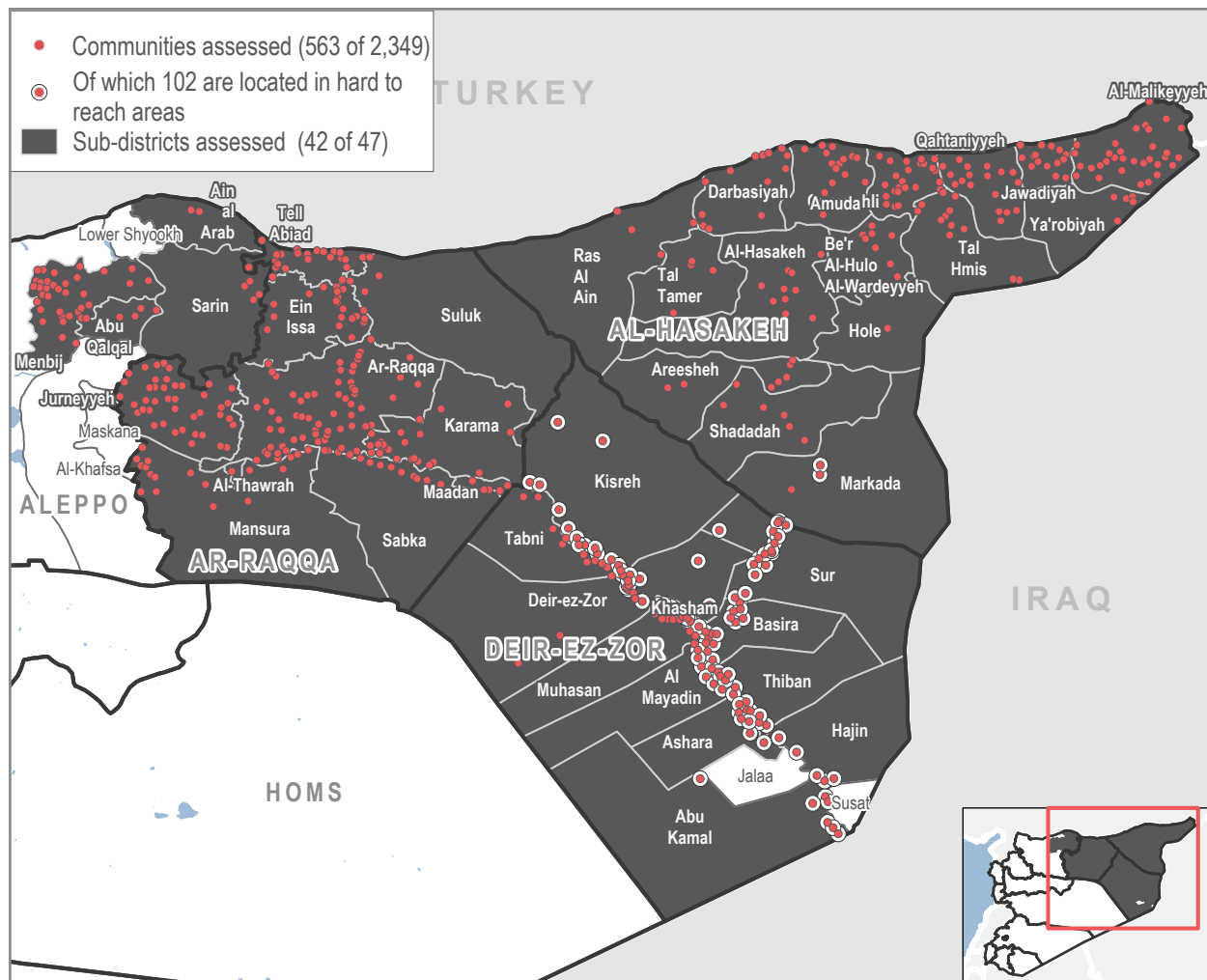


Humanitarian Situation Overview in Syria (HSOS)

Northeast Syria, November 2018

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 563 communities across Ar-Raqqa (211 communities), Al-Hasakeh (182 communities), Deir-ez-Zor (124 communities), and northeast Aleppo (46 communities) governorates. Data was collected during the month of December 2018, and refers to the situation in the northeast region in November 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.

*The northern and western parts of Aleppo where humanitarian response and coordination is conducted from the northwest rather than the northeast.

Top 3 reported priority needs in assessed communities:

- 1 Healthcare
- 2 Livelihoods
- 3 Education

People in need (PIN) Demographics*

2,005,806 total PIN ♂ 1,051,906 ♀ 953,900

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

Average price in **November 2018**: **62,478** Syrian pound (SYP)
 One month change: **+4.2%**
 Six month change: **+5.2%**

* Figures based on [HNO 2018](#) population data for the entire NES region including areas not covered by HSOS. These numbers were collected in 2017 and provide a baseline as updated numbers are currently not available.

Key events impacting the humanitarian situation in NES

Ar-Raqqa and Deir-ez-Zor cities fully liberated from ISIL. ^{a,b}	Forces escalate offensive on ISIL in southeastern Deir-ez-Zor governorate and in southern Al-Hasakeh governorate. ^c	Delayed rainfall and deteriorated agricultural infrastructure and input resulted in the lowest annual wheat yield since 1989. ^d	166,305 spontaneous returnees in Ar-Raqqa city reported by OCHA since November 2017. ^e	244,655 spontaneous returnees in Deir-ez-Zor governorate reported by OCHA since November 2017. ^e	Offensive to retake final ISIL-held enclave continues in southern Deir-ez-Zor governorate contributing to further displacement ^e
October-November 2017	April 2018	October 2018	November 2018	November 2018	Ongoing

CONTEXT

In November 2018, the offensive against the so-called Islamic State of Iraq and the Levant (ISIL) in southeastern Deir-ez-Zor governorate reportedly led to civilian casualties, destruction of civilian infrastructure, and further displacement throughout the governorate.^f Moreover, winter weather with heavy rainfalls caused damage and destruction to informal shelters in northeast Syria (NES), adversely impacting IDPs residing in informal camps.^g In addition, a non-seasonal increase in food prices was reported in NES,^g further compounding displacement and shelter issues in the region. Please see the monthly [Syria Market Monitoring Exercise](#) for further information.

KEY HIGHLIGHTS³

Lack of livelihoods opportunities impacting access to food in Deir-ez-Zor governorate

Livelihoods was reported as a top priority need in 72 (85%) of the 124 assessed communities in Deir-ez-Zor governorate. In 101 (81%) assessed communities, key informants (KIs) reported business and trade as the main source of income in the community, followed by farming in 96 (77%) assessed communities, unstable daily employment in 62 (50%) assessed communities, and remittances from outside Syria in 61 (49%) assessed communities. However, in 123 (99%) assessed communities, KIs reported that income was insufficient to cover household needs. The most commonly reported coping strategies to deal with a lack of income were: reducing the size of meals (reported in 57 (46%) assessed communities), and skipping meals (reported in 47 (38%) assessed communities). Additionally, in 119 (96%) assessed communities, KIs reported that residents faced difficulties in accessing enough food. The most commonly reported barriers to accessing sufficient levels of food were that some food items were too expensive (reported in 99 (80%) assessed communities) and a lack of resources to buy available food in community markets (reported in 78 (63%) assessed communities).

Women negatively impacted by a lack of access to medical facilities in Ar-Raqqa governorate

Among the 211 assessed communities in Ar-Raqqa governorate, KIs in 150 (71%) reported that there were no functioning medical facilities available in the community. In addition, a lack of medical facilities was the most commonly reported barrier to accessing healthcare reported by KIs in 143 (68%) assessed communities. KIs in 35 (17%) assessed communities reported that women experienced more barriers in accessing healthcare than men. Furthermore, KIs in 104 (49%) assessed communities reported that pregnancy related illnesses were among the top reported health issues and in 112 (53%) assessed communities KIs reported antenatal care as a priority healthcare need. Moreover, KIs in 154 (73%) assessed communities reported that the majority of women deliver babies in facilities in nearby communities. This suggests that pregnant women were negatively impacted by the unavailability of medical facilities.

WASH needs adversely impacting health in eastern Aleppo governorate

Of the 115 assessed communities in eastern Aleppo, 95 (83%) reported healthcare as a top priority need and 48 (42%) reported hygiene and sanitation as a top priority need. In 72 (63%) assessed communities, KIs reported that garbage is primarily disposed of through burying or burning items while in 15 (13%) it was reported that garbage is left in the streets or in public areas. KIs in only 22 (19%) assessed communities reported that there was free public garbage disposal. Additionally, in 54 (47%) communities it was reported that acute respiratory infections were a common health problem, indicating that there might be a correlation between adverse WASH conditions and public health issues.



Displacement⁴

- KIs in Menbij city reported an estimated 235,500 residents (pre-conflict population and IDPs), the highest reported population figure throughout assessed communities in NES. A quarter of the residents in Menbij city, approximately 59,500, were reportedly IDPs.
- In November, an estimated 12,680 IDP arrivals were reported in 53 assessed communities in NES, a third of which were internal movements within Deir-ez-Zor district. This was likely as a result of the offensive against the so-called ISIL in southeastern Deir-ez-Zor.^f



Food Security & Livelihoods

- Throughout the 124 assessed communities in Deir-ez-Zor governorate, KIs in 19 (15%) assessed communities reported that residents received food assistance, primarily in Khaham, Deir-ez-Zor, and Abu Kamal sub-districts.
- In Deir-ez-Zor, of the 124 assessed communities, KIs in 85 (69%) reported barriers to accessing bread every day. The most commonly reported barriers to accessing bread were a lack of electricity/fuel available for bread production (reported in 59 (48%) assessed communities) and the high price of bread flour (reported in 43 (35%) assessed communities).



Education

- Of the 563 assessed communities in NES, KIs in 239 (42%) reported having functioning secondary schools (ages 11-15) available in the community and KIs in only 59 (10%) assessed communities reported the presence of functioning high schools (ages 15-17), indicating that the majority of children over 11 years-old are facing difficulties in accessing education.
- Among the 124 assessed communities in Deir-ez-Zor governorate, KIs in 85 (69%) reported that not all school aged children accessed education services in November. The most commonly reported barriers to accessing education were early marriage (reported in 39 (31%) assessed communities) and child labour (reported in 36 (29%) assessed communities).



WASH

- In eastern Aleppo and Ar-Raqqa governorates, KIs in 103 (40%) of 257 assessed communities reported that water was insufficient in meeting household needs in November. The most commonly reported coping strategy to deal with insufficient water was to purchase water using money usually spent on other items (reported in 84 (33%) assessed communities).
- KIs in 45 (21%) of the 211 assessed communities in Ar-Raqqa governorate reported that residents became sick after consuming water from the most common water source. In addition, in 30 (67%) of these communities, KIs reported diarrhoea as the most common health problem.



Health

- Of the 182 assessed communities in Al-Hasakeh governorate, KIs in 177 (97%) reported difficulties in accessing healthcare. The most commonly reported barriers were the lack of medical facilities (reported in 118 (65%) assessed communities), healthcare services too expensive (reported in 118 (65%) assessed communities), and the high cost of transportation to medical facilities (reported in 102 (56%) assessed communities).
- Among the 124 assessed communities in Deir-ez-Zor governorate, KIs in 104 (83%) assessed communities reported that women delivered babies at home with a midwife's care, whereas KIs in the majority of assessed communities in eastern Aleppo, Al-Hasakeh, and Ar-Raqqa governorates reported that women delivered babies in health facilities in nearby communities.



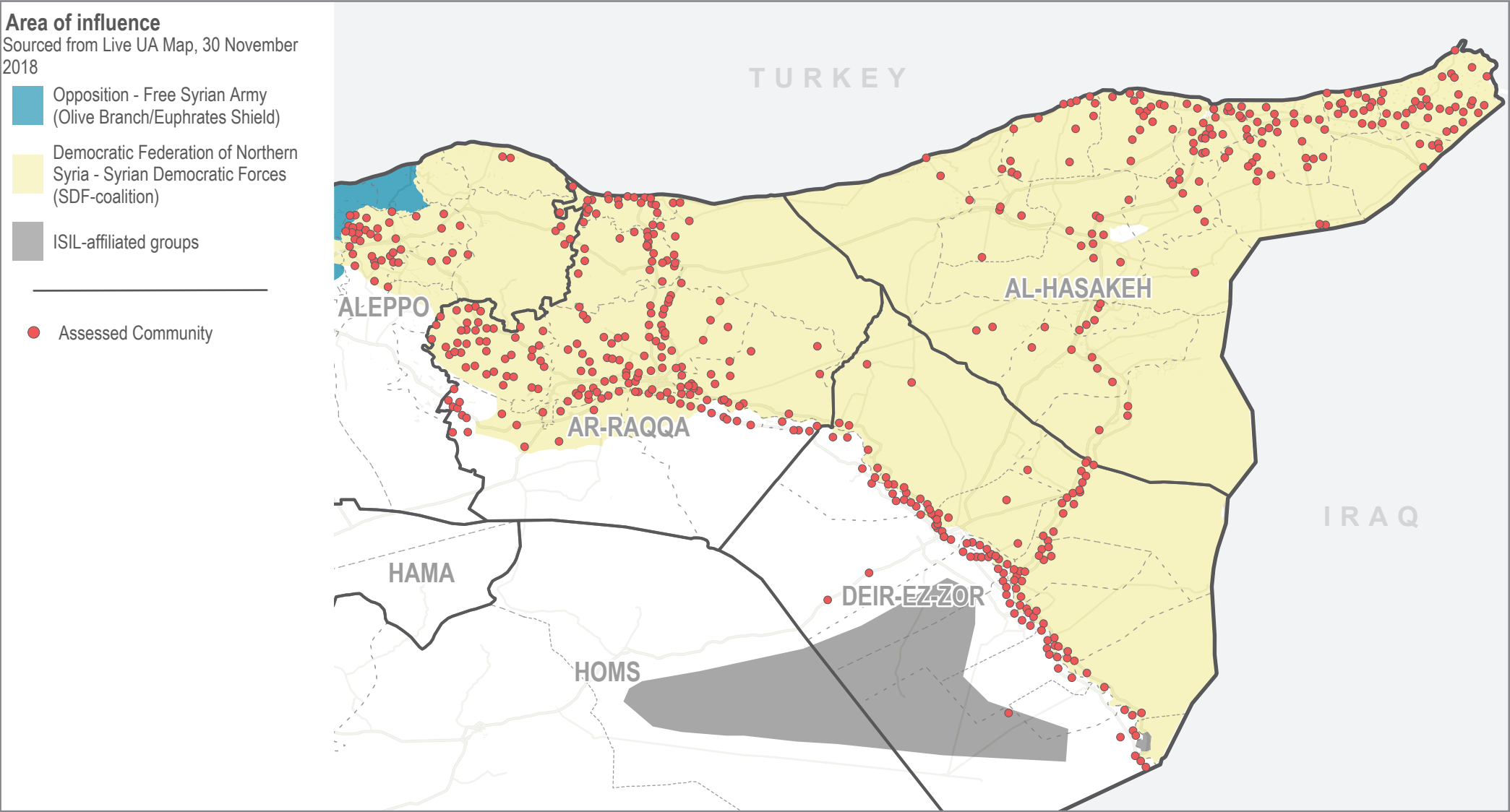
Shelter and NFI

- In eastern Aleppo and Ar-Raqqa governorates, KIs in 230 (89%) of the 257 assessed communities reported the electricity network as the most common electricity source in November. In contrast, of the 306 assessed communities in Deir-ez-Zor and Al-Hasakeh governorates, KIs in 239 (78%) reported community generators as the main source of electricity.

*The eastern part of Aleppo where humanitarian response and coordination is conducted from the northeast rather than the northwest.

Northeast Syria, November 2018

Regional areas of influence:



Northeast Syria, November 2018

DISPLACEMENT⁴

11,640 - 13,720 Estimated number of IDP arrivals in assessed communities in November.

6,290 - 7,600 Estimated number of spontaneous returns in assessed communities in November.⁵

Communities with the largest estimated number of IDP arrivals:

- Hole (Al-Hassakeh governorate) **1,300 - 1,600**
- Abu Hardoub (Deir-ez-Zor governorate) **1,250 - 1,350**
- Eastern Jarda (Deir-ez-Zor governorate) **1,200 - 1,300**

*Reported as community, (sub-district, governorate)

Top 2 reported sub-districts of origin for IDP arrivals:^{6,7}

- Hajin (Deir-ez-Zor governorate)
- Susat (Deir-ez-Zor governorate)

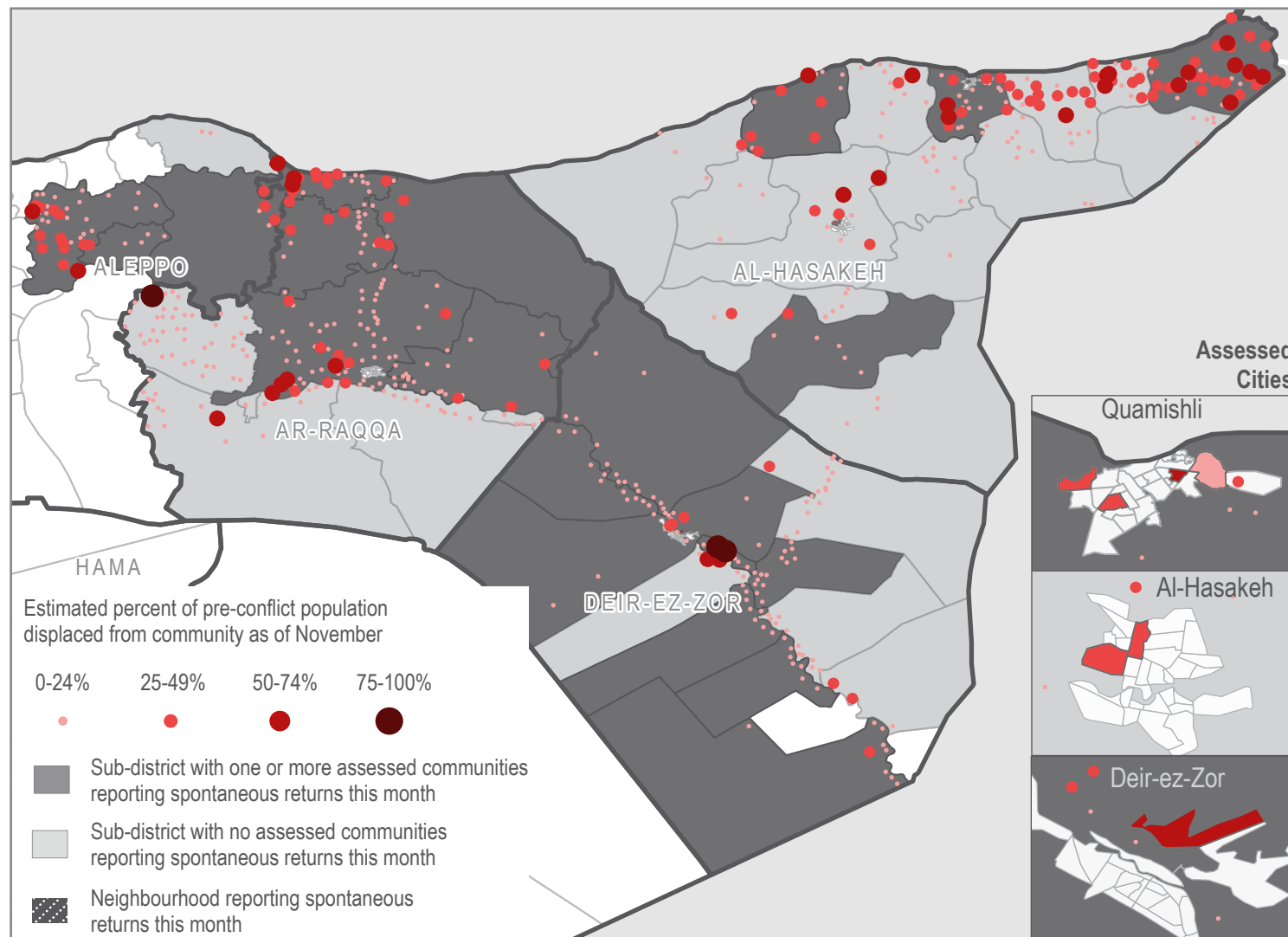
*Reported as sub-district (governorate)

553 communities reported no PCP departures.⁸

Top 3 reasons for PCP departures in the remaining 10 assessed communities:^{6,7,9}

- Reduced access to basic services 60%
- Loss of income 50%
- Escalation of conflict 30%

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



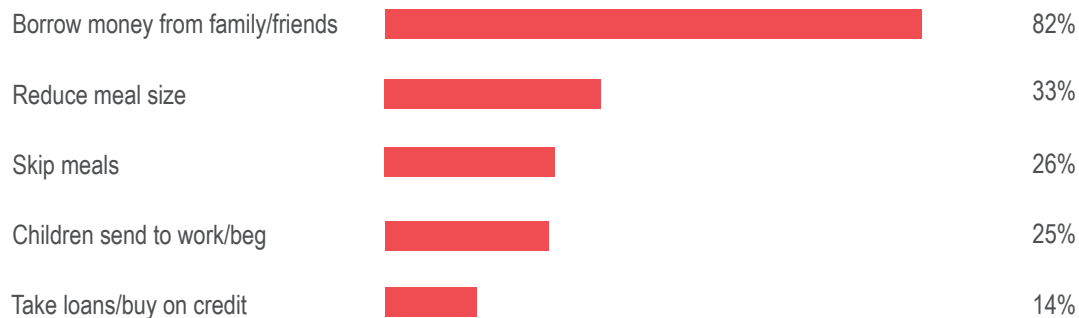
Northeast Syria, November 2018



FOOD SECURITY & LIVELIHOODS

- 38/563** Communities reported having received food distributions in the last month.
- 137/563** Communities reported that residents were unable to access shops and markets.
- 2/563** Communities, Western Kabsh (Ar-Raqqa governorate) and Ashara (Deir-ez-Zor governorate) reported that residents used extreme food-based coping strategies to deal with insufficient income.¹⁰
- 50,000 - 100,000 SYP** Most commonly reported household monthly income range.¹

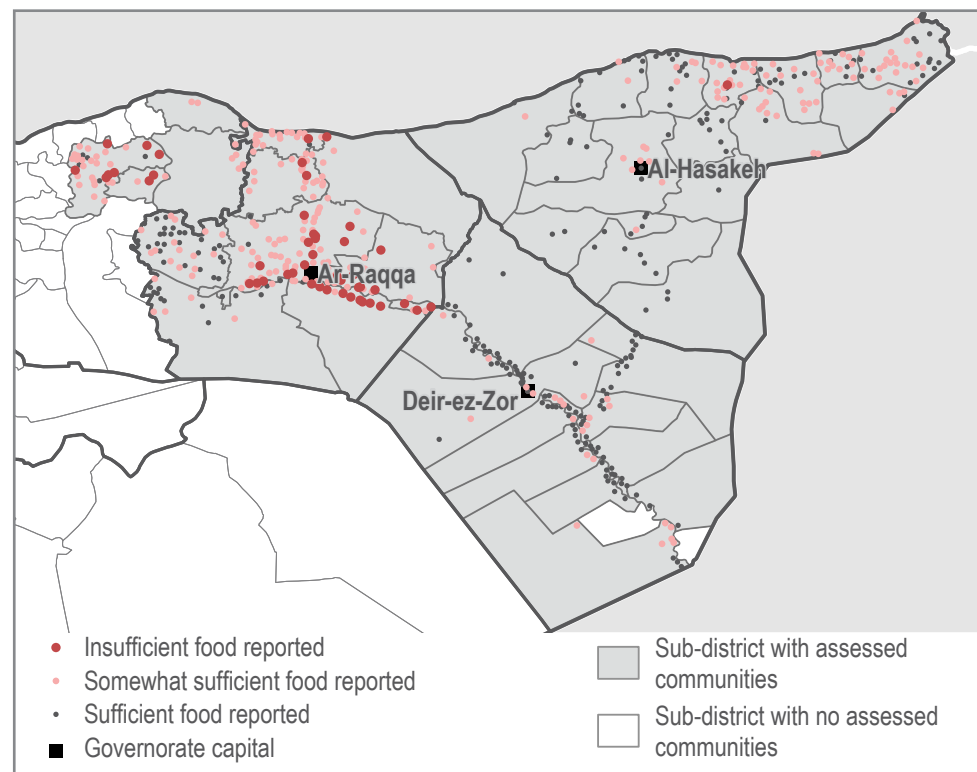
103 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining 460 assessed communities were:^{6,7,9}



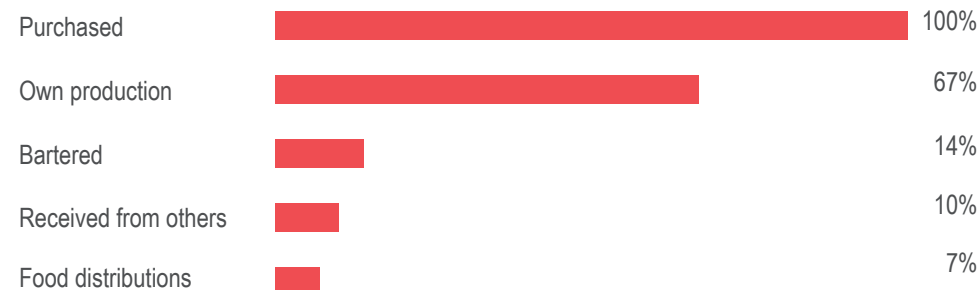
Most commonly reported main sources of income:^{6,7}



Communities that reported having an insufficient quantity of food:¹¹



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



Northeast Syria, November 2018



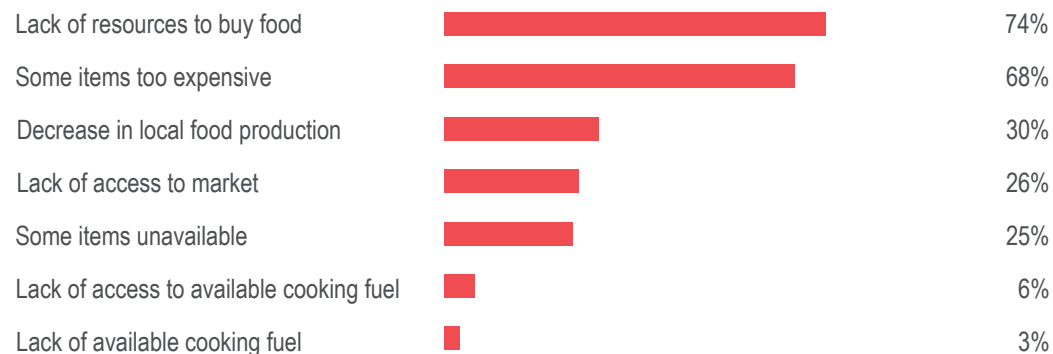
FOOD SECURITY & LIVELIHOODS

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

Food item:	Regional average price in November:	One month change:	Six month change:
Bread (8 pieces)	135	+14%	+21%
Rice (1 kilogram)	450	-10%	0%
Lentils (1 kilogram)	300	-14%	0%
Sugar (1 kilogram)	300	0%	+9%
Cooking oil (1 litre)*	500	+9%	+5%

*includes the combined vegetable oil and ghee prices

38 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 525 assessed communities were:^{6,7,9}



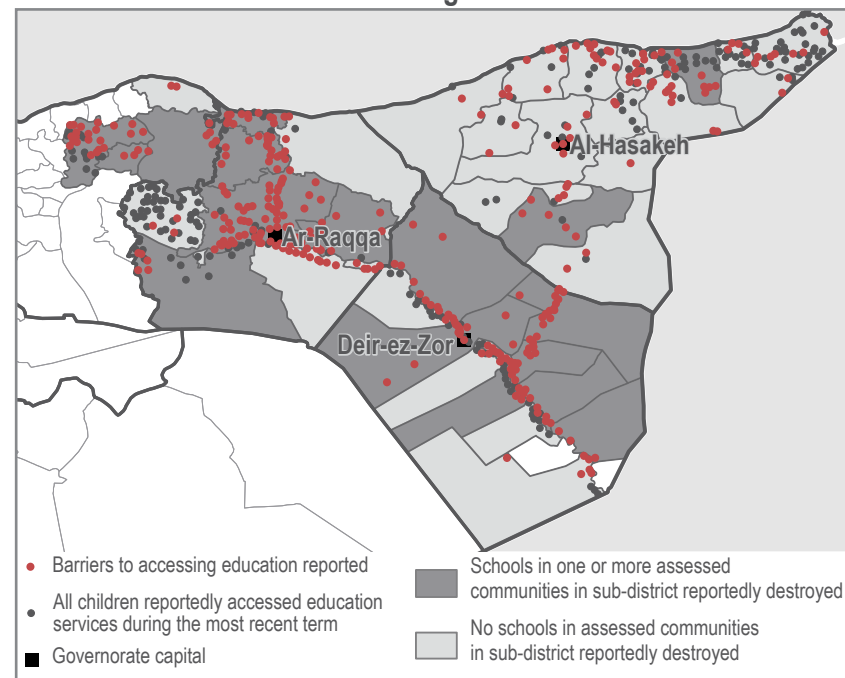
EDUCATION

541/563 communities reported having functioning primary education facilities, while 239 communities reported having functioning secondary education facilities.¹³

220 communities reported that all children were able to access education. The most commonly reported barriers to education in the remaining 342 assessed communities were:^{6,7,9}



Prevalence of barriers to accessing education services:



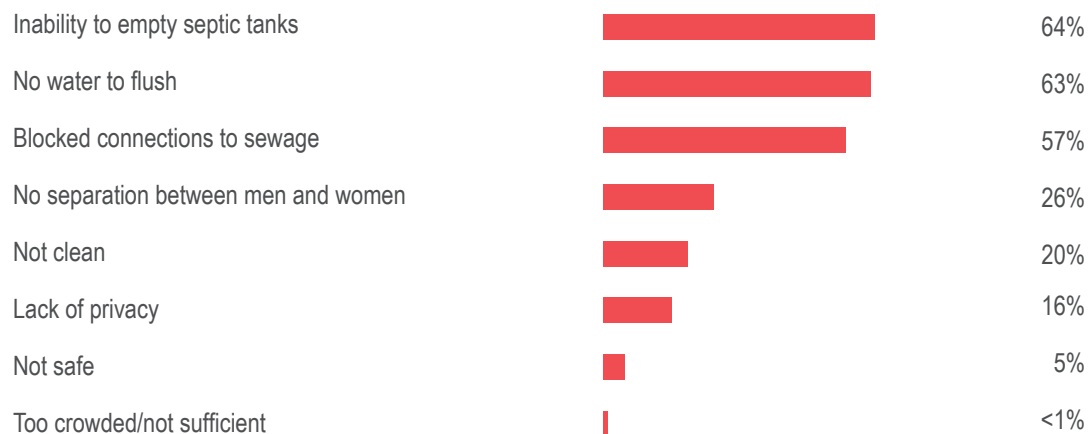
Northeast Syria, November 2018



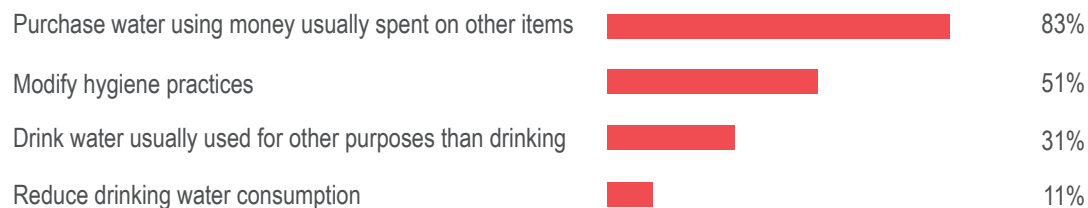
148/563 Communities reported that water from their primary source tasted and/or smelled bad.

64/563 Communities reported that drinking water from their primary source made people sick.

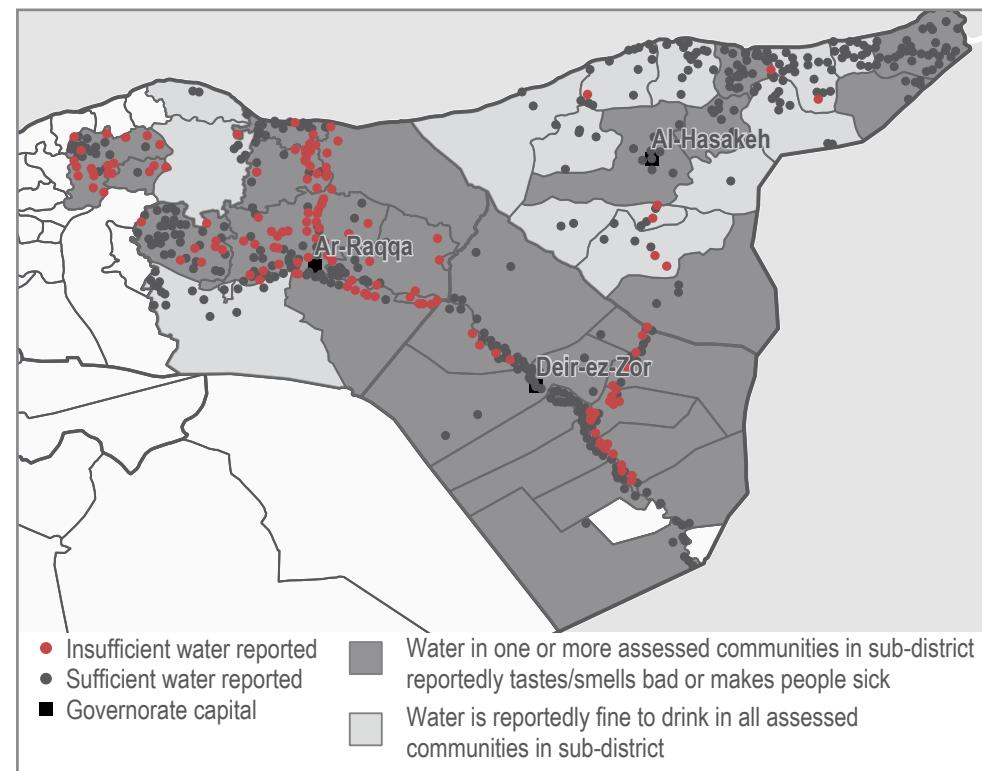
318 communities reported that residents had no problems with latrines. The most commonly reported problems with latrines in the remaining **245** assessed communities were:^{5,7,9}



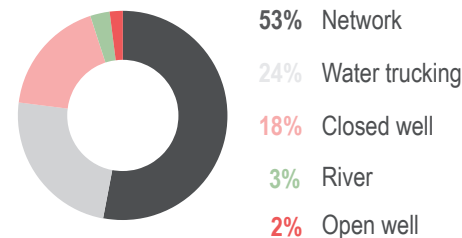
424 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **138** assessed communities were:^{6,7,9}



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}



Northeast Syria, November 2018

HEALTH

286/563 Communities reported that no assessed medical items were available in their community.¹⁴

190/563 Communities reported that the majority of women did not give birth in a formal health facility.

36/140 Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).¹⁵

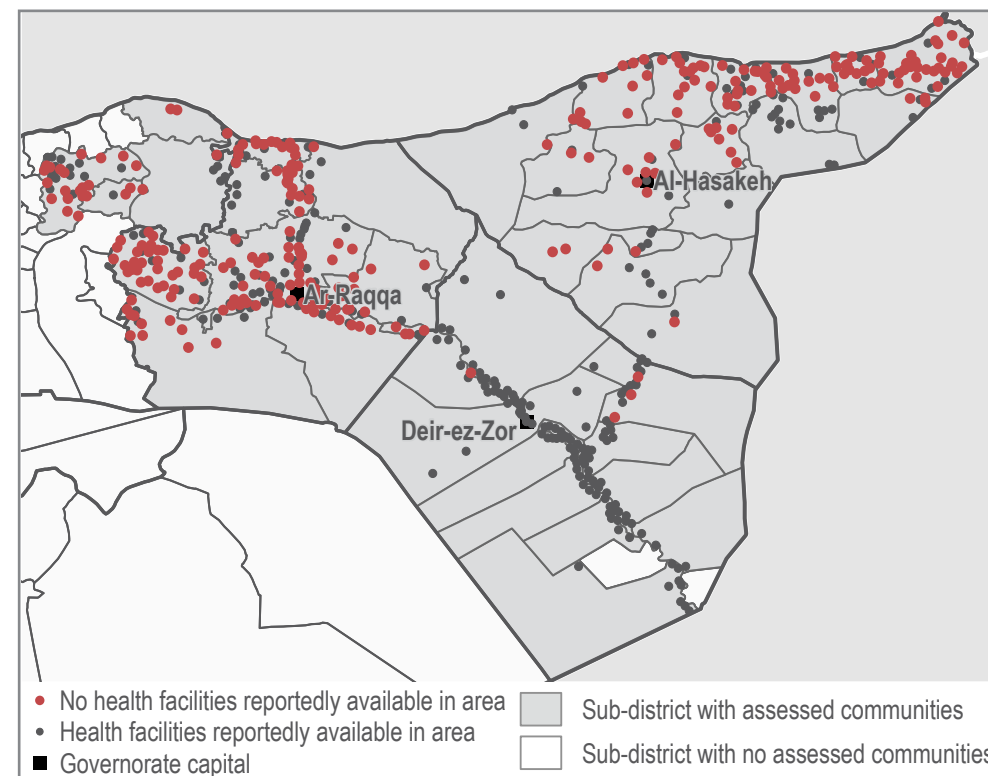
15 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 548 assessed communities were:^{6,7,9}



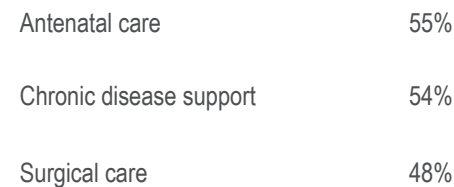
372 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 191 communities were:^{6,7,9}



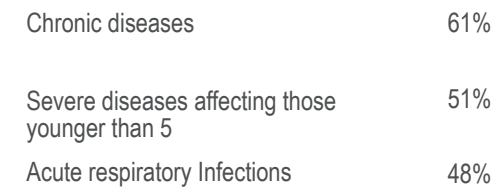
Presence of health facilities in assessed communities:



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



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



Northeast Syria, November 2018

SHELTER AND NFI

3,780 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



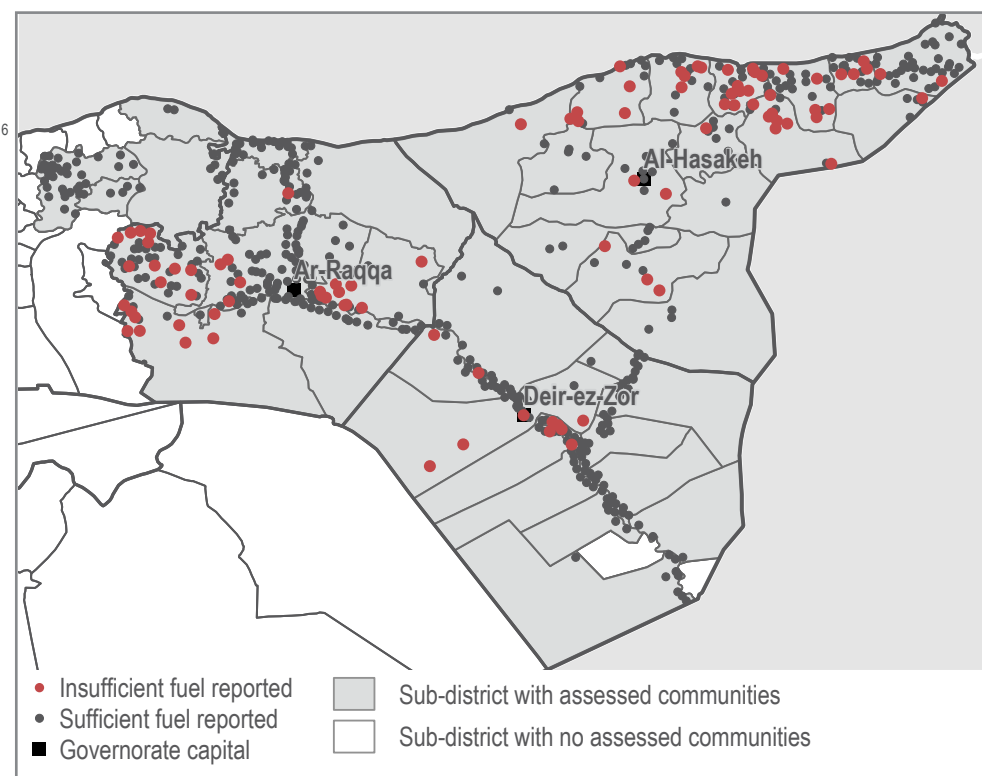
Most commonly reported shelter type for IDP households:⁷



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

Fuel type (1L):	Regional average price in November:	One month change:	Six month change:
GoS petrol	118	-66%	-53%
GoS diesel	55	-15%	+10%
Manually refined petrol	175	-13%	-13%
Manually refined diesel	113	+27%	+61%
Cooking fuel	125	0%	+25%

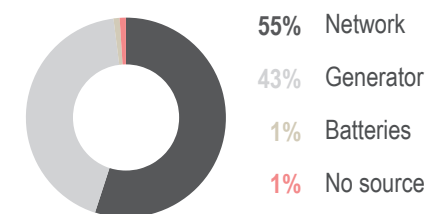
Communities that reported insufficient amounts of fuel to meet household needs:¹¹



470 communities reported no lack of fuel. Most common strategies to cope with lack of fuel in the remaining 93 assessed communities:^{6,7,9}

Cutting trees to burn	32%
Burning furniture not in use	29%
Burning waste	29%
Burning productive assets	27%
Burning furniture in use	18%

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 Sen. (18 October 2017). After the Battle for Raqqa, Now Comes the Hard Part. News Deeply. Retrieved from <https://www.newsdeeply.com/syria>.

^b UNHCR. (21 January 2018). Syria Crisis: Northeast Syria Situation Report No. 20 (1 December – 31 December 2017). Retrieved from <https://reliefweb.int>.

^c Syrian Observatory for Human Rights. (4 April 2018). The International Coalition and SDF prepare for a massive military operation against ISIS amid alertness in the east of the Euphrates River and south of Al-Hasakah. Retrieved from <https://www.syriahr.com>.

^d El Dahan, M. (9 October 2018). War and drought produce Syria's smallest wheat crop in 30 years: U.N. Reuters. Retrieved from <https://www.reuters.com>.

^e UN Office for the Coordination of Humanitarian Affairs. (14 December 2018). Syria Crisis: Northeast Syria Situation Report No. 30 (1 November 2018 – 14 December 2018). Retrieved from <https://reliefweb.int>

^f UN World Food Programme. (30 November 2018). WFP Syria Situation Report #11, November 2018. Retrieved from <https://reliefweb.int>.

^g REACH. (19 November 2018). Syria Market Monitoring Exercise - Cash-Based Responses Technical Working Group, Snapshot: 12-19 November 2018. Retrieved from <http://www.reachresourcecentre.info>

MAIN TEXT

¹ 1 USD = 434 SYP (UN operational rates of exchange as of 1 November 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).

³ All 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.

⁴ For population numbers, KIs were asked to provide the number of resident and IDPs present in the community as of 30 November 2018. A minimum of three KIs were interviewed in each assessed community. Where discrepancies in the information provided by KIs was deemed too large further triangulation with additional KIs and local organizations was conducted. Estimated individual figures in this report are rounded to the nearest tenth. Discrepancies with other available population data may be the result of any of the following: differences in

Northeast Syria, November 2018

MAIN TEXT

assessment coverage dates; differences in definitions of population sub-groups (IDPs and residents); differences in geographic scope of assessed locations (e.g. included/excluded nearby camps and sites); differences in KI types interviewed; and differences in average household sizes used to calculate individual numbers, among others.

The definition of IDPs used by enumerators for this assessment was 'Individuals or groups of people who have been forced to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or man-made disasters, and who have not crossed an international border'.

⁵ Spontaneous 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).

⁶ Assessed using select multiple questions.

⁷ By percentage of communities reporting.

⁸ The 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'.

⁹ Not 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 the total number of communities assessed and percentages will be calculated based on submitted responses.

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

¹¹ Based on KI perception of sufficiency.

¹² Bread, 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](#).

¹³ Reported 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.

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

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

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