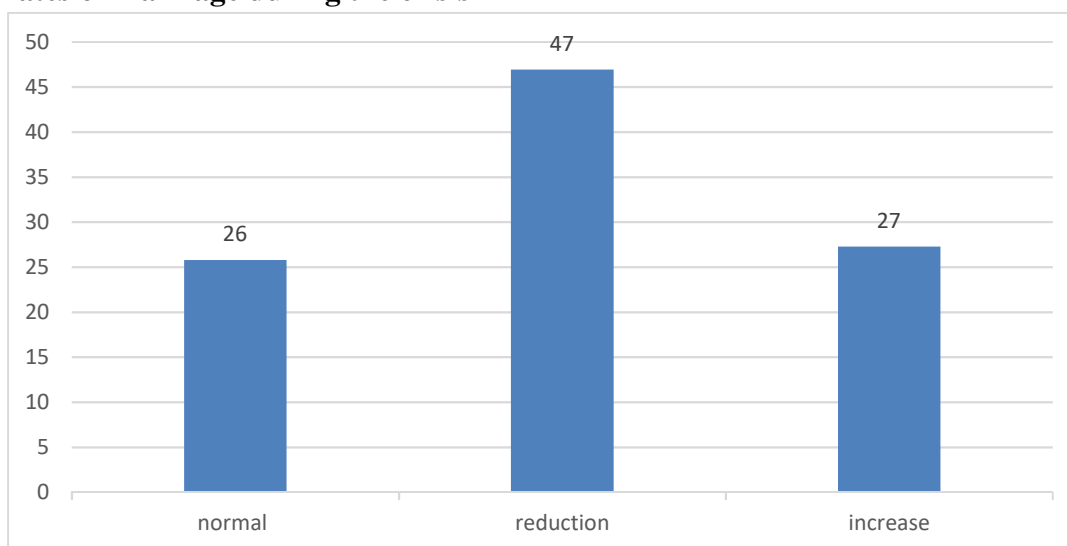
Source: World Health Organization and SCPR, 2016.

3) Change in marriage and divorce trends

The crisis has impacted the social relations in Syria, including trust, cooperation, volunteering, resolving problems and networking. This will be the subject of a separate report of the series of the human status in Syria. In the analytical context of the impact of the change on some social phenomena, including demographic variables of family formation and fertility patterns, this report presents the outcome of the trends of marriage and divorce during the crisis on the basis of the population status survey.

The results indicate that the marriage rate has declined among 47 per cent of the population during the crisis, while it has increased for 27 per cent and has not changed for the remaining 26 per cent (Figure 20). There are significant differences between regions in terms of establishing a family during the crisis, the decline of marriage rates being dominant in Quneitra, Tartous, Latakia, and Damascus. **Reasons for the decline in marriage rates include migration, the engagement of males in the armed conflict, the high cost of living, and the lack of stability.** The highest rates of increase in marriage rate were in Der-Ezzor, Homs, Hama, Al-Hasakeh, and Idleb. The reasons for this increase varied between the declining of marriage costs, including low dowry under the difficult circumstances of the crisis, and the spread of different types of marriages including clandestine marriage, young females' marriage, marriage "abroad", polygamy, traditional principles of protecting females through marriage, and a desire to minimize the dependency burden, particularly among IDPs and refugees.

Figure 20: The relative distribution of the population according to changes in the rates of marriage during the crisis

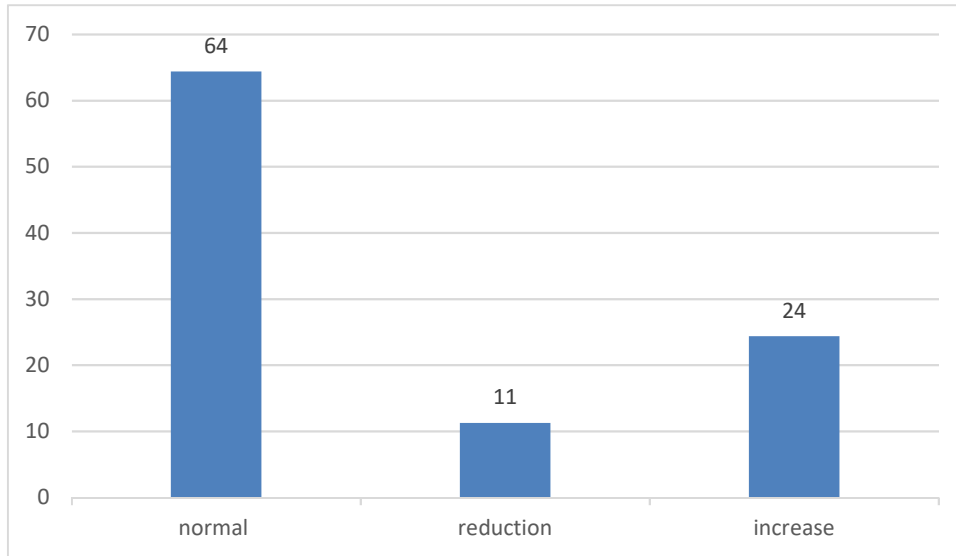


Source: Population Status Survey, 2014 and SCPR's calculations.

For about 64 per cent of the population the divorce rates during the crisis have not changed. This stability was explained, based on the survey results, as an attempt to maintain the cohesion of the family despite the difficult circumstances of the crisis. However, the divorce rates increased among 24 per cent of the population (Figure 21), and this increase is attributed to the circumstances of the crisis,

migration, the dispersal of families, the high living costs, increased social problems, psychological pressures and the phenomenon of polygamy. The highest rates of increase in the divorce rates were recorded in Homs, Damascus, and Hama.

Figure 21: Relative distribution of the population according to changes in the rates of divorce during the crisis.



Source: Population Status Survey, 2014 and SCPR's calculations.

The changes in the rates of marriage and divorce are reflected in a possible decline in fertility rates, where the trend toward lower marriage rates during the crisis is dominant in the majority of the population. The changes also show the size of the demographic and social distortions caused by the crisis.

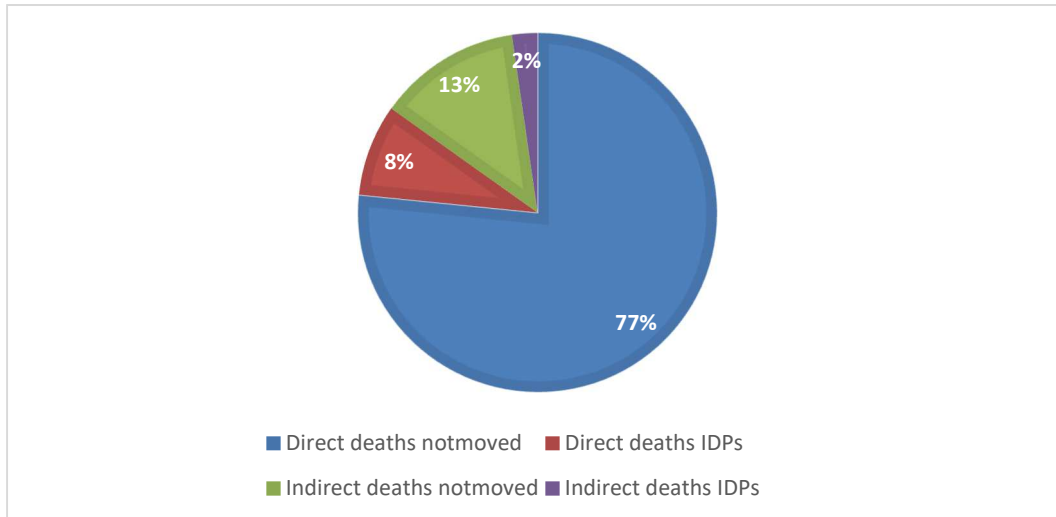
4) Crude mortality rate

The crisis has led to a dramatic rise in mortality rates, where the numbers of deaths have increased with the deepening of the crisis, the expansion of the fighting, and the continuation of the subjugating powers in squandering the Syrian human beings and their right to life. The aggravation in the loss of lives continues with the crisis. Results of the population status survey show the rise of the crude death rate from 4.4 per thousand in 2010 to 10.9 per thousand in 2014; thus, up to 2014 the crisis led to the loss of about 325 thousand people, or 1.4 per cent of the total population. **It is estimated that the loss has reached about 470,000 people in 2015, or about 1.9 per cent of the total population.** The number of mortalities is divided into deaths directly and indirectly due to the crisis. It should be noted that, in addition to the conflict-related deaths, the crude mortality rate includes the rate of natural deaths (the rates before the crisis).

Figure 22 shows that 85 per cent of deaths due to the crisis were direct (77 per cent of the direct deaths were among the not-moved population, while 8 per cent were among the IDPs), 15 per cent of the deaths were indirect (13 per cent of the indirect deaths

were among the not-moved population, while 2 per cent were among the IDPs). Death rates among IDPs were relatively low in comparison with those of the not-moved population because most of IDPs moved to safer regions to avoid killing or injury in their regions of origin. Numerous studies denote that indirect deaths largely increase after the end of the conflict, as the circumstances created by the crisis lead to a rise in morbidity, disability and death among people, especially females.

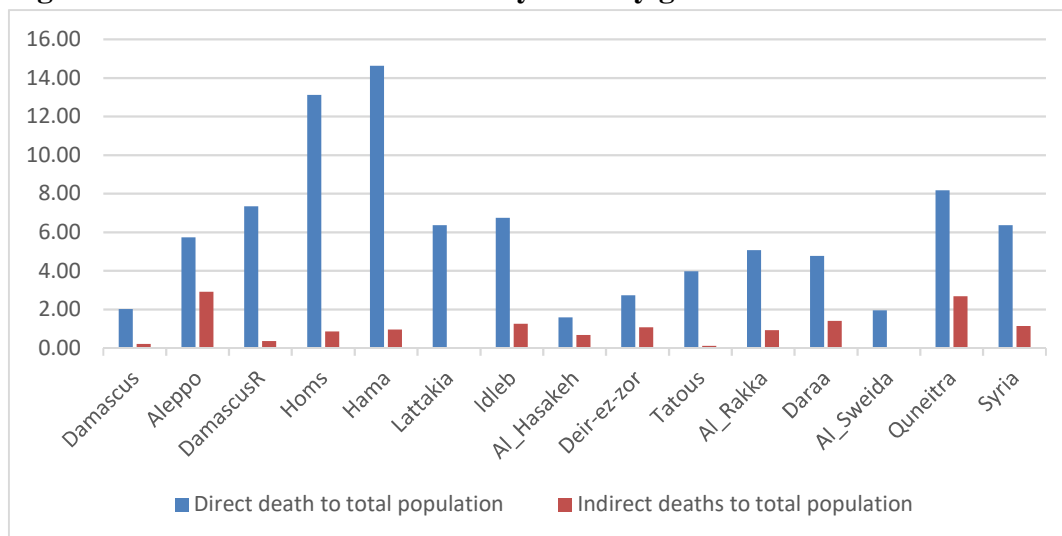
Figure 22: Relative distribution of direct and indirect deaths due to the crisis according to stability status



Source: Population Status Survey, 2014 and SCPR’s calculations.

Figure 23 shows the direct and indirect crisis-related mortalities distribution by governorates. The results indicate that the mortality rates increased largely in Hama, Homs, Quneitra, Rural Damascus, Aleppo, and Idleb; while it was relatively less in Damascus, Al-Hasakeh, and Al-Sweida. **A large share of the indirect deaths has concentrated in Aleppo, Quneitra, Hama, and Idleb, which is associated with the huge shortages in the necessary health services to preserve lives.**

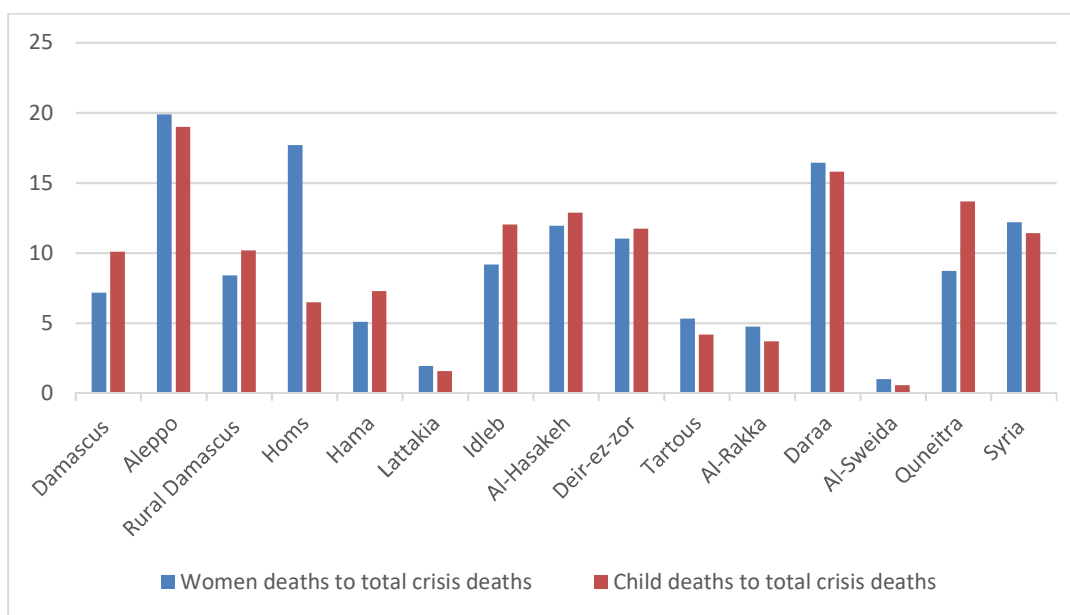
Figure 23: The crisis-related mortality rates by governorates



Source: Population Status Survey, 2014 and SCPR’s calculations.

Mortalities due to the crisis include also children who were victims of murder or other causes, raising the child mortality rate to about 11.4 per cent of the total conflict-related deaths. The highest mortality rates among children were in Aleppo, Hama, Al-Hasakeh, Idleb, and Deir-ez-zor; the lowest, in Al-Sweida and Lattakia (Figure 24). About 77 per cent of children were direct victims of the crisis and 23 per cent were indirect. In terms of stability status, 87 per cent of child mortality occurred among not-moved population and 13 per cent among the IDPs.

Figure 24: Share of women and children mortalities of the total deaths during the crisis by governorates



Source: Population Status Survey, 2014 and SCPR's calculations.

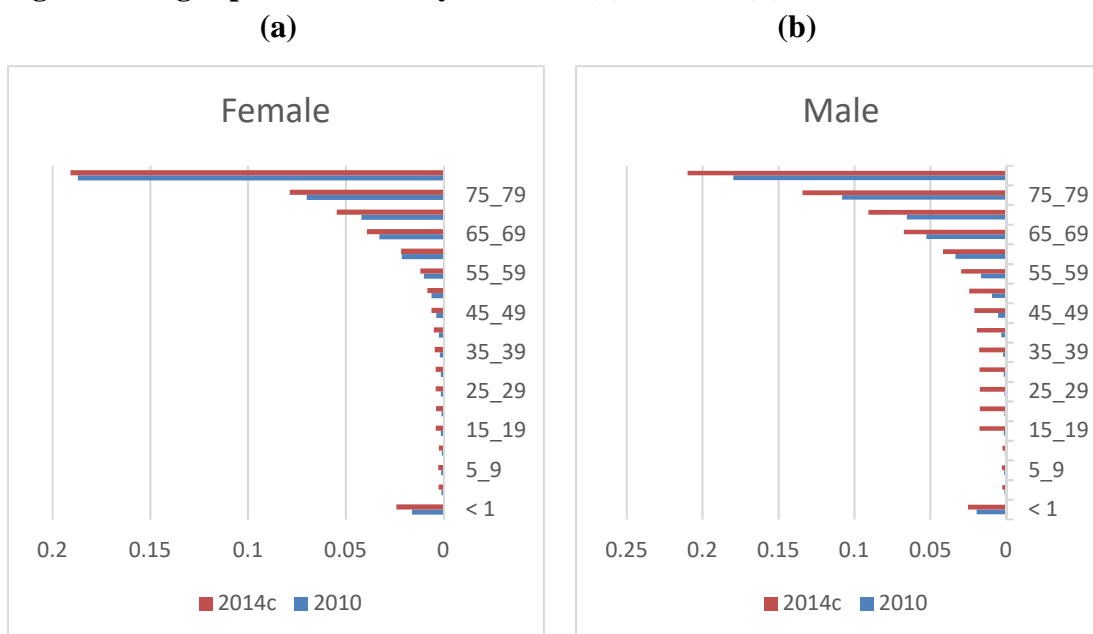
Women have suffered from the war, as women's mortality constituted 12 per cent of the total deaths due to the crisis. The highest mortality rates among women were registered in Aleppo, Homs, and Daraa; the lowest rates were in Al-Sweida and Lattakia (Figure 24). Women's mortalities include 75 per cent as direct victims of the crisis and 25 per cent as indirect. In terms of stability status, 88 per cent of women mortalities occurred among the not-moved population and 12 per cent among the IDPs.

The loss of life is a loss for humanity and irreparable, leading to devastating effects at the level of the family, the society, and the country. This loss affects the structure of the population in terms of age and gender, undermines social relations, increases deprivation, injustice and rejection of the other, and destroys the culture of tolerance. **The mortality due to the crisis is the worst effect, and, as much as fighting is aggravated, the future solutions to ensure the development and peace are more complicated.**

5) Life expectancy

The report constructed a life table for the year 2014, based on the Population Status Survey results and benefiting from the calculated numbers of population, mortality rates, and fertility rate. The males' life table reflects the large imbalance that resulted from the rise of deaths due to the crisis particularly among males, who formed 82.2 per cent of the total crisis-related deaths, including mainly youth and to a less extent elderly and children. This is a reflection of the engagement of young males directly in the fighting (Figure 25 b). The females' life table shows the increase in the mortality rates among the various age groups but at lowest rates compared to males (Figure 25a).

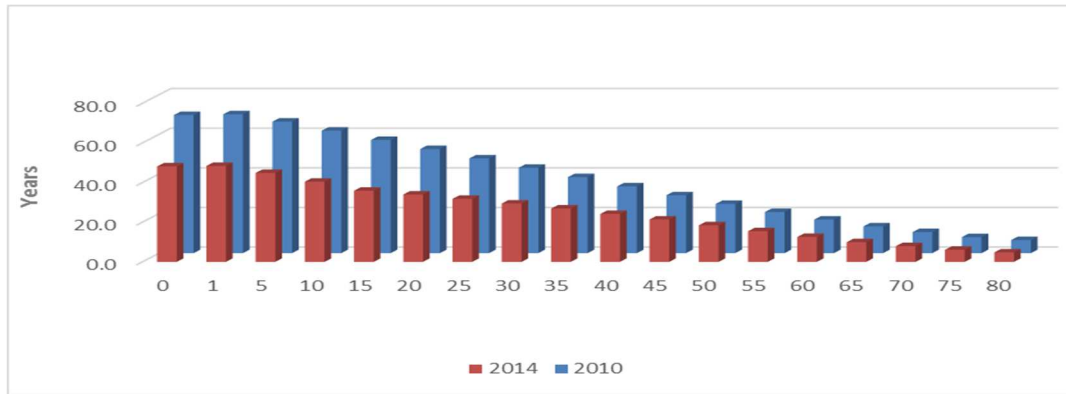
Figure 25: Age-specific mortality rates for (a) females (b) males in 2010 and 2014



Source: Population Status Survey, 2014 and SCPR's calculations.

The high mortality rates have led to a huge decline in the life expectancy for males in all age groups, especially for the youth, where life expectancy at birth decreased by 31 per cent from 69.7 in 2010 to 48.2 in 2014. The highest decrease percentage of life expectancy occurred among males aged 15-19 years followed by the age group 20-24 (Figure 26).

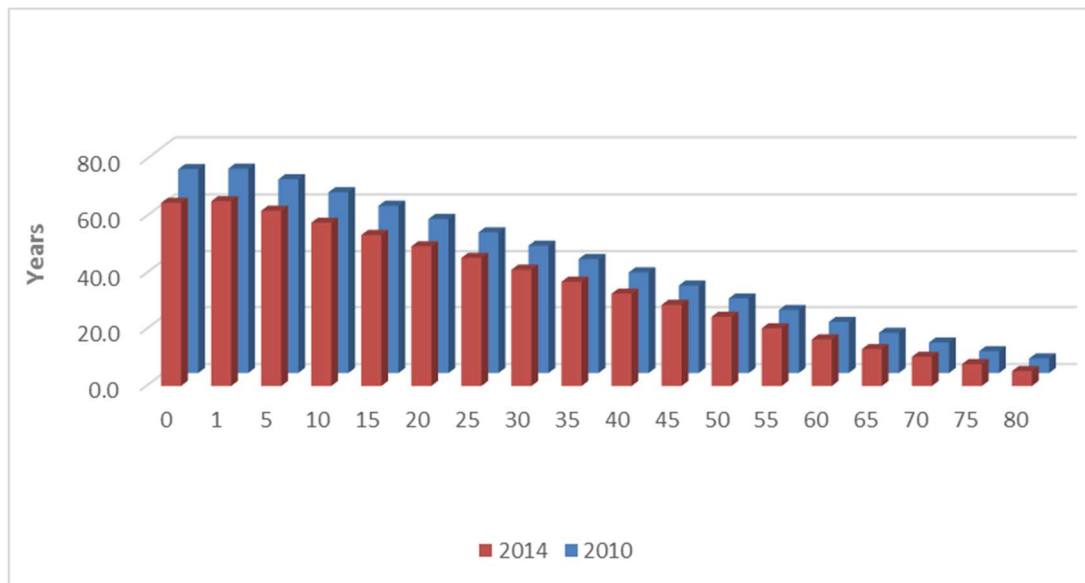
Figure 26: Life expectancy of males by age groups (2010 and 2014) according to the life tables



Source: Population Status Survey, 2014 and SCPR's calculations.

The decrease of life expectancy was less acute for females, as the life expectancy at birth declined by 10.1 per cent from 72 years in 2010 to 64.8 years in 2014, because of the relatively low rates of female deaths due to the crisis compared to those of males (Figure 27).

Figure 27: The life expectancy of females by age groups (2010 and 2014) according to the life tables



Source: Population Status Survey, 2014 and SCPR's calculations.

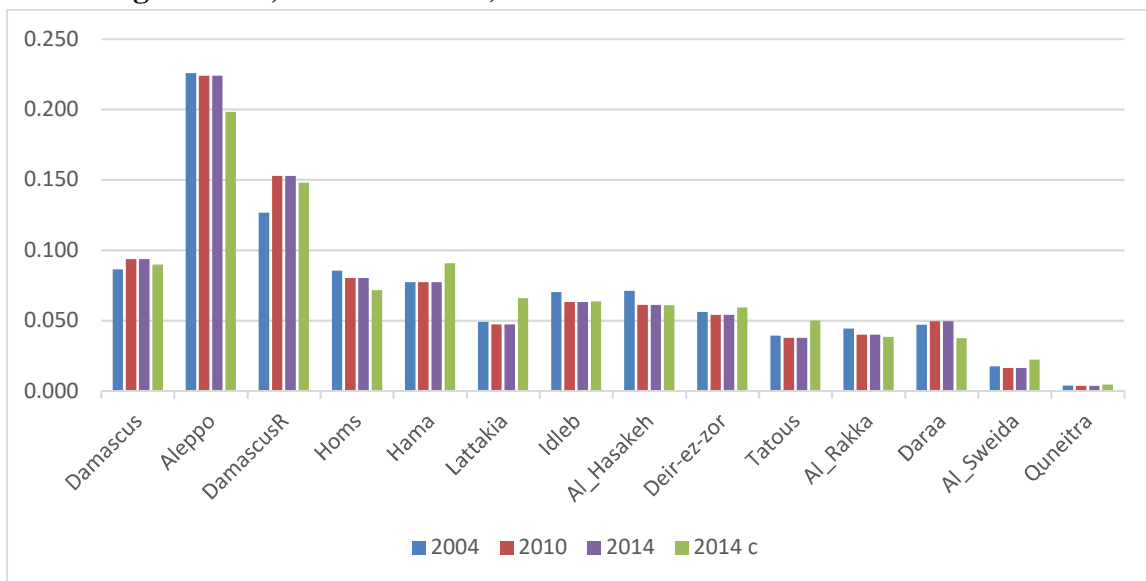
It is worth mentioning that the death risk increases with the wide spread of the missing individuals phenomenon, as kidnapping and forced disappearance are one of the tragic aspects of the crisis. Regions comprising 86 per cent of the population were exposed to kidnapping or loss of members, and the number of missing people ranged between very little and thousands according to the region. Reasons for this phenomenon are several, including ransom, the exchange of kidnapped people, and revenge coupled with torture, murder, and corpse mutilation.

The deterioration of the health system, living conditions, food availability and quality, education, and environmental conditions, in addition to the spread of abject poverty, the increase in marginalized groups, the large number of injured and handicapped, and psychological trauma are all reasons to expect that future deaths will increase even with the end of the war. Thus, evidence-based development and humanitarian interventions will be required to confront the implications of the conflict on population in the future.

6) Population distribution and density

The circumstances created by the armed conflict, in terms of mass destruction, lack of safety, and the deterioration of living conditions, have forced part of the population in Syria to leave their places of origin for other places inside or outside the country. This migration has led to sharp change in the population distribution inside Syria, with a concentration in areas that are the relatively most stable in terms of security and living conditions. The percentage distribution of population by governorates in 2014 according to the “continuing” and “crisis” scenarios indicates a decrease in the share of Aleppo, Rural Damascus, Damascus, Homs, Hama, and Al-Rakka, and an increase in the relative share of Lattakia, Hama, Deir-ez-zor, Tartous, and Al-Sweida, while the other governorates have maintained their relative share of the population (Figure 28).

Figure 28: Percentage distribution of population by governorates (2004, 2010, 2014 continuing scenario, and 2014 crisis)



Source: Population Status Survey, 2014 and SCPR’s calculations.

In terms of population density, Table (4) shows the change in apparent and real population density in comparison between the “continuing” and “crisis” scenarios in 2014. The decline in the population living in Syria during the crisis led to a general decrease in the population density at the national level of about 15 per cent compared to the continuing scenario. Nevertheless, the population distribution within the governorates, and therefore the population density, has changed substantially as a result

of the displacement of people seeking safety and better living standards. The population density increased in Lattakia, Tartous, and Al-Sweida, each of which witnessed a relatively stable situation compared to that in other governorates; however, it decreased by more than the average national decline in Daraa, Homs, Aleppo, Al-Rakka, Rural Damascus, and Damascus.

Table 4: Apparent and real population density (2004, 2010, 2014 continuing scenario, and 2014 crisis)

	Population density (person/km2)					
	2010	2010	Continuing scenario		Crisis	
			2014	2014	2014	2014
	Apparent	Real	Apparent	Real	Apparent	Real
Damascus	17286	17286	19443	19443	15782	15782
Aleppo	264	389	297	438	223	329
Rural Damascus	185	1622	208	1825	171	1499
Homs	43	396	48	445	36	336
Hama	165	328	186	369	185	368
Lattakia	448	805	504	906	594	1067
Idleb	226	341	254	384	216	327
Hassakeh	57	80	64	90	54	76
Deir-ez-zor	36	501	40	564	37	523
Tartous	432	567	486	637	545	714
Al-Rakka	44	101	50	113	41	92
Daraa	289	353	325	397	208	254
Al-Sweida	64	192	72	215	83	250
Quneitra	40	197	45	221	50	247
Syria	118	341	132	384	112	325

Source: Population Status Survey, 2014 and SCPR's calculations.

b) Population map in Syria ¹¹

The crisis has forced millions of Syrians to leave their homes and resettle in new places inside or outside the country, as a consequence of the lack of security, the intensification of the armed conflict, and the economic deterioration, specifically in the areas of conflict. The data show that from the total number of population estimated at 23,912 thousand inhabitants in 2014, the IDPs were about 5,249 thousand. About 2,134 thousand refugees left the country, in addition to about 1 million migrants. The displacement, asylum, and migration continued, as the report estimated the number of the population inside Syria by the end of 2015 at about 20,208 thousand persons including 6,361 thousand IDPs, in addition to the 4,275 thousand refugees and migrants.

The population movement occurred in all the regions and governorates in Syria with different size and trends (Appendix 4). This forced dispersion of the Syrian people during the crisis had social and economic consequences for IDPs and created economic, political, and social challenges for the host communities. This impact included the changes in the labor markets, production processes, consumption patterns, social relations, and formal and informal institutional structures.

This wide dispersion added to the suffering of the population, who were already facing serious challenges in meeting their basic needs. The suffering was deeper for those who had lost members of their families, properties, and jobs. Reflecting the magnitude of the tragedy, some people, driven by devastating despair, put their lives and all they owned in the hands of smugglers with the hope of reaching shores of "safety" in Europe. During the time when some were able to get to Europe, thousands drowned in the Mediterranean Sea or were subject to abuse and theft by smugglers, human traffickers and criminal gangs.

The factors that emerged as a result of the armed conflict and the crisis are still causing the demographic shift and changing the map of the population in Syria, as demonstrated in the re-distribution of the population inside and outside the country. For years Syrians have endured the suffering of forced dispersion while being abused by internal and external fighting forces that seek to achieve their interests in domination, continuing the conflict and spreading the culture of hatred against each other. At a time when several civil local and international organizations are working to assist IDPs and Syrian refugees, they have faced numerous difficulties including the shortage of funding, lack of effective coordination, the spread of polarization, the absence of accountability mechanisms, and vulnerability to the donors' interests. **The Syrian diaspora is rather a general humanitarian problem than only Syrian; the root and causes must be addressed nationally and internationally and must be solved by a strategy that respects human life, rights, and dignity.**

¹¹ This section provides the changes of the population map in Syria, while Appendix 6 illustrates the population changes and the IDPs characteristics in each governorate.

1) Population inside Syria

Most of the population within Syria suffers from difficult living conditions, which vary among regions. **The armed conflict, carried on by the subjugating powers, has led to nearly total destruction of some areas, forced displacement of millions of people, and deprivation of the remaining population of basic goods and services.** With the exception of Tartous and Al-Sweida, all governorates have completely or partially devastated areas, including the capital Damascus, where areas like Yarmouk, Tadamon, Essali, Kadam, and Jobar have been exposed to widespread destruction that has pushed most of the population to leave while those who remain are living under severe conditions.

In the areas that have not been exposed to direct destruction by armed conflict, the living conditions have worsened sharply because of the deterioration of main services including electricity, transportation and water, as well as because of the absence of job opportunities and the loss of sources of income. As they are relatively stable in terms of security, these regions have received large numbers of IDPs, whose presence creates additional pressure on the inhabitants of those areas, especially as they have received a significant number of IDPs in their homes for kinship or friendship. The IDPs form more than half of the population in regions such as Mashta Al Helou in Tartous, and some districts in the cities of Lattakia and Damascus and the cities of Al Tall, Qudsaya, Babila, and others in the Rural Damascus, and Dael, and Musafirra in Daraa, in addition to relatively safe areas in the city of Aleppo and separate regions of Idlib.

As of mid-2014, the proportion of IDPs who have left their places of origin due to the crisis was about 25 per cent of the total population inside Syria, estimated at 20,776 thousand people. The results show that **females accounted for 57 per cent of the total number of IDPs in Syria**, exceeding 70 per cent in some districts in Damascus city such as Tishreen, in Zakye, and Al Tall in Rural Damascus, Al-Salamiyeh center in Hama, Drekish in Tartous, Qurayya and Shahba in Al-Sweida, in addition to Ghabagheb and Hrak in Daraa. For the not-moved population, **females reached 51 per cent of the total population, while** the total percentage of females in Syria in 2010 was about 49 per cent. Thus, the crisis has led to a rise in the number of females, particularly among the IDPs. This increase can be explained by a number of factors, including males' involvement in the combat, the increasing number of males as direct victims of the crisis, males' migration, particularly that of young people in search of better living conditions or avoiding the involvement in the fighting, and the large number of male detainees and missing persons.

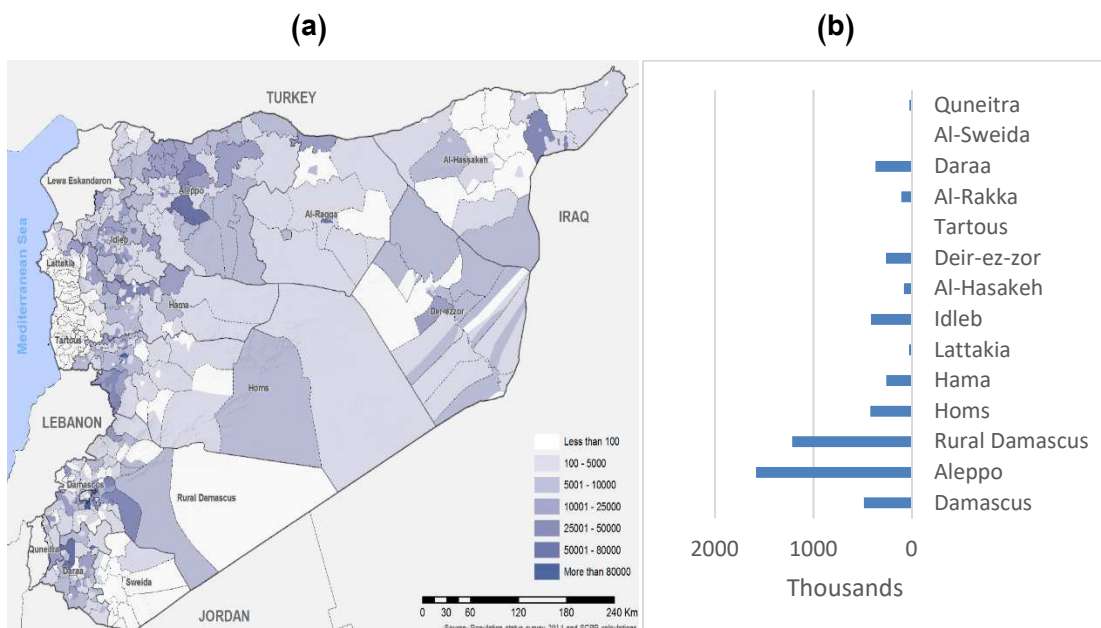
In terms of age structure, **the share of young people aged 15-39 years was reduced among the not-moved population and declined more sharply among the IDPs.** This shift has led to the relative increase in the share of other age groups, especially children under 15 years, who formed 46 per cent of the total number of IDPs, while the youth between 15 and 39 years formed about 35 per cent, compared with about 40 per cent before the crisis. The age categories 40-59 and 60 and above recorded 15 per cent and 4

per cent respectively. **These statistics reflect a structural distortion in the population in terms of age, as represented by a decrease of the youth and an increase in the dependency ratios.**

Results show that the percentage of those among the IDPs aged 15 years and above who have certificates above secondary education, is relatively low, estimated at 7.4 per cent compared to 10.2 per cent for the not-moved population. The share of those with no educational certificates is about 31.5 per cent of the total number of IDPs. Educational levels for the IDPs differ according to the governorate; the survey shows that the share of IDPs with certification above secondary education has reached 14 per cent of the total IDPs in Deir-ez-zor and 13 per cent in Damascus. This share decreases in other governorates to reach 2 per cent in Al-Rakka, 4 per cent in Al-Sweida, and 5 per cent in Lattakia. The educational structure of the population suffers from the deprivation of nearly half the children from attending school, which is a huge loss at different developmental levels and will be reflected more clearly in the future. The deprivation of education will deepen the distortions caused by displacement, asylum, and migration.

Displacement inside Syria has covered the various governorates with different size and intensity (Appendix 5). The results show that about 30 per cent of the total number of IDPs are from Aleppo, followed by Rural Damascus with 23 per cent, then Damascus with 9 per cent (Figure 29). This displacement can be explained by the intensification of armed conflict in a number of areas within these governorates, in addition to the absence of security and the rule of law, and the deterioration of the living conditions, as well as the concentration of about half of the population of Syria in these areas.

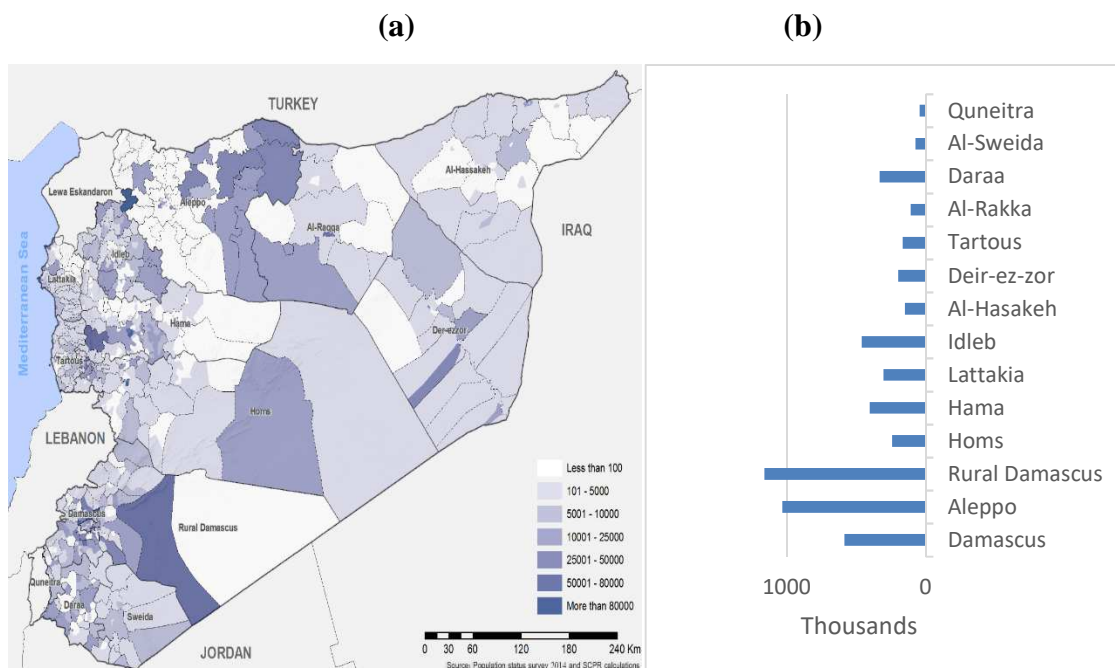
Figure (29): IDPs distribution map by regions of origins (a) and IDPs number from the governorates (b)



Source: Population Status Survey, 2014 and SCPR's calculations.

In terms of the destinations of IDPs, Rural Damascus was in first place, as about 22 per cent of the total number of IDPs headed to it, followed by the Aleppo governorate, with about 20 per cent, and then Damascus with 11 per cent (Figure 30). It is worth noting that about 65 per cent of the IDPs in Rural Damascus and Aleppo and 45 per cent of them in Damascus came from other regions in the same governorate. In general, about 62 per cent of the total number of the IDPs in Syria settled in other areas within their governorates. This pattern can be attributed to a number of factors, including that the movement to other areas within the governorate is much easier and relatively less dangerous than moving to outside the governorate. Moreover, the relations of kinship, friendship, and work are often stronger between residents from the same governorate, in addition to the desire of most of the IDPs not to move away from their areas of origin, in hopes of returning to it at the earliest possible opportunity.

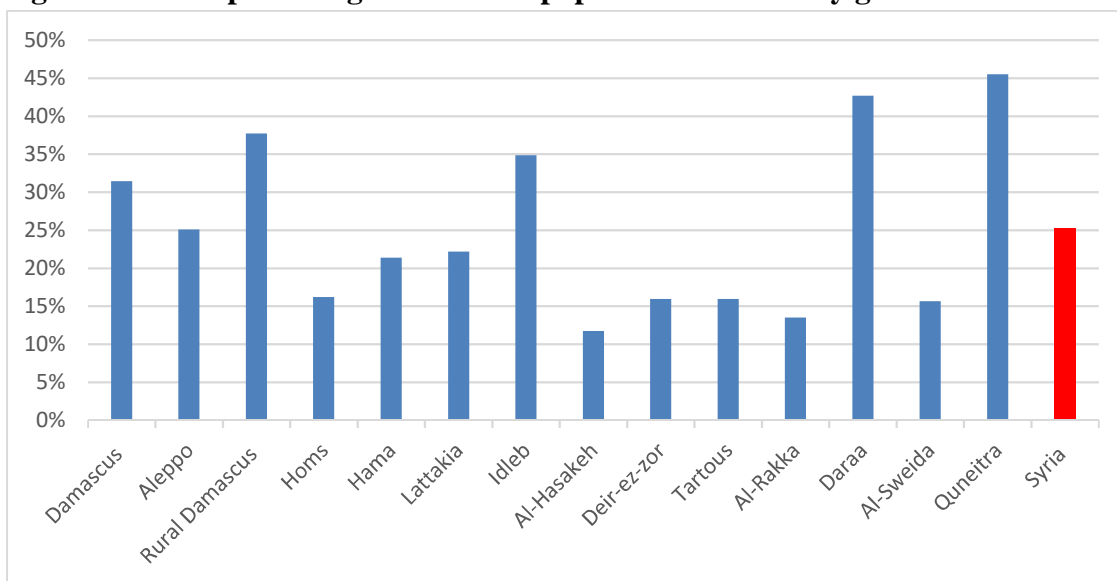
Figure (30): IDPs distribution map by regions of destination (a) and IDPs number to the governorates (b)



Source: Population Status Survey, 2014 and SCPR's calculations.

The IDPs' share of the total population within the governorate could indicate the relative burden of displacement, noting that this burden is also related to the availability of basic services including education, health, energy, and infrastructure, in addition to the ability to provide basic goods for all. It should be noted that in some areas the host communities could absorb the large influx of IDPs, and many of them provided direct support to the displaced families to alleviate the difficult living conditions. Figure 31 indicates that the IDPs' share of the total population of the governorate (residing and displaced) reached the highest in Quneitra at 45 per cent, followed by Daraa at 43 per cent, then Rural Damascus and Idleb at 38 per cent and 35 per cent respectively. The lowest value was registered in Al-Hasakeh at 12 per cent, followed by Al-Rakka at 14 per cent.

Figure 31: IDPs percentage of the total population number by governorates

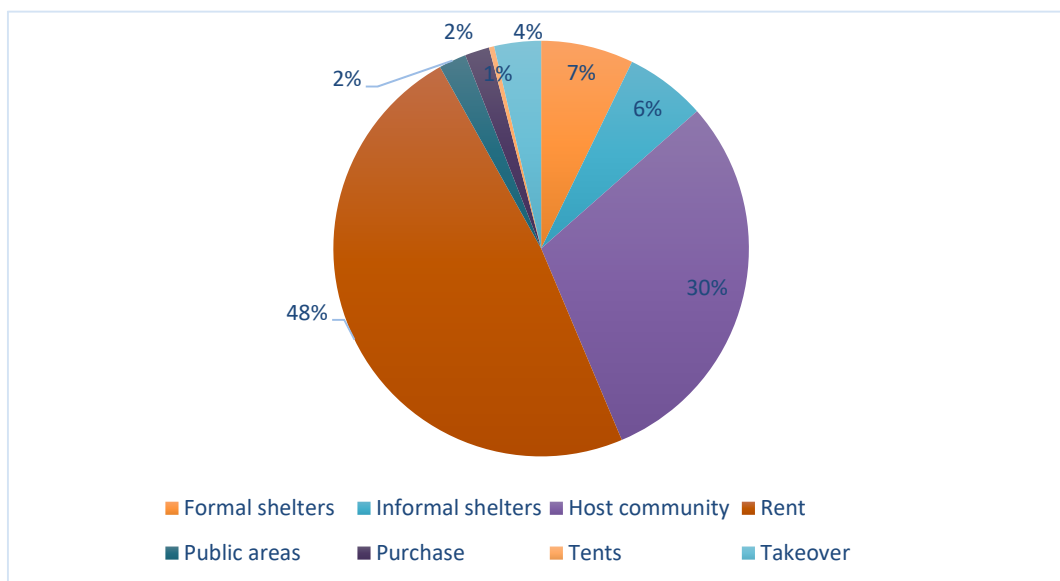


Source: Population Status Survey, 2014 and SCPR's calculations.

The data show that about 30 per cent of the total IDPs in Syria are hosted by individuals and families in local communities. This percentage highlights the positive role played by social relations and the sense of citizenship in alleviating the impact of internal displacement. Nevertheless, the protracted period of displacement had increased the financial burdens on the host communities, who are already suffering from the deteriorated economic situation. The larger percentage of IDPs, 48.2 per cent, have rented houses, incurring a financial burden added to the loss of their homes and sources of income, which prevents many individuals and families from renting as a sustainability solution. It should be noted that, to ensure the sustainability of residency, 1.9 per cent of the IDPs could buy homes in the areas where they moved.

Of the total number of the IDPs, 7.2 per cent are living in shelters registered and supervised by official authorities. This low percentage reflects the relatively weak government preparations for this number of IDPs, as well as its material incapacity to secure the basic requirements, and it shows the absence of confidence in authority as a result of the conflict, which is based on violence and subordination. Some 6.3 per cent of the IDPs headed to non-registered shelter centers, which were established mainly by efforts of the civil society, as non-governmental organizations mostly lack strategic planning, criteria for monitoring and evaluation, and resources, all of which concerns hinder the efficiency and sustainability of basic services needed by the IDPs. In a phenomenon prevalent in areas of fighting, 3.6 per cent of IDPs seized homes and residences and resided therein. Another 2.2 per cent of the IDPs is living in public places including parks and open areas (Figure 32).

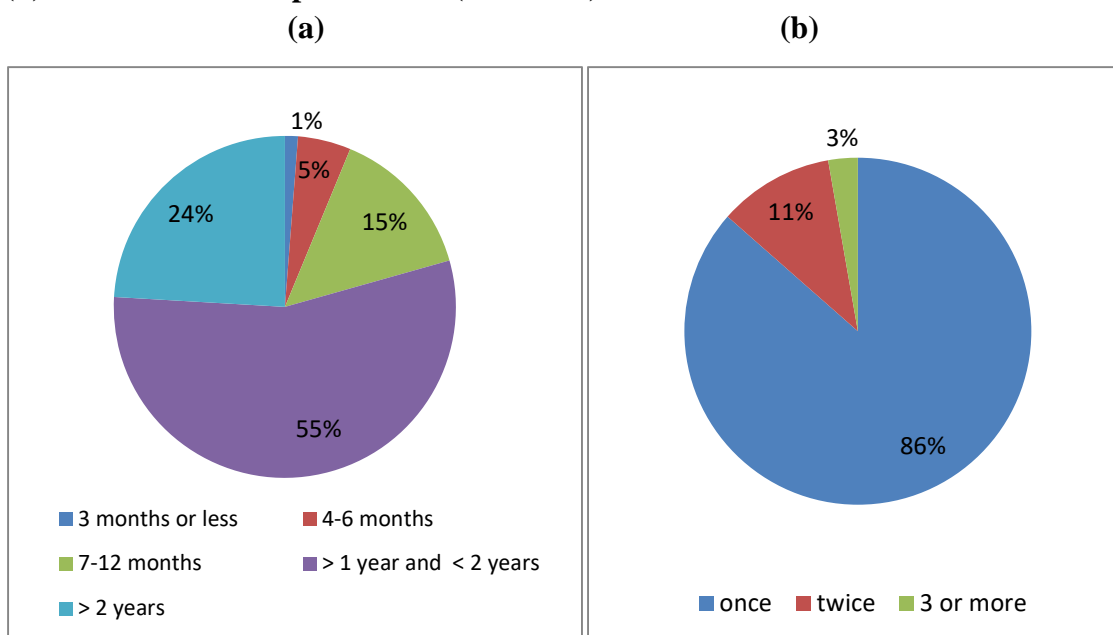
Figure 32: Relative distribution of IDPs by residence



Source: Population Status Survey, 2014 and SCPR's calculations.

The period of displacement plays a significant role in the restructuring of the population map of Syria, as the stability of the displaced society in an area for a long time carries with it economic habits, in terms of production and consumption, as well as social, and cultural habits, which can adapt or collide with the habits of the resident society. The results show that the period of displacement of about 80 per cent of the IDPs extended for more than a year and for 24 per cent exceeded two years, while only 1 per cent of IDPs did not exceed three months of displacement. With the continuation of the conflict beyond its fifth year, and in the protraction of the tragedy, the displacement will extend as people are prevented from returning to their homes, either because those homes have been destroyed or because they lack conditions for adequate living in the absence of transparent and fair institutions. In terms of the number of times of displacement, which increases with the expansion of the armed conflict and destruction that adds to the IDPs' burdens, the results show that the majority of IDPs (85 per cent) were displaced one time only, 11 per cent of them twice, and 3 per cent of them three times or more (Figure 33).

Figure 33: Relative distribution of the IDPs by (a) the period of displacement and (b) the number of displacements (mid 2014)



Source: Population Status Survey, 2014 and SCPR's calculations.

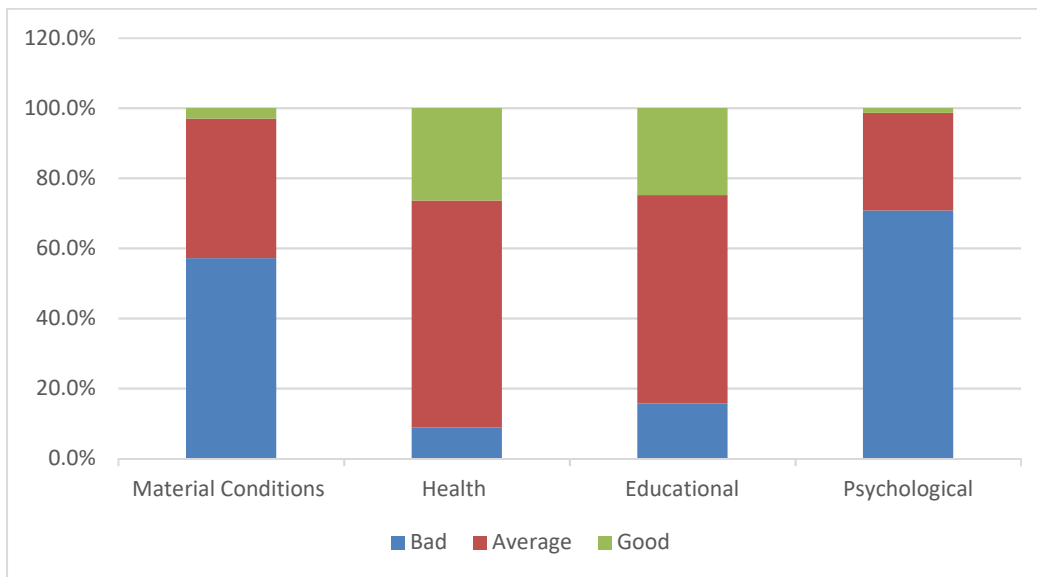
Most displaced people want to return to their original places of residence and to regain their homes and workplaces, as well as their previous social relations. Yet the long period of displacement with the continuation of the crisis, together with the dwindling hope of a fair solution that will ensure their return to their homes with dignity, may change the attitudes of IDPs towards returning and push them to reside in other places. **The results show that an estimated 62 per cent of IDPs are still willing to return to their original place of residence, while about 33 per cent are heading towards living in their current places of residence,** because of the large destruction in their places of origin, the sharp polarization and the continuation of violence in areas where they came from, in addition to the possibility that their current places of displacement provide them with a culturally, socially or economically pertinent environment.

The spread of violence and the exacerbation of armed conflict between the subjugating powers has led to a sharp deterioration of the living conditions for most of the population in Syria, especially for the IDPs who bear also the burden of finding suitable shelter and stability in places that differ from their areas of origin in customs, traditions, labor and social relations. This situation may aggravate the already tense physical and psychological status of the IDPs. The conditions of the crisis have not allowed for the expansion of health and education services in the relatively stable regions to accommodate the additional numbers of pupils and patients from the IDPs. On the contrary, the crisis has adversely affected the already existing infrastructure directly as a result of hostilities, or indirectly by the lack of supplies, cadres, and the decline in the quality of public service.

In this regard, the survey shows that the financial conditions of about 57 per cent of the IDPs are bad and that they are unable to meet their basic needs. Around 40 per cent can

provide their basic needs at the minimum level; the share of IDPs who can their needs sufficiently does not exceed 3 per cent. About 65 per cent of the IDPs receive the minimum of basic health services, while about 26 per cent receive sufficient health services, and 9 per cent cannot access or use appropriate health services. Children of about 59 per cent of the IDPs partly attend some form of basic education; most children among 25 per cent of the IDPs get basic education, and for the remaining 16 per cent most children do not attend schools. In terms of the psychological conditions, the results show that 70 per cent of the IDPs are largely suffering psychological frustration and ill-treatment, while fewer than 2 per cent have no psychological problems linked to the displacement (Figure 34).

Figure 34: The IDPs conditions in Syria (mid 2014)



Source: Population Status Survey, 2014 and SCPR’s calculations.

The status of the IDPs varies between regions/governorates and is often compatible with the general conditions prevailing in the region. For example, the results show that about 80 per cent of the IDPs’ children in Al-Rakka do not attend schools, because the ruling ISIS authority imposes restrictions on education both for the IDPs and for residents. Although the civil society organizations and the UN organizations play an important role in providing humanitarian assistance to the IDPs, it is much less than their actual needs.

2) Population outside Syria

The continuation of the crisis and its implications for the standard of living of the population have led many people to flee the country, seeking migration or asylum to achieve relative safety and search for minimum commodities and services that preserve their lives. Many Syrians have fled to escape from the abuse their dignity and to avoid wasting their future; they look for stability in an environment that protects their rights, safeguards their dignity, and provides a better future for their children. Nonetheless, escaping the country creates a forced detachment from customs, traditions, social

relations and culture, which in turn reflects negatively on their status and increases the difficulty of adapting to the new countries' laws, habits, and culture, especially countries that have an environment of disrespecting their needs and humanity.

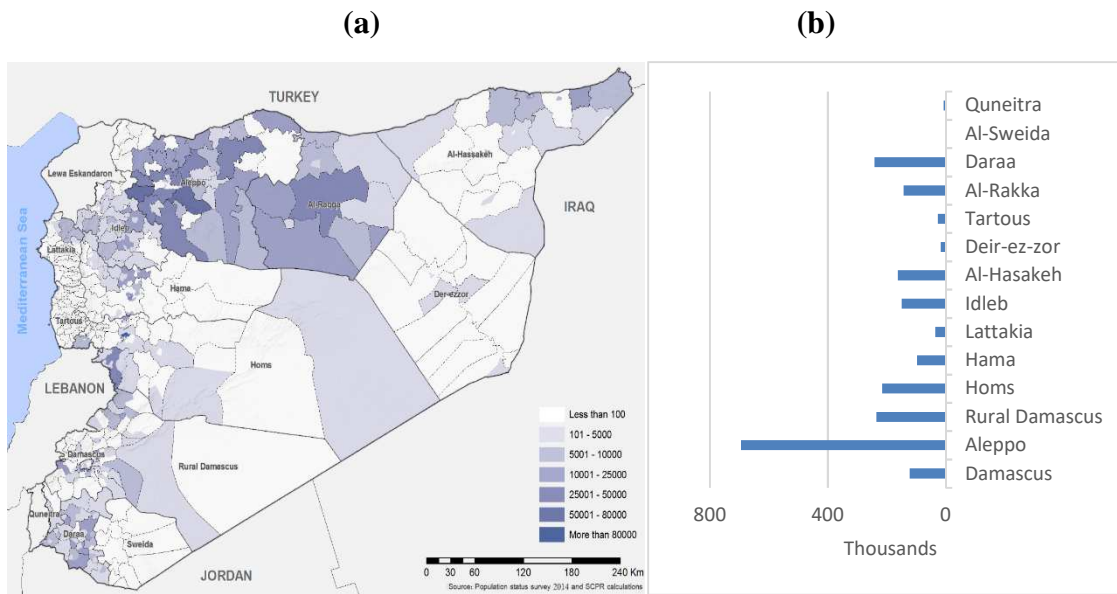
By mid-2014, the total number of those who left Syria due to the armed conflict reached 3,136 thousand refugees and migrants, or about 13 per cent of the total population. Of these, the number of refugees is 2,134 thousand¹² and the number of migrants is approximately 1 million. The report estimated the number of refugees and migrants due to the crisis at 4,275 thousand by the end of 2015. These Syrians are considered the largest refugee society in the world, as a result of the protracted crisis coupled with the absence of hopes for a just solution that might ensure their safe and dignified return. The factors that have forced the population to seek asylum differ according to their regions of origin; some areas were exposed to huge destruction that impedes the continuity of living, while other areas, which are relatively stable in terms of security, suffer from shortage of public services and commodities, jeopardy of arrest and prosecution, and the probability of a collapse of security.

Some people from the relatively stable areas, including the central districts of the capital Damascus, have chosen asylum, particularly in the European states and Canada, as a result of the absence of safety, the lack of economic opportunities, the exhaustion of their sources of income, poor services at home, and a dwindling hope for a solution to the crisis.

The Figure (35) shows that as of 2014 the largest number of refugees fled from Aleppo governorate, amounting to about 32.5 per cent of the total number of refugees. These refugees came especially from the hot areas, which witnessed military operations including As Sfeira, Al Atareb, and Hreitan. The second highest number of refugees came from Daraa, 11 per cent of the total number of refugees. The areas Jasim, Da'el, Izra'a, and Khirbat Ghazala exported waves of relatively large asylum seekers as a result of fierce combat operations and lack of stability. Similarly, many residents from Draraya, Qatana, Yabroud, and Duma, in addition to other areas in Rural Damascus, were forced to seek asylum to escape the fighting, the spread of violence, the deterioration of living conditions and the threat of being killed. The share of refugees from Rural Damascus reached about 10.5 per cent of the total number. The number of refugees from certain governorates was relatively lower, since some of these governorates, including Lattakia, Tartous and Al-Sweida, are relatively stable.

¹² Based on different methodologies, the survey results differ in terms of refugees figures from those given by the High Commissioner for Refugees (UNHCR).

Figure (35): Map of refugees' distribution according to their original regions (a), and number of refugees by the governorates that they left from (b) up to 2014



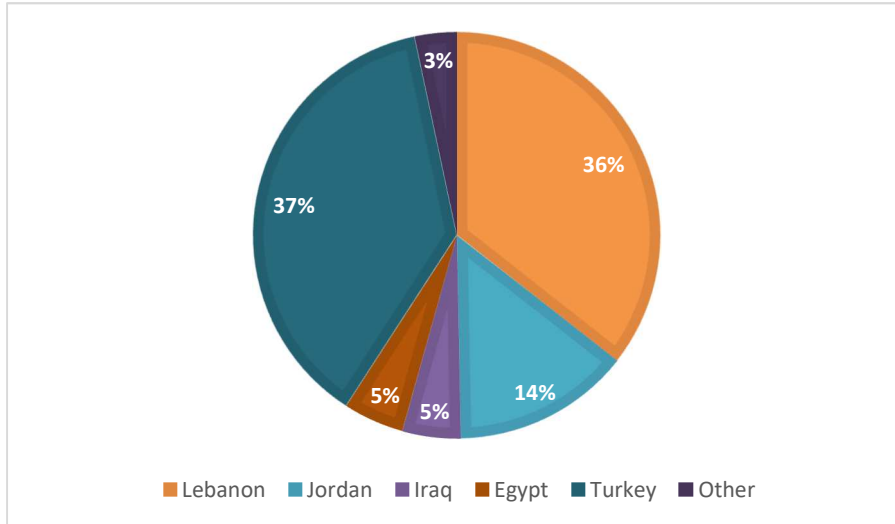
Source: Population Status Survey, 2014 and SCPR's calculations.

Political and geographical factors determined the Syrian refugees' destinations. The largest share of Syrian refugees, accounting for 37.5 per cent of the total number, seek asylum in Turkey. This is because Turkey has facilitated the crossing of refugees into its territory as the result of a political decision, and because it is geographically close to the hot areas in the governorates of Aleppo and Idleb. Around 10 per cent of the Syrian refugees in Turkey live in camps while the rest of them in the cities and villages. They suffer from difficult conditions in terms of access to basic services and commodities, in addition to the costs of accommodation while most families' savings are exhausted. These difficult circumstances have subjected a large number of refugees to exploitation in the unregulated and illegal labor market, and large numbers of these refugees have therefore risked their lives to get asylum in one of the European countries.

Lebanon has received about 35 per cent of the total Syrian refugees, because of its geographical proximity to the hot spots in Rural Damascus and Homs and because there were no restrictions on the movement to Lebanon at the beginning of the crisis. However, the percentage is likely to drop with the continuation of the conflict, and the Lebanese government, already facing its own economic and social problems, has imposed conditions to ban the inflow of Syrian refugees to its territory. The Syrian refugees in Lebanon already face obstacles in gaining access to health and education services, not to mention that most of their savings are depleted by the higher cost of living, aggravating their already bad living conditions. Jordan is third among the countries receiving Syrian refugees, taking in about 14 per cent; living conditions for the refugees in Jordan are no different from those in Lebanon or Turkey. In Egypt and Iraq the number of refugees reached 4.8 per cent and 4.6 per cent of the total number, while the remaining refugees are distributed among several countries. In the years 2015 and 2016, large numbers of Syrian refugees started to leave Syria or the neighboring

countries and migrate to Europe (SCPR, 2016). Germany received about 1.2 per cent of the refugees; Sweden, about 0.5 per cent (Figure 36).

Figure 36: Syrian refugees' percentage distribution according to asylum country 2014



Source: Population Status Survey, 2014 and SCPR's calculations.

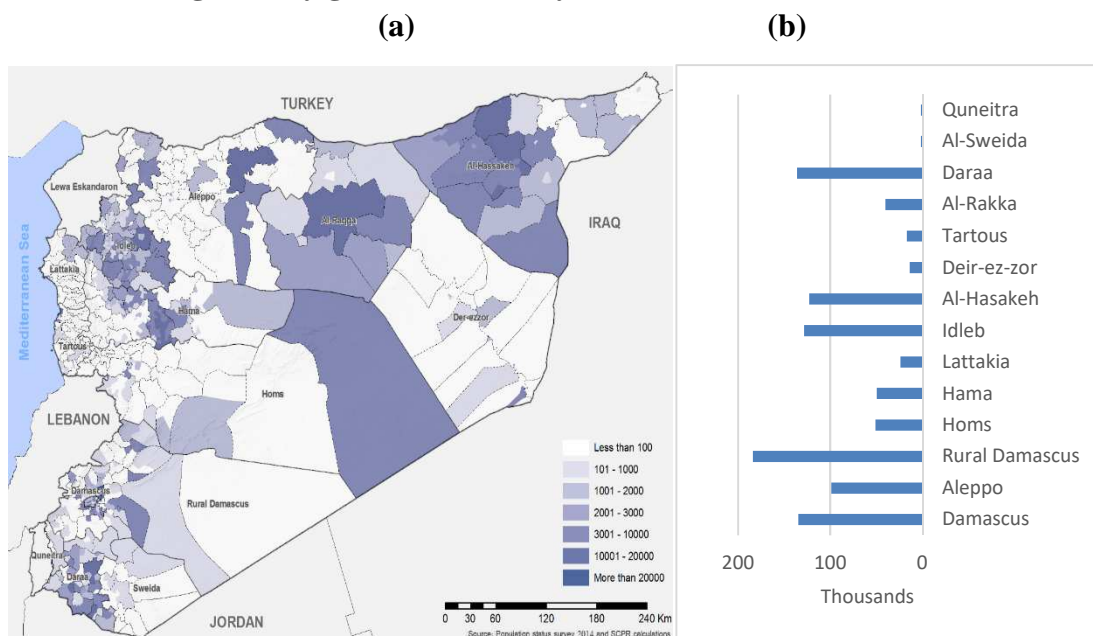
Generally, the Syrian refugees' disaster was dealt with from a political standpoint, not as a profound humanitarian problem. The refugee issue requires an effective relief strategy to meet their immediate humanitarian needs, in parallel with a strategy to solve the Syrian crisis in a fair way, safeguarding refugees' rights, their dignity and their ability to contribute to the reconstruction of their country. The Syrian refugee issue has highlighted the global system's inefficiency and its inability to solve regional and international conflicts. It also reveals contradictions between the Universal Declaration of Human Rights, which was adopted internationally, versus the practices on the ground.

The crisis conditions and the armed conflict have forced a number of refugees to support themselves and their families with their savings, as they are capable, and to **migrate outside the country without asylum appeal** from the states where they settle. Thus, it could be concluded that most Syrian migrants are well off and/or have the potential and scientific and practical expertise to work abroad, in addition to the individuals who have relatives or friends with whom they can reside in the countries of migration. Especially in the first years of the crisis, when entry from Syria was relatively easy and simple, Lebanon and Turkey received large numbers of Syrians who preferred to search for work even at the minimum wage rather than appeal for asylum.

The Population Status Survey partially compensates for the shortage of figures and the methodological estimates on the number of migrants from Syria as a result of the crisis. Based on this survey, the estimated number of migrants up to 2014 reached about one million. The largest number of them fled from the governorate of Rural Damascus,

accounting for about 18 per cent of the total number of migrants, and headed mainly to Lebanon, Egypt and Saudi Arabia. Daraa was the second governorate in terms of the number of migrants, with 14 per cent of the total number, who fled mainly to Jordan, Lebanon and the Gulf countries. In contrast to asylum-seeking, some governorates and areas that are relatively stable have witnessed widespread migratory movement. The share of migrants from Damascus versus the total number of migrants reached about 13 per cent, a large part of them fleeing from safe areas and relatively stable areas in Damascus, including Abu Romanna, Qassa'a, Adawi, and Rawda. This movement can be explained by the deterioration of the socioeconomic situation and loss of livelihood and security in Syria, which forced people with competency and capital to migrate out of the country (Figure 37).

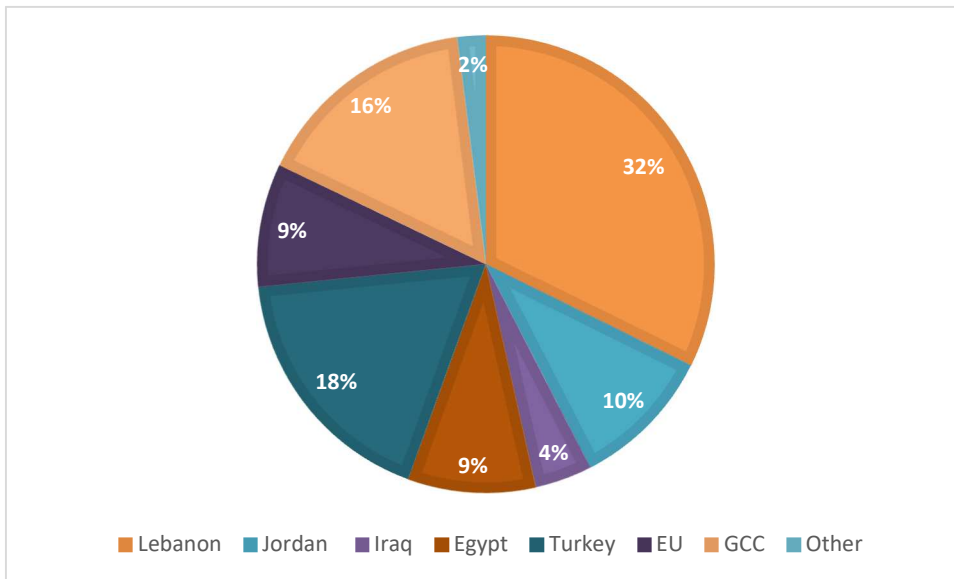
Figure (37): Migrants distribution map according to their original regions (a), the number of migrants by governorates they fled from (b)



Source: Population Status Survey, 2014 and SCPR's calculations.

At the national level, the results show that 32.3 per cent of the total migrants headed for Lebanon, followed by 17.9 per cent migrating to Turkey. The Gulf countries rank third, with 15.9 per cent of migrants, followed by Jordan, Egypt and Iraq at 10.1 per cent, 9 per cent, and 4.1 per cent respectively. These numbers show the preference for Syrians to migrate to other Arab countries, thereby reasonably facilitating their social, economic, and cultural integration, while being less affected by restrictions on immigration, which changed after 2014. However, 8.7 per cent of the total migrants from Syria headed to the European countries, such as Germany, France, Sweden and Denmark. The rest headed to several other countries including the United States, Russia, and Brazil (Figure 38).

Figure 38: Percentage of Syrian migrants' distribution by destination until the year 2014



Source: Population Status Survey, 2014 and SCPR's calculations.

The protracted crisis and armed conflict are extending the period of migration for those who left Syria during the crisis and are thus strengthening migrants' relationship with the countries of destination through the integration into their economic and social life. However, this trend is expected to weaken the migrants' ties with Syria and to increase the difficulty of their return to their native country. A large number of migrants possess scientific and practical expertise, and thus Syria has lost, in addition to what was destroyed by the conflict, an important part of its human capital, which will entail long years of effort to compensate.

V. Toward Participatory Population Policies

Syria is subject to one of the largest humanitarian crisis disasters in modern times. Its roots are political oppression, subordination, exclusion, and suppression, in addition to a widening gap between the formal institutions and the society's needs and aspirations, as these institutions have become neo-patrimonial institutions based on loyalties and royalties. The social movement in Syria has erupted to substantially change the structure of these institutions, intending thereby to ensure rights and public freedoms. The subjugating powers, including political oppression, fundamentalism, and fanaticism supported by external powers, have diffused the movement and led to nihilist armed conflict that has killed injured or disabled hundreds of thousands of people. At the same time, many people have been subject to kidnapping, detention and torture, which have pushed millions to leave their places of origin and flee to other places inside and outside Syria. This migration has resulted in radical changes in demographic indicators in Syria and dramatic shifts in the population map. Therefore, it is crucially important to build population policies in the short term, taking into account the immediate population needs while developing strategies for sustainable inclusive development.

During the first decade of the millennium, attention to population status increased in Syria through several procedures and pieces of legislation that focused on the reduction of fertility rates using family planning programs. Thus, the government aimed to control the relatively high population growth that was seen as an obstacle to economic growth and sustainable development. This approach accompanied an absence of deep institutional reform, poor coordination between the concerned parties working on the demographic status, and a lack of effective monitoring and evaluation systems. Consequently, there was little efficiency and much confusion in the application of population-related policies, decisions, and actions. In this context, the demographic pre-crisis indicators show relative deterioration in deaths and fertility. Formal institutions were obstacles to the development, creating major distortions in terms of efficiency, transparency and accountability. These institutions failed to integrate the population issue within an inclusive development framework, neglecting the population issue in public policy and instead, in many cases, dealing with it from the purely demographic perspective, adopting approaches close to the neo-malthusian perspective.

During the crisis, the developmental and institutional deterioration has deepened significantly and unprecedentedly, and all resources and potential have been reallocated to serve violence and subjugating powers. Population policies have thus been largely neglected focused mostly on food and medical aid distribution, raising awareness and training courses without any evaluation of the courses' relevance to, or impact on, society. A more dangerous concern is that the provision of medical services, food assistance, and aid has been exploited as a tool in the conflict in favor of the warring parties. Overcoming the impacts of the crisis requires genuine and effective participation of all social powers, informed by future vision and using all available capacities; a lack of participatory involvement will impede the success and the sustainability of any future project.

In this context, and given the results from the research process in finalizing this report, priorities for population policies have been suggested in a framework of halting the conflict and overcoming its impacts. These priorities were compared with suggestions related to population policies before the crisis (Table 5). In this context, huge changes in population policies could be noted, as the suggested priorities changed from institutional transformation towards better investment in people’s capacities and a reduction in the fertility rate through a participatory development paradigm; also toward priorities of stopping the killing, guaranteeing the right to life, decomposing the economics of violence, and facing the challenges of forced internal and external migrations to regain people and reestablish society. The main issue during the crisis is to build population policies within effective and participatory institutions that take into account developmental and humanitarian dimensions in preparing, implementing, and monitoring phases of any policy. Moreover, changes of the actors’ roles should be taken into account in building new institutions and contributing to future population policies. These actors include the state, emerged local powers, civil society, private sector, and the international community.

Table 5: Change between the suggested priorities of population policies before and during the crisis

The suggested priorities of population policies before the crisis		The suggested priorities of population policies during the crisis	
Inclusive institutions	transforming towards participation and accountability	Inclusive institutions	Ceasing the killing
	Developing a participatory population policy within a development strategy		decomposing the structure of fanaticism and political/military oppression
Decomposing the economics of violence			
Participatory role for all based on rights and justice to overcome the crisis			
Building peace foundations and entitling people and society			
Analysing the roots of the crisis and using evidence to build policies			
Building capacities and providing fair opportunities	Investing in the qualitative characteristics of people such as education, health, job opportunities, and social protection	Building capacities and providing fair opportunities	Participatory mechanisms to compensate material and immaterial damages to the victims of the conflict
			Ensuring human security for all
			Building the foundations for social justice and human protection
			Ensuring the social cohesion
			Accessing medicines and health service for all
			Supporting education and compensating children who lost years of schooling

			Food security
			Participatory inclusive development
Fertility and reproductive health	Considering high fertility rate as structural development challenge	Mortality and morbidity	Ceasing the armed conflict that is the first reasons for deaths
			Treating injuries, disabilities, and psychological trauma resulted from torture, fear, and displacement
	Accessing health services for all including reproductive and sexual health		Fighting diseases emerged during the crisis
	Treating malnutrition cases		
Mortality and morbidity	Chronic diseases	Migration	IDPs return to their areas, ensuring their material and immaterial entitlement, families reunification, and revealing truths
	Child malnutrition		IDPs and refugees return by providing the appropriate institutional, economic, and social environment
Migration	Integrating Syrians in the development process and alleviating external migration	Fertility and reproductive health	Developing participatory structure that ensures for all to participate in improving cohesion
			Fighting the exploitation that women suffered
	Balanced development between rural and urban areas and between governorates (internal migration from rural areas to the suburbs)		Fighting the exploitation that families suffered
			Ensuring reproductive and sexual health services

The report proposes two main ways to approach the population question. The first is short-term, based on facing the current challenges directly to alleviate the negative impact of the crisis and pushing toward its termination. The second is long-term, to build a vision of development paradigm based on the rights that maintain human dignity and guarantee the empowerment and involvement of all effectively within the process of the human-centered inclusive development. These approaches would form the basis for future participatory effort on detailed and integrated population policies with development policies at the national level.

Demographic Approach

In the short term

- Replace the traditional concept of population policies to correspond to the circumstances of the armed conflict, where humanitarian and developmental operations need wide-scale participation and a central role for the civil society with all actors. This approach also needs flexibility in implementing programs with Syrians at home and abroad, according to circumstances in the areas involved.
- Change the priority of population policies toward preserving the lives of individual

women and men, children and the elderly, and toward preparing programs to reduce direct and indirect mortality rates in coordination with various sectors. This approach includes pressure and advocacy to end the fighting and to shedding shed light on violations and crimes. It also includes the reduction of the factors that increase the risk of death, such as lack of health services and food.

- Provide positive incentives for youth to get away from fighting and the economics of violence. This goal could be pursued by contributing to assisting local communities in restoring the minimum standards of life and providing productive projects.
- Restore health systems to provide services for all, especially the victims of the conflict, and focus on the wounded and disabled health programs, maternal health, reproductive and sexual health, children, vaccines, nutrition, psychosocial health, and environmental health.
- Secure suitable temporary housing and provide key services in a participatory way to ensure the contribution of the society members. This action would contribute to the reunification of families.
- Absorb new roles of civil society, families, informal and formal institutions, and international organizations in the design and implementation of programs that contribute to the strengthening of civil peace and integration into the community, especially between IDPs and hosting communities. Moreover, stimulate social interaction among individuals and groups to deal more effectively with the circumstances of the crisis.
- Compensate children, males and females, who have lost years of schooling with appropriate education; improve educational mechanisms to alleviate the negative effects of the conflict on children and adolescents; and develop programs to teach different skills that will attract children again to the learning process. This endeavor requires widespread volunteer campaigns to correct the shortage in educational cadres.
- Establish programs to face violations against the marginalized groups, including the exploitation of women, children and the elderly.
- Face displacement and migration as one of the main objects of the population policy, and provide an appropriate and safe environment for work, networking, and economic participation to reduce incentives for displacement and migration. Develop mechanisms to communicate with the asylum and migration societies to identify obstacles and work in a participatory manner to overcome them.
- Build partnerships to provide channels of communication between individuals and groups, redeeming respect for societal and family positive values.

On the strategic level

- Develop a population policy in an independent and scientific manner with wide

social participation, away from polarization and discrimination. This policy should be at the core of the strategy to dealing with the crisis, and it should be based on rights, participation, and accountability. It will work to address the distortion in the distribution, structure, and characteristics of the population.

- Balance the redistribution of economic and social resources, to ensure fair opportunities for all without discrimination.
- Adopt social justice as a general objective governing the population policy in terms of the balance between regions and between social groups, women and men; and ensure justice for the poor, the disadvantaged, and those from all affiliations and backgrounds who have been affected by the crisis.
- Make progress in the stages of demographic transition and attention to epidemics through factors of development, taking into consideration new priorities resulting from the crisis and focusing on the issues of the injury, disability, malnutrition, the deterioration of the health system, and other main causes of death.
- Involve community and family in family-planning policies and develop perceptions of future fertility in a participatory manner that respects people's choices and the freedom of individuals in building their families.
- Give priority to the issues of displacement, asylum, and migration in the population policy, and develop cooperation with the Syrians abroad and the non-Syrian hosting communities.
- Build a health system based on principles of full health insurance and of public responsibility for providing an enabling environment for health care for all citizens. This step includes providing and ensuring access for all to health information and services for mothers and children.
- Build a strategy for environmental sustainability as a main element of the healthy and safe return of the population to their homes.
- Provide and diversify the sources of finance, ensuring the independence of the population policy.

Economic Approach

In the short term

- Create poverty alleviation policies that take into account the priorities of the most disadvantaged areas, through integrated development and humanitarian policies and programs.
- Create jobs through public work programs, attracting the population as a force for productive work and helping integrate marginalized groups, and all others affected by the crisis, in economic activities that serve the crisis exit strategy.
- Invest in job creation projects financed by the government, society, and external parties under appropriate conditions, in addition to local collective development

projects.

- Improve living standards by diversifying the sources of income, developing social cooperation and trust to overcome the negative effects of the crisis, and rationalizing energy, communication, and housing policies within the abilities of the local communities.
- Strengthen local production in all sectors.
- Adopt price stability policies.
- Provide diversified financing sources to absorb the human potential of the population in the productive process.
- Reduce disparities in participation and economic incentives between members of the society and between the regions.
- Restore infrastructure and basic services.
- Implement the negative incentives to the war traders and economics of violence.

On the strategic level

- Adopt an inclusive and effective economic policy based on accountable and participatory institutions; improve human capacities and material resources.
- Enable effective participation in the labor force for youth, females, IDPs, migrants, persons with disabilities, and the other marginalized groups.
- Decompose the structures of the violent and rentier economy in favor of a participatory economy that ensures the welfare of the population; transform actors involved in the violence and corruption into participants in the productive sectors, through social cohesion and the recently emerged institutions.
- Form economic partnerships at the local and sectoral levels, promoting greater cooperation in building economic institutions to ensure the return of the population to their country and regions and to provide fair opportunities for them.
- Promote inclusive growth that guarantees the investment of resources to provide job opportunities, alleviating poverty, deprivation, and inequality in economic and social dimensions.
- Develop high productivity and the role of knowledge and technology, based on investment in human capital (education, learning, and health); also develop an enabling environment for investment that allows everyone to participate in the economic production.
- Develop advanced infrastructure with the participation of local communities to form development poles, taking into consideration the impact of the crisis, the needs of the population, and the environmental dimension.

Social Approach

In the short term

- Restore the social fabric and stop the spread of segregation, hatred and intolerance culture.
- Restore the values of cooperation, collaboration, voluntary participation, and investment in positive phenomena of solidarity and hospitality.
- Create programs to protect the family, including reunion, and ensure families' and individuals' rights.
- Activate associations and civil society organizations, and establish effective networks among them to confront the negative social phenomena resulted from the crisis.
- Seek to bridge confidence between polarized groups based on rights.
- Strengthen the common cultural values by considering that all cultures are equal.
- Provide social protection through health and education services for all, without prejudice or discrimination.
- Respect the right to life, criminalize violence, stop the killing, and treat wounded and injured without discrimination.
- Provide conditions that ensure individuals' and families' security and safety; decompose the factors and forces that reinforce/ entrench a culture of fear and oppression.
- Provide flexible education opportunities for all without discrimination; seek to provide suitable educational opportunities for the Syrians abroad; and improve the quality of education to be in line with development requirements.

On the strategic level

- Build a social contract based on the culture of citizenship, justice, and the national collective identity.
- Ensure everyone's right to justice and equity, through investment in the competencies of all Syrians.
- Strengthen solidarity and social cohesion, and spread positive values such as trust, respect for the other, in addition to team and voluntary work.
- Recognize that knowledge is the core of competitiveness and steady growth, and that it is based on empowered human capital in an environment of intellectual freedom that provides opportunities and develops the capacity of local production benefiting from knowledge contributions.
- Invest in health wellness for all.
- Maintain resources as the basis of maintaining the society; this practice includes pollution reduction.

Institutional Approach

In the short term

- Develop political solution tools and a common vision at the level of the country to make an exit from the crisis.
- Activate the role of the formal and informal institutions to serve the exit from the crisis.
- Expand participation for all, women and men, regardless of their political, social, cultural and economic backgrounds.
- Raise the level of accountability and integrity in public issues.
- Seek to dismantle the institutional infrastructure and the actors associated with violence.

On the strategic level

- Lay the foundations of human rights culture including the right to freedom, life, dignity, equality, and development; under the culture of citizenship.
- Build efficient organizations by enhancing the values of discipline, accountability, participation, and by strengthening the role of civil society and the elected councils and judiciary, to achieve a development state that plays its full role in the protection and development of institutions and works on the vital sectors, such as knowledge, research, cultural production, and technology.
- Strengthen political and development independence, since the development priorities that are based on a Syrian vision differ profoundly from the priorities of the developed or the influential countries; independence maintains the freedom of individuals and society in managing their choices and resources.
- Develop political participation and accountability mechanisms to face the subjugating powers and to strengthen social peace-building mechanisms.

Results and Conclusions

Based on the methodologies, results, and analysis provided by this report, the following could be concluded:

- 1- Squandering the humanity of Syrian children, particularly IDPs and refugees, and wasting their childhood are among the most tragic and critical losses that affect the future of the country. The children's chances of attending schools are limited, as many of them were forced to work in inhumane conditions to provide for their families. In the next phase of the population's growth, most of the labor force will be at a low educational and professional level not compatible with the requirements of development and the labor market. This fact will govern the process of development and progress in Syria for many years. The educational loss has been coupled with the migration of highly qualified, educated, and trained people who represent a significant portion of migrants during the crisis. These people have formed an important segment of the human capital in the country, the compensation of which requires years of education and development, as their absence creates a serious obstacle to the restoration of stability and growth.
- 2- The relationship between development and demographic transition has become negative. Its modification requires the inclusion of the issue of population in a development strategy built on independence, public freedoms, the rule of law, the principles of justice and human rights, and citizenship. The life expectancy at birth for males declined sharply, by about 31 per cent, reflecting the increase in the number of deaths and disabilities, on one hand, and the deterioration of living conditions, human life, and social services, on the other. Additionally, the crisis has had severe impacts in terms of the psychological health of different persons engaged directly or indirectly in the conflict, and the crisis has also caused moral deformities to the combatants, reflecting negatively on the possibility of their reintegration into the civil life.
- 3- The crude birth rate has declined sharply, by 27 per cent, during the crisis, from 38.7 per thousand in 2010 to 28.2 per thousand in 2014 of the population residing in Syria. Including most governorates in varying proportions, this decrease is due to several factors, including the change in the population demographic structure, as the number of residents in Syria has declined as a result of asylum and migration. Moreover, the population distribution inside the country has changed as a result of the waves of massive and repeated internal displacement. The result has been a dramatic change in age, educational, and gender structure within the studied areas.
- 4- In addition to the change in the demographic structure due to migration, asylum, displacement, and death, the crisis conditions have played a crucial role in changing reproductive behavior. Families and communities have been exposed to a deep shocks in respect to stability, loss of security and certainty about the future and the nature of their lives, as their properties were destroyed, the income resources are gone, and the living conditions, particularly for IDPs, have become catastrophic in

terms of the availability of home, heating, water and sanitation, health, education services, job opportunities, and food security.

- 5- The wide proliferation of murder, torture, rape, kidnapping, robbery and other conflict manifestations destroys the culture and values. It has resulted from the decline in the rule of law, the proliferation of armament, and the deterioration of societal values including the spread of intolerance, hatred, and rejection of the other. This condition has complicated social relations, distorted social capital, and resulted in a large number of deaths, injuries, disadvantaged and marginalized people, and the dispersal of families among different regions. Uncertainty of ensuring the minimum needs for any potential child has forced many people to hesitate in the idea of child-bearing.
- 6- The crisis and its implications have forced many people to leave their places of origin in order to feel relatively more secure and to obtain minimum commodities and services that preserve their lives. Many have fled to escape from the abuse of human dignity and the waste of their future, seeking stability in an environment that protects their rights, safeguards their dignity, and ensures better future for their children. The proportion of IDPs who have left their places of origin because of the crisis was estimated at about 30 per cent of the total number of the population inside Syria; the percentage of refugees and migrants was estimated at around 13 per cent of the total population, as of 2015.
- 7- The crisis has led to a substantial change in the age and sex structure of the population; with a notable relatively increase in the number of females out of the total population, particularly among the IDPs. This increase can be explained by a number of factors, including males' involvement in the military activities, an increase in the number of males as crisis-related direct victims, and migration, particularly among the young males in a search for better living conditions. In addition, most detainees and missing persons are males. In terms of the population age structure, the results show the relative decline of the youth share coupled with a slight increase in the proportion of children.
- 8- The crisis has largely deepened institutional weaknesses and aggravated the violence of institutions used by the subjugating powers to serve their interests in domination and hegemony. Getting out of this situation and overcoming the effects of the crisis requires effective participation and a new approach to the issue of population based on the human right to life, a decent living, development, justice, human protection, participation and empowerment. The tragic consequences of the crisis cannot be overcome without institutions that adopt these rights and implement them.
- 9- The implications of the armed conflict need great efforts to analyze and absorb the tragic reality based on participatory focused research, which serves the formulation of evidence-based policies. There are dozens of unanswered questions, which cannot be explained through the literature, the priorities of international organizations, or the objectives of sustainable development. The complex nature of the conflict has formed distortions in relations, attitudes, and institutions in a relatively short time;

these distortions need to be worked on to decode their symbols and propose solutions in a participatory manner with the Syrian society. This research comes as one of the attempts to develop research tools to diagnose the status and development of the population in the context of the conflict, and it needs intensive follow-up as a result of the rapid changes in the status of the population, which threaten the current and future generations.

- 10- Important issues requiring coordinated efforts include the manner in which the violence affected the composition of the Syrian family and the community roles of its members by sex and age; the demographic aspects that accompanied the increasing murder, disability, torture, malnutrition, and spread of new patterns of morbidity; social relations associated with the spread of the economics of violence, the involvement in the fighting, and the deterioration of living conditions; the implications of insecurity, the spread of oppression and subjugation at the community and family levels; women's new role in the conflict; the nature of the emerging communities such as IDPs, refugees, and fighters' communities; the depth and nature of the disparities between regions and social categories due to the crisis; and other important issues that require an in-depth understanding and clear policies to address them.
- 11- Finally, the relief and humanitarian efforts need to be part of a strategic development framework that addresses the tragic effects and arranges the priorities to face the challenges of the conflict. This process should begin with a belief in human freedom and dignity, building social cohesion and the culture of respect for the other, developing inclusive, accountable, and participatory institutions, improving living conditions, education and health, and confronting the challenges of displacement and asylum.

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Appendices

Appendix 1: The Population Status Survey 2014

1. Field Survey Methodology

The Population Status Survey 2014 aims to provide a comprehensive database in order to diagnose and understand the demographic, economic, social, and institutional status of the population in Syria, in addition to analyzing the impacts of the crisis, including the following objectives:

- Describe geographical distribution of the population in terms of IDPs and residents in their areas, and monitor their movement.
- Identify the key population demographic characteristics across the whole of the country.
- Illustrate the economic status of the population in terms of employment opportunities, economic activities, and the main sources of income.
- Describe living conditions in terms of housing conditions, public services, and infrastructure.
- Diagnose the population health and educational status.
- Analyze inequality, deprivation, and poverty status.
- Monitor the key social characteristics of population.
- Identify and assess the role of de facto institutions.

Given the exceptional nature of the survey under the complex circumstances of the armed conflict, the survey team worked to develop a tailored methodology to produce qualitative and quantitative indicators that describe the de facto dynamic situation. Consequently, multiple stages of the survey were developed including the use of available secondary data and then obtaining data from key informants present and active in the studied areas. Thereafter, many steps have been conducted to cross-checking of the data. The approach was flexible, in order to monitor to the new conflict-related phenomena from demographic, economic, social, and institutional angles. In this context, consultations with researchers from different disciplines conducted to agree on the technical framework for implementation.

The next step was to prepare research tools such as the research questionnaire, the researcher guide, the merging guide, and the form of emergency cases report for the purpose of this survey. Consultations also were conducted to ensure access to hot areas and to set mechanism for full coverage of all governorates. The survey was conducted in partnership between the Syrian Center for Policy Research, the Central Bureau of Statistics, the Commission for Family Affairs and Population, and a team of

independent researchers, in collaboration with the Planning and International Cooperation Commission, the National Social Aid Fund, and civil society organizations.

The research covers all residents and displaced people, in all of Syria. The fieldwork was conducted through questions directed to key informants in their areas, taking into account the following:

- Identifying the geographical study unit based on the "sub-district" in all areas of the Syrian governorates, and "neighborhood" for the city centers, where three key informants were interviewed in each studied area.
- Consulting the governorate team and the survey core team about the extent of homogeneity (based on impact of the crisis on the humanitarian and physical aspects) in the sub-district or neighborhood. In the event of lack of homogeneity, the sub-district was separated into several study zones (based on clusters of villages) and, thus, resumes the survey on this basis.
- Preparing a list of researcher observations to be attached with the questionnaire. In the event of the researcher's inability to access the studied area for security reasons, the available secondary data were the basis for data cross-check. However, the presence of researcher and key informants at site at the studied area is the basis for the survey.
- Conducting fieldwork in the hot areas through the following steps:
 - o When possible, rely on researchers from the studied areas.
 - o Interview people who are familiar with the situation; interviews can be conducted outside the areas.
 - o Interview key informants via electronic means or telephone if personal meeting is not possible.
 - o Maintain continual communication during the survey period to monitor dynamics and changes.
- Determining selection criteria for the key informants, including being well-informed of the studied area, and being objective regardless of their affiliations; in addition, having access to updated information and data related to the studies' themes including socio-economic, demographic, and institutional ones. The selection criteria for the key informants included the following:
 - o Being a citizen of the governorate, preferably from the studied area.
 - o Being interested in, and well informed of, circumstances in the studied area.
 - o Representing the local community.
 - o Representing a variety of intellectual and professional backgrounds.
 - o Engaging in public action for public good.
 - o Representing women and different age groups.

2. Survey team

The survey team includes experts, researchers, specialists, administrators, and representatives of the partners. The team includes three basic working groups: the research team, the field team, and the technical team. Their duties are distributed according to the following table:

Table A: Tasks of the working teams in the field survey (The Population Status Survey 2014)

Teams Tasks	Core Team	Support Team
Design the questionnaire in terms of form, coding, content, and testing	Research	Technical
Set the list of Researcher observations	Research	Field
Design the form of emergency cases' report	Research	Field
Prepare the researcher guide	Research	Field
Design the database to enter the field data and use it for analysis	Technical	Research
Establish governorates teams according to professional standards and allocate them to the studied areas	Research	Field
Provide training to the working teams in the governorates	Research	Field
Develop criteria for the selection of key informants in the studied areas	Research	Field
Supervise the governorates teams' work and provide directions and constant follow up	Research	Field
Supervise data processing	Technical	Research
Analyze the data and prepare the preliminary report on the findings/outcomes	Research	Technical

The field team includes governorate teams, which are formed of the team coordinator and a number of field researchers; they have been trained by the research team and have the following duties:

- Prepare the plan of action in terms of implementation and time framework in coordination with research team.
- Determine the scope of work in terms of geographic areas and the available secondary data in each governorate based on the research team preliminary recommendation.
- Collect the available secondary data and information about the governorate.
- Nominate the key informants in accordance with the agreed-upon criteria with the core team.

- Conduct interviews with the key informants, with full commitment to the researcher guide, and complete researcher observation list.
- Prepare reports on emergencies in case they occur, in coordination with the research team,
- Provide the research team with verified information and data.

A set of criteria was adopted for the selection of the researchers who will work on the survey; the research is non-traditional and is conducted under complex and dangerous circumstances. The Central Bureau of Statistics Researchers selected and formed the field teams. Invitations were extended to independent researchers who showed interest in participating in the survey, in addition to volunteers from civil society. A desk selection was conducted in the first phase; the final selection was carried out subsequent to the training sessions. The criteria for selecting the researchers were that they be resident in the studied governorate; hold at least a secondary school certificate; have working experience in research, statistical and fieldwork, especially in the social sciences; be committed to scientific authenticity, and objectivity; be willing to work as a volunteer; and be able to communicate effectively.

The core team conducted daily assessment and follow-up of the teams' performance and made several field visits to verify the quality of work. The governorate coordinators also followed up the researchers' performance. For instance, a large number of one governorate's team was excluded because they were not committed to the survey's standards; consequently the team had been reshaped. Another stage of assessment of the teams' work was conducted during the questionnaires' verification, which resulted in returning some questionnaires to the field and consequently excluding some researchers.

Four intensive training workshops on the survey's mechanism of implementation were held to clarify the objectives of the population status survey, the survey methodology and the work. Descriptions of the questionnaire and the researcher guide were interactively provided, in addition to clarifications of the mechanism and rules of the merger and research code of ethics. The researchers received pre-crisis secondary data on the studied areas, which included information on population, education, population structure by age and gender, employment status, and the household expenditure and firms' distributions to understand the studied areas. Furthermore, preliminary tests were carried out on the selection of studied areas.

3. Survey Tools

Several survey tools were used, the first of which were secondary information and data, including all official and non-official publications, studies, and reports relating to the studied areas. The research team worked to benefit from the available formal and informal secondary data. Many sources were provided by the Central Bureau of Statistics about the pre-crisis period, as they were working on surveys on the labor force, household income and expenditure, the family health, industrial firms, population censuses, and data on national accounts, education and vital records.

The main tool of the survey was the questionnaire, which contained quantitative and qualitative questions prepared in accordance with the main themes of the research and, hence, covered the demographic, economic, social and institutional aspects. The research and technical teams have designed the questionnaire with the participation of the governorate teams to ensure practicality and provision of the required data and indicators as targeted in the research. The technical and research teams developed the questionnaire and the researcher guide to ensure accurate description of the questions. The questionnaire included a section for the researcher's observations. It was prepared so that a researcher should be able to record the indicators and prominent phenomena in the studied area, enabling comparison with key informants' answers as a mean of verification. It is worth noting that each questionnaire was completely filled by a single key informant and not more than one; the key informant is entitled to collect information from whomever deems fit for the purpose, but the researcher does not ask more than one key informant to complete a specific questionnaire.

After completing the three questionnaires for each studied area, these questionnaires were merged into a new questionnaire, according to the merging guide, by the governorate team's coordinator and the researchers' team involved in the studied area. In case of inconsistency in any of the qualitative answers or significant differences in the quantitative ones (more than 10 per cent) or in the explanation, reference is made to the key informants for reassurance. If the discrepancy in the results persists, additional questionnaires were conducted with new key informants to reach more objective understanding of the studied area. Conducting the merging process by the field team is intended to avoid relying on averages and exclude the questionnaires that show bias or lack of understanding of the studied region from the field; this process was carried out before data entry.

The teams were directed to prepare the emergency report for monitoring changes that have occurred in the studied area during the research period, immediately after the completion of the areas' questionnaires; henceforth, to update data that have changed as a result of the emerging circumstances. The research team also prepared the research code of ethics, a set of conditions that must be adhered to by the participants in the survey to ensure the confidentiality of the data, the safety of researchers and key informants, and the objectivity of results.

4. Implementation of fieldwork

More than 250 scholars and experts, supervisors, checkers, encoders, programmers, and administrative assistants worked in the field survey, allocated between research, technical, and field teams. The number of the studied areas reached 698, distributed among the governorates. Table B shows that the number of areas studied increased with increase in governorate size, population, and negative impact of the crisis.

Table B: Distribution of the studied areas, questionnaires, and duration of interviews per governorate

	Number of Studied Areas	Number of Questionnaires	The average duration of the interview (key informant / hour)
Damascus	55	220	5.86
Aleppo	138	552	3.85
Rural Damascus	100	399	2.40
Homs	45	180	5.19
Hama	43	172	4.44
Lattakia	50	200	4.66
Idleb	47	188	5.24
Hassakeh	40	160	3.28
Deir-ez-zor	45	180	4.73
Tartous	37	148	4.82
Al-Rakka	12	19	4.31
Daraa	57	228	3.24
Al-Sweida	22	88	3.33
Quneitra	7	28	5.14
Syria	698	2762	4.10

Source: The Population Status Survey, 2014 and SCPR's calculations.

The governorate teams selected the key informants who met the required criteria and communicated with them. When any key informant made an apology before the start of the interviews or in case of not completing the questionnaire, an alternative key informant was selected to reach three key informants for each area, while maintaining the integrity and security of the key informants free of any risks under the extreme conditions taking place in the country. The process of key informants' selection from varied intellectual, cultural, and political backgrounds entailed crucial challenges, especially to ascertain that they are non-polarized or engaged in violence acts; the diverse combination of the field teams played a major role in meeting this challenge.

Three questionnaires were collected from three different key informants from each studied area except for the Al-Rakka governorate, as it was difficult to reach three key informants in all its areas. Then the field team in each governorate merged the questionnaires. It is worth mentioning that one of the research terms forbade any one researcher to interview all three key informants from the same area, to avoid the researcher's bias.

Most of the interviews were conducted between April and June of 2014, while some required revisiting to the field in July and August. Most of the questionnaires required more than one interview with the key informant; some cases required three interviews

with the same informant, as a result of the complexity of the questionnaire, which required time from key informants to collect and verify the necessary information.

The average time of the interviews to complete one questionnaire was 4.1 hours (Table B), which entailed great efforts by the researchers and the key informants. Taking the prevailing circumstances in each area, the time varied between governorates and regions, and this time does not include the time for questionnaire-merging, which was executed by the researchers' team in the governorate. The key informants have kindly devoted so much time to complete the questionnaires and have worked on the survey without any kind of financial incentives.

Table (C) shows that 52 per cent of the interviews were carried out within the studied area, while 48 per cent were held outside, especially in the governorates of Deir-ez-zor, Aleppo, Al-Rakka, Rural Damascus, Idleb, Hama, and Daraa which witnessed complicated conflict-related circumstances.

Table C: Distribution of form and place of the interviews (%) by governorates

	Place of the interview (%)		Form of interview (%)		
	Outside the	Inside the	Electroni	Telephone	In person
Damascus	25	75	1	1	98
Aleppo	71	29	1	8	91
Rural Damascus	64	36	0	1	99
Homs	29	71	0	5	95
Hama	60	40	0	2	98
Lattakia	20	80	0	2	98
Idleb	63	37	3	1	96
Hassakeh	20	80	0	0	100
Deir-ez-zor	86	14	0	3	97
Tartous	9	91	0	10	90
Al-Rakka	71	29	14	0	86
Daraa	59	41	0	5	95
Al-Sweida	37	63	0	21	79
Quneitra	50	50	0	0	100
Syria	48	52	1	4	95

Source: The Population Status Survey, 2014 and SCPR's calculations.

Table (C) also shows that 95 per cent of the interviews were conducted through a personal direct interview with the key informant, 4 per cent over telephone, and only 1 per cent via electronic interviews. The high percentage of personal interviews is due to the flexibility in the interview location. In case of necessity, the interview was made available outside the studied area, but when the direct interview was awkward in some areas, the electronic means have been used.

The average age of key informants was 46 years at the national level, and ages ranged between 19 and 83 years. Their age was associated with the key informants' standards

in terms of their work in public affairs and their extensive acquaintance of the studied area. The gender balance between female/male was not achieved in the selection of key informants, as the ratio of females among total key informants was only 8 per cent, partly on account of the current circumstances of the crisis, and on account of the social role of women, which includes a clear bias against them. However, the survey team tried to meet balance in the formation of the governorate teams, as females' participation reached 39 per cent of the total researchers (Table D).

Table D: Key informants age and female percentage by governorates

	Female (%) from total Key informants	Key informant age (years)		
		<i>Lower</i>	<i>Higher</i>	<i>Average</i>
Damascus	4.9	21	79	52
Aleppo	10.2	19	68	43
Rural	4.7	25	83	48
Homs	8.3	23	79	46
Hama	0.8	26	77	47
Lattakia	10.9	28	70	47
Idleb	4.4	19	69	44
Hassakeh	0.0	27	75	45
Deir-ez-zor	2.2	22	77	47
Tartous	22.5	22	73	46
Al-Rakka	28.6	35	51	46
Daraa	18.7	20	71	45
Al-Sweida	6.1	31	75	51
Quneitra	0.0	30	62	50
Syria	8.0	19	83	46

Source: The Population Status Survey, 2014 and SCPR's calculations.

The educational level of the key informants was advanced and considerably consistent with the selection criteria to meet the survey's different goals in understanding the studied areas. The portion of university degrees and institutes certificate holders reached 65 per cent; those with secondary school certificates were 23 per cent; those with basic education certificates were 11 per cent; and elementary school graduates or below were about 1 per cent.

Table E: Distribution (%) of Key informants by level of education and governorates

%	Postgraduate	University	Institutes	High school	Basic education	Elementary and below
Damascus	5	35	14	37	7	1
Aleppo	1	24	31	27	13	4
Rural Damascus	4	34	19	18	24	0
Homs	2	42	31	18	7	1
Hama	1	47	22	22	7	0
Lattakia	5	36	18	34	5	1
Idleb	6	34	29	21	7	3
Hassakeh	1	38	28	25	7	2
Deir-ez-zor	3	50	24	19	4	0
Tartous	5	52	29	8	5	2
Al-Rakka	0	29	14	29	29	0
Daraa	4	40	28	15	13	0
Al-Sweida	5	48	21	17	9	0
Quneitra	10	40	25	20	5	0
Syria	3	37	25	23	11	1

Source: The Population Status Survey, 2014 and SCPR's calculations.

After the completion of key informants' interviews, the field teams in the governorates merged the questionnaires of each studied area in accordance with the merging guide and sent all questionnaires to the research team. Teams worked collectively to scrutinize the detailed questionnaires and to check whether they were comprehensive and dedicated to the set criteria and merger standards. The teams also verified whether the explanation of key informants (comments) complemented the quantitative data and were consistent with the researchers' observations. In the event of major discrepancies, the questionnaires were returned to the field to modify the observations. In the case of minor discrepancies, a phone call to communicate with the field teams was sufficient for adjustments. After this stage, the coding team worked on the preparation of the encoding lists for the questions in order to facilitate the entry process and the subsequent analysis, such as encoding the term "Other" or encoding new economic activities in various areas, as well as the integration of coding in the entry program by the technical team.

The technical team of the Central Bureau of Statistics prepared the entry process software, which included some of the initial verification rules. The Central Bureau of Statistics team carried out the digital entries for all questionnaires, i.e. the field and merged questionnaires, in addition to entering the explanation for the merged questionnaires. Pursuant to this process, the research team designed a program to verify the accuracy of data and merger, upon which they produced reports of the detailed observations. The entry team and the research team worked to adjust the reports in accordance with the specific rules or by returning them to the field teams.

The survey produced more than a hundred indicators for each studied area, enabled for clustering at the level of the districts, regions, governorates, and country. The processing software to analyze the results was prepared by technical and research teams to include data and indicators of demographic, economic and living conditions, education, health, and social and institutional sections. The teams produced and verified data at the level of the areas studied. The multi-discipline team also worked on the analysis of the results of the population, economic, and social issues.

The report used the following software for data entry: (CSpro) for the production of indicators; (SPSS 21), for data analysis; (Stata 12, Eviews 7), also used (MORTPAK 4.3) and (Population Analysis System PAS) to conduct analysis and demographic projections, in addition to (ArcGIS 10.2. 2) for maps production.

In general, the report adopted a comprehensive methodology to approach the population issue based mainly on rights. It adopted the broad concept of development as an expansion of people choices, fair opportunities, and the right to empowerment and participation. It relied also on the efforts of a large group of experts to review the population issue before the crisis. The survey implementation was carried out under the complex circumstances of the crisis, developing the methodology and tools to reflect the challenges that resulted therefrom. A comprehensive field survey in terms of geographical coverage and the issues being addressed was carried out. The report relied on fieldwork to diagnose the population status during the crisis in terms of various developmental aspects, taking advantage of the relevant literature and the in-depth background papers that had been prepared in the context of this research framework.

Appendix 2: Comparison between Previous and Adjusted Demographic Indicators

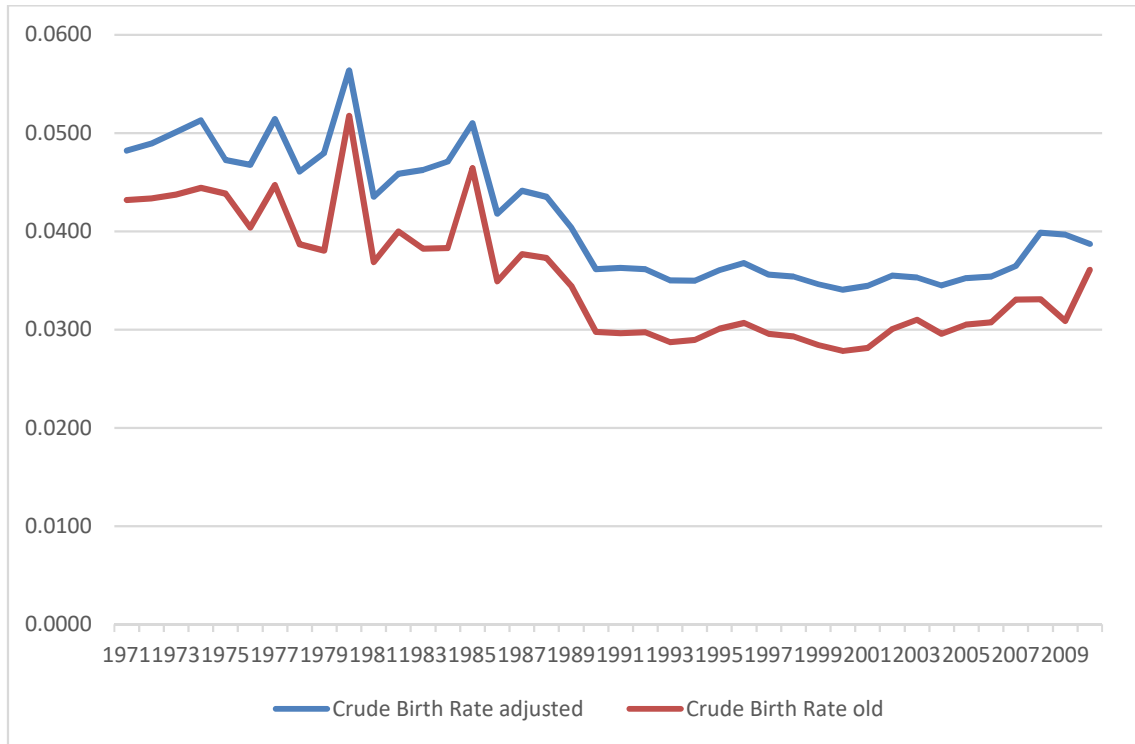
1- Comparison of demographic indicators in 2010 between population report 2010 and this report (the demographic report)

Indicators (2010)	Population report 2010	Demographic report
Total population in Syria (000)	20619	21797
Crude birth rate (per thousand)	27.5	38.7
Mortality rate (per thousand)	3.8	4.4
Total fertility rate	3.5	5.2
Average population growth rate (2004-2010) (%)	2.45	2.9
Total dependency ratio (%)	71	84
Population by age groups		
<i>less than 1</i>	2.6	3.7
<i>1_4</i>	10.5	13.4
<i>5_9</i>	12.5	13.7
<i>10_14</i>	11.5	11.9
<i>15_19</i>	10.8	10.5
<i>20_24</i>	9.4	9.7
<i>25_29</i>	8.2	8.4
<i>30_34</i>	6.5	6.9
<i>35_39</i>	5.6	5.6
<i>40_44</i>	5.2	4.4
<i>45_49</i>	4.1	3.5
<i>50_54</i>	3.8	2.6
<i>55_59</i>	2.7	1.8
<i>60_64</i>	2.3	1.1
<i>65+</i>	4.1	2.8

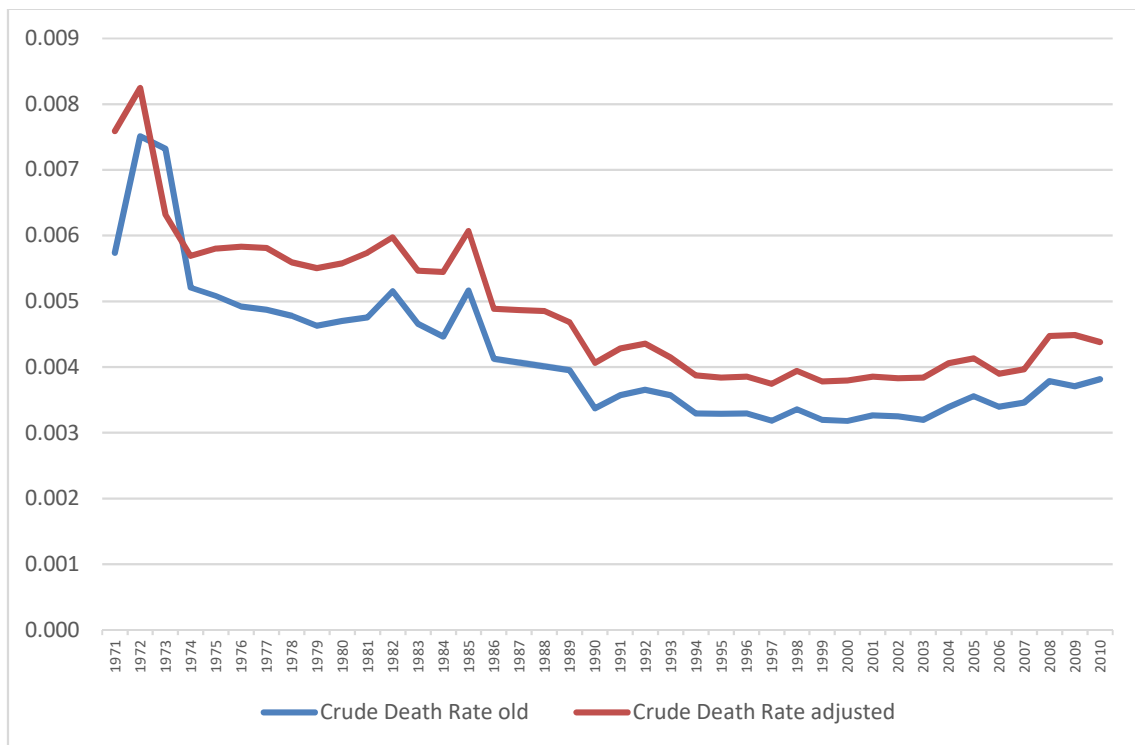
2- Comparison of total population inside Syria in mid 2004 and 2010

	Previous total population	Adjusted total population
2004	17821454	18342830
2010	20619000	21797447

3- Comparison between old and adjusted crude birth rate (per thousand) (1971-2010)



4- Comparison between old and adjusted crude death rate (per thousand) (1971-2010)



Appendix 3: Life Table 2010

Male

Age	Range	Age-specific mortality rate	Average years lived in the age range	Probability of dying	Number surviving to age x	Number dying within the age range	Person-years lived within the age range	Probability of surviving	Total number of person-years lived above age x	Life expectancy at age x
X	N	nMx	nax	nqx	lx	ndx	nLx	nPx	Tx	ex
0	1	0.01947	0.097	0.01913	100,000	1,913	98,274	0.97916	6,971,694	69.72
1	4	0.00111	1.595	0.00442	98,087	433	391,306	0.99376	6,873,421	70.07
5	5	0.00143	2.5	0.00715	97,654	698	486,524	0.9941	6,482,115	66.38
10	5	0.00093	2.5	0.00465	96,956	450	483,653	0.99387	5,995,591	61.84
15	5	0.00153	2.5	0.00761	96,505	735	480,690	0.99346	5,511,939	57.12
20	5	0.0011	2.5	0.00547	95,771	523	477,545	0.99433	5,031,248	52.53
25	5	0.00118	2.5	0.00588	95,247	560	474,837	0.99358	4,553,703	47.81
30	5	0.0014	2.5	0.00696	94,688	659	471,790	0.99188	4,078,866	43.08
35	5	0.00187	2.5	0.00929	94,028	874	467,958	0.98741	3,607,075	38.36
40	5	0.00321	2.5	0.01591	93,155	1,482	462,068	0.98009	3,139,118	33.7
45	5	0.00485	2.5	0.02397	91,673	2,198	452,868	0.96866	2,677,050	29.2
50	5	0.00793	2.5	0.03889	89,475	3,480	438,674	0.95029	2,224,181	24.86
55	5	0.01258	2.5	0.06096	85,995	5,242	416,869	0.92104	1,785,507	20.76
60	5	0.02064	2.5	0.09813	80,753	7,924	383,952	0.87263	1,368,638	16.95
65	5	0.03473	2.5	0.1598	72,828	11,638	335,047	0.80636	984,686	13.52
70	5	0.05298	2.5	0.23391	61,191	14,313	270,170	0.70099	649,639	10.62
75	5	0.09505	2.5	0.38399	46,877	18,000	189,386	0.50092	379,469	8.09
80	+	0.15192	6.582	1	28,877	28,877	190,083		190,083	6.58

Source: Central Bureau of Statistics, vital records, and SCPR's calculations

Female

Age	Range	Age-specific mortality rate	Average years lived in the age range	Probability of dying	Number surviving to age x	Number dying within the age range	Person-years lived within the age range	Probability of surviving	Total number of person-years lived above age x	Life expectancy at age x
X	N	nMx	nax	nqx	lx	ndx	nLx	nPx	Tx	ex
0	1	0.01618	0.098	0.015944	100,000	1,594	98,562	0.98243	7,201,849	72.02
1	4	0.00099	1.498	0.003935	98,406	387	392,654	0.9946	7,103,288	72.18
5	5	0.00125	2.5	0.006245	98,018	612	488,562	0.99472	6,710,634	68.46
10	5	0.00086	2.5	0.004302	97,406	419	485,984	0.99454	6,222,073	63.88
15	5	0.00133	2.5	0.006622	96,987	642	483,330	0.99385	5,736,089	59.14
20	5	0.00114	2.5	0.005681	96,345	547	480,356	0.99383	5,252,759	54.52
25	5	0.00134	2.5	0.006666	95,798	639	477,391	0.99344	4,772,403	49.82
30	5	0.0013	2.5	0.006456	95,159	614	474,259	0.99239	4,295,012	45.14
35	5	0.00176	2.5	0.008766	94,545	829	470,651	0.99021	3,820,753	40.41
40	5	0.00218	2.5	0.010827	93,716	1,015	466,042	0.98667	3,350,102	35.75
45	5	0.0032	2.5	0.015861	92,701	1,470	459,830	0.97984	2,884,059	31.11
50	5	0.00496	2.5	0.024519	91,231	2,237	450,562	0.96878	2,424,229	26.57
55	5	0.00777	2.5	0.038095	88,994	3,390	436,494	0.94573	1,973,668	22.18
60	5	0.01474	2.5	0.071087	85,604	6,085	412,805	0.90521	1,537,174	17.96
65	5	0.0256	2.5	0.120307	79,518	9,567	373,675	0.84711	1,124,369	14.14
70	5	0.04197	2.5	0.189937	69,952	13,286	316,543	0.75049	750,694	10.73
75	5	0.07706	2.5	0.323053	56,665	18,306	237,562	0.45281	434,151	7.66
80	+	0.19512	5.125	1	38,359	38,359	196,589		196,589	5.12

Source: Central Bureau of Statistics, vital records, and SCPR's calculations

Appendix 4: Population by Governorates and Residency Status (Mid 2014)

	Syrian Population		Not-moved population		IDPs from the governorate		Refugees		Migrants		IDPs to the governorate		Resident population (2014)	
	N(000)	%	N(000)	%	N(000)	%	N(000)	%	N(000)	%	N(000)	%	N(000)	%
Damascus	2019	8%	1277	8%	487	9%	121	6%	135	13%	585	11%	1862	9%
Aleppo	5461	23%	3088	20%	1580	30%	694	33%	99	10%	1033	20%	4121	20%
R. Damascus	3548	15%	1916	12%	1214	23%	235	11%	184	18%	1161	22%	3077	15%
Homs	1932	8%	1245	8%	421	8%	215	10%	51	5%	240	5%	1485	7%
Hama	1885	8%	1482	10%	258	5%	96	5%	49	5%	404	8%	1886	9%
Lattakia	1149	5%	1063	7%	28	1%	34	2%	24	2%	303	6%	1366	7%
Idleb	1550	6%	860	6%	414	8%	148	7%	128	13%	460	9%	1321	6%
Al-Hasakeh	1479	6%	1117	7%	79	1%	162	8%	123	12%	148	3%	1265	6%
Deir-ez-zor	1326	6%	1033	7%	263	5%	16	1%	14	1%	196	4%	1230	6%
Tartous	917	4%	871	6%	3	0%	26	1%	17	2%	165	3%	1036	5%
Al-Rakka	977	4%	689	4%	107	2%	142	7%	40	4%	108	2%	796	4%
Daraa	1190	5%	445	3%	368	7%	241	11%	136	14%	331	6%	776	4%
Al-Sweida	395	2%	391	3%	3	0%	0	0%	2	0%	73	1%	463	2%
Quneitra	83	0%	51	0%	25	0%	6	0%	2	0%	43	1%	94	0%
Syria	23912	100%	15528	100%	5249	100%	2134	100%	1002	100%	5249	100%	20776	100%

Source: Population Status Survey 2014 and SCPR's calculations

Appendix 5: IDPs Matrix by Governorates

	Damascus	Aleppo	R. Damascus	Homs	Hama	Lattakia	Idleb	Al-Hasakeh	Deir-ez-zor	Tartous	Al-Rakka	Daraa	Al-Sweida	Quneitra	Total IDPs to the governorate
Damascus	221.7	21.2	254.1	32.9	0.1	0	18.5	2.8	12.5	0	6.4	13.2	0.7	0.9	585.1
Aleppo	0.2	1017.4	0.8	0.2	0	0.2	4.6	0	0	0	9.3	0	0	0	1032.6
R. Damascus	141.5	67.8	799.2	61	13.7	0	27.8	5.3	12.2	1.1	0.3	22.7	0	8.2	1160.9
Homs	19.9	26.2	18.9	150.2	4.1	0.1	2.4	0.8	9.4	0.3	7	1	0	0	240.3
Hama	9.2	70.1	15.9	104.6	157.9	0.1	34.7	1.9	0.3	0	5.3	3.3	0	0	403.5
Lattakia	18.5	168.8	26.7	18.2	4.2	23.5	24.9	5.3	1.3	0	9.9	1.4	0	0	302.7
Idleb	3.1	98.6	4.2	1.8	64.2	4.1	282.8	0	0	0.9	0.6	0	0	0	460.3
Al-Hasakeh	7.9	23.6	8.4	3.3	0.6	0	0.6	51.5	45.7	0	6.4	0.1	0	0	148.2
Deir-ez-zor	14.3	2.5	6.5	5.4	0	0	0.9	3.1	156.7	0	6.6	0.3	0	0	196.3
Tartous	14.6	51.6	19.4	41	12.6	0.1	10.4	6.2	2.5	1.2	3.8	1.6	0	0	165.1
Al-Rakka	0	29.7	0	1	0.1	0	4	0	21.8	0	51.1	0	0	0	107.6
Daraa	13.4	0.2	4.8	0.3	0	0	0.4	0.9	0	0	0	304	0	7.2	331.2
Al-Sweida	20.2	2.5	24.2	0.9	0	0.1	1.6	0.6	0.4	0	0.1	19.5	2.4	0.1	72.5
Quneitra	2.1	0	31.1	0	0	0	0	0	0	0	0	1.2	0	8.2	42.7
Total IDPs from the governorate	486.5	1580.4	1214.1	420.9	257.5	28.2	413.6	78.5	263.1	3.4	106.8	368.3	3	24.6	5248.9

Source: Population Status Survey 2014 and SCPR's calculations

Appendix 6: Population and IDPs Characteristics by Governorates¹³

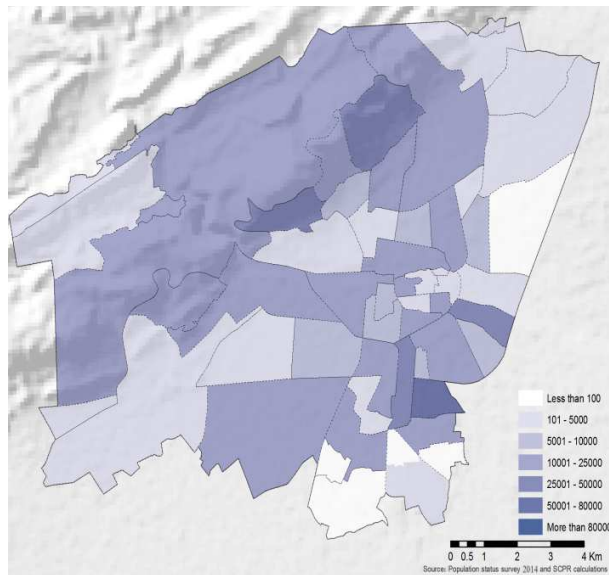
Damascus

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1862
<i>Not moved</i>	1277
<i>IDPs (to governorate)</i>	585
Number of Departures	520
<i>IDPs (from governorate)</i>	265
<i>Refugees</i>	121
<i>Migrants</i>	134

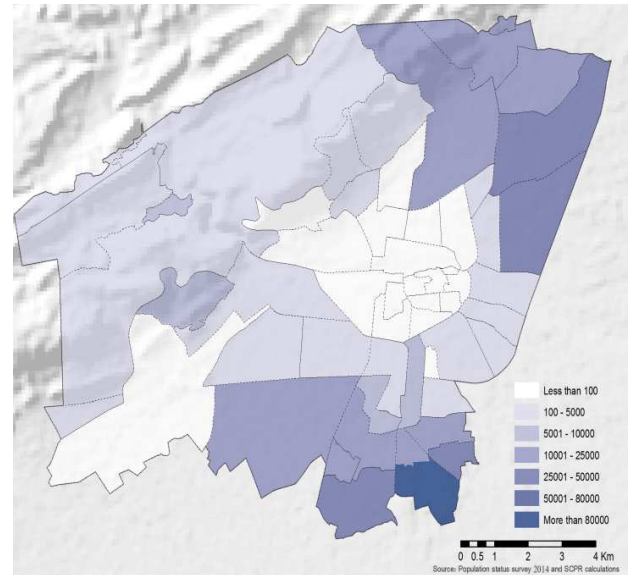
	Direct	Indirect	Total
Total deaths	9179	976	10155
<i>Not moved</i>	8005	806	8811
<i>IDPs (in governorate)</i>	1174	170	1344
Women and children	1463	288	1751
<i>Women</i>	581	147	728
<i>Children</i>	882	141	1023

IDPs in Damascus from other regions



Al-Zouhour region had the highest number of IDPs in Damascus at about 56200 persons

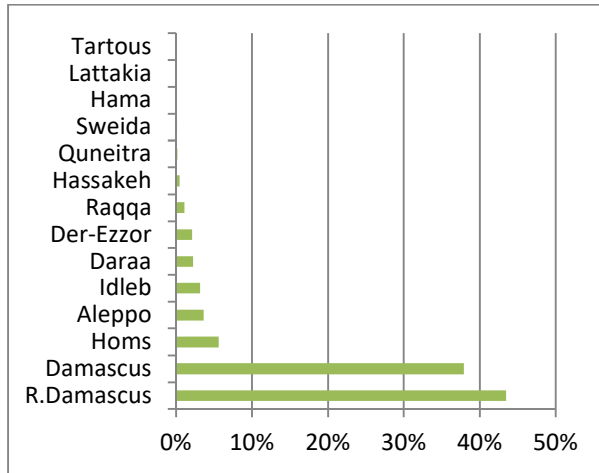
IDPs from Damascus to other regions



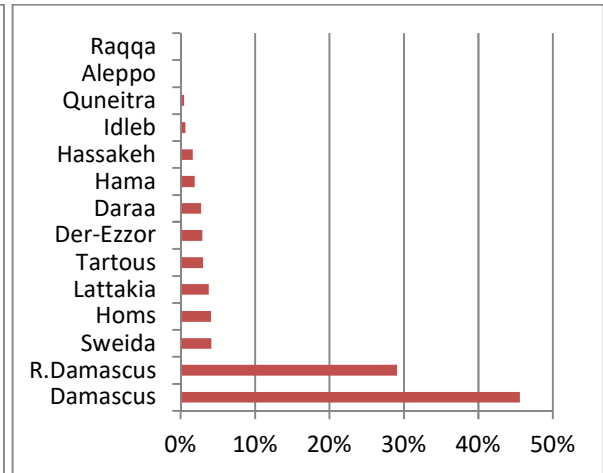
Hetteen-Yarmouk region had the highest number of IDPs from Damascus at about 91000 persons

¹³ Source of all data and information is the SCPR's calculations based on the results of population status survey 2014

IDPs distribution from Damascus by governorate

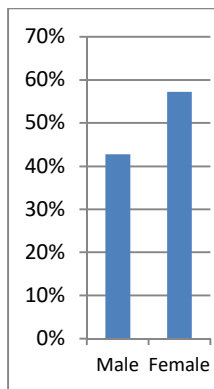


IDPs distribution in Damascus by governorate

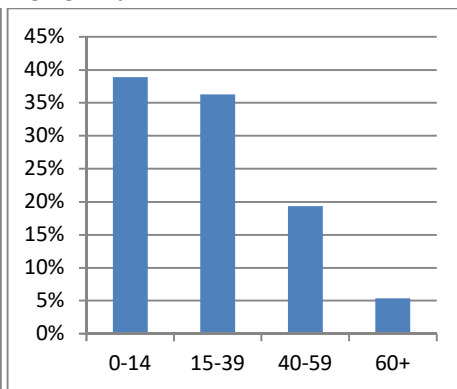


The percentage distribution of IDPs in Damascus by:

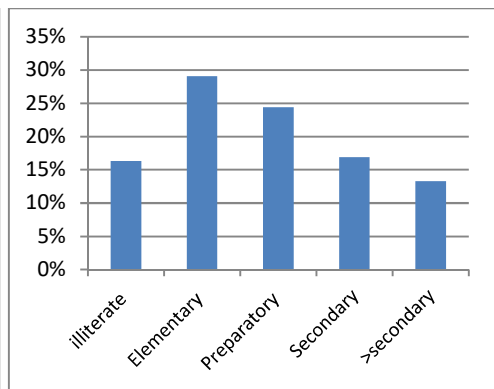
Sex



Age group

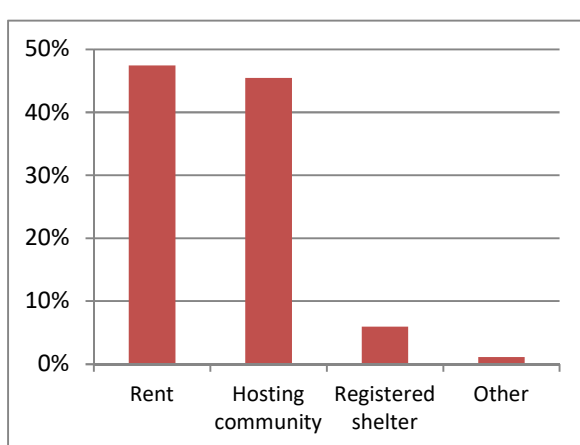


Educational level

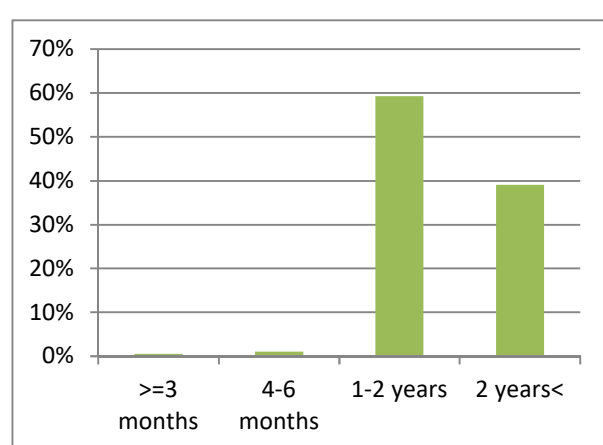


The percentage distribution of IDPs in Damascus by:

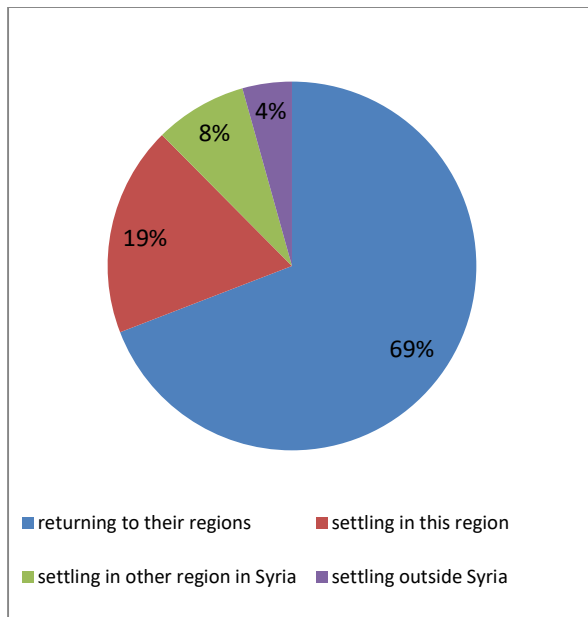
Place of residency



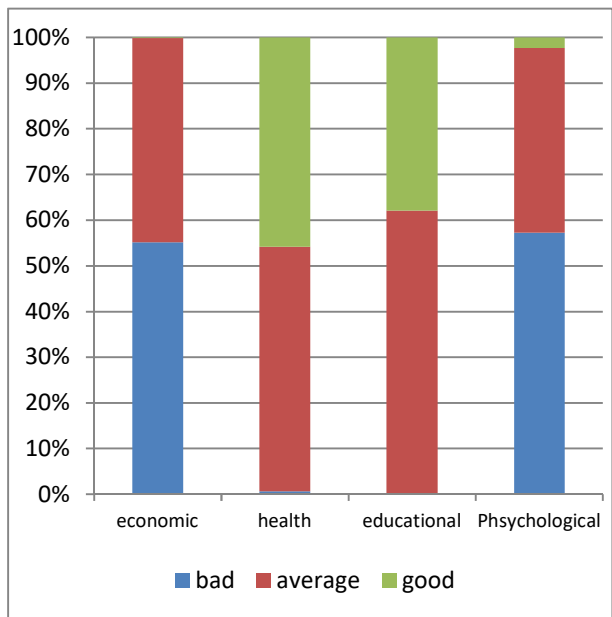
Period of displacement



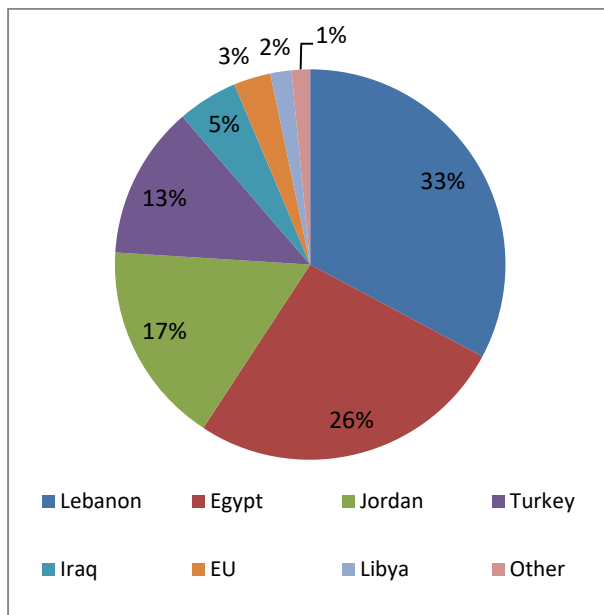
IDPs by future destination preferences



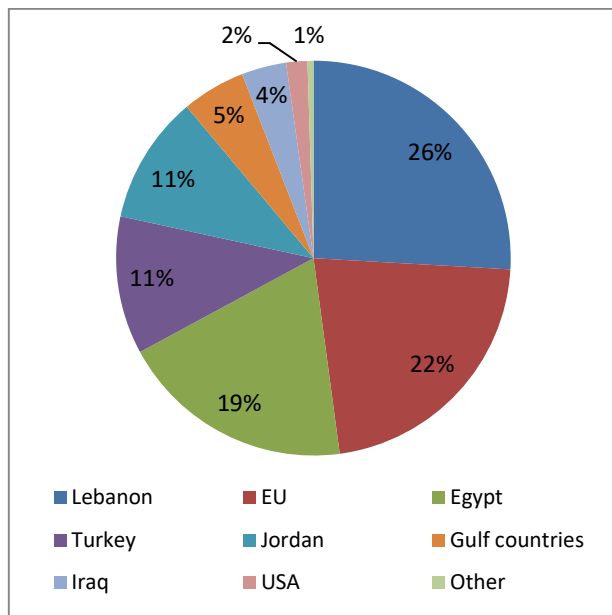
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



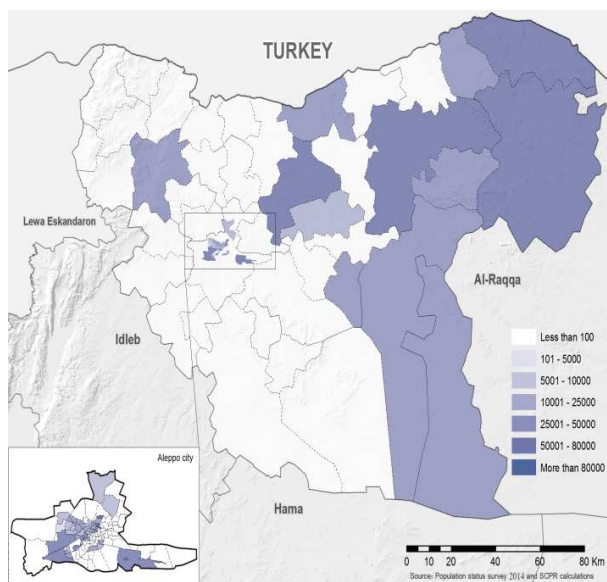
Aleppo

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	4120
<i>Not moved</i>	3088
<i>IDPs (to governorate)</i>	1033
Number of Departures	1356
<i>IDPs (from governorate)</i>	563
<i>Refugees</i>	694
<i>Migrants</i>	99

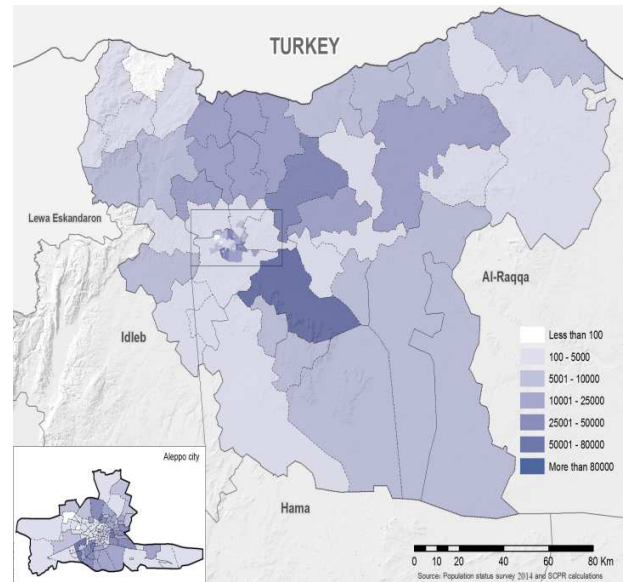
	Direct	Indirect	Total
Total deaths	49715	25189	74904
<i>Not moved</i>	43792	21723	65515
<i>IDPs (in governorate)</i>	5923	3466	9389
Women and children	17726	11380	29106
<i>Women</i>	8520	6367	14887
<i>Children</i>	9206	5013	14219

IDPs in Aleppo from other regions



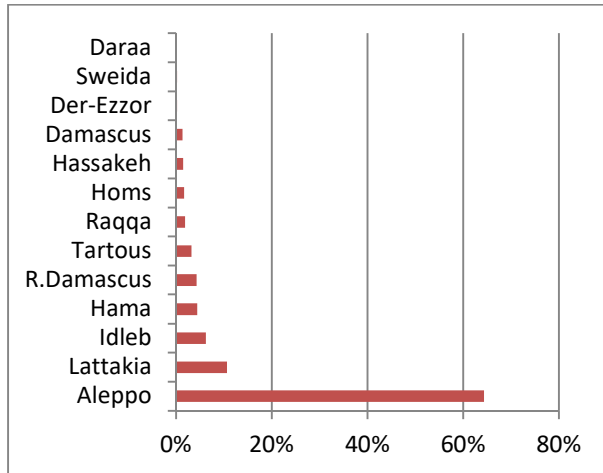
Trab Al-Halak region had the highest number of IDPs in Aleppo at about 63500 persons

IDPs from Aleppo to other regions

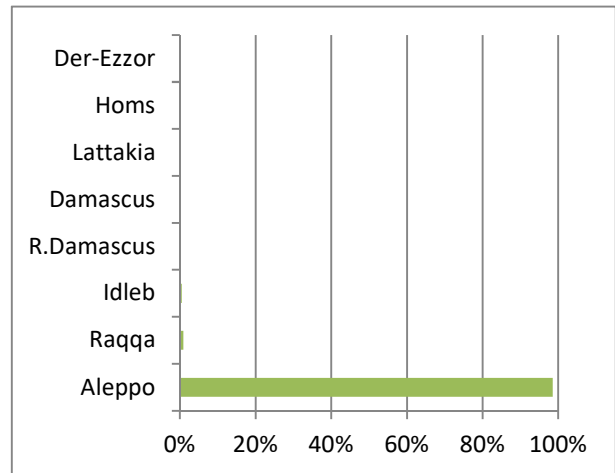


Al-Sfeira region had the highest number of IDPs from Damascus at about 68900 persons

IDPs distribution from Aleppo by governorate

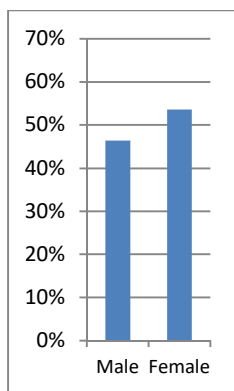


IDPs distribution in Aleppo by governorate

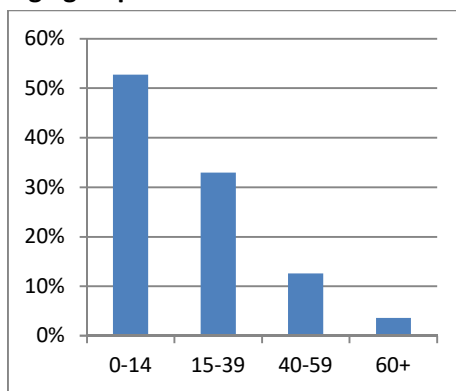


The percentage distribution of IDPs in Aleppo by:

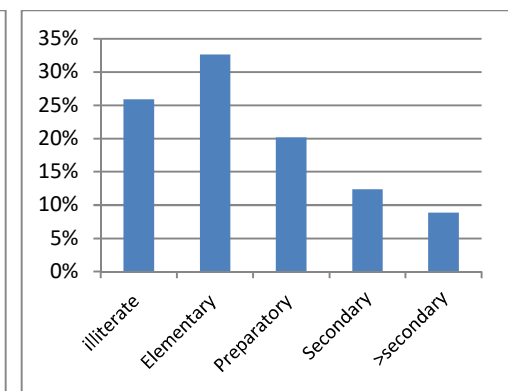
Sex



Age group

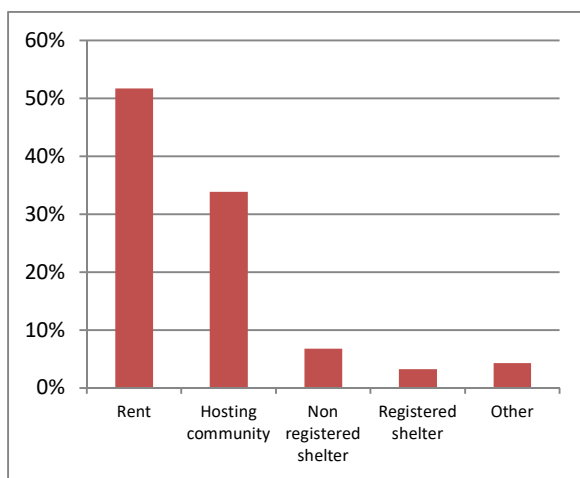


Educational level

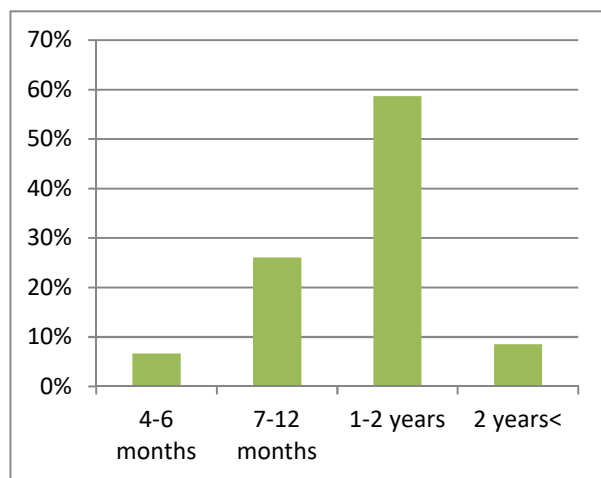


The percentage distribution of IDPs in Aleppo by:

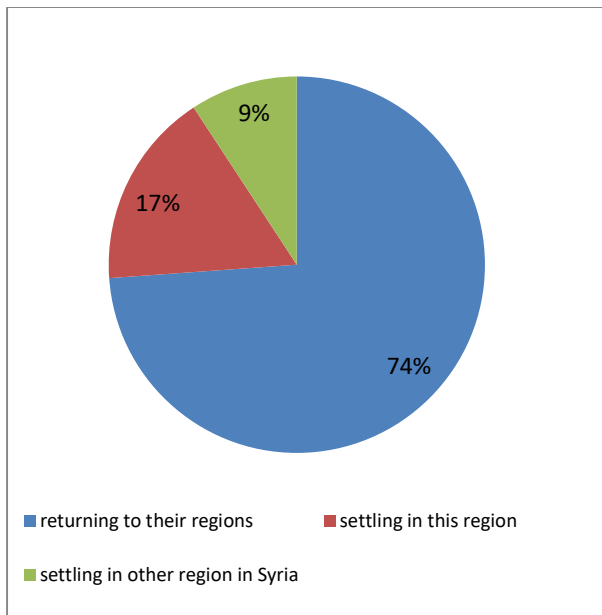
Place of residency



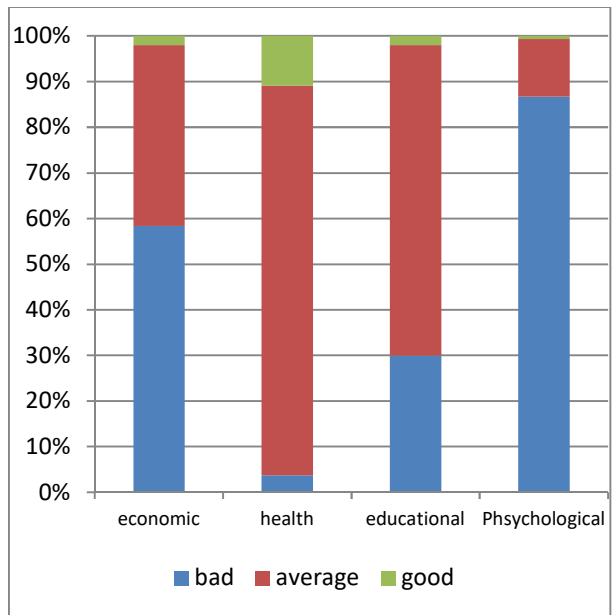
Period of displacement



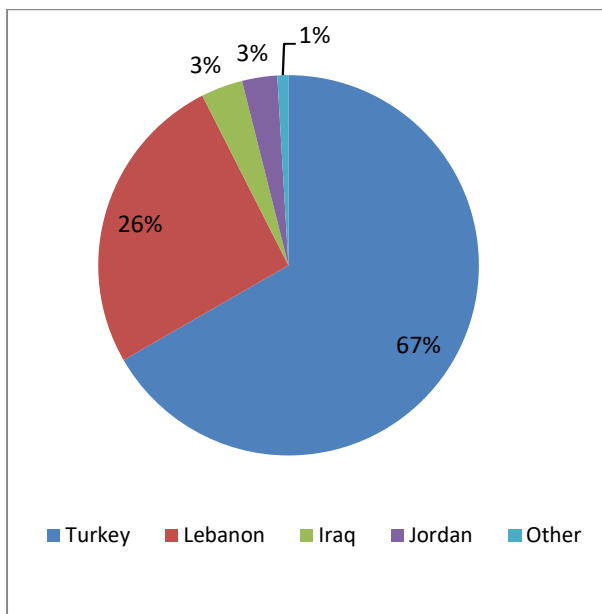
IDPs by future destination preferences



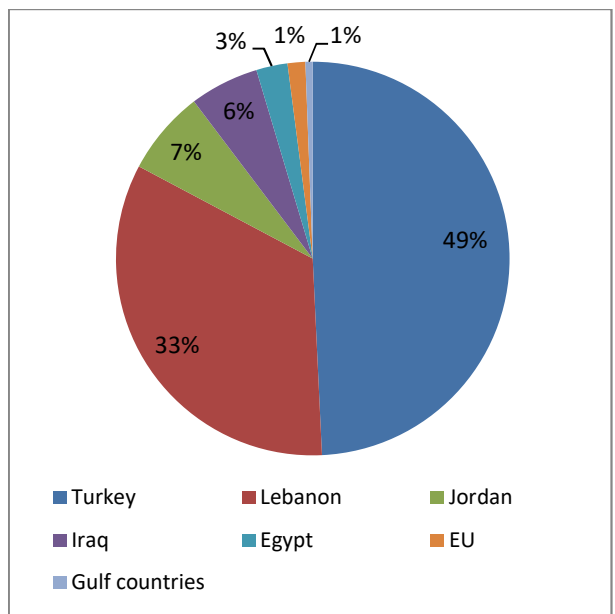
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



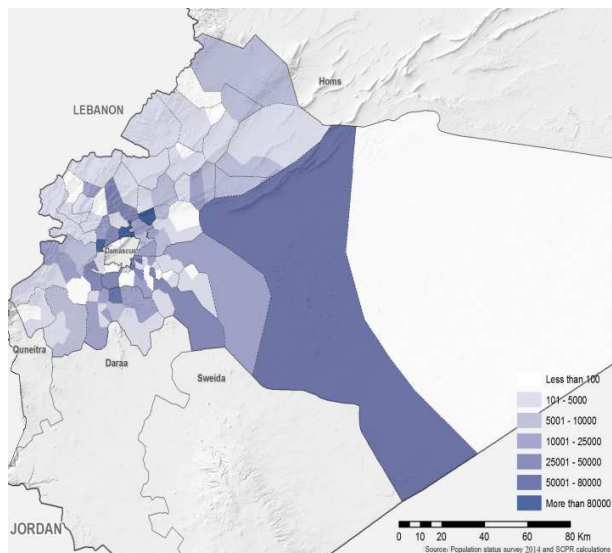
Rural Damascus

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	3077
<i>Not moved</i>	1916
<i>IDPs (to governorate)</i>	1161
Number of Departures	833
<i>IDPs (from governorate)</i>	415
<i>Refugees</i>	235
<i>Migrants</i>	184

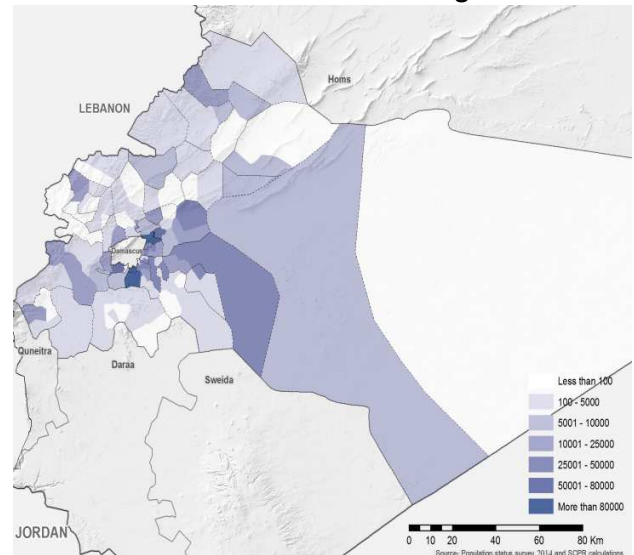
	Direct	Indirect	Total
Total deaths	71623	3431	75054
<i>Not moved</i>	66790	3085	69875
<i>IDPs (in governorate)</i>	4833	346	5179
Women and children	12982	958	13940
<i>Women</i>	5778	526	6304
<i>Children</i>	7204	432	7636

IDPs in Rural Damascus from other regions



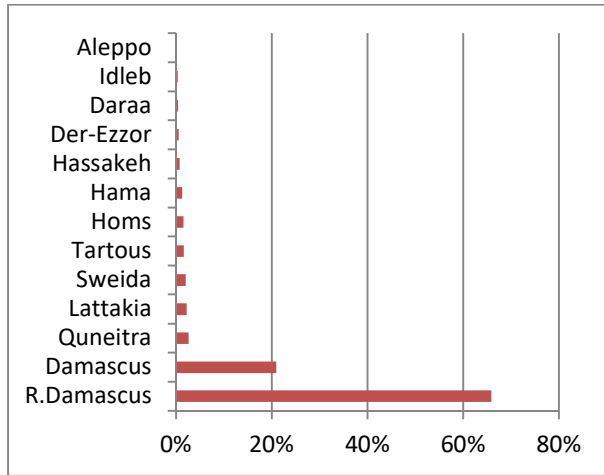
Al-Tal region had the highest number of IDPs in Rural Damascus at about 85800 persons

IDPs from Rural Damascus to other regions

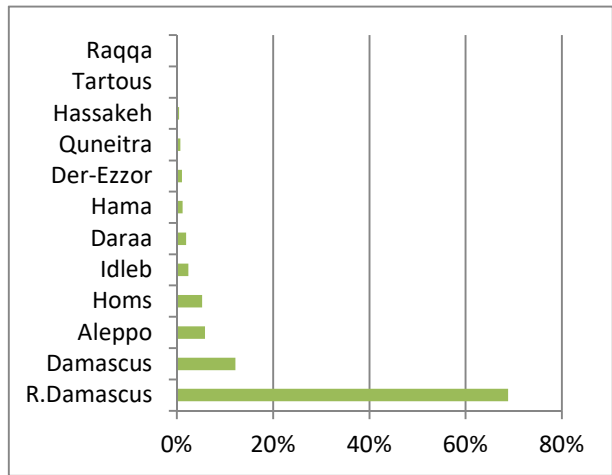


Houjira region had the highest number of IDPs from Rural Damascus at about 111000 persons

IDPs distribution from R. Damascus by governorate

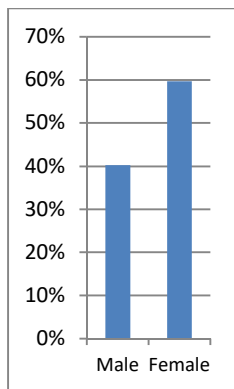


IDPs distribution in R. Damascus by governorate

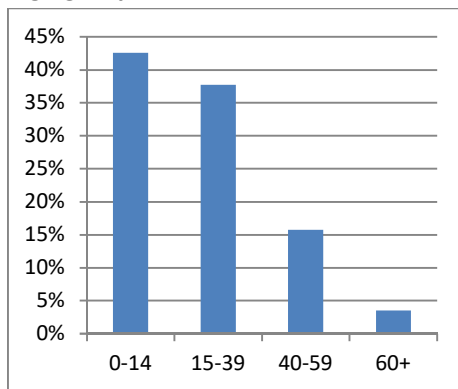


The percentage distribution of IDPs in Rural Damascus by:

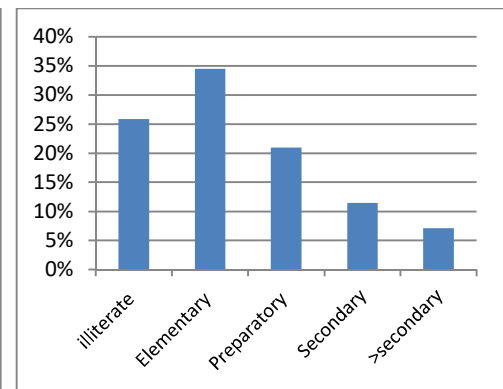
Sex



Age group

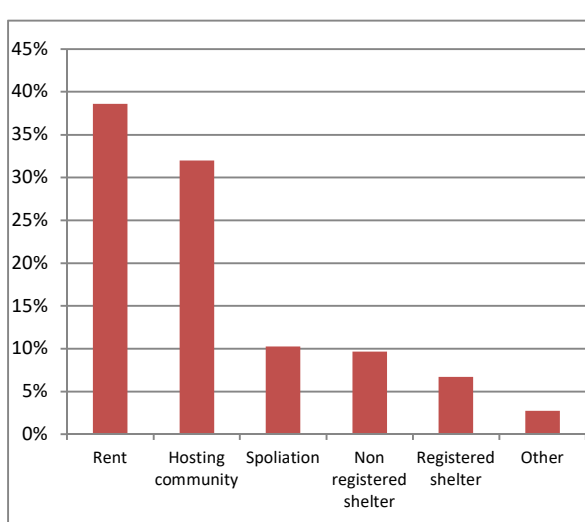


Educational level

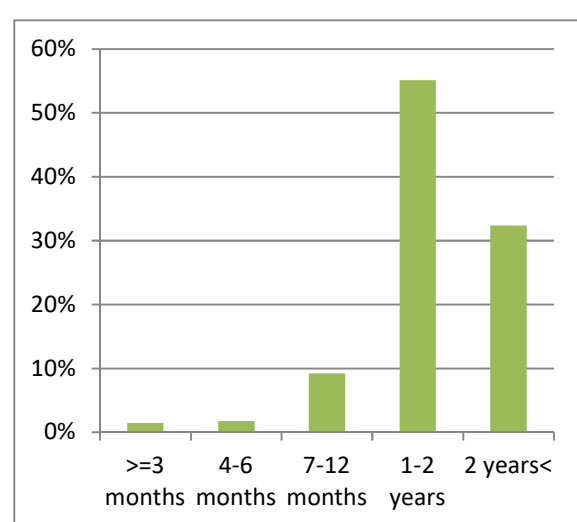


The percentage distribution of IDPs in Rural Damascus by:

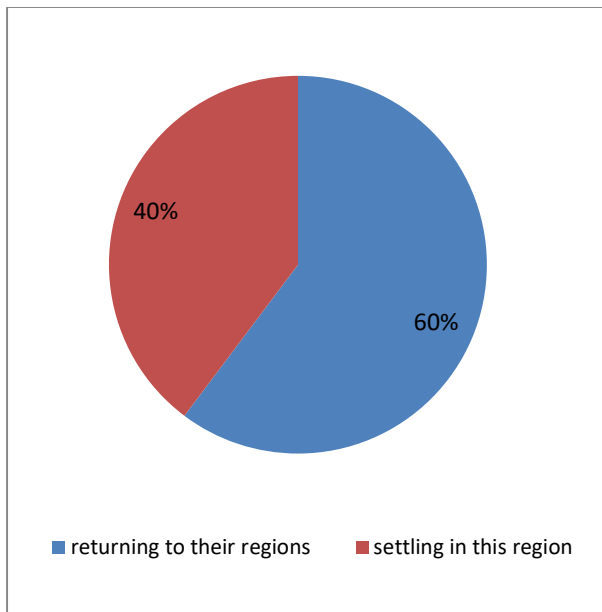
Place of residency



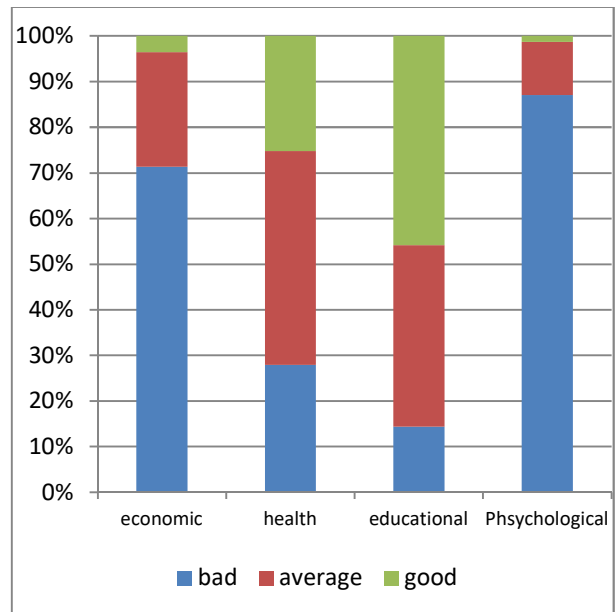
Period of displacement



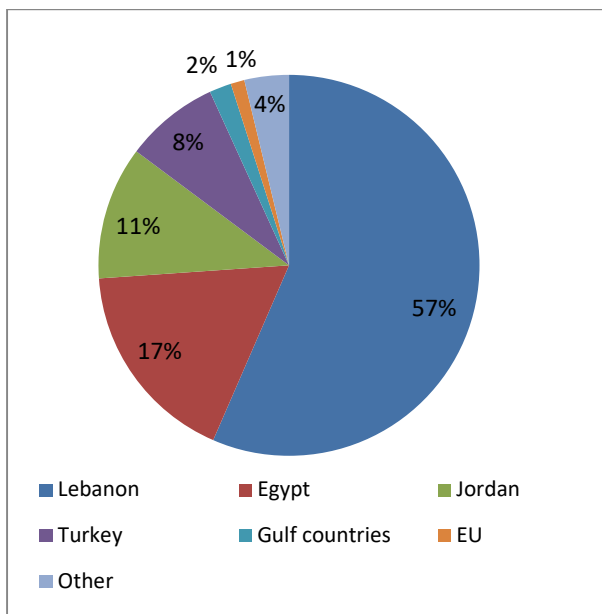
IDPs by future destination preferences



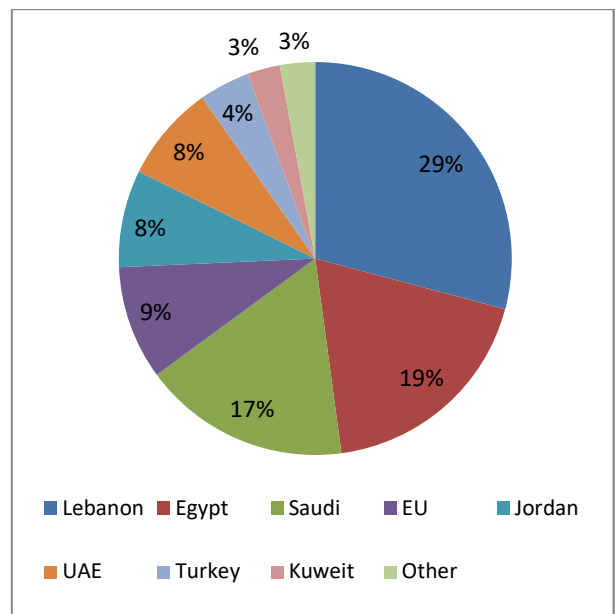
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



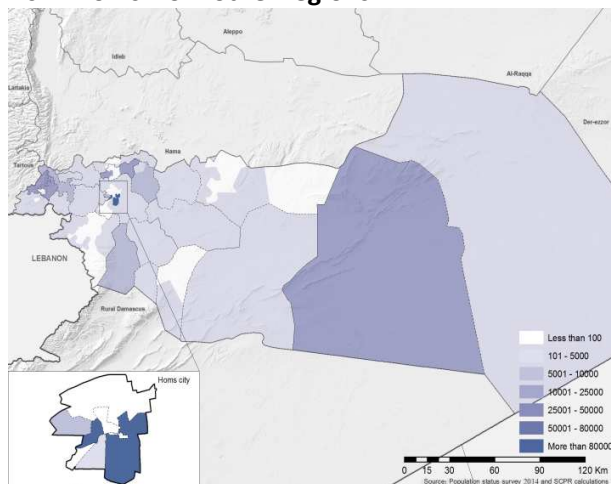
Homs

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1485
<i>Not moved</i>	1245
<i>IDPs (to governorate)</i>	240
Number of Departures	537
<i>IDPs (from governorate)</i>	271
<i>Refugees</i>	215
<i>Migrants</i>	51

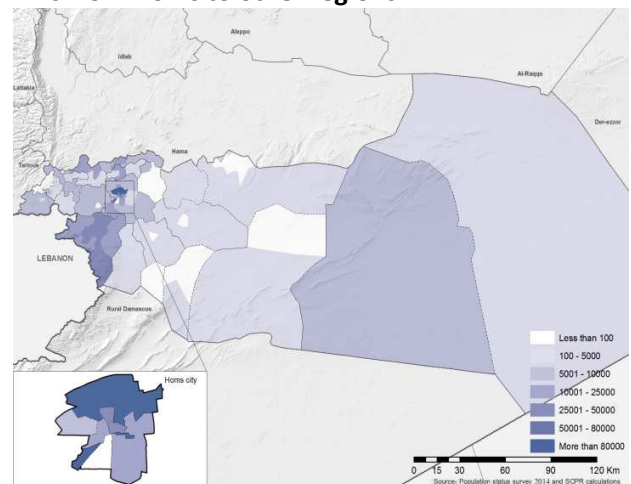
	Direct	Indirect	Total
Total deaths	41528	2705	44233
<i>Not moved</i>	37492	2124	39616
<i>IDPs (in governorate)</i>	4036	581	4617
Women and children	9843	853	10696
<i>Women</i>	7324	506	7830
<i>Children</i>	2519	347	2866

IDPs in Homs from other regions



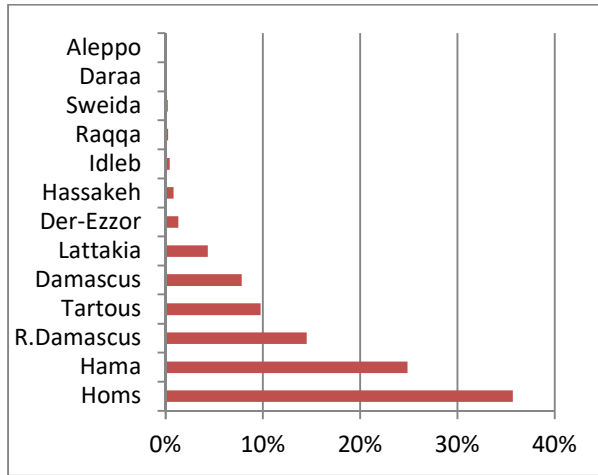
Wadi Al-Dahab region had the highest number of IDPs in Homs at about 102000 persons

IDPs from Homs to other regions

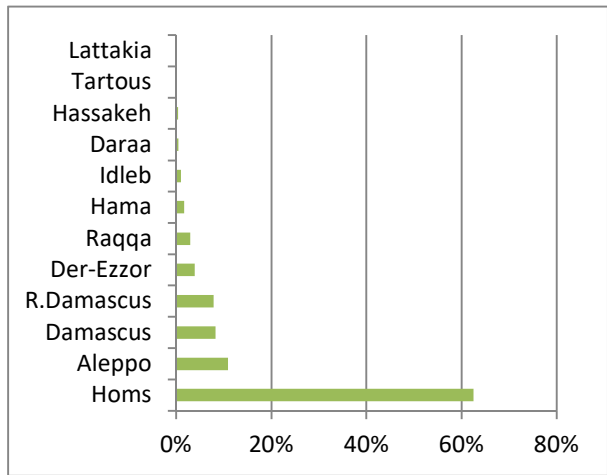


Der Baalba region had the highest number of IDPs from Homs at about 115000 persons

IDPs distribution from Homs by governorate

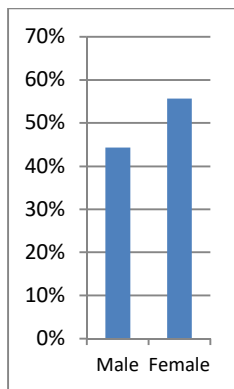


IDPs distribution in Homs by governorate

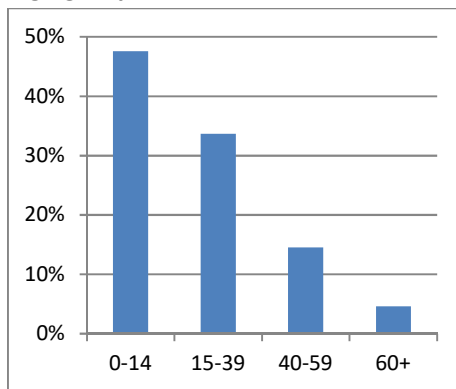


The percentage distribution of IDPs in Homs by:

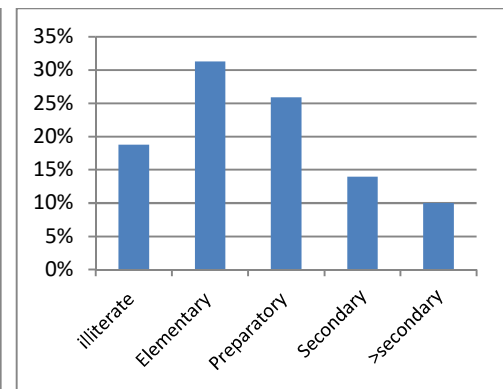
Sex



Age group

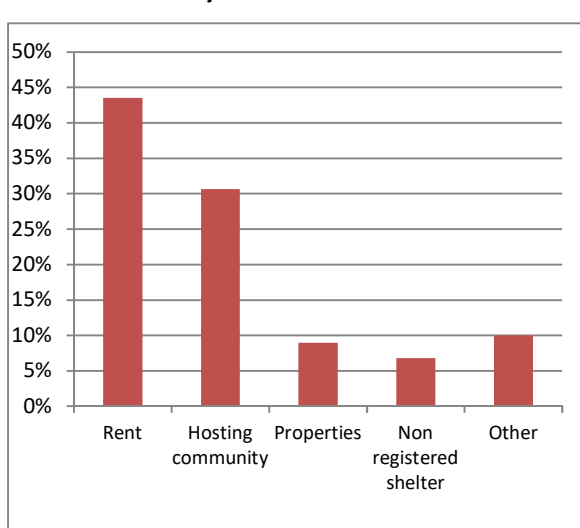


Educational level

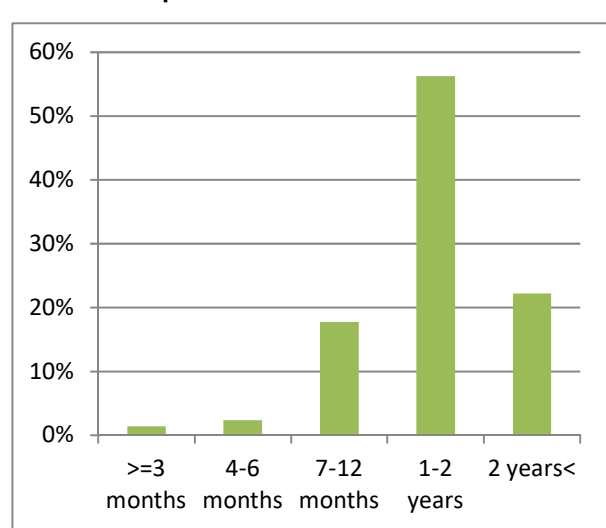


The percentage distribution of IDPs in Homs by:

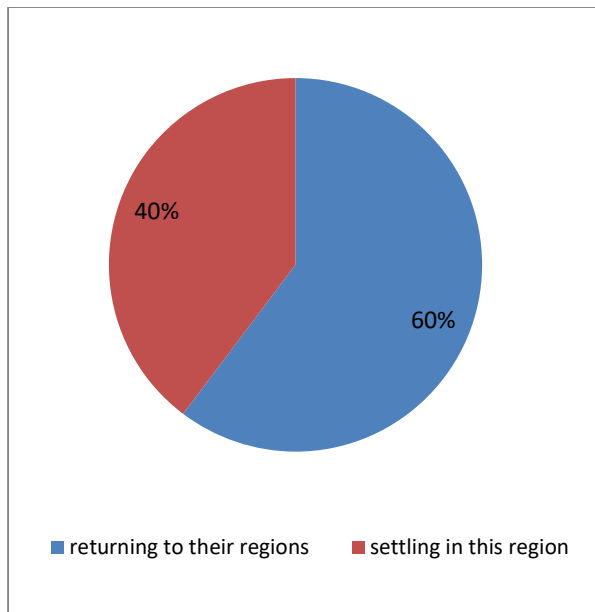
Place of residency



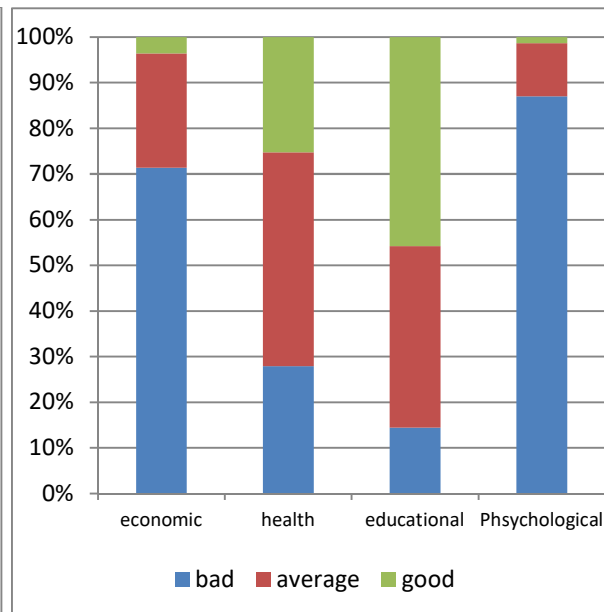
Period of displacement



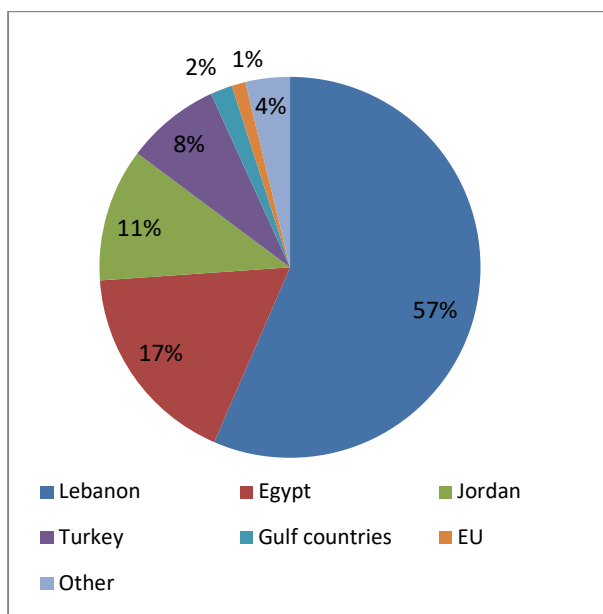
IDPs by future destination preferences



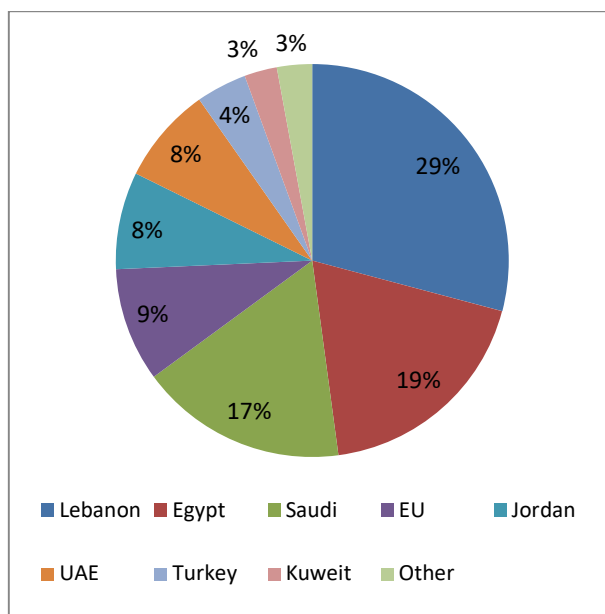
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



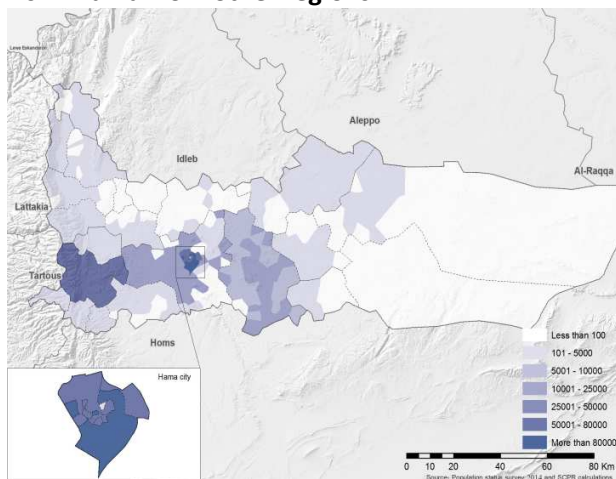
Hama

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1886
<i>Not moved</i>	1482
<i>IDPs (to governorate)</i>	403
Number of Departures	245
<i>IDPs (from governorate)</i>	100
<i>Refugees</i>	96
<i>Migrants</i>	49

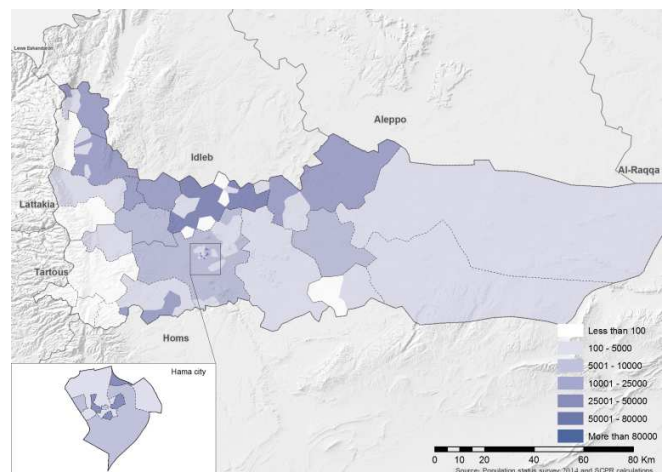
	Direct	Indirect	Total
Total deaths	29623	1945	31568
<i>Not moved</i>	28858	1672	30530
<i>IDPs (in governorate)</i>	765	273	1038
Women and children	3123	779	3902
<i>Women</i>	1307	297	1604
<i>Children</i>	1816	482	2298

IDPs in Hama from other regions



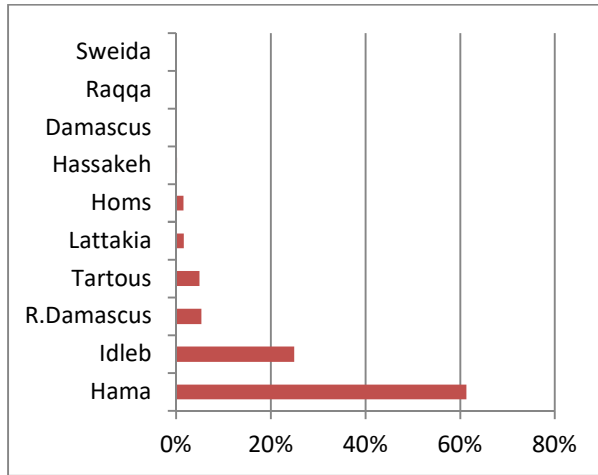
Gharnata region had the highest number of IDPs in Hama at about 147000 persons

IDPs from Hama to other regions

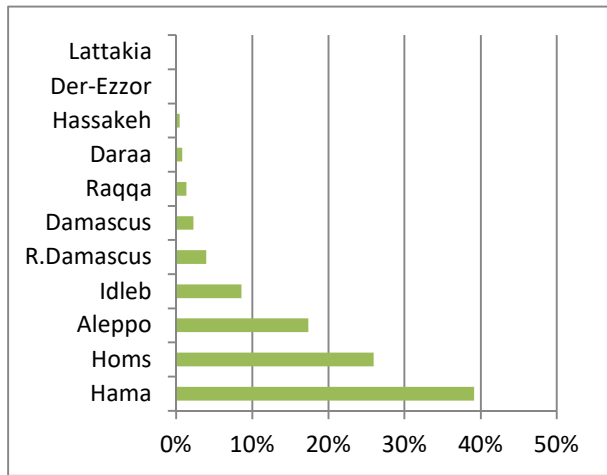


Soran region had the highest number of IDPs from Hama at about 45000 persons

IDPs distribution from Hama by governorate

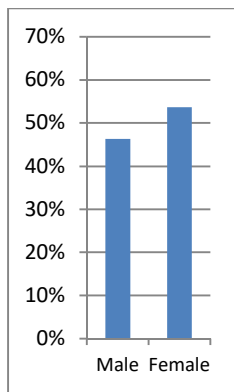


IDPs distribution in Hama by governorate

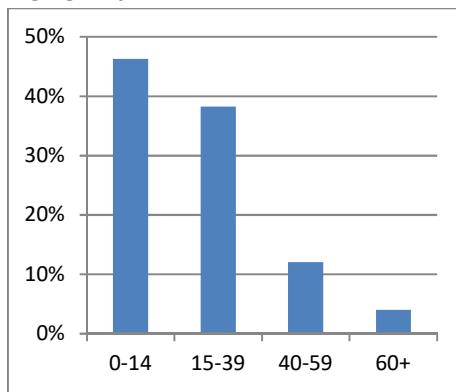


The percentage distribution of IDPs in Hama by:

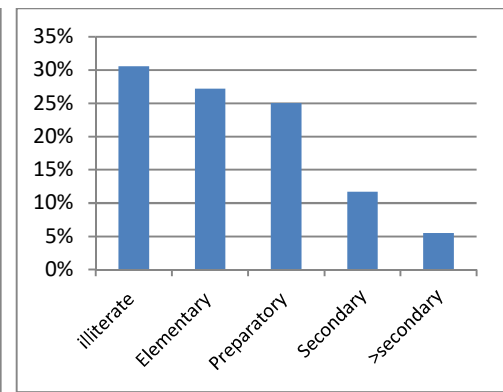
Sex



Age group

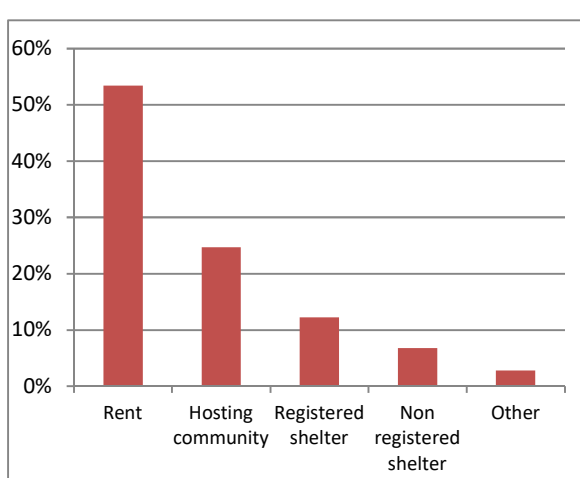


Educational level

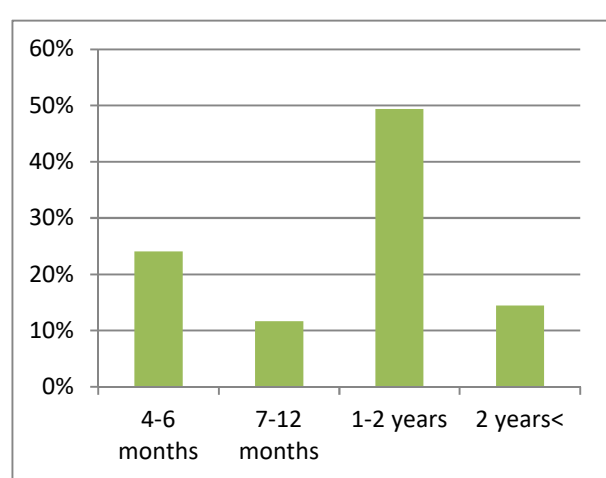


The percentage distribution of IDPs in Hama by:

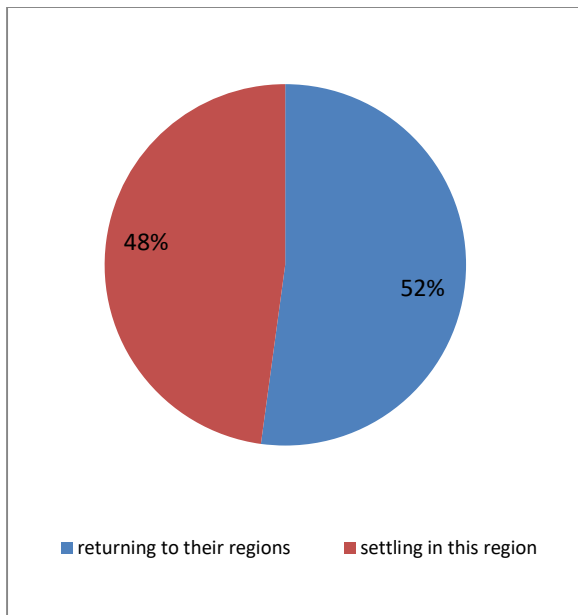
Place of residency



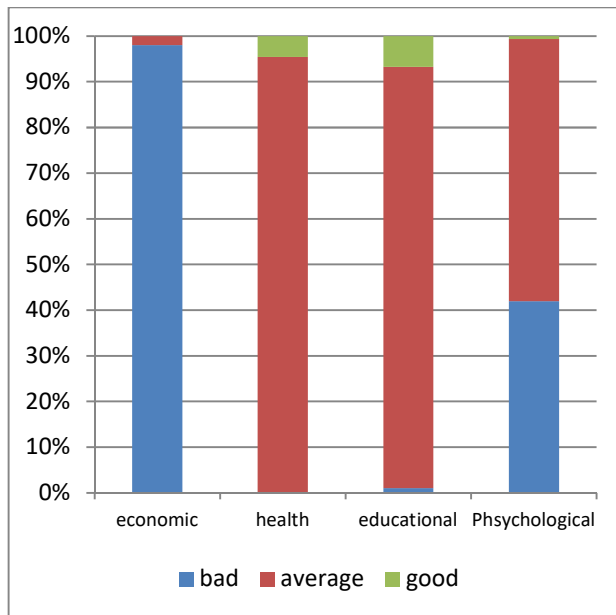
Period of displacement



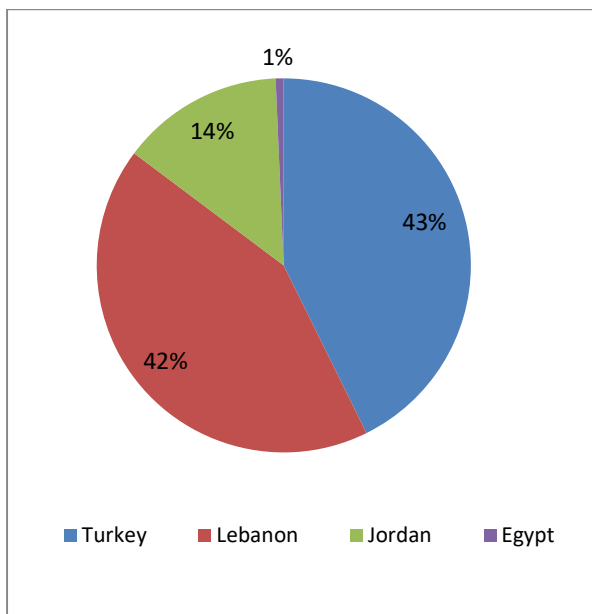
IDPs by future destination preferences



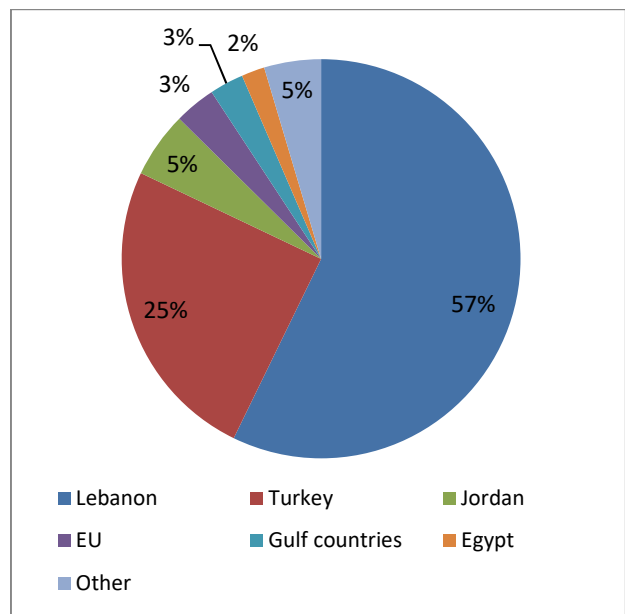
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



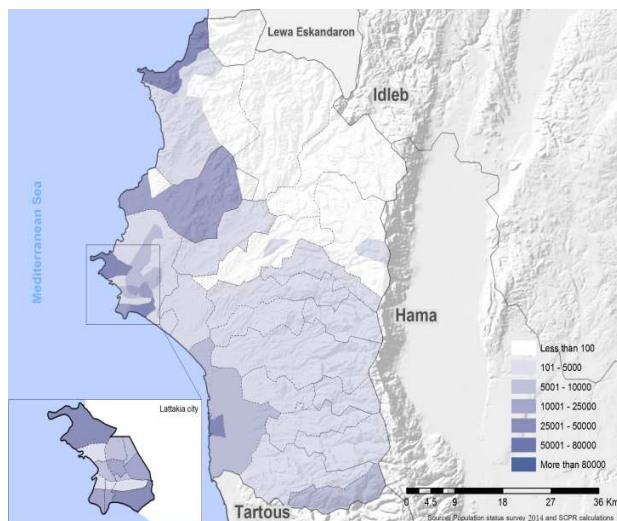
Lattakia

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1366
<i>Not moved</i>	1063
<i>IDPs (to governorate)</i>	303
Number of Departures	62
<i>IDPs (from governorate)</i>	5
<i>Refugees</i>	34
<i>Migrants</i>	24

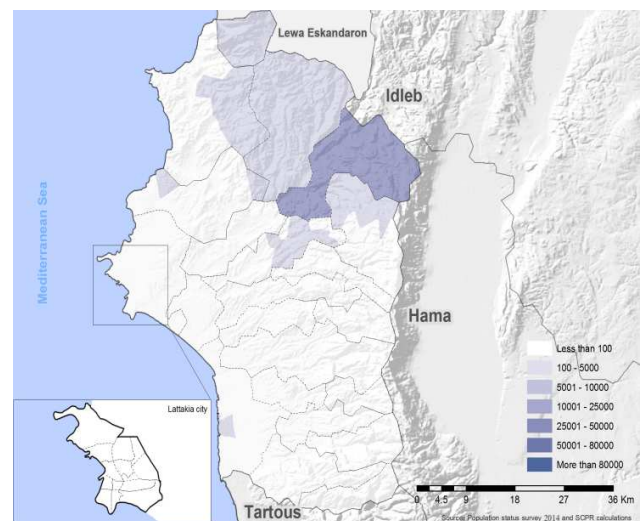
	Direct	Indirect	Total
Total deaths	9190	59	9249
<i>Not moved</i>	8820	56	8876
<i>IDPs (in governorate)</i>	370	3	373
Women and children	308	15	323
<i>Women</i>	167	11	178
<i>Children</i>	141	4	145

IDPs in Lattakia from other regions



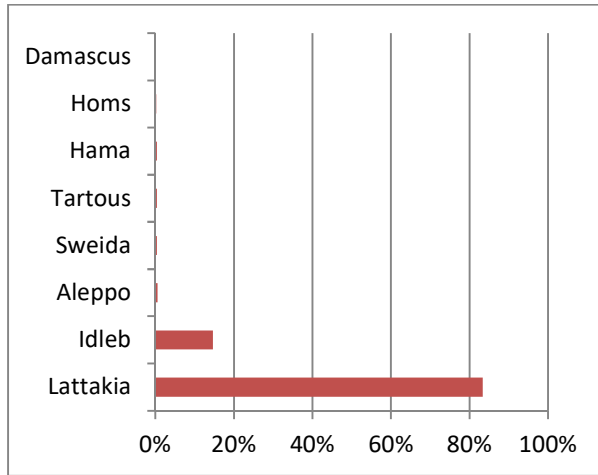
Badrosieh region had the highest number of IDPs in Lattakia at about 41500 persons

IDPs from Lattakia to other regions

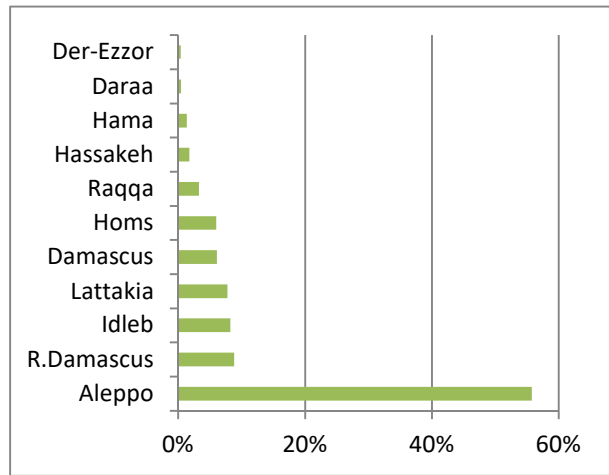


Kansabeh region had the highest number of IDPs from Lattakia at about 11000 persons

IDPs distribution from Lattakia by governorate

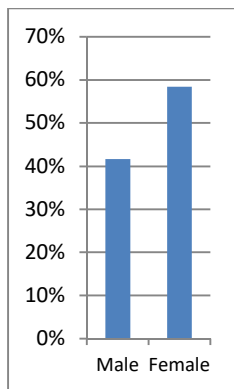


IDPs distribution in Lattakia by governorate

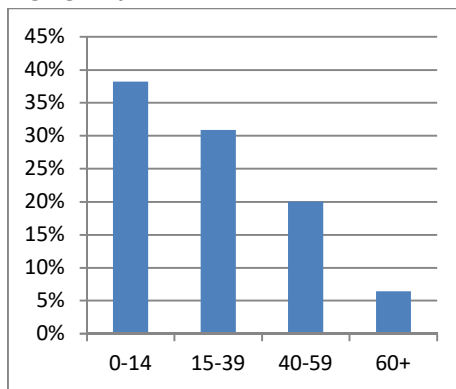


The percentage distribution of IDPs in Lattakia by:

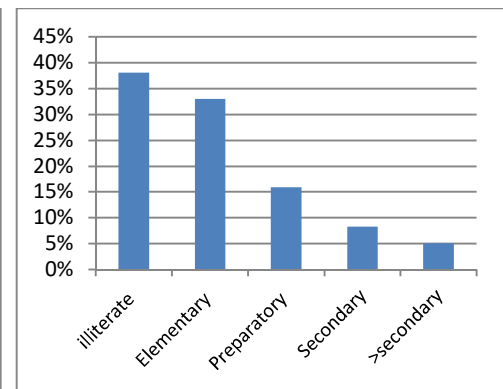
Sex



Age group

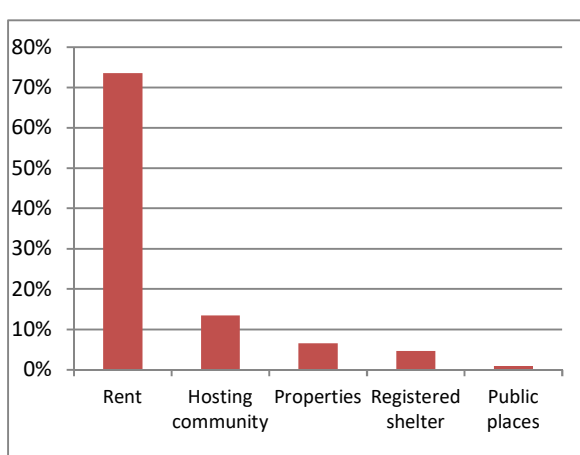


Educational level

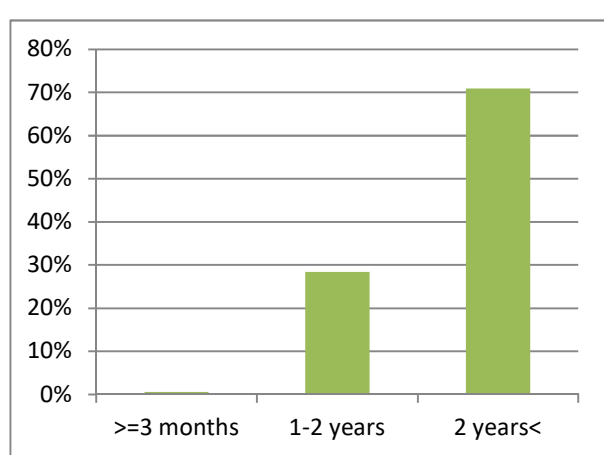


The percentage distribution of IDPs in Lattakia by:

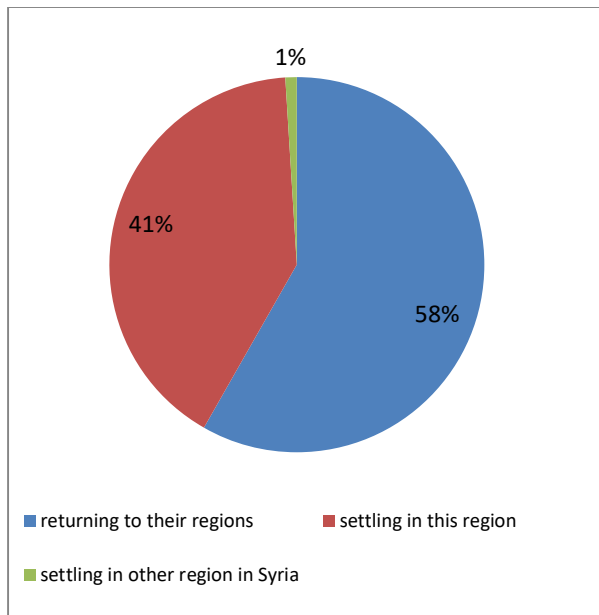
Place of residency



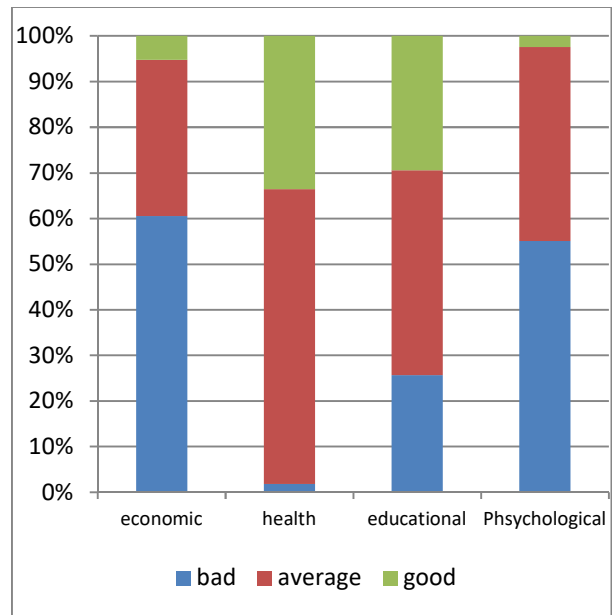
Period of displacement



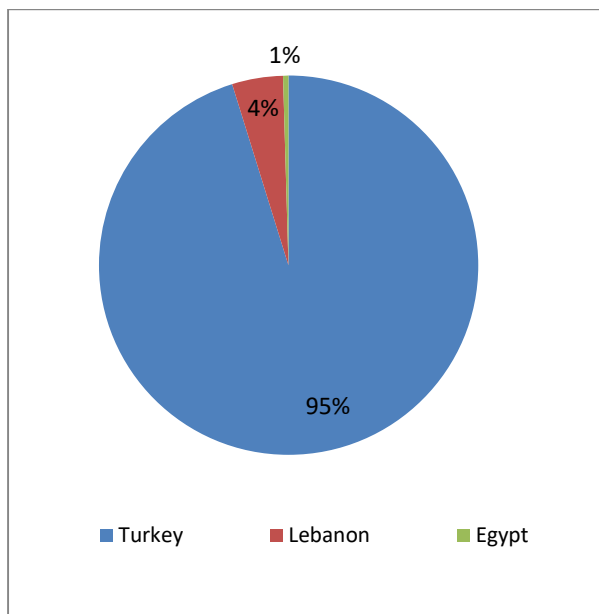
IDPs by future destination preferences



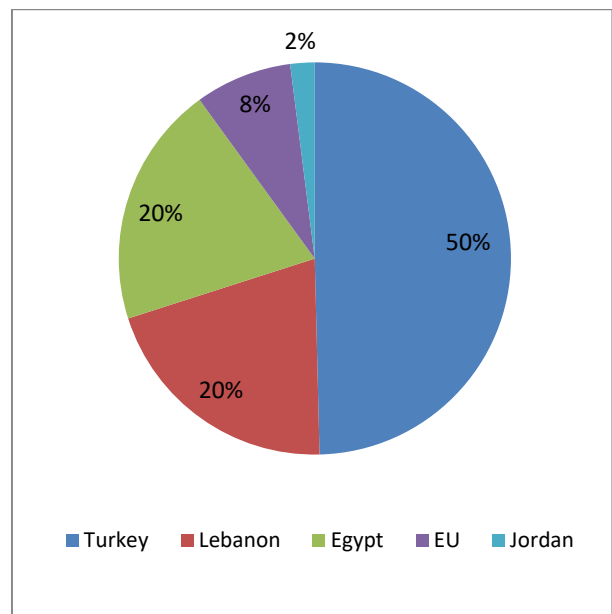
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



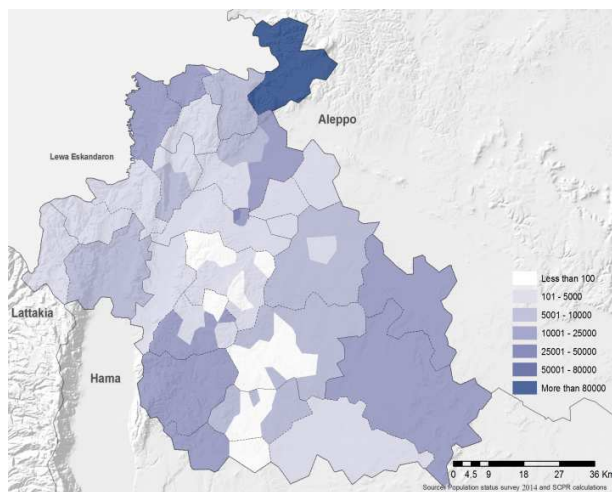
Idleb

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1320
<i>Not moved</i>	860
<i>IDPs (to governorate)</i>	460
Number of Departures	407
<i>IDPs (from governorate)</i>	131
<i>Refugees</i>	148
<i>Migrants</i>	128

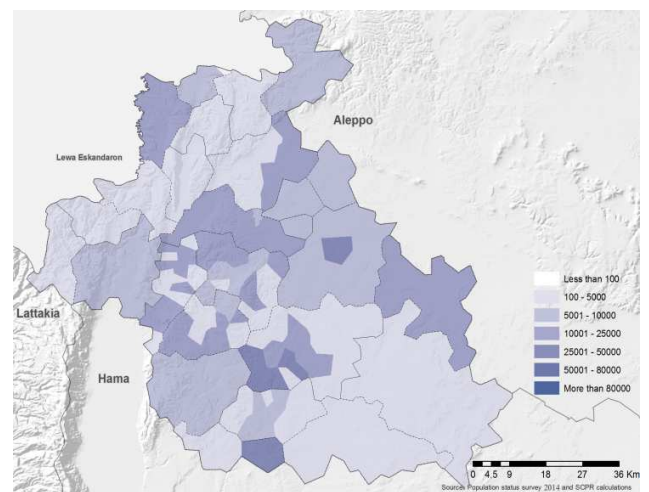
	Direct	Indirect	Total
Total deaths	28080	5227	33307
<i>Not moved</i>	22305	4390	26695
<i>IDPs (in governorate)</i>	5775	837	6612
Women and children	5411	1646	7057
<i>Women</i>	2258	796	3054
<i>Children</i>	3153	850	4003

IDPs in Idleb from other regions



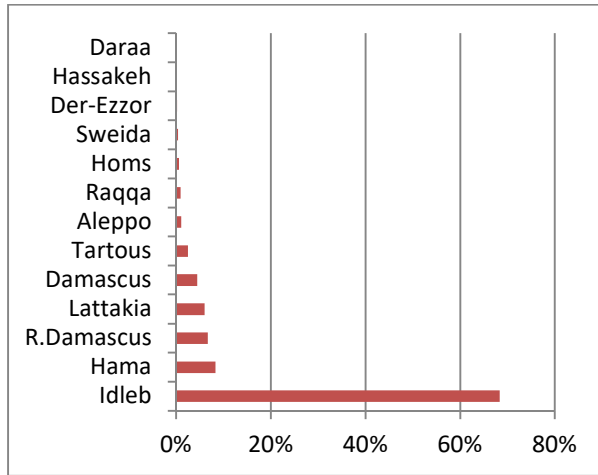
Al-Dana region had the highest number of IDPs in Idleb at about 156000 persons

IDPs from Idleb to other regions

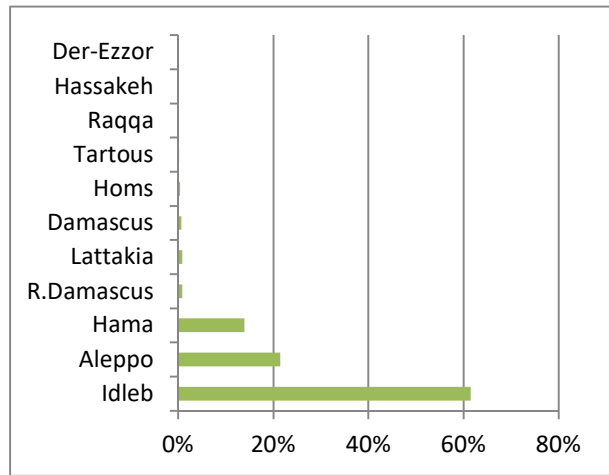


Khan Shekhoun region had the highest number of IDPs from Idleb at about 37000 persons

IDPs distribution from Idlib by governorate

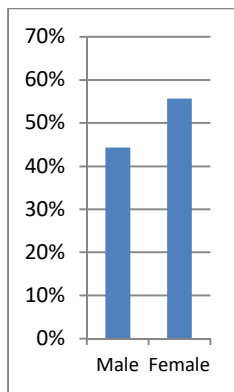


IDPs distribution in Idlib by governorate

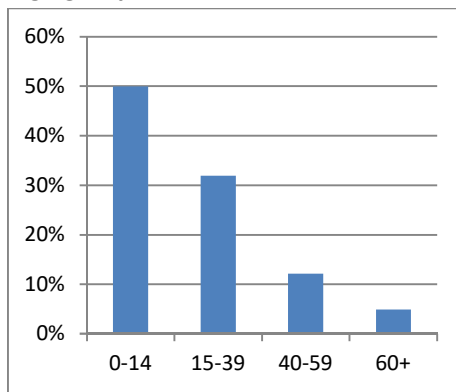


The percentage distribution of IDPs in Idlib by:

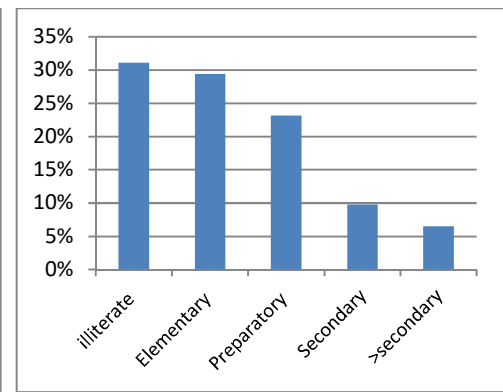
Sex



Age group

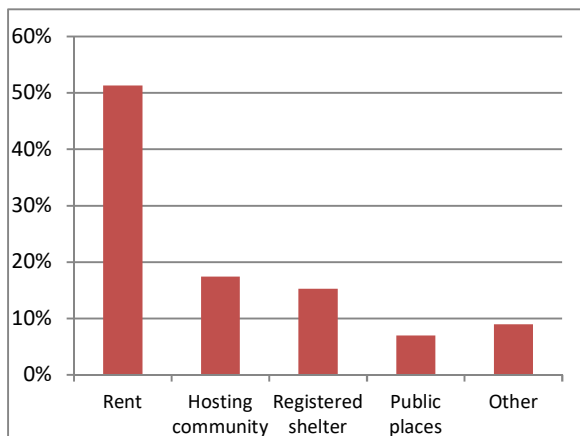


Educational level

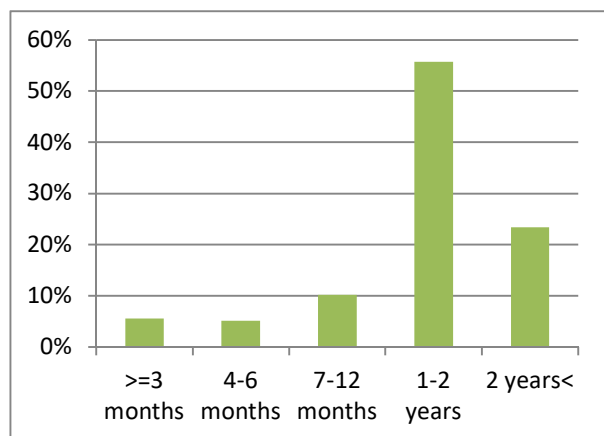


The percentage distribution of IDPs in Idlib by:

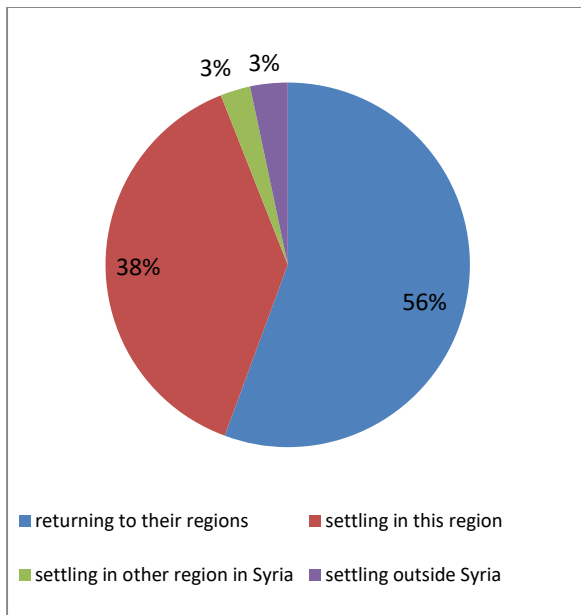
Place of residency



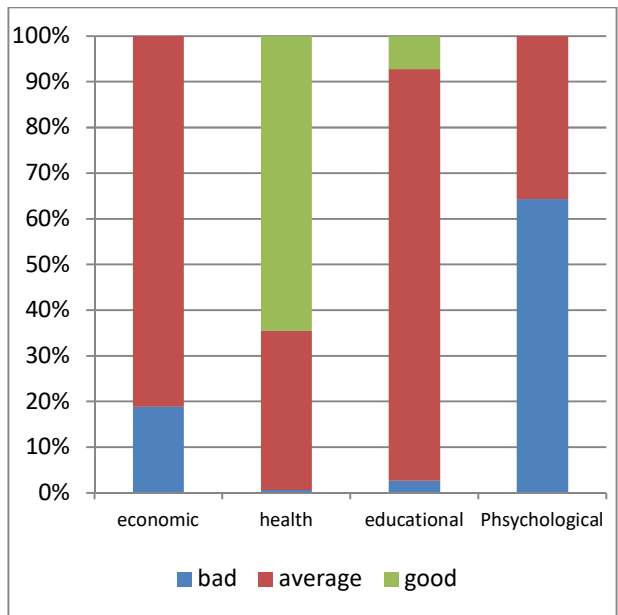
Period of displacement



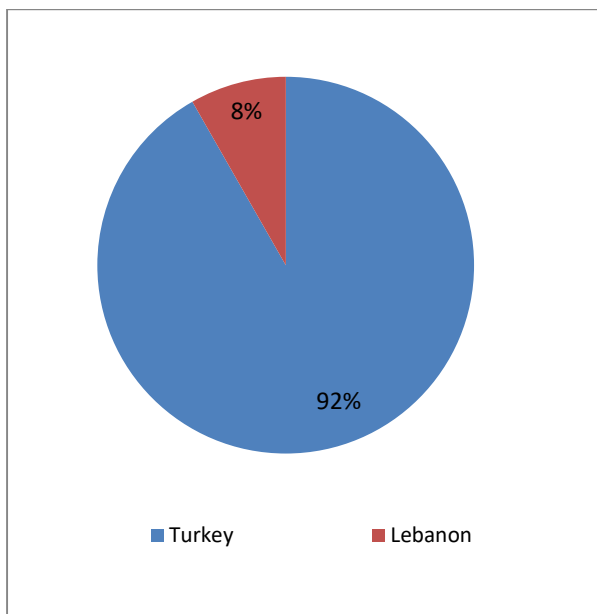
IDPs by future destination preferences



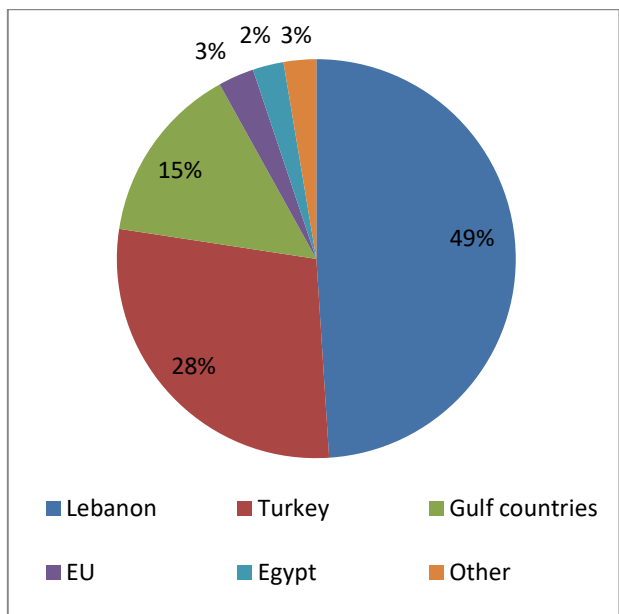
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



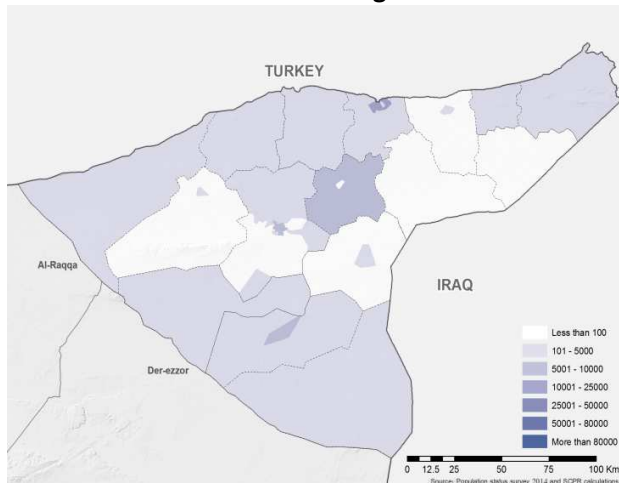
Al-Hasakeh

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1265
<i>Not moved</i>	1116
<i>IDPs (to governorate)</i>	148
Number of Departures	311
<i>IDPs (from governorate)</i>	27
<i>Refugees</i>	162
<i>Migrants</i>	123

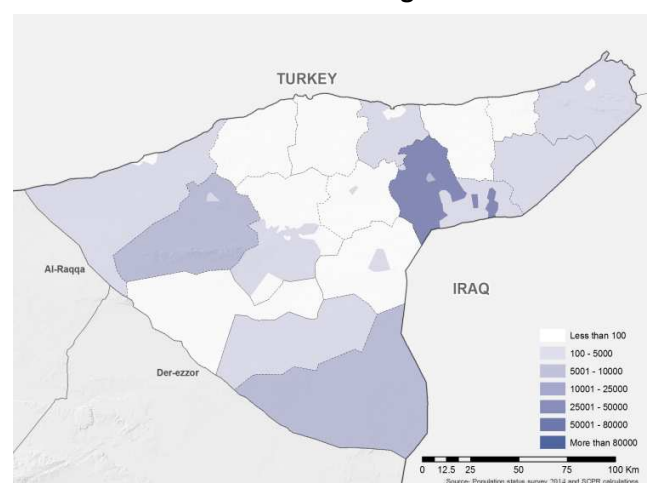
	Direct	Indirect	Total
Total deaths	3948	1660	5608
<i>Not moved</i>	3901	1565	5466
<i>IDPs (in governorate)</i>	47	95	142
Women and children	627	764	1391
<i>Women</i>	334	335	669
<i>Children</i>	293	429	722

IDPs in Al-Hasakeh from other regions



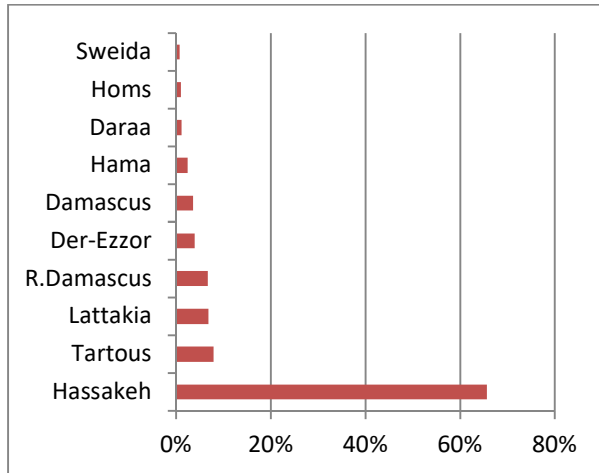
Al-Zahraa in Qamishly city had the highest number of IDPs in Al-Hasakeh at about 19000 persons

IDPs from Al-Hasakeh to other regions

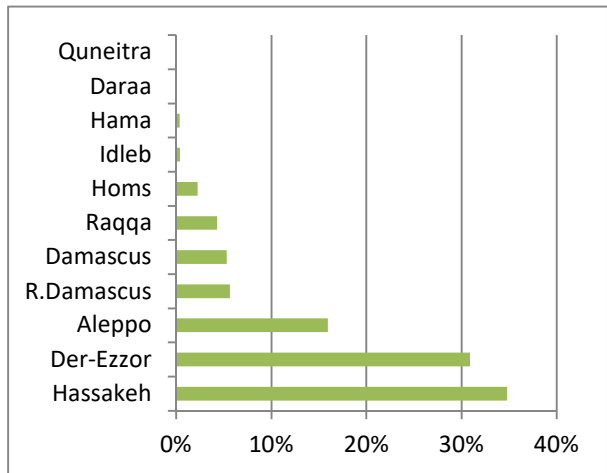


Tal Maarouf region had the highest number of IDPs from Al-Hasakeh at about 25000 persons

IDPs distribution from Al-Hasakeh by governorate

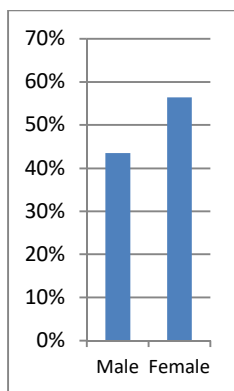


IDPs distribution in Al-Hasakeh by governorate

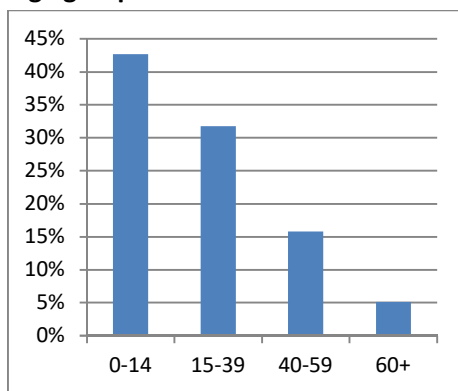


The percentage distribution of IDPs in Al-Hasakeh by:

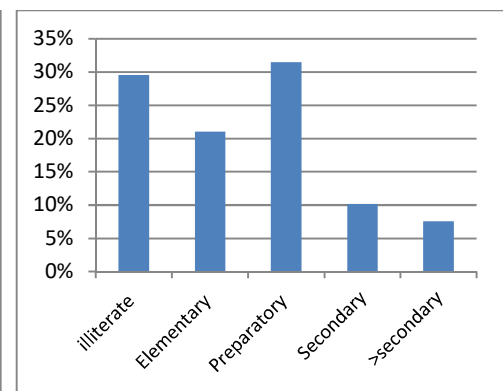
Sex



Age group

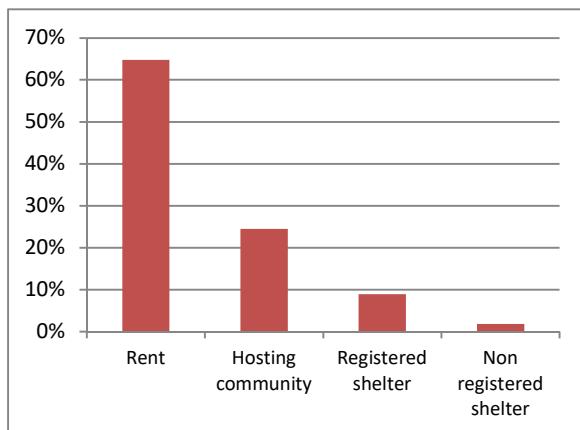


Educational level

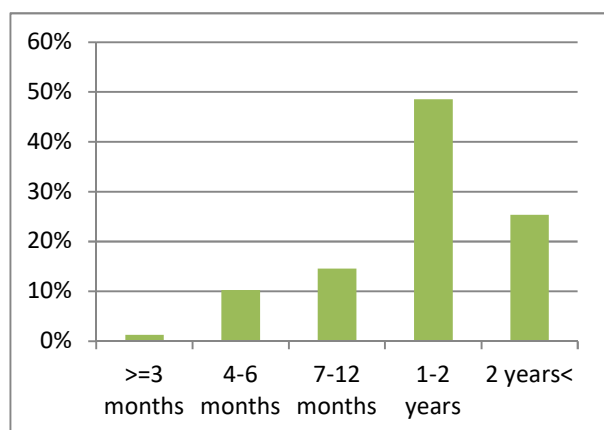


The percentage distribution of IDPs in Al-Hasakeh by:

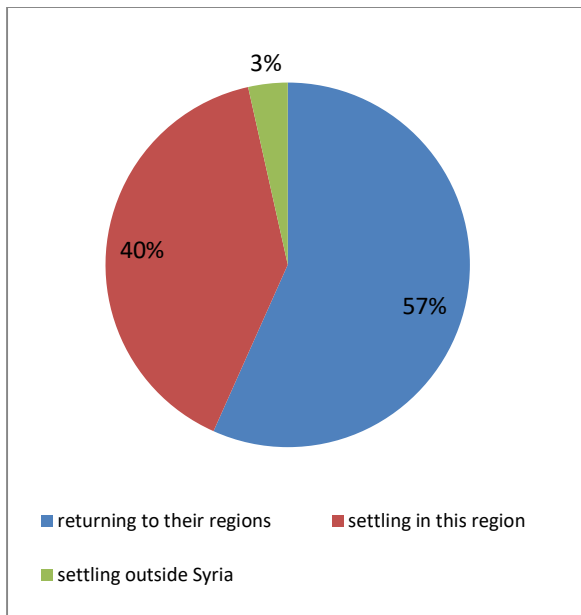
Place of residency



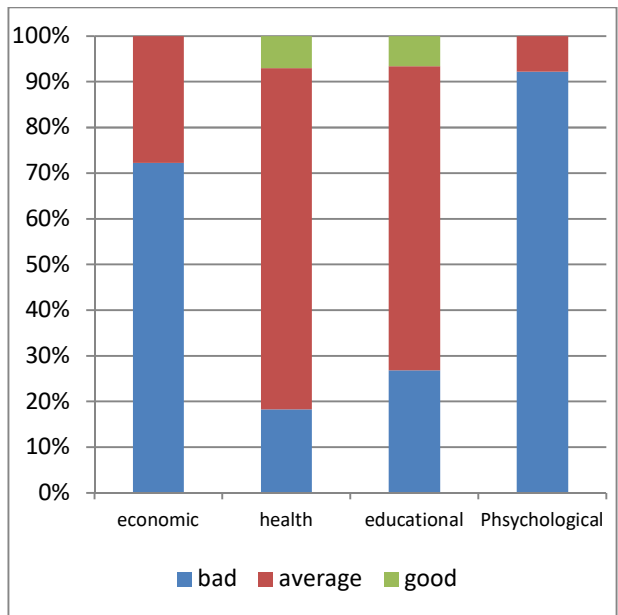
Period of displacement



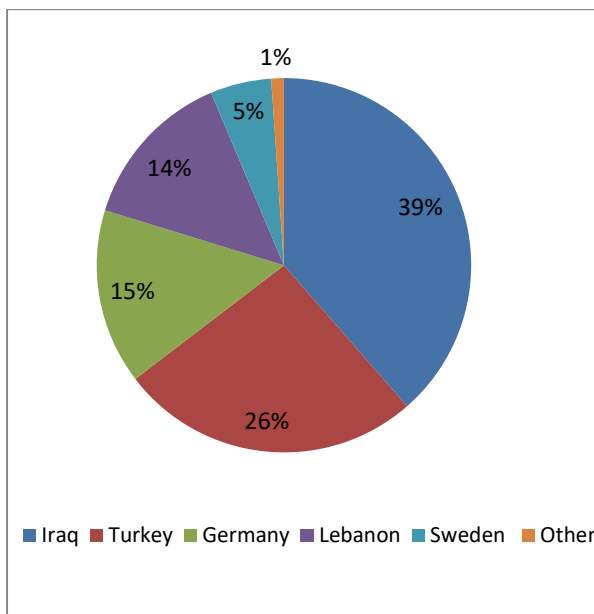
IDPs by future destination preferences



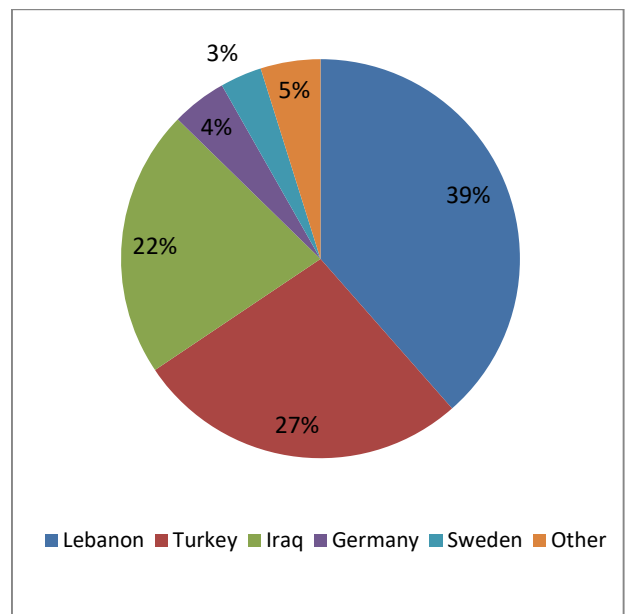
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



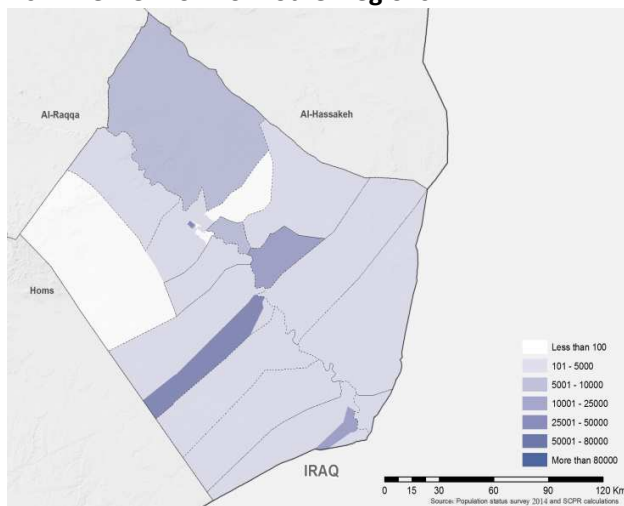
Deir-ez-zor

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1230
<i>Not moved</i>	1033
<i>IDPs (to governorate)</i>	196
Number of Departures	136
<i>IDPs (from governorate)</i>	106
<i>Refugees</i>	16
<i>Migrants</i>	14

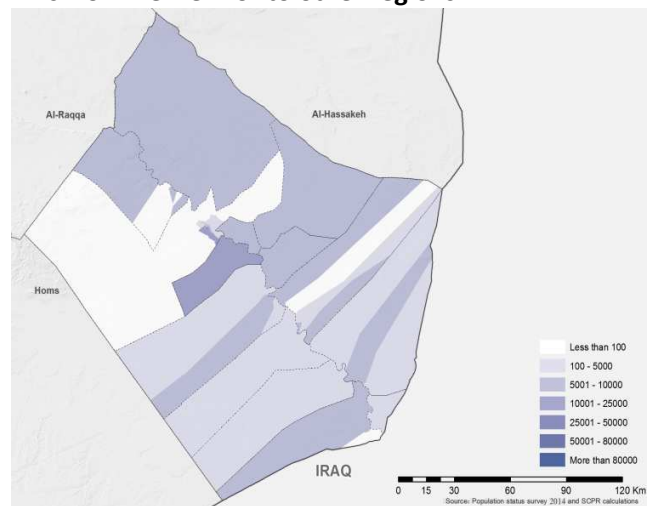
	Direct	Indirect	Total
Total deaths	6864	2683	9547
<i>Not moved</i>	6136	2277	8413
<i>IDPs (in governorate)</i>	728	406	1134
Women and children	1282	889	2171
<i>Women</i>	573	479	1052
<i>Children</i>	709	410	1119

IDPs in Deir-ez-zor from other regions



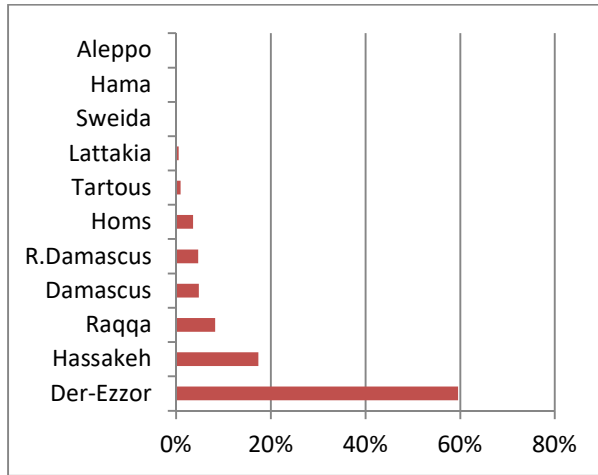
Al-thawra region had the highest number of IDPs in Deir-ez-zor at about 33000 persons

IDPs from Deir-ez-zor to other regions

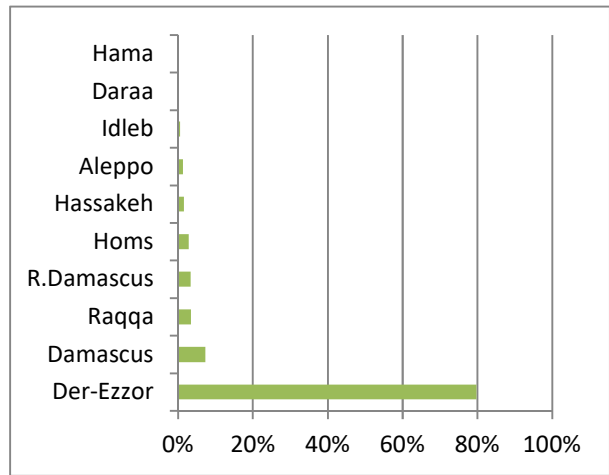


Al-Hamidieh region had the highest number of IDPs from Deir-ez-zor at about 25000 persons

IDPs distribution from Deir-ez-zor by governorate

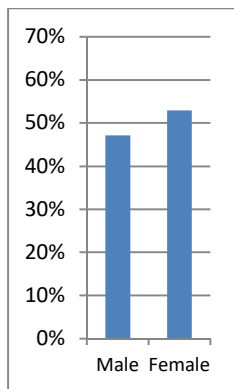


IDPs distribution in Deir-ez-zor by governorate

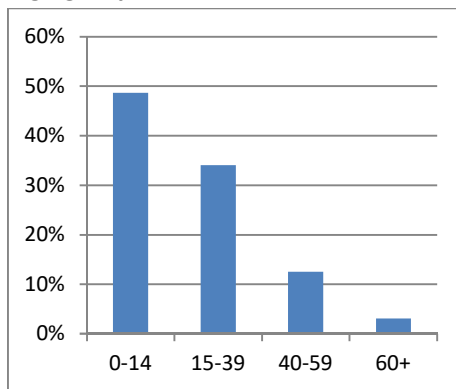


The percentage distribution of IDPs in Deir-ez-zor by:

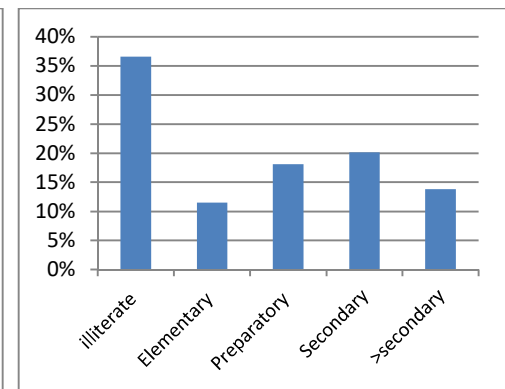
Sex



Age group



Educational level

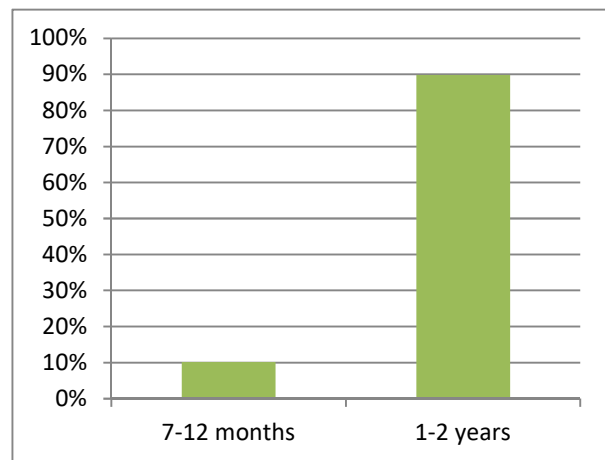


The percentage distribution of IDPs in Deir-ez-zor by:

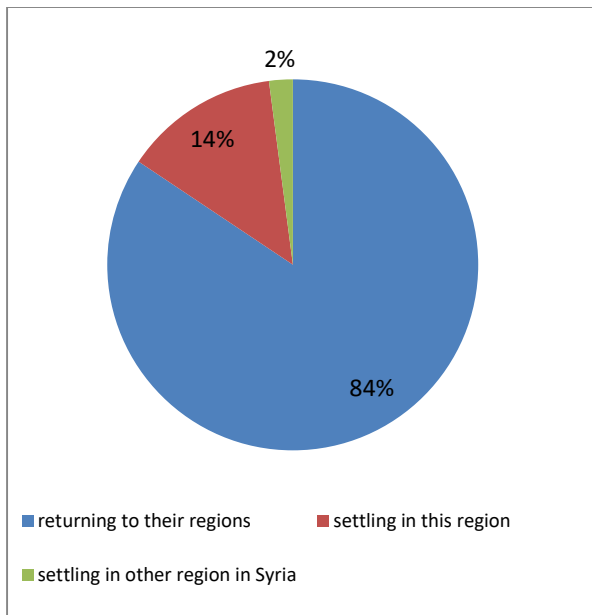
Place of residency



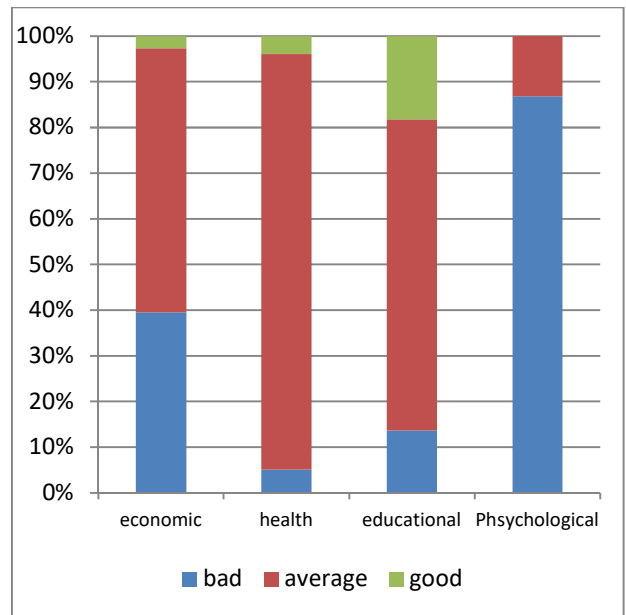
Period of displacement



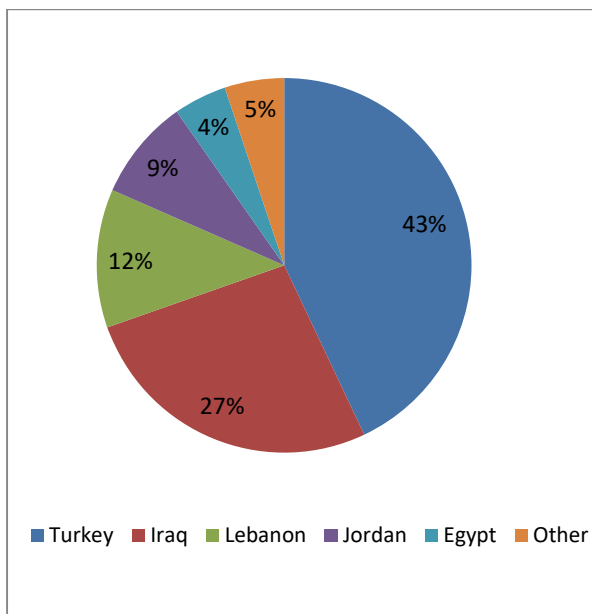
IDPs by future destination preferences



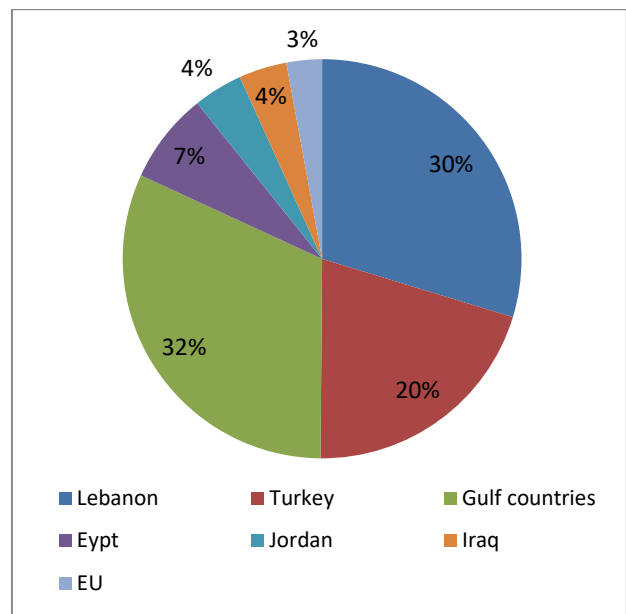
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



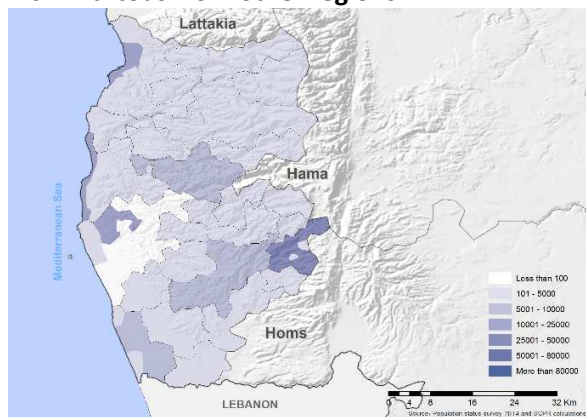
Tartous

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	1036
<i>Not moved</i>	871
<i>IDPs (to governorate)</i>	165
Number of Departures	45
<i>IDPs (from governorate)</i>	2
<i>Refugees</i>	26
<i>Migrants</i>	17

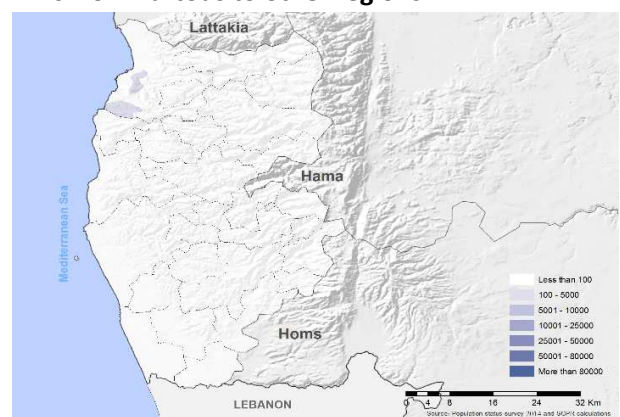
	Direct	Indirect	Total
Total deaths	4265	115	4380
<i>Not moved</i>	4159	81	4240
<i>IDPs (in governorate)</i>	106	34	140
Women and children	362	54	416
<i>Women</i>	192	41	233
<i>Children</i>	170	13	183

IDPs in Tartous from other regions



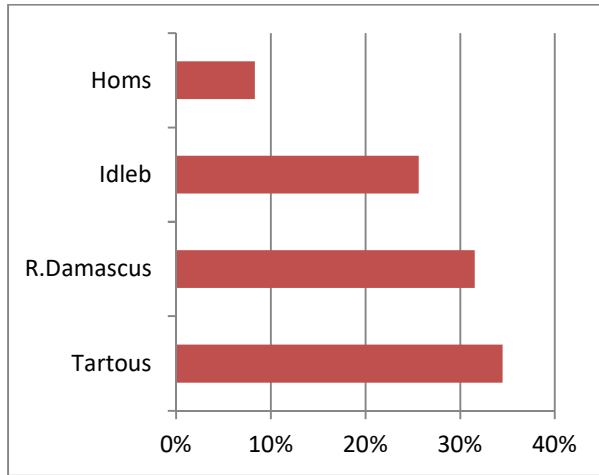
Bseira region had the highest number of IDPs in Tartous at about 32000 persons

IDPs from Tartous to other regions

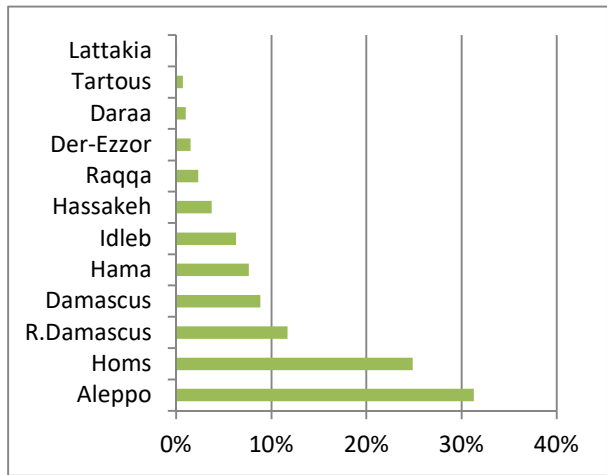


Al-Hay Al-Sharki in Banyas region had the highest number of IDPs from Tartous at about 3400 persons

IDPs distribution from Tartous by governorate

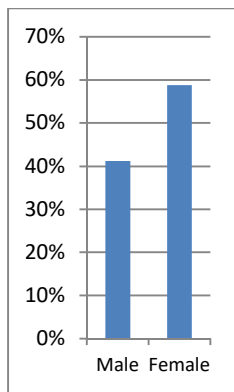


IDPs distribution in Tartous by governorate

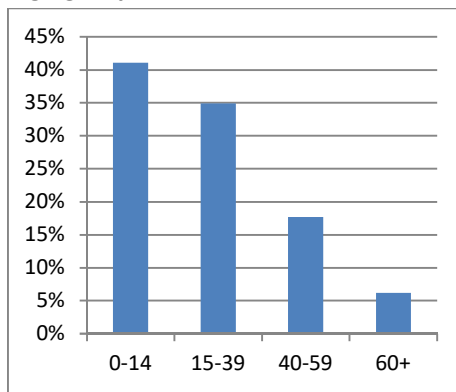


The percentage distribution of IDPs in Tartous by:

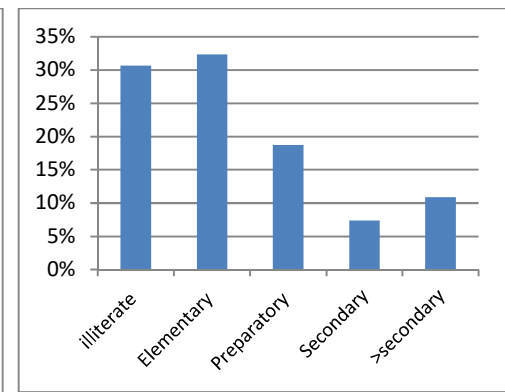
Sex



Age group



Educational level

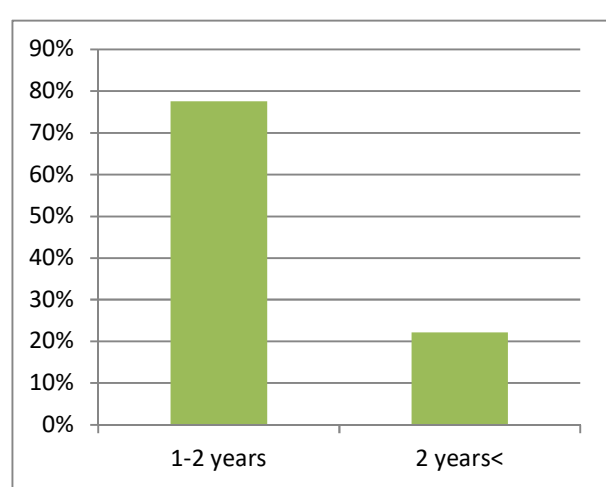


The percentage distribution of IDPs in Tartous by:

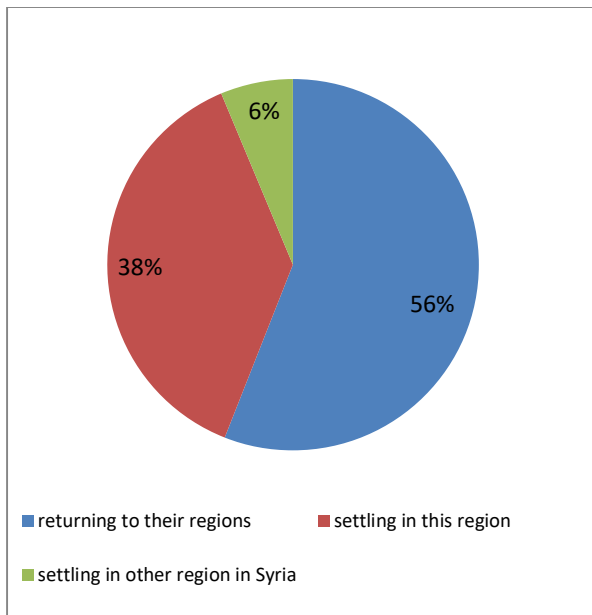
Place of residency



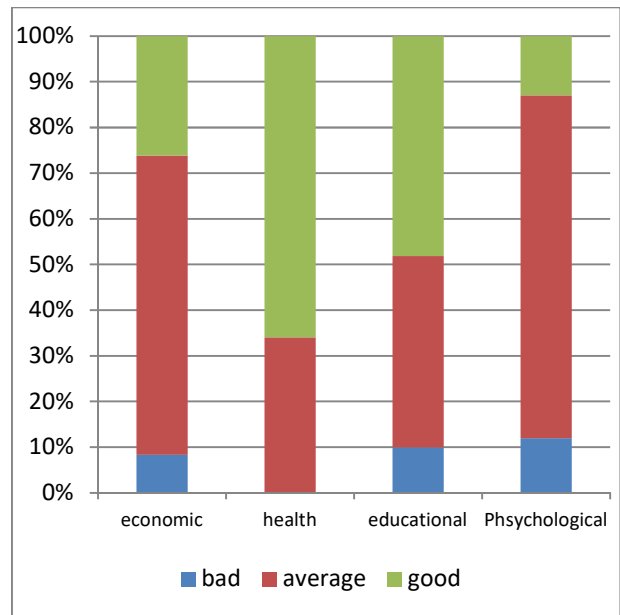
Period of displacement



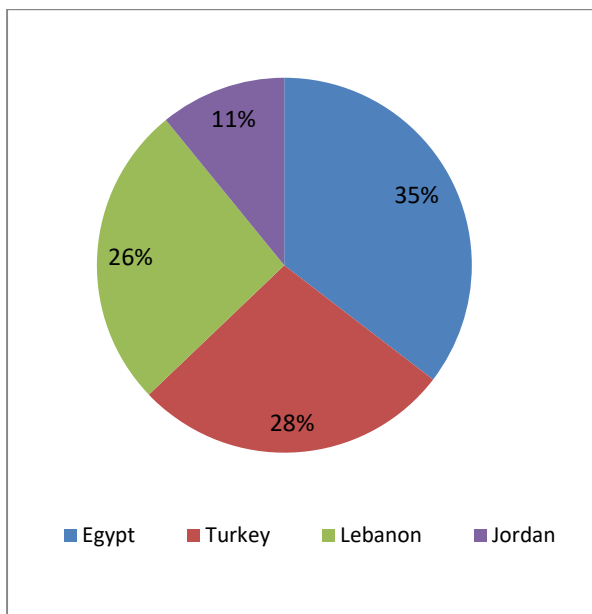
IDPs by future destination preferences



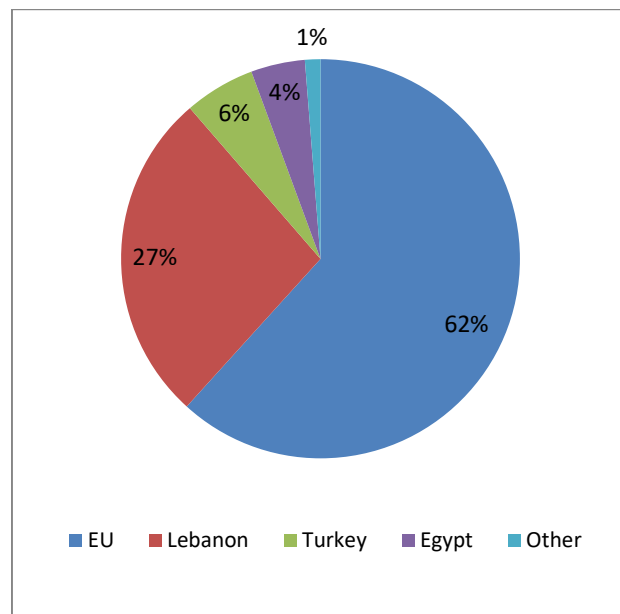
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



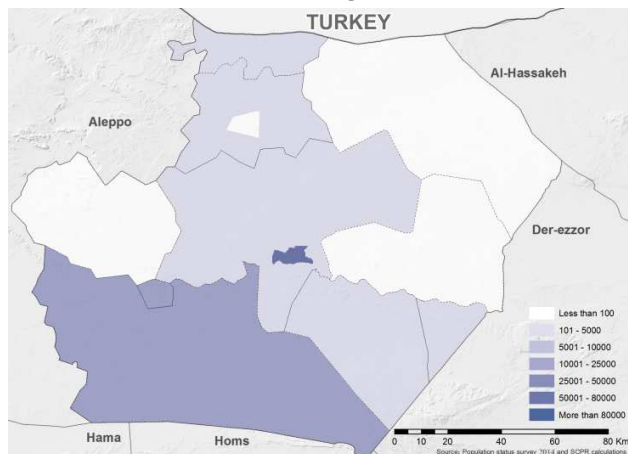
Al-Rakka

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	796
<i>Not moved</i>	689
<i>IDPs (to governorate)</i>	108
Number of Departures	237
<i>IDPs (from governorate)</i>	56
<i>Refugees</i>	142
<i>Migrants</i>	40

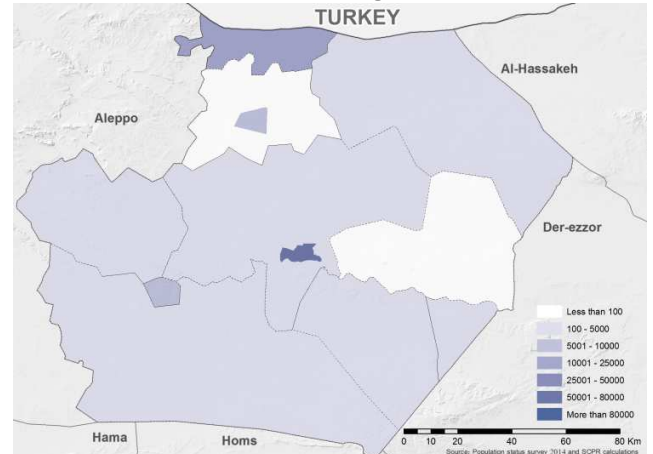
	Direct	Indirect	Total
Total deaths	8398	1533	9931
<i>Not moved</i>	7675	1300	8975
<i>IDPs (in governorate)</i>	723	233	956
Women and children	837	0	837
<i>Women</i>	471	0	471
<i>Children</i>	366	0	366

IDPs in Al-Rakka from other regions



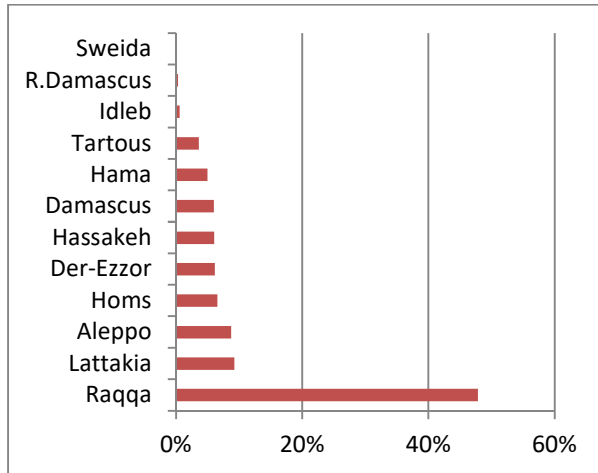
Al-Rakka city had the highest number of IDPs in Al-Rakka at about 66000 persons

IDPs from Al-Rakka to other regions

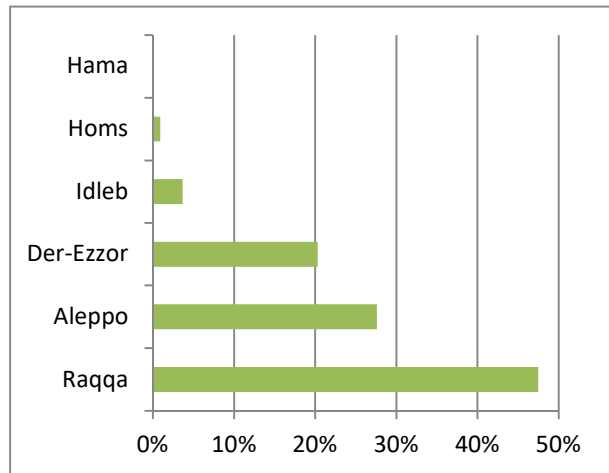


Al-Rakka city had the highest number of IDPs from Al-Rakka at about 68000 persons

IDPs distribution from Al-Rakka by governorate

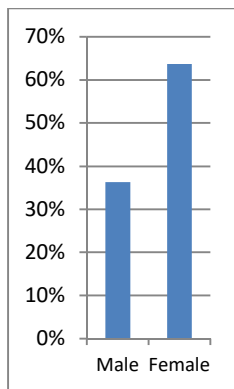


IDPs distribution in Al-Rakka by governorate

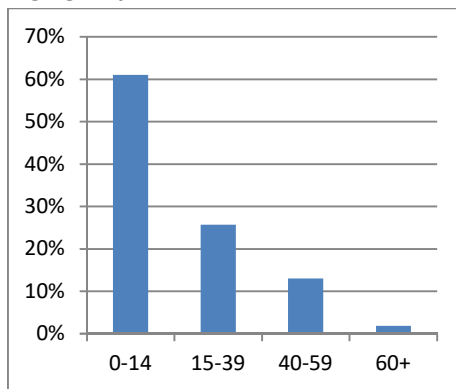


The percentage distribution of IDPs in Al-Rakka by:

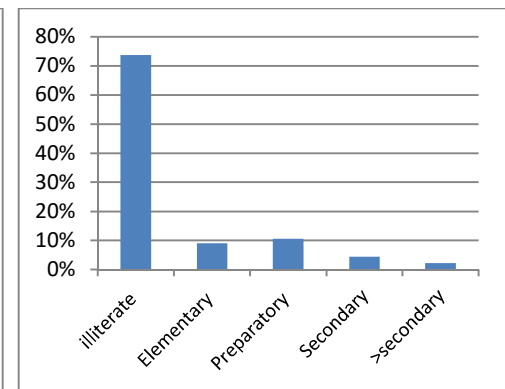
Sex



Age group

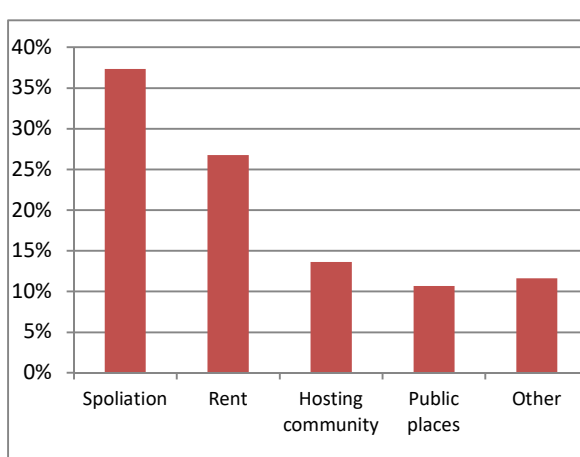


Educational level

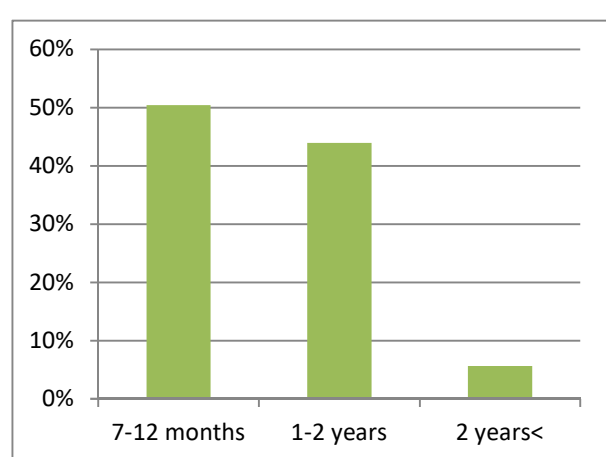


The percentage distribution of IDPs in Al-Rakka by:

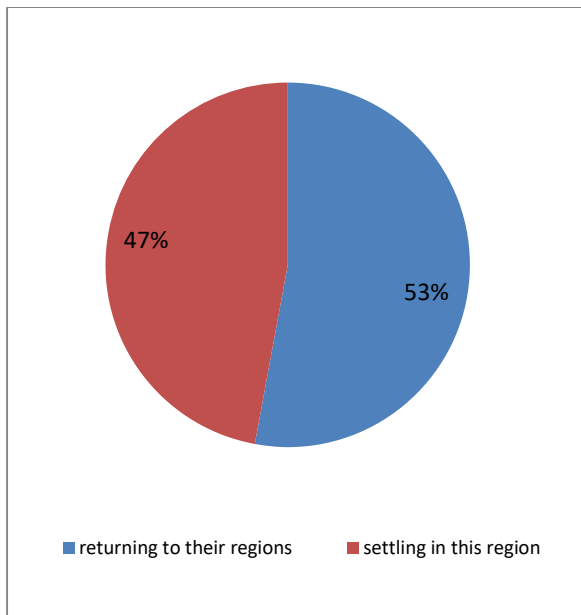
Place of residency



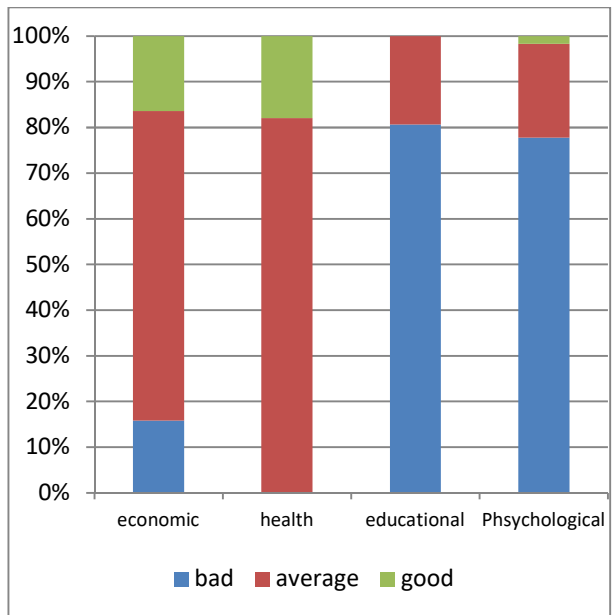
Period of displacement



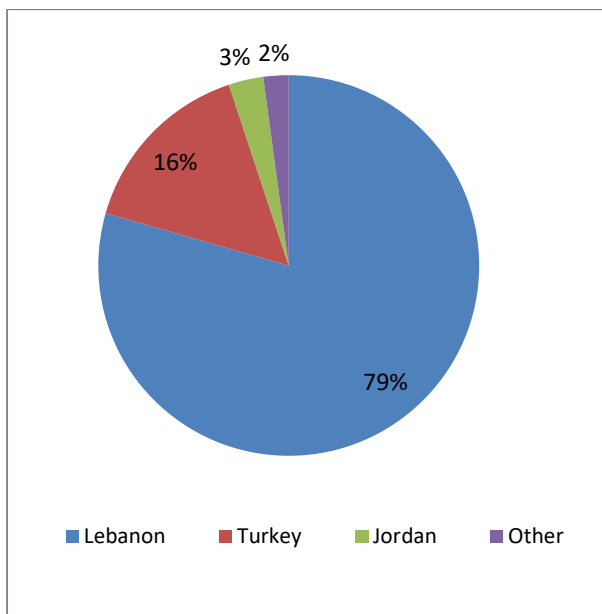
IDPs by future destination preferences



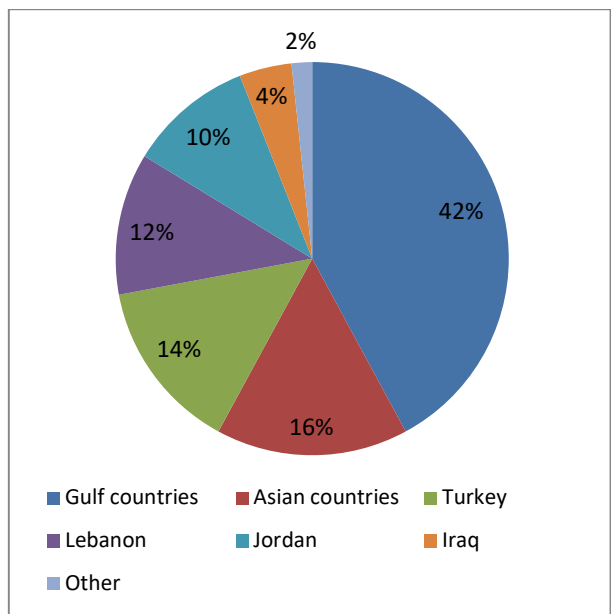
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



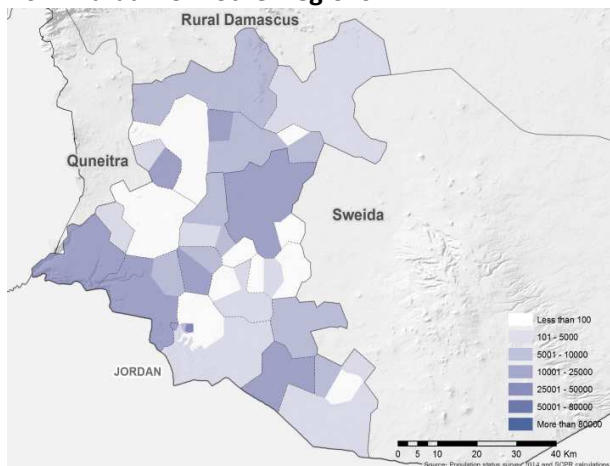
Daraa

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	776
<i>Not moved</i>	445
<i>IDPs (to governorate)</i>	331
Number of Departures	441
<i>IDPs (from governorate)</i>	64
<i>Refugees</i>	241
<i>Migrants</i>	136

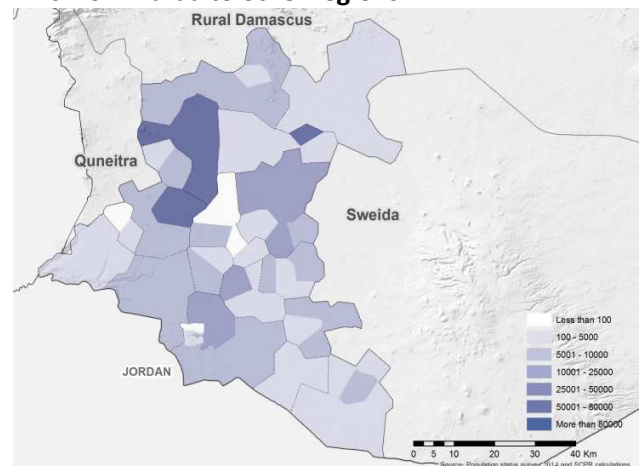
	Direct	Indirect	Total
Total deaths	11643	3414	15057
<i>Not moved</i>	9426	2527	11953
<i>IDPs (in governorate)</i>	2217	887	3104
Women and children	3914	938	4852
<i>Women</i>	1963	511	2474
<i>Children</i>	1951	427	2378

IDPs in Daraa from other regions



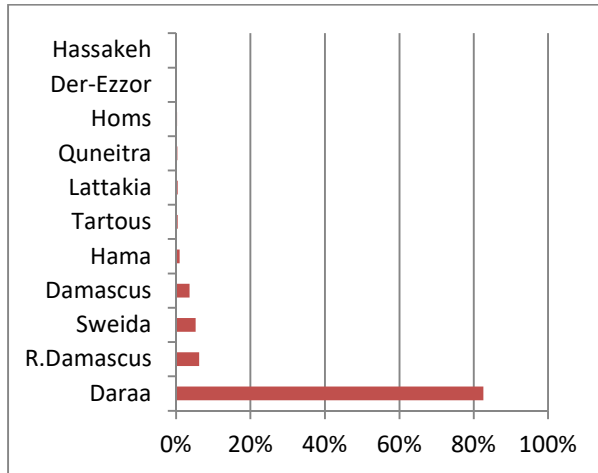
Oumaoyeen in Daraa city had the highest number of IDPs in Daraa at about 50000 persons

IDPs from Daraa to other regions

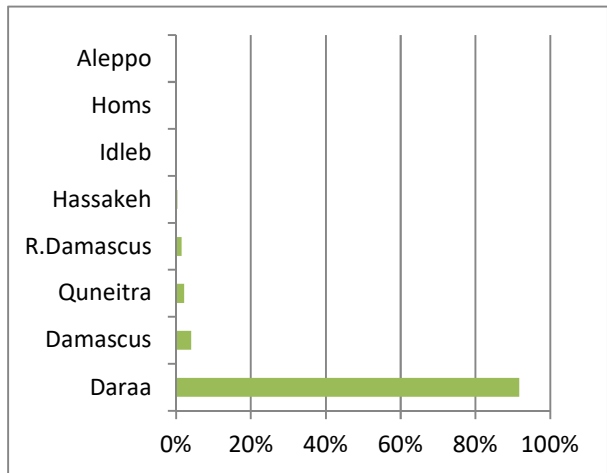


Inkhel region had the highest number of IDPs from Daraa at about 71000 persons

IDPs distribution from Daraa by governorate

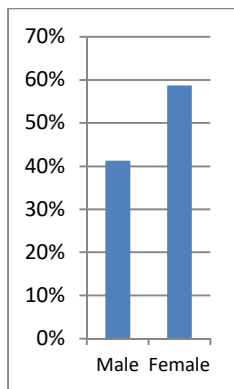


IDPs distribution in Daraa by governorate

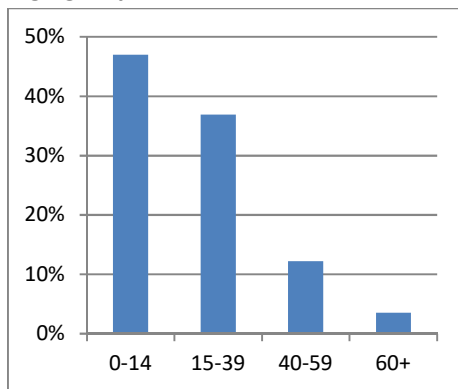


The percentage distribution of IDPs in Daraa by:

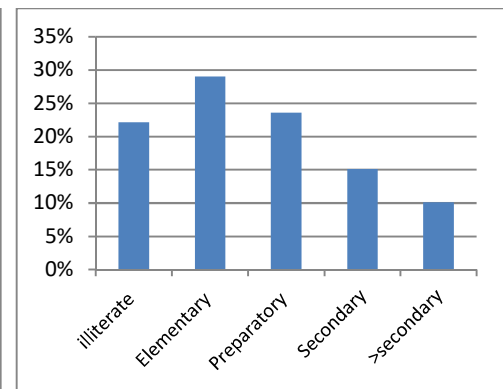
Sex



Age group

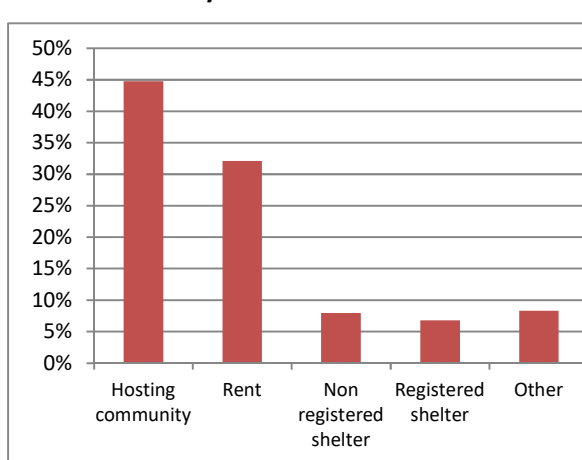


Educational level

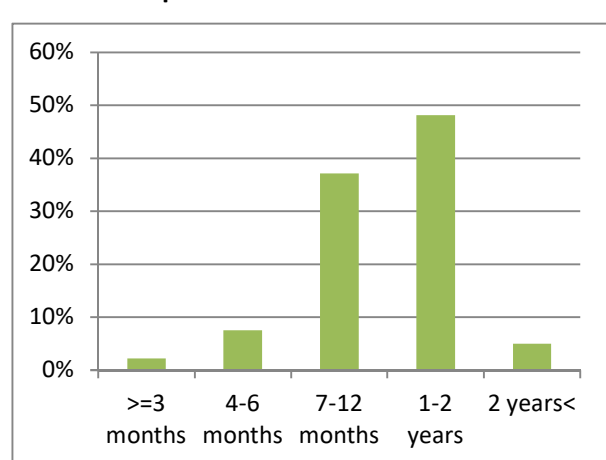


The percentage distribution of IDPs in Daraa by:

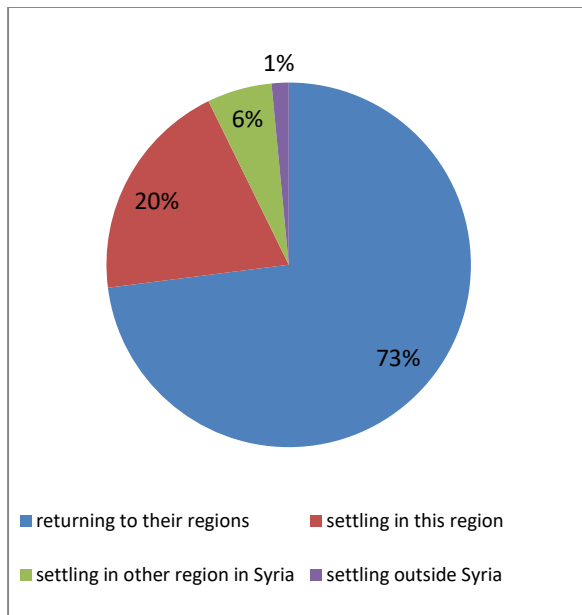
Place of residency



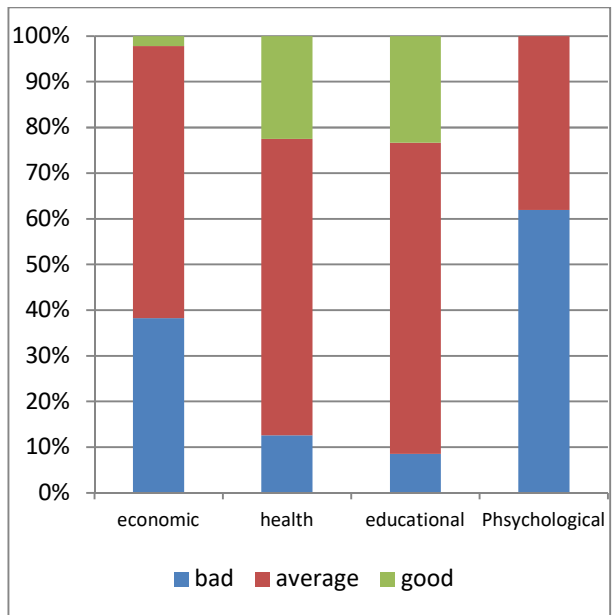
Period of displacement



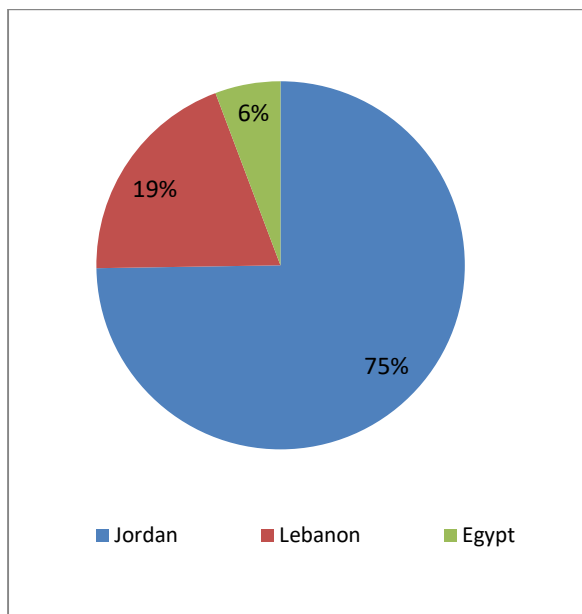
IDPs by future destination preferences



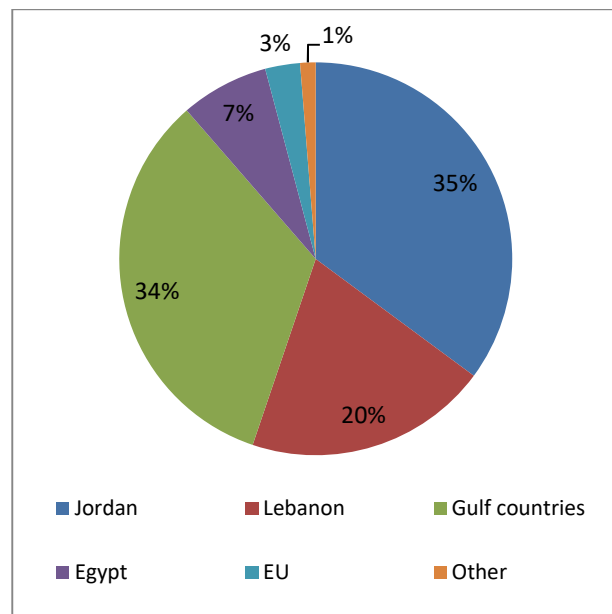
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



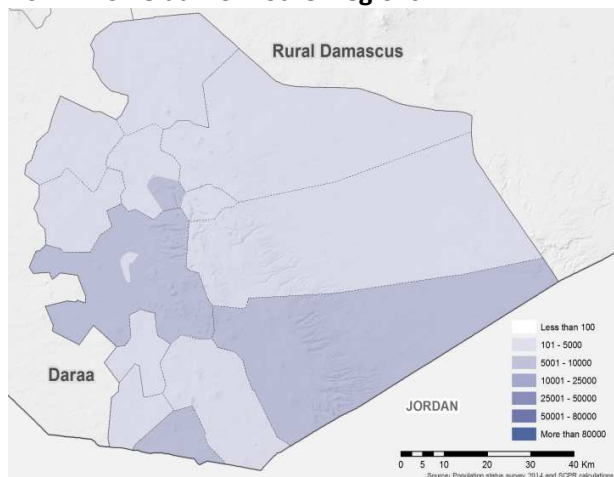
Al-Sweida

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	463
<i>Not moved</i>	391
<i>IDPs (to governorate)</i>	72
Number of Departures	3
<i>IDPs (from governorate)</i>	1
<i>Refugees</i>	1
<i>Migrants</i>	2

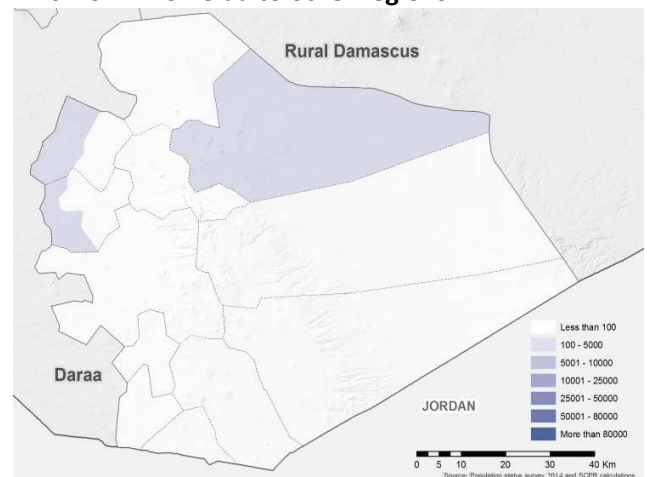
	Direct	Indirect	Total
Total deaths	903	9	912
<i>Not moved</i>	887	9	896
<i>IDPs (in governorate)</i>	16	0	16
Women and children	13	1	14
<i>Women</i>	9	0	9
<i>Children</i>	4	1	5

IDPs in Al-Sweida from other regions



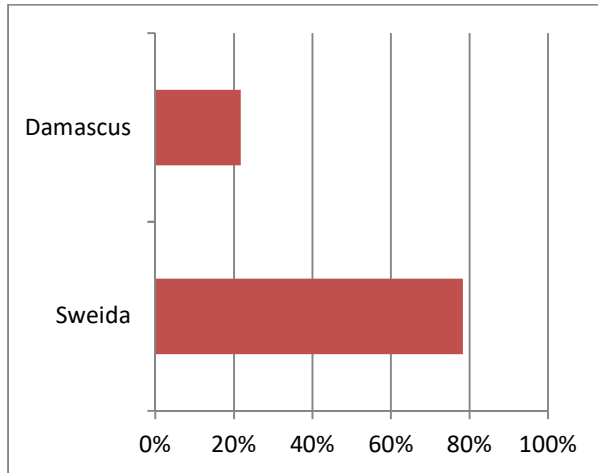
Malah region had the highest number of IDPs in Al-Sweida at about 9000 persons

IDPs from Al-Sweida to other regions

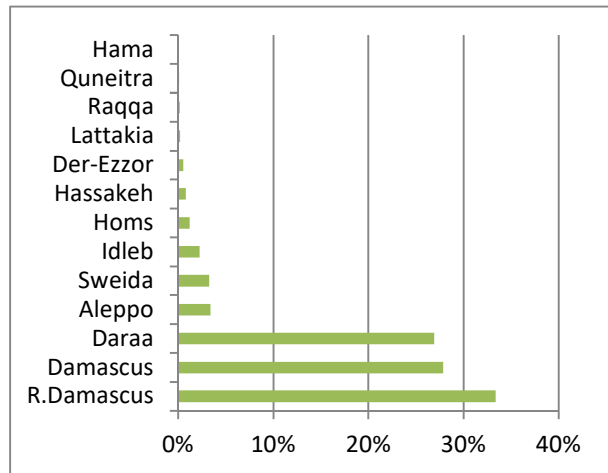


Al-Dour region had the highest number of IDPs from Al-Sweida at about 2400 persons

IDPs distribution from Al-Sweida by governorate

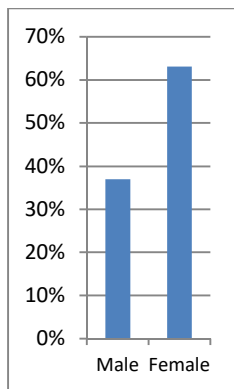


IDPs distribution in Al-Sweida by governorate

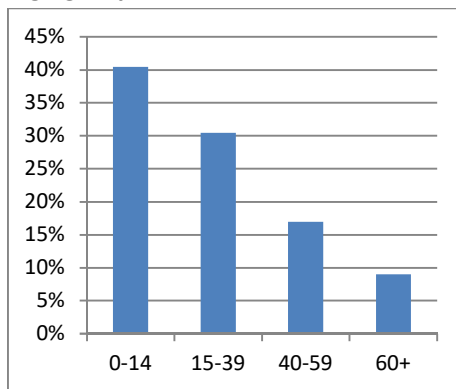


The percentage distribution of IDPs in Al-Sweida by:

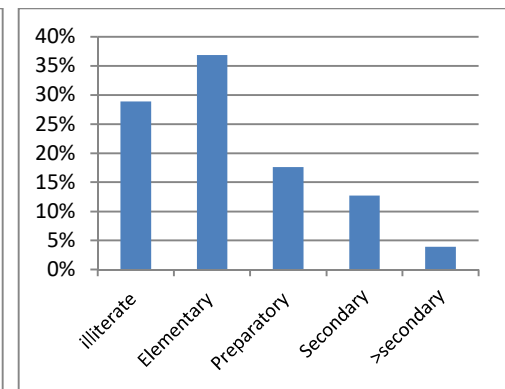
Sex



Age group

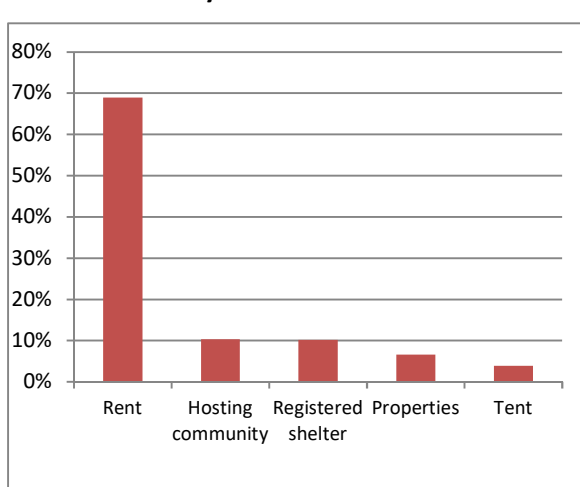


Educational level

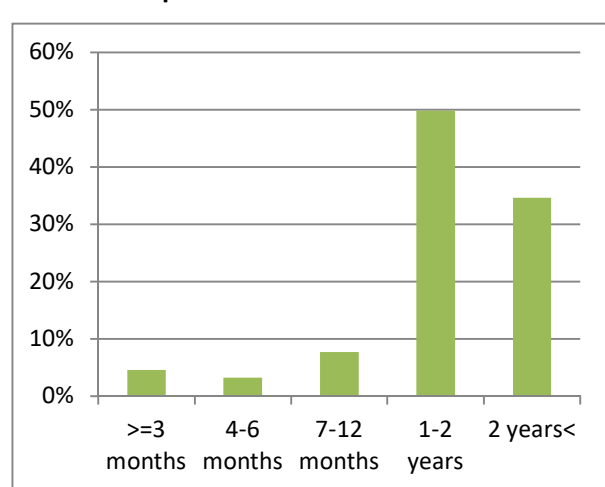


The percentage distribution of IDPs in Al-Sweida by:

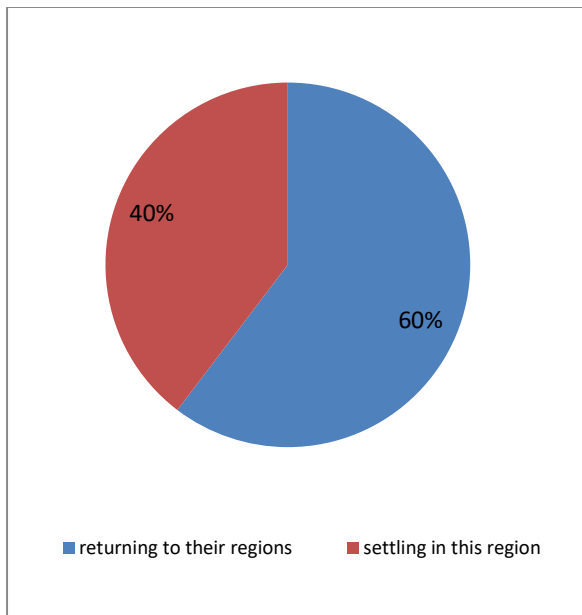
Place of residency



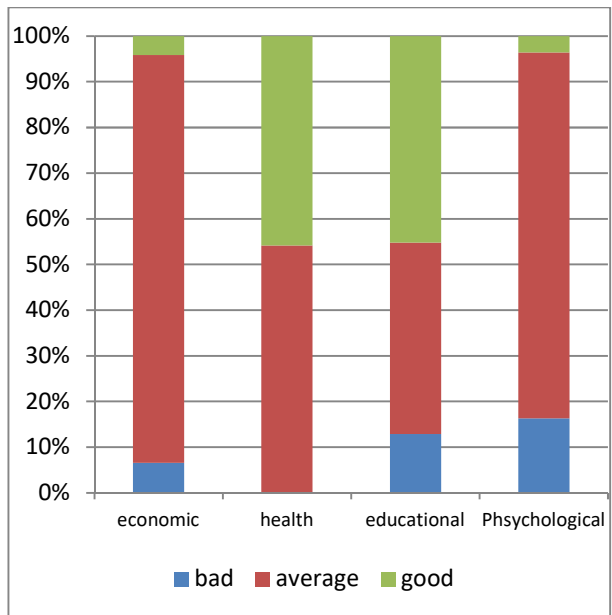
Period of displacement



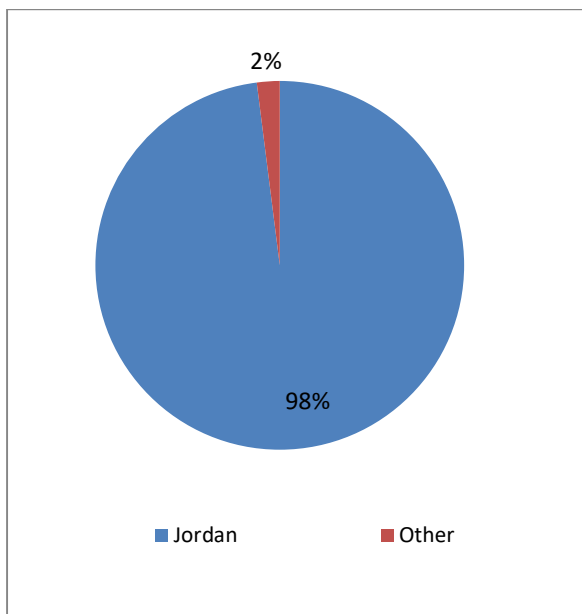
IDPs by future destination preferences



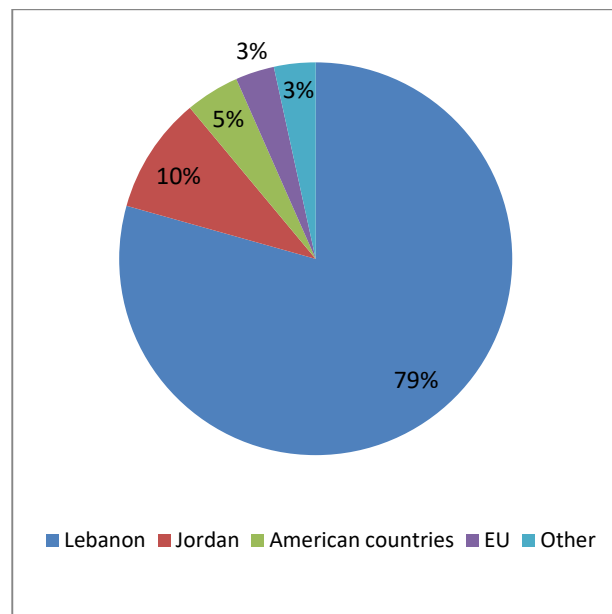
IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination



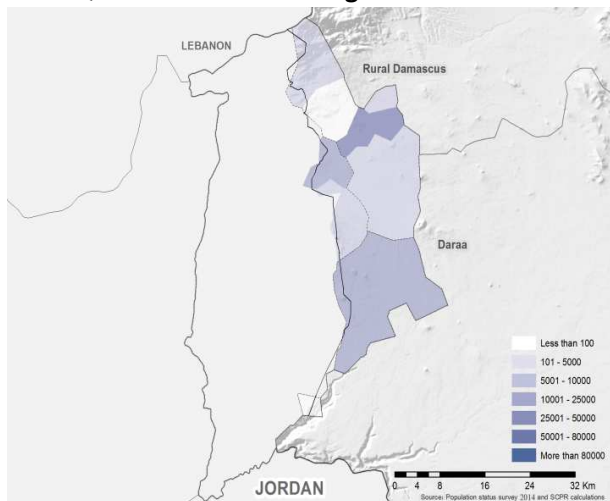
Quneitra

Population by residency status in/out governorate (000) Crisis deaths by residency status and groups

Total Population	94
<i>Not moved</i>	51
<i>IDPs (to governorate)</i>	43
Number of Departures	24
<i>IDPs (from governorate)</i>	16
<i>Refugees</i>	6
<i>Migrants</i>	2

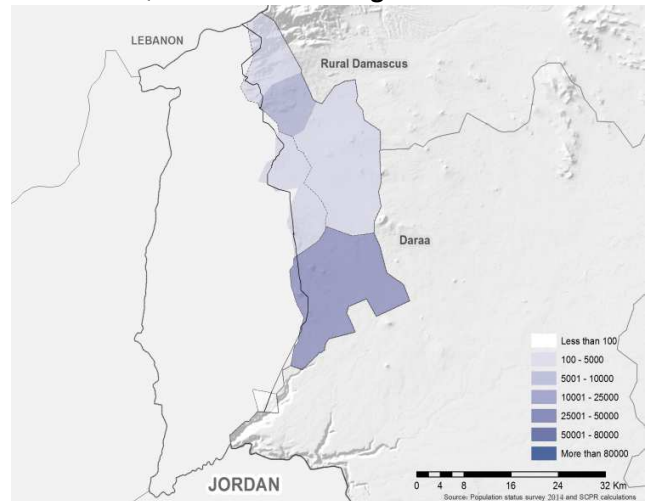
	Direct	Indirect	Total
Total deaths	821	269	1090
<i>Not moved</i>	643	207	850
<i>IDPs (in governorate)</i>	178	62	240
Women and children	129	115	244
<i>Women</i>	54	41	95
<i>Children</i>	75	74	149

IDPs in Quneitra from other regions



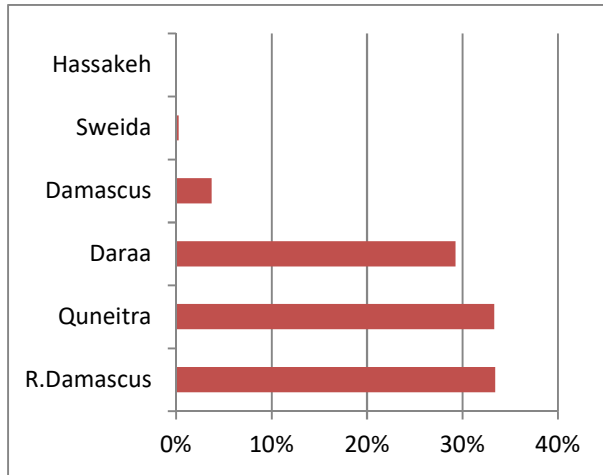
Khan Arnabeh region had the highest number of IDPs in Quneitra at about 22000 persons

IDPs from Quneitra to other regions

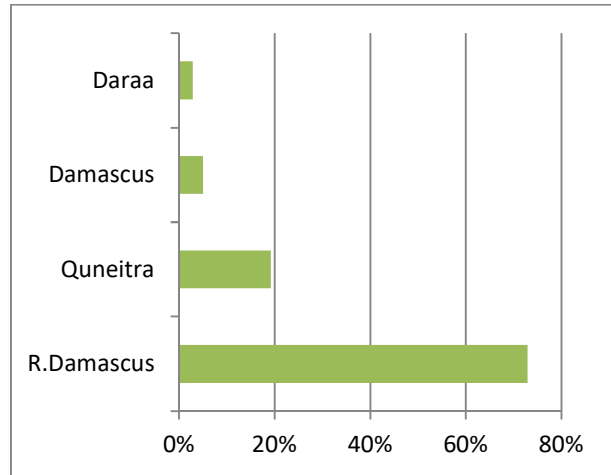


Al-Mikrez region had the highest number of IDPs from Quneitra at about 12700 persons

IDPs distribution from Quneitra by governorate

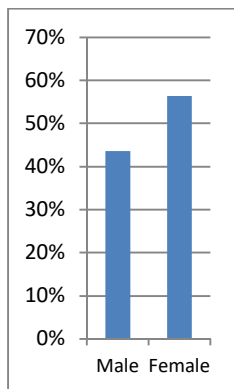


IDPs distribution in Quneitra by governorate

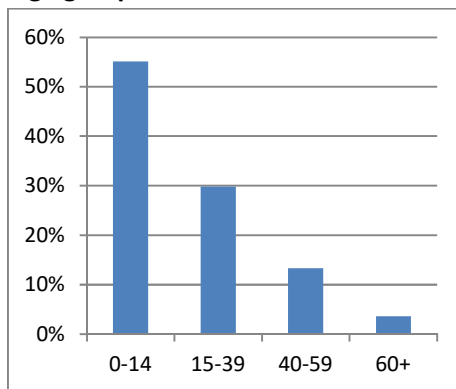


The percentage distribution of IDPs in Quneitra by:

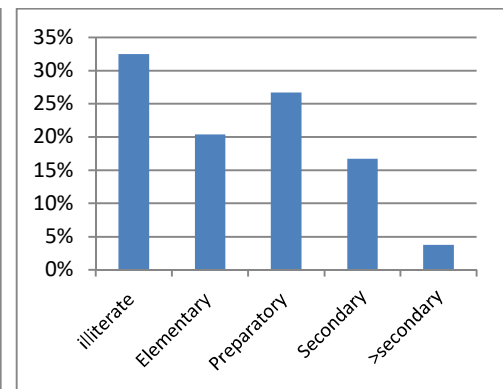
Sex



Age group

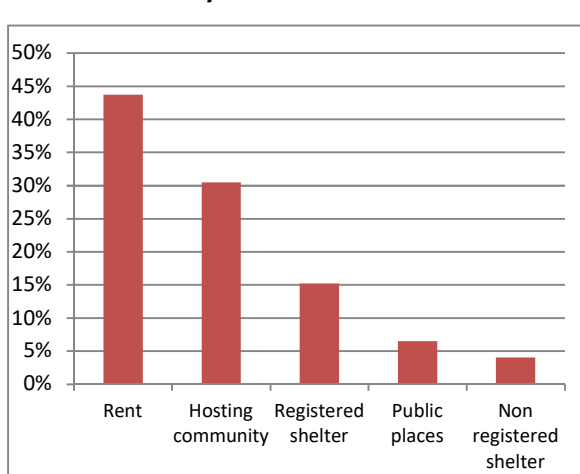


Educational level

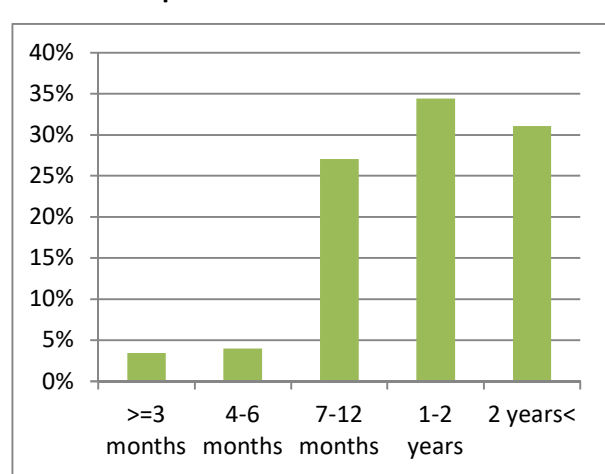


The percentage distribution of IDPs in Quneitra by:

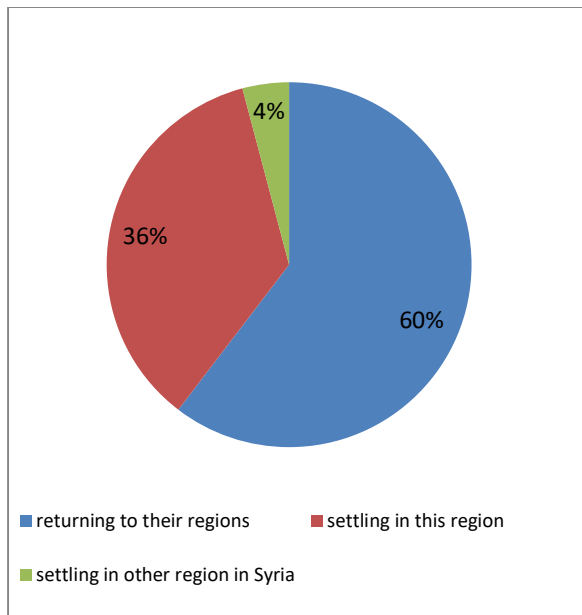
Place of residency



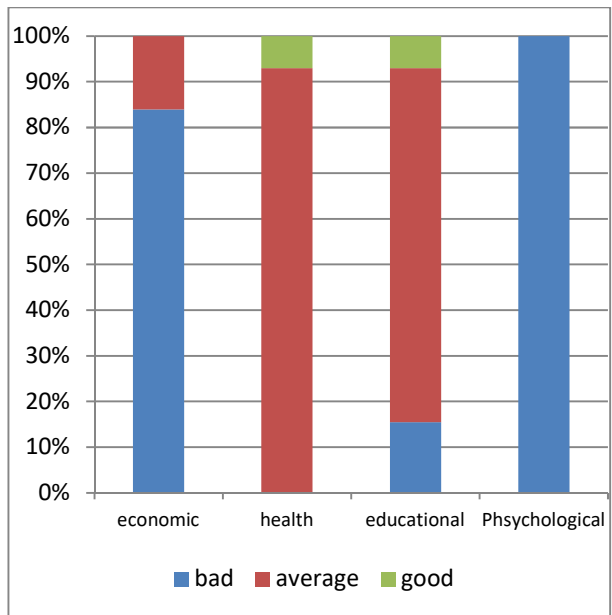
Period of displacement



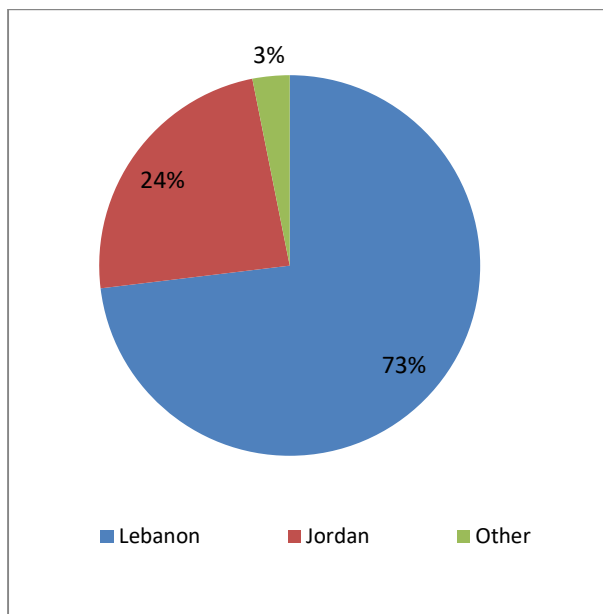
IDPs by future destination preferences



IDPs living conditions



Refugees distribution by the country of destination



Migrants distribution by the country of destination

