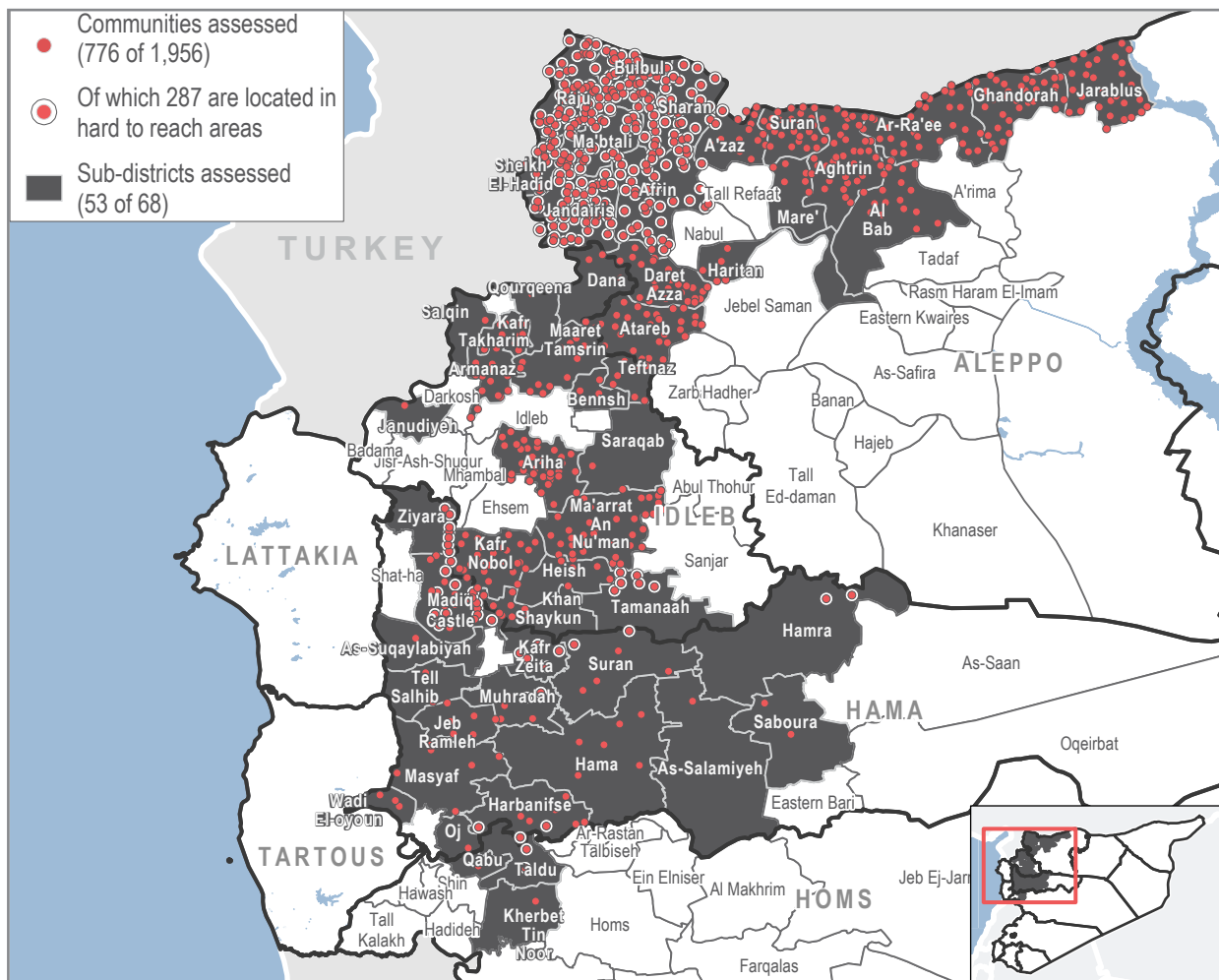


Northwest Syria, October 2018

Humanitarian Situation Overview in Syria (HSOS)

Coverage



Introduction

HSOS is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. The assessment is conducted at the community level covering [displacement](#), [shelter and non-food items \(SNFI\)](#), [health](#), [water, sanitation and hygiene \(WASH\)](#), [food security and livelihoods \(FSL\)](#), and [education](#).

The factsheet presents information gathered in 776 communities across Idlib (175 communities), northern and western Aleppo (507 communities), Hama (90 communities), and Homs (4 communities) governorates. Data was collected during the month of November 2018, and refers to the situation in the northwest region in October 2018. Findings are indicative rather than representative, and should not be generalised across the region.

For community-level data, datasets are available on the [REACH Resource Centre](#), the [Humanitarian Data Exchange](#), and are also distributed through partners across the humanitarian community.

Top 3 reported priority needs in assessed communities:

- 1 Healthcare
- 2 Food Security
- 3 Education

People in need (PIN) Demographics*

5,696,896 total PIN ♀ 2,860,560 ♂ 2,836,336

Survival Minimum Expenditure Basket (SMEB):^{1,2}

Average price in **October 2018**: 55,371 Syrian pound (SYP)
 One month change: +2.5%
 Six month change: -2.8%

* Figures based on [HNO 2018](#) population data for the entire NWS region including areas not covered by HSOS.

Key events impacting the humanitarian situation in NWS

Operation "Olive Branch" commences in Afrin. ^a	212,724 individuals spontaneously return to 287 communities in rural Aleppo governorate and 354,682 individuals return to Aleppo city. ^b	Displacement remains high in Afrin with restricted movement and limited spontaneous returns since start of offensive. ^{c,d}	95,000 IDPs reportedly arrived in opposition pocket of NWS from eastern Ghouta, northern rural Homs, and southwest Syria. ^e	Approximately 1.9 million IDPs reported in Idlib, western Aleppo, northern Hama and Eastern Latakia. ^f	Establishment of a demilitarised zone in NWS that barred the presence of heavy weaponry and certain armed opposition groups. ^g
January 2018	February 2018	End of May 2018	March-August 2018	End of August 2018	15 October 2018

Northwest Syria, October 2018

CONTEXT

In October 2018, violent clashes continued along the demilitarized zone implemented in northwest Syria (NWS) in September, however, conflict sharply decreased in October as compared to mid-September. Additionally, NWS also witnessed a decline in internally displaced person (IDP) arrivals and departures in October, likely a result of the reduction in the number of airstrikes and the decrease of violent conflict. Please see the [ISMI Overview of IDP Movements in Northern Syria](#), October 2018 for further information. Despite the drop in IDP movements in October, some areas throughout NWS remained densely populated, limiting access to shelters and available spaces in settlements. In addition, heavy rainfall resulting in floods at the end of October affected approximately 400,000 IDPs living in makeshift camps.^h

KEY HIGHLIGHTS^g

Distance to healthcare facilities in northern and western Aleppo

Key informants (KIs) reported that of the 507 assessed communities, in 78% healthcare was a top priority need in October. In 65% of the assessed communities, KIs reported that there were no medical facilities functioning in the community. The lack of medical facilities in northern and western Aleppo has been influenced by over 160 attacks since 2014 targeting healthcare workers and facilities.^l While efforts to rehabilitate healthcare facilities have been carried out in an attempt to improve access to facilities^l, KIs in 27% of assessed communities reported the high cost of transportation to health facilities and in 26% the lack of transportation or long distance to facility as a main barrier. In addition, in 72% of the assessed communities, KIs reported that women delivered babies in facilities in a nearby community. This indicates that while services exist, transportation and distance to facilities posed common barriers to access.

Access to food in Idlib impacted by a lack of stable livelihoods

Of the 175 assessed communities in Idlib, KIs in 66% reported that food was a top priority need in October. In 80% of the assessed communities, KIs reported that there was a lack of resources to buy available food in the markets and in 70% some types of food staples were too expensive. As most common ways to obtain food in the assessed communities, KIs in 95% reported that food was bought in markets, in 81% that food was obtained through own production, and in 37% that food was received through distributions. KIs in 78% of assessed communities reported that the average monthly household income was less than 50,000 SYP. The primary income sources reported were unstable daily employment reported by KIs in 91% of assessed communities and income from farm ownership reported by KIs in 85%. As KIs in the majority of communities reported that cost was a barrier to accessing available food in October, this indicates that the low average income in the governorate is contributing to barriers in accessing food.

High rent prices and specific housing conditions in Hama

KIs in 51% of the 90 assessed communities in Hama reported that there were no rooms available to rent. Additionally, rent prices reported by KIs in Hama (9,940 SYP) were on average considerably higher than in the other assessed governorates in NWS (5,820 SYP). KIs in a high percentage of 54% of the assessed communities reported that IDPs were being hosted without paying rent and in 21% that spontaneous returnees were being hosted without paying rent. Furthermore, KIs in 27% of assessed communities reported that IDPs held formalised squatting tenancy agreements.



Displacement⁴

- Among the 776 assessed communities in NWS, KIs in 5% reported that IDPs accounted for over 75% of the total community population, the majority of those were located in northern and western Aleppo governorate.
- KIs reported an estimated 640 spontaneous refugee returns to 25 communities in NWS from Jordan, Lebanon, Iraq, Europe, and Turkey in October. The most commonly reported reasons for return were family reunification as reported by KIs in 84% and a perceived cessation of hostilities in their community of origin reported by KIs in 84% of all assessed communities that reported spontaneous returns.



Food Security & Livelihoods

- Of the 776 assessed communities in NWS, KIs in 59% reported that the average monthly income was less than 50,000 SYP, in 35% that it was between 50,000 to 100,000 SYP, and only in 6% that it was between 100,000 to 150,000 SYP.
- KIs in 68% of the assessed communities reported a lack of resources available to buy food in markets and KIs in 48% reported that some types of food staples were too expensive for purchase.



Education

- In northern and western Aleppo governorate, of the 507 assessed communities, KIs in 70% reported that all school aged children had access to education services. However, in the 269 assessed communities in Idlib, Hama, and Homs, KIs in only 54% reported that all school aged children had access to education services.
- Among the 776 assessed communities in NWS, KIs in 92% reported that there was a functioning primary school available in their community. However, KIs in only 39% of assessed communities reported the presence of a functioning secondary school (7th-9th grade) and in 17% a functioning high school (10th-12th grade). This suggests that while in the majority of assessed communities school aged children had access to a functioning primary school, higher education was not as accessible.



WASH

- In 67% of the 776 assessed communities, KIs reported that there was a sufficient amount of water to meet household needs. Nevertheless, an insufficient amount of water to meet household needs was reported by KIs in 33% of assessed communities,⁶ most of these communities were located in northern Aleppo and Hama governorates.
- In the majority of the 776 assessed communities in NWS, KIs reported that residents had access to either free public garbage collection in 34% of assessed communities or private paid garbage collection in 27% of assessed communities.



Health

- Of the 776 assessed communities in NWS, KIs in 57% reported that there were no functioning medical facilities in the community. In addition, KIs in 72% of assessed communities reported that women mainly delivered babies at facilities in a nearby community. The high cost of transportation in 28% of assessed communities and the lack of transportation and long distance to facilities in 24% of assessed communities were the most commonly reported barriers to accessing healthcare.



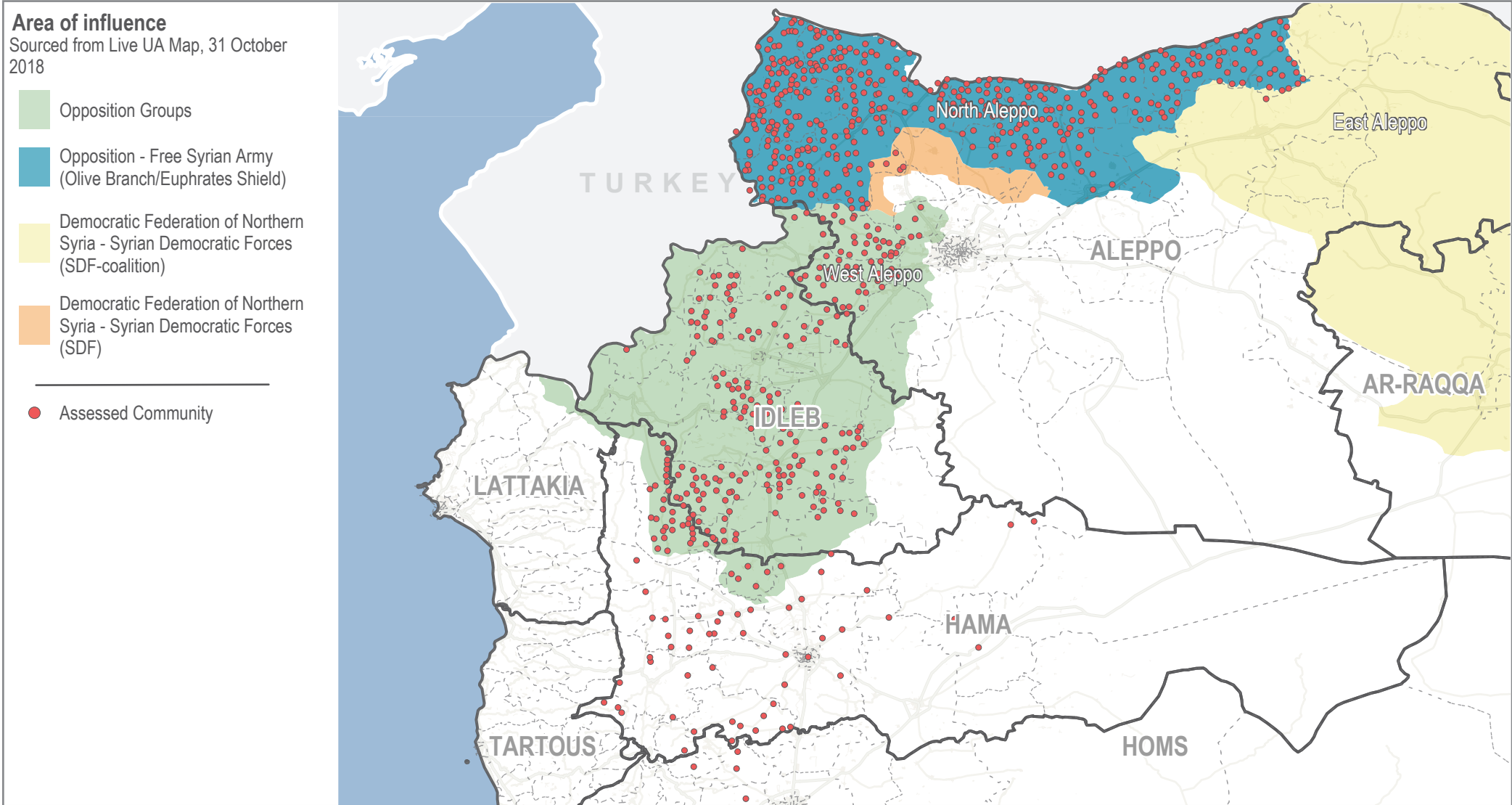
Shelter and NFI

- In northern and western Aleppo, KIs in 85% of the 507 assessed communities reported that community generators were the most common electricity source in October while in Hama and Homs, KIs in 77% of the 94 assessed communities reported the network as the main source. However, in the 175 assessed communities in Idlib, KIs in 34% reported that residents mainly relied on community generators and in 34% that they primarily relied on solar power.
- In 42% of the 776 assessed communities in NWS, KIs reported that IDPs were residing in their community. Amongst the 325 communities with a reported IDP presence, KIs reported a high prevalence of IDPs holding the following tenancy agreements: formalised squatting in 61%, informally squatting in 39%, or residing in tents or other temporary shelters without rent in 37%.

^hThe northern and western part of Aleppo where humanitarian response and coordination is conducted from the northwest rather than the northeast

Northwest Syria, October 2018

Regional areas of influence:



Northwest Syria, October 2018

DISPLACEMENT⁴

9,480 - 10,980 Estimated number of IDP arrivals in assessed communities in October.

6,160 - 7,380 Estimated number of spontaneous returns in assessed communities in October.⁵

Communities with the largest estimated number of IDP arrivals:

Foah (Idleb)	1,100 - 1,200
Ariha (Idleb)	900 - 1,000
Hazwan (Aleppo)	600 - 700

Top 3 reported subdistricts of origin for IDP arrivals:^{6,7}

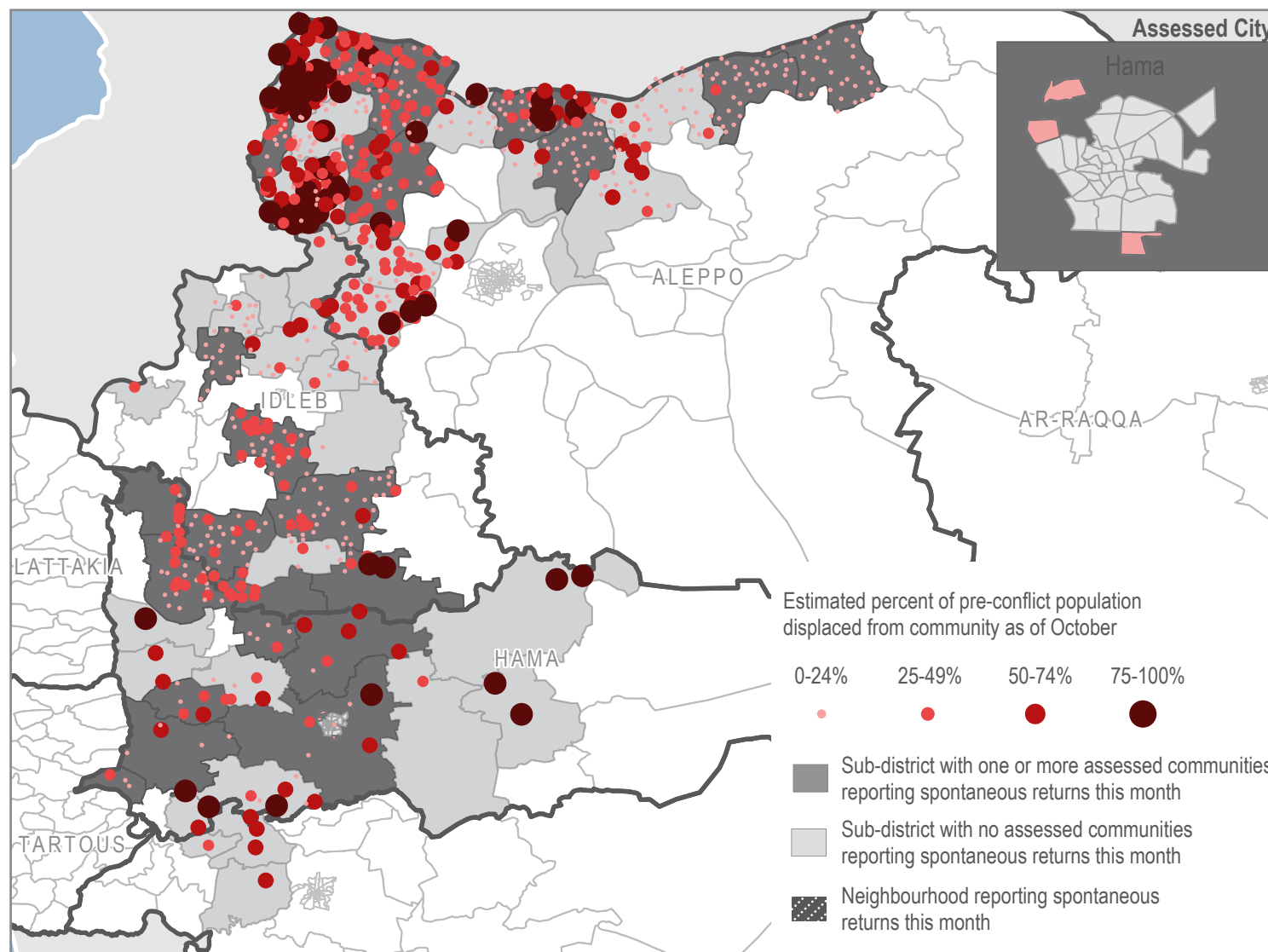
- Ghandorah (Aleppo governorate)
- Afrin (Aleppo governorate)
- Al Bab (Aleppo governorate)

722 communities reported no PCP departures.⁸

Top 3 reasons for PCP departures in the remaining **53** assessed communities:^{6,7,9}

Loss of income	87%
Reduced access to basic services	51%
Loss of assets	25%

Estimated proportion of pre-conflict population (PCP) displaced from community:



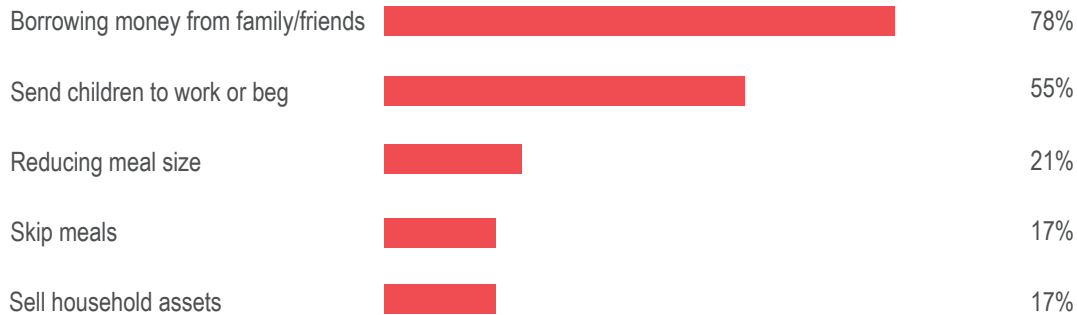
Northwest Syria, October 2018



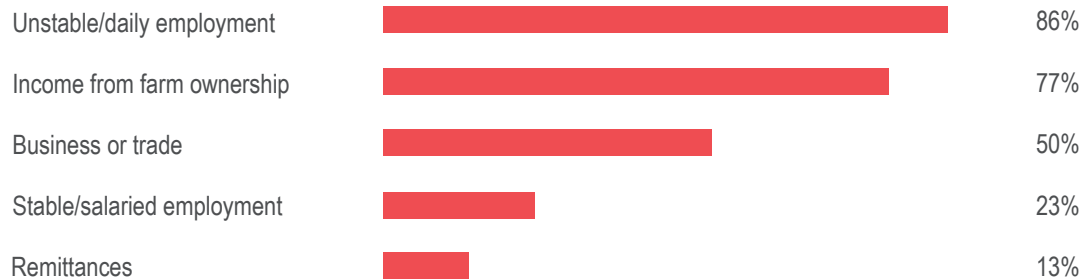
FOOD SECURITY & LIVELIHOODS

- 196/776** Communities reported having received food distributions in the last month.
- 180/776** Communities reported that residents were unable to access shops and markets.
- 6/776** Communities reported that residents used extreme food-based coping strategies to deal with insufficient income.¹⁰
- Less than 50,000 SYP** Most commonly reported household monthly income range.¹

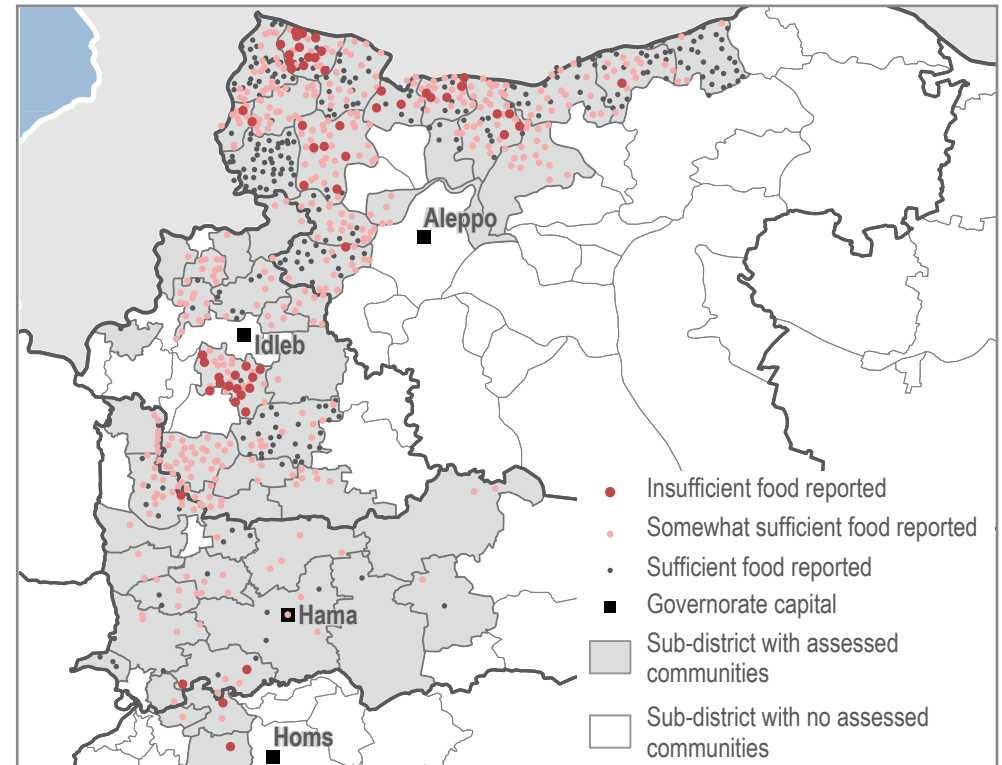
146 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining 618 assessed communities were:^{6,7,9}



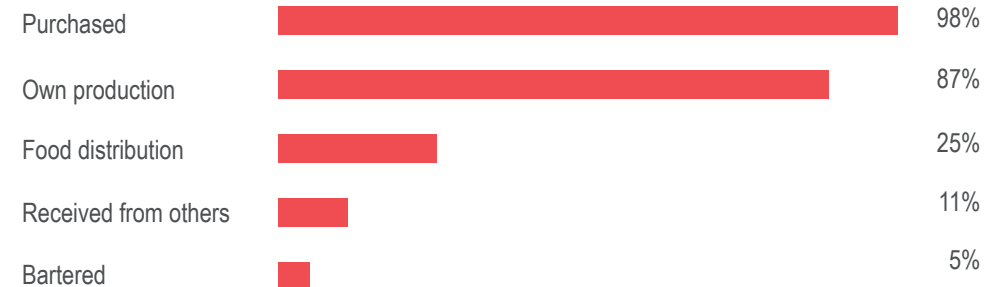
Most commonly reported main sources of income:^{6,7}



Communities that reported having an insufficient quantity of food:¹¹



Most commonly reported ways of obtaining food:^{6,7}



Northwest Syria, October 2018



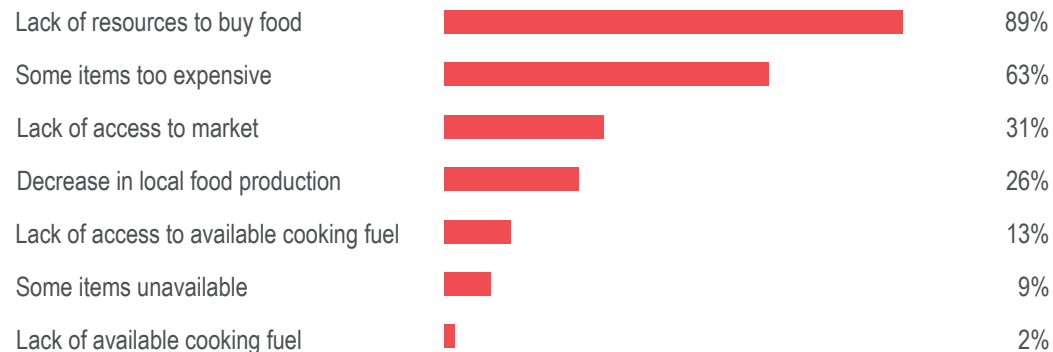
FOOD SECURITY & LIVELIHOODS

Core food item prices reported (in SYP):^{1,12}

Food item:	Regional average price in October:	One month change:	Six month change:
Bread (8 pieces)	150	0%	10%
Rice (1 kilogram)	300	2%	-9%
Lentils (1 kilogram)	250	18%	1%
Sugar (1 kilogram)	225	0%	-25%
Cooking oil (1 litre)*	450	0%	-4%

*includes the combined vegetable oil and ghee prices

185 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 589 assessed communities were:^{6,7,9}



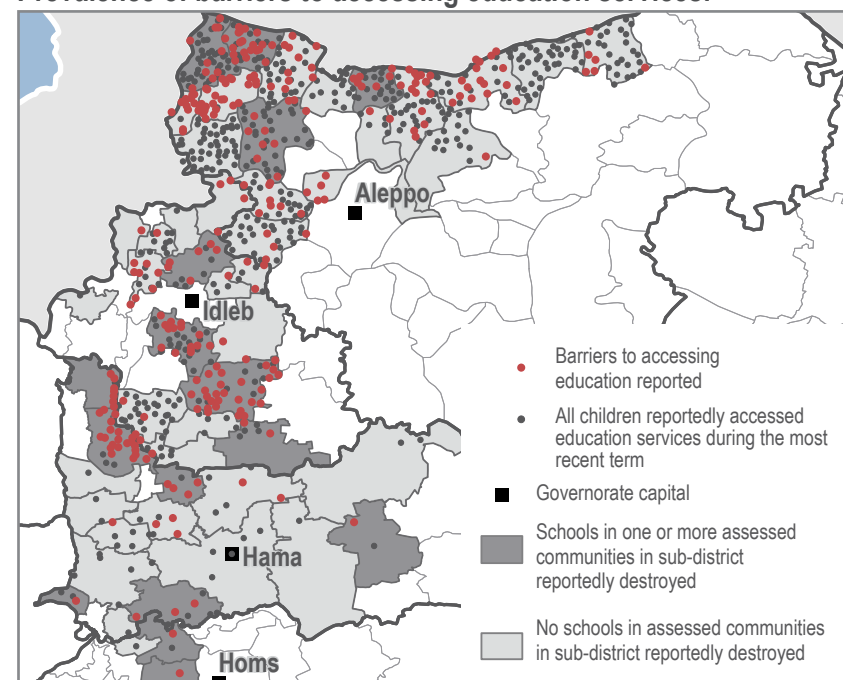
EDUCATION

710/776 communities reported having functioning primary education facilities, while 303 communities reported having functioning secondary education facilities.¹³

498 communities reported that all children were able to access education. The most commonly reported barriers to education in the remaining 275 assessed communities were:^{6,7,9}



Prevalence of barriers to accessing education services:



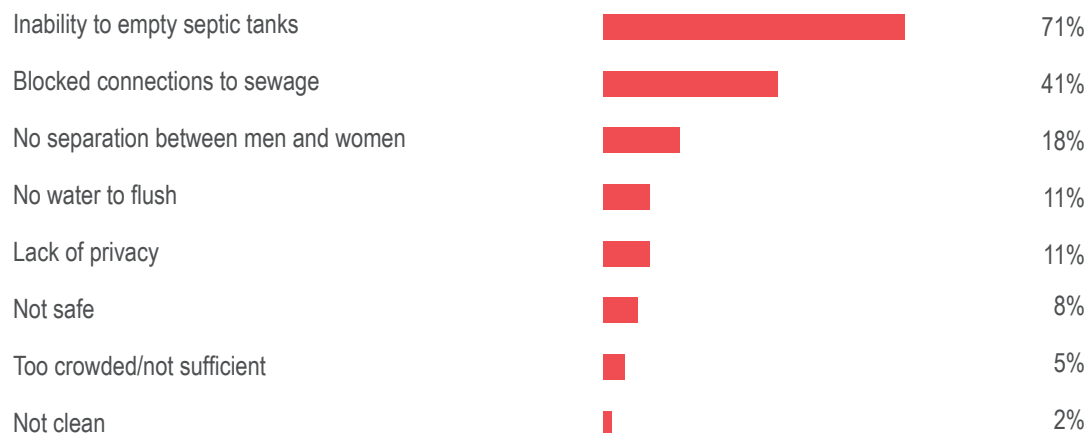
Northwest Syria, October 2018



17/776 Communities reported that water from their primary source tasted and/or smelled bad.

0 Communities reported that drinking water from their primary source made people sick.

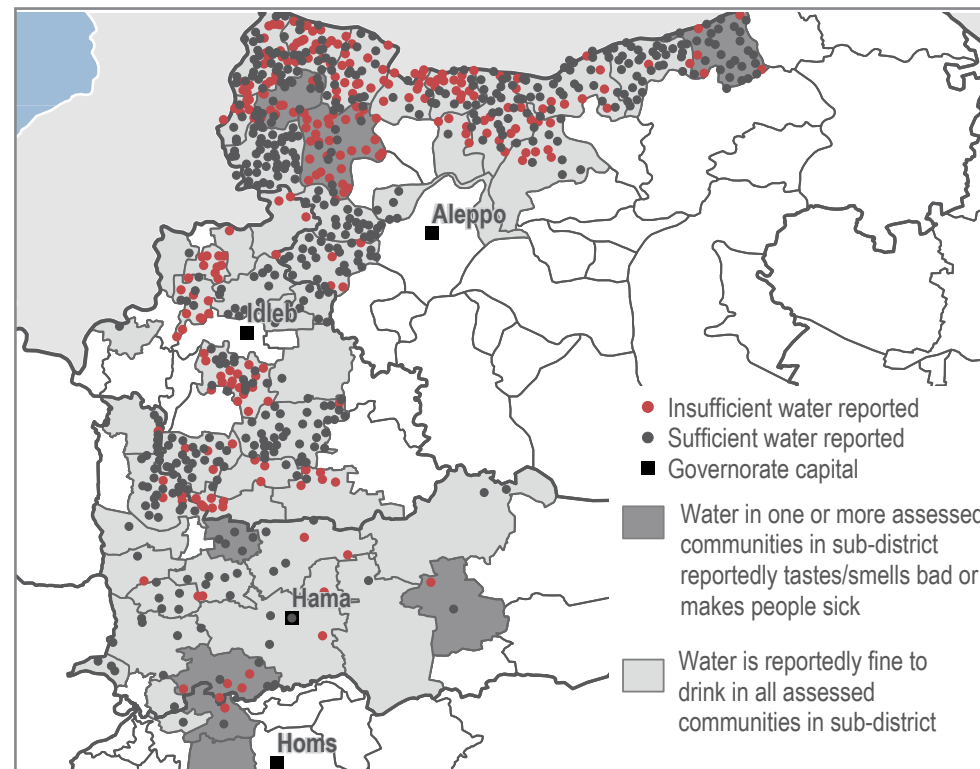
477 communities reported that residents had no problems with latrines. The most commonly reported problems with latrines in the remaining **298** assessed communities were:^{5,7,9}



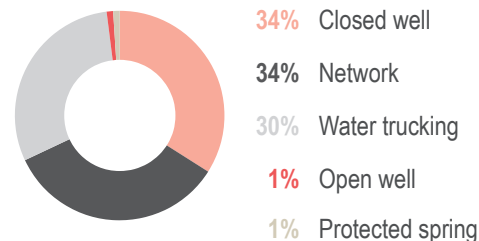
519 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **254** assessed communities were:^{6,7,9}



Communities that reported insufficient amounts of water to meet household needs:¹¹



Primary drinking water source reported:⁷



Primary method of garbage disposal reported:^{6,7}



Northwest Syria, October 2018

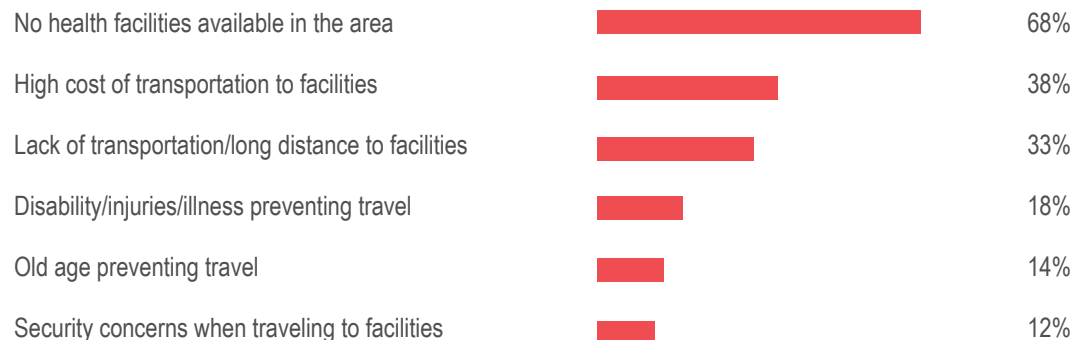
HEALTH

155/776 Communities reported that no assessed medical items were available in their community.¹⁴

147/776 Communities reported that the majority of women did not give birth in a formal health facility.

34/423 Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).¹⁵

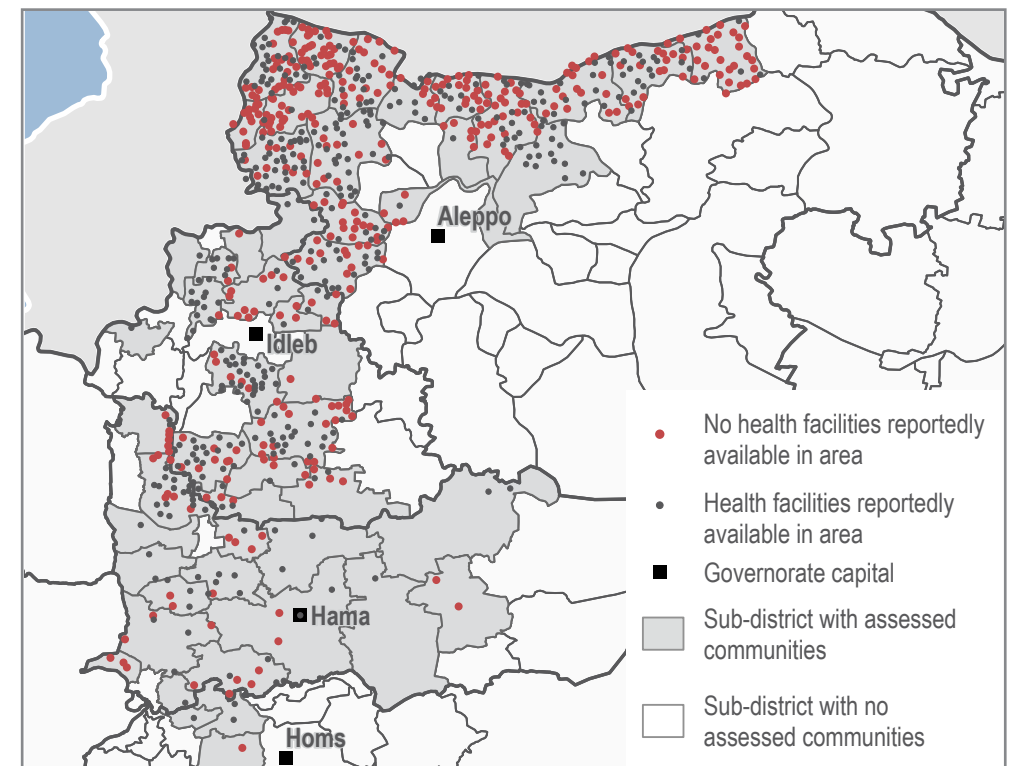
210 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining **559 assessed communities** were:^{6,7,9}



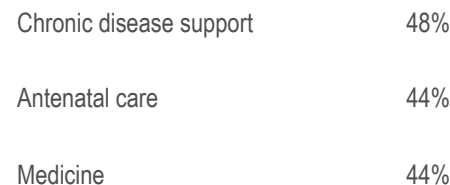
690 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining **78 communities** were:^{6,7,9}



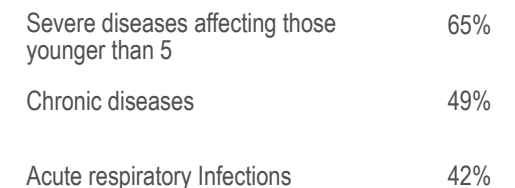
Presence of health facilities in assessed communities:



Top 3 most needed healthcare services reported:^{6,7}



Top 3 most common health problems reported:^{6,7}



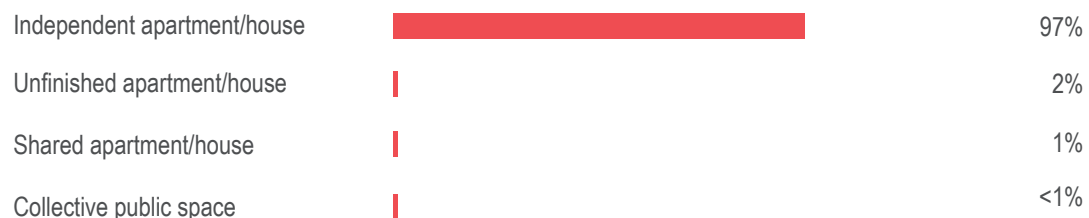
Northwest Syria, October 2018

SHELTER AND NFI

5,820 SYP Regional average monthly reported rent price in SYP across assessed communities.¹

5,240 SYP Northern Syria average monthly reported rent price in SYP across assessed communities.^{1,16}

Most commonly reported shelter type for PCP households:⁷



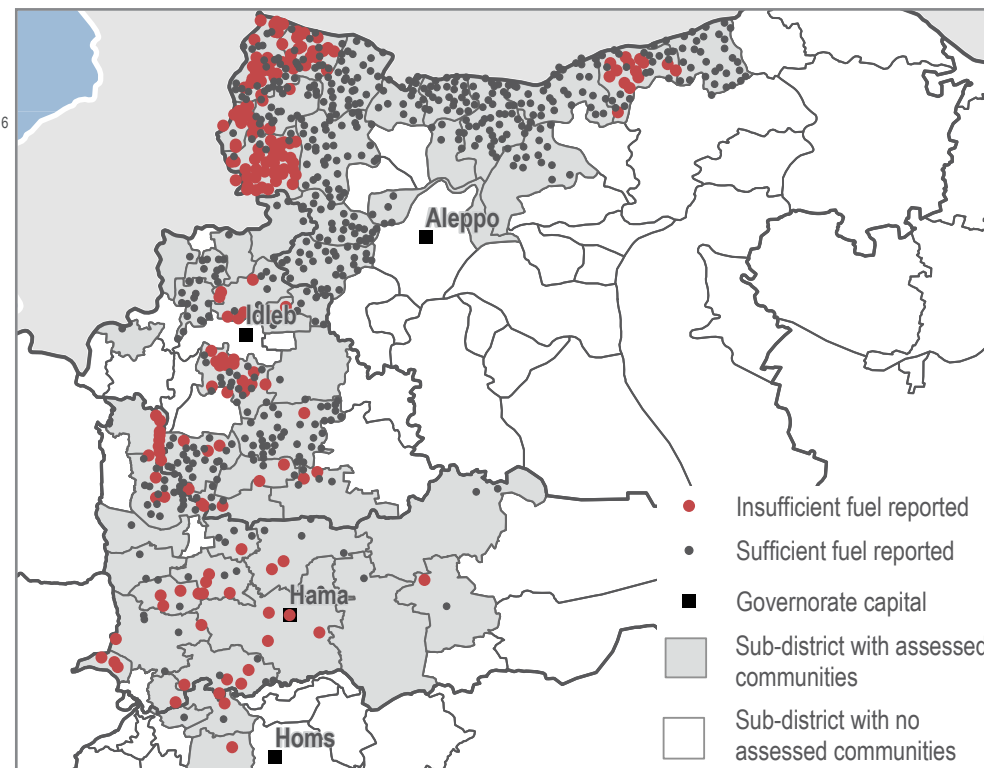
Most commonly reported shelter type for IDP households:⁷



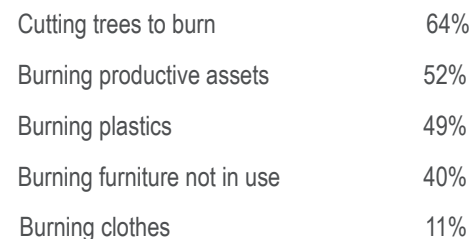
Reported fuel prices (in SYP):^{1,2}

Fuel type (1L):	Regional average price in October:	One month change:	Six month change:
GoS petrol	375	7%	4%
GoS diesel	423	-1%	6%
Manually refined petrol	273	9%	9%
Manually refined diesel	240	23%	22%
Cooking fuel	17	9%	9%

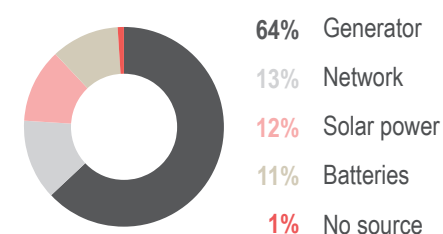
Communities that reported insufficient amounts of fuel to meet household needs:¹¹



587 communities reported no lack of fuel. Most common strategies to cope with lack of fuel in the remaining **189** assessed communities:^{6,7,9}



Primary source of electricity reported:⁷



METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idlib, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints renders direct data collection unfeasible, some KI interviews are conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact multiple KIs in their community in Syria to collect information about their community. KIs are asked to report at the community level.

KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagree on a certain piece of information, enumerators triangulate the data with secondary sources or select the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels are assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the [final dataset](#). The full confidence matrix used to assign confidence levels is available upon request.

Findings are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up is conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the region.

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH aims to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter: [@REACH_info](https://twitter.com/REACH_info).

ENDNOTES

KEYEVENTS AND DEVELOPMENTS

- ^a Ibrahim and Edelman (26 February 2018). Turkish-backed offensive on Afrin leaves 50,000 students out of school. Retrieved from <https://syriadirect.org>.
- ^b World Health Organisation (1 March 2018). Health Cluster Weekly Situation Report: Whole of Syria, Week 9 (23 February - 1 March 2018). Retrieved from <https://reliefweb.int>.
- ^c UN Office for the Coordination of Humanitarian Affairs. (15.06.2018). Syrian Arab Republic: Humanitarian situation update in Afrin District and for IDPs in surrounding communities (as of 15 June 2018). Retrieved from <https://reliefweb.int>
- ^d World Health Organization Eastern Mediterranean. (13 -19 April 2018). Syria crisis Afrin update. Issue 4 (13 – 19 April 2018). Retrieved from <https://www.emro.who.int>.
- ^e UN Office for the Coordination of Humanitarian Affairs. (12.09.2018). Syria: Recent Developments in North-west Syria (as of 12 Sep 2018). Retrieved from <https://reliefweb.int>.
- ^f UN High Commissioner for Refugees. (31. August 2018). Cross-Border Humanitarian Response Fact Sheet - Northwest Syria - August 2018. Retrieved from <https://reliefweb.int>.
- ^g UN Children's Fund. (31 October 2018). UNICEF Syria Crisis Situation Report - October 2018 Humanitarian Results. Retrieved from <https://reliefweb.int>
- ^h United Nations Refugee Agency (UNHCR). (October 2018). Cross-border Humanitarian Response Fact Sheet. Retrieved from: www.reliefweb.int
- ⁱ World Health Organization (WHO). (30. 4. 2018). Syrian Arab Republic - Number of Attacks on Health Care and Health Facility Functionality. Retrieved from: www.who.int
- ^j World Health Organization (WHO). (26. 10. 2017). First rehabilitated health centre in eastern Aleppo city, Syria, opens with WHO support. Retrieved from www.emro.who.int

MAIN TEXT

- ¹ 1 USD = 434 SYP (UN operational rates of exchange as of 1 October 2018)
- ² 18 items comprise the Survival Minimum Expenditure Basket (SMEB), which represents the minimum culturally adjusted items required to support a 6-person household for a month. SMEB items: Bread, bulgur, chicken, eggs, fresh vegetables, ghee/vegetable oil, red lentils, rice, salt, sugar, tomato paste, bathing soap, laundry/dish soap, sanitary pads, toothpaste, cooking fuel, water trucking, smartphone data, float (other costs).

³All information and figures reported in HSOS factsheets refer to the situation in assessed communities and cannot be generalised to other non-assessed communities of the region.

⁴All data presented in this product was collected, triangulated and verified based on submissions from the REACH network following the HSOS methodology. Please note that due to differences in methodology and coverage, the population and movement figures presented herein may differ from other sources. In particular, discrepancies with other available data may be the result of: differences in definitions of population sub-groups; differences in KI profiles interviewed; differences in assessed coverage dates; differences in geographic scope of assessed communities (i.e. included/excluded nearby camps and sites reported on at the community-level); and differences in overall coverage. In addition, the data herein does not claim to be comprehensive on displacements and spontaneous returns in north-west Syria, and should only be taken as indicative of the region as a whole. For more detailed information on displacements and spontaneous returns in opposition-held territories of north-west Syria, please refer to the CCCM Cluster/REACH IDP Situation Monitoring Initiative, the recent output of which is available here: [CCCM/REACH, ISMI Monthly Movement Summary, September 2018](#).

⁵Spontaneous returns refers to IDPs or refugees who return to their community of origin that they left due to conflict but not necessarily to their places of habitual residence (their former homes); who intend to remain in the community for an undetermined period; and who do not meet the IASC framework on durable solutions (IASC framework includes “not necessarily voluntary, safe or sustainable” elements”).

⁶Assessed using select multiple questions.

⁷By percentage of communities reporting.

⁸The definition of resident (pre-conflict) population (PCP), was ‘Individuals or groups of people who currently reside in their communities of origin, or communities of permanent residence prior to the Syrian conflict. This includes populations that were never displaced as well as previously displaced populations that have returned to their communities of origin’.

⁹Not all surveys have answers for every question, in these scenarios the KI or participant will input no answer. When the dataset has no answer for a particular question the reported number of assessed communities will not add up to total number of communities assessed and percentages will be calculated based on submitted responses.

¹⁰Extreme food-based strategies: eating food waste; eating non-edible plants and spending days without eating.

¹¹Based on KI perception of sufficiency.

¹²Bread, rice, lentils, sugar, and cooking oil are considered core food items used in food baskets across

Syria. For further information on all SMEB items please see the [Syria Market Monitoring report](#).

¹³Reported numbers indicate the number of communities with functioning primary and secondary education facilities during the data collection period. It is important to note that simply having a functioning facility is not indicative of students being able to attend said facility. In addition, in some cases KIs reported that children attend schools in a neighbouring community.

¹⁴Assessed HSOS medical items; anti-anxiety medication, contraception, clean bandages, blood transfusion bags, diabetes medicine, anaesthetics, blood pressure medicine, antibiotics, burn treatment.

¹⁵This information was derived from medical professionals (KIs). The number of total communities refers to all communities that had a KI as medical professional available.

¹⁶Includes HSOS data for Idleb, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh governorates.