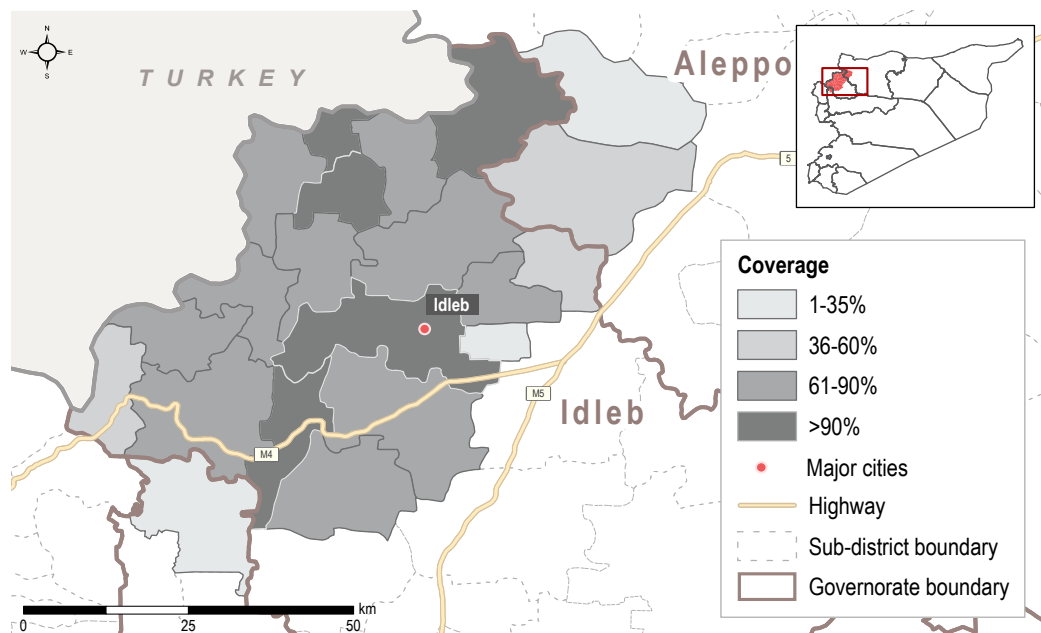


Introduction and Methodology

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, COVID-19 situation, and the security and protection situation in the Greater Idleb area in Northwest Syria (NWS). **Sector-specific indicator findings by location can be found on the [HSOS dashboard](#).**

The assessment is conducted using a key informant (KI) methodology at the community level. REACH enumerators are based inside Syria and interview three to six KIs per assessed location, either directly or remotely (via phone). KIs are chosen based on their community-level and sector-specific knowledge. This factsheet presents information gathered in **370 communities** across the greater Idleb area.¹ **Data was collected between 2-20 April 2022 from 1,317 KIs** (15% female). 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 generalized across the population and region. Findings that are calculated based on a subset of the community are indicated by the following footnote ♦, with each subset specified in the endnotes.

The **complete monthly HSOS dataset** is available on the [REACH Resource Centre](#).



Key Highlights

April saw a continuation of previous challenges faced by households in Greater Idleb. Notably, the unaffordability of food with prices of staple goods rising; insufficient incomes to meet the high cost of living; and weak healthcare access which too faces prohibitively high costs.

- High and rising prices continued to hinder access to food.** The price of the Survival Minimum Expenditure Basket (SMEB) for food increased another 10% month-on-month, contributing to a more than 100% increase within 6 months in Idleb governorate.^a Despite the cost of cooking oil having slightly reduced from its high in March (8% lower than March but 45% higher than February),^b oil remained the most frequently reported priority food need for residents and was equally commonly reported for internally displaced people (IDPs) as bread. The high price of food meant that KIs in 90% of assessed communities reported that despite food being available, essential food items were unaffordable. This should be seen in the context of heavy reliance on aid - KIs in 70% of assessed communities reported residents receiving food assistance, and 76% for IDPs, while KIs in 20% of communities reported that food assistance was one of the main sources of food. Given reports of the World Food Programme (WFP) decreasing the size of their food bundles from May 2022 onwards,^c the reliance on aid paired with rising food prices may further decrease food access.

- Incomes were insufficient to cover daily needs.** Overall, SMEB costs increased by 10% to 2,468 TRY. This is largely due to increased food costs, but also due to the cost of fuel (for transport and cooking). By comparison, average KI reports for wages of unskilled labour in assessed communities was just under 30 TRY per day. Thus, the most frequently reported barrier to livelihoods was incomes not covering the cost of living. This has severe long-term impacts on households, with the most commonly reported coping strategy for communities with residents having been sending children below the age of 15 to work, reported by KIs in 83% of assessed communities. Though the use of child labour was equally frequently reported for communities with IDPs, borrowing from friends and family was the more commonly reported coping strategy at 85% of communities.

- Healthcare access remained weak.** In April, KIs in 66% of assessed communities reported that healthcare was unaffordable, up from 60% in March. However, the high cost and lack of transport remained the two main barriers to healthcare. Treatment for chronic diseases became a higher priority for residents, reported by KIs in 47% of assessed communities (up from 41%) and making it the most commonly reported priority healthcare need. For IDPs, treatment for chronic disease (41%) was reported less frequently than paediatric consultation (45%), and medicines and other commodities (43%). This should be seen in the context of an ongoing health crisis, partly due to funding gaps.^d

HSOS Dashboard

For a breakdown of sector-specific indicators by location, please see the [HSOS dashboard](#). The interactive HSOS dashboard provides a monthly sectoral overview of key indicators disaggregated at the sub-district and community level.

Feedback on improvements to this product can be done anonymously using the following [link](#).



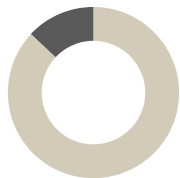
Priority Needs and Humanitarian Assistance



Most commonly reported **first, second, and third** and **overall** priority needs for residents (by % of assessed communities) ^{2,3}

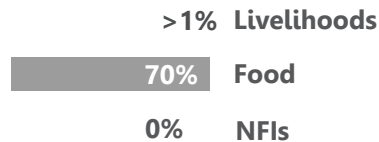
	FIRST	SECOND	THIRD	OVERALL	
1	Livelihoods	Food	Livelihoods	Livelihoods	79%
2	Food	NFIs▲	NFIs	Food	58%
3	Healthcare	Livelihoods	WASH▼	NFIs	48%

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



Yes: **87%**
No: **13%**

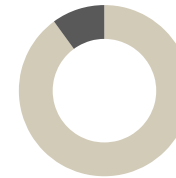
% of assessed communities where KIs reported the presence of the following **types of assistance for residents** ⁴



Most commonly reported **first, second, and third** and **overall** priority needs for IDPs (by % of assessed communities) ^{2,3}

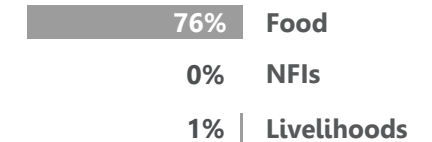
	FIRST	SECOND	THIRD	OVERALL	
1	Shelter	NFIs	NFIs	Food	61%
2	Food	Livelihoods	Livelihoods	NFIs	60%
3	Healthcare	Food	Food	Livelihoods	57%

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



Yes: **90%**
No: **10%**

% of assessed communities where KIs reported the presence of the following **types of assistance for IDPs** ⁴



Most commonly reported barriers that resident households faced in accessing humanitarian assistance (by % of assessed communities) ^{4,♦}

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people **75%** **1**
- Assistance provided was not relevant to all needs **47%** **2**
- Quantity of assistance provided to households was insufficient **45%** **3**

In communities where no access to humanitarian assistance was reported

- No humanitarian assistance was available **94%**
- Distribution points were too far or the routes were inaccessible **4%**
- People did not comply with the eligibility criteria **2%**

Most commonly reported barriers that IDP households faced in accessing humanitarian assistance (by % of assessed communities) ^{4,♦}

In communities where access to humanitarian assistance was reported

- Assistance provided was insufficient to cover all people **76%** **1**
- Quantity of assistance provided to households was insufficient **46%** **2**
- Some people did not comply with the eligibility criteria **45%** **3**

In communities where no access to humanitarian assistance was reported

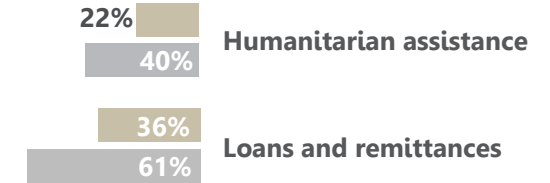
- No humanitarian assistance was available **100%**
- Not aware if assistance was available **0%**
- Distribution points were too far or the routes were inaccessible **0%**



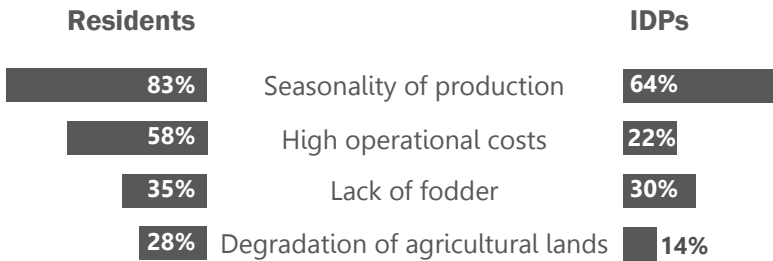
Economic Conditions

Region	Median estimated monthly household expense for water for a household of six ^{5,6}			Median estimated monthly rent price for a two bed-room apartment ^{5,6}			Median estimated daily wage for unskilled labour ^{5,7,8}		
	SYP	TRY [▲]	USD	SYP	TRY	USD	SYP	TRY	USD
Greater Idlib area	75 SYP			326 SYP			30 SYP		
% of assessed communities where indicator was reported in following currencies [▲]	0%	100%	0%	0%	63%	37%	0%	100%	0%

% of assessed communities where KIs reported the presence of residents and IDP households relying on non-productive sources of livelihoods to meet their basic needs ⁴



Most commonly reported barriers to accessing live-lihoods related to agriculture (by % of assessed communities) ⁴



92% and 96%

% of assessed communities where KIs reported daily waged labour as a common source of income for residents and IDPs

82 days

Number of days the average day labourer would need to work to earn the monthly cost of basic SMEB[▲] items ^{5,9}

92% and 49%

% of assessed communities where KIs reported the insufficient income of households and general lack of employment opportunities as barriers to meeting basic needs ⁸

Intersectoral findings on **unaffordability** hindering access to goods and services

- KIs in **71%** of assessed communities cited that **rent** was unaffordable for the majority of people
- KIs in **47%** of assessed communities cited the high cost of **fuel for generators** as a common challenge
- KIs in **78%** of assessed communities cited the high cost of **solar panels** as a common challenge
- KIs in **41%** of assessed communities cited the high cost of **water trucking** as a common challenge
- KIs in **90%** of assessed communities cited the high cost of **food** as a common challenge ⁸
- KIs in **66%** of assessed communities cited the high cost of **health services** as a common challenge

% of assessed communities where common livelihood sources from agriculture were reported ⁴

Livelihood source	Residents	IDPs
Food crop production	57%	16%
Cash crop production	48%	8%
Livestock products	72%	61%
Sale of livestock	13%	14%



Living Conditions

In **96%** of assessed communities at least **80%** of the resident population reportedly owned their shelter

In **64%** of assessed communities reportedly none of the IDP households owned their shelter

In **22%** of assessed communities at least one fifth of the IDP population reportedly lived in unfinished or abandoned residential buildings

In **21%** of assessed communities at least one fifth of the IDP population reportedly lived in tents



A lack of toilets was reported as a shelter issue for IDPs in **3%** of assessed communities



A lack of bathing facilities was reported as a shelter issue for IDPs in **6%** of assessed communities

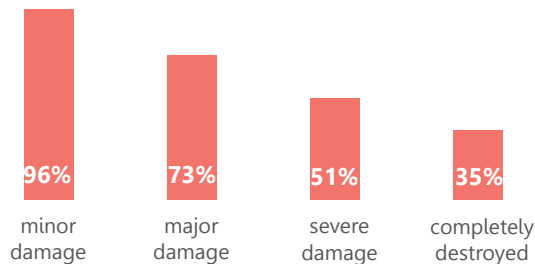


Problems with the drinking water were reported in **51%** of assessed communities



Water being calcareous was the most commonly reported problem with drinking water (reported by KIs in 51% of assessed communities)

Reported presence of occupied shelters with damage across communities where damages were reported (by % of assessed communities)^{5,10}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 91% of assessed communities)⁴

Reported sanitation issues affecting public space in the community (by % of assessed communities)⁴

Rodents and/or pests are frequently visible

4%

Solid waste in the streets

17%

Sewage system pollutes public areas

1%

Stagnant water

6%

Flooding in the streets

1%



98%

% of assessed communities where KIs reported that **house-holds experienced barriers to accessing sufficient food**⁸



In **18%** of these communities, KIs reported that the **unavailability of certain food items** was a challenge to accessing sufficient food⁸

Most commonly reported coping strategies for a lack of food (by % of assessed communities)⁴

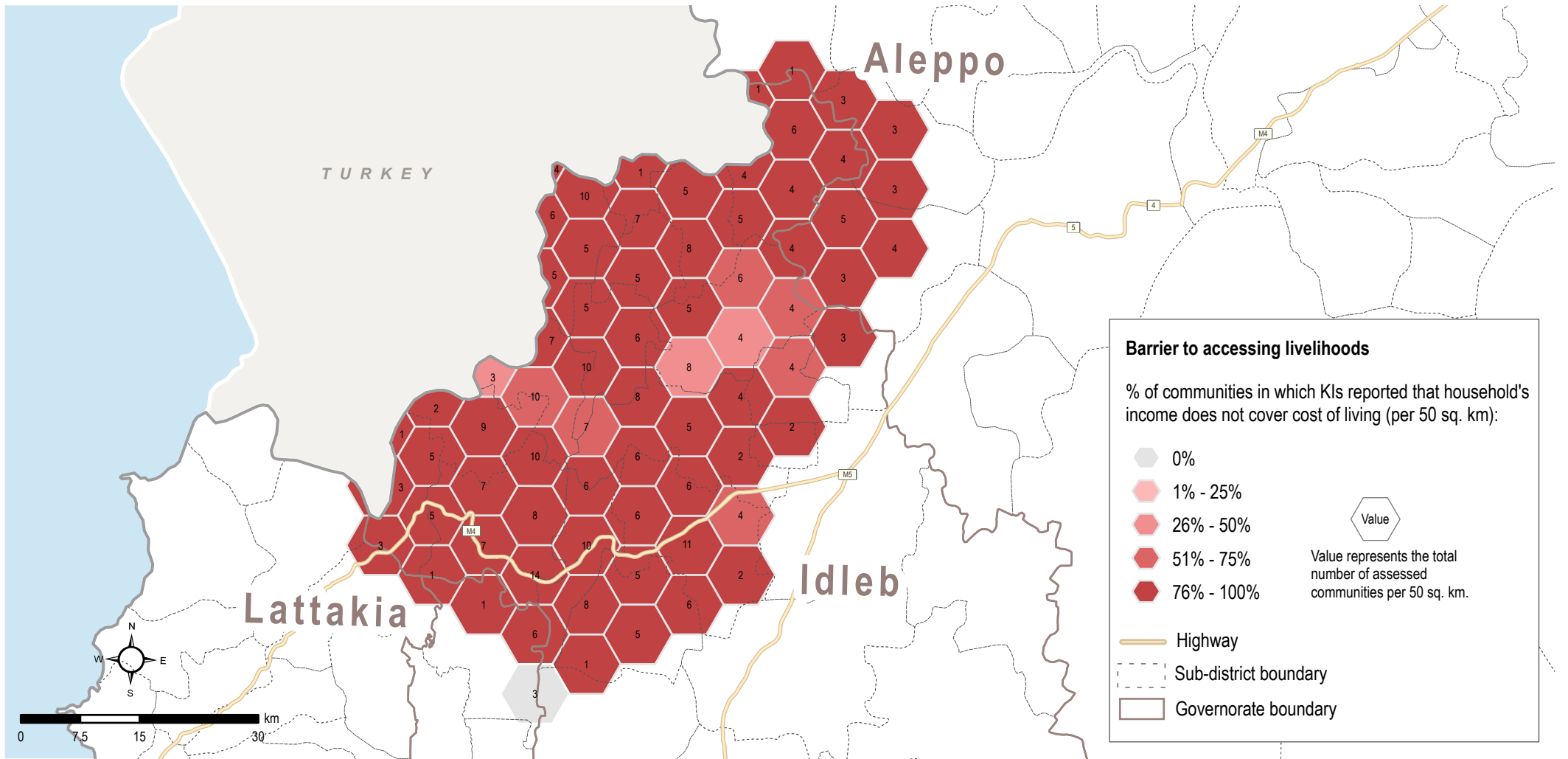
- 1 Relying on less preferred food / lower **82%**
- 2 Borrowing money to buy food **76%**
- 3 Buying food with money usually used for other things **61%**



High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 100% of assessed communities)^{4,11}

Commonly reported **sources of food for house-holds other than markets** (by % of assessed communities)⁴

- 1 Own production or farming **55%**
- 2 Relying on food stored previously **40%**
- 3 Assistance from local council or NGOs **20%**



Barrier to accessing livelihoods

Note on the map

This map shows the percentage of communities in which KIs reported that households' incomes did not cover the cost of living in April. Incomes not covering the cost of living was the most frequently reported barrier to livelihoods.



Access to Basic Services



Access to Electricity

7-8 hrs per day

was the most commonly reported range for hours of electricity accessible to households (reported by KIs in 42% of assessed communities)

Solar panels

was the most commonly reported main source of electricity (reported by KIs in 58% of assessed communities)

51%

% of assessed communities where KIs reported the main network is partially or completely not functioning as a barrier for electricity access ♦



Access to Water

46%

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



7 days	13%
5-6 days	13%
3-4 days	19%
1-2 days	4%
0 days	51%

Days per week where water from the network was available (by % of 333 communities connected to a water network) ♦

Private water trucking

was the most commonly reported source of drinking water (reported by KIs in 45% of assessed communities)

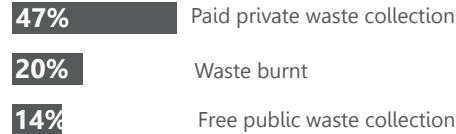


Access to Sanitation

39%

% 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)



34%

% of assessed communities where KIs reported waste removal services as a WASH priority need ⁸



Access to Markets

8%

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

Not enough consumers to support markets in the assessed location

was the most commonly reported reason for why markets were not functioning (reported by KIs in 73% of assessed communities where markets were not functioning)

73%

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

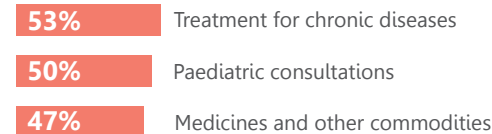


Access to Health Services

35%

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

Most commonly reported health priority needs (by % of assessed communities) ⁸



Going to the pharmacy instead of a clinic

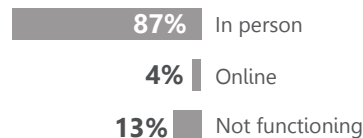
was the most commonly reported coping strategy for a lack of healthcare (reported by KIs in 82% of assessed communities)



Access to Education Services

17%
35%

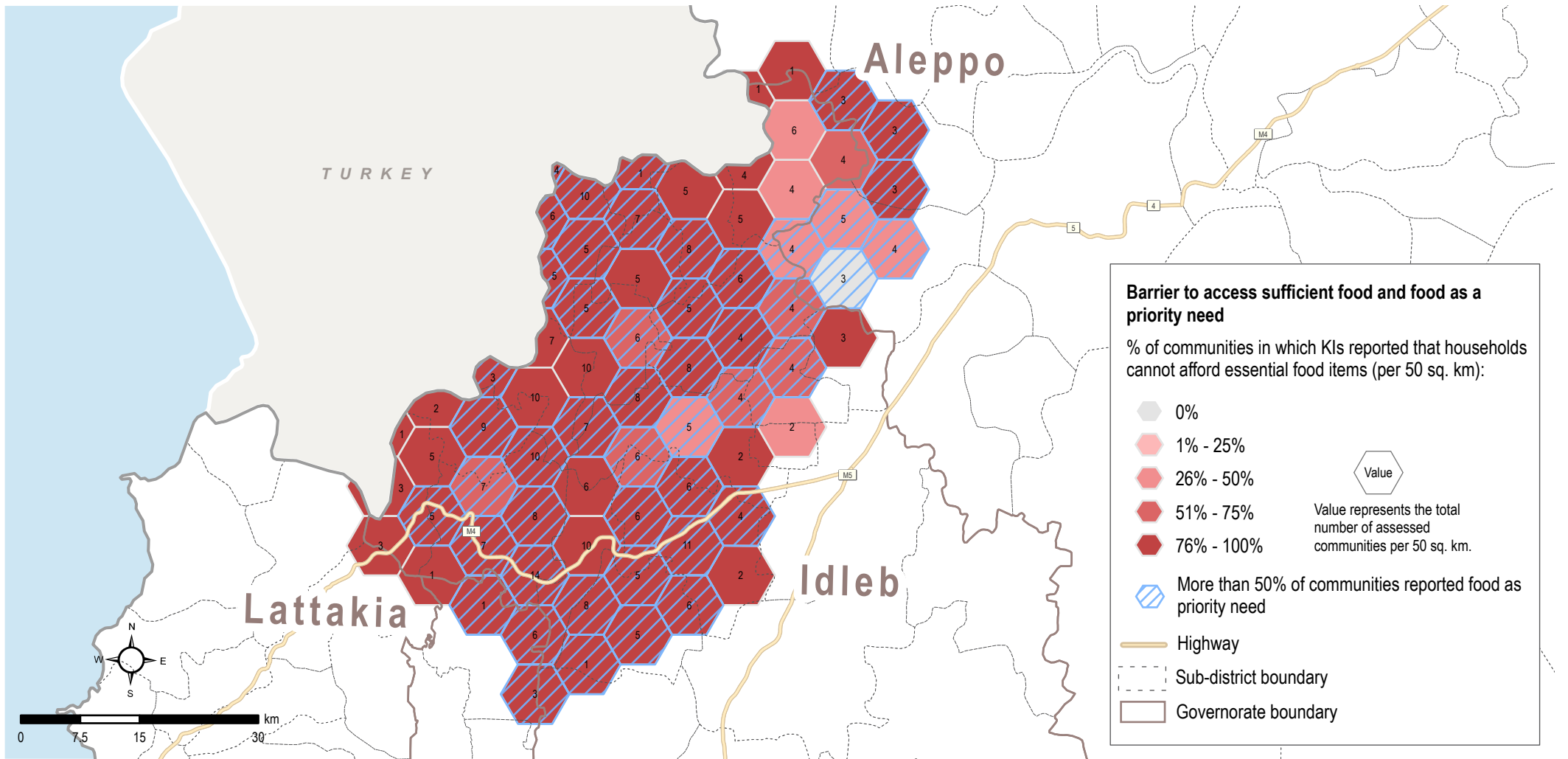
% of communities in which half or less of the school aged-children accessed school in the last 30 days for residents and IDPs



% of assessed communities where KIs reported on the functioning of education services in the assessed location ⁴

13%

% of communities where KIs reported that the lack of access to internet, electricity and/or equipment was a barrier to accessing (online) education services ⁸



Barrier to accessing sufficient food

Note on the map

This map shows percentage of communities in which KIs reported that households could not afford essential food items in April.



COVID-19

Effects of COVID-19 on livelihoods sectors in the community (by % of assessed communities)



None of the available livelihood sectors were affected **82%**
At least one of the available livelihood sectors was partially or totally affected **18%**

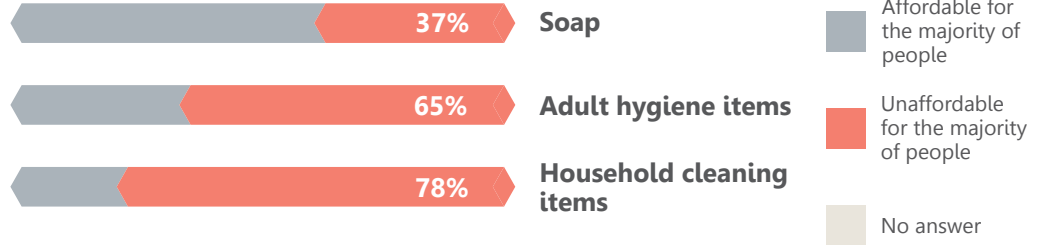
Most commonly reported sectors affected by COVID-19 (by % of assessed communities)

- 16%** Regular waged labour
- 14%** Trading
- 12%** Daily waged labour

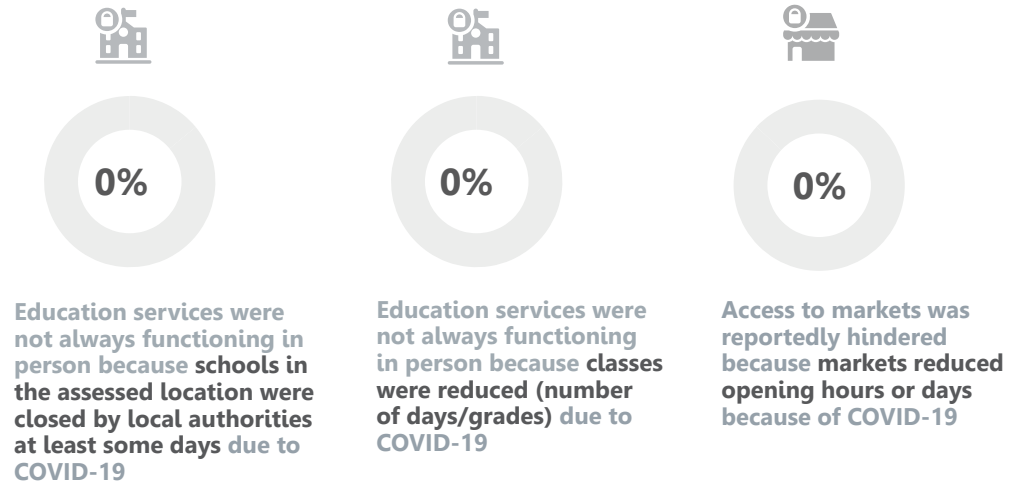
% of assessed communities where COVID-19 risk indicators were reported by KIs

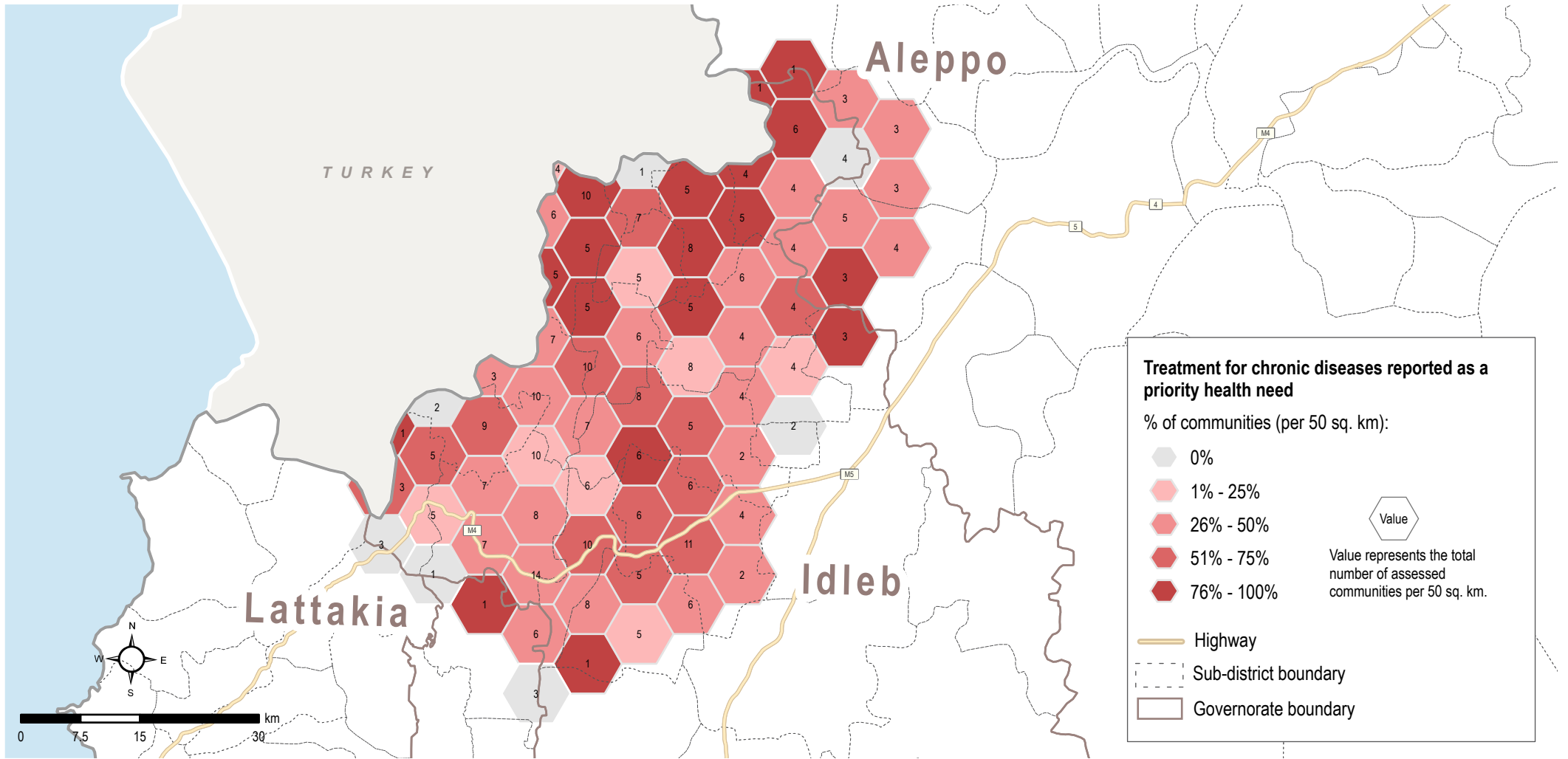
- Overcrowding reported as a shelter inadequacy** **51%**
- Schools are overcrowded reported as a challenge for students who access education** **62%**
- Health facilities are overcrowded reported as a barrier to healthcare access** **62%**
- Lack of necessary protective equipment or supplies at health facilities reported as a barrier to healthcare access** **11%**
- Washing hands less frequently reported as a coping strategy for a lack of water** **5%**
- Shortage of health workers reported as a barrier to healthcare access** **12%**
- Lack of medicines or medical equipment at the health facility reported as a barrier to healthcare access** **63%**

Reported hygiene item availability and affordability (by % of assessed communities)¹²



% of assessed communities where COVID-19 related barriers to access services were reported





Priority health need

Note on the map

This map shows the percentage of communities where treatment for chronic diseases was reported as a priority health need.



Security and Protection

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in **2%** of assessed communities

General safety and security concerns at markets was a reported barrier to market access in **2%** of assessed communities

Markets not opening because of security issues was a reported barrier to markets not functioning in **1%** of assessed communities



Threat from airstrikes was reported as a protection risk in **25** communities⁸

Threat from shelling, snipers or gunfire was reported as a protection risk in **43** communities⁸

Threat from improvised explosive devices (IEDs), mines or unexploded ordnances was reported as a protection risk in **3** communities⁸

Fear from imminent conflict was reported as a protection risk in **75** communities⁸



The inability to lock homes securely was reported as a shelter inadequacy in **34%** of assessed communities⁸

Lack of lighting around the shelter was reported as a shelter inadequacy in **87%** of assessed communities⁸

The security situation was reported as a barrier to shelter repairs in **14%** of assessed communities



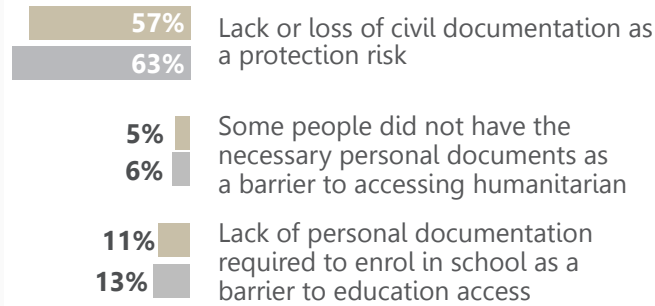
General safety and security concerns at the health facility was reported as a barrier to healthcare in **1%** of assessed communities

Most commonly reported protection priority needs (by % of assessed communities)^{3, 8}

- 1 79%** Special assistance for vulnerable groups
- 2 63%** Specialised child protection services
- 3 39%** Psychosocial support



% of assessed communities where the lack of civil documentation for residents and IDPs was reported



% of assessed communities where extreme coping strategies used by residents and IDPs to meet basic needs were reported⁴

Residents

- 37%** Early marriage
- 0%** Forced marriage
- 1%** High risk work
- 1%** Sending family members to beg
- 83%** Sending children (15 or below) to work

IDPs

- 47%**
- 0%**
- 10%**
- 3%**
- 83%**

Age, Gender, and Diversity

KIs in **42%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to meeting basic needs⁸

KIs in **40%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to meeting basic needs⁸

KIs in **18%** of assessed communities reported a **lack of privacy for women and girls at health facilities** as a barrier to healthcare access

KIs in **39%** of assessed communities reported a **lack of market access for people with restricted mobility**

KIs in **7%** of assessed communities reported that **women and girls feel unsafe when traveling to markets**

Children below the age of 12 were reported as a group affected by child labour in **16%** of assessed communities⁸

Hazardous child labour was reported as a protection risk in **4%** of assessed communities⁸

Endnotes

1. The greater Idleb area includes Idlib governorate, parts of Aleppo western countryside, and parts of Hama northwestern countryside controlled by armed opposition groups (AOGs).
2. 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).
3. KIs could select three answers, thus findings might exceed 100%.
4. KIs could select multiple answers, thus findings might exceed 100%.
5. KIs were asked about the situation at the time of data collection, instead of the last 30 days.
6. KIs had the option to select the price in United States Dollars (USD), Turkish Lira (TRY), or Syrian Pounds (SYP). When the price was not reported in SYP, the Idleb Governorate Market Monitoring exchange rate was used to calculate the amount in SYP. According to the [Joint Market Monitoring Initiative \(JMMI\)](#) April 2022, 1 USD = 3,890 SYP; 1TRY= 264 SYP.
7. According to the Idleb Governorate JMMI April 2022, 1 USD = 3,890 SYP.
8. 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).
9. According to the Idleb Governorate JMMI April 2022, the Survival Minimum Expenditure Basket (SMEB) = 651,647 SYP.
10. 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).
11. KIs were asked about the situation in the last two months, instead of the last 30 days.
12. Adult hygiene items include: shampoo, toothbrush, and toothpaste. Household cleaning items include: washing powder, liquid, and dish detergent.

◆ By number of communities where KIs reported the relevant indicator for the relevant population group(s)

<i>Indicator</i>	<i>Subset</i>	<i>Indicator</i>	<i>Subset</i>
<i>N.o of communities reporting on:</i>		<i>N.o of communities reporting on:</i>	
Residents	366	Currency used for paying water	341
IDPs	355	Currency used for paying rent	284
Challenges to assistance access (resident)	312	Currency in which wages are paid (merge)	336
Barriers to assistance access (resident)	49	Barriers to accessing sufficient food (merge)	361
Challenges to assistance access (IDPs)	312	Days when water is available from network	333
Barriers to assistance access (IDPs)	37	Barriers to markets functioning	30

Sources

- a. REACH (April 2022). Joint Market Monitoring Initiative (JMMI) – Northern Syria. Retrieved from: <https://jmmi-northern-syria.shinyapps.io/dashboard/>
- b. Cash Working Group (April 2022). Joint Market Monitoring Initiative (JMMI). Retrieved from: <https://www.humanitarianresponse.info/>
- c. Suleiman, A. H., Chehayeb, K. (April 2022). Families fearful as UN reduces food aid to northwest Syria. Retrieved from: <https://www.aljazeera.com/>
- d. Amnesty International (May 2022). Cuts in international aid create severe ‘health crisis’ in north-west Syria. Retrieved from: <https://www.amnesty.org/>

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.