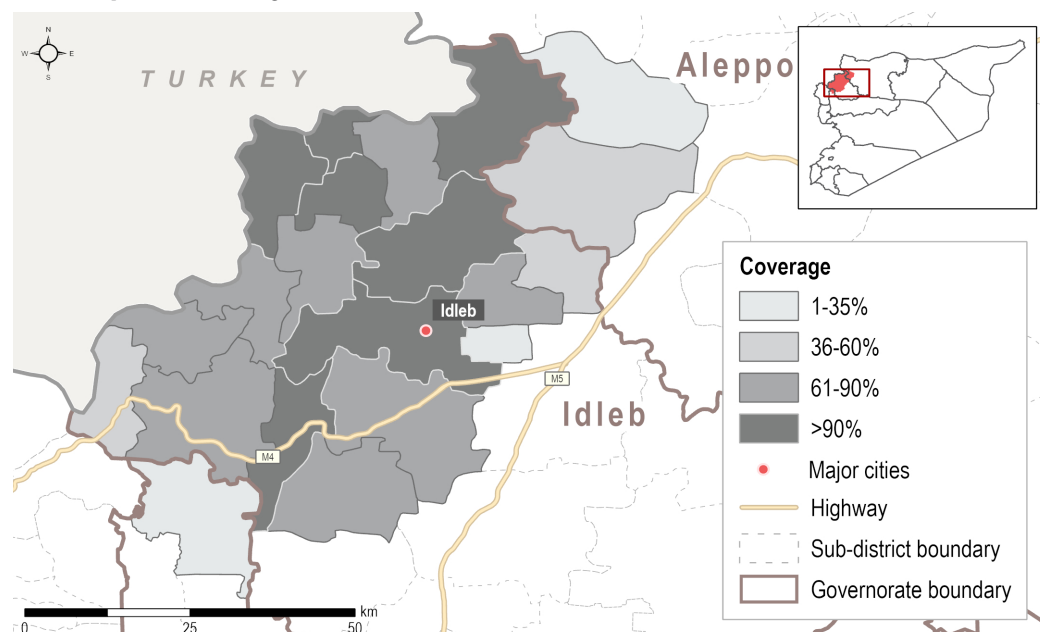


Introduction and Methodology

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 the Greater Idlib area in Northwest Syria (NWS). **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 six 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 **371 communities** across the greater Idlib area.¹ **Data was collected between 6-23 November 2022 from 1,369 KIs** (11% 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

With an increase in hostilities, the recent cholera outbreak, and harsh weather conditions, households in greater Idlib continued to face challenges in meeting their basic needs.

- ♦ **Intensified hostilities in Idlib were reported.** In early November, shelling of tent settlements was reported north of Idlib city, killing ten civilian lives, displacing over two thousand families, and damaging shelter and infrastructure.^a HSOS KIs reported threats from shelling and threats from airstrikes were reported in 67 of assessed communities, and fear from imminent conflict was reported as a protection risk in 83 communities.

- ♦ **The recent cholera outbreak put a strain on an already stretched health system.** In 42% of the assessed communities, households reportedly did not have access to health services in their location in November. While healthcare has been decimated by eleven years of conflict, the COVID-19 pandemic, and a shortage of funds, more than 9,000 suspected cholera infections were reported by the end of November.^b The lack of access to treatment make disease outbreaks like cholera particularly risky to those with underlying and long-term illness. Treatment for chronic diseases was the most reported priority health need, according to KIs in 60% of assessed communities. The cholera outbreak is also compounded by a lack of access to safe drinking water and adequate sanitation. KIs in 56% of assessed communities reported problems with drinking water, and KIs in 97% of assessed communities reported sanitation issues in their location.

- ♦ **Winter-related challenges started to affect both IDPs and residents mostly because of a lack of means for heating.** Winterisation was one of the top priority needs, reported by KIs in 49% of assessed communities for IDPs, and 47% for residents. While access to basic NFIs is needed to ensure families can keep their homes warm this winter, items such as heating fuel, solar panels, batteries, and clothes were all reported as unaffordable to most individuals in all assessed communities. Although winterisation assistance will be critical to ensure urgent winter needs are met this winter, the 2022 funding shortfall will likely jeopardize critical life-saving interventions in the coming months.^c

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.



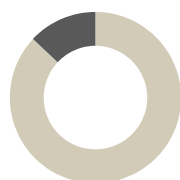
Priority Needs and Humanitarian Assistance



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

	FIRST	SECOND	THIRD	OVERALL	
1	Food	Livelihoods	Livelihoods	Livelihoods	69%
2	Livelihoods	Food	Winterisation	Food	56%
3	NFIs [▲]	Winterisation	Education	Winterisation	47%

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



Yes: **87%**
No: **13%**

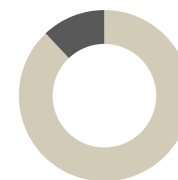
% of assessed communities where KIs reported the presence of the following **types of assistance for residents** ⁴



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

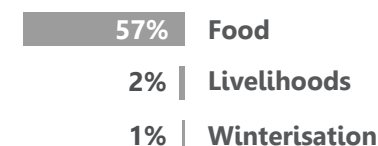
	FIRST	SECOND	THIRD	OVERALL	
1	Shelter	Winterisation	Livelihoods	Food	63%
2	Food	NFIs	Winterisation	Livelihoods	50%
3	Livelihoods	Food	Food	Winterisation	49%

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



Yes: **88%**
No: **12%**

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



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 in need **74%** **1**
- Assistance provided was not relevant to all needs **45%** **2**
- Quantity of assistance provided to households was insufficient **43%** **3**

In communities where no access to humanitarian assistance was reported

- No humanitarian assistance was available **84%**
- Distribution points were too far or the routes were inaccessible **16%**

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 **71%** **1**
- Quantity of assistance provided to households was insufficient **48%** **2**
- Assistance provided was not relevant to all needs **48%** **3**

In communities where no access to humanitarian assistance was reported

- No humanitarian assistance was available **86%**
- Distribution points were too far or the routes were inaccessible **14%**



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 bed-room apartment ^{5,6}			Median estimated daily wage for unskilled labour ^{5,7,8}		
Greater Idleb area	110 TRY [▲]			450 TRY			40 TRY		
% of assessed communities where indicator was reported in following currencies *	SYP	TRY	USD	SYP	TRY	USD	SYP	TRY	USD
	0%	100%	0%	0%	57%	43%	0%	100%	0%

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

Residents		IDPs
79%	Seasonality of production	57%
63%	High operational costs	22%
34%	Lack of fodder	31%
33%	Lack of water for agriculture	10%

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

Livelihood source	Residents	IDPs
Food crop production	48%	16%
Cash crop production	75%	10%
Livestock products	61%	58%
Sale of livestock	14%	17%

89% and 97%

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

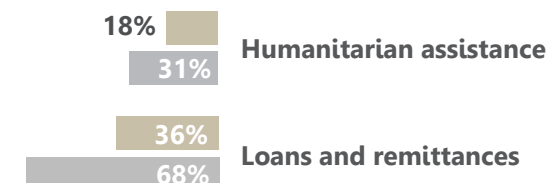
73 days

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

94% and 52%

% of assessed communities where KIs reported the **insufficient income of households** and general lack of employment opportunities as barriers to meeting basic needs ⁸

% 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 **68%** of assessed communities cited that **rent** was unaffordable for the majority of people



KIs in **37%** of assessed communities cited the high cost of **fuel for generators** as a common challenge



KIs in **82%** of assessed communities cited the high cost of **solar panels** as a common challenge



KIs in **46%** of assessed communities cited the high cost of **water trucking** as a common challenge



KIs in **89%** of assessed communities cited the high cost of **food** as a common challenge ⁸



KIs in **66%** 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 **65%** of assessed communities reportedly none of the IDP households owned their shelter

In **32%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **15%** 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 **3%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **5%** of assessed communities

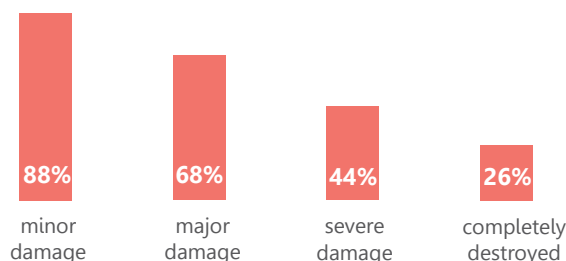


Problems with the drinking water were reported in **54%** of assessed communities



Water being calcareous was the most commonly reported problem with drinking water (reported by KIs in 54% of assessed communities)

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 85% of assessed communities) ⁴

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

Rodents and/or pests are frequently visible

6%

Solid waste in the streets

19%

Sewage system pollutes public areas

7%

Stagnant water

3%

Flooding in the streets

3%



98%

% of assessed communities where KIs reported that **house-holds experienced barriers to accessing sufficient food** ⁸



In **20%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food ⁸

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

1

Borrowing money to buy food

82%

2

Relying on less preferred food / lower food quality

81%

3

Buying food with money usually used for other things

65%



High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 89% of assessed communities) ^{4,11}

Commonly reported **sources of food** for house-holds **other than markets** (by % of assessed communities) ⁴

1

Own production or farming

66%

2

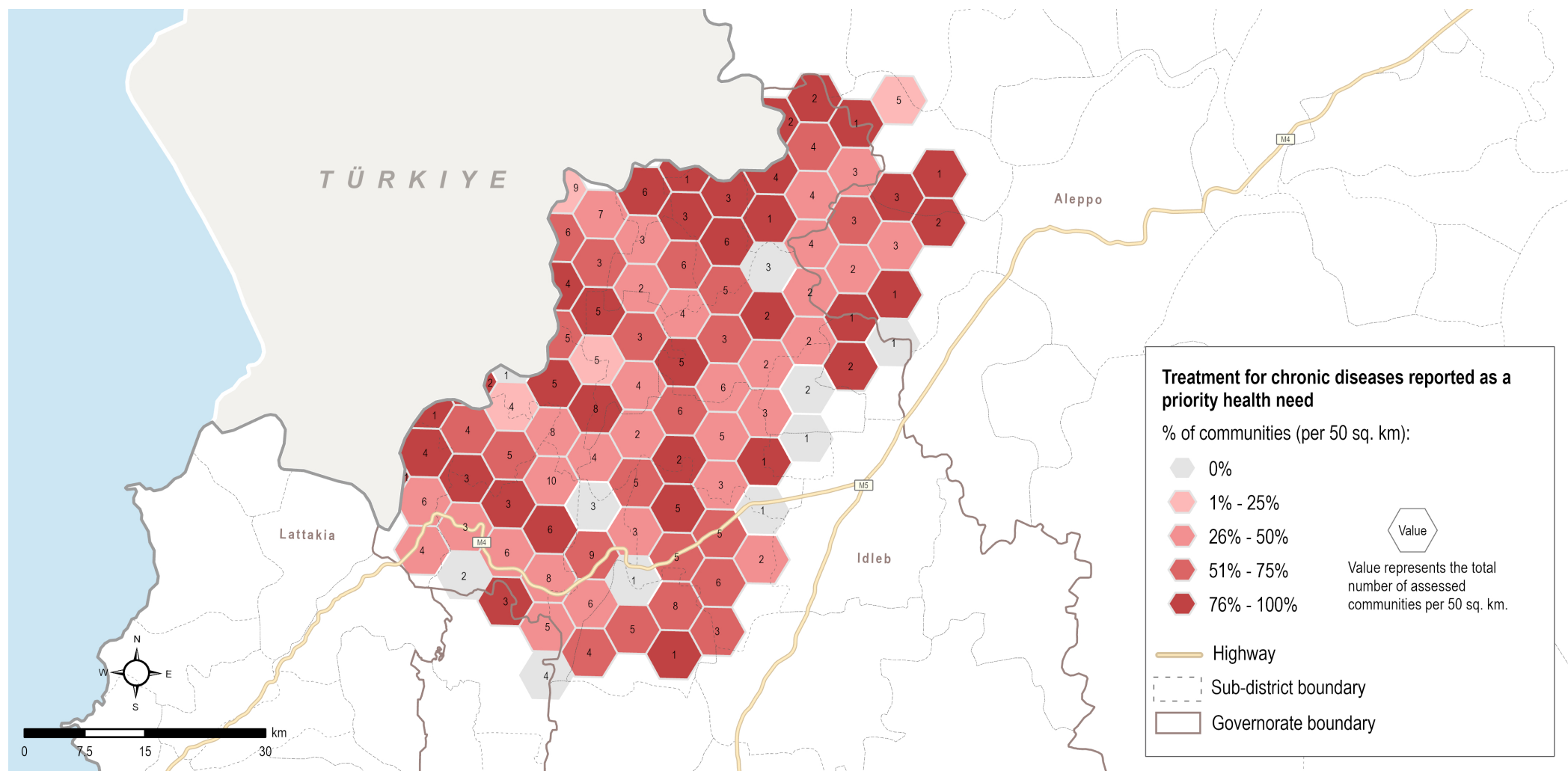
Relying on food stored previously

32%

3

Food gifts from friends and family

19%



Priority health need

Note on the map

This map shows the percentage of communities where treatment for chronic diseases was reported as a priority health need. In November, treatment for chronic diseases was the most reported priority health need, according to KIs in 60% of assessed communities. The lack of access to treatment make disease outbreaks, like cholera, particularly risky to those with underlying and long-term illness.



Access to Basic Services



Access to Electricity

7-8 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 44% of assessed communities)

Solar panels

was the most commonly reported main source of electricity (reported by KIs in 64% of assessed communities)

37%

% of assessed communities where KIs reported the main network is partially or completely not functioning as a barrier for electricity access ♦



Access to Water

51%

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



Days per week where water from the network was available (by % of 337 communities connected to a water network) ♦

Private water trucking

was the most commonly reported source of drinking water (reported by KIs in 44% of assessed communities)

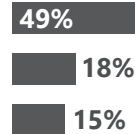


Access to Sanitation

42%

% 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)



Paid private waste collection

Waste burnt

Waste disposed of by household to a dumping location

46%

% of assessed communities where KIs reported waste removal services as a WASH priority need ⁸



Access to Markets

12%

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

Not enough consumers to support markets in the assessed location

was the most commonly reported reason for why markets were not functioning (reported by KIs in 88% of assessed communities where markets were not functioning)

79%

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

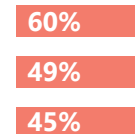


Access to Health Services

42%

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

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



Treatment for chronic diseases

First aid or emergency care

Paediatric consultations

Going to the pharmacy instead of a clinic

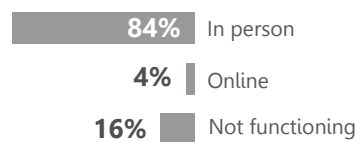
was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 85% of assessed communities)



Access to Education Services

19%
32%

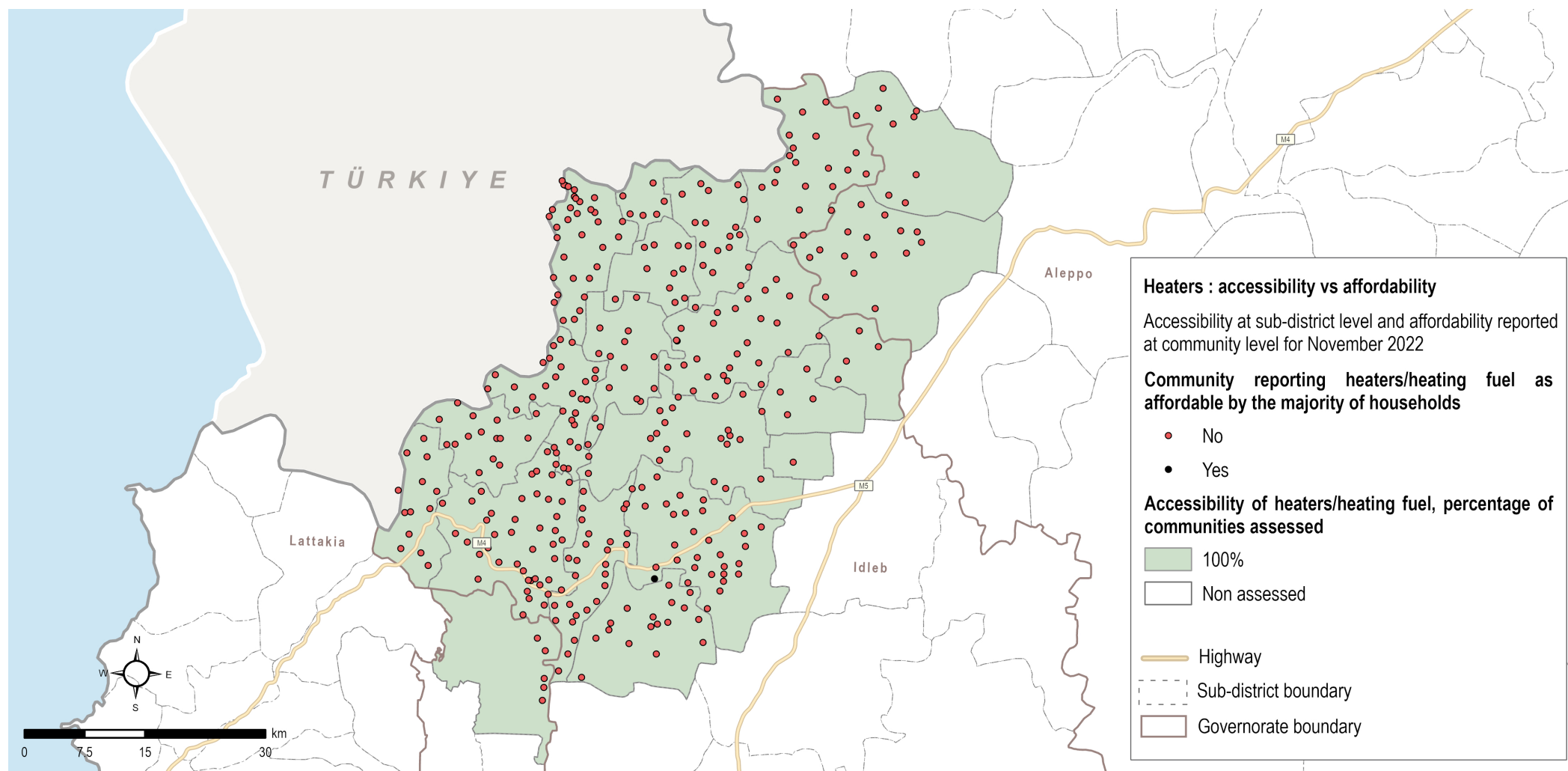
% of communities in which half or less of the school aged-children accessed school in the last 30 days for residents and IDPs



% of assessed communities where KIs reported on the functioning of education services in the assessed location ⁴

9%

% of communities where KIs reported that the lack of access to internet, electricity and/or equipment was a barrier to accessing (online) education services ⁸



Heaters/heating fuel accessibility vs affordability

Note on the map

This map shows the communities where KIs reported heaters/heating fuel was available and unaffordable. Winterisation was one of the top priority needs in November, reported by KIs in 49% of assessed communities for IDPs, and 47% for residents. While access to basic NFIs is needed to ensure families can keep their homes warm this winter, items such as heaters/heating fuel were reported as unaffordable to most individuals in all assessed communities.



COVID-19

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



None of the available livelihood sectors were affected 100%

At least one of the available livelihood sectors was partially or totally affected 0%

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



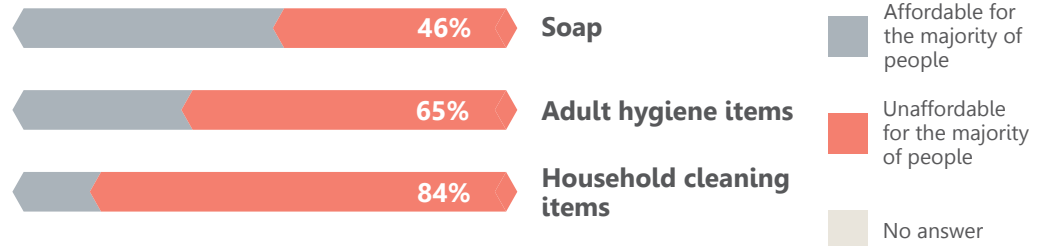
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)

0% Agriculture

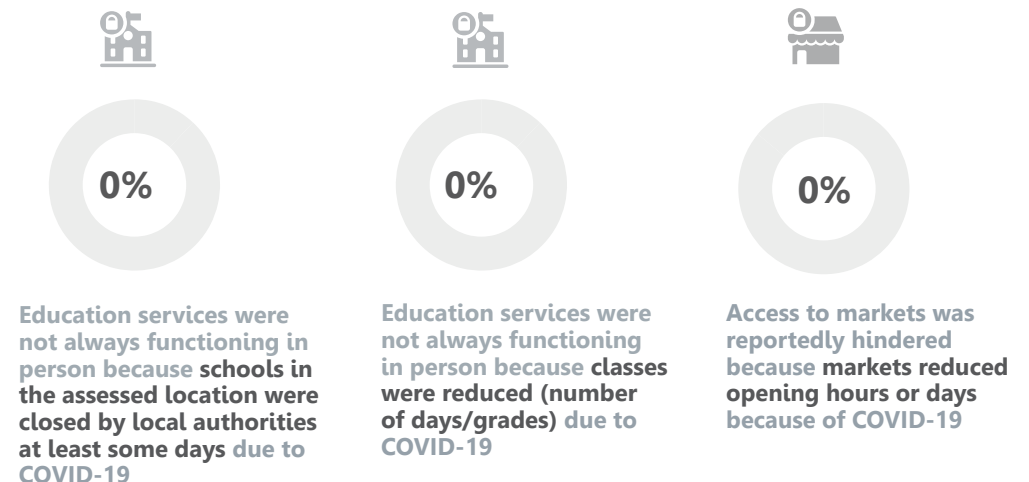
0% Home based enterprises

0% Daily waged labour

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



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





Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **3%** of assessed communities

General safety and security concerns at markets was a reported barrier to market access in **2%** of assessed communities

Markets not opening because of security issues was a reported barrier to markets not functioning in **0%** of assessed communities



Threat from airstrikes was reported as a protection risk in **67** communities ⁸

Threat from shelling, snipers or gunfire was reported as a protection risk in **67** communities ⁸

Threat from improvised explosive devices (IEDs), mines or unexploded ordnances was reported as a protection risk in **1** communities ⁸

Fear from imminent conflict was reported as a protection risk in **83** communities ⁸



The inability to lock homes securely was reported as a shelter inadequacy in **37%** of assessed communities ⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **90%** of assessed communities ⁸

The security situation was reported as a barrier to shelter repairs in **10%** of assessed communities



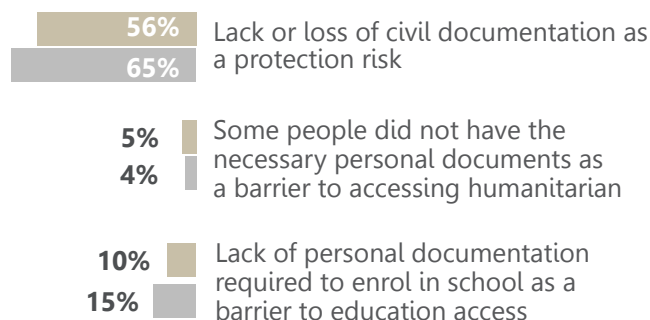
General safety and security concerns at the health facility was reported as a barrier to healthcare in **1%** of assessed communities

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

- 77%** Special assistance for vulnerable groups
- 70%** Specialised child protection services
- 35%** Psychosocial support



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



% of assessed communities where extreme coping strategies used by residents and IDPs to meet basic needs were reported ⁴

Residents

- 37%** Early marriage
- 0%** Forced marriage
- 4%** High risk work
- 1%** Sending family members to beg
- 83%** Sending children (15 or below) to work

IDPs

- 44%**
- 1%**
- 9%**
- 0%**
- 85%**

Age, Gender, and Diversity

KIs in **39%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs ⁸

KIs in **37%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs ⁸

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 **42%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **8%** 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 **13%** of assessed communities ⁸

Hazardous child labour was reported as a protection risk in **8%** of assessed communities ⁸

Endnotes

1. The greater Idleb area includes Idlib governorate, parts of Aleppo western countryside, and parts of Hama northwestern countryside controlled by armed opposition groups (AOGs).

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 Idleb Governorate Market Monitoring exchange rate was used to calculate the amount in SYP. According to the [Joint Market Monitoring Initiative \(JMMI\)](#) November 2022, 1 USD = 5,370 SYP; 1 TRY = 288 SYP.

7. According to the Idleb Governorate JMMI November 2022, 1 USD = 5,370 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 Idleb Governorate JMMI November 2022, the Survival Minimum Expenditure Basket (SMEB) = 839,107 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 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	365	Currency used for paying water	346
IDPs	357	Currency used for paying rent	269
Challenges to assistance access (resident)	299	Currency in which wages are paid (merge)	325
Barriers to assistance access (resident)	49	Barriers to accessing sufficient food (merge)	363
Challenges to assistance access (IDPs)	298	Days when water is available from network	337
Barriers to assistance access (IDPs)	43	Barriers to markets functioning	43

Sources

- United Nations News. (29 November 2022). UN envoy warns against 'worrying and dangerous' military escalation in Syria. Retrieved from: <https://news.un.org/>
- CARE, Christian Aid, CONCERN, et al. (29 November 2022). NGOs call for an urgent scale up in support, alongside immediate action to secure humanitarian access to Northwest Syria. Retrieved from: <https://reliefweb.int/>
- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2 December 2022). North-West Syria: Situation Report. Retrieved from: <https://reliefweb.int/>

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.