

# Ar-Raqqa Governorate, December 2017

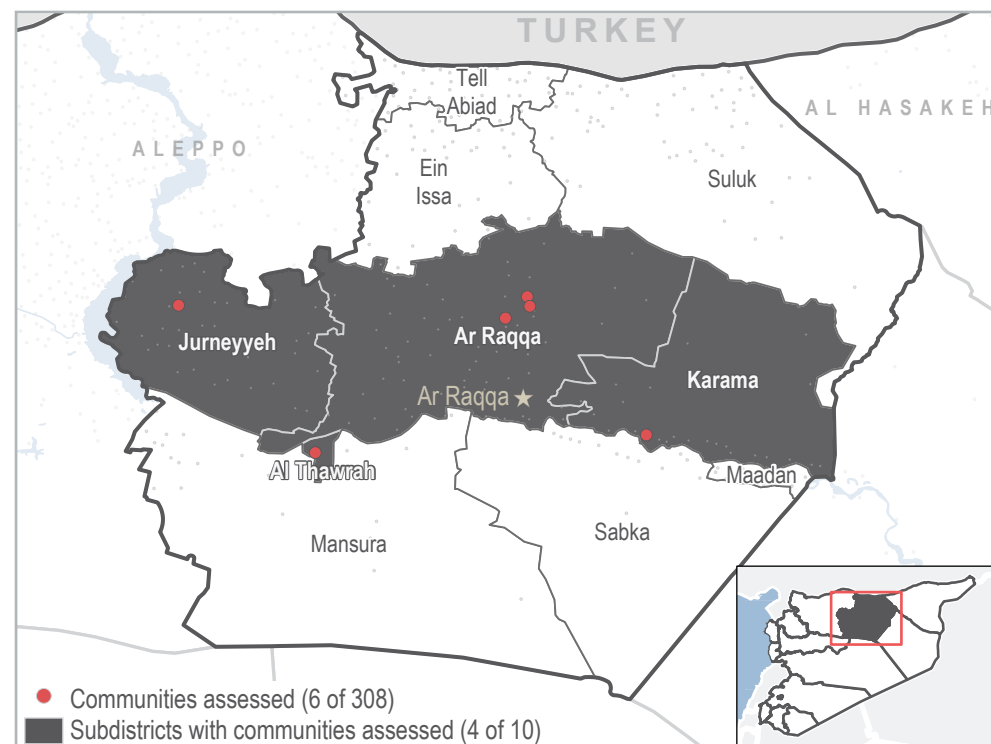
## Humanitarian Situation Overview in Syria (HSOS)

### OVERALL FINDINGS<sup>1</sup>

An estimated 300,000 individuals were displaced within and from Ar-Raqqa governorate between November 2016 and September 2017. Conflict in and around Ar-Raqqa City ceased in October 2017 and thousands have spontaneously returned to their communities in since<sup>2</sup>. For information on displacement within and returns to Ar-Raqqa, please refer to the [Ar-Raqqa Crisis Overview](#) and [Raqqa City Returns](#) factsheets, available on the [REACH Resource Centre](#). Of the **six** communities assessed in Ar-Raqqa, only Al-Thawrah witnessed spontaneous returns in December. Approximately **1,900** refugees returned to Al-Thawrah from Jordan, Lebanon and Turkey. A perceived cessation of hostilities in the community of origin, family reunification, and the need to protect and reclaim assets were the most commonly cited reasons for return. **All** assessed communities reported the presence of IDPs, with **three** communities reporting that over 1,000 IDPs were residing in their community and **one** community, Al-Thawrah, reporting the presence of approximately **125,000** IDPs. Of the communities assessed, **83%** reported that the most common type of shelter lived in by IDPs was shared apartments or houses, while members of the pre-conflict population most commonly lived in independent apartments or houses.

Out of the six communities assessed, **four** reported barriers to accessing healthcare and **one**, Al-Thawrah, reported that residents were recycling medical items to cope with a lack of medical item availability. **One** community, Jurneyyeh, reported that women, children and the elderly experienced more barriers to accessing healthcare services than other members of the population. Out of the communities assessed, **50%** reported that malnutrition was one of the most common health problems in their community, yet all three of these communities reported that food was somewhat sufficient. Key Informants (KIs) in Al-Thawrah, the community hosting the largest number of IDPs among assessed communities in Ar-Raqqa, reported that IDPs, children and the elderly had less access to food than other parts of the population. Residents in Al-Thawrah were reportedly reducing the size of their meals and/or skipping meals in order to cope with insufficient income. The average reported food basket price was approximately **25-50%** of the average household income in the governorate. **None** of the assessed communities reported that all children were able to access education in December<sup>3</sup>. The destruction of facilities, a lack of teaching staff, and a lack of school supplies were reported as the most common barriers to education.

### Coverage



### Top 3 reported priority needs

1. Education
2. Healthcare
3. Food security

### Demographics\*

**440,276** people in need

**229,824** **210,452**

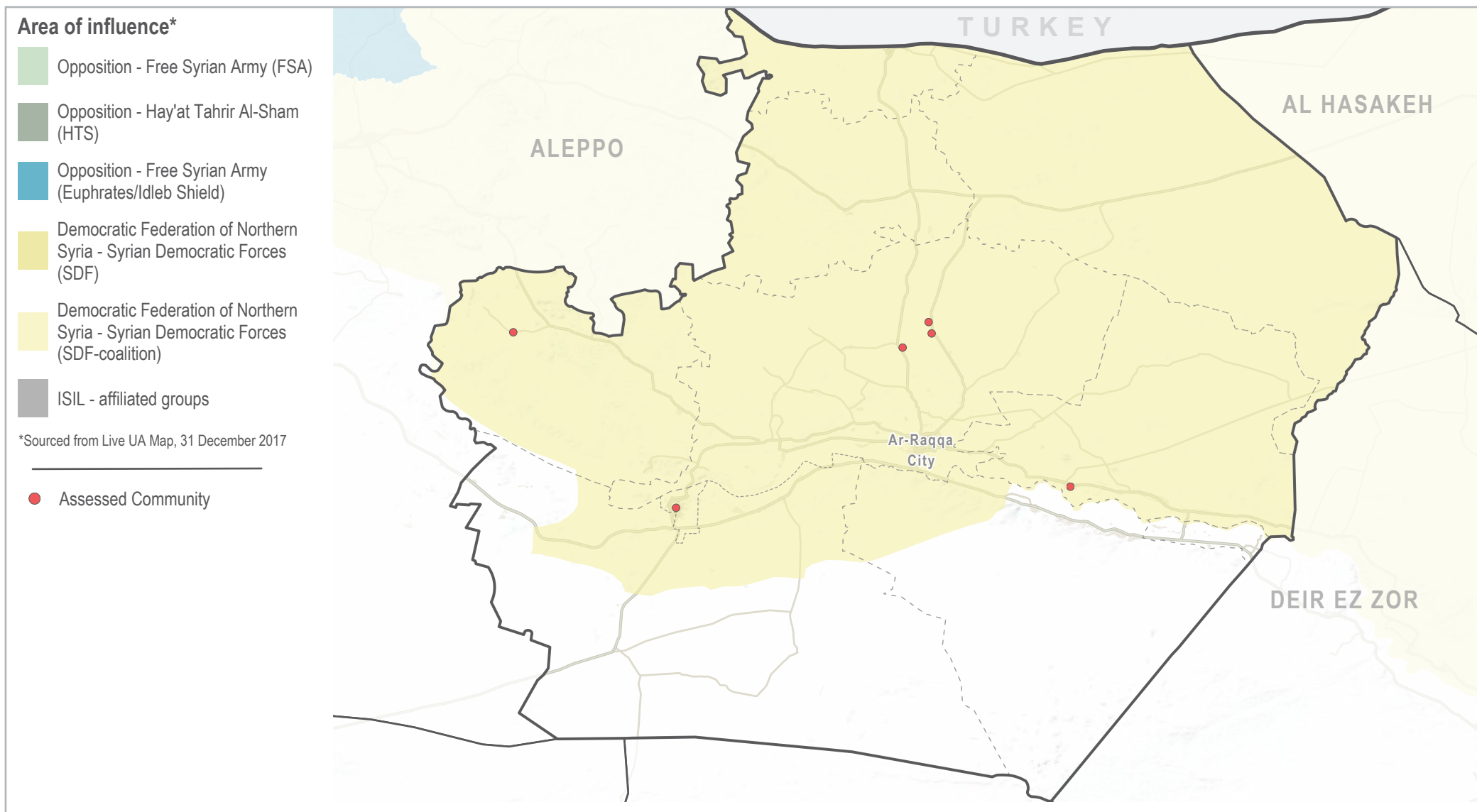
\* Figures based on HNO 2018 population data for the entire governorate.

### KEY EVENTS

208,968 individuals displaced inside Ar-Raqqa between April and late September <sup>4</sup> .	Offensive to capture Ar-Raqqa city begins, triggering large-scale displacement <sup>5</sup> .	25,000 civilians trapped in Ar-Raqqa as the city comes under siege <sup>6</sup> .	Battle to capture Ar-Raqqa City ends <sup>7</sup> .	Water and electricity services mostly unavailable in the first three Raqqa neighbourhoods deemed safe for returns <sup>8</sup> .	An estimated 34,000 people return to Ar-Raqqa City and nearby areas, despite continued threats from explosive remnants <sup>9</sup> .
April - Late September	6 June	September	October 17	November onward	Early December

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## Governorate areas of influence:



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## DISPLACEMENT

**0** Estimated number of IDP arrivals in assessed communities in December.

**1,800 - 2,000** Estimated number of spontaneous returns in assessed communities in December<sup>2</sup>.

### Communities with the largest estimated number of IDP arrivals:

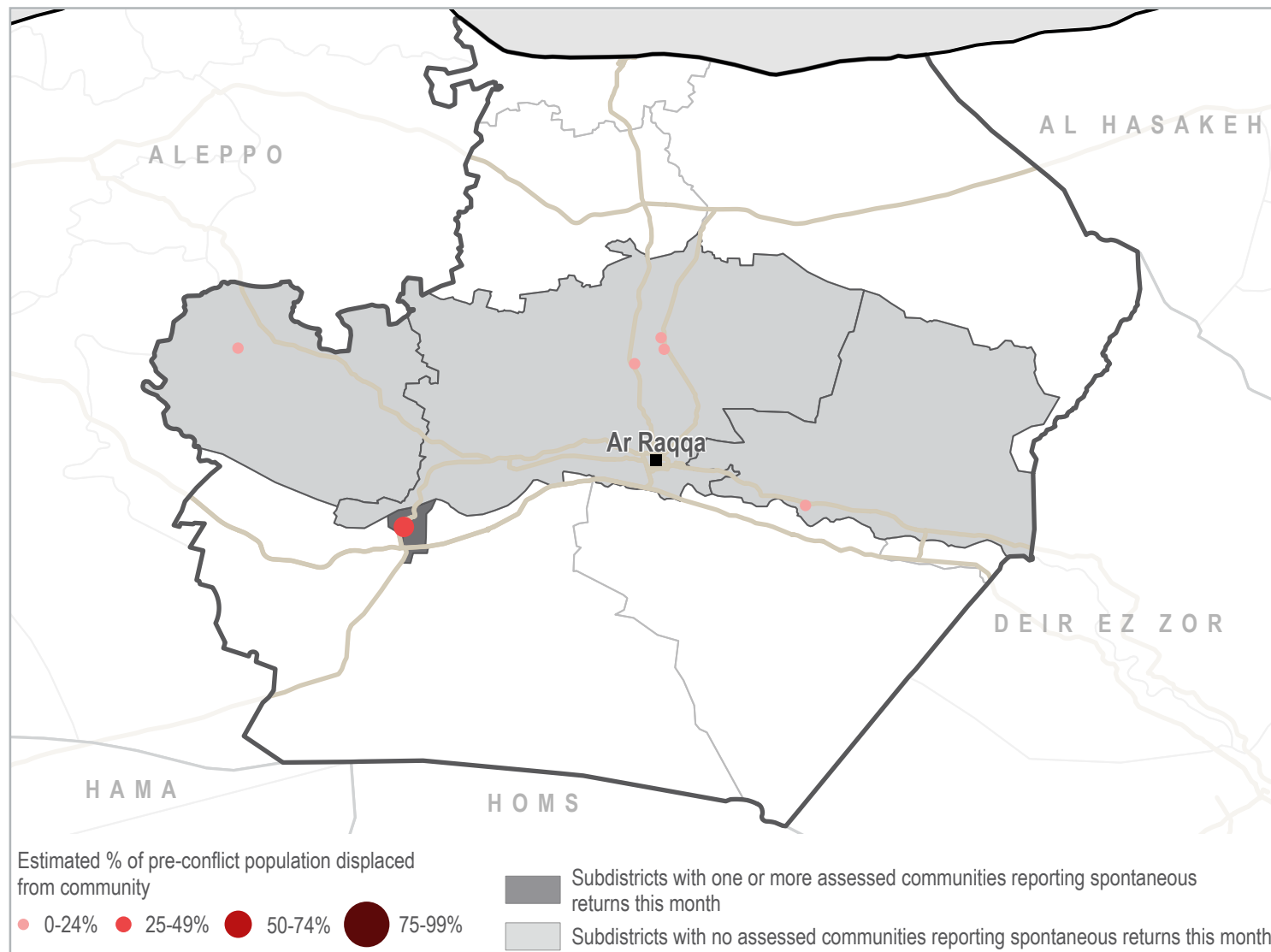
No IDP arrivals reported

### Top 3 sub-districts of origin of most IDPs arrivals<sup>3,4</sup>:

No IDP arrivals reported

**6** communities reported no PCP departures<sup>3,4</sup>.

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



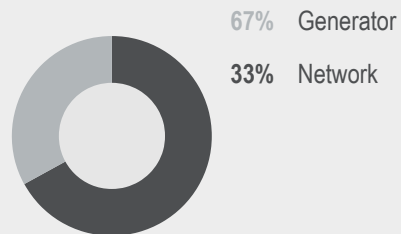
<sup>3</sup> Multiple choices allowed.

<sup>4</sup> By percent of communities reporting.

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## SHELTER AND NFI

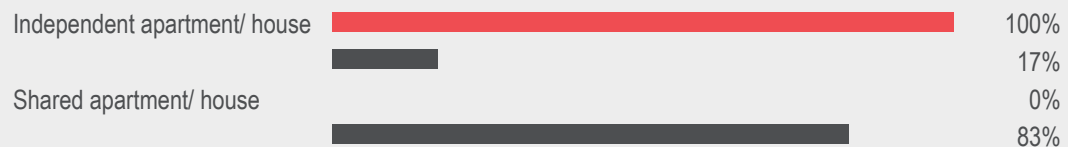
Primary source of electricity reported:<sup>4</sup>



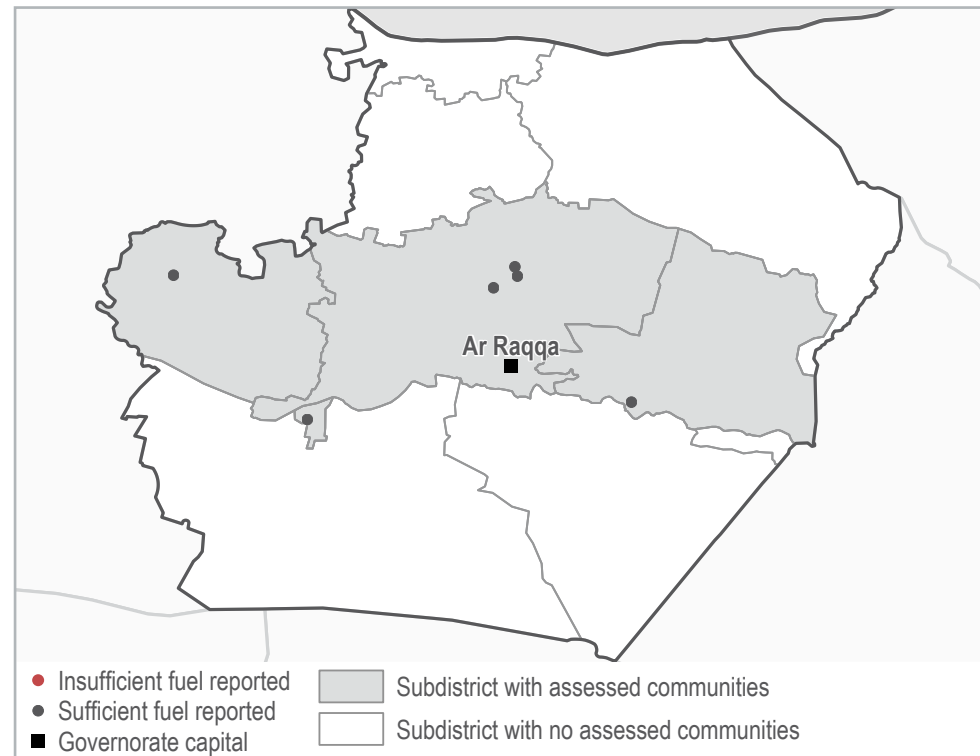
6 communities reported no lack of fuel<sup>3,4</sup>.

The average reported rent price in the governorate could not be calculated due to a lack of information in most of the communities assessed.

Most commonly reported shelter type for PCP (in red) and IDP (in grey) households<sup>4</sup>:



Fuel sufficiency:



Reported fuel prices (in SYP)<sup>5</sup>:

Fuel type:	Governorate average price in December:	Governorate average price in January:	Syrian average price in December:
Coal (1 kilogram)	No information	No information	337
Diesel (1 litre)	92	No information	472
Butane (1 canister)	3667	No information	6,125
Firewood (1 tonne)	No information	No information	84,744

<sup>3</sup> Multiple choices allowed.

<sup>4</sup> By percent of communities reporting.

<sup>5</sup> 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

## HEALTH

- 0 Communities reported that no medical items were available in their community.
- 1 Community reported that the majority of women did not have access to formal health facilities to give birth.

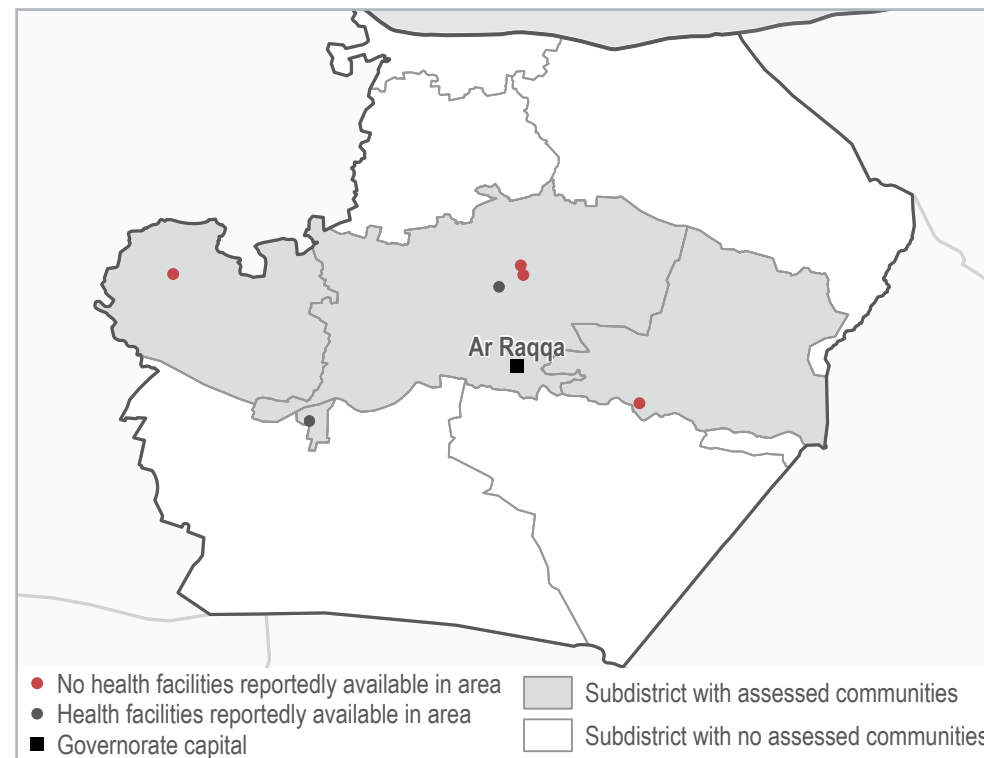
2 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining 4 assessed communities were<sup>3,4</sup>:

No health facilities available in the area	100%
Lack of transportation to facilities	50%
High cost of transportation to facilities	50%

5 communities reported that residents were not using coping strategies to deal with a lack of medical supplies. The coping strategies used in the remaining 1 community were<sup>3,4</sup>:

Recycling medical items	100%
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### Presence of health facilities in assessed communities:



### Top 3 most needed healthcare services reported<sup>3,4</sup>:

Antenatal care	83%
Surgical care	83%
Medicine	83%

### Top 3 most common health problems reported<sup>3,4</sup>:

Skin diseases	83%
Malnutrition	50%
Communicable diseases	50%

<sup>3</sup> Multiple choices allowed.

<sup>4</sup> By percent of communities reporting.

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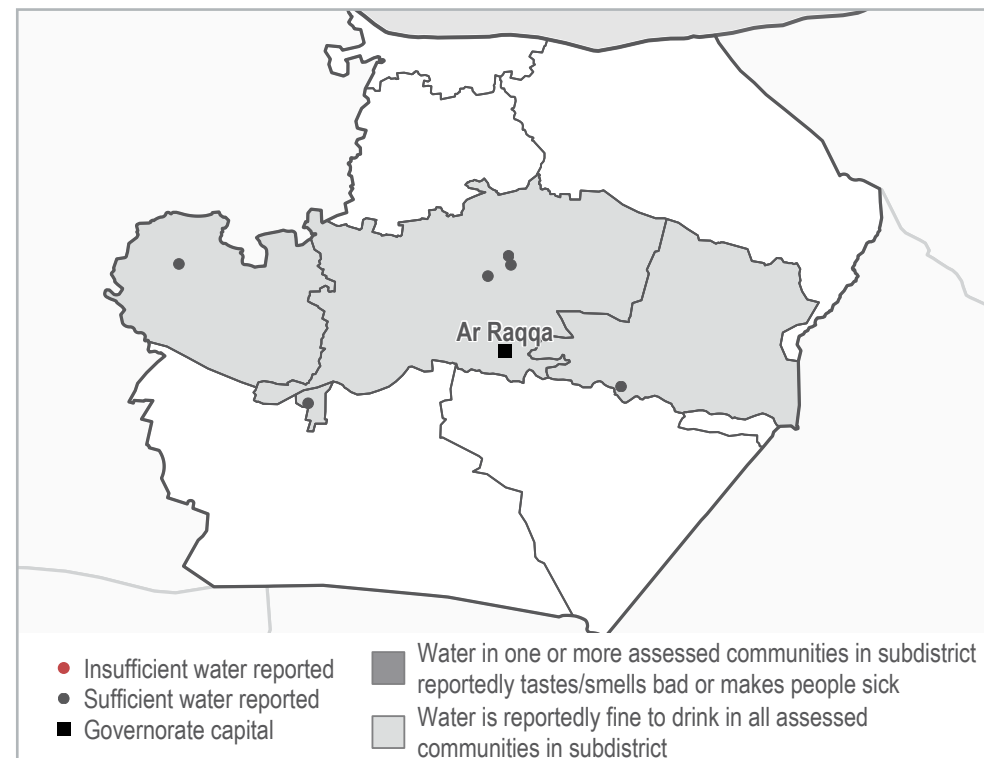


- 0 Communities reported that water from their primary source tasted and/or smelled bad.
- 0 Communities reported that drinking water from their primary source made people sick.

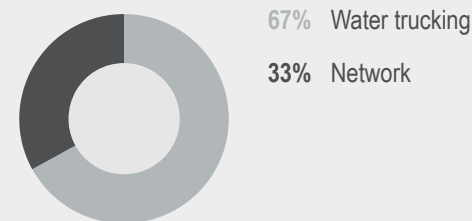
6 communities reported that they had no problems with latrines<sup>3,4</sup>.

6 communities reported that they had sufficient amounts of water to meet household needs<sup>3,4</sup>.

## Water sufficiency for household needs:



## Primary drinking water source reported<sup>4</sup>:



## Top 3 reported methods of garbage disposal<sup>3,4</sup>:

Public free collection	50%
Buried or burned	33%
Private paid collection	17%

<sup>3</sup> Multiple choices allowed.

<sup>4</sup> By percent of communities reporting.

## FOOD SECURITY

- 0 Communities reported not having received a food distribution in the last 12 months.
- 0 Communities reported that residents were unable to purchase food at shops and markets.

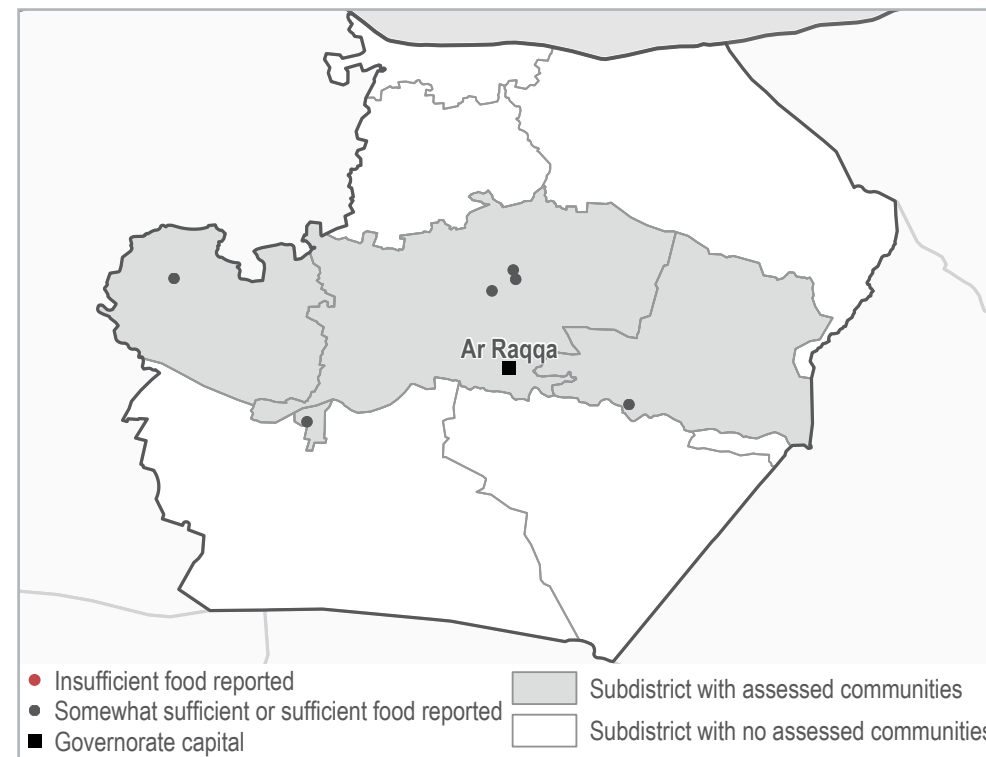
**3 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 3 assessed communities were<sup>3,4</sup>:**



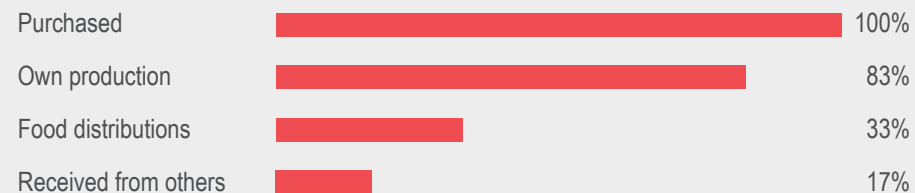
### Core food item prices reported (in SYP)<sup>5</sup>:

Food item:	Governorate average price in December:	Governorate average price in January:	Syrian average price in December:
Bread public bakery (1 loaf)	117	No information	114
Rice (1 kilogram)	440	No information	565
Lentils (1 kilogram)	333	No information	472
Sugar (1 kilogram)	283	No information	410
Cooking oil (1 litre)	458	No information	697

### Food sufficiency:



### Most common ways of obtaining food reported<sup>3,4</sup>:



<sup>3</sup> Multiple choices allowed.

<sup>4</sup> By percent of communities reporting.

<sup>5</sup> 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

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## LIVELIHOODS

**50,000 - 100,000 SYP** Most commonly reported household income range<sup>5</sup>.

**24,495 SYP** Governorate average food basket price<sup>5,6</sup>.

**0** Communities reported that residents used extreme food-based coping strategies to deal with insufficient income<sup>7</sup>.

**0** 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 **6** assessed communities were<sup>3,4</sup>:



**Most commonly reported main sources of income<sup>3,4</sup>:**



<sup>3</sup> Multiple choices allowed.

<sup>4</sup> By percent of communities reporting.

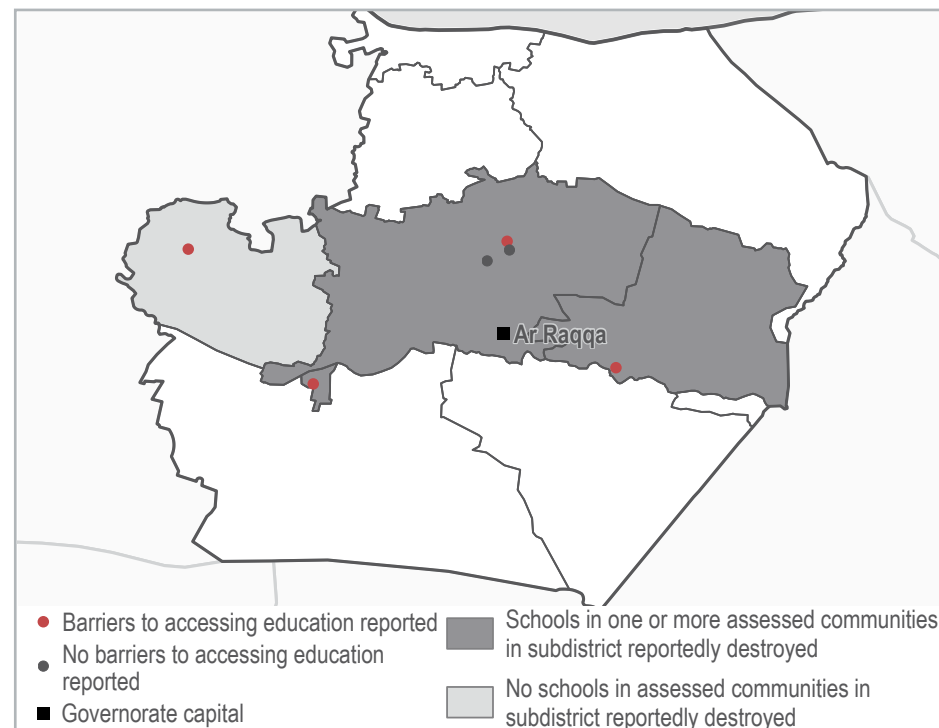
<sup>5</sup> 1 USD = 434 SYP (UN operational rates of exchange as of 1 December 2017)

<sup>6</sup> Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods. The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month.

<sup>7</sup> Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

## EDUCATION

Barriers to accessing education services:



**0** communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **6** assessed communities were<sup>3,4</sup>:



## METHODOLOGY

The HSOS project, formerly known as the AoO (Area of Origin) project, is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. This factsheet presents information gathered in 6 communities in January 2018, referring to the situation in Ar-Raqqa Governorate in December 2017. It presents key indicators, rather than the entire range of indicators gathered in the HSOS questionnaire. For community-level data on assessed subdistricts in Al Hasakeh, Dar'a, Idleb, Rural Damascus and Quneitra, please refer to the monthly subdistrict factsheets, available on the [REACH Resource Centre](#). The complete HSOS dataset is disseminated monthly via the REACH Syria mailing list.

Wherever possible, information was collected through an enumerator network. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community they report about. Where access and security constraints rendered direct data collection unfeasible, KI interviews were conducted indirectly through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact KIs in their community in Syria to collect information about their community. KIs were asked to report at the community level.

A minimum of three KIs were interviewed per community to enhance data accuracy. 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 disagreed on a certain piece of information, enumerators triangulated the data with secondary sources or selected the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels were 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 were triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up was conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the governorate.

## ENDNOTES

<sup>1</sup> 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 governorate.

<sup>2</sup> Returns are not necessarily voluntary, safe, or sustainable.

<sup>3</sup> 'Children' includes all persons below the age of 18.

<sup>4</sup> UNHCR. (28 September 2017). Syria: Flash update on recent events - 28 September 2017. Retrieved from <https://reliefweb.int>.

<sup>5</sup> Aljazeera. (6 June 2017). SDF launch major offensive to capture ISIL-held Raqqa. Retrieved from <http://www.aljazeera.com>.

<sup>6</sup> Edwards. (20 September 2017). US-backed 'scorched-earth' siege traps Raqqa civilians in fight to drive out Islamic State. Syria Direct. Retrieved from <http://syriadirect.org>.

<sup>7</sup> Sen. (18 October 2017). After the Battle for Raqqa, Now Comes the Hard Part. News Deeply. Retrieved from <https://www.newsdeeply.com/syria>.

<sup>8</sup> Edwards and Hamou. (22 November 2017). Raqqa returnees await water, utilities as civil council announces eastern neighborhoods 'safe' from landmines. Retrieved from <http://syriadirect.org>.

<sup>9</sup> UNHCR (6 December 2017). Syria: Flash update on recent events - 6 December 2017. Retrieved from <https://reliefweb.int>.

## 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](http://www.reach-initiative.org). You can contact us directly at: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org) and follow us on Twitter: [@REACH\\_info](https://twitter.com/REACH_info).