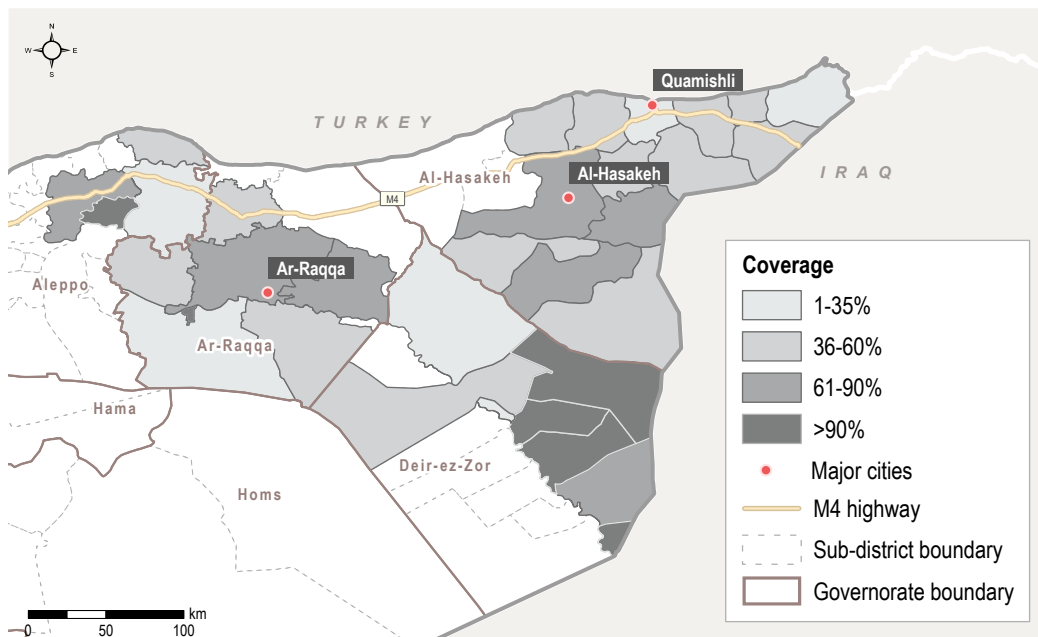


Introduction and Methodology

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. This factsheet presents a thematic review based on the HSOS assessment of the priority needs and humanitarian assistance, economic conditions, living conditions, access to basic services, COVID-19 situation, and the security and protection situation in Northeast Syria (NES). **Sector-specific indicator findings by location can be found on the [HSOS dashboard](#).**

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely (via phone). KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1,220 communities** across Aleppo¹ (225 communities), Ar-Raqqa (251 communities), Al-Hasakeh (652 communities), and Deir-ez-Zor (92 communities). **Data was collected between 2-20 February 2022 from 4,645 KIs** (17% female). Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalized across the population and region. Findings that are calculated based on a subset of the community are indicated by the following footnote ♦, with each subset specified in the endnotes.

The **complete monthly HSOS dataset** is available on the [REACH Resource Centre](#).



Key Highlights

February findings highlight significant challenges for populations across northeast Syria (NES) as economic insecurity impacted households' ability to meet basic needs, and ongoing insecurity caused displacement and damaged infrastructure.

- ♦ **In NES, economic insecurity affected people's ability to meet basic needs.^a** Livelihoods was the most commonly reported priority need for both residents and internally displaced people (IDPs). Insufficient income and a lack of employment opportunities that match people's skills were the most commonly reported barriers to meeting basic needs, reported by KIs in 92% and 65% of assessed communities, respectively.

- ♦ **High prices and low purchasing power^b forced households to adopt negative coping strategies,** including sending children to work and reducing food and water consumption. In more than half of the communities, where livelihoods coping strategies were reported, KIs indicated that a proportion of children were sent to work (50% for residents and 61% for IDPs). KIs in almost a quarter of communities reported that households skip or reduce meals to cope with a lack of food. Water trucking services were perceived to be too expensive, forcing a proportion of households to limit water usage, including reducing drinking water consumption, reported by KIs in 19% of assessed communities.

- ♦ **Access to healthcare continued to be challenging.** KIs in 70% of assessed communities reported that households did not have access to health services in the assessed location, likely because households could not afford to pay for health services (barrier reported by KIs in 87% of assessed communities with no access to healthcare). Furthermore, medical supply issues affected the functioning of healthcare facilities.^c Accordingly, KIs in 52% of communities reported that a lack of medicines or medical equipment was a barrier to healthcare access in February.

- ♦ **Insecurity affected communities living in NES.** In February, perceived corruption and the decision by local authorities to halt fuel distributions, resulted in protests across the region.^d Moreover, a military operation on 2 February, and aerial strikes on February 25-27, reportedly claimed civilian lives, damaged infrastructure, including an electric station, and caused displacement.^e Fear from imminent conflict was reported by KIs in 218 communities, up from 57 in December.

HSOS Dashboard

For a breakdown of sector-specific indicators by location, please see the [HSOS dashboard](#). The interactive HSOS dashboard provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level.



Priority Needs and Humanitarian Assistance



Most commonly reported **first, second, and third** and **overall** priority needs for residents (by % of assessed communities)^{2,3}

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Healthcare	Livelihoods	Livelihoods	83%
2	Healthcare	Livelihoods	Infrastructure	Healthcare	62%
3	WASH [▲]	Food	Healthcare	WASH	46%

% of assessed communities where some of the resident households were able to access humanitarian assistance



Yes: **20%**
No: **80%**

% of assessed communities where KIs reported the presence of the following **types of assistance for residents**⁴

0% Livelihoods
1% Healthcare
0% WASH



Most commonly reported **first, second, and third** and **overall** priority needs for IDPs (by % of assessed communities)^{2,3}

	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Healthcare	Healthcare	Livelihoods	77%
2	Food	Livelihoods	Livelihoods	Healthcare	59%
3	Healthcare	Food	Food	Food	58%

% of assessed communities where some of the IDP households were able to access humanitarian assistance



Yes: **36%**
No: **64%**

% of assessed communities where KIs reported the presence of the following **types of assistance for IDPs**⁴

1% Livelihoods
2% Healthcare
27% Food

Most commonly reported barriers that resident households faced in accessing humanitarian assistance (by % of assessed communities)^{4,♦}

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people **83%** **1**
- Quantity of assistance provided to households was insufficient **53%** **2**
- Assistance provided was not relevant to all needs **49%** **3**

In communities where no access to humanitarian assistance was reported

- No humanitarian assistance was available **94%**
- Perceived discrimination in provision of humanitarian **3%**
- Not aware if assistance was available **2%**

Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities)^{4,♦}

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people in need **74%** **1**
- Assistance provided was not relevant to all needs **50%** **2**
- Quantity of assistance provided to households was insufficient **45%** **3**

In communities where no access to humanitarian assistance was reported

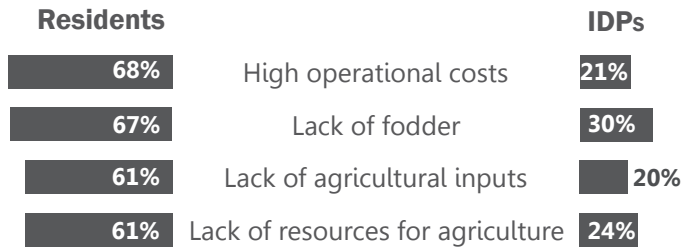
- No humanitarian assistance was available **97%**
- Perceived discrimination in provision of humanitarian **3%**
- Not aware if assistance was available **1%**



Economic Conditions

Region	Median estimated monthly household expense for water for a household of six ^{5,6}	Median estimated monthly rent price for a two bedroom apartment ^{5,6}	Median estimated daily wage for unskilled labour ^{5,7,8}
Northeast Syria	15,000 SYP	40,000 SYP	6,000 SYP
Aleppo	6,000 SYP	25,000 SYP	6,000 SYP
Al-Hasakeh	25,000 SYP	75,000 SYP	5,000 SYP
Ar-Raqqa	2,000 SYP	45,000 SYP	6,000 SYP
Deir-ez-Zor	30,000 SYP	40,000 SYP	6,000 SYP

Most commonly reported barriers to accessing live-lihoods related to agriculture (by % of assessed communities) ⁴



78% and 91%

% of assessed communities where KIs reported daily waged labour as a common source of income for residents and IDPs

80 days

Number of days the average day labourer would need to work to earn the monthly cost of basic SMEB[▲] items ^{5,9}

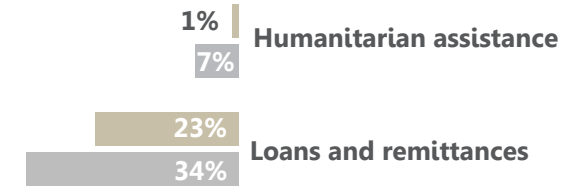
92% and 65%

% of assessed communities where KIs reported the insufficient income of households and lack of employment opportunities that match people's skills as barriers to meeting basic needs ⁸

% of assessed communities where common livelihood sources from agriculture were reported ⁴

Livelihood source	Residents	IDPs
Food crop production	36%	22%
Cash crop production	57%	5%
Livestock products	60%	31%
Sale of livestock	60%	29%

% of assessed communities where KIs reported the presence of residents and IDP households relying on non-productive sources of livelihoods to meet their basic needs ⁴



Intersectoral findings on unaffordability hindering access to goods and services



KIs in 26% of assessed communities cited that rent was unaffordable for the majority of people



KIs in 63% of assessed communities cited the high cost of fuel for generators as a common challenge



KIs in 75% of assessed communities cited the high cost of solar panels as a common challenge



KIs in 42% of assessed communities cited the high cost of water trucking as a common challenge



KIs in 80% of assessed communities cited the high cost of food as a common challenge ⁸



KIs in 87% of assessed communities cited the high cost of health services as a common challenge



Living Conditions

In **93%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **81%** of assessed communities reportedly none of the IDP households owned their shelter

In **10%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **9%** of assessed communities at least one fifth of the IDP population reportedly lived in tents



A lack of toilets was reported as a shelter issue for IDPs in **15%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **13%** of assessed communities



Problems with the drinking water were reported in **39%** of assessed communities



However, KIs in **61%** of assessed communities reported **no problems, water was safe to drink.**

Reported sanitation issues affecting public space in the community (by % of assessed communities)⁴

Rodents and/or pests are frequently visible



Solid waste in the streets



Sewage system pollutes public areas



Stagnant water



Flooding in the streets



98%

% of assessed communities where KIs reported that households experienced barriers to accessing sufficient food⁸



In **22%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food⁸

Most commonly reported coping strategies for a lack of food (by % of assessed communities)⁴

- 1** Borrowing money to buy food **78%**
- 2** Relying on less preferred food / lower food quality **75%**
- 3** Buying food with money usually used for other things **66%**

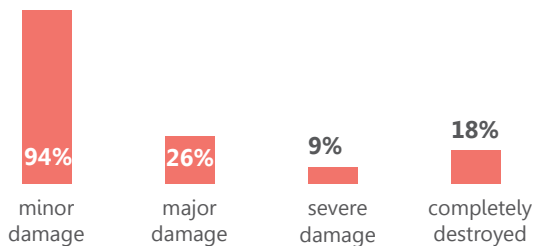


High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 96% of assessed communities)^{4,11}

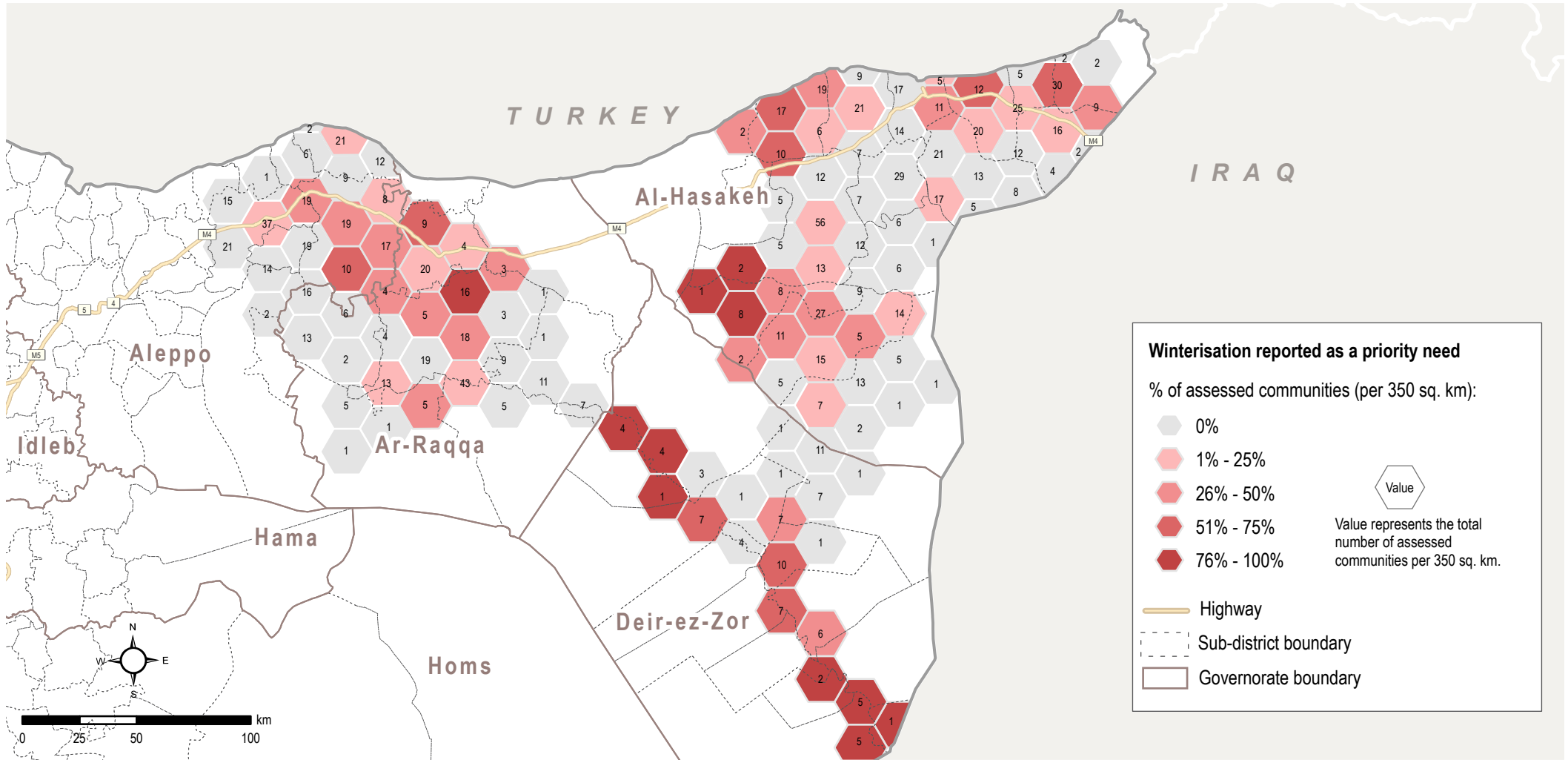
Commonly reported sources of food for households other than markets (by % of assessed communities)⁴

- 1** Own production or farming **38%**
- 2** Relying on food stored previously **37%**
- 3** Food gifts from friends and family **8%**

Reported presence of occupied shelters with damage across communities where damages were reported (by % of assessed communities)^{5,10}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 94% of assessed communities)⁴



Note on the map
 This map shows the percentage of assessed communities where winterisation was reported as a priority need.



Access to Basic Services



Access to Electricity

5-6 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 35% of assessed communities)

Main network

was the most commonly reported main source of electricity (reported by KIs in 70% of assessed communities)

77%

% of assessed communities where KIs reported **local authorities rationing electricity** as a barrier for electricity access



Access to Water

66%

% of assessed communities where KIs reported that **not all households had access to sufficient water**



7 days	32%
5-6 days	14%
3-4 days	25%
1-2 days	7%
0 days	22%

Days per week where water from the network was available (by % of 776 communities connected to a water network)

Piped water network

was the most commonly reported source of drinking water (reported by KIs in 38% of assessed communities)

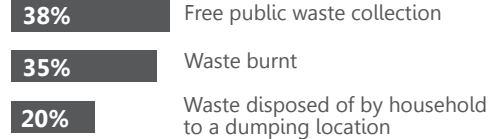


Access to Sanitation

80%

% of assessed communities where KIs reported that **no sewage system was present**

Most commonly reported ways people disposed of solid waste (by % of assessed communities)



30%

% of assessed communities where KIs reported waste removal services as a WASH priority need⁸



Access to Markets

32%

% of assessed communities in which households reportedly were **unable to access markets in the assessed location**

People lack financial means to open shop/market

was the most commonly reported **reason for why markets were not functioning** (reported by KIs in 85% of assessed communities where markets were not functioning)

75%

% of assessed communities where KIs reported that the **lack of transportation to markets** was a barrier to physically accessing food

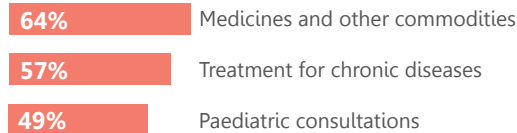


Access to Health Services

70%

% of assessed communities where KIs reported that the **households did not have access to health services**

Most commonly reported health priority needs (by % of assessed communities)⁸



Going to the pharmacy instead of a clinic

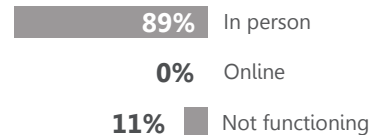
was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 96% of assessed communities)



Access to Education Services

31%
55%

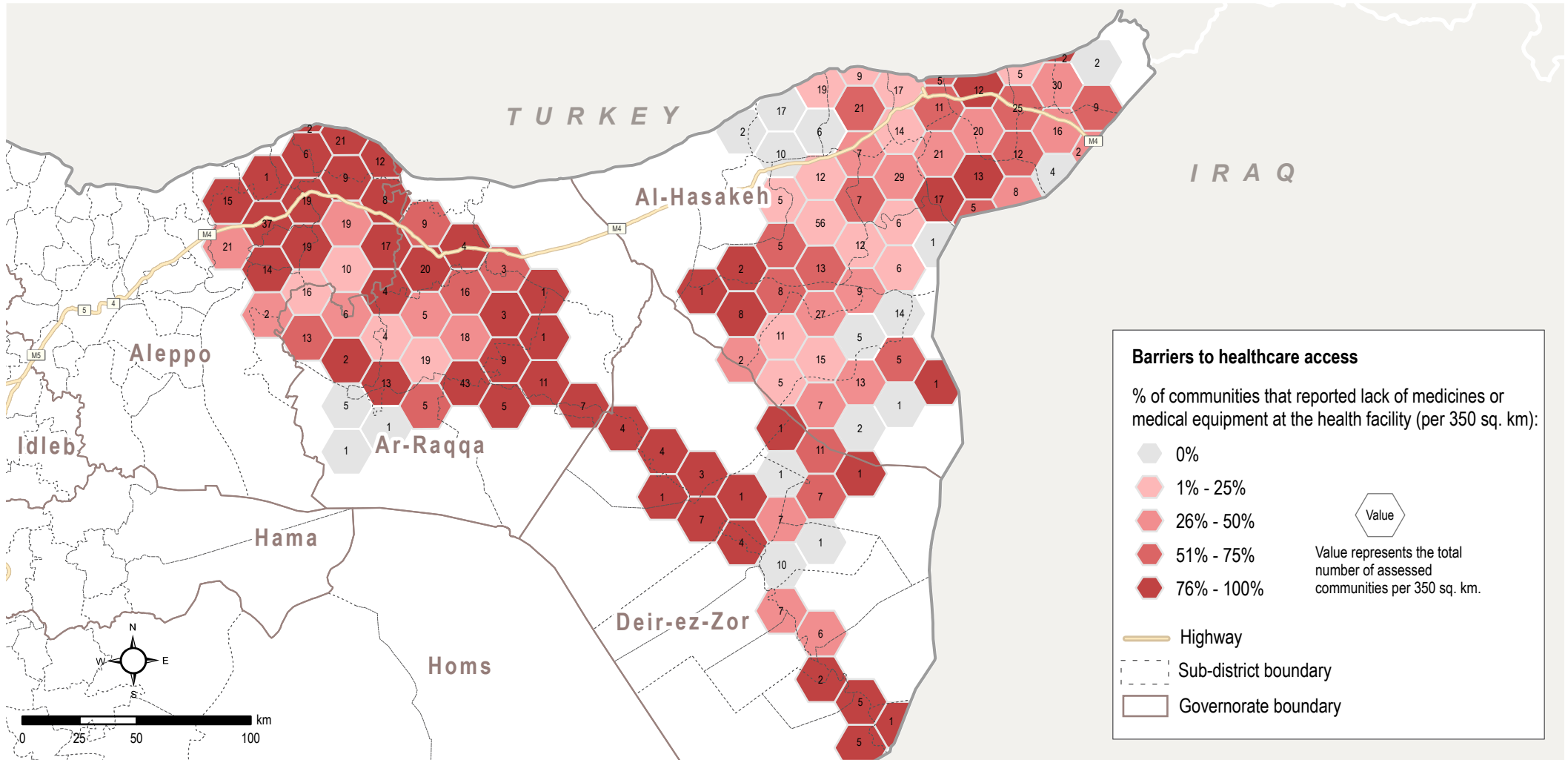
% of communities in which **half or less of the school aged-children accessed school in the last 30 days for residents and IDPs**



% of assessed communities where KIs reported on the **functioning of education services in the assessed location⁴**

58%

% of assessed communities where KIs reported that the **high cost of transportation to school** was a barrier to accessing education services⁸



Note on the map

This map shows the percentage of assessed communities where a lack of medicines or medical equipment was reported at the health facility, as a barrier to accessing healthcare.



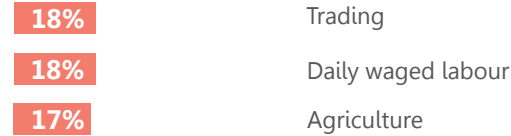
COVID-19

Effects of COVID-19 on livelihoods sectors in the community (by % of assessed communities)



None of the available livelihood sectors were affected **75%**
At least one of the available livelihood sectors was partially or totally affected **25%**

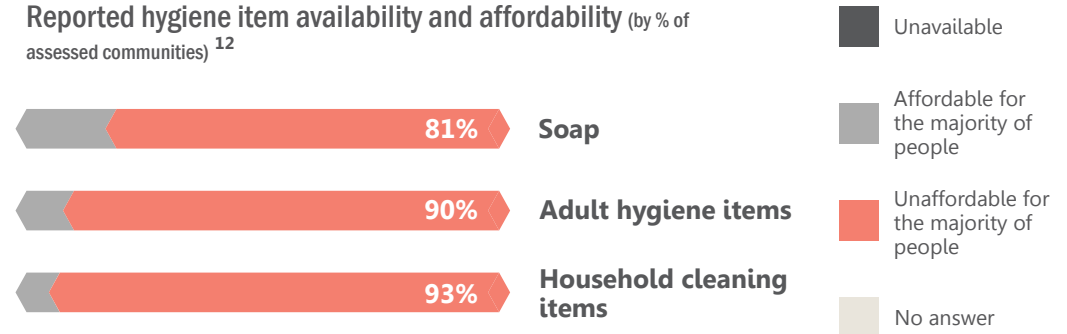
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)



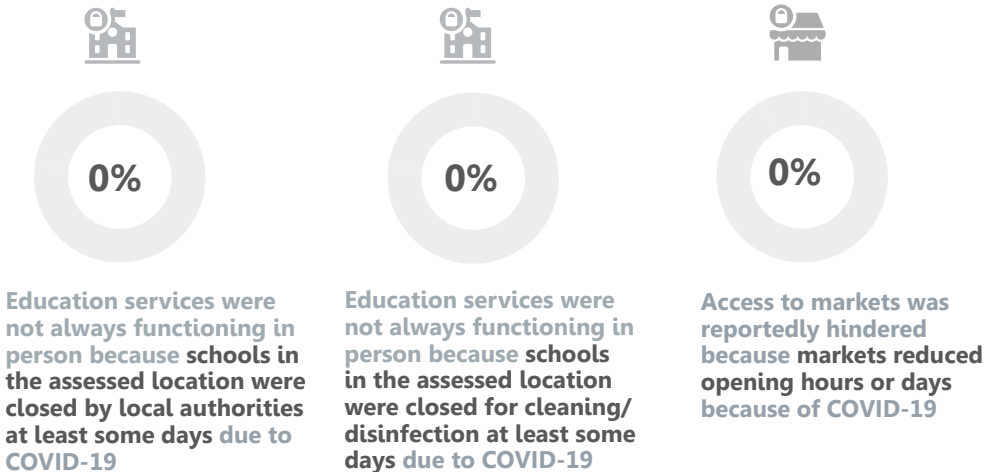
% of assessed communities where COVID-19 risk indicators were reported by KIs

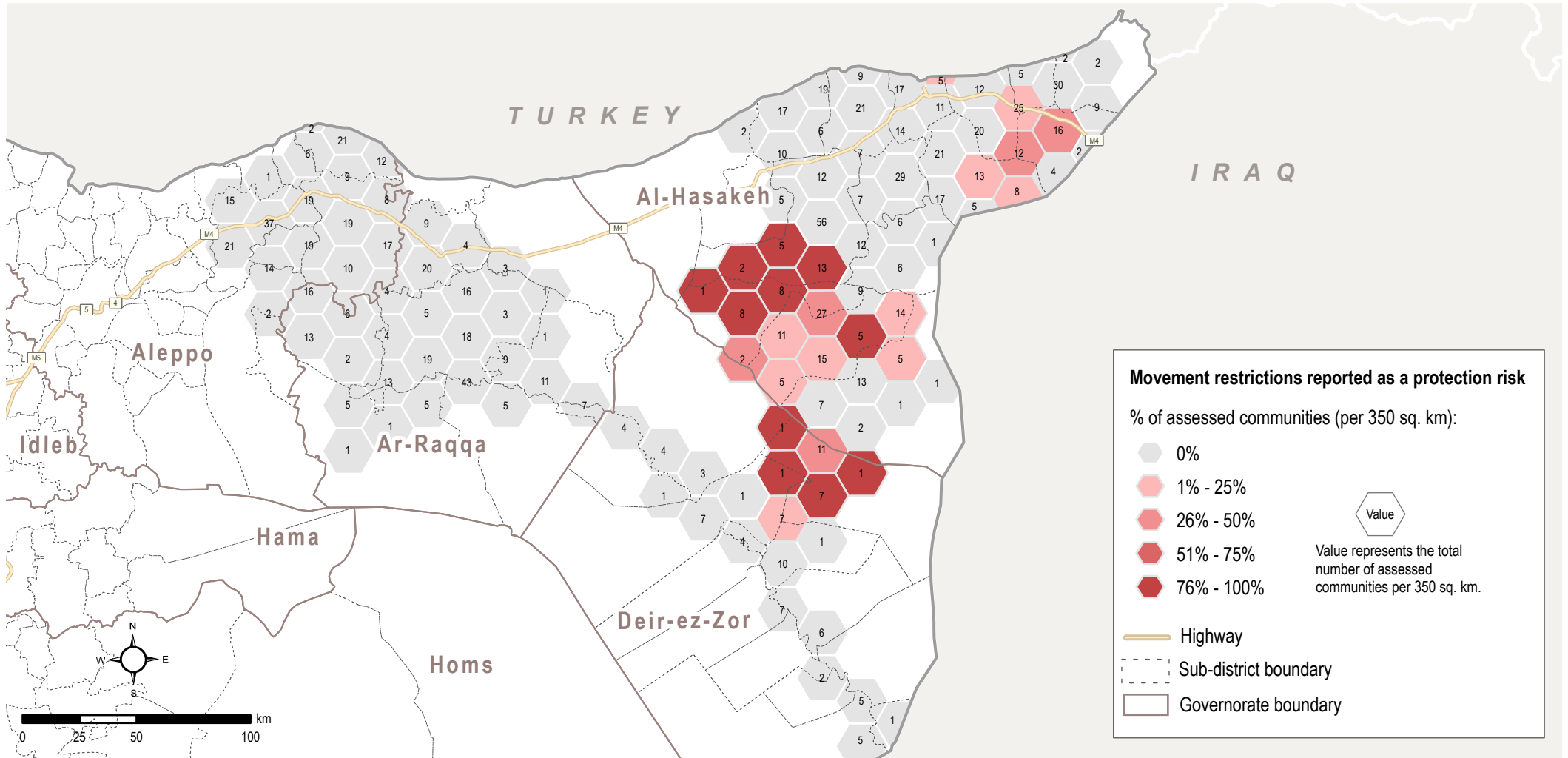


Reported hygiene item availability and affordability (by % of assessed communities)¹²



% of assessed communities where COVID-19 related barriers to access services were reported





Note on the map
 This map shows the percentage of assessed communities where movement restrictions were reported as protection risk.



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **125** communities

General safety and security concerns at markets was a reported barrier to market access in **39** communities

Movement restrictions was reported as a protection risk in **132** communities⁸



Tribal disputes were reported as a protection risk in **28** communities⁸

Threat from shelling was reported as a protection risk in **20** communities⁸

Fear from imminent conflict was reported as a protection risk in **218** communities⁸



The inability to lock homes securely was reported as a shelter inadequacy in **40%** of assessed communities⁸

Lack of privacy inside the shelter was reported as a shelter inadequacy in **58%** of assessed communities⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **87%** of assessed communities⁸

The security situation was reported as a barrier to shelter repairs in **4%** of assessed communities



Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in **65** communities

Most commonly reported protection priority needs (by % of assessed communities)^{3,8}

- 1 **80%** Special assistance for vulnerable groups
- 2 **49%** Specialised child protection services
- 3 **31%** Psychosocial support

% of assessed communities where the lack of civil documentation for residents and IDPs was reported

- 16%** Lack or loss of civil documentation as a protection risk
- 14%** Some people did not have the necessary personal documents as a barrier to accessing humanitarian assistance[†]
- 7%** Lack of personal documentation required to enrol in school as a barrier to education access
- 4%**
- >1%**
- >1%**

% of assessed communities where extreme coping strategies used by residents and IDPs to meet basic needs were reported⁴

Residents

- 11%** Early marriage
- 2%** Forced marriage
- 2%** High risk work
- 2%** Sending family members to beg
- 51%** Sending children (15 or below) to work

IDPs

- 15%**
- 4%**
- 3%**
- 4%**
- 61%**

Age, Gender, and Diversity

KIs in **30%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs⁸

KIs in **19%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs⁸

KIs in **12%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **21%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **5%** of assessed communities reported that **women and girls feel unsafe when traveling to markets**

Children below the age of 12 were reported as a group affected by child labour in **11%** of assessed communities⁸

Hazardous child labour was reported as a protection risk in **18** communities⁸

Endnotes

1. Aleppo governorate includes Menbij and Ain Al Arab districts.
2. KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).
3. KIs could select three answers, thus findings might exceed 100%.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.
6. KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES [Joint Market Monitoring Initiative \(JMMI\)](#) exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring February 2022, 1 USD = 3,670 SYP; 1TRY= 272 SYP.
7. According to the NES [JMMI](#) February 2022, 1 USD = 3,670 SYP.
8. Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).
9. According to the NES [JMMI](#) February 2022, the Survival Minimum Expenditure Basket (SMEB) = 480,418 SYP.
10. Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
11. KIs were asked about the situation in the last two months, instead of the last 30 days.
12. Adult hygiene items include: shampoo, toothbrush, and toothpaste. Household cleaning items include: washing powder, liquid, and dish detergent.

◆ By number of communities where KIs reported the relevant indicator (access/barriers/inadequacies/damages/coping strategies/risks etc.) for the relevant population group(s)

<i>Indicator</i>	<i>Subset</i>	<i>Indicator</i>	<i>Subset</i>
<i>N.o of communities reporting on:</i>		<i>N.o of communities reporting on:</i>	
Residents	1218	Barriers to assistance access (IDPs)	421
IDPs	653	Barriers to accessing sufficient food (merge)	1197
Challenges to assistance access (resident)	241	Days when water is available from network	776
Barriers to assistance access (resident)	972	Barriers to markets functioning	394
Challenges to assistance access (IDPs)	226		

Sources

- a. International Rescue Committee (IRC). (2 February 2022). Crisis in Syria: Economic Crisis compounds a decade of war. Retrieved from: <http://reliefweb.int>
- b. Ibid.
- c. Lucente, A. (2022). Northern Syria health care plagued by issues as UN extends cross-border aid. Retrieved from: <https://www.al-monitor.co>
- d. Baladi News. (2022). Halt of distribution of the second batch of heating gasoline in northeastern Syria. Retrieved from: <https://www.enabbaladi.net/>
- e. International Crisis Group. February 2022 Trends. Retrieved from: <https://www.crisisgroup.org/>

About REACH

REACH 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). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org.