

# HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS)

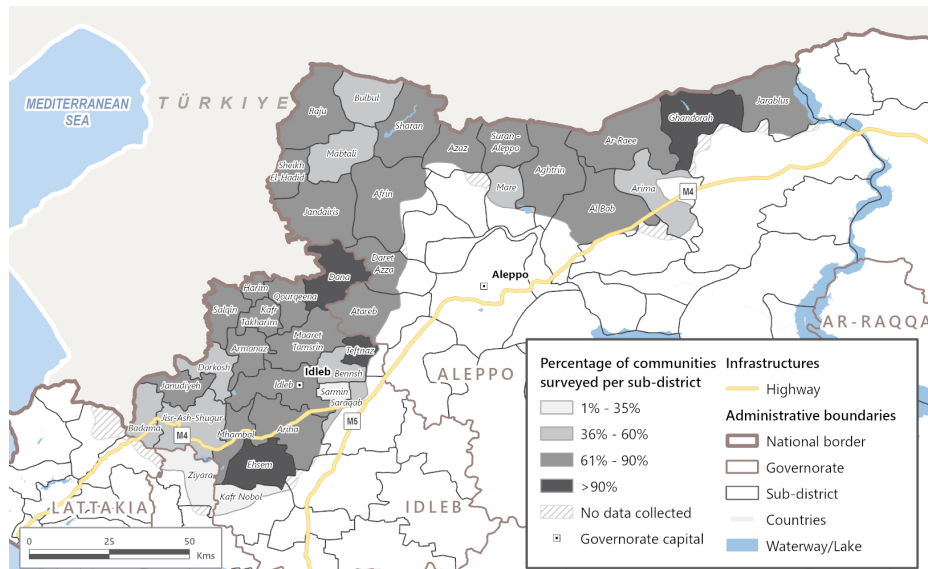
October 2023 | Northwest Syria

## 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, public health, and the security and protection situation in Northwest Syria (NWS). HSOS focuses on host community and internally displaced persons (IDP) households residing in communities. **This assessment does not provide information on camps and informal settlements.**

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 generalised across the population and region. The complete monthly HSOS dataset is available on the [REACH Resource Centre](#).

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators in Greater Idlib, and partner enumerators in Northern Aleppo, interview three to six KIs per assessed location, either directly or remotely. KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **672 communities** across Greater Idlib<sup>1</sup> and Northern Aleppo areas. Data was collected **between 1-9 October 2023** from **2,337 KIs** (5% female).



## KEY MESSAGES

- Amid the [conflict escalation](#) occurring in NWS since the beginning of October, **KIs in 19% of assessed communities reported the threat from imminent conflict as a protection risk in their community.** This risk was particularly reported in Atareb, Daret Azza, Al Bab, Bennsh and Maaret Tamsrin sub-districts.
- While [repeated shelling killed and injured many](#), **KIs in more than half of the assessed communities (56%) indicated that households were not able to access health services within their community.**
- **Among the 174 assessed communities in which KIs reported the need for psychological first aid, only 34% hosted mental health services.** This may highlight a gap in emergency psychological services in the region.
- In October, KIs in 35 communities reported that **education services were not functioning every day of the week because of the violence escalation making schools or travel to schools unsafe.** As a comparison, none of the KIs reported escalation of violence as a reason for schools limited opening in the previous round of HSOS data collection.
- **The conflict escalation may widely contribute to limiting households' access to livelihoods.** While daily labor was reported as a common source of income in 97% of assessed communities, data from [REACH Rapid Needs Assessment conducted in Greater Idlib](#)<sup>6</sup> showed that the conflict escalation caused a general reduction of demand of daily labor in affected communities.

### HSOS Dashboards

The interactive [HSOS Dashboard](#) provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level. The [Humanitarian Trends Dashboard](#) uses HSOS data to visualise how the humanitarian situation in northern Syria has been changing over time.

Feedback on improvements to this product can be done anonymously using the following [link](#).

## PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE



Most commonly reported **overall** priority needs for host community households (by % of assessed communities) <sup>2</sup>

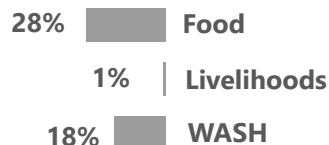
1	Food	62%
2	Livelihoods	57%
3	WASH <sup>▲</sup>	45%

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



Yes: 55%  
No: 45%

% of assessed communities where KIs reported the presence of the following **types of assistance for host community households** <sup>3</sup>



Most commonly reported barriers that host community households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers) <sup>3</sup>

Communities where access to humanitarian assistance was reported

Communities where no access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	71%
Quantity of assistance provided to households was insufficient	51%
Assistance provided was not relevant to all needs	46%

1	93%	No humanitarian assistance was available
2	5%	Perceived discrimination in provision of humanitarian assistance
3	1%	Distribution points were too far or the routes were inaccessible



Most commonly reported **overall** priority needs for IDP households (by % of assessed communities) <sup>2</sup>

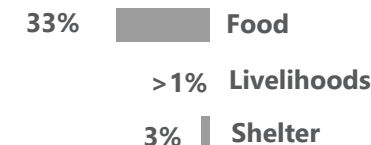
1	Food	66%
2	Livelihoods	54%
3	Shelter	44%

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



Yes: 56%  
No: 44%

% of assessed communities where KIs reported the presence of the following **types of assistance for IDP households** <sup>3</sup>



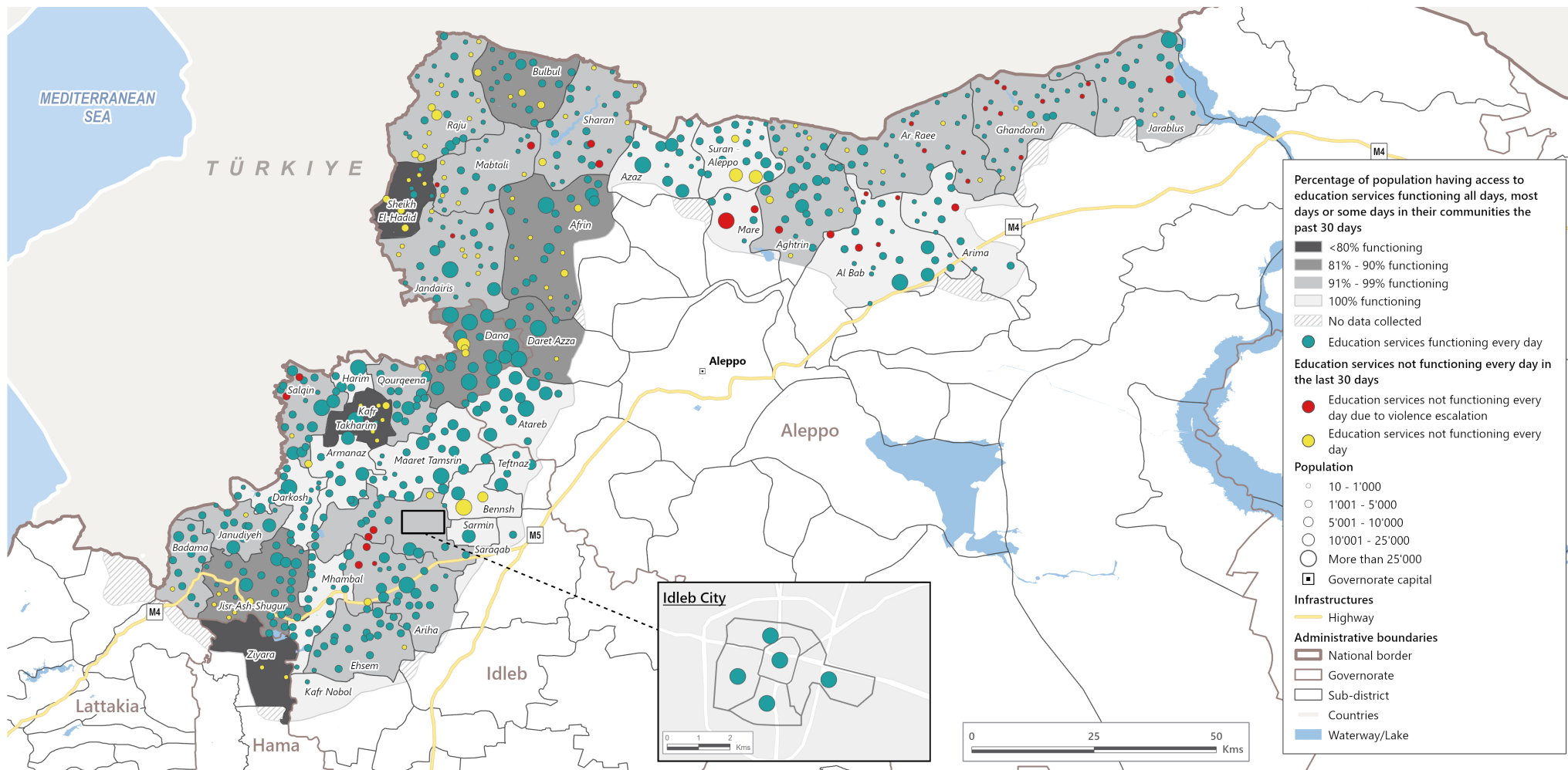
Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers) <sup>3</sup>

Communities where access to humanitarian assistance was reported

Communities where no access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	68%
Quantity of assistance provided to households was insufficient	51%
Assistance provided was not relevant to all needs	46%

1	92%	No humanitarian assistance was available
2	5%	Perceived discrimination in provision of humanitarian assistance
3	1%	Not aware if assistance was available



**Note on the map**

In this map, each sub-district is represented according to the percentage of assessed communities in which education services were operational in the past 30 days, regardless of the number of days they were operational. Communities in which education services were operational every day of the week are represented by green dots, while communities where education was not provided every day of the week are represented by yellow dots. Red dots correspond to communities in which schools were not functioning at all or not functioning every day due to the escalation of violence that made schools or travel to schools unsafe.

**Operational education services in Northwest Syria (1 September- 9 October 2023)**

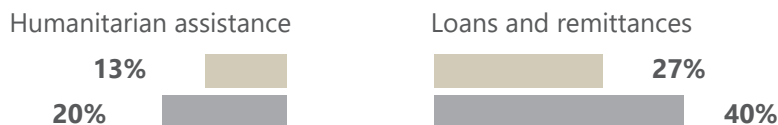
## ECONOMIC CONDITIONS

Region	Median estimated monthly household expense for water for a household of six <sup>4,5</sup>			Median estimated monthly rent price for a two bed-room apartment <sup>4,5</sup>			Median estimated daily wage for unskilled labour <sup>4,6,7</sup>		
	SYP	TRY	USD	SYP	TRY	USD	SYP	TRY	USD
Northwest Syria	250 TRY			538 TRY			70 TRY		
% of assessed communities where indicator was reported in following currencies	0%	99%	1%	0%	56%	44%	0%	100%	0%

### Most common sources of meeting basic needs for households (by % of assessed communities) <sup>3,7</sup>



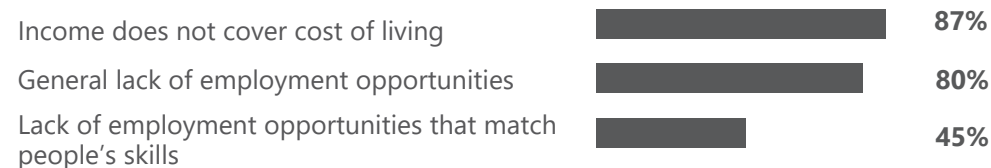
### Presence of host community and IDP households relying on non-productive sources of livelihoods to meet their basic needs (by % of assessed communities) <sup>3</sup>



### Intersectoral findings on unaffordability hindering access to goods and services <sup>7</sup>

KIs in <b>53%</b> of assessed communities cited <b>rent</b> was unaffordable for the majority of people	KIs in <b>65%</b> of assessed communities cited the high cost of <b>solar panels</b> as a common challenge	KIs in <b>73%</b> of assessed communities cited the high cost of <b>food</b> as a common challenge
KIs in <b>18%</b> of assessed communities cited high cost of <b>fuel for generators</b> as a common challenge	KIs in <b>34%</b> of assessed communities cited the high cost of <b>water trucking</b> as a common challenge	KIs in <b>39%</b> of assessed communities cited the high cost of <b>health services</b> as a common challenge

### Most commonly reported barriers to accessing livelihoods (by % of assessed communities) <sup>3,7</sup>



### Most commonly reported barriers to accessing livelihoods related to agriculture (by % of assessed communities) <sup>3</sup>



### % of assessed communities where livelihood sources from agriculture were reported <sup>3</sup>

Livelihood source	Host community households	IDP households
Food crop production	66%	20%
Cash crop production	50%	6%
Livestock products	55%	35%
Sale of livestock	17%	12%

## BASIC NEEDS OVERVIEW

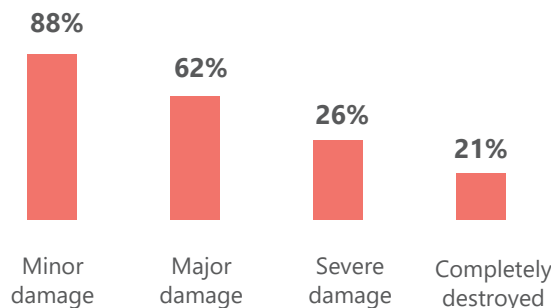
In **79%** of assessed communities, at least **80%** of the host community households reportedly **owned their shelter**

In **60%** of assessed communities, **none** of the IDP households reportedly **owned their shelter**

In **26%** of assessed communities, at least **one fifth** of the IDP population reportedly lived in **unfinished or abandoned residential buildings**

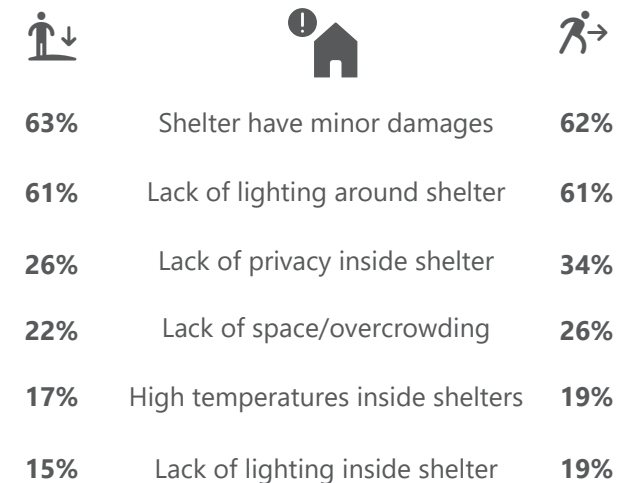
In **16%** of assessed communities, at least **one fifth** of the IDP population reportedly lived in **tents**

### Reported presence of occupied shelters with damage (by % of assessed communities)<sup>4, 8</sup>



**Shelter and repair materials being too expensive** was the most commonly reported challenge for households to repair their shelter (reported by KIs in 83% of assessed communities)

### Most commonly reported shelter inadequacies (by % of assessed communities)<sup>3</sup>



**91%**

% of assessed communities where KIs reported that **households experienced barriers to accessing sufficient food**<sup>7</sup>

### Commonly reported barriers to accessing sufficient food (by % of communities)<sup>3, 7</sup>

- 1** Markets exist and food is available but households cannot afford essential food items **73%**
- 2** Households are not able to store food or cook food **17%**
- 3** Markets exist but not all essential food items are available **16%**

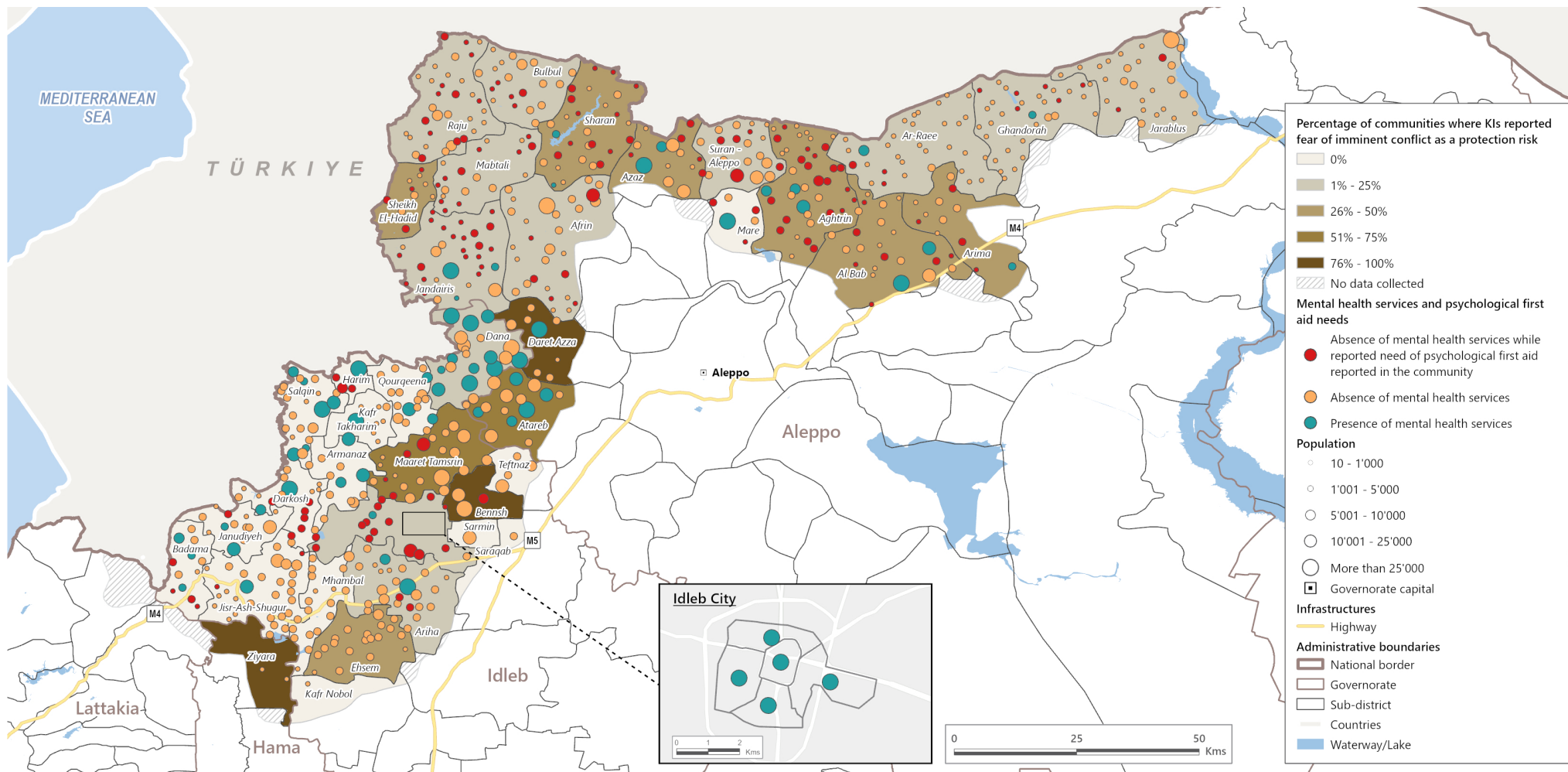


**High price of suitable foods formula** was the most commonly reported challenge to feeding young children (reported by KIs in 88% of assessed communities)<sup>7, 9</sup>

### Commonly reported **source of food** for households **other than markets** (by % of assessed communities)<sup>10, 7</sup>

- 1** Own production or farming **60%**
- 2** Relying on food stored previously **32%**
- 3** Assistance from local councils, NGOs or other groups **11%**





## Mental health services and need for psychological first aid (1 September - 9 October)

### Note on the map

This map shows communities in which KIs reported the presence or the absence of mental health services. The red dots correspond to the communities in which mental health services were unavailable while KIs reported psychological first aid as a common protection need. Additionally, the background colour of each sub-district is defined according to the percentage of assessed communities where KIs reported fear of imminent conflict as a protection risk.

## ACCESS TO BASIC SERVICES



### Access to Electricity

> 12 hrs/day

was the most commonly reported range of hours of electricity accessible to households (reported by KIs in 45% of assessed communities)

### Solar panels

was the most commonly reported main source of electricity (reported by KIs in 59% of assessed communities)

65%

% of assessed communities where KIs reported **solar panels too expensive** as the most frequently reported barrier to electricity access



### Access to Water

50%

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



7 days 13%  
5-6 days 10%  
3-4 days 12%  
1-2 days 21%  
0 days 44%

Days per week where water from the network was available (by % of 501 communities connected to a water network)

Private water trucking

was the most commonly reported source of water for all purposes (reported by KIs in 45% of assessed communities)

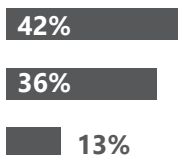


### Access to Sanitation

51%

% 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)



Free public waste collection  
Paid private waste collection  
Waste disposed of by household to a dumping location

23%

% of assessed communities where KIs reported **waste removal services** as a WASH priority need <sup>7</sup>



### Access to Markets

24%

% 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 72% of assessed communities where markets were not functioning)

59%

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

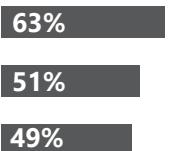


### Access to Health Services

56%

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

Most commonly reported health priority needs (by % of assessed communities)<sup>7, 10</sup>



Medicines and other commodities  
First aid or emergency care  
Treatment for chronic diseases

High cost of transportation to health facilities

was the most commonly reported **barrier to accessing healthcare** (reported by KIs in 64% of assessed communities)

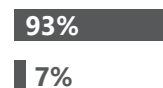


### Access to Education Services

24%  
36%

% of assessed communities in which only half or less of the school aged-children accessed school in the last 30 days for **host community** and IDP households

Reported functionality of education services in the assessed location



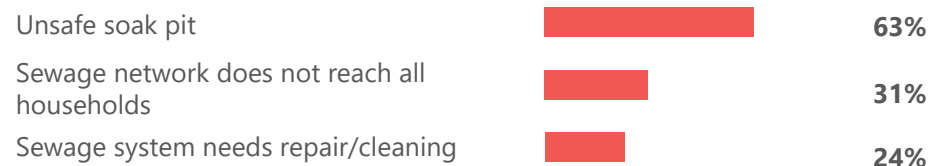
Functioning  
Not functioning

64%

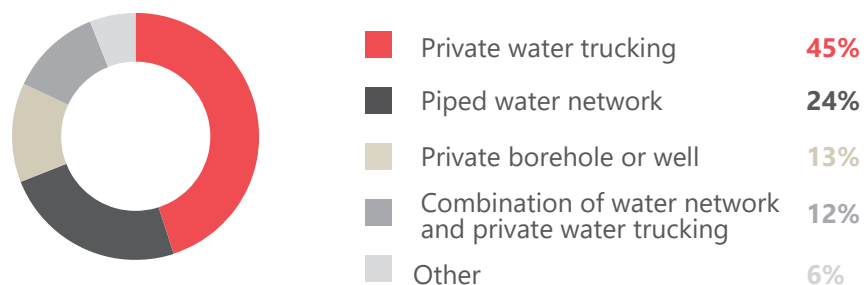
% of assessed communities where KIs reported that **families cannot afford to prioritize school and children must work** <sup>7</sup>

## PUBLIC HEALTH

### Most commonly reported sanitation issues (by % of assessed communities)<sup>3</sup>



### Primary sources of drinking water (by % of assessed communities)



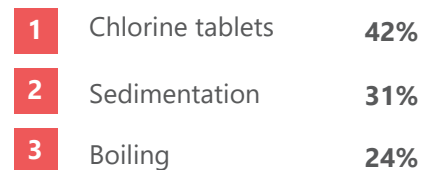
50%

% of assessed communities where KIs reported that households **faced problems with drinking water.**

66%

% of assessed communities where KIs reported that households **did not use any methods** to make water safer to drink.

### Methods used by households to make water safer to drink (by % of assessed communities in which KIs reported methods being used)<sup>3</sup>



### Reported challenges related to quantity, quality and diversity of food for babies and young children (less than 2 years old)<sup>3,9</sup>

**Limited variety of food** reported in **25%** of assessed communities

**Not enough food** reported in **14%** of assessed communities

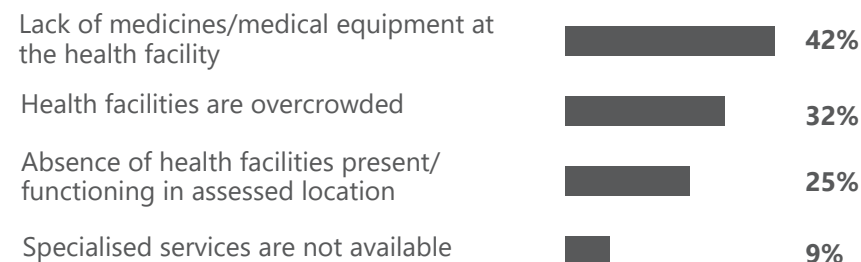
**Poor quality of food** reported in **8%** of assessed communities

35%

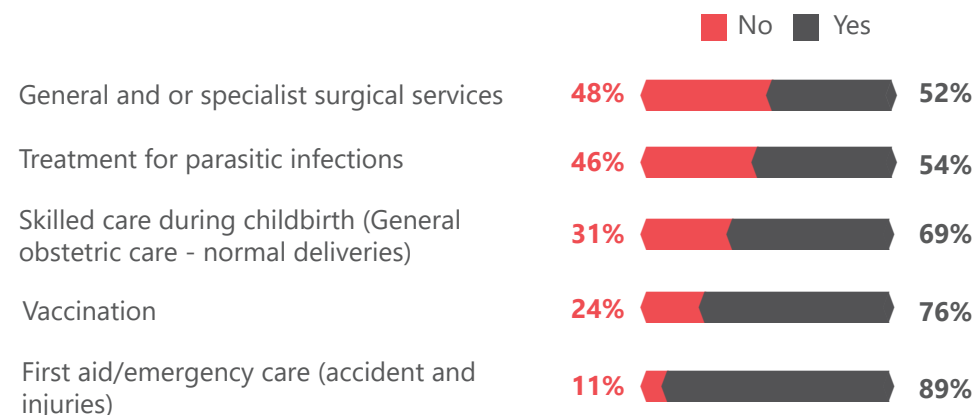


% of assessed communities where KIs reported that **no paediatric services** were available either in the assessed community or nearby locations

### Reported barriers to accessing healthcare (by % of assessed communities)<sup>3,12</sup>



### Essential health services available either in the assessed community or in nearby locations (by % of communities where households could access health services)<sup>13</sup>





## SECURITY AND PROTECTION

### Intersectoral findings on security



**General safety and security concerns restricting movement to markets** was a reported barrier to market access in 8 assessed communities

**General safety and security concerns at markets** was a reported barrier to market access in 27 assessed communities

**Movement restrictions** was reported as a protection risk in 0 assessed communities <sup>7</sup>



**Theft** was reported as a protection risk in 18% of assessed communities <sup>7</sup>

**Fear from imminent conflict** was reported as a protection risk in 19% of assessed communities <sup>7</sup>

**Threat from shelling** was reported as a protection risk in 16% of assessed communities <sup>7</sup>

**Threat from airstrikes** were reported as a protection risk in 48 assessed communities <sup>7</sup>



**The security situation** was reported as a barrier to shelter repairs in 56 assessed communities <sup>7</sup>



**Safety and security concerns travelling to health facilities** was reported as a barrier to healthcare in 5 assessed communities



**Lack of safety while travelling to or from school** was reported as a barrier preventing access to education in 65 assessed communities <sup>7</sup>

### Most commonly reported protection priority needs (by % of assessed communities) <sup>7, 10</sup>

- 1 Special assistance for vulnerable groups **63%**
- 2 Psychosocial support **45%**
- 3 Specialised child protection services **42%**



### % of assessed communities where the lack of civil documentation for host community and IDP households was reported

- 24% Lack or loss of civil documentation as a protection risk
- 25%
- 5% Lack of personal documentation required to enrol in school as a barrier to education access
- 7%

**51%** % of assessed communities where **child labour** was reported as a protection risk for **host community** and **IDP households**

**54%**

### Gender and diversity

KIs in **28%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to accessing livelihoods <sup>7</sup>

KIs in **23%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to accessing livelihoods <sup>7</sup>

KIs in **4%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **28%** 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**

KIs in **13%** of assessed communities reported **challenges specific to girls** as a barrier preventing access to education <sup>7, 14</sup>

## ENDNOTES

<sup>1</sup> The Greater Idlib area includes Idlib governorate, parts of Aleppo governorate (Atareb and Daret Azza sub-districts), and parts of Hama governorate controlled by armed opposition groups (Ziyara sub-district). The Northern Aleppo area includes 16 sub-districts located across Afrin, A'zaz, Al Bab and Jarablus districts.

<sup>2</sup> KIs were asked to select a first, second, and third highest priority needs in their communities. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).

<sup>3</sup> KIs could select multiple answers, thus findings might exceed 100%.

<sup>4</sup> KIs were asked about the situation at the time of data collection, instead of the last 30 days.

<sup>5</sup> 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 NWS Market Monitoring exchange rate was used to calculate the amount in SYP. According to the [Joint Market Monitoring Initiative \(JMMI\)](#) October 2023, 1 USD = 13,863 SYP; 1TRY= 490 SYP.

<sup>6</sup> According to the NWS [JMMI](#) October 2023, 1 USD = 13,863 SYP.

<sup>7</sup> 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).

<sup>8</sup> 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).

<sup>9</sup> KIs were asked about the situation in the last two months, instead of the last 30 days.

<sup>10</sup> KIs could select three answers, thus findings might exceed 100%.

<sup>11</sup> This section provides a visualisation of three types of problems with drinking water. These problems were not selected based on how commonly they were reported, but rather on their potential negative impact on health.

<sup>12</sup> This section only focuses on barriers related to the health facilities and excludes financial barriers as well as obstacles linked to transportation to health facilities.

<sup>13</sup> This section provides a visualisation of the availability of five essential types of health services reported in the assessed communities or in nearby locations. The displayed services were not selected based on how commonly they were reported.

<sup>14</sup> Challenges specific to girls include the following: Families not allowing attendance or continuation of education, fear of harassment on the way to or inside education facilities, and the lack of privacy in toilets.

N,o of communities reporting on:	Subset	N,o of communities reporting on:	Subset
Host community households	637	Currency used for paying rent	439
IDP households	666	Currency in which wages are paid (merged)	537
Challenges to assistance access (host community)	317	Days when water is available from network	501
Barriers to assistance access (host community)	287	Barriers to markets functioning	164
Challenges to assistance access (IDP)	339	Methods to make water safer (merged)	231
Barriers to assistance access (host community)	293	Problems with drinking water (merged)	333
Currency used for paying water	567		

## 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).