

This analysis is based on the REACH MSNI Framework, with contextual adaptations made to the protection and food security sectors. For more details, refer to the methodology section.

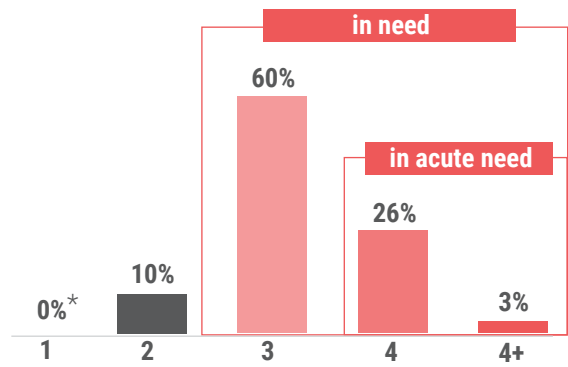
The information presented for Northeast Syria (NES) includes the subdistricts part of the districts that constitute the RAATA region: Ras-Al-Ain and Tell Abiad.

The MSNA data was collected from July 28 to September 1, 2024.

HOW MANY HOUSEHOLDS ARE IN NEED?

89% of households across Northeast Syria are in need, meaning they experienced a gap in at least one sector.

Percentage of households in need, per severity phase¹



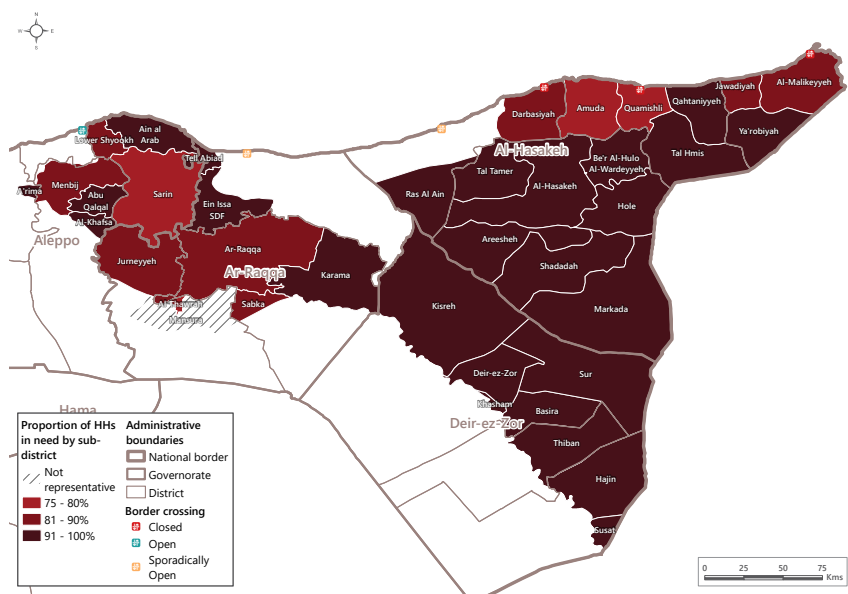
* Severity 1 is 0.3% and severity 2 is 10.4%, hence severity 1 and 2 add up to 11%

OVERVIEW

- Internally Displaced Population (IDPs) in camps had the highest percentage of households in need across Northeast Syria (NES), with 100% of households experiencing a gap in at least one sector. The proportion of IDPs out of camps and residents in need were similar, with 91% and 88% of their households in need, respectively. A separate analysis by population groups displayed high needs in households with a female as head of household and households with members with disability.
- The sectors with the highest proportion of households in need were Education with 46% of households in need, Food Security and Livelihoods (FSL) with 45% of households, and Shelter and Non-Food Items (SNFI) with 51% of households.
- The most common profile of need was the combination of Health and Education; IDPs in camps portray different needs, with their most common combination being WASH and SNFI.

WHERE ARE THE HOUSEHOLDS IN NEED?

Percentage of households in need, per geographical area









Subdistricts with highest percentage of households in need per severity phase¹

	1	2	3	4	4+
Overall	0%	10%	60%	26%	3%
A'rima	0%	0%	33%	67%	0%
Deir-ez-Zor	0%	1%	41%	57%	0%
Areesheh	0%	1%	47%	47%	5%

Across all governorates in NES, IDPs in camp were the population group with the highest percentage of households in need. A similar outcome was found when analyzing the percentage of households in-need according to the place of living with 100% of households living in formal or non formal camp or site settings in need. Additionally, 92% of households living in rural setting were in need, while those located in urban areas had comparably the lowest proportion of households in need (83%).

WHAT ARE THE NEEDS?

Percentage of households in need per sector

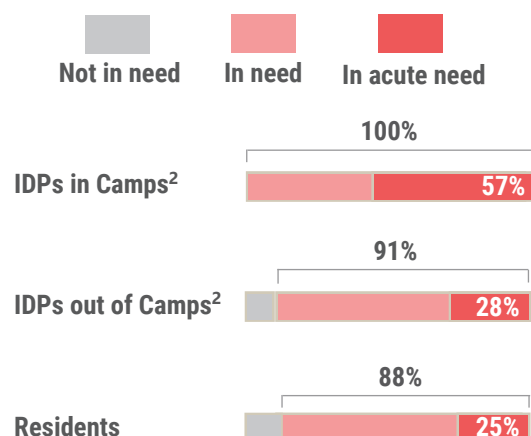
Sector	Overall
 Education	46%
 Food Security and Livelihoods	45%
 Shelter and Non-Food Items	41%
 Health	40%
 Protection	38%
 WASH	32%

The total of households in need (89%) was explained by and attributed mainly to the following cases i) different co-occurrence (overlapping) of needs in households that were experiencing needs: 24% of households experienced needs in 2 sectors, 21% experienced needs in three sectors, and ii) 20% of households with single sector in need.

The most common combination of sectoral needs among households with **2** sectors was **Health and Education** (11% of households).

The needs combinations differ when analyzing the results by population group. Need profile analysis shows that 12% of IDPs out of camps drive forward the same needs profile as the overall population (Health and Education), and 12% of resident households have a need combination of FSL and Health. On the other hand, more than half (60%) of households for IDPs in camps experience a need combination of WASH and SNFI.

WHO IS MOST IN NEED?



KEY SECTORAL DRIVERS OF NEED

Out of the sectors with the highest amount of households in need, the main drivers of those gaps that households faced were:

- 1 Education** needs were primarily due to low access and barriers to access education, as 37% of school-aged children in assessed households did not attend formal school at any time, and 9% did not attend formal school for protection risks.
- 2 Food Security and Livelihoods (FSL)** needs were mainly driven by the use of Livelihoods Coping Strategies³. Data showed that 95% of households implemented these coping strategies, ranging from stress coping strategies (42%), to crisis (51%), and 25% of households resorted to emergency strategies.
- 3 Shelter and Non-Food Items (SNFI)** needs were tied to the type of shelter, as 31% of assessed households reported living in inadequate shelters (13% in concrete/block/mudblock shelters, 10% in unfinished houses, 7% in tents, 0.5% in makeshift shelters, and 0.6% in collective shelters).

Percentage of households per household characteristics and severity phase¹

The following information for different population groups was not part of the sampling frame of this assessment. Therefore, the results are indicative and should not be extrapolated to draw conclusions of those disaggregated groups.

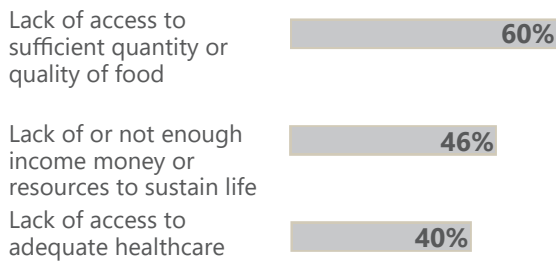
	1	2	3	4	4+
Overall	0%	10%	60%	26%	3%
Female Head of HH	0%	5%	62%	30%	3%
Male Head of HH	0%	11%	60%	25%	3%
HHs with disability	0%	1%	55%	40%	4%
HHs without disability	0%	13%	62%	21%	3%

Disaggregation of households with at least one member with a disability showed significant differences, as 99% of households with disability are in need while comparably 86% of households without disability are in need. Similarly, households headed by females (FHoH) also portrayed a higher profile of need (95%) compared to 88% of households headed by males (MHoH).

Disaggregating by age of head of household did not yield significant differences in need proportions.

ACCOUNTABILITY TO AFFECTED POPULATIONS

Top 3 - self-reported challenges



Top 3 - preferred humanitarian assistance



Whereas the MSNA needs analysis indicated that Education and FSL were the priority needs in Northeast Syria, with 46% and 45% of households classified as in-need respectively for those sectors,

households' hierarchy of self-reported priority needs highlights the FSL component, with the most prominently reported need being Food Security (60%) and Income & Resources (46%) to sustain life.

While Health is 4th on the analysis-calculated priority needs, it is third according to households' perceived needs (as reported by 40% of households). These are findings that should be carefully considered when planning humanitarian assistance, and indicate that further research should be undertaken to delve deeper into the priority needs of this population.

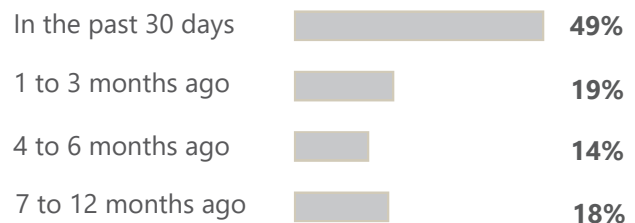
METHODOLOGY

NOTE. This analysis is based on the MSNI Framework, with contextual adaptations made to the protection and food security sectors. Therefore, it can not be compared with other MSNI overviews from other countries. The MSNI is REACH's independent analysis and it is different from the methodology applied in the HPC for PiN estimates. Although MSNA data often feeds into the HPC, it is not directly comparable. The MSNA data was collected from July 28 to September 1, 2024, from 5,788 households, representative at the admin 3 level with a 90% confidence level and a 10% margin of error. See the [methodological note](#) for details.

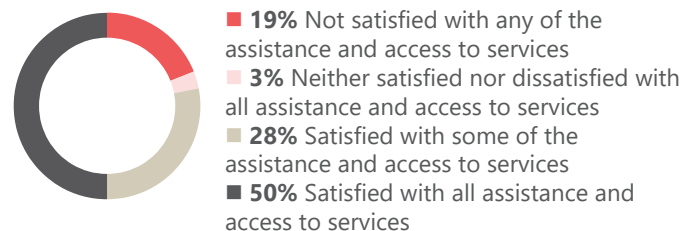
75% of households in need in at least one sector have **not received any type of humanitarian assistance** in the 12 months preceding the assessment.

23% of households have **received humanitarian assistance** in the 12 months preceding the assessment.

Last time households received any aid:



Satisfaction with aid received:



Of the 23% of households who reported having received aid in the 12 months preceding the assessment, 78% reported having been satisfied with at least some of the assistance or services received.

The top three reasons reported by households who were unsatisfied with the aid received included:

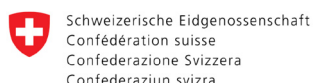
- 68%** Assistance received was insufficient
- 29%** Aid did not address needs
- 19%** Received in-kind assistance but also needed cash

ACKNOWLEDGEMENTS

THE MSNA WAS CONDUCTED IN THE FRAMEWORK OF:

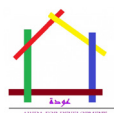


FUNDED BY:



Swiss Agency for Development
and Cooperation SDC

WITH THE SUPPORT IN DATA COLLECTION OF:



ENDNOTES

¹ The different levels of severity can be broadly defined as follows:

- Severity level 1: Living standards are acceptable, at a maximum showing some signs of deterioration and/or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being.
- Severity level 2: Living standards are under stress. Minimal (risk of) impact on physical or mental well-being or stressed physical or mental well-being overall.
- Severity level 3: Degrading living standards, with reduced access to/availability of basic goods and services. (Risk of) degrading physical or mental well-being.
- Severity level 4: Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- Severity level 4+: Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and/or irreversible harm to physical or mental well-being)

Further details can be found in the methodological note.

² IDPs are individuals or groups of people who have been forced to leave their communities of origin, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or man-made disasters, and who have not crossed an international border. In NES, IDPs located within 'planned camps' according to OCHA categorisation are considered IDPs in camps and IDPs not living in 'planned camps' are considered IDPs out of camps.

³ The FSL calculations for the Syrian context include the livelihood component and are based on the FEWS NET matrix. Thus, it takes into account several factors, including the Food Consumption Score (FCS), Reduce Coping Strategies Index (rCSI), the Household Hunger Scale (HHS) and the Livelihood Coping Strategies (LCSI) as part of a broader analysis for this sector.

About REACH: REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).