## **HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS)**

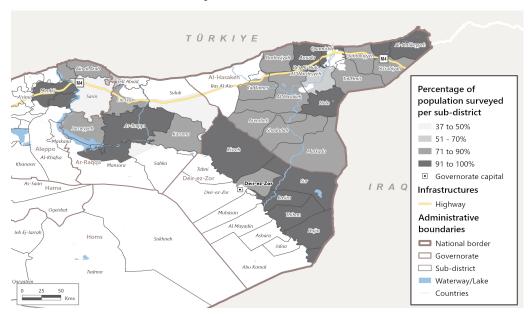
February 2024 | Northeast Syria

### INTRODUCTION AND METHODOLOGY

HSOS is a monthly assessment that provides comprehensive, multi-sectoral information about the humanitarian conditions and priority needs inside Syria. This factsheet presents a thematic review based on the HSOS assessment of the priority needs and humanitarian assistance, economic conditions, living conditions, access to basic services, public health, and the security and protection situation in Northeast Syria (NES). HSOS focuses on host community and internally displaced persons (IDP) households residing in communities. **This assessment does not provide information on camps and informal settlements**.

Unless specified by an endnote, all indicators refer to the situation in the 30 days prior to data collection. Findings are indicative rather than representative, and should not be generalised across the population and region. The complete monthly HSOS dataset is available on the REACH Resource Centre.

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to five KIs per assessed location, either directly or remotely. KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **1,347 communities** across Aleppo<sup>1</sup>, Ar-Raqqa, Al-Hasakeh, and Deir-ez-Zor. Data was collected **between 1-15 February 2024** from **4,857 KIs** (20% female).



### **KEY MESSAGES**

- While hostilities persisted in NES, the feeling of insecurity kept expanding along the northern border. In Amuda sub-district, the percentage of communities where KIs reported the threat of imminent conflict rose from 42% to 92% between December and February HSOS rounds. Insecurity affects access to basic services such as education. In Amuda sub-district, KIs increasingly reported that insecurity prevented children from travelling to schools.
- Airstrikes on civilian infrastructure impacted the access to electricity across NES, with KIs reporting that the main network was partially or completely not functioning in 40% of assessed communities (compared to 17% in December).
  Tell Abiad, Jawadiyah and Al-Malikeyyeh sub-districts witnessed significant drops in the average number of hours with access to domestic electricity per day.
- The access to water also deteriorated in sub-districts located on the northern border of Hasakeh governorate, with increased reports of insufficient access to water for households. The insufficiency of fuel to operate water pumps was reported as a barrier to access water in 20% of assessed communities in Hasakeh governorate, compared to 10% in the December round.

### **HSOS Dashboards**

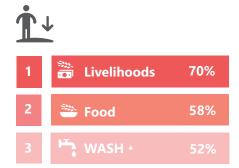
- <u>Sectoral dashboard</u>: This interactive dashboard presents a sectoral review of key indicators from HSOS. Users can easily navigate through their sector of interest and visualise data from the community level to the region level.
- <u>Trend analysis dashboard</u>: This dashboard allows users to quickly see how the humanitarian situation in northern Syria has been changing over time.
- Water and electricity dashboard: This dashboard shows trends of access to water, access to electricity and problems with drinking water indicators in NES. Trends are displayed in graphs and maps showing findings at various administrative levels.





### PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

Most commonly reported overall priority needs for host community households (by % of assessed communities) 2



Most commonly reported overall priority needs for IDP households (by % of assessed communities) 2



% of assessed communities where some of the host community households were able to access humanitarian assistance



Yes: 20% No: 80%

% of assessed communities where KIs reported the presence of the following types of assistance for host community households<sup>3</sup>

2%	Livelihoods
4%	Food
3%	WASH

% of assessed communities where some of the IDP households were able to access humanitarian assistance

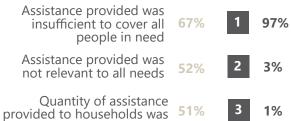


% of assessed communities where KIs reported the presence of the following types of assistance for IDP households3



Most commonly reported barriers that host community households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers)<sup>3</sup>

Communities where access to humanitarian assistance was reported



Communities where no access to humanitarian assistance was reported



Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers)3

Communities where access to humanitarian assistance was reported

nce provided	was not
relevant to a	all needs
stance provi nt to cover al	ded was I people in need
uantity of as	ssistance
d to househo	olds was
ins	ufficient

Communities where no access to humanitarian assistance was reported

Assistance provided was not relevant to all needs	60%	1	98%	No humanitarian assistance was available
Assistance provided was sufficient to cover all people in need	56%	2	1%	People did not comply with the eligibility criteria
Quantity of assistance provided to households was	48%	3	1%	Not aware if assistance was available





insufficient

### **ECONOMIC CONDITIONS**

Region	Median estimated monthly expense for water for a household of six <sup>4,5</sup>	Median estimated monthly rent price for a two-bedroom apartment 4,5	Median estimated daily wage for unskilled labour <sup>4, 6, 7</sup>
Aleppo	32,500 SYP	150,000 SYP	30,000 SYP
Al-Hasakeh	85,000 SYP	200,000 SYP	20,000 SYP
Ar-Raqqa	4,000 SYP	200,000 SYP	30,000 SYP
Deir-ez-Zor	100,000 SYP	200,000 SYP	25,000 SYP
Northeast Syria	60,000 SYP	200,000 SYP	25,000 SYP

Most common sources of meeting basic needs for households (by % of assessed communities) 3,7



Presence of host community and IDP households relying on non-productive sources of livelihoods to meet their basic needs (by % of assessed communities) 3



Most commonly reported barriers to accessing livelihoods (by % of assessed communities) 3, 7



Most commonly reported barriers to accessing livelihoods related to agriculture (by % of assessed communities)3



% of assessed communities where livelihood sources from agriculture were reported <sup>3</sup>

Livelihood source	Host community households	IDP households
Food crop production	43%	34%
Cash crop production	76%	22%
Livestock products	50%	25%
Sale of livestock	46%	18%

Intersectoral findings on unaffordability hindering access to goods and services<sup>7</sup>



KIs in **22%** of assessed communities cited **rent** was unaffordable for the majority of people



cost of **solar panels** as a common challenge



KIs in **81%** of assessed communities cited the high cost of **food** as a common challenge



KIs in 66% of assessed communities cited high cost of **fuel for generators** as a common challenge



Kls in 46% of assessed communities cited the high • cost of water trucking as a common challenge



KIs in 86% of assessed communities cited the high cost of **health services** as a common challenge













### **BASIC NEEDS OVERVIEW**

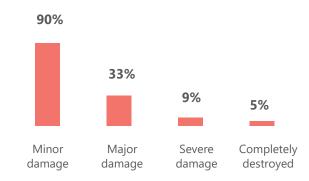
In 96% of assessed communities, at least 80% of the host community households reportedly owned their shelter

In 73% of assessed communities, none of the IDP households reportedly owned their shelter

In 10% of assessed communities, at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In 3% of assessed communities, at least **one fifth** of the IDP population reportedly lived in **tents** 

Reported presence of occupied shelters with damage (by % of assessed communities)<sup>4,8</sup>



**Shelter and repair materials being too expensive** was the most commonly reported challenge for households to repair their shelter (reported by KIs in 89% of assessed communities)

Most commonly reported shelter inadequacies (by % of assessed communities)<sup>3</sup>

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82%	Lack of lighting around shelter	83%
66%	Shelter have minor damages	58%
53%	Lack of space/overcrowding	58%
49%	Lack of privacy inside shelter	54%
34%	Lack of heating	37%
34%	Unable to lock home securely	32%



98%

% of assessed communities where KIs reported that **households experienced barriers to accessing sufficient food** <sup>7</sup>



**High price of suitable foods formula** was the most commonly reported challenge to feeding young children (reported by KIs in 94% of assessed communities) <sup>7,9</sup>

Commonly reported barriers to accessing sufficient food (by % of communities)<sup>3,7</sup>

1	Markets exist and food is available but households cannot afford essential food items	81%
2	Markets exist but not all essential food items are available	23%
2	Markets exist but have insufficient quantities of food	23%
3	Markets are not functioning in the community	19%

Commonly reported source of food for households other than markets (by % of assessed communities)  $^{10,\,7}$ 

1	Relying on food stored previously		43%
2	Own production or farming		42%
3	Food gifts from friends and family	1	3%





### **ACCESS TO BASIC SERVICES**



Access to Electricity hrs/day

was the most commonly reported range of hours of electricity accessible to households (reported by KIs in 31% of assessed communities)

Main was the most commonly reported main source of electricity (reported by network KIs in 60% of assessed communities)

% of assessed communities where KIs reported solar panels too expensive as the most common barrier to electricity access



Access to Water

% of assessed communities where KIs reported that not all households had access to sufficient water



7 days 5-6 days **10%** 3-4 days 19% 1-2 days

0 days

water from the network was available (by % of 875 communities connected to a water 37% network)

borehole

Private was the most commonly reported source of water for all purposes (reported by KIs in Or Well 47% of assessed communities)



Access to Sanitation

% of assessed communities where KIs reported that no sewage system was present Most commonly reported ways people disposed of solid waste (by % of assessed communities)

36%

35%

17%

20%

Free public waste collection

Davs per week where

Waste burnt

Waste disposed of by household to a dumping location

% of assessed communities where KIs reported waste removal services as a WASH priority need 7



Access to Markets

% of assessed communities in which households reportedly were unable to access markets in the assessed location

### People lack financial means to open shop/market

was the most commonly reported reason for why markets were not functioning (reported by KIs in 80% of assessed communities where markets were not functioning)

% of assessed communities where KIs reported lack of transportation to markets was a barrier to physically accessing food markets



Access to Health Services

% of assessed communities where KIs reported that households did not have access to health services in the assessed location

Most commonly reported health priority needs (by % of assessed communities)7, 10

Treatment for 62% chronic diseases

54%

49%

Paediatric consultations

Medicines and

other commodities

Cannot services

afford to was the most commonly reported barrier to accessing pay for healthcare (reported by KIs in health 86% of assessed communities)



Access to **Education** Services

% of assessed communities in which only half or less of the school aged-children accessed school in the last 30 days for host community and IDP households

Reported functionality of education services in the assessed location

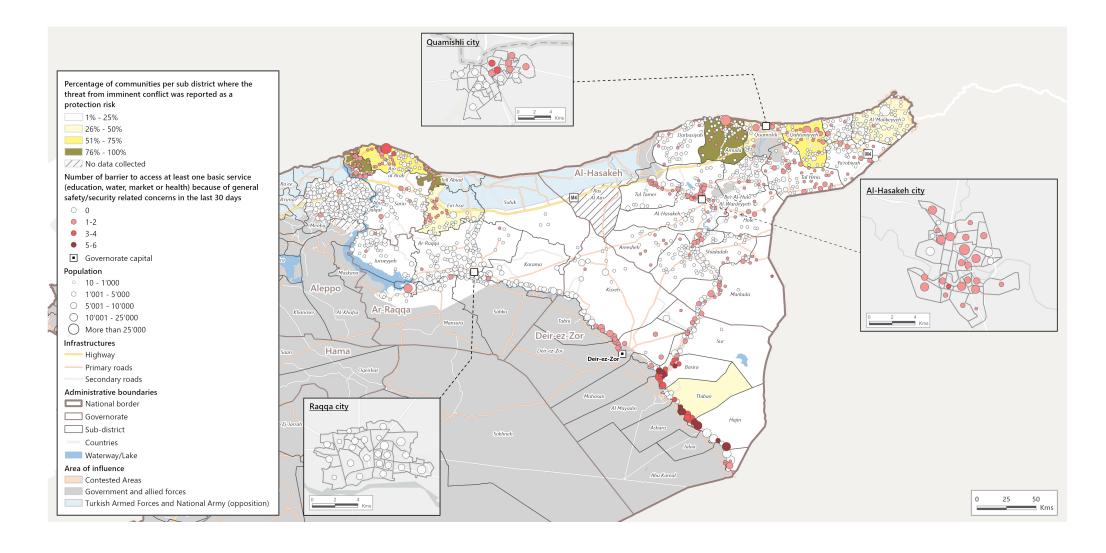
89% 11% **Functioning** 

Not functioning

% of assessed communities where KIs reported that families cannot afford to prioritize school and children must work 7







# Security-related barriers to access basic services

### Note on the map

This map shows in shades of red the assessed communities where KIs reported security-related barriers to access education, water, food markets or healthcare. These barriers can be linked to disruptions of services due to conflict, or due to general safety and security concerns restricting the access to these services. Darker dots correspond to communities accumulating multiple barriers to access basic services. Additionally, sub-districts are coloured according to the percentage of assessed communities where KIs perceived a threat from imminent conflict.



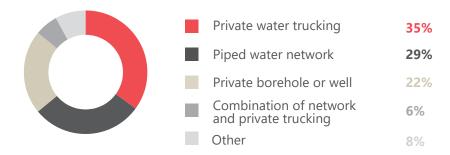


### **PUBLIC HEALTH**

Most commonly reported sanitation issues (by % of assessed communities)<sup>3</sup>



Primary sources of drinking water (by % of assessed communities)



73%

% of assessed communities where KIs reported that households **did not use any methods** to make water safer to drink

Methods used by households to make water safer to drink (by % of assessed communities in which KIs reported methods being used) <sup>3</sup>

1	Sedimentation	77%
2	Household filters	19%
3	Boilina	10%

41%

% of assessed communities where Kls reported that households **faced problems with drinking water.** 

**Problems with drinking water** (by % of assessed communities in which KIs reported problems) 3,11

1	Water tastes bad	67%
2	Water has bad colour	27%
3	Water perceived to be making people sick	5%

Reported challenges related to quantity, quality and diversity of food for babies and young children (less than 2 years old)<sup>3, 9</sup>

Limited variety of food reported in 46% of assessed communities

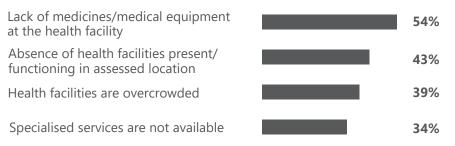
Not enough food reported in 24% of assessed communities

Poor quality of food reported in 12% of assessed communities

23%

% of assessed communities where Kls reported that **no paediatric services** were available either in the assessed community or nearby locations

### Reported barriers to accessing healthcare (by % of assessed communities)3,12



Essential health services available either in the assessed community or in nearby locations (by % of communities where households could access health services)<sup>13</sup>

	No Yes
General and or specialist surgical services	40% 60%
Treatment for parasitic infections	32% 68%
Skilled care during childbirth (General obstetric care - normal deliveries)	22% 78%
Vaccination	18% 82%
First aid/emergency care (accident and injuries)	10%





### **SECURITY AND PROTECTION**

### **Intersectoral findings on security**



General safety and security concerns restricting movement to markets was a reported barrier to market access in 44 assessed communities

**General safety and security concerns at markets** was a reported barrier to market access in 48 assessed communities

**Theft** was reported as a protection risk in 37% of assessed communities <sup>7</sup>

**Tribal disputes** were reported as a protection risk in 71 assessed communities <sup>7</sup>

**Fear from imminent conflict** was reported as a protection risk in 16% of assessed communities <sup>7</sup>

**Threat from airstrikes** was reported as a protection risk in 144 assessed communities <sup>7</sup>

**Threat from shelling** was reported as a protection risk in 14% of assessed communities <sup>7</sup>



4

**The security situation** was reported as a barrier to shelter repairs in 87 assessed communities <sup>7</sup>



Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in 22 assessed communities



Lack of safety while travelling to or from school was reported as a barrier preventing access to education in 216 assessed communities <sup>7</sup>

Most commonly reported protection priority needs (by % of assessed communities) 7, 10

1 Special assistance for vulnerable groups 77%

2 Specialised child protection services 53%

3 Psychosocial support 33%

% of assessed communities where the lack of civil documentation for host community and IDP households was reported

Lack or loss of civil documentation as a protection risk
 Some people did not have the necessary personal document as a barrier to

accessing humanitarian assistance

76%

3%

% of assessed communities where **child labour** was reported as a protection risk for **host community** and **IDP** households

### **Gender and diversity**

Kls in **31%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to accessing livelihoods <sup>7</sup>

Kls in 12% of assessed communities reported a lack of employment opportunities for persons with a disability as a barrier to accessing livelihoods <sup>7</sup>

KIs in 14% of assessed communities reported a lack of privacy for women and girls at health facilities as a barrier to healthcare access

KIs in 21% of assessed communities reported a lack of market access for people with restricted mobility

KIs in 3% of assessed communities reported that women and girls feel unsafe when traveling to markets

Kls in **18%** of assessed communities reported **challenges specific to girls** as a barrier preventing access to education <sup>7, 14</sup>





### **ENDNOTES**

- <sup>1</sup> Aleppo governorate includes Menbij and Ain Al Arab districts
- <sup>2</sup> KIs were asked to select a first, second, and third highest priority needs in their communities. The ranking shows the sectors most frequently chosen as either first, second or third highest priority. The overall priority need refers to the frequency a sector was selected across all three categories (first, second or third highest priority).
- <sup>3</sup> KIs could select multiple answers, thus findings might exceed 100%.
- <sup>4</sup> KIs were asked about the situation at the time of data collection, instead of the last 30 days.
- <sup>5</sup> KIs had the option to select the price in United Stated Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the NES Joint Market Monitoring Initiative (JMMI) exchange rate was used to calculate the amount in SYP. According to the REACH Market Monitoring January 2024, 1 USD = 14,900 SYP.
- <sup>6</sup> According to the NES <u>JMMI</u> January 2024, 1 USD = 14,900 SYP.
- <sup>7</sup> Findings for residents and IDPs were merged. The merge was calculated as follows: (option was selected for either residents or IDPs) / (communities reporting challenges/barriers/coping strategies for either residents or IDPs).
- <sup>8</sup> Minor damage (cracks in walls, leaking roof, need of new doors and window repairs, etc.); Major damage (buildings with extensive damage to window frames and doors, but no structural damage to columns, slabs, or loadbearing walls); Severe damage (buildings with significant structural damage to column slabs, or loadbearing walls, cracking, steel elements and deformations visible in concrete; the building would require extensive repairs); Completely destroyed (buildings with structural damage so significant that rehabilitation is not possible).
- <sup>9</sup> KIs were asked about the situation in the last two months, instead of the last 30 days.
- <sup>10</sup> KIs could select three answers, thus findings might exceed 100%.
- <sup>11</sup> This section provides a visualisation of three types of problems with drinking water. These problems were not selected based on how commonly they were reported, but rather on their potential negative impact on health.
- <sup>12</sup> This section only focuses on barriers related to the heath facilities and exludes financial barriers as well as obstacles linked to transportation to health facilities.
- <sup>13</sup> This section provides a visualisation of the availability of five essential types of health services reported in the assessed communities or in nearby locations. The displayed services were not selected based on how commonly they were reported.
- <sup>14</sup> Challenges specific to girls include the following: Families not allowing attendance or continuation of education, fear of harassment on the way to or inside education facilities, and the lack of privacy in toilets.

N,o of communities reporting on:	Subset	N,o of communities reporting on:	Subset
Host community households	1,339	Barriers to assistance access (IDP)	470
IDP households	630	Days when water is available from network	875
Challenges to assistance access (host community)	249	Barriers to markets functioning	415
Barriers to assistance access (host community)	1,064	Methods to make water safer (merged)	369
Challenges to assistance access (IDP)	144	Problems with drinking water (merged)	554

### **ABOUT REACH**

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).



