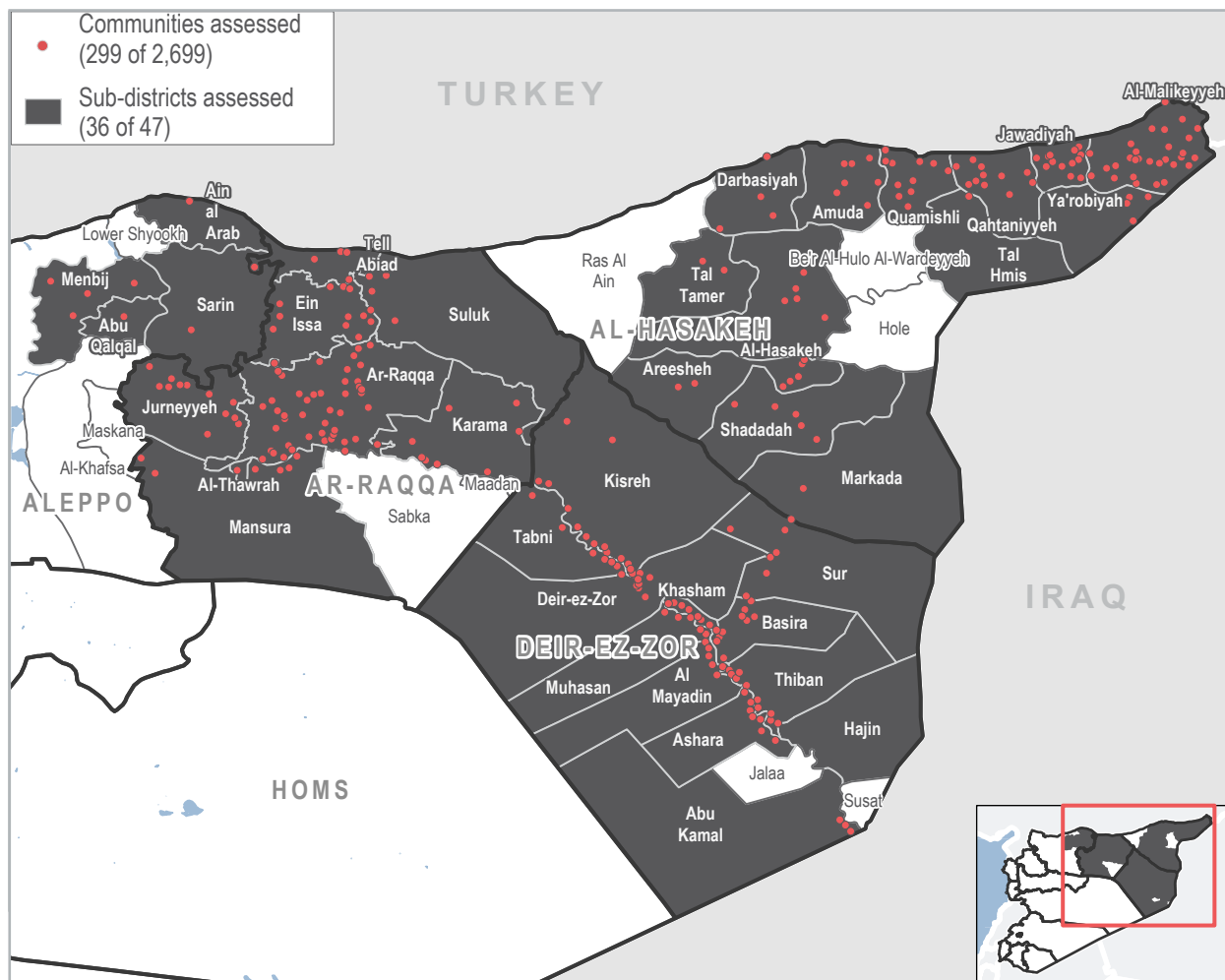


# Northeast Syria, September 2018

## Humanitarian Situation Overview in Syria (HSOS)

### Coverage



### Introduction

HSOS is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. The assessment is conducted at the community level covering [displacement](#), [shelter and non-food items \(SNFI\)](#), [health](#), [water](#), [sanitation and hygiene \(WASH\)](#), [food security and livelihoods \(FSL\)](#), and [education](#).

The factsheet presents information gathered in 299 communities across Ar-Raqqa (102 communities), Al-Hasakeh (106 communities), Deir-ez-Zor (85 communities), and northeast Aleppo (6 communities) governorates. Data was collected during the month of October 2018, and refers to the situation in the northeast region in September 2018. Findings are indicative rather than representative, and should not be generalised across the region.

For community-level data, datasets are available on the [REACH Resource Centre](#), [the Humanitarian Data Exchange](#), and are also distributed through partners across the humanitarian community.

### Top 3 reported priority needs in assessed communities:

- 1 Healthcare
- 2 Education
- 3 Livelihoods

### People in need (PIN) Demographics\*

2,005,806 total PIN

1,051,906 (Male)

953,900 (Female)

### Survival Minimum Expenditure Basket (SMEB):<sup>1,2</sup>

Average price in September: 61,705 Syrian pound (SYP)

Average price in August: 61,068 SYP

Average price during last six months: 59,584 SYP

\* Figures based on [HNO 2018](#) population data for the entire NES region including areas not covered by HSOS.

### Key events impacting the humanitarian situation in NES

Ar-Raqqa and Deir-ez-Zor cities fully recaptured from ISIL. <sup>a,b</sup>	Forces escalate offensive on ISIL east of the Euphrates River and in southern Al-Hasakeh governorate. <sup>c</sup>	Consumption of contaminated water in Deir-ez-Zor governorate led to 655 reported cases of bloody diarrhoea and 12 deaths. <sup>d</sup>	An estimated 152,630 individuals reportedly spontaneously returned to Ar-Raqqa city since October 2017. <sup>e</sup>	224,685 spontaneous returnees reported in Deir-ez-Zor governorate since November 2017. <sup>e</sup>	Offensive to retake final ISIL-held enclave continues in southern rural Deir-ez-Zor. <sup>e</sup>
October-November 2017	April 2018	March - July 2018	September 2018	September 2018	Ongoing

## CONTEXT

In mid-September 2018, an offensive against the last remaining pockets controlled by the so-called Islamic State of Iraq and the Levant (ISIL) on the eastern bank of the Euphrates river in southeast Deir-ez-Zor governorate led to an increase in hostilities and shelling. This resulted in civilian death, injuries, and further displacement within Deir-ez-Zor governorate.<sup>e</sup> Ar-Raqqa and Deir-ez-Zor governorates continued to experience increasing numbers of spontaneous returns. However, individuals in these governorates faced safety and security risks due to high levels of destruction and IED/UXO contamination.<sup>e,f</sup> In addition, individuals throughout northeast Syria (NES) have been impacted by poor water quality and a lack of access to healthcare and prolonged health issues including disease outbreaks of measles, leishmaniasis, typhoid, and cases of bloody diarrhoea have been reported since early summer 2018.<sup>e,f</sup>

## KEY HIGHLIGHTS<sup>3</sup>

### Healthcare problems and access in Al-Hasakeh and Ar-Raqqa

Healthcare was reported as a top priority need in 80% of 213 assessed communities in Ar-Raqqa and Al-Hasakeh. Of the assessed communities, 69% reported that there were no healthcare facilities functioning in their communities. Key informants (KIs) reported that the most common barriers to accessing healthcare were that there were no healthcare facilities available (60%), the high costs of transportation to healthcare facilities (53%), and healthcare services were too expensive (52%). KIs in 53% of the assessed communities in Al-Hasakeh and Ar-Raqqa reported the absence of assessed medical items (i.e. anti-anxiety medication, contraception, clean bandages, blood transfusion bags, heart medicine, diabetes medicine, anaesthesia, blood pressure medicine, antibiotics, and burn treatment) in their communities. Furthermore, the most commonly reported health problems were chronic diseases (i.e. diabetes, high blood pressure, and cardiovascular health) reported by 64%, as well as 56% that reported severe diseases affecting children aged less than five and 39% that reported diarrhoea.

### Poor water quality and access to water in Deir-ez-Zor

In September, 26% of the 85 assessed communities in Deir-ez-Zor reported that there was insufficient water to meet household needs, all located in Basira, Sur, and Thiban sub-districts. The primary sources of drinking water in Deir-ez-Zor were: the network (67%), water trucking (21%), and the river (12%). However, 93% of assessed communities in Deir-ez-Zor reported that the drinking water from their primary source tasted and/or smelled bad. Furthermore, four communities in Basira and Sur sub-districts reported that the water from their primary source made people sick. Diarrhoea was reportedly the most common health concern in 65% of assessed communities.

Health concerns regarding poor water quality might be further exacerbated by limited access to healthcare services. For example, KIs reported that in 99% of assessed communities in Deir-ez-Zor, there were barriers to accessing healthcare services. The most commonly reported barriers to accessing healthcare were: healthcare services too expensive (64%) and the high cost of transportation (61%).



## Displacement

- KIs from the five communities assessed in Menbij district reported an estimated population of 108,700 IDPs, the highest population of IDPs reported throughout the assessed communities in NES.
- KIs reported an estimated 3,280 refugees spontaneously returned to assessed communities in NES from Lebanon, Iraq, and Turkey in September. Of the spontaneous returnees, 1,800 went to Ain Al Arab community in eastern Aleppo. The most commonly reported reasons for return were to reunite with family and a perceived cessation of hostilities in their community of origin.



## Food Security & Livelihoods

- Of the 299 assessed communities in NES, 79% reported residents obtained food through their own production.
- In September, 90% of the 299 assessed communities in NES reported barriers in accessing enough food. The most commonly reported barriers were: high food prices, lack of resources to buy available food, and a decrease in local production.
- Furthermore, of the 52 assessed communities in Ar-Raqqa sub-district, 13% reported that the food was insufficient in meeting household needs.



## Education

- Of the 299 assessed communities in NES, 36% reported a lack of teaching staff and 26% reported a lack of school supplies as the most common reasons for school-aged children not being able to access educational services.
- Furthermore in Deir-ez-Zor governorate, of the 85 assessed communities, 63% reported school-aged children were not able to access educational services. This was primarily due to a lack of school supplies (93%), early marriage (70%), and destruction of facilities (43%).
- In Al-Hasakeh governorate, of the 106 assessed communities, 20% reported issues with the curriculum (i.e. parents did not approve of the curriculum and/or the curriculum was not available in the appropriate language) as the most common reason why school-aged children were not able to access educational services.



## WASH

- KIs across the 299 assessed communities in NES, 60% reported water network as main source of water and 20% reported water trucking as main source of water. In addition, KIs in eastern Aleppo, Al-Hasakeh, and Ar-Raqqa governorates reported that water was fine to drink. However, of the 85 assessed communities in Deir-ez-Zor governorate, 93% reported that water from the primary source tasted and/or smelled bad.



## Health

- Of the 106 communities assessed in Al-Hasakeh governorate, 73% reported that there were no healthcare facilities functioning in their communities.
- In Ar-Raqqa, of the 102 communities assessed, 33% reported a lack of healthcare services and antenatal care. Medicine and chronic disease support were the most commonly reported health services needed.



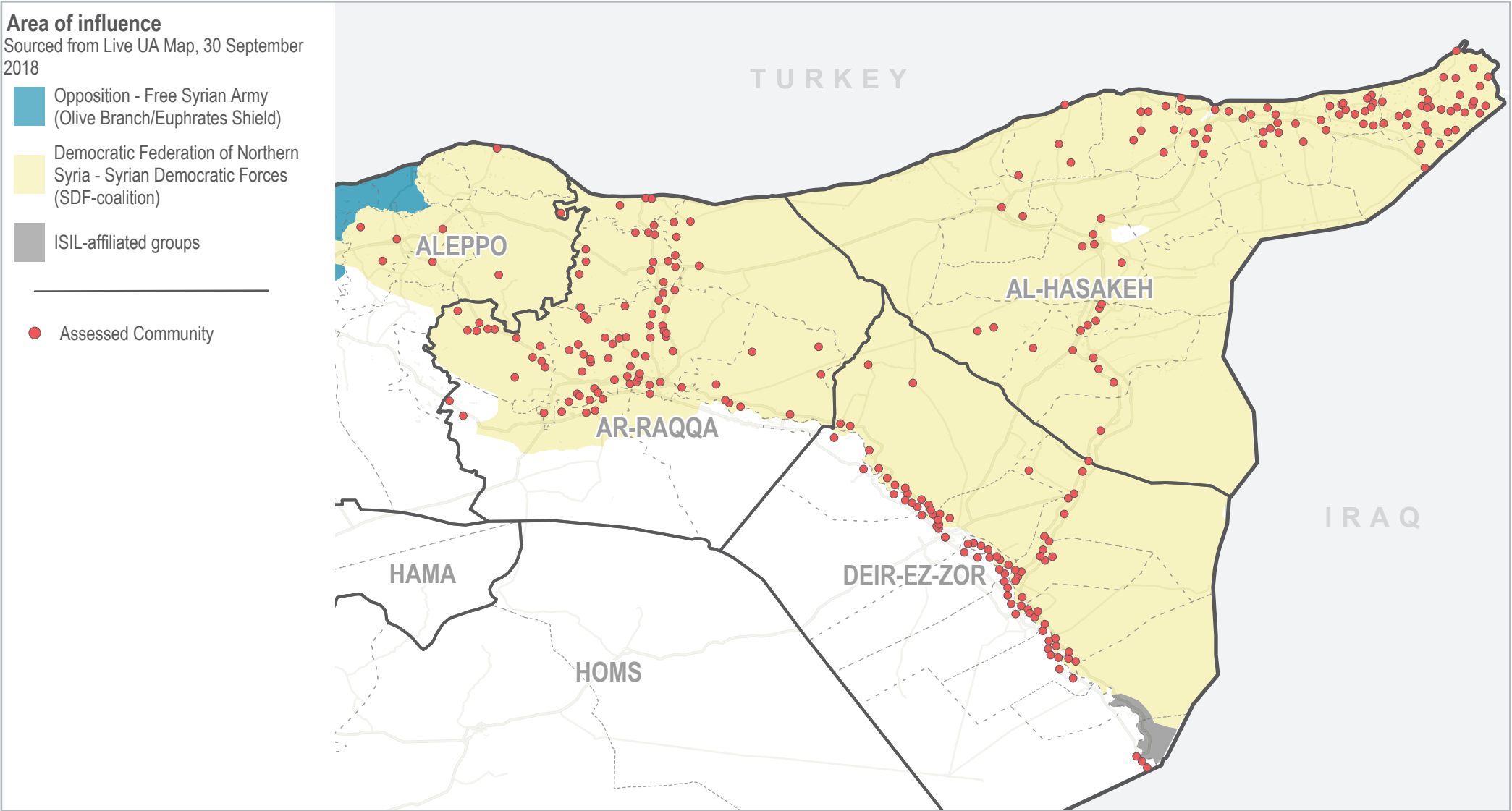
## Shelter and NFI

- Of the 299 assessed communities in NES, 94% reported no lack of fuel in their communities.
- KIs in the three assessed communities in Menbij sub-district reported that tents were the most common type of IDP housing.
- Among the 85 communities assessed in Deir-ez-Zor governorate, all KIs reported generators as the primary source of electricity.

\*The eastern part of Aleppo where humanitarian response and coordination is conducted from the northeast rather than the northwest.

# Northeast Syria, September 2018

## Regional areas of influence:



# Northeast Syria, September 2018

## DISPLACEMENT

**4,510 - 5,300**

Estimated number of IDP arrivals in assessed communities in September.

**11,190 - 13,130**

Estimated number of spontaneous returns in assessed communities in September.<sup>4</sup>

### Communities with the largest estimated number of IDP arrivals:

Abu Hardoub (Deir-ez-Zor)	<b>1,200 - 1,400</b>
Eastern Jarda (Deir-ez-Zor)	<b>900 - 1,000</b>
Sweidan Jazira (Deir-ez-Zor)	<b>300 - 350</b>

### Top 2 reported subdistricts of origin for IDP arrivals:<sup>5,6</sup>

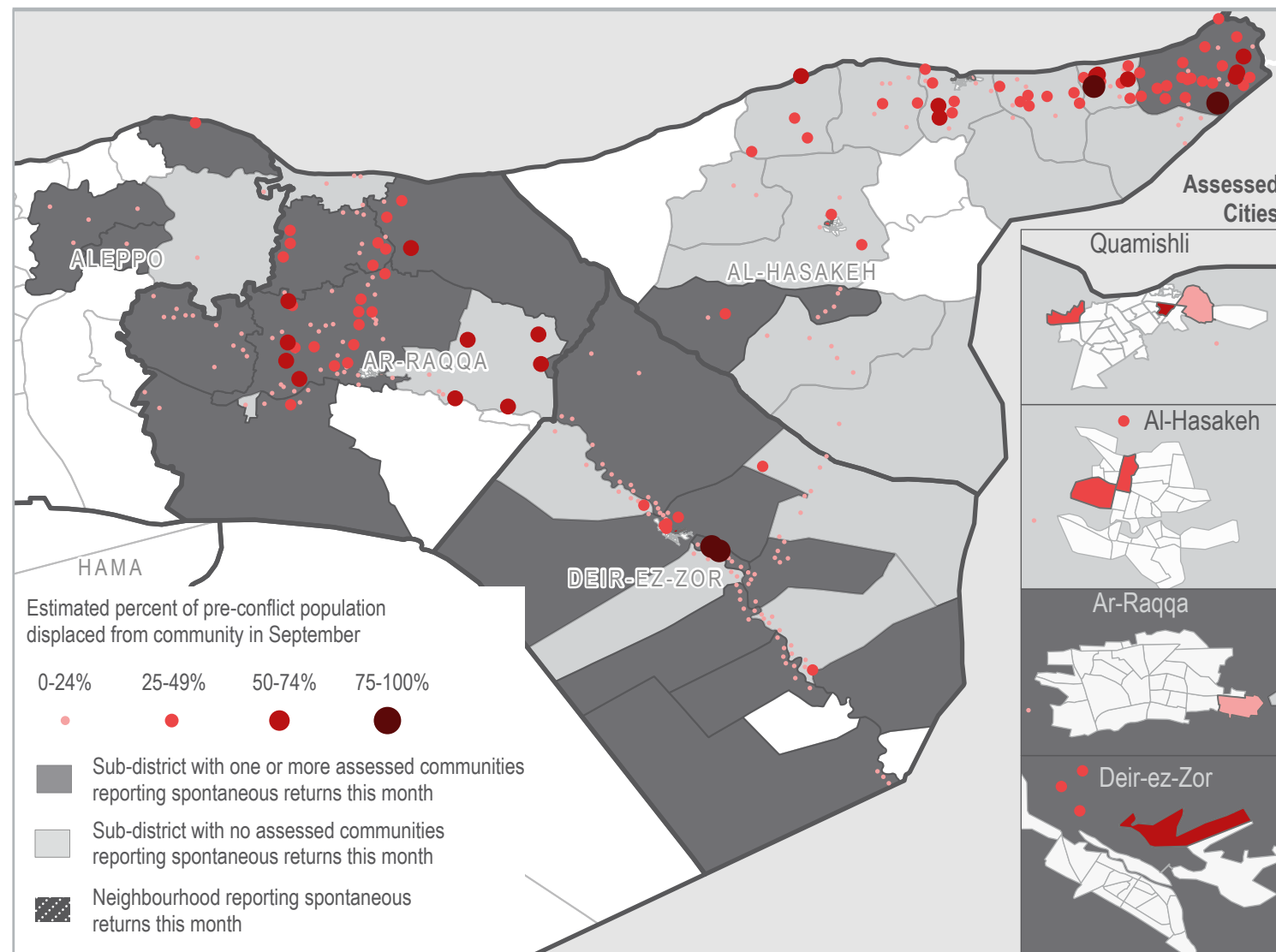
- Hajin (Deir ez-Zor governorate)
- Susat (Deir ez-Zor governorate)

**295 communities reported no PCP departures.<sup>7</sup>**

**Top 3 reasons for PCP departures in the remaining 4 assessed communities:<sup>5,6,8</sup>**

Loss of income	25%
Protection concerns	25%
Reduced access to basic services	25%

Estimated proportion of pre-conflict population (PCP) displaced from community:



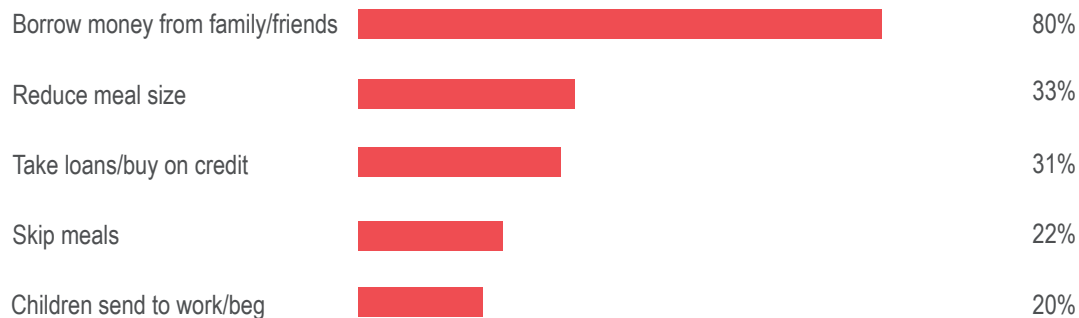
# Northeast Syria, September 2018



## FOOD SECURITY & LIVELIHOODS

- 40/299** Communities reported having received food distributions in the last month.
- 47/299** Communities reported that residents were unable to access shops and markets.
- 0/299** Communities reported that residents used extreme food-based coping strategies to deal with insufficient income.<sup>9</sup>
- 50,000 - 100,000 SYP** Most commonly reported household monthly income range.<sup>1</sup>

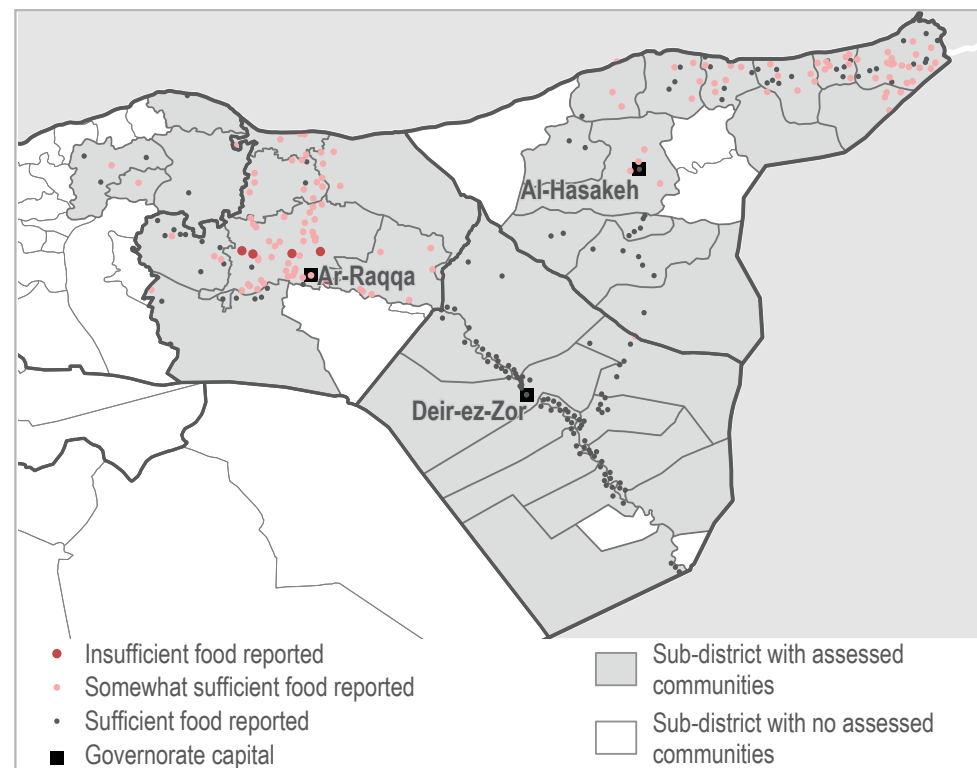
**42 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining 257 assessed communities were:**<sup>5,6,8</sup>



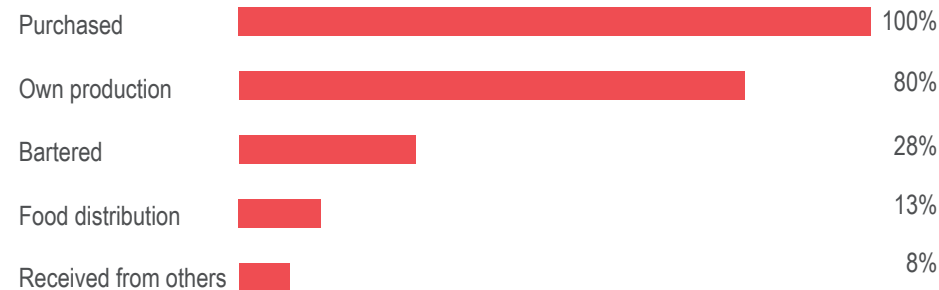
### Most commonly reported main sources of income:<sup>5,6</sup>



### Communities that reported having a sufficient quantity of food:<sup>10</sup>



### Most commonly reported ways of obtaining food:<sup>5,6</sup>



# Northeast Syria, September 2018



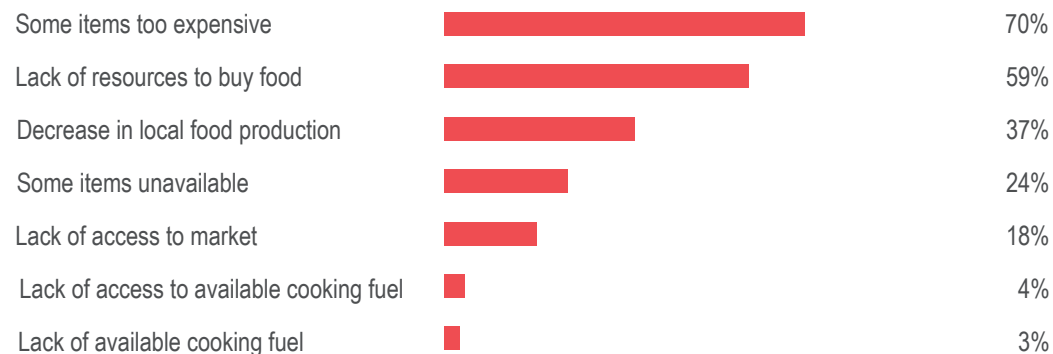
## FOOD SECURITY & LIVELIHOODS

Core food item prices reported (in SYP):<sup>1,11</sup>

Food item:	Regional average price in September:	One month change:	Six month change:
Bread (8 pieces)	100	-17%	0%
Rice (1 kilogram)	500	+5%	+5%
Lentils (1 kilogram)	300	0%	-14%
Sugar (1 kilogram)	285	+4%	-5%
Cooking oil (1 litre)*	237	+6%	-5%

\*includes the combined vegetable oil and ghee prices

31 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 268 assessed communities were:<sup>5,6,8</sup>



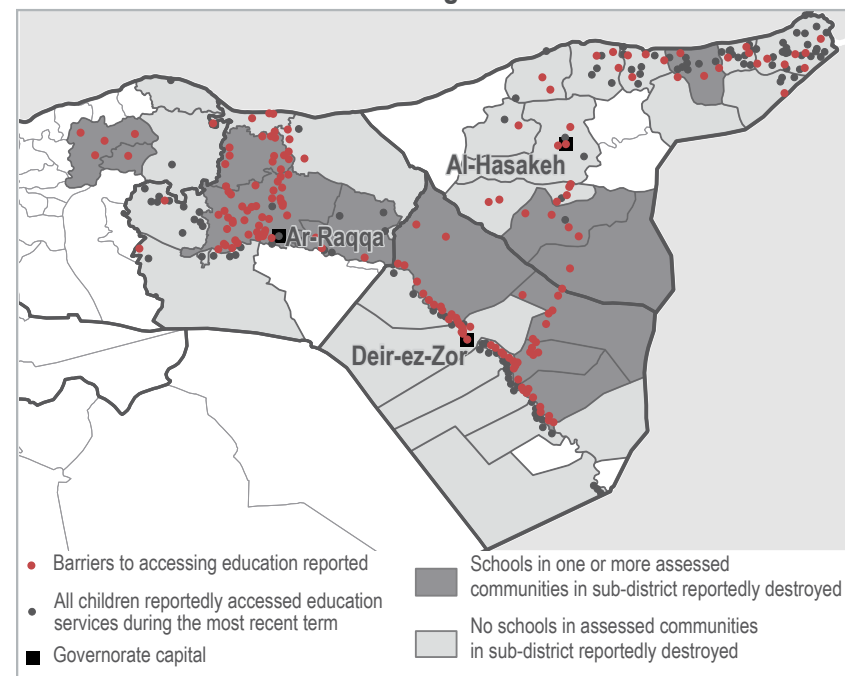
## EDUCATION

288/299 communities reported having functioning primary education facilities, while 145 communities reported having functioning secondary education facilities.<sup>12</sup>

129 communities reported that all children were able to access education. The most commonly reported barriers to education in the remaining 170 assessed communities were:<sup>5,6,8</sup>



Prevalence of barriers to accessing education services:



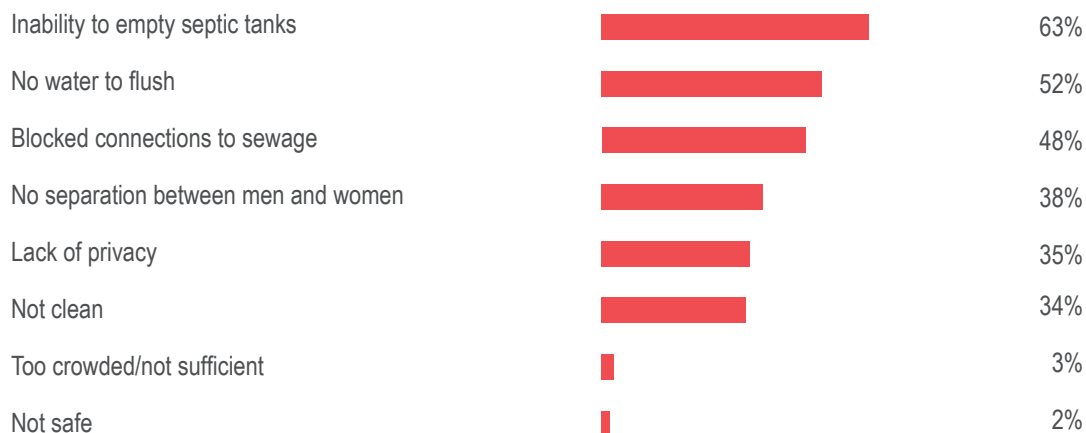
# Northeast Syria, September 2018



**91/299** Communities reported that water from their primary source tasted and/or smelled bad.

**26/299** Communities reported that drinking water from their primary source made people sick.

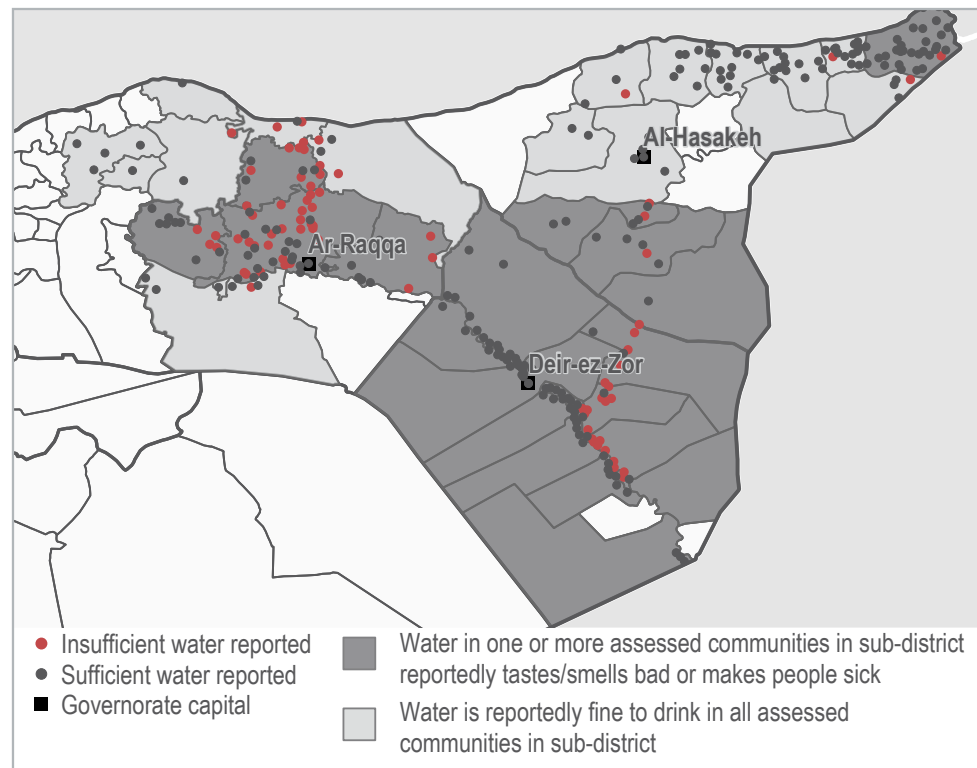
**171 communities** reported that residents had no problems with latrines. The most commonly reported problems with latrines in the remaining **128 assessed communities** were:<sup>5,6,8</sup>



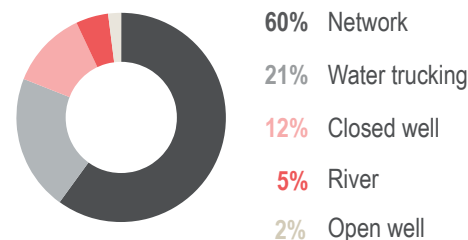
**217 communities** reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **80 assessed communities** were:<sup>5,6,8</sup>



Communities that reported sufficient amounts of water to meet household needs:<sup>10</sup>



Primary drinking water source reported:<sup>6</sup>



Primary method of garbage disposal reported:<sup>5,6</sup>



# Northeast Syria, September 2018

## HEALTH

**113/299** Communities reported that no assessed medical items were available in their community.<sup>13</sup>

**136/299** Communities reported that the majority of women did not give birth in a formal health facility.

**3/299** Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).<sup>14</sup>

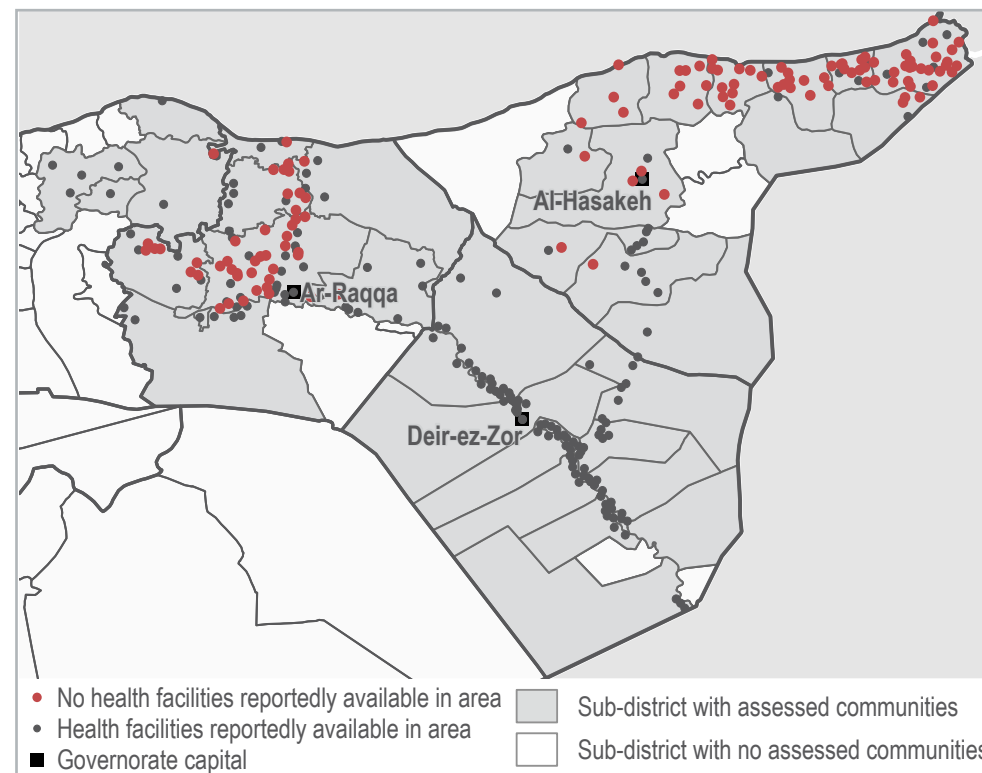
**17 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 282 assessed communities were:**<sup>5,6,8</sup>



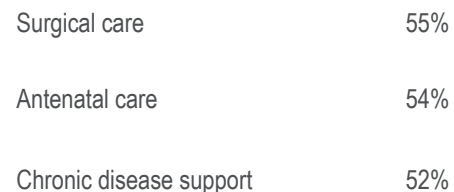
**201 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 97 communities were:**<sup>5,6,8</sup>



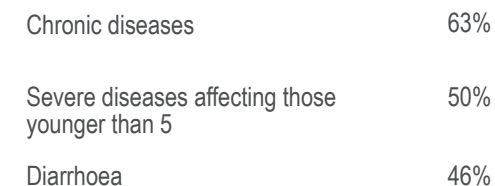
### Presence of health facilities in assessed communities:



### Top 3 most needed healthcare services reported:<sup>5,6</sup>



### Top 3 most common health problems reported:<sup>5,6</sup>



# Northeast Syria, September 2018

## SHELTER AND NFI

**3,761 SYP** Regional average monthly reported rent price in SYP across assessed communities.<sup>1</sup>

**5,351 SYP** Northern Syria average monthly reported rent price in SYP across assessed communities.<sup>1,15</sup>

### Most commonly reported shelter type for PCP households:<sup>6</sup>



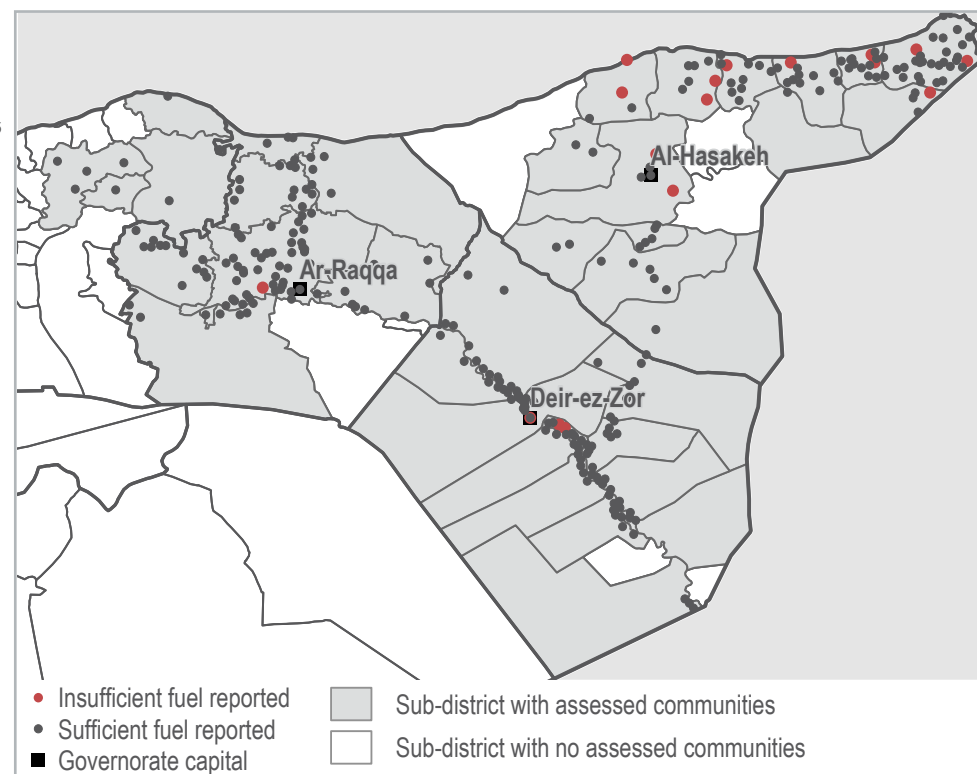
### Most commonly reported shelter type for IDP households:<sup>6</sup>



### Reported fuel prices (in SYP):<sup>1,2</sup>

Fuel type (1L):	Regional average price in September:	One month change:	Six month change:
GoS petrol	325	+294%	+189%
GoS diesel	60	+9%	+20%
Manually refined petrol	200	0%	+33%
Manually refined diesel	100	0%	+67%
Cooking fuel	125	-17%	+19%

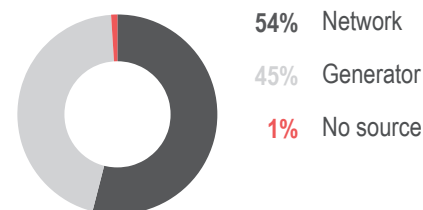
### Communities that reported sufficient amounts of fuel to meet household needs:<sup>10</sup>



**281** communities reported no lack of fuel. Most common strategies to cope with lack of fuel in the remaining **18** assessed communities:<sup>5,6,8</sup>

Burning productive assets	61%
Burning furniture in use	33%
Burning furniture not in use	17%
Burning plastic	11%
Burning clothes	11%

### Primary source of electricity reported:<sup>6</sup>



## METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idleb, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints renders direct data collection unfeasible, KI interviews are conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact multiple KIs in their community in Syria to collect information about their community. KIs are asked to report at the community level.

KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagree on a certain piece of information, enumerators triangulate the data with secondary sources or select the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels are assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the [final dataset](#). The full confidence matrix used to assign confidence levels is available upon request.

Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up is conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the region.

## About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH aims to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: [www.reach-initiative.org](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter: [@REACH\\_info](https://twitter.com/REACH_info).

## ENDNOTES

### MAIN TEXT

<sup>1</sup> 1 USD = 434 SYP (UN operational rates of exchange as of 1 September 2018)

<sup>2</sup> 18 items comprise the Survival Minimum Expenditure Basket (SMEB), which represents the minimum culturally adjusted items required to support a 6-person household for a month. SMEB items: Bread, bulgur, chicken, eggs, fresh vegetables, ghee/vegetable oil, red lentils, rice, salt, sugar, tomato paste, bathing soap, laundry/dish soap, sanitary pads, toothpaste, cooking fuel, water trucking, smartphone data, float (other costs).

<sup>3</sup> All information and figures reported in HSOS factsheets refer to the situation in assessed communities and cannot be generalised to other non-assessed communities of the region.

<sup>4</sup> Returns are not necessarily voluntary, safe, or sustainable.

<sup>5</sup> Assessed using select multiple questions

<sup>6</sup> By percentage of communities reporting

<sup>7</sup> Pre-Conflict Population (PCP), individuals who have not been displaced since the beginning of the conflict.

<sup>8</sup> Not all surveys have answers for every question, in these scenarios the KI or participant will input no answer. When the dataset has no answer for a particular question the reported number of assessed communities will not add up to total number of communities assessed and percentages will be calculated based on submitted responses.

<sup>9</sup> Extreme food-based strategies: eating food waste; eating non-edible plants and spending days without eating.

<sup>10</sup> Based on KI perception of sufficiency.

<sup>11</sup> Bread, rice, lentils, sugar, and cooking oil are considered core food items used in food baskets across Syria. For further information on all SMEB items please see the [Syria Market Monitoring report](#).

<sup>12</sup> Reported numbers indicate the number of communities with functioning primary and secondary education facilities during the data collection period. It is important to note that simply having a functioning facility is not indicative of students being able to attend said facility. In addition, in some cases KIs reported that children attend schools in a neighbouring community.

<sup>13</sup> Assessed HSOS medical items: anti-anxiety medication, contraception, clean bandages, blood transfusion bags, diabetes medicine, anaesthetics, blood pressure medicine, antibiotics, burn treatment.

<sup>14</sup> This information was derived from medical professionals (KIs)

<sup>15</sup> Includes HSOS data for Idleb, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh governorates.

### KEY EVENTS AND DEVELOPMENTS

<sup>a</sup> Sen. (18 October 2017). After the Battle for Raqqa, Now Comes the Hard Part. News Deeply. Retrieved from <https://www.newsdeeply.com/syria>.

<sup>b</sup> UNHCR. (21 January 2018). Syria Crisis: Northeast Syria Situation Report No. 20 (1 December – 31 December 2017). Retrieved from <https://reliefweb.int>.

<sup>c</sup> Syrian Observatory for Human Rights. (4 April 2018). The International Coalition and SDF prepare for a massive military operation against ISIS amid alertness in the east of the Euphrates River and south of Al-Hasakah. Retrieved from <https://www.syriahr.com>.

<sup>d</sup> UN Office for the Coordination of Humanitarian Affairs (15.07.2018). Syria Crisis: Northeast Syria Situation Report No. 26 (15 June 2018 - 15 July 2018). Retrieved from <https://reliefweb.int>.

<sup>e</sup> Health Cluster. (2018). Whole-of-Syria health cluster bulletin 1-30 September 2018. Retrieved from <https://www.humanitarianresponse.info>

<sup>f</sup> UN Office for the Coordination of Humanitarian Affairs. (31.08.2018). Syria Crisis: Northeast Syria Situation Report No. 28 (01 September 2018 - 30 September 2018). Retrieved from <https://reliefweb.int>.