

NORTHEAST SYRIA





RWEISHED, DEIR-EZ-ZOR

AREA PROFILE

AREA-BASED ASSESSMENT 2021



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BACKGROUND & INTRODUCTION

With the Syrian conflict entering its eleventh year, the crisis context continues to evolve from one primarily oriented around the impacts of direct hostilities and displacement to one increasingly characterised by severe and deepening economic vulnerability, protracted displacement, climate-related changes, and impacts of COVID-19.

Humanitarian needs in the country remain high, and the rapid decline of the Syrian economy in past years has further exacerbated the population's struggle to access viable livelihoods opportunities and quality basic services. With the socioeconomic impact of multiple crises and shocks likely to continue to intensify, further straining scarce resources and hindering the population's ability to cope, response actors in Syria recognize the need to provide longer-term, more sustainable interventions to increase community-level resilience to shocks and stresses, reduce dependence on emergency assistance, and address some of the underlying or structural causes of insecurity and vulnerability.

REACH's Area-Based Assessments (ABAs) aim to provide actionable findings to directly inform the strategy, planning, and implementation of localised resilience and recovery interventions (Area-Based Approaches) in the assessed areas. They will do so by 1) identifying and providing information on the local governance structures and key service provision and community group stakeholders, 2) capturing critical demographic and displacement-related information, 3) assessing the socio-economic situation and unique vulnerabilities of the areas' population groups, 4) identifying capacities and barriers for access to and provision of quality basic services, and 5) analysing local resilience and recovery factors and examining social cohesion dynamics.

Findings from REACH's ABAs will enable implementing partners and actors in the broader response to tailor and refine their programmatic approaches, stemming from a precise understanding of the areas' capacities and multi-sectoral vulnerabilities and based on participatory methodologies that centre the views and priorities of the local population.

Area Context

The wider Rweished area, comprised of 32 villages (see pg.3, Map 2), is located in northern Deir-ez-Zor governorate, stretching across the three sub-districts of Sur, Kisreh, and Deir-ez-Zor, and sitting on the border with southern Hasakeh governorate's Markada and Shadadah sub-districts. Rweished is situated within the semi-arid steppe region of northeast Syria (NES), with typically high temperatures.¹

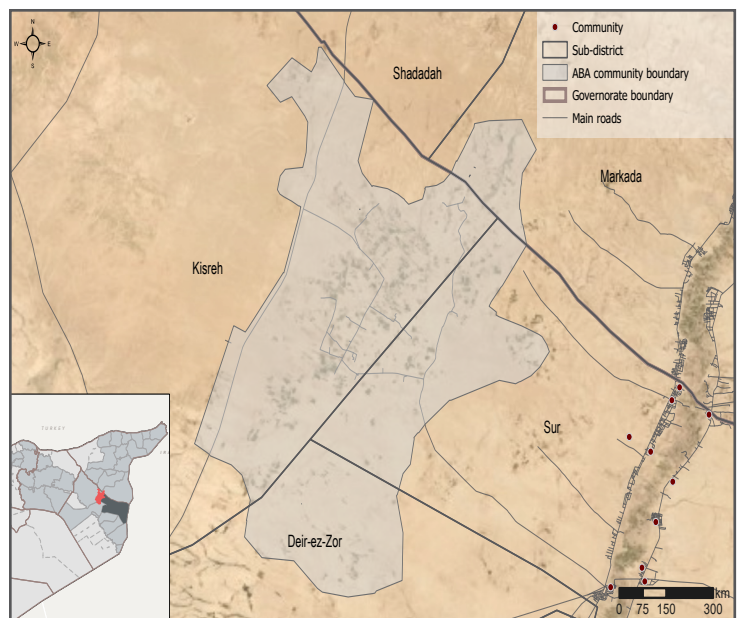
The area's closest larger bodies of water are the Khabur River, located approximately 22 km to the east at the nearest point, and the Euphrates River, located approximately 50 km to the south at the nearest point. Rweished sits just east of Al-Khurafi highway which links Al-Hasakeh and Deir-ez-Zor cities. The area is further connected to nearby Sur town, on which the population depends for access to many goods and services, by an additional paved highway running east from Al-Kharafi. While some of Rweished's villages are connected to one another by paved roads, the majority of roads are unpaved.

The security situation in and around Rweished has been largely stable in recent years after the area's occupation by the so-called Islamic State of Iraq and the Levant (ISIL) which ended in 2017. Following this the Self Administration in Northeast Syria (SANES) assumed governance. Peaceful protests by Rweished inhabitants were reported in December 2020 in relation to the fuel and bread crises.²

According to mapping FGD participants (see pg. 2. Phase 1), the larger Rweished area is administered by two coordinated Local Councils (LCs) for the northern and southern villages or "communes", the region's smallest administrative unit. Rweished's LCs are subordinate to the larger LC in nearby Sur, which in turn falls under the administration of the Deir-ez-Zor Civil Council. Sur LC is responsible for the bulk of administrative and service management in Rweished, though coordinated with Rweished's LCs. Within Rweished, each commune has representatives to their respective LC to convey the situation and needs of their population.

Finally, Rweished is a predominantly Arab and Sunni Muslim area, and is dominated by the Al-E'kidat tribe according to REACH field teams.

Map 1: Assessed Area and Sub-District Boundaries





ASSESSMENT METHODOLOGY

Data for this assessment were collected in Rweished between 17 June and 8 September, 2021 using a mixed-methods approach with 4 key phases. REACH teams carried out qualitative mapping focus group discussions, quantitative household surveys, primarily quantitative key informant interviews, and qualitative community focus group discussions.

Table 1: Number of sessions, interviews, or surveys conducted per assessment phase

Data Collection Method	Amount	Date of Collection
Mapping FGDs	1 session	17 June, 2021
HH Surveys	278 HHs	12-15 July, 2021
KI Interviews	8 interviews	15-17 August, 2021
Community FGDs	6 sessions	7-8 September, 2021

Phase 1: Mapping Focus Group Discussions (MFGDs) with Community Representatives

REACH teams conducted 1 participatory MFGD in Rweished on 17 June, 2021 with the aim of identifying community boundaries and features, obtaining initial population estimates, and collecting information about governance and service provision structures in the area.

Participants were selected based on their strong knowledge of the area and local dynamics, with focus on ensuring participants represented a variety of perspectives. Participant profiles included 2 Local Council representatives, 1 Internally Displaced Persons (IDP) representative, 1 youth representative, 1 informal community leader, and 2 women’s representatives, all of whom were residing in the assessed area.

REACH teams utilized a semi-structured questioning route to guide the discussion and participatory mapping component. The participatory mapping exercise utilized a set of 3 satellite imagery base maps, showing the area at different scales, where participants were able to identify and mark key points and boundaries directly on the maps. The community boundaries that were identified and agreed upon by MFGD participants served as the basis of the “Rweished area” assessed in all further phases of data collection.

Phase 2: Household (HH) Surveys

REACH teams conducted 278 household surveys in Rweished between 12 and 15 July, 2021. The quantitative survey used collected information on household demographics and

displacement history, socio-economic conditions, access to and satisfaction with basic services, and household perceptions of engagement in and ability to contribute towards local recovery efforts.

Households were selected using random GIS sampling, with the boundaries of the assessed area corresponding to the mapped community area (see Map 2, pg.3) and using the population estimates given by MFGD participants. Disproportionate stratified random sampling was used to achieve representative findings for both resident (never displaced and returnees) and IDP populations to a 95% level of confidence and a 10% margin of error. As the area of is comprised of 15 villages, the required number of samples for each stratum was further distributed between the villages, proportionate to their population figures. An additional 10% buffer was added to account for non-response and collection error.

Table 2: Population Estimates and Sample Frame based on Initial Figures from MFGD Participants

Estimated Number of Resident HHs	Estimated Number of IDP HHs	Estimated % of IDPs in Total Population	Resident HH Sample Size (95/10)	IDP HH Sample Size (95/10)
973	126	11%	101	66

Phase 3: Key Informant (KI) Interviews with Community Leaders & Service/Sector Experts

Using a primarily quantitative survey, KI interviews were conducted with 1 community leader and 7 individuals with specialized knowledge of service provision and sectoral conditions in the area between 12 and 15 July, 2021.

Complementing information obtained from the HH surveys, the community leader KI interview focused on collecting basic information about the population, patterns and impacts of displacement, protection, and mapping organised community groups.

Service provider and sector expert interviews were carried out with 1 KI for each of the following 7 topics: Livelihoods and Business, Markets and Financial Services, Agriculture, Livestock, WASH, Healthcare, and Education. These KIs provided information about market and labour characteristics, the condition of key infrastructure and availability of basic services, the capacity of local actors to provide services, and about the factors affecting the resilience and recovery of local systems within the assessed area.

KI were purposively selected, using existing REACH KI networks and information provided during MFGDs to identify appropriate community leaders and service/sector experts.



Phase 4: Community Focus Group Discussions (CFGDs) with Community Members

REACH teams conducted 6 CFGD sessions with community members on 7-8 September, 2021, using a semi-structured questioning route. Information and key points of agreement and disagreement were collected about unique population group needs, vulnerabilities and protection risks, factors impacting local resilience and recovery, community prioritisation of resilience and recovery solutions, and social cohesion.

The 6 CFGD sessions were disaggregated by displacement status, gender, and age of participants in order to ensure privacy and allow each group to explore these topics in relation to their specific experiences. The following sessions took place: adult female residents, adult male residents, adult female IDPs, adult male IDPs, female youth, and male youth. Youth sessions (participants aged 18-24) were not further disaggregated by displacement status due to time and capacity constraints.

Each CFGD included between 5 and 6 participants who were identified based on their belonging to a specific population group (IDP/resident, women/men, youth/adult). Local leaders and community representatives who participated in the MFGD assisted REACH teams with participant identification and helped to ensure the inclusion of participants from diverse backgrounds in each group.

! KEY LIMITATIONS

While the sampling strategy for HH surveys resulted in representative findings for IDP and resident (including returnee) populations (see Phase 2), representative samples for other population groups and sub-groups could not be achieved due to capacity limitations and a lack of precise population estimates.

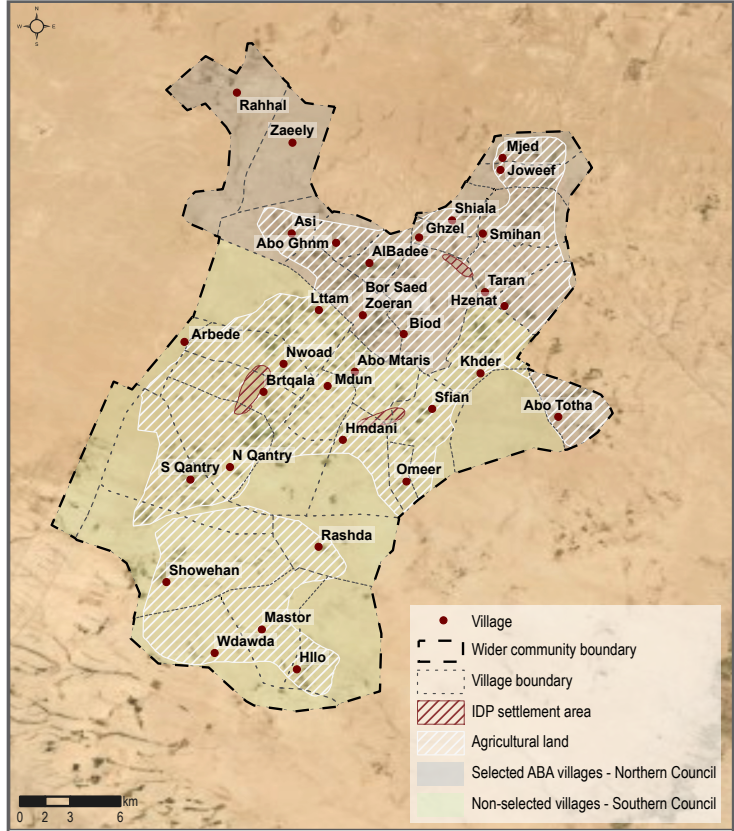
Therefore, findings for returnee HHs and female- and male-headed HHs are not representative and should be interpreted as only indicative of the broader situation for those groups. In the assessed area, 9% of surveyed HHs were female-headed HHs, and 20% of surveyed HHs were returnee HHs.

Further, given the limitations of purposive sampling, the information collected through KI interviews and CFGDs is indicative only and is not generalisable to the entire population.

Finally, where possible, REACH enumerators interviewed KIs who were themselves involved in service provision in the area, whether members of LC Technical Departments or otherwise. While such KIs were best equipped to answer questions about available infrastructure and services, reporting bias and overestimation of capacity is possible.

AREA MAPPING & CHARACTERISTICS

Map 2: "Community Area" Boundary (as defined in Mapping FGD)



The above map depicts the locally-defined boundaries of Rweished community, an area which consists of 32 villages, administered by two coordinated Local Councils for Northern and Southern villages (see pg. 1, Area Context). The boundaries of the wider area as well as the individual village boundaries were defined during participatory MFGDs with local stakeholders from different backgrounds (see pg. 2, Phase 1).

As the Area-Based Approach required a smaller geographic scope for partner intervention, MFGD participants agreed to prioritise the 15 villages falling under the Northern Local Council due to the lack of previous interventions in those villages. The selected villages (in grey) include Rahhal, Zaeely, Asi, Abo Ghnem, AlBadee, Bor Saed Zoeran, Biod, Ghzel, Shiala, Joweef, Mjed, Smihan, Taran, Hzenat, and Abo Totha.

In defining their community, participants said that community members are bound by shared history, kinship, tribal customs and traditions, and religion, as well as a shared sense of solidarity in times of adversity. They highlighted that community members struggle similarly with high levels of need and share access to the same resources and services. Participants felt that defined area was similar to nearby areas in terms of availability of services and opportunities, with the exception of Sur town, where both are reportedly more available.



DEMOGRAPHICS

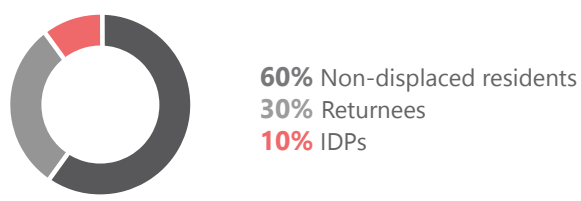
According to KI data, Rweished's population is primarily composed of community members originating from the area, whether residents who have not previously been displaced (estimated at 60% of the population), or those who had been displaced for 1 or more months and since returned to the area (30%). The IDP population is estimated to make up around 10% of the total population (for more information on displacement in the area see pg. 5). Resident HHs are, on average, slightly larger than IDP HHs (7.5 members vs 6.7, respectively).

Rweished's population is young, with 50% of the population under 18 based on HH data, which also show roughly even gender distribution across all age groups. The majority of surveyed HHs are headed by males between the ages of 18 and 59. Additionally, KI data indicate that around 8% of HHs in the area are headed by women, 5% are headed by children (under 18 years), and 1% are headed by older persons (60+ years).

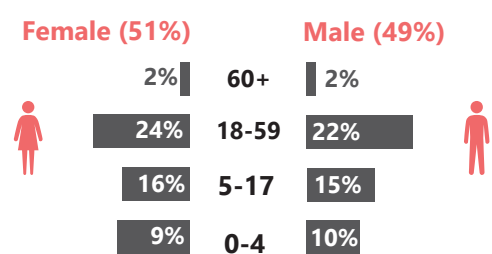
Heads of HH for 31% of surveyed HHs had reportedly not completed their education beyond primary schooling, with 30% also having not completed primary school. Only 1% of HHs reported that the head of HH identified as a religious or ethnic minority within the community.

- 1,009** Number of HHs (MFGD participant estimate)
- 7.5** Average number of HH members (Residents)
- 6.7** Average number of HH members (IDPs)

Estimated proportion of HHs by displacement status³ (as reported by community KI)

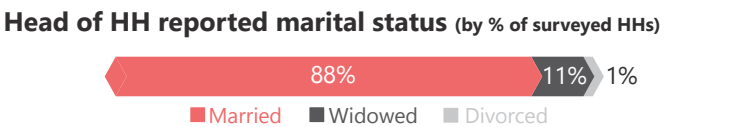


Age and gender distribution of surveyed HHs (by % of all HH members in surveyed HHs)



65% of surveyed HHs reported the presence of school-aged children (5-17) among their HH members

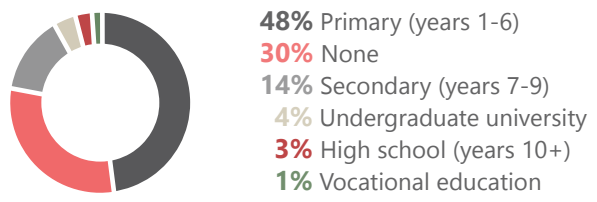
KI estimated % female-headed HHs: 8%	KI estimated % HHs headed by older persons: 1%	KI estimated % child-headed HHs: 5%
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42 Years is the average age of the head of HH among surveyed HHs in the community

1% of surveyed HHs reported that the head of HH identified as a religious or ethnic minority within the community

Highest level of education reportedly completed by head of HH (by % of surveyed HHs)



HH member pregnancy, chronic illness, and disability:⁴

23% of surveyed HHs reported the presence of at least one pregnant HH member

32% of surveyed HHs reported at least one HH member with a chronic illness

34% of surveyed HHs reported at least one HH member with a disability

Most commonly reported disability: 25% of surveyed HHs reported at least 1 HH member had difficulty walking or climbing stairs

Reported shelter types of surveyed HHs (by % of surveyed resident and IDP HHs)



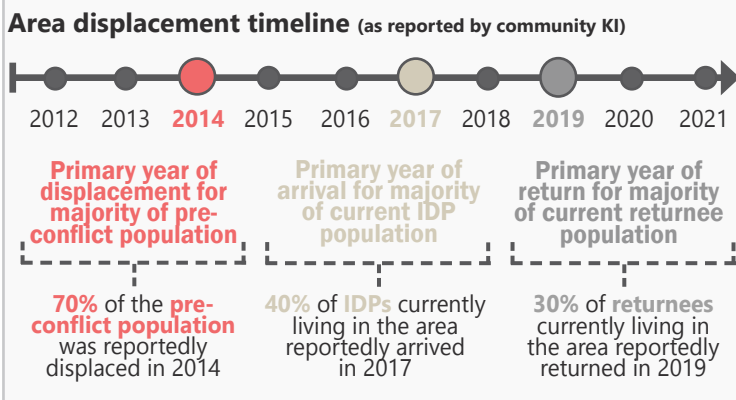


DISPLACEMENT

Heavily impacted by the ISIL occupation of Deir-ez-Zor between 2014 and 2018,⁵ KI estimates indicate that 70% of Rweished's pre-conflict population was displaced in 2014. However, KI data also suggest that the large majority of the pre-conflict population has returned, with few (1%-20%) still remaining outside the area.

Of Rweished's population, an estimated 10% are IDPs, 83% of whom originate from other areas of Deir-ez-Zor governorate, most commonly from Deir-ez-Zor sub-district (36% of IDP HHs). The majority of IDPs arrived to the area in 2017 after being displaced by fighting in ISIL-held areas, primarily drawn by familial/social ties the area, and by the more stable security situation, and access to agricultural employment. IDPs primarily find housing in solid/finished homes (see pg. 4), where the majority rent or co-rent with other HHs.

KI findings suggest that the poor economic situation and loss of income have resulted in new displacement from Rweished over the previous year, and are drivers of anticipated future displacements.



Reported IDP living situations (as reported by community KI)

100% of IDPs reportedly live **outside** of camps/camp-like settings



- 50% Formal rental agreements
- 35% Co-renting with other HHs
- 10% Hosted without rent
- 5% Informal occupancy/squatting

0% of IDPs reportedly live **in** camps/camp-like settings



- 0% Managed formal/informal camps
- 0% Self-settled informal settlements
- 0% Collective centres
- 0% Transit sites

Recent displacement from the assessed area (as reported by community KI)

Approximately **90 HHs** were reportedly displaced from the area in the 12 months prior to data collection, primarily due to **loss of income**. The majority reportedly moved to other regions of Syria (NWS/GoS).

Anticipated future displacement from the assessed area (as reported by community KI)

Further displacement was **expected** in the weeks and months following data collection, primarily due to **loss of income**. Both IDPs and returnees currently living in the area were expected to be at risk for new displacement.

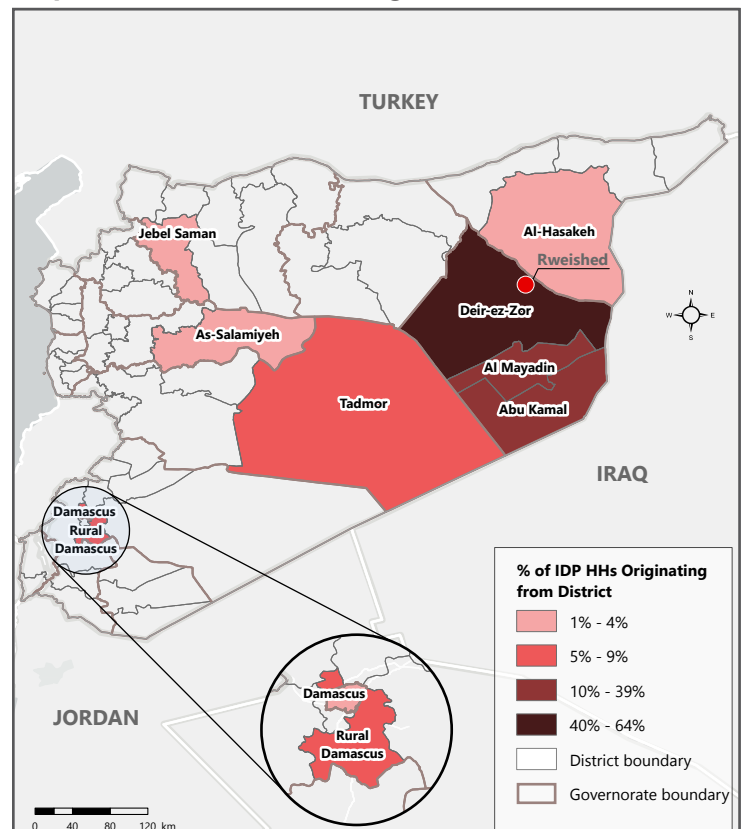
Push factors: Most commonly reported overall⁶ top reasons for most recent displacement (by % of surveyed IDP and returnee HHs)

	IDPs	Returnees*
1	Conflict/security situation 42%	Conflict/security situation 44%
2	Loss of income 16%	Loss of income 16%
3	Anticipation of future conflict 12%	No other reasons 10%

Pull factors: Most commonly reported overall⁶ top reasons motivating HHs to come/return to the assessed area (by % of surveyed IDP and returnee HHs)

	IDPs	Returnees*
1	Family ties/other relationships 33%	Family ties/other relationships 38%
2	Safety/security situation 32%	Safety/security situation 32%
3	Access to income/employment 10%	Access to shelter/shelter support 7%

Map 3: IDP HH Districts of Origin (by % of surveyed IDP HHs)





★ COMMUNITY PRIORITIES

Data on levels of HH satisfaction with basic services and infrastructure in Rweished suggest that significant improvement is needed across nearly all sectors. However, triangulation of ABA findings from across research phases suggest that improvements to the quality and availability of basic infrastructures, support for both traditional and more diversified livelihoods, and an increase in the number of service-related facilities available locally are top priorities.

Both CFGD and HH findings strongly highlight the local prioritisation of increased access to electricity in Rweished, where the population lacks access to a network and is completely reliant on alternative sources. Electricity is the second highest sector for HH dissatisfaction, and among the top 3 priorities listed for recovery by HHs and CFGD participants.

Also commonly cited in indicators asking about local priorities was the need for increased support to the agriculture and/or livestock, due to the fact that these sectors make up the population's top two sources of income.

Overall top priorities⁶ for community recovery, as reported by HHs:

1	Improved water access/quality
2	Improved agricultural support access/quality
3	Improved energy/electricity access/quality
4	Improved employment opportunity access/quality
5	Improved healthcare access/quality

Priorities⁷ for community recovery, as reported by CFGD participants:

1	Improved access to electricity
2	Support to agriculture (and livestock)
3	Improved access to quality education
4	Improved access to quality water
5	Improved access to healthcare
6	Support to livelihoods

Reported HH dissatisfaction with available services/infrastructure (by % of surveyed HHs, sorted highest to lowest)

Service sector	% of HHs dissatisfied or very dissatisfied
Roads	83%
Electricity	77%
Healthcare	76%
Water quantity (drinking or all-purpose source)	72%
Education (boys)	72%
Sanitation (solid waste)	71%
Education (girls)	69%
Water quality (drinking or all-purpose source)	68%
Sanitation (wastewater)	62%
Markets	57%
Water quality (non-drinking source, if different)	37%
Financial services	36%
Transportation	17%
Water quantity (non-drinking source, if different)	8%

Dissatisfaction with water quantity and quality was high, particularly for drinking or all-purpose water sources (primarily trucking), and community members similarly prioritized improved access to quality water in both HH surveys and CFGD sessions.

Healthcare was also high on the list of services with which HHs were most dissatisfied, largely due to the need to travel outside the area to access needed treatments. Improved healthcare access and quality was the fifth ranked area for improvement by both HHs and CFGD participants.

Education was similarly prioritised by CFGD participants and saw high levels of dissatisfaction due to the lack of local facilities, in addition to the perceived poor quality of education where it was accessible.

Finally, beyond support to agriculture and livestock production and livelihoods, community members emphasized the need for support for more diversified livelihoods and employment opportunities, where livelihoods support was a top priority for recovery cited in both HH surveys and CFGD sessions.



KEY ISSUES & RECOMMENDATIONS

Livelihoods Issues: Lack of robust economic sectors beyond agriculture/livestock, skills gaps for employability and business creation, lack of access to start-up capital and credit for business creation/expansion, lack of job opportunities for women and youth.



Local Stakeholder Recommendations: Support for agricultural/livestock livelihoods, MSME⁹ support, vocational training and grants for youth and women to increase employability and youth and women-led businesses. Potential sectors for growth include textiles, alternative energy, and local production/manufacturing.

Market Issues: Lack of local marketplaces and locally produced goods, reduced access due to distance to markets and lack of transportation, reliance on higher-cost imported goods in local markets, border closures impact item availability and price.



Local Stakeholder Recommendations: Increased availability of local products at cheaper prices, increased local production of food and clothing to support local markets.

Agriculture Issues: Unaffordability of fuel and unavailability/unavailability of other key inputs including quality seeds, fertiliser, and pesticides leads to high operational costs for farmers and significant reduction in crop production, reduced agricultural income and employment opportunities, increased food prices.



Local Stakeholder Recommendations: Support to farmers with operational and input costs, increased access to affordable and quality fuel, seeds, fertilisers, and pesticides, increased access to solar power for irrigation, soil stabilization through planting of appropriate vegetation.

Livestock Issues: Reduced availability and high unaffordability of fodder and reduced grazing pastures due to reduced agricultural production, destocking of herds and declining herd health, decreased production and availability of livestock goods in local markets.



Local Stakeholder Recommendations: Support for production of barley for fodder, general support for provision and affordability of fodder.

Water Issues: Reduction in natural water resources (ground and river water), inability to treat local well water, high cost and poor quality of trucked water, spread of water-borne illness due to consumption of poor quality water.



Local Stakeholder Recommendations: Provision of safe drinking water for immediate reduction of HH water expenditure and spread of water-borne illness, establishment of water treatment stations for local wells in order to reduce water expenditures, and increase access to clean drinking water in the longer term.

Sanitation Issues: Absence of sewer networks leads to reliance on soak pits and occurrence of open defecation, lack of solid waste collection services and dependence on burning solid waste or leaving in public spaces, spread of pollution in the community.



Local Stakeholder Recommendations: Construction of wastewater disposal infrastructure including sewer networks and septic tanks, support for waste disposal infrastructure and solid waste collection services to reduce pollution and public health risks.

Healthcare Issues: Lack of facilities in Rweished beyond pharmacies which do not offer basic services, physical and financial barriers for travel to access services in other communities, unaffordability and/or unavailability of medication.



Local Stakeholder Recommendations: Support to HHs for accessibility and affordability of medication and transportation, establishment of additional healthcare facilities within Rweished (dispensary, medical points, and/or mobile clinics), improved access to electricity.

Education Issues: Absence of secondary and high school facilities in Rweished, poor infrastructure of existing facilities (WASH, electricity), lack of educational materials, tools, and equipment, lack of teaching staff and perceived low quality of education, low literacy and education completion of the adult population.



Local Stakeholder Recommendations: Rehabilitation of educational facilities, provision of educational materials and tools, and capacity building of staff.

Electricity Issues: Lack of functional network leads to reliance on alternatives which are unaffordable or unavailable, cross-sectoral and economic impact including on water, agriculture, healthcare, and education.



Local Stakeholder Recommendations: increased access to solar energy to reduce HH dependence on fuels for heating and cooking, improved service access and quality, and improved operations for agriculture and other economic sectors.

Road and Transport Issues: Lack of public transportation options to access services in other communities, damage to main highway linking Rweished and Sur, lack of paved roads between villages, susceptibility of roads to flooding in winter.



Local Stakeholder Recommendations: Repair and rehabilitation of the Rweished-Sur highway and the paving of secondary roads within the Rweished area to improve overall mobility and access to basic needs.



RESILIENCE: SHOCKS & STRESSES

To better understand what support is needed to increase resilience and foster community recovery in Rweished, it is essential to understand the key factors related to the types of negative shocks and stresses⁹ experienced, the broader impacts of those shocks and stresses, and the perceived strengths and weaknesses of the community in adapting to and mitigating them. Findings detailed below summarize and triangulate qualitative resilience-focused data collected in KI interviews and in CFGD sessions.

Shocks and stresses most commonly reported to have negatively impacted community ability to recover in the previous 12 months (based on triangulated KI and CFGD data with word size relative to frequency reported and perceived importance of shock/stress)



As visualized in the above image, **drought** was the most commonly cited stress impacting the community in the 12 months prior to data collection, with reported impacts across the agriculture, livestock, water, and livelihoods sectors. ABA findings indicate that drought resulted in reduced agricultural production, impacting not only local food prices, but resulting in reduced income, reduced agricultural employment opportunities, as well as leading to a weakened livestock sector.

Related to drought, **changes in the available natural water resources**, including reduced ground water and surface water (river) levels, also reportedly impacted the water sector negatively. Such changes lead to increased drinking water prices, spread of water-borne illness due to change in water quality, and even to migration out of the area due to water access issues. Further associated with drought, the occurrence of **dust storms** was also cited as having a significant negative impact on agriculture, similarly contributing to reduced production and resulting in agricultural land degradation.

The **depreciation of the Syrian pound (SYP)** against the U.S. dollar (USD) was also among the most commonly mentioned shock/stress, both in relation to sudden and steep drops in value and long-term impacts of depreciation in relation to worsening purchasing power, affecting markets and livelihoods in the area in addition to negatively impacting HH ability to meet basic needs. Depreciation reportedly also led to increasing poverty within the community, shop closures, and even resulted in some economic migration from the area.

In connection to SYP depreciation, **high fuel cost** was reported to have negatively impacted agriculture production by increasing operational costs for farmers, leading to the termination of agricultural projects and the reduction of cultivated land. In addition, it reportedly led to increased HH costs in relation to fuel for generators.

In what can also be understood as a development constraint more broadly,¹⁰ the poor state or complete **lack of public infrastructure, facilities, and services** was also commonly perceived as a factor with significant negative impact, effecting healthcare, education, and sanitation sectors. Relatedly, CFGD participants cited the general **lack of access to electricity** as a stress, reported impacting water pumping for HH and agricultural use.

The **closure of borders** with Government of Syria (GoS) areas as a result of COVID-19 measures was also described as a significant shock for markets and healthcare, affecting prices and availability of goods and reportedly leading to shop closures.

Finally, **reduced provision of humanitarian assistance** over time acted as a stressor for households and the community in general according to CFGD participants who noted that previous gains towards recovery had been lost as a result as community members struggled to meet basic needs.

Most commonly reported community strengths in coping with and mitigating reported shocks/stresses (as most commonly reported by participants across CFGD sessions)



Most commonly reported factors limiting the ability to cope with and mitigate reported shocks/stresses (as most commonly reported by participants across CFGD sessions)



In considering how the community was able to respond, CFGD participants across sessions commonly reported that a **strength of the community** in coping with and mitigating these shocks and stresses was the population’s ability to adapt in the face of adversity, particularly the ability to adapt to poor living situations. Participants across sessions also commonly cited the importance of social relations and cooperation among the population as a strength, saying that community members support each other to meet basic needs (through borrowing etc.) and maintain a strong sense of solidarity through times of adversity. Some participants also cited that people’s ownership of land and other assets was a strength as a source of stability and capital.

Conversely, the socio-economic and livelihoods situation was a common theme when CFGDs discussed the **weaknesses of the community** to adapt to shocks and stresses, specifically the difficulties in finding employment, increasing prices and unaffordability of basic goods and services, and the low wages where employment was available. They also cited the lack of support and assistance from local authorities and from humanitarian organizations as a weakness.



SOCIO-ECONOMICS, LIVELIHOODS, & MARKETS

Socio-economic, livelihoods, and market conditions in Rweished have been heavily impacted by a number of recent shocks and stresses according to CFGD and KI data. These include SYP depreciation which caused severe price inflation and reduced purchasing power, drought which has had a significant impact on the agricultural and livestock livelihoods on which Rweished relies, and COVID-19-related border closures which have impacted item availability and affordability.

Support for livelihoods, including for agricultural livelihoods and general improvement of employment and business opportunities, was among the top community recovery priorities cited by both surveyed HHs and CFGD participants. CFGD participants emphasised that community members face many difficulties meeting basic needs as a result of poverty, low wages, and a lack of livelihoods opportunities - all in the context of continuously increasing prices.

HH data highlight the centrality of the agriculture and livestock sectors to local livelihoods, representing the two most commonly reported sources of income for resident and IDP HHs, as well as for female HH members who earn income.

HH Income & Employment

Average monthly HH income¹³ (by surveyed HH type)^{*}

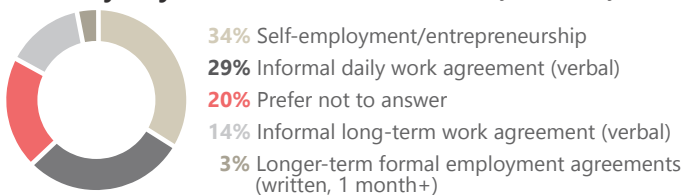
HH Type	Income amount
All HHs	280,426 SYP
Resident HHs	281,883 SYP
IDP HHs	266,581 SYP
Male-headed HHs	290,273 SYP
Female-headed HHs	174,863 SYP

Most common sector/source from which HHs primarily earn income (by % of surveyed resident and IDP HHs)

Resident HHs ¹¹		IDP HHs	
Agriculture	75%	1	31% Agriculture
Livestock	13%	2	26% Livestock
Education/childcare	3%	3	9% Domestic work/manual labour
Machinery/mechanics/repairs	2%	4	7% Borrowing
Remittances	2%	5	5% Humanitarian Assistance

44% of surveyed HHs did not earn income from other sectors/sources

Reported primary employment arrangement through which majority of HH income is earned (by % of surveyed HHs)



46% of surveyed HHs reported the presence of unemployed¹² adult male HH members

Most common reasons for male HH member unemployment (by % of the 46% of HHs reporting)^{*}

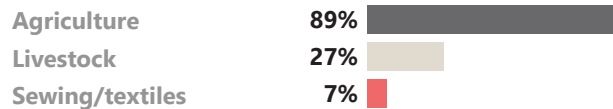
- 98% General lack of employment opportunities
- 37% Lack of employment opportunities matching skills
- 16% Lack of information about employment opportunities
- 6% Discrimination in job provision

85% of surveyed HH reported no adult female HH members earning income

Most common reasons for female HH members not earning income (by % of the 85% of HHs reporting)^{*}

- 68% General lack of employment opportunities
- 29% Homemaker/looking after household members
- 21% Family does not allow them to work
- 14% Lack of employment opportunities matching skills

Most commonly reported sources from which female HH members were actively earning income (by % of the 13% of HHs reporting)^{*}



Surveyed female-headed HHs most commonly relied on agriculture for primary income (80% of surveyed female-headed HHs) and on livestock for secondary income (40%).^{*}

Nearly half of surveyed HHs (44%) reported they did not earn income from additional sectors/sources, however surveyed resident HHs were more likely to report earning from additional sources compared to IDP HHs (58% of resident HHs vs 35% of IDP HHs reporting secondary sources). Where HHs reported secondary income sources, livestock was most common for both resident and IDP HHs (40% and 15% of HHs respectively), followed by agriculture (11% and 5% of HHs respectively).

Significant unemployment of adult males was also apparent in HH data, where 46% of HHs reported that 1 or more adult male HH members were unemployed and looking for work. HH data also highlight a lack of women in the labour market in Rweished, with 85% of HHs reporting that no adult female HH members were earning income from employment. A general lack of employment opportunities was most commonly cited as the reason for both male and female HH member unemployment, and a lack of skills was a significant factor for men. Data indicate that, for women in Rweished, family and household duties act as additional barriers to employment

With limited economic sectors in Rweished beyond agriculture and livestock, KI estimates indicate that 21-40% (less than half) of the local workforce migrates outside of Rweished for work, most commonly engaging in seasonal migration to work in construction, hospitality, and craft sectors in nearby areas (including Sur).



HH Expenditure & Ability to Meet Needs

Average monthly HH expenditure vs HH income (by surveyed HH type)

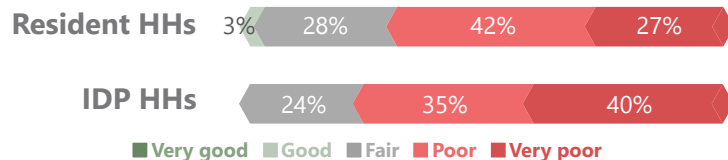
HH Type	Expenditure	Income
All HHs	535,855 SYP	280,426 SYP
Resident HHs	536,287 SYP	281,883 SYP
IDP HHs	531,689 SYP	266,581 SYP
Male-headed HHs	559,877 SYP	290,273 SYP
Female-headed HHs	294,205 SYP	174,863 SYP

The average surveyed HH reported a monthly expenditure amount **2.3 times** their reported monthly income

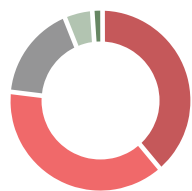
Top HH expenditure categories and average expenditure amounts (by average % of monthly income of surveyed HHs)

Category	Average % of HH monthly income	Average monthly HH expenditure
Food	76%	189,438 SYP
Agriculture/livestock/productive assets & inputs	37%	79,547 SYP
Repair & maintenance of HH or agricultural items/machines/vehicles	30%	83,863 SYP
Healthcare & medication	27%	59,431 SYP
Water (all uses)	18%	35,651 SYP

Reported HH ability to meet basic needs¹⁴ over the previous 3 months (by % of surveyed resident and IDP HHs)



Reported change in HH ability to meet basic needs over the previous 3 months (by % of surveyed HHs)



39% Significant deterioration
 38% Some deterioration
 17% No change
 5% Some improvement
 1% Significant improvement

ABA data demonstrate that HH income is often insufficient to cover basic expenditures, where 90% of surveyed HHs reported a monthly expenditure amount that was higher than their reported monthly income. In fact, the average HH's expenditures were more than double (2.3 times) their income.

Indeed, 69% of resident HHs and 75% of IDP HHs said their ability to meet basic needs in the previous 3 months was poor or very poor, with 79% of surveyed female-headed HHs reporting the same. The ability to meet needs deteriorated for many HHs over the same time period, with 39% of resident HHs, 43% of IDP HHs, and 46% of female-headed HHs reporting significant deterioration.

As only 1% of surveyed HHs reported having savings, HHs rely on borrowing and loans, as well as purchasing items on credit. This results in the high prevalence of debt among the population, where 91% of HHs reported being in debt at the time of data collection, and only 6% of those HHs reported they had the ability to repay the debt in the coming 6 months.

Beyond taking on debt, HH and CFGD findings point to the sale of assets as a coping strategy, with CFGD participants noting that HHs sell land, livestock, HH appliances and other items. CFGD participants also echoed HH findings that skipping meals and reducing portions were common, as was resorting to buying cheaper, lower-quality goods. Additional strategies mentioned by CFGD participants included sending children to work; 13% of HHs reported that 1 or more children in their HH were currently earning an income. Further, CFGD participants noted that HHs often rely on remittances, stating that many male youth emigrate outside of the community in order to find employment and send money back to their families.

While participants generally noted that these strategies do not vary between groups, it was noted that the use of some strategies depends on resources as not all households have assets to sell or family and friends they are able to borrow from.

Most commonly reported coping strategies for inability to afford basic needs used by HHs in the previous 3 months (by % of surveyed resident and IDP HHs)

Strategy	Resident HHs	IDP HHs
Borrowing money	63%	71%
Selling productive assets/vehicles	53%	45%
Purchasing items on credit	50%	42%
Decreasing non-food expenditures	44%	40%
Adjusting food consumption practices	15%	18%

Reported presence of HH debt and savings (by % of surveyed HHs)

91% of surveyed HHs reported being in debt at the time of data collection. 100% of female-headed HHs reported being in debt.

6% of those HHs reported having the capacity to repay their debt in the next 6 months

1% of surveyed HHs reported having liquidated savings at the time of data collection. 0% of female-headed HHs reported having savings.

40% of those HHs reported their savings decreased or significantly decreased over the previous 12 months

Most commonly reported primary HH financial decision maker (by % of surveyed HHs)

Male adults (25-59)	72%
Young male adults (18-24)	10%
Female adults (25-59)	9%



Local Business & Livelihoods Opportunities

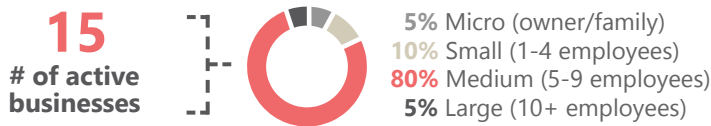
With limited economic sectors beyond agriculture and livestock, there are few existing businesses in Rweished, and even fewer business able to employ many other community members due to lack of capital and low profitability. Beyond these challenges, HH and KI data suggest that the absence of start-up capital and access to credit, safety and security risks, and transportation issues were a challenge to existing businesses and new business creation. For IDPs in particular, KI findings point to a lack of sufficient permanent housing acts as an additional barrier to the creation of IDP-owned businesses.

Aside from the general lack of employment opportunities, primary barriers for employment cited in HH and KI data were a lack of opportunities matching existing skills and a lack of technical knowledge and expertise in the community, especially for women and youth. The majority of HHs reported HH members with skills related to agriculture (83% of HHs) or livestock (63%) and few available opportunities for vocational training in the area outside of these sectors.

KI data indicate that skills are needed outside of the area's traditional sectors, particularly training in crafts/tailoring/embroidery and beauty and grooming for women, and training in mechanics and repairs, sales and marketing, and alternative energy for youth and IDPs.

Indeed, KI data suggest that the growth of the alternative energy (solar power) sector is needed in Rweished, and noted that manufacturing and processing sectors previously existed and could potentially be restarted. Additionally, the crafts sector had reportedly emerged in the previous 12 months, where CFGD participants noted that the textile industry is perceived as a viable area for growth of female-owned businesses and employment in particular.

Estimated number and size of active local businesses (as reported by livelihoods KI)



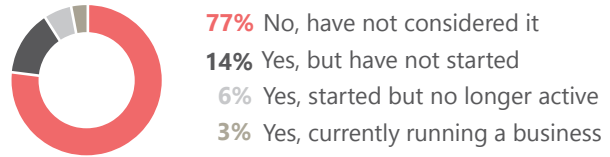
Reported economic sector change and need (as reported by livelihoods KI)



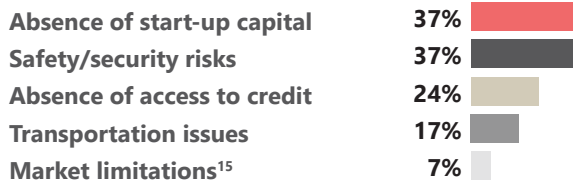
Non-agricultural/livestock products produced as an income source in the community (as reported by livelihoods KI)



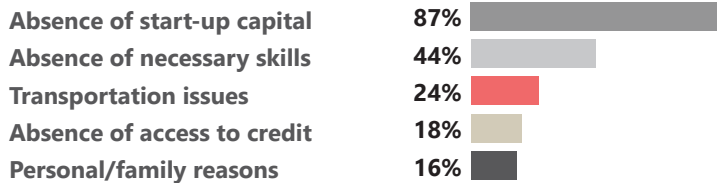
HHs who have started or considered starting their own business (by % of surveyed HHs)



Most commonly reported primary challenges to running HH businesses (by % of the 3% of HHs reporting)



Most commonly reported primary factors preventing HH members from starting/continuing businesses (by % of the 20% of HHs reporting)



Primary vocational training needed for improved employment opportunities (as reported by livelihoods KI)



Further, ABA HH and KI data point to the fact that Rweished lacks a strong, diversified local market, leading most community members to rely on nearby markets for basic goods (primarily Sur town). KI data highlight a lack of substantial production of non agricultural or livestock goods within the community. An increase in local businesses and production of goods and services could help to reduce reliance on external markets and boost the local economy

Recommendations: Beyond support for agricultural and livestock livelihoods, CFGD participants and the livelihoods KI pointed to a need for MSME⁸ support, as well as the importance of vocational training and grants for youth and women in order to increase employability and promote the creation of youth-led projects and female-owned businesses.



Markets & Financial Services

Rweished lacks a functional market space and locally-available financial services, hosting only a number of small food and NFI shops across its villages, which carry a limited number of goods. While the vast majority of HHs (95%) reported access to markets for food and NFIs, the need to travel to Sur or other nearby markets represented a barrier for many surveyed HHs, 44% of whom reported distance to markets as an issue and 19% of whom reported lack of transportation.

When accessing outside markets, the unstable exchange rate and item prices reportedly affected HHs as well as overall market functionality. KI data also suggest the high reliance on imported goods in local markets, meaning that border closures have significant impact on item price and availability.

Recommendations: CFGD participants highlighted the need for increased availability of local products at cheaper prices as a priority and the markets KI cited a need for increased local production of food and clothing to support local markets.

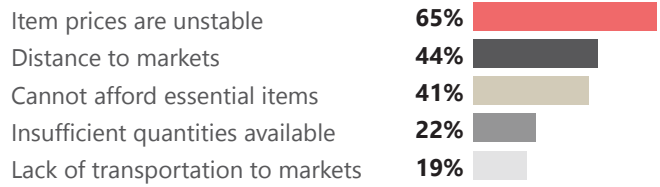
Reported HH ability to access markets in assessed and/or nearby communities (by % of surveyed HHs)



95% Able to access both food and NFI markets
5% Cannot access markets for food or NFIs

57% of surveyed HHs with access reported being dissatisfied or very dissatisfied with market accessibility and quality and availability of items

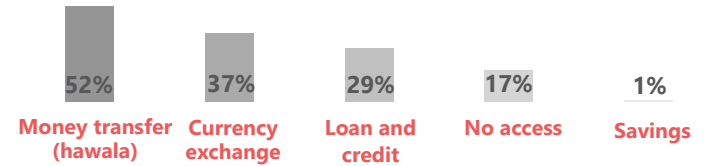
Most commonly reported issues with markets in assessed and/or nearby communities (by % of the 95% of HHs reporting)



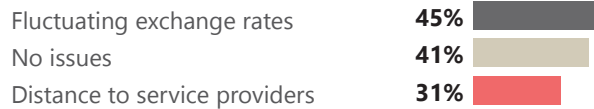
Primary market functionality barriers (as reported by markets KI)

- Unstable exchange rate causes frequent price fluctuation
- High reliance on imported goods
- Border closures

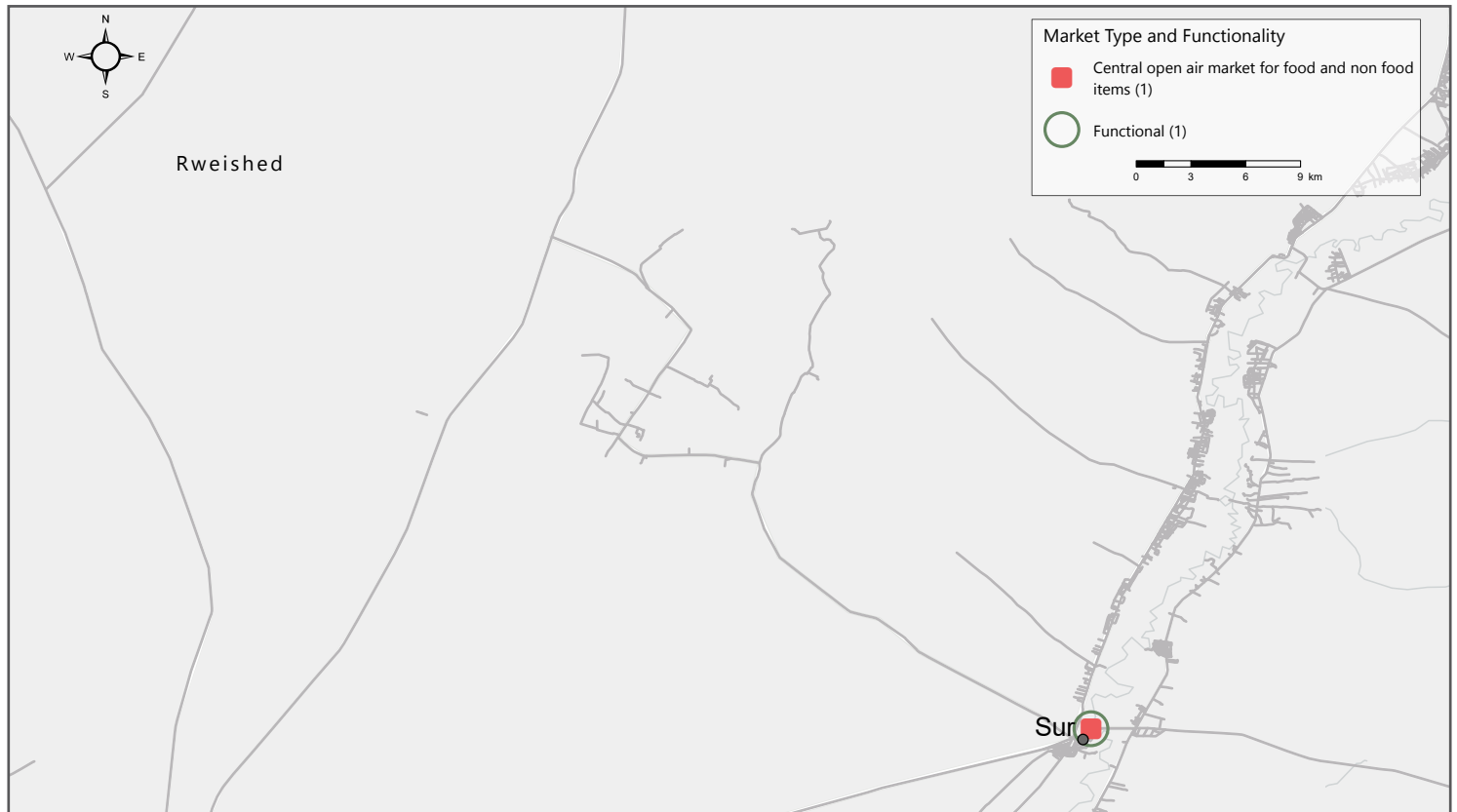
Reported HH access to access financial services in assessed and/or nearby communities (by % of surveyed HHs)



Most commonly reported issues with financial services in assessed and/or nearby communities (by % of the 83% of HHs reporting access)



Map 4: Local Market Points (as identified by markets KI)





AGRICULTURE

As the sector most essential to local livelihoods and economy (see pg. 9), ABA findings emphasise the importance of support to the agricultural sector, which was listed as a top priority for community recovery and resilience by both HHs and CFGD participants. HH data show that barley and wheat are the dominant crops grown in the area and that most HHs are producing crops for income rather than for HH subsistence. Crops are primarily processed locally, bought by local authorities and wholesalers, and sold in other markets within Deir-ez-Zor governorate.

Beyond issues with agricultural water sufficiency due to drought and reduced local water resources (see pg. 16), KI and CFGD data point to the lack of access to agricultural inputs and goods, due to both unaffordability and unavailability, as the primary agricultural issue in Rweished.

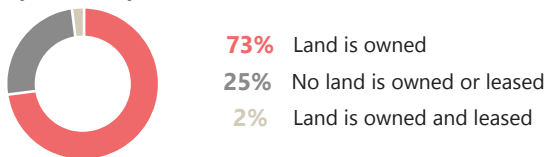
Stemming from regional economic decline and loss of purchasing power, KI and CFGD findings highlight that increased fuel costs represent a significant stress for the sector, greatly increasing operational costs for farmers when operating irrigation systems and agricultural machinery, in addition to increased costs of agricultural services.

Agricultural Livelihoods & Land Ownership

71% of surveyed HHs reported agriculture as their primary income source

10% of surveyed HHs reported agriculture as a secondary income source

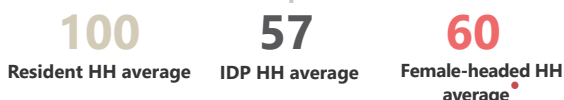
HH agricultural land ownership and/ or leasing from others (by % of surveyed HHs)



74% of surveyed female-headed HHs reported owning or leasing agricultural land*

99 dunams*

Average number of dunams owned and/or leased by surveyed HHs

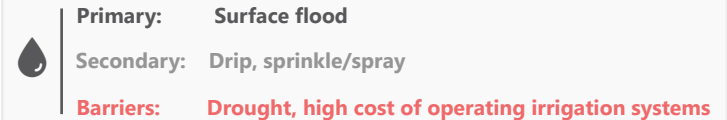


Agricultural Production

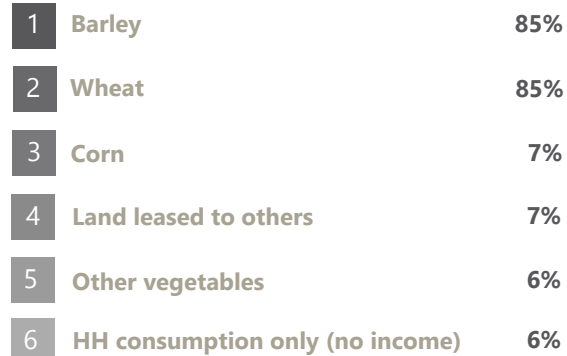
Primary HH members involved in agricultural and/or livestock production activities (by % of the 76% of HHs owning/renting land and/or livestock)*



Irrigation methods and barriers (as reported by agriculture KI)



Reported crops HHs primarily earn income from (by % of the 75% of HHs owning/renting land for agriculture)*



The majority of locally-grown crops are processed locally and sold in markets within the governorate, with most common buyers being local authorities and wholesalers, as reported by the agricultural KI

The reduced access to water and increased operational cost due to high fuel prices reportedly resulted in a significant reduction in the amount of cultivated land, supported by remote sensing data on crop land change (see chart on pg.17) which suggest that cultivated land in Rweished decreased by nearly 25% between 2020 and 2021.

Beyond the unaffordability of fuel, KI and CFGD data indicate that lack access to quality seeds, fertilisers, and pesticides due to unavailability or unaffordability, increasing costs even further for farmers and contributing to overall reductions in local agricultural production.

As noted, agricultural production in the area was significantly reduced according to KI and CFGD findings. This led to decreased income for farmers due to increased spending on inputs and operations as well as due to reduced sale of crops, a reduction in the availability of agricultural employment (especially for IDPs) as less labour was required, and also contributed to the increased cost of food in local markets due to reduced output.



Agricultural Management & Capacity

Primary actors involved in agricultural management for the assessed area and their roles (as reported by agriculture KI)

Agricultural Authority (Sur Local Council)

Works in coordination with Deir-ez-Zor Civil Council/higher authorities to provide subsidised fuel (20%) and guidance/consultations for local farmers.

Presence of community agricultural groups in the assessed area (as reported by agriculture KI)

-----> **✗ No groups reported**

Reported local agricultural management capacity (as reported by agriculture KI)

- Sufficient technical knowledge and skills ✔
- Needed inputs/equipment are available ✗
- Needed services are available ✔
- Lack of quality seeds/planting materials, larger machinery ✗

Additionally, as seen in KI and CFGD data, the occurrence of drought-induced dust storms have compounded the previously mentioned agricultural issues, leading to a reduced number of trees and loss of vegetation in the area as well as the overall deterioration of agricultural lands which further impacts production.

Further, while agriculture is the area's primary economic sector, agricultural management is also limited by lack of inputs and other challenges. The Agricultural Authority of the Sur Local Council is reportedly in charge of sector and service management for Rweished, providing agricultural guidance and fuel at subsidised prices.

However, MFGD and CFGD findings indicate that the sector suffers from limited productivity due to a lack or low capacity of community agricultural assets such as silos, noting that there is a lack of bakeries in Rweished as well (only present in Sur), resulting in gaps in agricultural value chains.

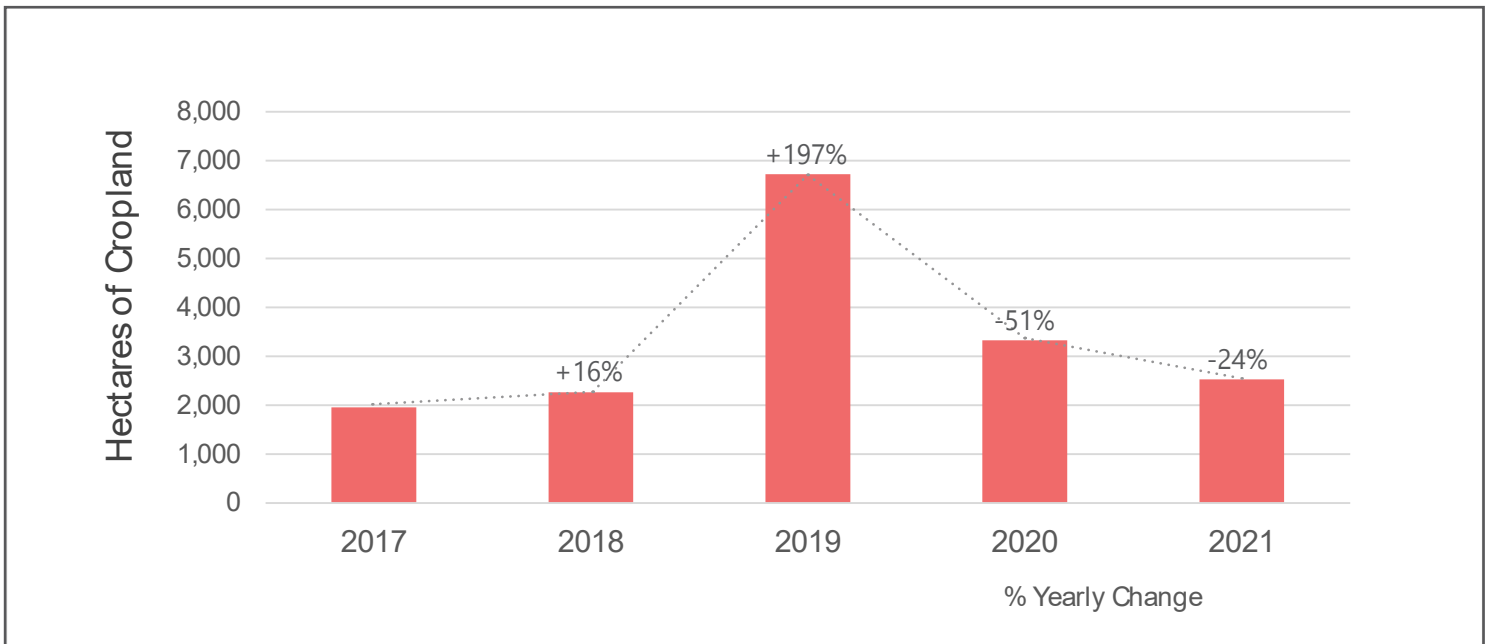
Recommendations: CFGD participants and the agriculture KI pointed to a need for support to farmers with operational and input costs and overall increased access to affordable and quality fuel, seeds, fertilisers, and pesticides. In addition, support for increased access to solar power for agricultural use is reportedly required, as is soil stabilization through the planting of appropriate vegetation and CFGD participants.

! Key Agricultural Issues

Key reported agricultural issues (as reported by agriculture KI)

- Lack of access to sufficient water (see pg. 16)
- Increased operational costs due to high price of fuel
- Termination of agricultural projects, reduction in cultivated land, overall reduction in local production

Yearly Cropland Change in Assessed Area (based on remote sensing cropland area data - see pg. 26)





LIVESTOCK

CFGD participants commonly cited support for the livestock sector as a key area for community recovery and reliance, citing the population's reliance on the sector for income (see pg. 9). KI and CFGD data link the decrease in agricultural production to the decline of the livestock sector, citing the reduced availability and parallel increasing unaffordability of animal feed as a major shock to the sector, impacting overall community resilience and recovery.

Reduced local agricultural cultivation and production due to drought and input price increases (see pg. 13) have reportedly led to major gaps in fodder access. Also linked to reduced agricultural production, CFGD participants reported that there has been a decrease in agricultural lands for grazing in the area.

The dramatic increase in the cost of fodder and lack of alternatives has increased the financial burden on livestock holders according to KI and CFGD findings, leading them to selling some of their animals at low prices (destocking) in order to afford fodder for the remainder of their herds. The lack of fodder has also reportedly led to increased livestock mortality rates according to CFGD participants

Livestock Livelihoods & Ownership

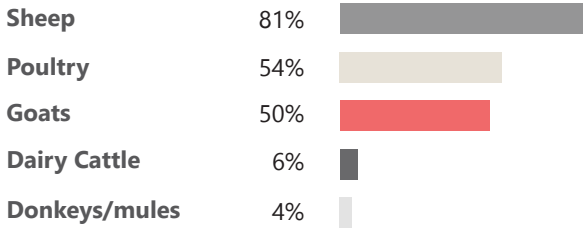
14% of surveyed HHs reported livestock as their primary income source

38% of surveyed HHs reported livestock as a secondary income source

HH livestock ownership (by % of surveyed HHs)



Types of livestock and animals owned by surveyed HHs (by % of the 75% of HHs owning livestock)



Livestock Goods Production

Livestock/animal products currently produced as an income source in the community (as reported by livestock KI)

- Meat ✓
 - Eggs ✓
 - Milk ✓
 - Cheese/yogurt ✓
 - Butter/ghee ✓
 - Leather/skins ✓
- Support for improved meat and milk production would reportedly benefit community recovery most

The majority of locally-produced livestock goods are sold in markets within Rweished but are not processed locally, with the most common buyers being retailers and consumers at markets, as reported by the livestock KI

According to CFGD and KI data, the above issues and coping strategies result in the declining value of local livestock as well as in the decreased production of livestock goods. This impacts income for those who rely on livestock for their livelihoods and results in decreased availability and significant price increases for livestock products in local markets. With KI data indicating that the locally-produced livestock and animal goods, such as meat, dairy, and eggs, are most commonly sold to retailers and consumers within the Rweished area, reduced production also impacts local nutrition and food security.

Recommendations: The livestock KI and CFGD participants cited a need support for production of barley for fodder and general support for provision and affordability of fodder.

Livestock Management & Capacity

Primary actors involved in livestock management for the assessed area and their roles (as reported by livestock KI)

No Management | No actors are reportedly responsible for management of the local livestock sector

Reported local livestock management capacity (as reported by livestock KI)

- ✓ Sufficient technical knowledge and skills
- ✓ Needed inputs/equipment are available
- ✓ Needed services are available

Key Livestock Issues

Key reported livestock issues (as reported by livestock KI)

- Lack of affordable fodder due to decreased agricultural production, decreased grazing areas
- Destocking of herds to afford inputs
- Decreased livestock goods production and income



WATER

Compounded by drought and natural resource change, ABA findings highlight a lack of access to sufficient quantities of water for HH and agricultural use, in addition to significant issues with water quality. Improved access to quality water was cited as a top priority for recovery by surveyed HHs and CFGD participants.

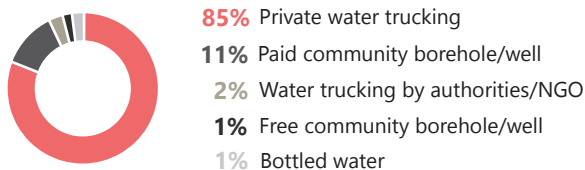
As shown in KI and HH data, the assessed area lack infrastructure for a piped water network, leaving HHs to rely on a variety of alternative sources, many of which do not provide sufficient quantities or acceptable quality of water.

HH data suggest heavy reliance on expensive private water trucking, with the majority of HHs (71%) reporting using a different primary source for non-drinking water (primarily local wells). Overall, the majority of surveyed HH reported dissatisfaction with the amount of water available from their primary drinking source and with the quality of water from both primary drinking and primary non-drinking sources.

Water quality issues were also apparent in KI findings, where it was also noted that poor quality of trucked water has resulted in the outbreak of diarrhoea and skin disease among other issues.

HH Water Usage & Sufficiency

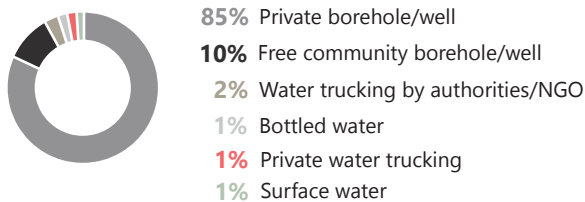
Most commonly reported primary source for drinking or all-purpose water (by % of surveyed HHs)



72% of surveyed HHs were dissatisfied or very dissatisfied with source quantity

68% of surveyed HHs were dissatisfied or very dissatisfied with source quality

Most commonly reported primary source for non-drinking water, if different (by % of the 71% of HHs who reported using a different primary source for non-drinking water than for drinking water)



8% of surveyed HHs were dissatisfied or very dissatisfied with source quantity (if different)

37% of surveyed HHs were dissatisfied or very dissatisfied with source quality (if different)

Water network infrastructure is reportedly not present in assessed area, according to water KI

Most commonly reported HH water issues (by % of surveyed HHs)

- 1** Absence of water network 58%
- 2** Poor water quality 45%
- 3** Cannot afford the price of water from primary sources 42%
- 4** Lack of household storage containers 34%
- 5** Alternative sources too expensive 33%

Quality issues with primary source (trucking) (as reported by water KI)

Bad taste
Abnormal colour
Sediments present

While community members do have access to community or private wells, KI data indicate that the inability to effectively purify this water leaves HHs unable to use it for drinking purposes, and CFGD participants noted reduced groundwater levels due to drought. Instead, much of Rweished's water is trucked from stations in nearby Sur community (sourced from the Khabur and Euphrates Rivers) at high prices and is also often of poor quality, reportedly due to inconsistencies in treatment of the water before it is transported. Further, changes to water levels and Sur station functionality have resulted in reduced quantities available according to KI findings, further inflating prices for trucked water, a factor which CFGD participants said has increased the vulnerability of the population. KI findings also suggest that issues with water have led people to migrate out of the area.

As a result of these issues, more than half of surveyed HHs reported they did not have sufficient water to meet basic needs in the 3 months before data collection, leading them to resort to negative coping strategies such as reducing drinking water consumption, spending money on water that would usually be spent on other basic needs, or drinking water from a source known to be of poor quality.

Finally, KI data show that the quantity of water available for agricultural is partially insufficient due to lack of rain (causing increased reliance on well water) and high costs of irrigation, contributing to decreased agricultural production (see pg. 13), increased food and fodder prices, and a weakened livestock sector (see pg. 15).

52% of surveyed resident and IDP HHs reported insufficient water for basic needs in previous 3 months

58% of surveyed resident and IDP HHs reported insufficient water for basic needs in previous 3 months

Most commonly reported coping strategies for a lack of water used by HHs in the previous 3 months (by % of the 52% and 58% of resident and IDP HHs reporting insufficiency)

Resident HHs		IDP HHs	
Reduce drinking water consumption	89%	1 85%	Reduce drinking water consumption
Borrow water from friends/family	46%	2 60%	Borrow water from friends/family
Reduce non-drinking water consumption	42%	3 38%	Spend money usually spent on other things
Spend money usually spent on other things	39%	4 37%	Reduce non-drinking water consumption
Drink water from a poor quality source	29%	5 19%	Drink water from a poor quality source



Agriculture & Livestock Water Usage and Sufficiency

Agriculture (reported by agriculture KI)

Primary water source: Communal boreholes/wells

Secondary water sources: None

Agricultural water sufficiency: Partially insufficient

↳ **Causes:** Drought/lack of rain, high cost of operating irrigation systems

Reported impacts: Decreased production, increased food and fodder prices, weakened livestock sector

Livestock (reported by livestock KI)

Primary water source: Communal boreholes/wells

Livestock water sufficiency: Completely sufficient

↳ **Causes:** N/A

Reported impacts: N/A

Water Management Actors & Capacity

Primary actors involved in water management for the assessed area and their roles (as reported by water KI)

Water Department
(Sur Local Council)

Responsible for management of pumping stations in Sur community and provision of public trucking at subsidised rate to Rweished villages

Reported local water management capacity (as reported by water KI)

- Sufficient number of staff ✓
- Sufficient technical knowledge ✓
- Sufficient technical skills ✓
- Needed tools/equipment are available ✗
- Missing electrical, mechanical, and network spare parts ✗

Key Water Issues

Key issues and reported causes of water insufficiency

(as reported by water KI)

- Reliance on trucked water (cost/quality issues)
- Decreased natural water resources
- Inability to effectively treat local well water



Recommendations: CFGD participants and the water KI pointed to a need for provision of safe drinking water for immediate reduction of water-borne illness, as well as the establishment of water treatment stations for local wells in order increase access to local water resources, reduce the populations water expenditures, and increase access to clean drinking water in the longer term.

SANITATION & WASTE MANAGEMENT

ABA findings indicate the lack of sanitation infrastructure and services as key issues for waste management, emphasized by high levels of HH dissatisfaction with the quality and availability of both waste water and solid waste disposal methods.

KI findings confirm that Rweished lacks infrastructure for a sewage system, resulting in the large majority of HHs relying on soak pits or septic tanks to dispose of waste water from HH toilets. Thirteen percent (13%) of HHs also reported disposal by surface runoff (22% of IDP HHs), a fact that is also mirrored by the high percentage of both resident and IDP HHs who reported open defecation in the community as an issue (47% and 40% of HHs respectively).

Most commonly reported primary method of HH wastewater disposal (by % of surveyed HHs)



87% HH septic tank or soak pit
13% Surface run-off

62% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of waste water disposal methods/services

✗ **Sewer network infrastructure reportedly not present in assessed area, according to sanitation KI**

Most commonly reported primary method of HH solid waste disposal (by % of surveyed HHs)



79% Waste is burnt
20% Waste is left in public areas
1% Free public waste collection

71% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of solid waste disposal methods/services

Most commonly reported HH sanitation and waste management issues (by % of surveyed resident and IDP HHs)†

	Resident HHs		IDP HHs	
No sewage system in community	58%	1	69%	No sewage system in community
Open defecation in community	47%	2	40%	Open defecation in community
Septic tank desludging services unavailable	31%	3	17%	Rodents and/or pests frequently visible
Presence of solid waste in the streets	26%	4	16%	Septic tank desludging services unavailable
Waste collection services too infrequent	11%	5	11%	Presence of solid waste in the streets



Functional educational facilities in assessed area without access to adequate sanitation facilities for students and staff (as reported by education KI)

Inability to empty wastewater from tanks and pits (reported by 31% of resident HHs and 16% of IDP HHs), in addition to the presence of unsanitary disposal methods lead to pollution and increased illness and disease in the community, as reported by the sanitation KI.

The lack of functional sanitation infrastructure in local primary school facilities was also noted as a challenge to providing quality education to the population (see pg. 21).

Additionally, ABA data highlight that HH lack access to solid waste management services, instead commonly burning waste (79% of HHs) or leaving it in public areas (20% of HHs). These practices lead to the accumulation of solid waste in the streets (reported as an issue by 26% of resident HHs and 11% of IDP HHs) and compound the pollution and unsanitary conditions caused by lack of wastewater disposal infrastructure and services.

Recommendations: The sanitation KI pointed to the need for wastewater disposal infrastructure, namely the construction of a sewer network. Data also indicate that support for waste disposal infrastructure (such as a landfill) and collection services would help contribute to the reduction of pollution in the community and reduce related public health risks.

----->  **Public primary school(s)**

Sanitation Management Actors & Capacity

Primary actors involved in sanitation management for the assessed area and their roles (as reported by sanitation KI)

No management

Due to the lack of waste water and solid waste infrastructure and public services in the area, no actors are currently assuming sanitation management responsibilities.

Key Sanitation Issues

Key sanitation issues and impacts (as reported by sanitation KI)

- Absence of sanitation infrastructure and services

- Increased pollution in community
- Spread of disease and illness, negative impact on public health



Map 5: Rweished Water Points and Sanitation Facilities (as identified by water and sanitation KIs)





HEALTHCARE

ABA findings highlight lack of access to quality healthcare, primarily due to a lack of facilities beyond pharmacies in the area as well as the unaffordability of treatment and medication and lack of needed medications and equipment at facilities. Rweished has also been impacted by the spread of water-borne illness (see pg. 16), where those affected have been unable to access sufficient treatment.

Improved access to quality healthcare was a top community recovery priority cited by surveyed HHs and CFGD participants. The need for improved healthcare is also reflected in the finding that 76% of surveyed HHs reported being dissatisfied or very dissatisfied with the quality and availability of services at facilities they had access to.

Access to healthcare among Rweished's population is severely limited by the lack of local facilities; KI data show that pharmacies are the only permanent functional facilities present in the assessed area and are only able to support in the provision of medications without having capacity to offer any additional services. KI data indicate that there was previously a clinic in the area which is no longer functional due to infrastructural issues and lack of medication and equipment.

Therefore, to access the needed services and treatments community members must travel to other locations, primarily to nearby Sur to access the hospital and clinics in the town, or to Al-Hasakeh city for emergency and surgical cases, according to MFGD findings. HH survey findings also indicate that the required equipment and medicines are not always available at facilities that are accessible outside Rweished, reported as an issue by 41% of resident HHs and 54% of IDP HHs. Overall, KI findings suggest that around 80% population seeks what care is available at local pharmacies due to inability to afford travel.

Local Healthcare Facilities & Services

Functional healthcare facilities present in the assessed area (as reported by healthcare KI)

Public hospital	✗
Private hospital	✗
Public clinic	✗
Private clinic	✗
Public medical laboratory	✗
Private medical laboratory	✗
Pharmacy	✓

Healthcare services available in facilities in the assessed area (as reported by healthcare KI)

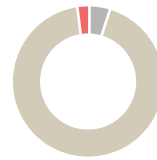
Treatment for chronic disease (medication only)	✓
Treatment of diarrhoea (medication only)	✓

COVID-19 preventive measures currently implemented in healthcare facilities in assessed area (as reported by healthcare KI)

Staff use of personal protective equipment (PPE)

HH Healthcare Access & Issues

HH access to a functioning clinic (by % of surveyed HHs)



- 0% Access only in assessed area
- 5% Access in assessed area and other communities
- 93% Access only in other/nearby communities
- 2% No access

HH access to a functioning hospital (by % of surveyed HHs)



- 0% Access only in assessed area
- 0% Access in assessed area and other communities
- 89% Access only in other/nearby communities
- 11% No access

76% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of healthcare services in these facilities

Most commonly reported HH issues with available healthcare services (by % of surveyed resident and IDP HHs)

	Resident HHs		IDP HHs	
Distance to facilities	95%	1	97%	Distance to facilities
Cannot afford treatment costs	73%	2	74%	Cannot afford treatment costs
Cannot afford price of medicines	63%	3	66%	Cannot afford price of medicines
Cannot afford travel costs to facilities	50%	4	54%	Lack of medicines and/or equipment at facilities
Lack of medicines and/or equipment at facilities	41%	5	50%	Cannot afford travel costs to facilities



59,431 SYP

Average monthly healthcare and medication expenditure of surveyed HHs

For those HHs who can afford travel costs, this creates an additional burden on already existing economic hardship, while those who can not afford to travel are left with limited treatment options. Indeed, distance to facilities was reported as an issue by nearly all surveyed resident and IDP HHs and unaffordability of travel was cited by over 50% of resident and IDP HHs.

Compounding the absence of needed facilities and services within the assessed area, ABA findings highlight that unaffordability is a key barrier to healthcare access even beyond travel; the average HH's estimated monthly health and medication expenditures were equal to 27% of reported monthly income. Nearly three-quarters of surveyed resident and IDP HHs reported they were unable to afford treatment costs and more than 60% of reported inability to afford medication. KI data suggest that medications are either unavailable or unaffordable in the area, largely due to border closure and poor economic conditions.



According to KI data, the lack of access to care and medications has led to increased spread of disease, specifically water-borne illness (see pg. 16), as community members cannot access needed treatments. The spread of skin disease, in combination with presence of COVID-19 in the area, has had knock-on effects on the economy and livelihoods.

Healthcare Management & Capacity

Primary actors involved in healthcare management for the assessed area and their roles (as reported by healthcare KI)

Private companies

Supply of medications to local pharmacies at full price.

Reported local healthcare management capacity for facilities in the assessed area (as reported by healthcare KI)

- Facilities have sufficient number of staff ✔
- Staff have sufficient training/qualifications ✔
- Facilities have sufficient supplies/equipment ✔
- Facilities have sufficient medication ✔
- Facilities have sufficient clean water ✔
- Facilities have sufficient electricity ✘

Findings relate only to the facilities reported by the healthcare KI as present within the assessed area, namely **pharmacies**.

Key Healthcare Issues

Key reported healthcare issues (as reported by healthcare KI)

- Absence of needed local facilities/services
 - Need to travel for healthcare adds to access barriers (physical, financial)
- Unaffordability and unavailability of medicine
- Spread of water-borne illness and inability to treat



Of additional concern, CFGD participants noted that older persons and persons with disabilities face difficulties meeting their healthcare needs. Many older persons suffer from physical or cognitive difficulties and require special support or help to access needed medications, which is not available currently. Persons with disabilities also lack access to the specialised support that they require.

KI data indicate that healthcare within the assessed area is not under any formal management structure, where private companies are the primary actors, supplying local pharmacies with medications at full cost.

Recommendations: CFGD participants and the healthcare KI noted that, beyond providing HHs with support accessing and affording medications and transportation, the establishment of additional healthcare facilities within Rweished (including a dispensary, medical points, and/or mobile clinics), and improved access to electricity would support increased resilience of the population to shocks affecting health.

Map 6: Rweished Healthcare Facilities (as identified by healthcare KI)





EDUCATION

ABA data point to a lack of access to quality education due to economic issues, the absence of sufficient facilities with appropriate infrastructure, and insufficient resources and capacity as the key education issues in Rweished.

Education was among the priority areas for community recovery listed by CFGD participants, seen as a key for ensuring improved opportunities for children and youth and a means of reducing issues such as child marriage for girls.

KI findings show a significant lack of functional educational facilities within the assessed area, where only public primary schools and one private secondary school (for boys only) are reportedly available and where all surveyed HHs with school-aged children reported lacking access to functioning secondary or high school facilities.

Low access to education is reflected in KI data, where it was estimated that around half of all school aged boys and girls were not attending school. Lack of access is also reflected in low literacy and educational attainment rates in the adult population, where KI findings estimate that only few male and female adults had completed primary schooling or higher.

Of the available facilities, KI data also suggest that poor infrastructure, particularly in relation to water, sanitation, and electricity access, poses additional challenges and contributes to lack of attendance.

Completion, Literacy, & Attendance

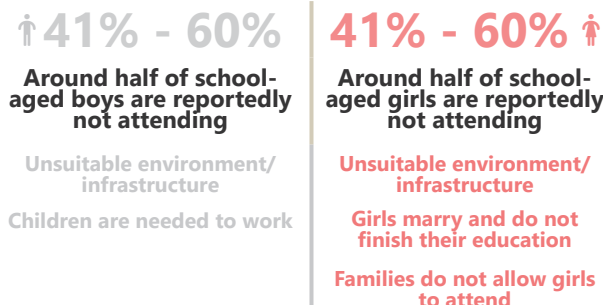
Estimated % of adults (18+) who have completed primary, secondary, and high school education (as reported by education KI)

Level completed	↑ Adult men	↓ Adult women
Primary (years 1-6)	1%-20% (few)	1%-20% (few)
Secondary (years 7-9)	1%-20% (few)	1%-20% (few)
High school (years 10+)	1%-20% (few)	1%-20% (few)

Estimated % of literate male and female adults (18+) (as reported by education KI)



Estimated % of school-aged children (5-17) not attending; primary reasons for non-attendance (as reported by education KI)



Rweished Education Facilities

Functional education facilities present in the assessed area (as reported by education KI)

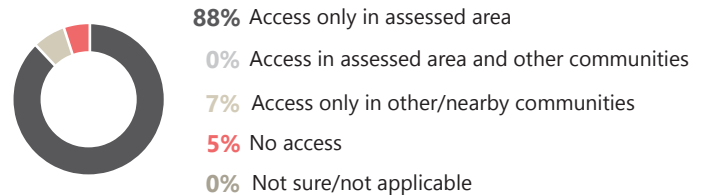
Public childcare/early education	✗
Private childcare/early education	✗
Public primary schools (years 1-6)	✓
Private primary schools (years 1-6)	✗
Public secondary schools (years 7-9)	✗
Private secondary schools (years 7-9)	✓
Public high schools (years 10+)	✗
Private high schools (years 10+)	✗
Public universities	✗
Private universities	✗

HH Education Access & Issues

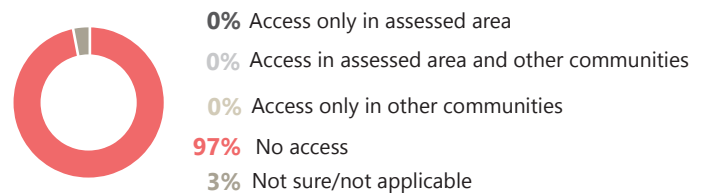
Functionality, in previous 3 months, of schools typically used by HHs (by % of the 65% of surveyed HHs with school-aged children)



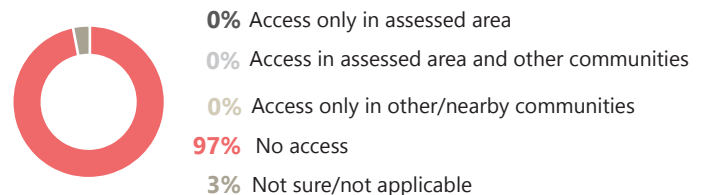
HH access to a functioning primary school (by % of the 65% of surveyed HHs with school-aged children)



HH access to a functioning secondary school (by % of the 65% of surveyed HHs with school-aged children)



HH access to a functioning high school (by % of the 65% of surveyed HHs with school-aged children)





Most commonly reported HH issues with available education services (by % of surveyed resident and IDP HHs with school-aged children with access to services)

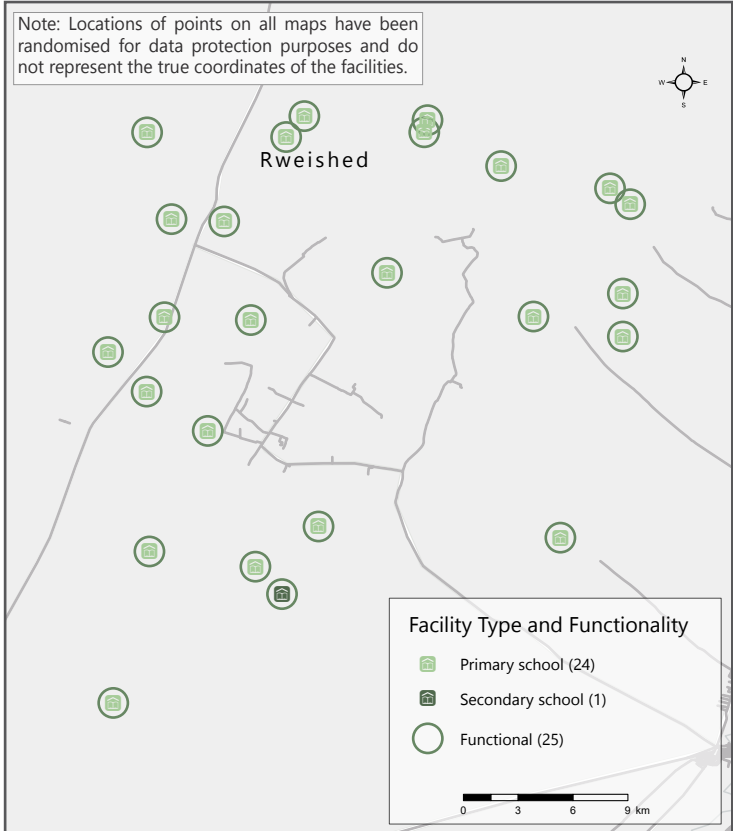
Resident HHs	IDP HHs
Distance to facilities 81%	1 89%
Lack of teaching staff 44%	2 55%
Quality of education 40%	3 51%
Cannot afford travel costs to facilities 30%	4 47%
Cannot afford price of services and/or materials 29%	5 35%

The quality of available education is perceived to be low, as seen in HH findings on satisfaction and issues. According to KI and HH data, poor quality is largely due to the lack of sufficient supplies a lack of teaching staff. Additionally, difficult economic conditions and low HH income result in parents prioritising their children's support with income-generating activities over attending school. Additionally, girls are reportedly marrying early without finishing their education or are not allowed by their families to attend school.

The Education Committee of the nearby Sur Local Council is reportedly responsible for the educational process in Rweished, however, service provision capacity is reportedly limited by lack of sufficient financial and material resources, equipment, and by poor infrastructure.

Recommendations: CFGD participants and the education KI indicated that the rehabilitation of educational infrastructure, provision of educational materials and tools, and capacity building of staff would support community recovery and increase the capacities and skills of the population in relation to future employment opportunities.

Map 7: Rweished Education Facilities (as identified by education KI)



Education Management & Capacity

Primary actors involved in education management for the assessed area and their roles (as reported by healthcare KI)

Education Committee (Sur Local Council)

Manages the educational process, including appointment and training of teachers, and distribution of curricula and examinations.

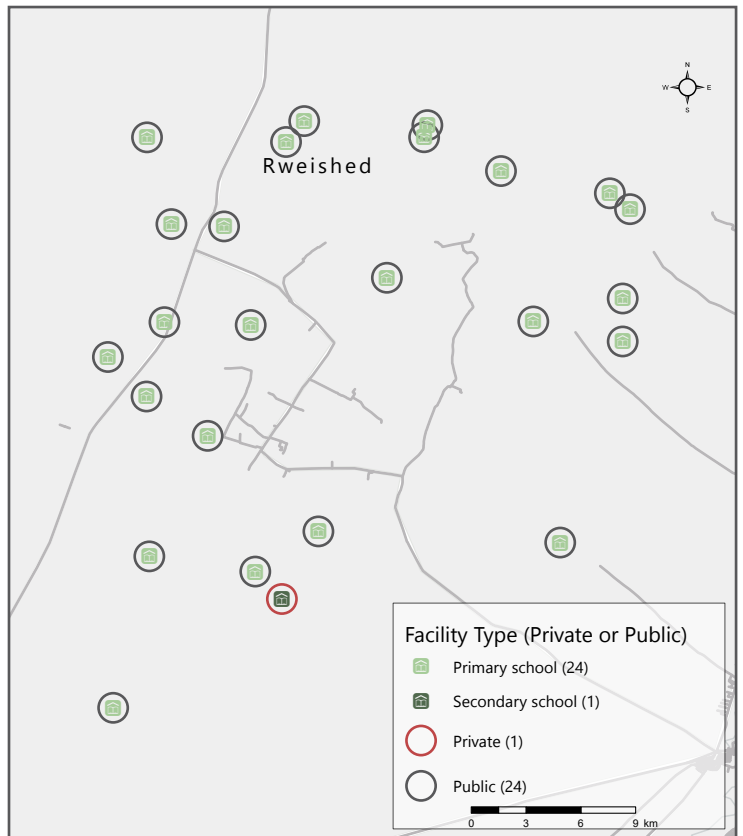
Reported local education management capacity for facilities in the assessed area (as reported by education KI)

- Facilities have sufficient number of staff
- Staff have sufficient training/qualifications
- Facilities have sufficient supplies
- Facilities have sufficient desks and/or chairs
- Facilities have adequate sanitation access
- Missing core curriculum and supplementary learning materials

Key Education Issues

Key reported education issues (as reported by education KI)

- Lack of local schools, particularly beyond primary
- Poor infrastructure in existing local schools (water, sanitation, electricity access)
- Perceived low quality of education due to lack of resources





ELECTRICITY

Lack of access to electricity was cited by CFGD participants as a key vulnerability of Rweished's population and improved access to electricity was among the top priorities for community recovery cities by CFGD participants and surveyed HHs alike.

Issues with insufficient access to electricity in Rweished largely stem from the lack of a functional electric network, leaving community members to primarily depend on batteries and HH solar panels or generators for power, as demonstrated in the results of the HH survey.

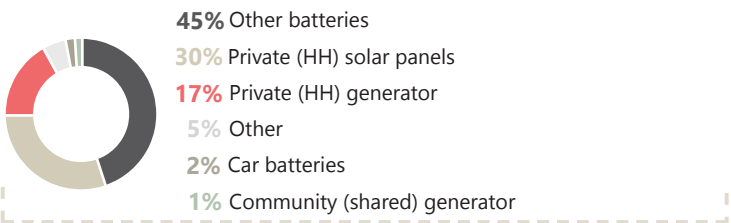
Surveyed HHs were largely dissatisfied with the quality of electricity from available sources and commonly reported issues accessing generators, issues affording solar panels, and issues affording fuel for generators.

In addition to impacts on HHs, CFGD participants noted the significant impact of lack of access to electricity on agricultural operations (see pg. 13) and on broader access to water in the area (see pg. 16). KI data on healthcare and education also highlight that provision of those services would benefit from enhanced electricity access.

Recommendations: CFGD participants highlighted that increased access to solar energy would support the resilience and recovery of the community, reducing HH dependence on fuels for heating and cooking, improving service access and quality, and supporting operations for agriculture and other economic sectors.

HH Electricity Access & Issues

HH primary source of electricity (by % of surveyed HHs)



77% of surveyed HHs were dissatisfied or very dissatisfied with quality of available electricity sources

\$ 44,121 SYP Average monthly electricity and fuel expenditure of surveyed HHs

Most commonly reported HH issues with available education services (by % of surveyed resident and IDP HHs)†

Resident HHs		IDP HHs	
Generators are not available	48%	1	56%
No main network in community	42%	2	52%
Solar panels are unaffordable	40%	3	36%
Fuel for generators is unaffordable	34%	4	34%
Main network needs repair	30%	5	35%
			Generators are not available
			Solar panels are unaffordable
			Main network needs repair
			Fuel for generators is unaffordable
			No main network in community

ROADS & TRANSPORTATION

The large majority (83%) of surveyed HHs reported dissatisfaction with existing road conditions, primarily citing issues with the quality of roads and/or sidewalks. In addition, only 5% of surveyed HHs reported the availability of transportation services in the area.

With Rweished's population heavily reliant on nearby communities such as Sur for access to employment (see pg. 9), markets (pg. 12), healthcare (pg. 19), education (pg. 21) and more, the poor conditions of roads and lack of transport options have a significant impact on community members' ability to meet basic needs.

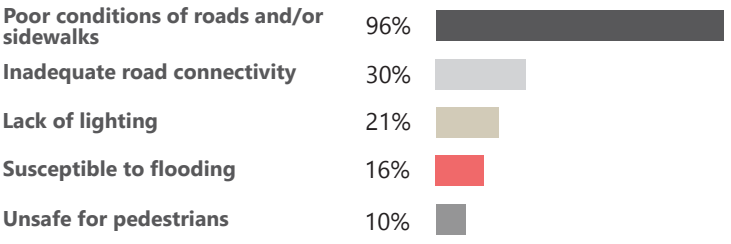
MFGD participants stressed that damage to the Rweished-Sur highway and the lack of paved secondary roads connecting the area's villages led to difficulties. In particular, they noted that the unpaved roads are susceptible to flooding in the winter, making it difficult for community members to move within the larger area and access basic needs.

Recommendations: MFGD participants highlighted the need for repair and rehabilitation of the Rweished-Sur highway and the paving of secondary roads within the Rweished area to improve overall mobility and access to basic needs.

HH Road & Transportation Access & Issues

83% of surveyed HHs were dissatisfied or very dissatisfied with quality and availability of roads in and around their community

Most commonly reported HH issues with roads in and around community (by % of surveyed HHs)†



Availability of transportation services for HH use in the assessed area (by % of surveyed HHs)



17% of surveyed HHs that reported availability of transportation services were dissatisfied or very dissatisfied with quality and availability

Most commonly reported HH issues with available transportation services (by % of the 5% of HHs reporting availability)†

1	Cannot afford cost of transport	54%
2	No issues	46%
3	Ineffective routes	17%



PROTECTION

The primary protection risks identified in regards to Rweished's population were child labour, early marriage, lack of specialised care and support for the older persons and persons with disabilities, as well as widespread lack of civil documentation, and housing, land and property issues among IDP HHs. Additionally, the unstable economic situation also contributed to feelings of insecurity and lack of safety for community members.

When asked to identify population groups facing unique vulnerabilities or risks, CFGD participants noted that children often start working at a younger age due to the poor economic situation and need for additional HH income, specifying that children sometimes work in the "dangerous" job of waste collection. In fact, 13% of surveyed HHs reported that one or more HH member between the ages of 5 and 17 was earning income at the time of data collection.

Participants also noted that there are cases of early marriage among children and youth in Rweished, attributing this to poverty and noting that it contributes to the lack of access to education (see pg. 21). Additionally, participants noted that older persons and persons with disabilities currently lack access to specialized care and support that they need, making them more vulnerable.

KI findings also suggest that most of the area's population (61%-80%) is affected by lack or loss of civil documentation, which results in increased risk of restricted movement. KI responses indicate this particularly affects the younger population.

Civil Documentation

61% - 80% of the population in the assessed area is reportedly affected by lack or loss of civil documentation, according to the community KI (Most)

Population groups reportedly more commonly affected by lack/loss of civil documentation (as reported by community KI)

- ✓ Women/girls
- ✓ Youth
- ✗ IDPs
- ✗ Never-displaced residents
- ✗ Ethnic/religious minorities
- ✓ Men/boys
- ✗ Older persons
- ✗ Returnees
- ✗ Persons with disabilities

Risks associated with lack/loss of civil documentation
(as reported by community KI)

Movement restrictions



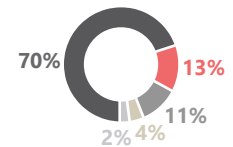
Housing, Land, & Property Issues

Reported presence of HHs affected by housing, land, and/or property issues (by % of surveyed resident and IDP HHs)

Resident HHs



IDP HHs



- No problems
- Affected by issues accessing property/land documentation
- Affected by changes in regulations regarding property/land
- Affected by others occupying property/land
- Prefer not to answer

Additionally, CFGD participants noted that IDPs more commonly face barriers finding suitable housing options in the area. Further, HH survey data show that 28% of IDP HHs reported experiencing an issue related to land and property, most commonly issues accessing documentation or issues with others occupying their land/property.

When more broadly asked what factors made them feel safe in their community, CFGD participants most commonly cited the stable security situation. Additionally, social factors, such as the presence of family or the positive relationship between the resident and IDP population, contributed to feelings of safety, as did the presence of personal property.

When asked about aspects of living in the community that made them feel unsafe, economic insecurity was a key factor, where participants cited increasing cost and unavailability of basic goods, the lack of economic opportunities, and rising unemployment. Participants also noted that increased water insecurity made them feel less safe, as did the difficulty and high cost of transportation.

Risks, Safety, and Security

Population groups facing unique protection risks in the assessed area (as reported by CFGD participants)

Children		Child labour, early marriage
Youth		Early marriage
Older persons		Lack of physical and psychological support
Persons with disabilities		Lack of special assistance

Aspects of living in the assessed area that make participants feel safe (as most commonly reported by CFGD participants)

- Stable security situation
- Familial and kinship relations
- Positive IDP - Resident relationship
- Presence of own property

Aspects of living in the assessed area that make participants feel unsafe (as most commonly reported by CFGD participants)

- Price inflation and item unavailability
- Lack of economic opportunity
- Water insecurity
- Transportation barriers



SOCIAL COHESION

When asked about the relationship between resident and IDP populations in their community, participants in all of CFGD sessions described the relationship as a positive or normal one, noting that IDPs are hosted and provided shelter by the resident population, supported in their basic needs for food, find social and psychological support from the community, and that the two groups lend and borrow to support each other.

Additionally, some CFGD participants noted that IDPs share similar customs and traditions as the local population, and often share kinship or family ties. Some resident participants described the relationship as one of love and full of respect.

Beyond the resident-IDP relationship, all CFGD participants agreed that there were no other tensions within the community between different population groups. However they noted a number of factors with the ability to negatively impact social relations in the community, including the continuation of poor living conditions and increased crime, perceived discrimination between community members and social groups (including based on clan), the marginalisation of youth, and the perceived unfair distribution of assistance.

Factors with the ability to increase or create social tensions (as reported by CFGD participants)



In relation to the implementation of longer-term recovery and resilience-oriented interventions in their community, the vast majority of CFGD participants noted that they would be met with cooperation from the community and would not result in tensions. However, many participants noted that, due to the poor living conditions, longer-term or community-level programming should be paired with emergency and HH-level interventions in order to ensure the most vulnerable are supported.

The majority of participants noted that it would likely create tensions within the community if projects are implemented that support community recovery and improve conditions for the overall population, without providing support for the most vulnerable.

COMMUNITY GROUPS & PARTICIPATION

Presence and of community groups in the assessed area (as reported by community, agricultural, and livestock KIs)

Group Type	Reported Presence
Civil Society Groups	
Women's Groups	
Youth Groups	
Agricultural Groups	
Livestock groups	

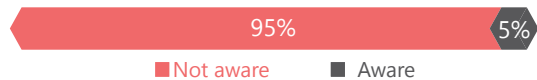
KI findings indicate that the assessed Rweished area lacks easily identifiable or well-known community groups.

Regarding community member participation in social, economic, and political life more broadly, CFGD participants noted no significant barriers to participation in social life. However, some participants noted that poverty sometimes hinders people's ability to perform social duties.

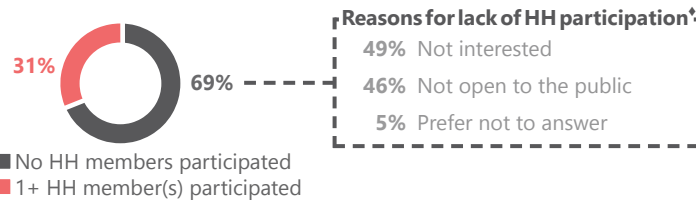
CFGD participants noted a number of barriers to economic participation, most commonly citing the lack of financial support from authorities and (I)NGOs, lack of job opportunities, and absence of financial institutions or loan providers as challenges.

Relating to political participation, participants of male CFGDs noted that a lack of time or was a barrier, while female participants noted that social customs and traditions limited women's political participation, as could restrictions made by family. Some participants also noted that the need to focus on meeting basic needs left little time for political engagement.

HH awareness of community-level local recovery meetings and/or planning in previous 12 months (by % of surveyed HHs)



HH participation in community-level local recovery meetings/planning in previous 12 months (by % of the 5% of HHs aware of local recovery discussions/planning)



Additionally, findings suggest a low level of community member awareness of and participation in meetings and planning regarding local recovery, with only 5% of HHs reporting awareness of such activities and even fewer reporting participation.



ENDNOTES

- ◆ Respondents could select all answers that applied, thus findings might exceed 100%.
 - ◆ Respondents could select up to three answers, thus findings might exceed 100%.
 - Disaggregated findings for male- and female-headed HHs, as well as for returnee HHs, are not based on representative sampling and should therefore only be seen as providing an indication of the situation among such HHs.
- 1 Hylke E. Beck, et al., [Present and future Köppen-Geiger climate classification maps at 1-km resolution](#), October 2018.
- 2 Armed Conflict Location & Event Data Project (ACLED), [Syria Dataset \(2017-2022\)](#), Accessed January 2022.
- 3 For the purposes of this assessment, returnee HHs were defined as those who had previously been displaced from their community of origin (the assessed location) for more than one month, regardless of length of time since their return. Non-displaced residents may include those who were displaced for short periods of time (less than 1 month) and are not considered returnees under the above definition.
- 4 Respondents were asked to indicate how many of the members of their HH (including themselves) had the following conditions to the extent that they interfere with daily life: difficulty seeing even when wearing glasses, difficulty hearing even if using a hearing aid, difficulty walking or climbing stairs, difficulty with self-care (bathing or dressing), difficulty remembering or concentrating, difficulty communicating in their usual language (understanding or being understood).
- 5 Ziad Awad, [Deir Al-Zor after Islamic State: Between Kurdish Self Administration and a Return of the Syrian Regime](#), March 2018.
- 6 Overall findings for top reported reasons/factors were calculated using the borda-count method. Using this method each HH ranks their top 3 choices among the answer options. Those answer options then get “points” according to their places in the HH ranking (i.e., 3 points for 1st place, 2 points to 2nd place and 1 point to 3rd place). The analysis output then displays the % of points for each answer option, including the survey weights, where the options with the highest % of points are listed as the overall top reported.
- 7 CFGD participants were asked to identify and rank the top three most important priorities for community recovery and increased ability to adapt to and mitigate shocks and stresses. In order to present the findings as a ranked list, each priority that was mentioned was weighted by how commonly it was mentioned across different CFGD sessions as well as by whether it was listed as the 1st, 2nd, or 3rd most important recovery priority. The displayed ranking is relative and all listed priorities were seen as among the top factors for recovery by CFGD participants.
- 8 MSME is an acronym for “micro, small, and medium enterprises”.
- 9 For this assessment, shocks were defined as “sudden onset, high-impact events usually of a limited duration”, while stresses were defined as “slow onset events or changes ... that undermine development outcomes”. These definitions are based on Mercy Corps’ STRESS Guidance Note where further information and examples of shocks and stresses can be found (Mercy Corps, [STRESS: Strategic Resilience Assessment Guidance note](#), July 2017).
- 10 In relation to resilience, a development constraints are defined as “factors that limit, inhibit or reverse positive achievements towards development goals and objectives” (Mercy Corps, [STRESS: Strategic Resilience Assessment Guidance note](#), July 2017).
- 11 Analysis displaying “resident HH” figures includes data from all surveyed HHs reporting the assessed area as their community of origin, including resident HHs who have never been displaced as well as returnee HHs.
- 12 Respondents were asked if any of the adult male (18+) members of their HH were currently unemployed and actively looking for work.
- 13 Respondents were asked to report the average monthly cash income over the previous 3 months from all sources for their HH (including salary, pension, benefits, trade, remittances, etc.).
- 14 Full answer choices were as follows: Very good (can easily meet all basic needs), Good (can meet basic needs), Fair (can meet basic needs with some difficulties), Poor (Cannot easily meet basic needs), Very poor (cannot meet basic needs at all).
- 15 Examples of market limitations include high prices of shop rental and lack of spaces to display goods.

Cropland Area and Yearly Change Data

The data on cropland area displayed on pg. 14 were derived from annual cropland maps (2017-2021) produced by UNOSAT. These maps were generated based on optical satellite imagery (Sentinel-2, Landsat 8, MODIS), radar imagery (Sentinel-1), optical indices including the Normalized Difference Vegetation index (NDVI) and the Normalized Difference Water Index (NDWI), seasonality metrics, Sentinel-1-derived texture and ancillary data such as elevation and slope.

To differentiate cropland from other land cover classes (e.g. water or urban areas), supervised image classification (Random Forest) was applied using training samples that were collected through visual interpretation of satellite imagery. To extract cropland area estimates for the assessed area, the cropland area (hectares) for each agricultural season was spatially aggregated within the boundaries defined during the MFGD session. Therefore, lands cultivated by community members outside these boundaries are not included in analysis.

About REACH

REACH 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). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org.

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