### Introduction

HSOS1 Urban Household The Assessment is a quarterly review of the humanitarian situation inside cities in Northeast Syria (NES). The assessment collects multi-sectoral information from host community households and internally displaced households in urban locations. This factsheet presents findings on the access to services, living conditions, economic conditions, and priority needs across accessible areas in Al-Hasakeh city.

With a significant proportion of the response that targets out of camp and host communities in NES located in urban areas,<sup>2</sup> the assessment addresses the need for comprehensive and regular information on the humanitarian conditions in cities where the impact of an increasingly complex crisis has hit hundreds of thousands.

Sustained economic deterioration and climate shocks resulting in unstable

markets and worsening food and water access compound the pre-existing vulnerabilities of urban populations who face persistent insecurity, damaged infrastructure, and complex population dynamics.

To support sustainable interventions, the assessment aims to integrate a durable solutions lens by (1) providing representative data on household behaviours and perceptions of both host community and internally displaced persons (IDPs); and (2) by drawing indicators from the Syria Analytical Framework<sup>3</sup>.

The HSOS Urban Household Assessment is conducted in cooperation with the NES Forum.

The complete multi-sectoral descriptive analysis can be accessed on the REACH Resource Centre.

## **Methodology**

The HSOS Urban Household Assessment is conducted using a **household methodology at city level**. Face-to-face data collection was carried out by REACH enumerators between **4** and **16 October 2022** from **204 households** (100 host community households and 104 IDP households) in Al-Hasakeh city. The recall period to which indicators refer is specified throughout the factsheet, either in the title, or with the following symbols: (refers to the current situation at the time of data collection), and (refers to 3 months prior to data collection).

Findings can be generalised to the Syrian host community<sup>4</sup> and the IDP population<sup>5</sup> at city level for the neighbourhoods assessed, with a 95% confidence level and 10% margin of error. Representative samples of the host and IDP populations were calculated according to the population estimates collected by the Humanitarian Needs Assessment Programme (HNAP) in May 2022. Stratified simple random household selection was conducted through random spatial sampling using geographic information systems and considered population estimates by neighbourhood to distribute the random

samples according to population density. The random spatial sampling was conducted across residential areas of the city, as classified by OpenStreetMap. Areas under the control of the Government of Syria and areas in their proximity, and areas identified as security concerns, were not covered.<sup>6</sup> Due to data collection protocols, the sample excludes households whose members are all below 18. Due to logistical limitations, the sample is biased towards households where at least one adult member is at home during the time of data collection, and towards cooperative, readily available households.

- ▼ FINDINGS ARE NOT REPRESENTATIVE (SEE NOTES ON ANALYSIS, PAGE 18)
- THE DIFFERENCE IN FINDINGS FOR THE HOST AND IDP POPULATIONS IS STATISTICALLY SIGNIFICANT AT 0.05 LEVEL (SEE NOTES ON ANALYSIS, PAGE 18)
- THE INDICATOR ALIGNS WITH THE SYRIA
  ANALYTICAL FRAMEWORK FROM THE DURABLE SOLUTIONS PLATFORM



HOST COMMUNITY HOUSEHOLDS













Water needs increased for both host community and IDP households. Similar to the last assessment round (August 2022), almost all households (99%) in Al-Hasakeh city reported insufficient access to water to meet their needs. While 35% of households reported water as their priority need in August, this percentage rose to 46% in October. The shut-down of Alouk water station throughout most of August to October<sup>9</sup> is likely the main driver of reduced water access, as the station is designed to provide most of the city with water. The station was already functioning at a minimal level in the early summer before completely shutting down for more than two months, resulting in a sharp decline of water network supply. While the piped network was the first source of drinking water for 73% of households in Al-Hasakeh in August, this percentage dropped to 13% in October. Data indicates that households increasingly resorted to paid water trucking, likely to compensate the limited water network availability. Indeed, the percentage of households using private trucking as their main source of drinking water rose from 25% to 77% between August and October.



Households faced increasing difficulty to meet their basic needs. In October, 75% of the households in Al-Hasakeh city noted a deterioration in their ability to meet their basic needs in the past three months, up from 65% in August. The main barriers to meeting basic needs were similar to previous reporting periods, with 87% of household reporting that wages were not aligned with rising prices, 76% pointing out the lack of employment opportunities and 53% mentioning the lack of skills for a better paying job. Consequently, households took on more debt to meet their basic needs. This was reflected by the growing percentage of indebted households, which increased from 78% in May, to 88% in August and 90% in October.



Healthcare unaffordability persisted amid increasing reports of cholera cases in Al-Hasakeh city. In October, almost half of the households (48%) reported they could not meet all their health needs in the past three months. Among them, 84% indicated that they could not afford medicines, and 82% reported an inability to afford treatment costs. Following high costs, overcrowded facilities and long waiting times were other important barriers to access health services, reported by 34% of households. Difficulties to access healthcare persisted amid the spread of cholera outbreak in Al-Hasakeh, which recorded 569 suspected cases of cholera as of 29 October<sup>7</sup> Furthermore, the percentage of households indicating that water was perceived to be making people sick increased from 16% to 40% between August and October. It is likely that the increasing reliance on paid water trucking for drinking water contributed to the spread of cholera in the city. Water delivered by private trucking is considered to be potentially unsafe as the water quality is not systematically monitored and vendors may fill tankers directly from contaminated surface water sources, without adequately treating it.8 Additionally, 67% of households reported that they did not use any methods to make water safer, which likely increased risks of contracting waterborne diseases.



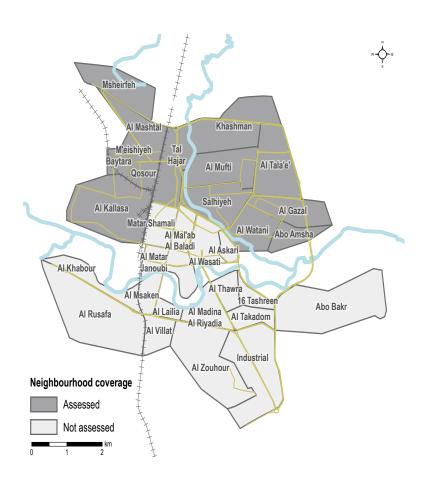
IDP and resident children recorded contrasted attendance to school. 42% of Al-Hasakeh's households sent all their children to school. 14% of IDP households with school-aged children reported none of the children attended school in the month prior to data collection, compared to 5% for host community households. Lower school attendance among IDP children may relate to greater economic instability for IDPs. Indeed, IDP households reported more frequently the inability to afford learning materials or pay for school fees a reason why children did not regularly attend school (77% of IDP households and 65% of host community households). School attendance was also affected by the reliance on child labour as a source of income. Child labour was reported as a reason not to attend school by 23% of assessed IDP households and 15% of host community households.





### Coverage

Hasakeh City neighbourhoods covered in the sample



### **Priority Needs**



Most commonly reported first, second, and third and overall priority needs for host community households (by % of host community households) ■

	FIRST	SECOND	THIRD	OVERALL	
1	Water	Food	Livelihoods	Water	82%
2	Livelihoods	Water	Electricity	Livelihoods	78%
3	Food	Livelihoods	NFIs	E Food	58%



Most commonly reported first, second, and third and overall priority needs for IDP households (by % of IDP households)

	FIRST	SECOND	THIRD	OVERALL	
1	Water	Livelihoods	Livelihoods	Livelihoods	82%
2	Livelihoods	Food	Water	<b>Water</b>	78%
3	Food	Water	Food	Food	56%





## **Household Composition**

AVERAGE	# OF HOUSEHOLD MEMBERS	# OF CHILDREN 0-5	# OF CHILDREN 6-17	# OF ADULTS 18-59	# OF OLDER PERSONS 60+
Ţ↓	5.9	0.9	1.7	2.8	0.5
7.→	5.9	1.0	1.9	2.7	0.3

0 0 0 0 0 0 0 0 0 0 0	32%	% of households with newborns (0-1)	60%	% of households with young children (0-5)
	67%	% of households with school-aged children (6-17)	87%	% of households with children (0-17)

## **Returnees**

Date of return (by % of households that returned in each period)

BEFORE 2019 <b>▼</b>	2019	2020	2021+
88%	3%	3%	6%

#### Times of displacement ▼



average number of displacements for returnee households

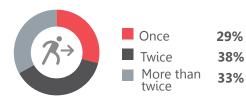
34% % of host community households who are returnees

## **?**→ IDPs

**Date of arrival** (by % of households that arrived in each period)

<b>Before 2019</b>	2019	2020	2021+
22%	38%	22%	18%

#### **Times of displacement**



2.1 average number of displacements for IDP households

#### Most common Governorates of origin for IDP households

1	Al-Hasakeh	73%
2	Deir-ez-Zor	20%

3 Aleppo	3%
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#### Most common Subdistricts of origin for IDP households

1 Ras Al Ain 62
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2	Deir-ez-Zor	14%
2	Deir-ez-Zor	149

3 Al Mayadin 5%





% of households with members who lack civil documents and need them

59% of host community households and 40% of IDP households face theft as a security concern

8% of host community households and 86% of IDP households reported facing housing, land and property concerns

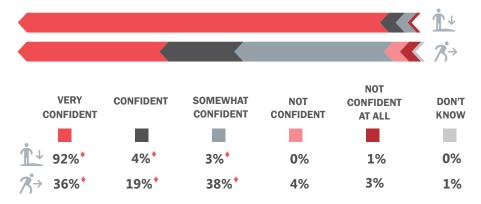
**Top housing, land** and property concerns for IDP households10,

Rental problems (landlord/tenant)\*

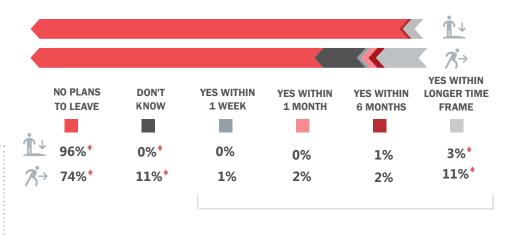
Threats of eviction due to inability to pay rent

86%

Confidence of being able to reside in the current place of residence for 3 more months, for host community and IDP households



Movement intentions for host community and IDP households



**Reasons for leaving** (by % of households who intend to leave)¹0,▼

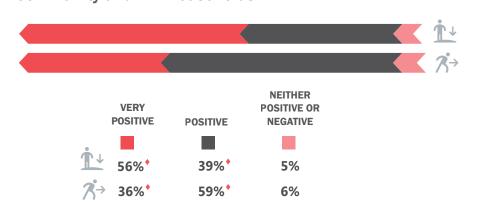
Cost of living is too high

Access to electricity/ water is not sufficient

68%

66%

Household's relationship with other community members for host community and IDP households -



## **Housing Situation**

Most common shelter types<sup>▶,■</sup>

1 80%

80%

Solid/finished houses

2

19%

Solid/finished apartments

3 1

1%

Damaged residential building





AVERAGE % OF MONTHLY INCOME SPENT ON RENT<sup>11</sup>

23%

30%

AVERAGE EXPENDITURE ON RENT AS A % OF TOTAL HOUSEHOLD EXPENDITURE<sup>11</sup>

16%

22%

#### Most common occupancy arrangements --





90%

owning 3%

9%

renting\*

hosted

to rent for households (by % of households who face

96%

1%

1%

Most common challenges in finding a place

challenges [91%])<sup>10,■</sup>
Difficult to find an affordable

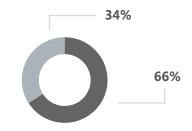
accommodation

Landlord requesting large first instalment or deposit

89%

35%

## Rental contract (by % of IDP households who are renting [96%])



with a written contract

with a verbal agreement



91%

% of households renting a property who faced challenges in finding a place to rent

### **Shelter Conditions**

88% of households whose shelter had inadequacies ▶.■

# Most common shelter inadequacies (by % of households)<sup>10,</sup>■

<b>İ</b> ↓		$\nearrow$
62%	Lack of lighting inside shelter	59%
29%	Lack of space/overcrowding	32%
26%	Lack of privacy	26%
25%	Poor sanitation	27%
16%	Windows/doors not sealed*	32%
16%	Leakage from roof/ceiling during rain	22%
10%	Lack of lighting around shelter*	23%
14%	Lack of water (fixtures)	15%
13%	Lack of electricity (fixtures)	14%
13%	High temperatures inside shelters	8%
2%	Unable to lock home securely•	16%
5%	Lack of ventilation	10%





#### **Access to Water**

Primary sources of drinking water ••

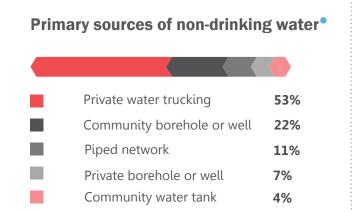
Private water trucking 77% Piped network 13% Public or NGO water trucking 5% Bottles/bottled water 1% Community water tank 4%

**55%** % of households who do not have a secondary source of drinking

For households whose primary source of drinking water is piped water network, 100% reported private water trucking as the most common secondary source of drinking water<sup>10, •</sup>

Bathing

Gardening



**79%** % of households experience issues with drinking water

Water tastes bad is the top problem with drinking water for households.

41% of host community households and 38% of IDP households reported perceiving drinking water is making people sick \*\*

% of households who do not use any methods to make drinking water safer•

Water needs for which households had to reduce consumption because of not having access to sufficient water<sup>10,•</sup> Cleaning outside the house 88% Toilet usage 16% Cleaning inside the house Handwashing 13% Doing laundry Drinking



Cooking

Baby formula

1%

0%

0%

### **Access to Water**



**AVERAGE % OF MONTHLY INCOME** SPENT ON WATER<sup>11</sup>

**7**%

**AVERAGE EXPENDITURE ON WATER AS A % OF TOTAL HOUSEHOLD** EXPENDITURE<sup>11</sup>

6%

5%



99%

% of households had insufficient access to water to fulfill their needs

**Common barriers to accessing water for** households (by % of households who had insufficient water access [99%])10,

	i	N	1
			Y
	Н		



19%

1	Water is too expensive	88%	84%
2	Storage containers are too expensive	74%	74%
3	Not enough water tanks or tanks not big enough	68%	71%
4	Not enough water from the network	35%	34%

Household skipped in schedule of refilling tanks

#### **Common strategies used by households** to avoid running out of water<sup>10, •</sup>





100%

62%

13%

1	Reducing non dr	inking water	consumption
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99%

Spending money on water that is usually spent on other things

66%

Relying on drinking water stored previously

32% 27%

Receiving water on credit/borrowing water

13%

### **Access to Sanitation**



% of households who experience sanitation issues

#### Common sanitation issues for households 10,0

56%

Sewage system needs cleaning

41%

Rodents/or pests frequently visible in the street

Solid waste/trash in the street

32%

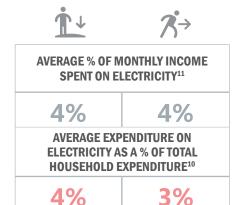
Sewage system needs repair

Waste collection services too infrequent

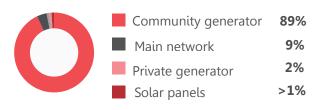




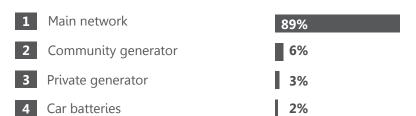
### **Access to Electricity**



### Primary sources of electricity®



# Secondary sources of electricity (by % of households who have access to a secondary source [99%])<sup>10, •</sup>



4% % of households did not have access to a secondary source of electricity\*

### Most common barriers to accessing electricity<sup>10,•</sup>

1 Rationing of electricity by local authorities

Electricity from the community generator is too expensive

3 Solar panels too expensive

4 Private generators too expensive

5 Fuel for generators too expensive

6 Car batteries too expensive

95%

69%

62%

57%

46%

31%

### Average number of hours of electricity per day \*\* Output Description:

13 OR MORE	12-11	10-9	8-7	6-5	4-3	2-1	0
5%	21%	56%	14%	2%	2%	0%	0%

. . . . .

D#

99%

% of households who experienced issues with accessing electricity®



10.0hrs

Average hours of electricity per day available to households •







## **Income sources and employment**

## Sources of income in the month prior to data collection¹0.▶

Employment (including self- employment)	95%
Borrowing/loans	56%
Remittances	10%
Retirement/pension/martyr's salary	7%
Gifts from people in Syria (cash)	6%
Selling assets	2%

Mo	st common primary source of ome for host households▶,■	<u>†</u>
1	Self-employment/entrepreneurship	43%
2	Formal longer-term <sup>12</sup> employment	28%
3	Informal day-to-day work agreements	10%

Mo	st common primary source of ome for IDP households	3→
1	Self-employment/entrepreneurship	44%
1	Formal longer-term <sup>12</sup> employment	19%
2	Informal day-to-day work agreements	13%

# **Most common employment sectors** (by % of households where employment is a source of income [95%])<sup>10, ▶,■</sup>

1	Wholesale/retail	17%	6	Armed forces	11%
2	Trade/transportation	16%	7	Hospitality industry	9%
3	Marketplace vending	13%	8	Government/public service	7%
4	Real estate/construction	13%	9	Machinery/mechanics/repairs	6%
5	Education/childcare	11%	10	Health care services	6%

AVERAGE NUMBER OF ADULTS PER HOUSEHOLDS WHO ARE:	<b>İ</b> ↓	3,→
EMPLOYED	1.4	1.3
NOT IN EMPLOYMENT	2	1.8
NOT EMPLOYED AND LOOKING FOR A JOB (UNEMPLOYED) <sup>13</sup>	0.3	0.4

% of households where self-employment/entrepreneurship is a source of income
% of households where informal day-to-day work is the only income source

## **Income and Expenses**

	AVERAGE MONTHLY INCOME FOR A FAMILY OF 6 MEMBERS <sup>14</sup>	AVERAGE MONTHLY EXPENSE FOR A FAMILY OF 6 MEMBERS <sup>15</sup>	AVERAGE MONTHLY DEFICIT For a family of 6 members
Ţ↓	967,497 SYP	938,225 SYP	29,272 SYP
7;→	693,678 SYP	848,214 SYP	154,536 SYP





## **Income and Expenses**

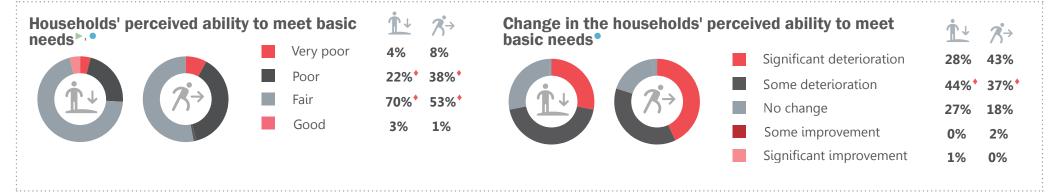
Average monthly expense calculated for households that had the expense (for host community households  $\overline{a}$  and IDP households of households who spent money on the expense category in the 30 days prior to data collection (for host community households  $\dot{\uparrow}$  and IDP households  $\dot{\uparrow}$ ).

→ Food	→ Communication	→ Water	→ Electricity
<b>≅</b> 366,378 SYP	<b>≅</b> 23,344 SYP	<b>₫</b> 43,653 SYP	₹ 26,042 SYP
<b>311,980 SYP 311,980 SYP</b>		₹ 37,753 SYP	<b>☎</b> 20,778 SYP
<u>†</u> .	1.	<u>†</u> •	<u>†</u> .
Ã→ <b>(</b>	Å÷ (	3→	%→ (
→ Transportation	→ Healthcare	→ Non Food Items (NFIs)	→ Tobacco
52,374 SYP	₹ 77,118 SYP	<b>≅</b> 34,221 SYP	<b>☎</b> 60,623 SYP
₹ 34,151 SYP	₹ 36,180 SYP	₹ 22,396 SYP	₹ 50,580 SYP
<u>†</u> •	<u>†</u> +	<b>İ</b> ↓	<u>†</u>
<b>%</b> →	%→	<b>%</b> →	₹→
→ Education	→ Rent	→ COVID-19 items	→ Social gifts
<b>₹ 53,636 SYP</b>	<b>☎</b> 104,375 SYP	<b>≅</b> 9,529 SYP	<b>☎</b> 64,423 SYP
₹ 43,109 SYP	<b>☎</b> 156,563 SYP	<b></b> 8,636 SYP	₹ 38,889 SYP
<u>†</u> •	<u> </u>	<u>†</u> •	<u>†</u>
<b>%</b> →	Å→	Ã→ <b>(</b>	<b>%</b> →
→ Debt repayment	→ Asset maintenance	→ Family support	→ Productive assets
<b>☎</b> 116,129 SYP	₹ 58,421 SYP	<b></b> 130,000 SYP	<b>☶</b> 10,000 SYP
₹ 101,591 SYP	₹ 72,500 SYP	<b>☎</b> 193,750 SYP	₹ 40,000 SYP
<u>†</u> •	<u>†</u> .	<u>†</u> •	<u>†</u> + (
<b>%</b> →	Ã→ <b>(</b>	<b>%</b> → <b>《</b>	7,→ <





## **Ability to Meet Basic Needs**



71% % of households whose monthly income is lower than their estimated monthly expenses

% of households whose monthly income would not cover minimum expenses (as estimated by the SMEB)<sup>16,▶</sup>

## Most common barriers to meeting basic needs 10.▶.■

1	The wage is not in line with the rising prices	87%
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2 Lack of employment opportunities **76**%

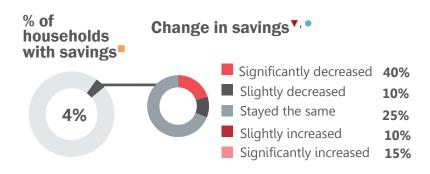
3 Lack of skills for a better paying job 53%

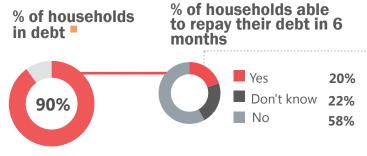
# Most common coping strategies adopted to meet basic needs 10, , •

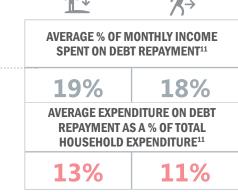
1	Borrowing money	89%
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2 Purchasing items on credit 55%

3 Decreasing non-food expenditures 38%











## **Food Access and Consumption**

Average number of days food groups were consumed by households in the 7 days prior to data collection

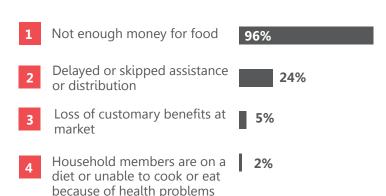
		<b>İ</b> ↓	%→
& Ø	FISH/MEAT/ EGGS	2.0	1.4
₩ 🕹	FRUIT*	0.8	0.3
& D	PULSES, NUTS, AND SEEDS	1.3	1.3
0	TUBERS/ ROOTS	2.1	2.0
10	VEGETABLES AND LEAVES	4.4	4.4
	MILK, AND DAIRY	3.7	3.4
$\Theta$	BREAD AND CEREALS	6.8	6.5
	SWEETS	7.0	6.9
	OILS AND FATS	6.8	6.7



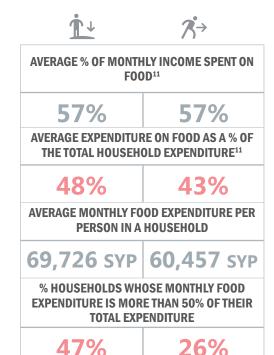


% of households who experienced issues with accessing sufficient quantities and quality of food.

Barriers to accessing sufficient quantities and quality of food 10,0



% of households reporting perceiving that at least one member had lost weight due to insufficient food access•



% of households who did not consume any eggs, meat or fish in the 7 days prior to data collection

% of households who did not consume any fruit in the 7 days prior to data collection





## **Food Consumption Score (FCS)**

Food Consumption Score (by % of host community and IDP households)





**7. 43%** % of IDP households with children with poor or borderline food consumption **▼** 

#### **FCS** Interpretation

**Poor Food Consumption (score between 0-21):** This category includes households that are not consuming staples and vegetables every day and never or very seldom consume protein-rich food such as meat and dairy.<sup>17</sup>

**Borderline Food Consumption (score between 21.5-35):** This category includes households that are consuming staples and vegetables every day, accompanied by oils and pulses a few times a week.<sup>17</sup>

**Acceptable Food Consumption (score >35):** This category includes households that are consuming staples and vegetables every day, frequently accompanied by oils and pulses and occasionally meat, fish and dairy.<sup>17</sup>

### **Coping strategies**

# Average reduced Coping Strategies Index (rCSI) in Hasakeh city

The rCSI is a relative score to measure the frequency and severity of food-related negative coping mechanisms adopted by households to cover their needs. A decrease in score suggests an amelioration in food security. Results indicate that the rCSI have been gradually decreasing throughout the three first quarters 2022. The first round recorded 13.3, the second 9.9, and the third 9, meaning that households adopted fewer coping strategies to cover food and other basics between January and October.

## Coping strategies (CS) in the 7 days prior to data collection (for households that experienced barriers to accessing sufficient food)

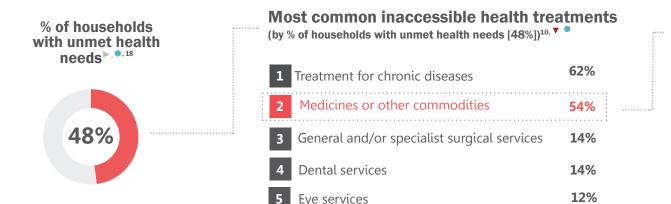
	AVERAGE #DAYS PER WEEK CS WAS APPLIED	% HHs THAT APPLIED CS	
Relied on less preferred/less expensive food	4.5*	91%	
Borrowed food or relied on help from friends	0.3	11%	
Reduced the portion size of meals at meal time	0.9	31%	
Reduced the number of meals eaten per day	1.2	40%	
Restricted the consumption by adults in order for young children to eat	0.7	23%	
At least one member of the household spent a whole day without eating	0.0	0%	







#### **Access to healthcare**



Most common inaccessible types of medicines (by % of households with unmet health needs regarding medicines and other commodities [54%])¹¹0. ▼

1 Painkillers/analgesics	62%
Medications for hypertension/heart conditions	54%
3 Antibiotics	36%
4 Diabetes medicines	27%
5 Asthma medicines	9%

90% expension

% of households experienced issues with accessing healthcare\*





AVERAGE % OF MONTHLY INCOME SPENT ON HEALTHCARE<sup>11</sup>

10%

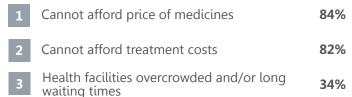
7%

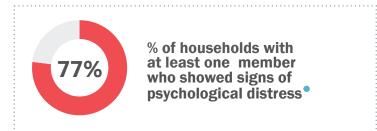
AVERAGE EXPENDITURE ON HEALTHCARE AS A % OF TOTAL HOUSEHOLD EXPENDITURE<sup>11</sup>

9%

6%

# Most common barriers to accessing healthcare $^{10,\, \bullet}$





Most common coping strategies (by % of host community households with unmet health needs [48%])¹0, ♥



98%

23%

17%

1	Going to a	pharmacy instead	of a clinic
	ooung to a	priarriacy discoud	or a cttrice

2	Substituting prescribed medication for herbal medicine
	Herbat Hiedictife

# Most common coping strategies (by % of IDP households with unmet health needs)<sup>10, ●</sup> ▼

or IDP nouseholds with unmet health needs)---



Going to a pharmacy instead of a clinic 88%

2 Foregoing non-essential treatment 23%

3 Substituting prescribed medication for herbal medicine



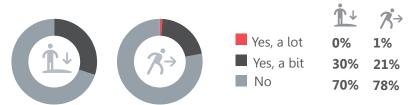






#### **COVID-19**

Household's worry about contracting COVID-19 (by % of host community and IDP households)



Willingness to see a doctor or seek a test if a household member had COVID-19 symptoms (by % of host community and IDP households)



Main source of information on COVID-19 (by % of host community and IDP households)



% of households where not all adult members are vaccinated against COVID-19



Reasons why adult household members are not vaccinated against COVID-19 (by% of households where at least one adult member is not vaccinated [95%])<sup>10,</sup>

1 Lack of trust in the vaccine
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Lack of information about the safety of the vaccine

Lack of information on where to get the vaccine

Unavailability of the vaccine

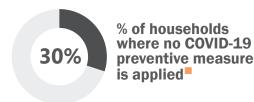
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9%

6%

Applied behaviours aimed at preventing the spread of COVID-19 (by % of host community and IDP households)<sup>10,</sup>

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Washing hands	67%	68%
Social distance	6%	12%
Limiting movements	5%	11%
Wearing facemask	27%	20%
Increased disinfectant usage	11%	7%
Vulnerable persons stay at home	4%	5%





**AVERAGE % OF MONTHLY INCOME** SPENT ON COVID-19 ITEMS<sup>11</sup>

1.5%

**AVERAGE EXPENDITURE ON COVID-19** ITEMS AS A % OF TOTAL HOUSEHOLD EXPENDITURE<sup>11</sup>

1.6%

1.1%







#### **Access to education**

School attendance for children aged 6-11 (by % of households with school-aged children (6-11))



all regularly attended school	54%
not all regularly attended school	29%
none attended school	17%

AVERAGE % OF MONTHLY INCOME SPENT ON EDUCATION<sup>11</sup>

8%

AVERAGE EXPENDITURE ON EDUCATION AS A % OF TOTAL HOUSEHOLD EXPENDITURE<sup>11</sup>

6%

School attendance for children aged 12-14 (by % of households with school-aged children (12-14))



all regularly attended school	41%
not all regularly attended school	41%
none attended school	18%

School attendance for children aged 15-17 (by % of households with school-aged children (15-17))



all regularly attended school	<b>51</b> %
not all regularly attended school	42%
none attended school	7%

Barriers to accessing education in the month prior to data collection (by % of households with school-aged children [80%] where at least one of the children does not regularly attend school)8, V



Social issues

Barriers related to transportation 28%

Children have to work

Challenges specific to girls

Challenges faced by school-aged children while attending school (by % of households with school-aged children [83%] where at least one of the children attended school)<sup>10, •</sup>



Quality of available education is poor/perceived to be poor

School lacks learning and teaching materials

4 School lacks trained teachers

5 School lacks proper class furniture

81%

14%

59%















### **Notes on Analysis**

All indicators were analysed disaggregated by population group, as well as aggregated to the entire Syrian city population. Confidence intervals were calculated to assess whether the target margin of error was met, and thus findings were representative. For some indicators, a reduced sample of households answered the question as a result of a skip logic in the questionnaire. In some of these cases, the

reduced sample of households also resulted in non-representative findings, which are indicated throughout the factsheet with the icon .

In order to identify statistically significant differences between findings for host and IDP populations =, a two-sided significance test was run for each indicator resulting in a total of 488 significance tests. When multiple

hypotheses are simultaneously tested, an adjustment for the multiplicity of tests is necessary to control for the total number of false discoveries and address the problem of selective inference. The false discovery rate (FDR) method was preferred to Family Wise Error Rate (FWER) techniques as they were considered too conservative for this application. With FDR p-value adjustment method, the null-hypothesis

(i.e., host and IDP populations have the same characteristics) was rejected in 26 instances at level 0.05, which are indicated throughout the factsheet with the icon ♦.

The complete multi-sectoral descriptive analysis can be accessed on the REACH Resource Centre.

#### **Footnotes**

- 1. The Humanitarian Situation Overview Syria (HSOS) project comprises regular multi-sectoral assessments reviewing information on humanitarian needs and conditions across accessible areas in northern Syria. The HSOS monthly KI assessments can be found <a href="https://example.com/here-example.c
- 2. Findings from a 4W review in January 2022 indicated that roughly 60% of the out of camp response activities in NES are based in urban locations.
- 3. The Syria Analytical Framework is a Syria-specific analytical tool developed by the Durable Solutions Platform to guide the incorporation of a durable solutions lens into research and tool design.
- 4. Host populations are defined as individuals or groups of people who currently reside in their community of origin, or community of permanent residence prior to 2011. This includes populations that were never displaced as well as previously displaced populations that have returned to their community of origin (defined as returnees).
- 5. IDPs are defined as individuals or groups of people who have left their homes or places of habitual residence and have settled in the assessed city after 2011, as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, or violations of human rights.
- 6. Out of the 31 neighbourhoods of Al-Hasakeh city, 30 are residential and 1 is industrial. Out of the 30 residential neighbourhoods, 1 is under Government of Syria (GoS) control, 3 are in proximity to GoS areas, 1 is next to military sites, and 11 were not assessed due to security concerns. Consequently, the remaining 14 neighbourhoods were assessed.
- 7. Word Health Organization. (7 November 2022). Whole of Syria Cholera Outbreak Situation Report no.6. Retrieved from: https://reliefweb.int
- 8. REACH. (September 2022). Briefing Note: Northeast Syria Cholera Outbreak. Retrieved from: https://reliefweb.int

- 9. WASH Working Group. Alouk Water station functionality <u>Dashboard</u>
- 10. Respondents could select multiple answers, thus findings might exceed 100%.
- 11. Computed for households who had this particular expense in the 30 days prior to data collection.
- 12. Longer-term formal employment is defined as employment with a written agreement whose duration is more than 1 month. Short-term formal employment is defined as employment with a written agreement whose duration is less than 1 month.
- 13. Calculated for households where employment is a source of income.
- 14. Computed as the mean of (household income/number of household members)\*6.
- 15. Computed as the mean of (household expense/number of household members)\*6.
- 16. Computed by comparing (household income/number of household members) to (xxx,xxx SYP/6), where xxx,xxx is the median value of the Survival Minimum Expenditure Basket (SMEB) for a family of 6 in Al-Hasakeh city, from the July 2022 Joint Market Monitoring Initiative (JMMI). According to the JMMI data, Al-Hasakeh city registered the third highest median SMEB value in NES in April 2022, after Ein Issa (1) and Karama (2). In April 2022, the median SMEB value was xxx,xxx SYP in the Governorate of Al-Hasakeh and xxx,xxx SYP in NES.
- 17. The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score Technical Guidance Sheet. Retrieved from: <a href="https://fscluster.org/">https://fscluster.org/</a>
- 18. Unmet health needs refer to anyone in the household who needed or wanted to access healthcare (including medicines) but could not access it.

