

# HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS)

## AR-RAQQA CITY

Summer 2024 | Urban household assessment

### INTRODUCTION

The HSOS<sup>1</sup> Urban Household Assessment is a quarterly review of the humanitarian situation inside cities in Northeast Syria (NES). The assessment collects multi-sectoral information from host community and internally displaced households in Ar-Raqqa city. This situation overview presents findings on the access to services, living conditions, economic conditions, and priority needs across accessible areas in the city.

With a large portion of the humanitarian response in NES focused on urban areas, specifically targeting out-of-camp and host communities<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.

Given the low number of internally displaced persons (IDPs)<sup>3</sup> in Ar-Raqqa city, this assessment provides representative data on all households residing in Ar-Raqqa city, without making a distinction between IDP and host community<sup>4</sup> households.

The HSOS Urban Household Assessment is conducted in cooperation with the NES NGO Forum. The complete multi-sectoral descriptive analysis can be accessed [online](#) or can be downloaded as an [excel file](#). All HSOS products remain accessible on the [REACH Resource Centre](#).

### SYMBOLLOGY

- The indicator refers to the current situation at the time of data collection
- The indicator refers to the situation in the 3 months prior to data collection
- ▼ Findings are not representative

### KEY MESSAGES



**Amid growing hardship, the percentage of households reporting a poor and very poor ability to meet their basic needs had increased compared to the same period last year.** More families relied on borrowing/loans for income, while fewer families depended on employment compared to the summer round of 2023. Households identified several barriers to meeting their basic needs, including insufficient wages in relation to rising prices, a lack of employment opportunities, and inadequate [skills for better-paying jobs](#)<sup>5</sup>. In this difficult environment, it is important to note that livelihood assistance was reported as the second highest priority need in Raqqa city.



**A larger percentage of households faced difficulties accessing healthcare services,** with a higher proportion unable to meet their health needs compared to the same period in 2023 in Raqqa city. Unaffordability was the primary challenge for households in accessing healthcare, whether it was due to the costs of medications, treatment expenses, or travel expenses to reach health facilities.



**In the summer of 2024, a smaller percentage of households reported sanitation issues, and problems related to the sewage system,** particularly in terms of cleaning and repairs, compared to spring 2024. The [sewage system improvement](#)<sup>6</sup> project by the Raqqa municipality is nearing completion and aims to effectively resolve sanitation issues in the area.

#### Other HSOS products

REACH also conducts a regular HSOS assessment using a Key Informant (KI) methodology in over 1,000 communities across NES and over 600 communities in Northwest Syria (NWS). The HSOS KI products are the following:

- HSOS KI [Situation Overviews and Datasets](#)
- HSOS KI [Sectoral dashboard](#)
- HSOS KI [Trends analysis dashboard](#)
- HSOS KI [NES Water and electricity dashboard](#)

# HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS)

## AR-RAQQA CITY

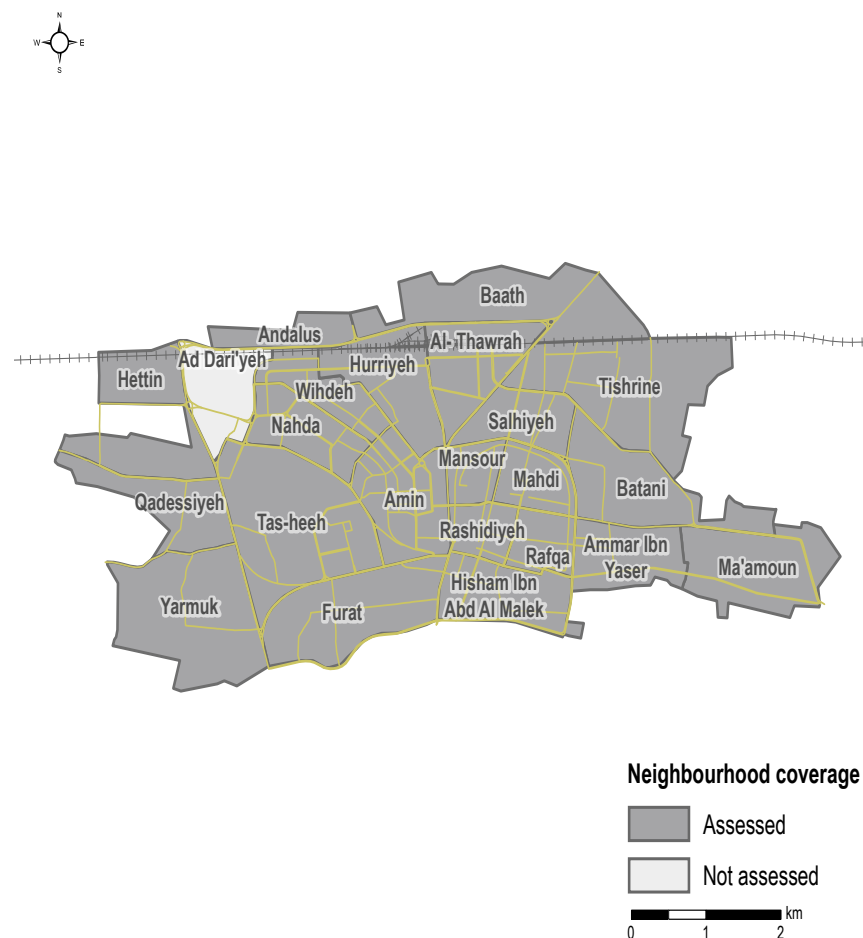
Summer 2024 | Urban household assessment

### 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 **2 and 10 September 2024** covering **101 households** in Ar-Raqqa city.
- Findings can be generalised to **the Syrian population at city level**, with a 95% confidence level and 10% margin of error. The representative sample of the population was calculated according to the population estimates collected by the Humanitarian Needs Assessment Programme (HNAP) in September 2022.
- Stratified simple random household selection** was conducted through random spatial sampling using geographic information systems. The selection considered population estimates by neighbourhood and distributed the random samples according to population density.
- The random spatial sampling was conducted across residential areas** of the city, as classified by OpenStreetMap. Areas unsafe for data collection were not covered.<sup>7</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.

### COVERAGE

Ar-Raqqa city neighbourhoods covered in the sample



## PRIORITY NEEDS

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

1	 Food	96%
2	 Livelihoods	77%
3	 Health	33%

Households' movement intentions

100%

of households did not plan to leave

## HOUSEHOLD COMPOSITION

Average # of household members	Average # of children (0-5)	Average # of children (6-17)	Average # of adults (18+)	Average # of older people (60+)
7.1	1.2	2.2	3.6	0.5

## RETURNNEES

Date of return

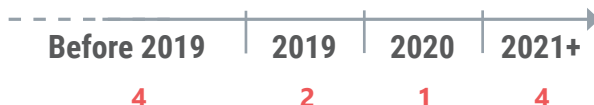
(by % of households that returned in each period)



## IDPs%

Date of arrival

(count of IDP households that arrived in each period, on a total of 22 IDP households surveyed)



Most common governorates of origin for IDP households (count of IDP households)

1	Deir-ez-Zor	5
2	Raqqa	3
3	Aleppo	2

Most common sub-districts of origin for IDP households (count of IDP households)

1	As-Safira	1
2	Ashara	1
3	Deir-ez-Zor	1

3

average number of displacements for returnee households

100%

of host community households are returnees

4

average number of displacements for IDP households

42% of households with newborns (0-1)

58% of households with young children (0-5)

78% of households with school-aged children (6-17)

87% of households with children (0-17)

## SAFETY AND PROTECTION



**29%** of households with members who lacked civil documents and needed them ■

**Most common civil documents that household members lacked and needed** (as % of households where at least one member lacked and needed a document [29%])▼

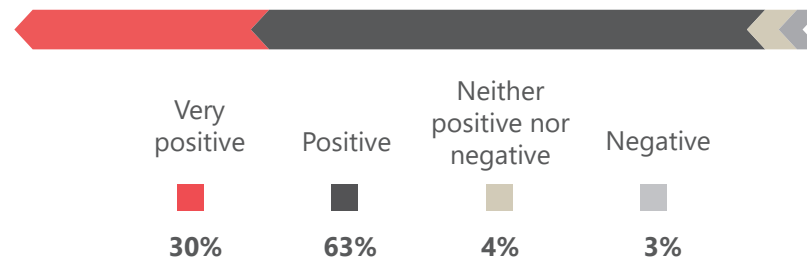
- 1** Syrian identity card issued by the Government of Syria **72%**
- 2** Birth certificate issued by the Government of Syria **59%**
- 3** Marriage certificate issued by the Government of Syria **14%**

**68%** of households who reported theft as a security concern ●

## Freedom of movement for all household member within the location



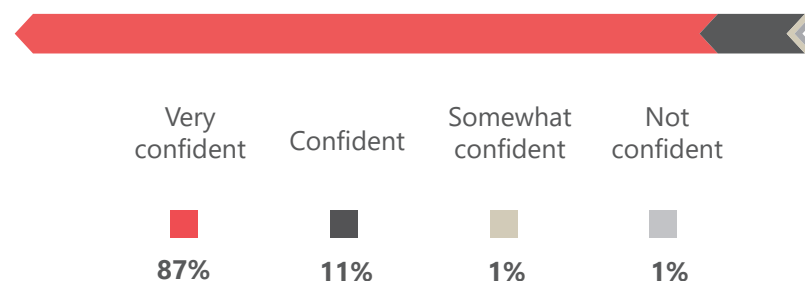
## Household's relationship with other community members



**21%** of households reported housing, land and property concerns ●

→ **Rental problems (landlord/tenant issues)** was the most commonly reported housing, land and property concern (reported by 67% of households facing concerns)▼

## Confidence of being able to reside in the current place of residence for 3 more months



HOUSING SITUATION

Most common shelter types

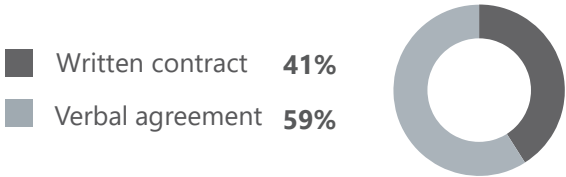
1	Solid/finished house	90%
2	Solid/finished apartment	8%
3	Unfinished or abandoned residential building	2%

Most common occupancy arrangements

1	Owning	77%
2	Renting	17%
3	Hosted	6%

Average % of monthly income spent on rent
20%
Average expenditure on rent as a % of total household expenditure <sup>10</sup>
21%

Rental contract type (by % of households who are renting [17%])



Most common difficulties in finding a place to rent for households (by % of households who faced difficulties [82%])

Unaffordable accommodation	93%
Lack of big enough shelters	29%
Large first instalment or deposit	14%

SHELTER CONDITIONS

78% of households whose shelter had inadequacies

Shelter inadequacies (by % of households who experienced issues)

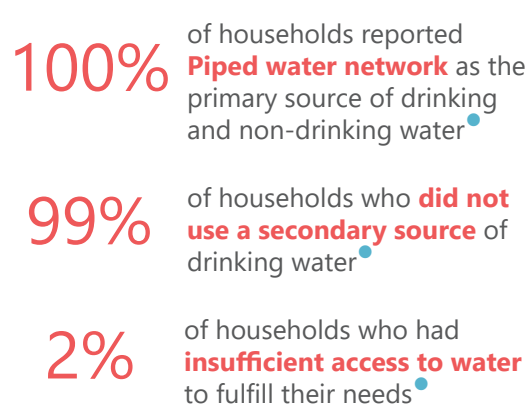
Poor sanitation	49%
Lack of space/overcrowding	47%
Windows/doors not sealed	46%
High temperatures inside shelters	37%
Lack of electricity (fixtures, associated connections)	30%
Lack of privacy (space/partitions, doors)	30%
Lack of water (fixtures, associated connections)	30%
Leakage from roof/ceiling during rain	24%
Unable to lock home securely	22%
Lack of lighting around shelter	18%
Lack of lighting inside shelter	11%
Lack of insulation from cold	4%
Lack of ventilation: stuffy, bad smells	4%

82%

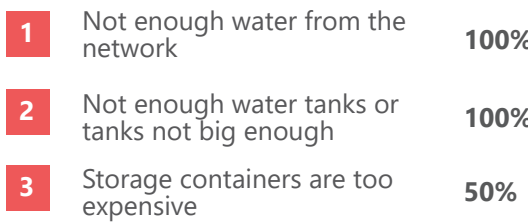
of households renting a property who faced difficulties in finding a place to rent

Refers to the current situation at the time of data collection  
Findings are not representative

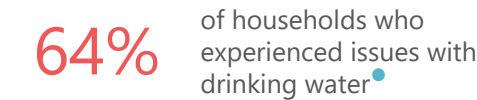
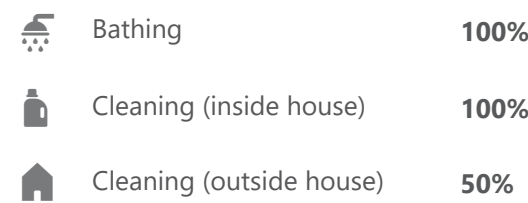
ACCESS TO WATER



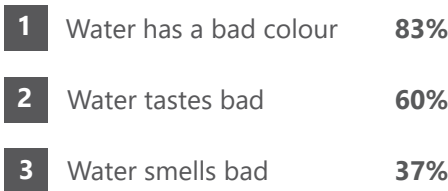
Common barriers to accessing water for households (as % of households who had insufficient water access [2%])



Most common water needs for which households had to reduce consumption (as % of households who reduced water consumption [2%])

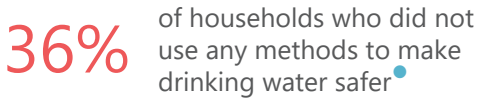
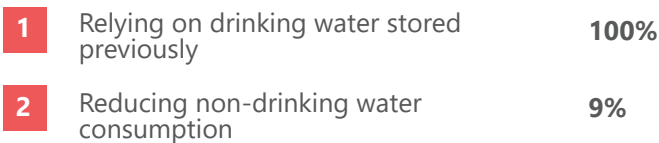


Most common problems with drinking water (as % of households)

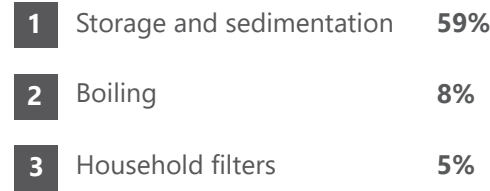


Average % of monthly income spent on water <sup>10</sup>
<1%
Average expenditure on water as a % of total household expenditure <sup>10</sup>
<1%

Most common strategies applied by households to avoid running out of water (as % of households who applied some coping strategy [23%])



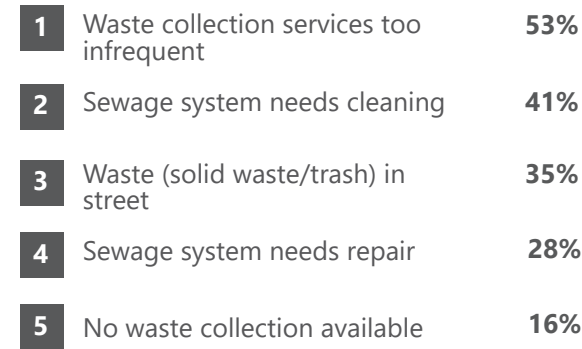
Most common methods to make drinking water safer (by % of households)



ACCESS TO SANITATION



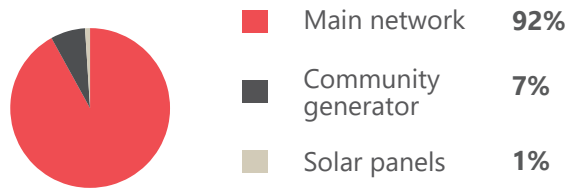
Common sanitation issues for households (as % of households who experienced sanitation issues [67%])



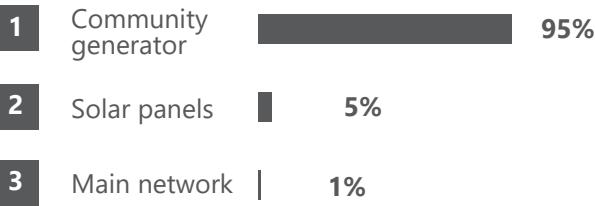
● Refers to the situation in the 3 months prior to data collection  
▼ Findings are not representative

ACCESS TO ELECTRICITY

Primary source of electricity



Secondary source of electricity (by % of households who had a secondary source [81%])



Average % of monthly income spent on electricity <sup>10</sup>
3%
Average expenditure on electricity as a % of total household expenditure <sup>10</sup>
3%



of households who did not have access to a secondary source of electricity



of households who experienced issues with accessing electricity

Average number of hours of electricity per day



Average hours of electricity per day available to households

13 or more	12-11	10-9	8-7	6-5	4-3	2-1	0
16%	55%	11%	16%	2%	0%	0%	0%

Most common challenges to accessing electricity



Refers to the situation in the 3 months prior to data collection

INCOME SOURCES AND EMPLOYMENT

Sources of income in the month prior to data collection<sup>9</sup>

Employment (including selfemployment)	<div></div>	88%
Borrowing/loans	<div></div>	86%
Financial support from family members or friends (from inside Syria)	<div></div>	14%
Retirement/pension/martyr's salary	<div></div>	9%
Selling assets	<div></div>	8%
Remittances (from outside Syria)	<div></div>	7%

Most common employment sectors (by % of households where employment is a source of income [88%])<sup>9</sup> ■

1	Real estate/construction	20%	6	Armed forces (security/ police/military forces)	9%
2	Marketplace vending	17%	7	Government/public services	7%
3	Trade/transportation	16%	7	Hospitality industry	7%
4	Wholesale/retail	12%	8	Sewing/textiles	6%
5	Machinery/mechanics/ repairs	11%	9	Education/childcare	5%

Most common primary source of income for households<sup>11</sup> ■

1	Self-employment/entrepreneurship	35%
2	Informal day-to-day work agreements	19%
3	Borrowing/loans	18%

44% of households reported self-employment/ entrepreneurship as a source of income ■

Average number of adults per households who are:	
Employed	1.5
Not in employment	2.3
Not employed and looking for a job (unemployed) <sup>12</sup>	0.3

INCOME AND EXPENSES

Average monthly income for a family of 6 members <sup>13</sup>	Average monthly expense for a family of 6 members <sup>14</sup>	Average monthly deficit for a family of 6 members
383,379,7 SYP	345,553,8 SYP	-378,259 SYP



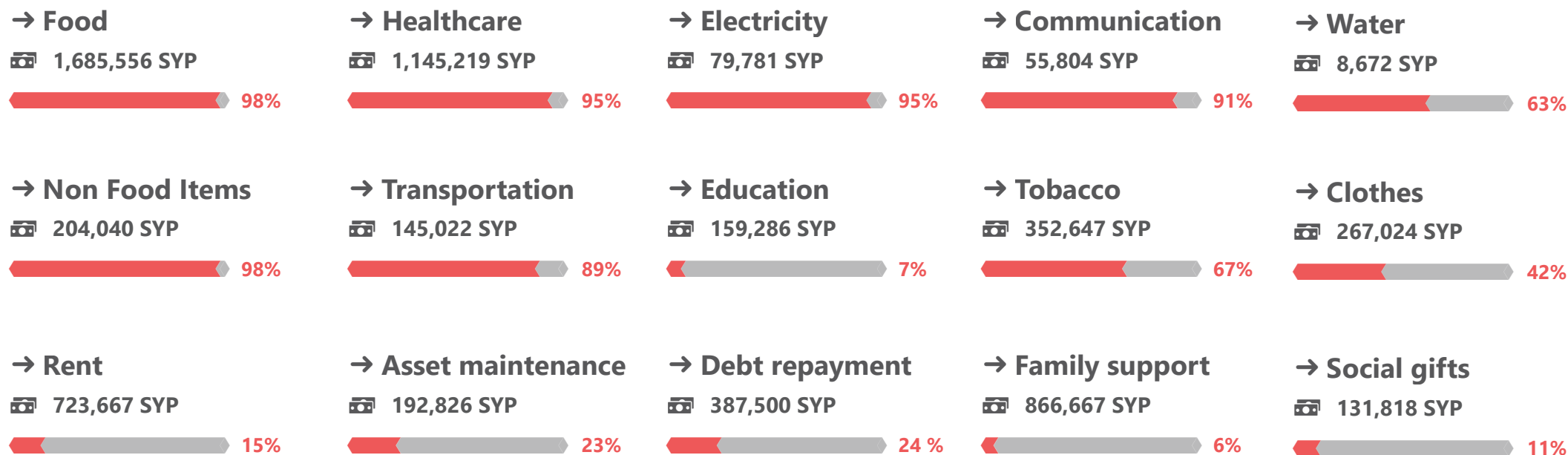
## INCOME AND EXPENSES



Average monthly expense for households who had expenses in the following categories

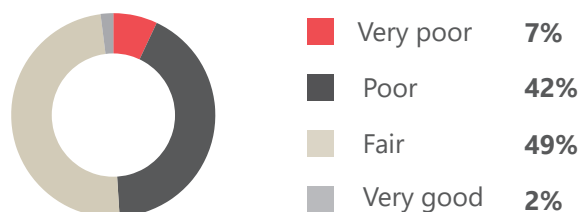


Share of households who spent money on the expense category



## ABILITY TO MEET BASIC NEEDS

Households' perceived ability to meet basic needs<sup>•</sup>



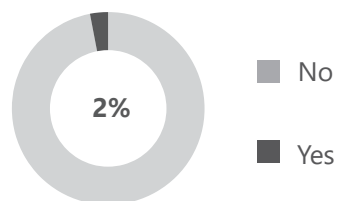
Change in the households' ability to meet basic needs over the last three months



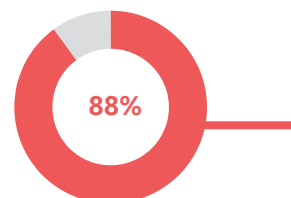
<sup>•</sup> Refers to the situation in the 3 months prior to data collection

# ABILITY TO MEET BASIC NEEDS

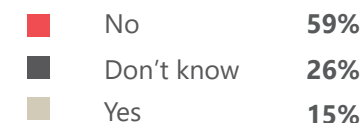
% of households with savings ■



% of households in debt ■



% of households able to repay their debt in 6 months ▼



Most common barriers to meeting basic needs (as % of households who experienced barriers [100%]) ■

- 1 The wage is not in line with the rising prices 86%
- 2 Lack of employment opportunities 71%
- 3 Lack of skills for a better paying job 54%

Most common coping strategies adopted to meet basic needs (as % of households who applied coping strategies [99%]) ● ▼

- 1 Purchasing items on credit 90%
- 2 Borrowing money 88%
- 3 Decreasing non-food expenditures 73%
- 4 Selling household assets 10%

Average % of monthly income spent on debt repayment <sup>8</sup>
9%
Average expenditure on debt repayment as a % of total household expenditure <sup>8</sup>
10%

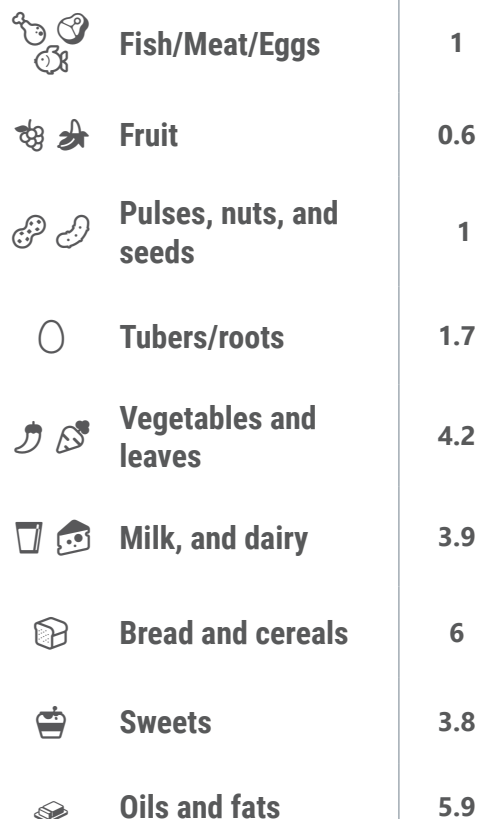
38% of households whose monthly income was lower than their estimated monthly expenses

1% of households whose monthly income would not cover minimum expenses (as estimated by the SMEB)<sup>15, ►</sup>

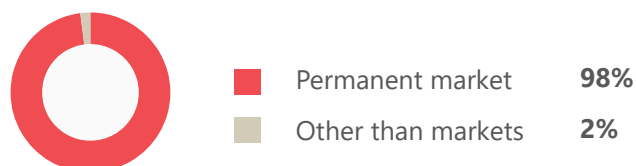
▼ Findings are not representative

## FOOD ACCESS AND CONSUMPTION

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



### Most common source of food



98%

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

### Barriers to accessing sufficient quantities and quality of food (by % of households who experienced barriers [98%])<sup>9</sup>



4%

of households reporting perceiving that at least one member had lost weight in the last 3 month due to insufficient food access

Average % of monthly income spent on food<sup>10</sup>

53%

Average expenditure on food as a % of total household expenditure<sup>10</sup>

51%

Average monthly food expenditure per person in a household

254,321 SYP

% of households whose monthly food expenditure is more than 50% of their total expenditure

59%

34%

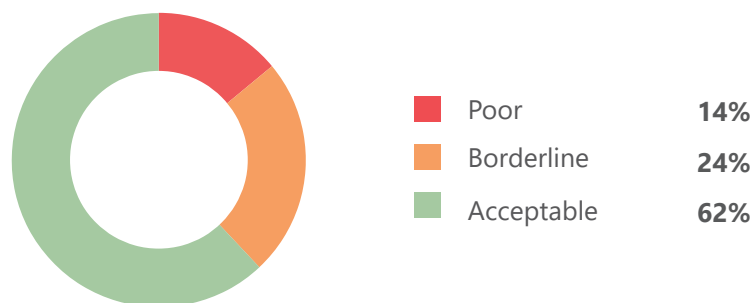
of households who did not consume any eggs, meat or fish in the 7 days prior to data collection

56%

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

## FOOD CONSUMPTION SCORE (FCS)<sup>16</sup>

Food Consumption Score (by % of households)



**36%** of households with children with **poor** or **borderline** food consumption ▼

### FCS Interpretation<sup>16</sup>

**Poor food consumption (score between 0-28):** 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.

**Borderline food consumption (score between 28.5-42):** This category includes households that are consuming staples and vegetables every day, accompanied by oils and pulses a few times a week.

**Acceptable food consumption (score >42):** This category includes households that are consuming staples and vegetables every day, frequently accompanied by oils and pulses and occasionally meat, fish and dairy.

## COPING STRATEGIES

### 6 Average reduced Coping Strategies Index (rCSI) in ar-Raqqa city

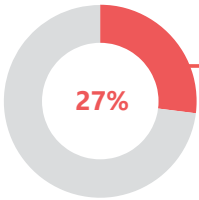
The rCSI is a relative score to measure the frequency and severity of food-related negative coping mechanisms adopted by households to cover their needs. A decrease in score suggests an amelioration in food security. Based on the Syria 2021 Inter-Sector Severity Model, the thresholds for the Reduced Coping Strategies Index are: (1) None/Minimal (rCSI= 0-2), (2) Stress (rCSI = 3-6), (3) Severe (rCSI = 7-11), (4) Extreme (rCSI = 12-19), (5) Catastrophic (rCSI>19).<sup>19</sup> Thus, results indicate a stress rCSI score in Raqqa city.

**Coping strategies (CS) in the 7 days prior to data collection** (for households who experienced barriers in accessing sufficient food [98%])

	Average #days per week CS was applied	% of households who applied CS
Relied on less preferred/less expensive food	3.2	83%
Reduced the number of meals eaten per day	1.6	53%
Reduced the portion size of meals at meal time	1.2	46%
Restricted the consumption by adults in order for young children to eat	0	2%
Borrowed food or relied on help from friends	0	1%
At least one member of the household spent a whole day without eating	0	1%

ACCESS TO HEALTHCARE

% of households with unmet health needs<sup>17</sup>



Most common inaccessible health treatments (by % of households with unmet health needs [27%])<sup>9,▼,●</sup>

1	Treatment for chronic diseases	56%
2	Surgical services	37%
3	Medicines or other commodities	30%
4	Paediatric consultations	26%
5	Eye services	19%

Most common inaccessible types of medicine (by % of households with unmet health needs related to medicines and other commodities [30%])<sup>9,▼,●</sup>

1	Antibiotics	75%
2	Painkillers/analgesics	62%
3	Medications for hypertension	50%
4	Diabetes medicines	38%
4	Gastrointestinal medicines	38%

90% of households who experienced issues with accessing healthcare<sup>●</sup>

Most common challenges to accessing healthcare (by % of households)<sup>9,●</sup>

1	Cannot afford price of medicines	73%
2	Cannot afford treatment costs	67%
3	Health facilities overcrowded	50%

Most common coping strategies (by % of host community households with unmet health needs [27%])<sup>9,▼,●</sup>

1	Going to a pharmacy instead of a clinic	93%
2	Foregoing non-essential treatment	52%
3	Taking lower than the recommended dosage of medication	44%

Households with at least one member who showed signs of psychological distress<sup>●</sup>



Yes	55%
No	44%
Don't Know	1%

Average % of monthly income spent on healthcare <sup>10</sup>
18%
Average expenditure on health care as a % of total household expenditure <sup>10</sup>
17%

## NOTES ON ANALYSIS

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 resulted in findings that are not representative with a 95% confidence level and 10% margin of error, indicated with the symbol above. Indicators which are not representative are indicated throughout the Situation Overview with the icon ▼.

The complete multi-sectoral descriptive analysis can be accessed [online](#) or can be downloaded as an [excel file](#). All HSOS products remain accessible 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 [here](#).

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. 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.

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. Reliefweb, [Syria Labour Market Assessment: Raqqa City \(May 2024\)](#), 18 July 2024.

6. ANFNEWS, [Raqqa People's Municipality continues to implement service projects](#), 23 September 2024.

7. Areas consistently identified as security concerns, including check points, their surroundings, or military presence, were not covered. Out of the 23 residential neighbourhoods, 1 was not assessed due to security concerns. Consequently, the remaining 22 neighbourhoods were assessed..

8. Households were asked to select three highest priority needs. The overall priority need refers to the frequency a need was selected in the question.

9. Respondents could select multiple answers, thus findings might exceed 100%.

10. Computed for households who had this particular expense in the 30 days prior to data collection.

11. Longer-term informal employment is defined as employment with a verbal agreement whose duration is more than 1 month. Short-term informal employment is defined as employment with a verbal agreement whose duration is less than 1 month.

12. Calculated for households where employment is a source of income.

13. Computed as the mean of (household income/number of household members)\*6.

14. Computed as the mean of (household expense/number of household members)\*6.

15. Computed by comparing (household income/number of household members) to (2,243,614 SYP/6), where 2,243,614 is the median value of the Survival Minimum Expenditure Basket (SMEB) for a family of 6 in Ar-Raqqa governorate, from the June 2024 Joint Market Monitoring Initiative (JMML).

16. The FCS is a composite score based on dietary, diversity, food frequency, and relative nutritional importance of different food groups consumed by a household throughout 7 days. Refer to: The United Nations World Food Programme (WFP). (May 2014). WFP Food Consumption Score - Technical Guidance Sheet. Retrieved from: [wfp.org](http://wfp.org)

17. Unmet health needs refer to anyone in the household who needed or wanted to access healthcare (including medicines) but could not access it.

## 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).