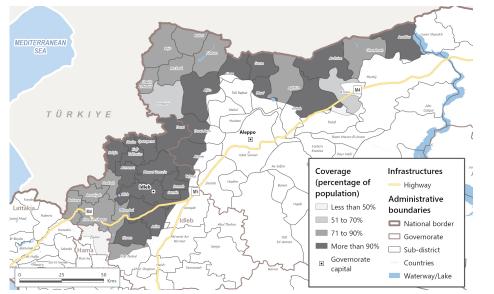
HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS) February 2024 | Northwest Syria

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 <u>REACH Resource Centre</u>.

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators in Greater Idleb, 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 **667 communities** across Greater Idleb¹ and Northern Aleppo areas. Data was collected **between 3-15 February 2024** from **2,565 KIs** (5% female).



KEY MESSAGES

- In February, a reduced percentage of communities reportedly received humanitarian food assistance compared to data from HSOS rounds conducted throughout the last year. This reduction was recorded in both Greater Idleb and Northern Aleppo and affected both IDPs and host community households. It is likely a result of the recent fund cuts from the World Food Programme.
- Many households reportedly lived in unfinished, abandoned, or damaged buildings across NWS. In Northern Aleppo, KIs reported that damaged buildings were among the most common shelter types for IDPs in 11% of assessed communities (41/371). However, shelter repair materials and services remained widely unaffordable for households.
- In Greater Idleb, KIs in over half of assessed communities indicated that the sewage network did not reach all households. Therefore, the expansion of this network was the most frequently reported WASH need in Greater Idleb. In Northern Aleppo, the need for a functioning sewage system was the most commonly cited.

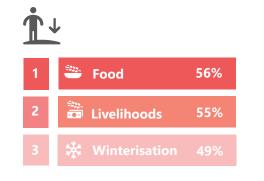
HSOS Dashboards

- <u>Sectoral dashboard</u>: This interactive dashboard presents a sectoral review of key indicators from HSOS. Users can easily navigate through their sector of interest and visualise data from the community level to the region level.
- <u>Trend analysis dashboard</u>: This dashboard allows users to quickly see how the humanitarian situation in northern Syria has been changing over time.



PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

Most commonly reported overall priority needs for host community households (by % of assessed communities)²



% of assessed communities where some of the host community 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 host community households³



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

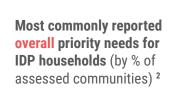
Communities where access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	71%	1
Quantity of assistance provided to households was insufficient	47%	2
Assistance provided was not relevant to all needs	43%	3

Communities where no access to humanitarian assistance was reported

No humanitarian assistance 96% was available Perceived discrimination in 3% provision of humanitarian assistance

Distribution points were 2% too far or the routes were inaccessible





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



% of assessed communities where KIs reported the presence of the following types of assistance for IDP households³

18%	Food
11%	Winterisation
1%	Livelihoods

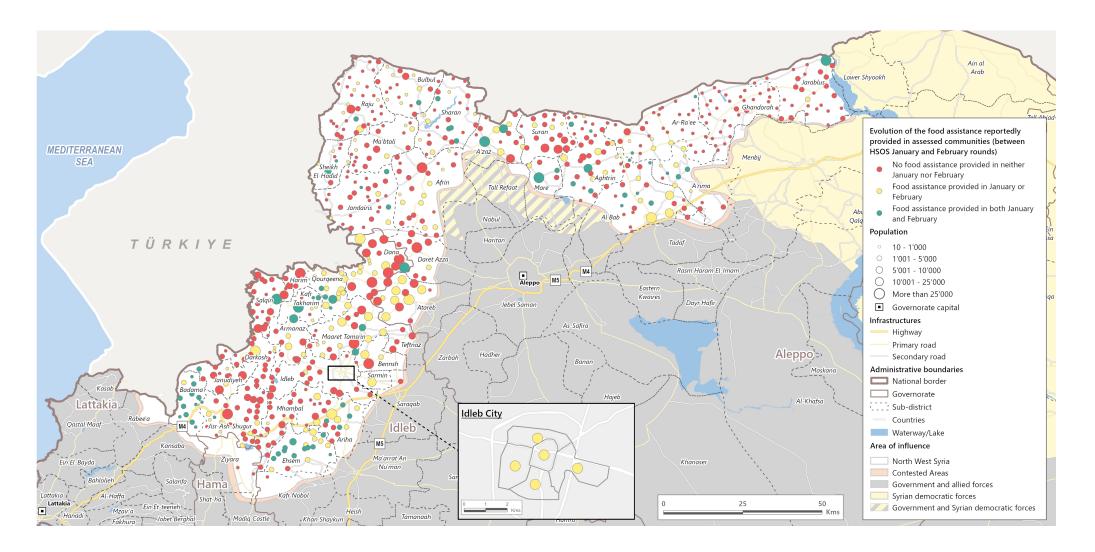
Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers)³

Communities where according to the second se		
Assistance provided was insufficient to cover all people in need	72%	1
Quantity of assistance provided to households was insufficient	46%	2
Assistance provided was not relevant to all needs	42%	3

Communities where no access to humanitarian assistance was reported

94%	No humanitarian assistance was available
4%	Perceived discrimination in provision of humanitarian assistance
2%	Distribution points were too far or the routes were inaccessible





Food aid provision in NWS (January and February 2024)

Note on the map

This map focuses on the food assistance provided either for host community or IDP households in assessed communities in NWS. The map compiles data from HSOS January and February rounds. Please note that this map is based on KI perception, thus this data is indicative only.



ECONOMIC CONDITIONS

Region	Median estimated monthly household expense for water for a household of six ^{4,5}		Region monthly household monthly rent price daily wage f expense for water for a for a two bed-room unskilled labor		y household monthly rent price for water for a for a two bed-room		for		
Northwest Syria	250 TRY			582 TRY		100 TRY			
% of assessed communities where indicator	SYP	TRY	USD	SYP	TRY	USD	SYP	TRY	USD
was reported in following currencies	0%	100%	0%	0%	46%	54%	0%	100%	0%

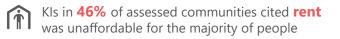
Most common sources of meeting basic needs for households (by % of assessed communities) 3, 7



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



Intersectoral findings on unaffordability hindering access to goods and services⁷



KIs in **17%** of assessed communities cited high cost of **fuel for generators** as a common challenge

- **LL** KIs in **62%** of assessed communities cited the high cost of **solar panels** as a common challenge
- Kls in **32%** of assessed communities cited the high • cost of water trucking as a common challenge

Most commonly reported barriers to accessing livelihoods (by % of assessed communities) 3, 7

Income does not cover cost of living	
General lack of employment opportunities	
Lack of employment opportunities that match people's skills	



Most commonly reported barriers to accessing livelihoods related to agriculture (by % of assessed communities)³



% of assessed communities where livelihood sources from agriculture were reported ³

Livelihood source	Host community households	IDP households
Food crop production	68%	22%
Cash crop production	47%	8%
Livestock products	53%	38%
Sale of livestock	20%	17%



KIs in **76%** of assessed communities cited the high cost of **food** as a common challenge

Ş KIs in **39%** of assessed communities cited the high cost of **health services** as a common challenge



IDP households

BASIC NEEDS OVERVIEW

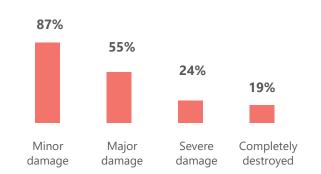
In 84% of assessed communities, at least 80% of the host community households reportedly owned their shelter

In 65% of assessed communities, none of the IDP households reportedly owned their shelter

In 27% of assessed communities, at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In 13% 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)^{4, 8}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 82% of assessed communities)

Most commonly reported shelter inadequacies (by % of assessed communities)³

Ľ↓	0	% →
63%	Shelter have minor damages	63%
58%	Lack of lighting around shelter	58%
54%	Lack of heating	60%
30%	Lack of insulation from cold	32%
23%	Lack of privacy inside shelter	31%
18%	Lack of space/overcrowding	25%



% of assessed communities where KIs reported that **households** experienced barriers to accessing sufficient food⁷

Commonly reported barriers to accessing sufficient food (by % of communities)^{3,7}

1	Markets exist and food is available but households cannot afford essential food items	76 %
2	Markets exist but not all essential food items are available	18%
3	Households are not able to store food or cook food	16%



High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 85% of assessed communities) 7,9

Commonly reported source of food for households other than markets (by % of assessed communities)^{10,7}

1	Own production or farming	54%
2	Relying on food stored previously	43%
3	Assistance from local councils, NGOs or other groups	7%



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 44% of assessed communities)	Solar panels were the most commonly reported main source of electricity (reported by KIs in 51% of assessed communities) 62% 662% the most common belectricity access	solar ve as
	Access to Water	47%	% of assessed communities where KIs reported that not all households had access to sufficient water	7 days4% 5-6 daysDays per week where water from the network was available (by % of 504 communities connected to a water network)Private water from the network water from the network water from the network water from the network water networkWas the most comm reported source of w for all purposes (rep by Kls in 45% of asse communities)	vater orted
•	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% of assessed communities170%% of assessed communities14%Paid private waste collection17%14%Waste disposed of by household to a dumping location17%	waste a
	Access to Markets	25%	% of assessed communities in which households reportedly were unable to access markets in the assessed location	People lack financial neans to open shop/marketwas the most commonly reported reason for why markets were not functioning (reported by KIs in 64% of assessed communities where markets were not functioning)64%% of assessed comm where KIs reported I transportation to m was a barrier to physic accessing food markets	ack of narkets sically
÷	Access to Health Services	55%	% 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) ^{7,10} 59% 59% 59% 59% 59% 59% 59% 59% 59% 59% 59% 50% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53%53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53% 53	'e 7% of
<u>h</u>	Access to Education Services	23% 30%	% of assessed communities in which only half or less of the school aged-children accessed school in the last 30 days for ho community and IDP household		annot

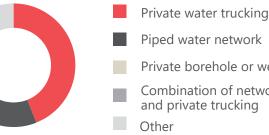


PUBLIC HEALTH

Most commonly reported sanitation issues (by % of assessed communities)³

Unsafe soak pit	62 %
Sewage network does not reach all households	31%
Sewage system needs repair/cleaning	26%

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



Private water trucking	44%
Piped water network	27%
Private borehole or well	14%
Combination of network and private trucking	9%
Other	6%

Reported challenges related to quantity, quality and diversity of food for babies and voung children (less than 2 years old)^{3,9}

Limited variety of food reported in **26%** of assessed communities

Not enough food reported in 15% of assessed communities

Poor quality of food reported in 7% of assessed communities

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

34%

Reported barriers to accessing healthcare (by % of assessed communities)^{3, 12}

Lack of medicines/medical equipment at the health facility	
Health facilities are overcrowded	
Absence of health facilities present/ functioning in assessed location	
Specialised services are not available	

46% 37% 25% 13%

48%

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



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

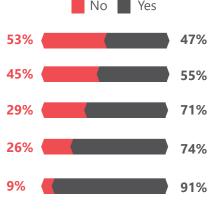
Methods used by households to make water safer to drink (by % of assessed communities in which KIs reported methods being used) ³

A A 0/

1	Chlorine tablets	47%
2	Sedimentation	31%
3	Household filters	5%

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

General and or specialist surgical services	53%
Treatment for parasitic infections	45%
Skilled care during childbirth (General obstetric care - normal deliveries)	29%
Vaccination	26%
First aid/emergency care (accident and injuries)	9%





SECURITY AND PROTECTION

Intersed	ctoral findings on security		conly reported protection priority ne communities) ^{7, 10}	eeds (by %	Gender and diversity
	General safety and security concerns restricting movement to markets was a reported barrier to		1 Special assistance for vulnerable groups 67%		KIs in 27% of assessed communities reported a lack of employment
	market access in 9 assessed communities	2 Spe	cialised child protection services	46%	opportunities for women as a barrier to accessing livelihoods ⁷
	General safety and security concerns at markets was a reported barrier to market access in 16 assessed communities	3 Psy	chosocial support	41%	KIs in 25% of assessed communities reported a lack of employment opportunities for persons with a
	Theft was reported as a protection risk in 13% of assessed communities ⁷	L civ	ivelihoods		disability as a barrier to accessing livelihoods ⁷
Ŷ	Fear from imminent conflict was reported as a protection risk in 13% of assessed communities ⁷				KIs in 5% of assessed communities reported a lack of privacy for women and girls at health facilities
	Threat from shelling was reported as a protection risk in 11% of assessed communities ⁷	23% 25%		ation as a	as a barrier to healthcare access
	Threat from airstrikes were reported as a protection risk in 41 assessed communities ⁷	0% 1%	Some people did not have the personal document as a barrie accessing humanitarian assist	er to	Kls in 26% of assessed communities reported a lack of market access for people with restricted mobility
Î	The security situation was reported as a barrier to shelter repairs in 41 assessed communities ⁷	4% 5%	Some people did not have the personal documentation requeenroll in schools		KIs in 4% of assessed communities reported that women and girls feel unsafe when traveling to markets
•	Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in 6 assessed communities		% of assessed commun where child labour was as a protection risk for community and IDP he	s reported host	KIs in 14% of assessed communities reported challenges specific to girls as a barrier preventing access to education ^{7, 14}
05 	Lack of safety while travelling to or from school was reported as a barrier preventing access to education in 62 assessed communities ⁷				



ENDNOTES

¹ The Greater Idleb area includes Idleb 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 accross Afrin, A'zaz, Al Bab and Jarablus districts.

² 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).

³ KIs could select multiple answers, thus findings might exceed 100%.

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

⁵ 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) January 2024, 1 USD = 15,500 SYP; 1TRY= 540 SYP.

⁶According to the NWS <u>JMMI</u> January 2024, 1 USD = 15,500 SYP.

⁷ 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).

⁸ 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).

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

¹⁰ KIs could select three answers, thus findings might exceed 100%.

¹¹ 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.

¹² This section only focuses on barriers related to the heath facilities and exludes financial barriers as well as obstacles linked to transportation to health facilities.

¹³ 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.

¹⁴ 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	657	Currency used for paying rent	403
IDP households	659	Currency in which wages are paid (merged)	548
Challenges to assistance access (host com- munity)	333	Days when water is available from network	504
Barriers to assistance access (host community)	289	Barriers to markets functioning	165
Challenges to assistance access (IDP)	331	Methods to make water safer (merged)	226
Barriers to assistance access (host community)	289	Problems with drinking water (merged)	322
Currency used for paying water	568		

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).

