

Background

Methodology

Since the start of the Syrian civil war in 2011, widespread conflict across northeast Syria has resulted in significant displacement of civilians. Internally displaced persons (IDPs) remain in informal sites and collective centres.¹

Northeast Syria (NES) is currently seeing a spike in cholera cases. There are 9037 total suspected cases and 23 total deaths had been registered in NES². The risk of cholera spreading is high as IDPs heavily rely on water sources that may be unsafe. Specifically, KIs in three of the four assessed governorates reported in September that the main source of drinking water in the settlements was water delivered by trucks through private vendors.

Informal sites and settlements are those that do not have any formal governance structure or registration of inhabitants. To inform effective humanitarian aid delivery in Northeast Syria, REACH conducts profiling assessments in informal settlements hosting IDPs to provide humanitarian actors with information on residents' access to basic needs and services. This factsheet presents findings from the 9th round of the informal sites and settlements assessment.

REACH's informal settlement profiling in NES consists of key informant (KI) interviews with community members who have knowledge of the settlements. A minimum of two KIs were sought for each of the sites, focusing on each KI's sector-specific knowledge. All selected informal settlements and collective centres were verified by the NES Sites and Settlements Working Group (SSWG).³ For an updated list of active sites, see the SSWG sites list.⁴




Data collection took place between 18 and 22 September 2022. In total, 41 settlements were assessed in Al-Hasakeh governorate. The assessment was carried out at the settlement level. Due to the KI methodology used, findings are not statistically representative and should therefore only be considered indicative of the situation in assessed settlements and not generalised to the communities they are in. Percentages express percentages of assessed settlements unless mentioned otherwise. All percentages of households indicated are based on KI estimates. Answers separated by semicolon (;) indicate that several KIs from one site provided different answers.

Corresponding assessments were carried out in the other three NES governorates in September 2022. These profiles can be found on the [REACH Resource Centre](#) together with the previous assessments.

Remarks on product alteration

In reflection of response partners' needs, REACH is shifting the visualization of the data analysis to a dashboard. Due to the demands of this shift, the current round of Informal Site and Settlement Profiles were reduced to solely highlight the priority needs. The descriptive analysis of all indicators is, however, available to all stakeholders [here](#).

Assessment Overview

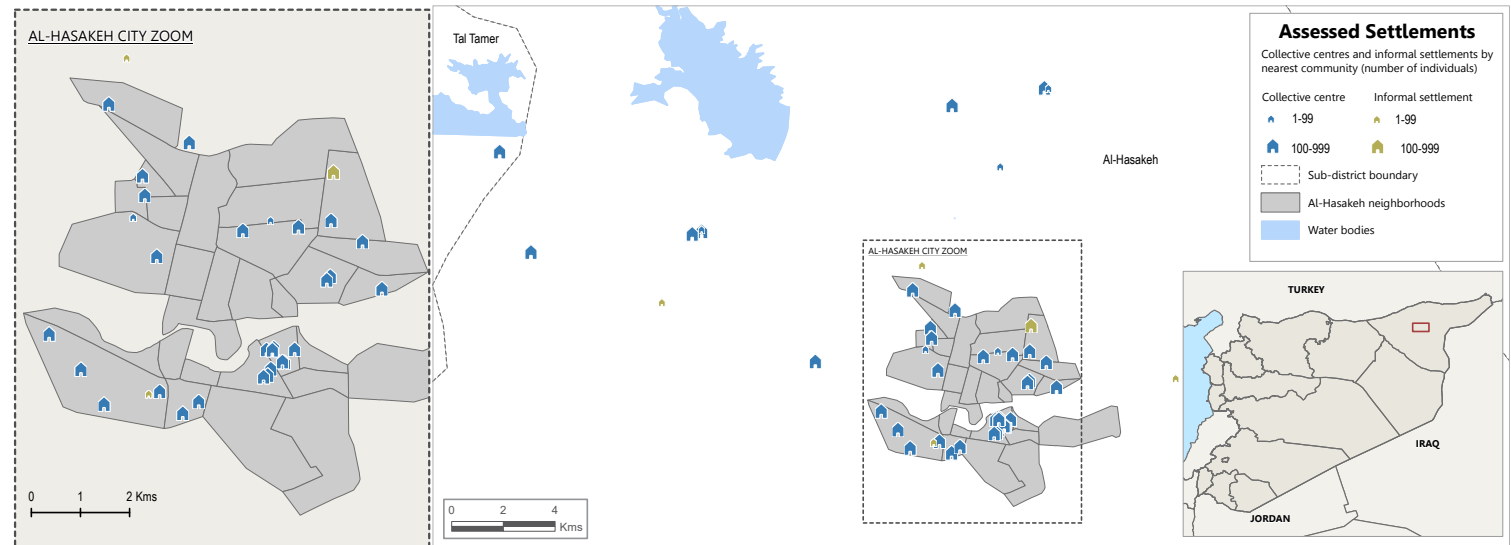
Coverage:		Settlement Typology:	
Total assessed settlements:	41	 Collective centers in school building:	37
Population in assessed settlements:	9072	 Collective centers in other buildings:	4
Collective centres:	39	 Tented:	7
Informal settlements:	2		

Most reported first, second and third priority needs in the settlement, per sector:

	Health ⁵	Shelter	Food	NFI
1	Treatment for chronic disease, 88%	Windows/doors , 71%	Sugar, 63%	Disposable diapers, 56%
2	Medicines, 61%	Plastic sheeting, 39%	Ghee/vegetable oil, 56%	Washing powder (for clothes), 46%
3	Outpatient/general practitioner consultation, 56%	New tents, 32%	Rice, 51%	Water containers, 41%

Demographics: ⁶		Males		Females		Settlement size:	
Older persons (60+)	5% (444 individuals)	43%	60+	57%		Average:	221 individuals
Adults (18-59)	45% (4097 individuals)	40%	18-59	60%		Largest settlement:	625 individuals
Children (0-17)	50% (4561 individuals)	42%	0-17	58%		Smallest settlement:	14 individuals

Locations of Assessed Settlements



1. Informal settlements are defined as "a spontaneous grouping of tents or other housing units (5+ HHs). Settlements are usually without the presence of a dedicated Camp Administration and do not have static Camp Management, though mobile camp management activities may cover the settlement".

Collective centres (CCs) are defined as "a settlement (5+ HHs) hosted in existing public infrastructure not originally designed as a shelter. CCs do not have a static Camp Management or Camp Administration, though mobile Camp Management or local civil councils may be present.

2. The most available data is for October 2022. https://acu-sy.org/cholera-updates/?post_date=01102022-14102022

3. SSWG, November 2021 Update.

4. SSWG (November 2021). https://public.tableau.com/app/profile/sswg_imo_nes/viz/SSWG_new/SSWGDashboard

5. Chronic disease: e.g. diabetes, high blood pressure, heart problems, asthma, kidney problems

6. Based on KI estimates