Introduction

HSOS1 Urban Household Assessment is a quarterly review of the humanitarian situation inside cities in Northeast Syria (NES). The assessment collects multi-sectoral information from host community households and internally displaced households in urban locations. This factsheet presents findings on the access to services, living conditions, economic conditions, and priority needs across accessible areas in Ar-Ragga city.

With a significant proportion of the

response that targets out of camp and host communities in NES located in urban areas², the assessment addresses the need for comprehensive and regular information on the humanitarian conditions in cities where the impact of an increasingly complex crisis has hit hundreds of thousands.

Sustained economic deterioration and climate shocks resulting in unstable markets and worsening food and water access compound the pre-existing

vulnerabilities of urban populations who face persistent insecurity, damaged infrastructure, and complex population dynamics.

To support sustainable interventions, a durable solutions lens was integrated during the design of the HSOS Urban Household Assessment, and indicators from the Syria Analytical Framework³ were included in the questionnaire. Given the low number of internally displaced persons (IDPs)4 in Ar-Ragga city, this assessment provides representative data on all households residing in Ar-Ragga city, without making a distinction between IDPs and host community⁵ households.

The HSOS Urban Household Assessment is conducted in cooperation with the NES Forum.

The complete multi-sectoral descriptive analysis can be accessed on the

Methodology

The HSOS Urban Household Assessment is conducted using a household methodology at city level. Face-toface data collection was carried out by REACH enumerators between 4 and 16 October 2022 from 106 households in Ar-Ragga city. The recall period to which indicators refer is specified throughout the factsheet, either in the title, or with the following symbols:

(refers to the current situation at the time of data collection), and • (refers to 3 months prior to data collection).

Findings can be generalised to the

a 95% confidence level and 10% margin of error. The representative sample of the population was calculated according to the population estimates collected by the Humanitarian Needs May 2022. Stratified simple random household selection was conducted through random spatial sampling using geographic information systems and considered population estimates neighbourhood to distribute the random samples according to population density.

Syrian population at city level, with The random spatial sampling was conducted across residential areas of the city, as classified by OpenStreetMap. Areas unsafe for data collection were not covered (see coverage map on page 3).6 Due to data collection protocols, Assessment Programme (HNAP) in the sample excludes households whose members are all below 18. Due to logistical limitations, the sample is biased towards households where at least one adult member is at home during the time of data collection, and towards cooperative, readily available households.

V FINDINGS ARE NOT REPRESENTATIVE

For some indicators, a reduced sample of households answered the question as a result of a skip logic in the guestionnaire. In some of these cases, the reduced sample of households resulted in findings that are not representative with a 95% confidence level and 10% margin of error, indicated with the symbol above.

THE INDICATOR ALIGNS WITH THE SYRIA ANALYTICAL FRAMEWORK FROM THE DURA-**BLE SOLUTIONS PLATFORM**







Key Findings





Access to electricity decreased. Although 80% of households relied on the main network for their power access, electricity from the main network was rationed by local authorities, forcing 17% of households to rely on community generators and 3% of households to rely on private generators instead. Furthermore, alternatives such as solar panels were too expensive for households (barrier reported by 81% of households). Electricity was available to households 8.7 hours per day on average (10.1 hours in August). For 14% of households, electricity was available for 6 or less hours per day, up from 6% in August.



Clean water access decreased. While all households in Ragga city rely on the piped network for drinking and non-drinking water, water access decreased. In October, 20% of households reported having insufficient access to water to fulfil their needs, up from 8% in the summer. Aggravating the water situation in Ragga, 82% of households reported issues with drinking water (up from 61% in the summer) and 15% of households reported water was perceived to make people sick. While there were increased reports on issues with drinking water, 69% of households used methods to make drinking water safer, with the most commonly reported methods being storage and sedimentation and boiling (reported by 49% and 24% of households, respectively). Reduced access to clean drinking water is likely linked to the recent cholera outbreak in Northeast Syria.⁷



Households' ability to meet basic needs worsened in the past three months. 42% of households rated their ability to meet their basic needs as poor or very poor, and 73% reported that their ability to meet basic needs worsened in the 3 months prior to data collection (up from 63% in May). Moreover, for 83% of households their income was lower than their estimated monthly expenses, which likely explains why borrowing money and purchasing items on credit continued to be main coping strategies to close the income-expenditure gap (reported by 89% and 16% of households, respectively). As a result, 91% of households in Ar-Ragga city were reported to be in debt, and 44% were unable to repay their debt within 6 months. Decreasing non-food expenditure and withdrawing children from school were also common strategies amongst households, reported by 36% and 14% of households, respectively.



Households' access to food decreased. 92% of households had issues with accessing sufficient food because they did not have enough money. Faced with difficult economic conditions, households' ability to consume adequate and diverse nutrients reduced. This likely explains why 62% of households had a poor or borderline food consumption score (FCS), up from 57% in August. To mitigate large food consumption gaps, households adopted negative food-based coping strategies. The average reduced coping strategy index (rCSI) increased from 7.9 in August to 10.2 in October, indicating a more severe level of coping compared to the last reporting period. Indeed, the rates of skipping meals and reducing portion size of meals have increased compared to August. To cover their food needs, households also used livelihood-based coping strategies, such as decreasing nonfood expenditure (reported by 36% of households in October), which has a greater impact on the coping capacity of households in the long run.



Unaffordability continued to impact access to healthcare. 92% of households experienced issues with accessing healthcare. It was especially difficult for households to access medicines, as medicines were unaffordable for 90% of households (up from 70% in August). Additionally, treatment costs were found to be too expensive by 85% of households, up from 63% in August. To cope with a lack of health access, households with unmet health needs went to a pharmacy instead of a clinic (reported by 97% of households), substituted prescribed medication for herbal medicine (17% of households), and took lower than the recommended dosage of medication (17%). Similar to the summer, 92% of households reported that not all adult members were vaccinated against COVID-19. However, 85% of households indicated members were willing to see a doctor or seek a test if they had COVID-19 symptoms (up from 55% in August).



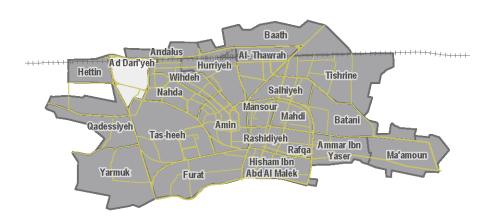




Coverage

Ar-Ragga City neighbourhoods covered in the sample





Neighbourhood coverage



Priority Needs

Most commonly reported first, second, and third and overall priority needs ■

	FIRST	SECOND	THIRD	OVERALL	
1	Food	Livelihoods	NFIs▲	Eivelihoods	87%
2	Livelihoods	Food	Winterization	Food	75%
3	Shelter	Health	Livelihoods	学 Health	32%

Household Composition

AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE #	
# OF	# OF	# OF	# OF	OF OLDER	
HOUSEHOLD	CHILDREN	CHILDREN	ADULTS	PERSONS	
MEMBERS	0-5	6-17	(18-59)	60+	
7.5	1.4	2.7	3.1		

43%	% of households with newborns (0-1)	70%	% of households with young children (0-5)
80%	% of households with school-aged children (6-17)	97%	% of households with children (0-17)

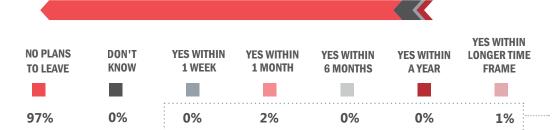


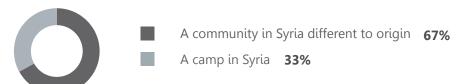


Movement intentions

Intended destination (by % of households who intend to leave) ▼

Households' movement intentions





Most common reasons for leaving (by % of households who intend to leave)8.

Cost of living is too high

33%

Shelter conditions are poor

33%

Facing eviction

33%

パマ Returnees

 $\begin{tabular}{ll} \textbf{Date of return} (by \% of households that returned in each period) \\ \end{tabular}$

BEFORE 2019	2019	2020	2021+
82%	15%	1%	2%

7→ IDPs

Date of arrival (by % of households that arrived in each period)

Before 2019	2019	2020	2021+
39%	39%	5.5%	16.5%

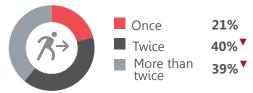
Most common Governorates of origin for IDP households •

1	Ar-Raqqa	44%
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2 Aleppo **33%**

3 Deir-ez-Zor 22%

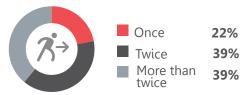
Times of displacement



average number of displacements for returnee households

100% % of host community households who are returnees

Times of displacement ▼



2.5 average number of displacements for IDP households

Most common Sub-districts of origin for IDP households[▼]

1	Abu Kamal	17%
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Protection



21% % of households with members who lack civil documents and need them▶.■

Most common civil documents that household members lack and need (as % of household where at least one member lacks and needs a document [21%])

1	Syrian ident	ty card is	sued by the	Government of	Svria (GoS)	73%
	Dyrtair taciit	ity cara to:	Jaca by the	GOVERNING OF	Jyrta (000)	1 3 70

- Birth certificate issued by the Government of Syria 14%
- Birth certificate issued by local entities (non-GoS) 14%
- Marriage certificate issued by the Government of Syria 14%

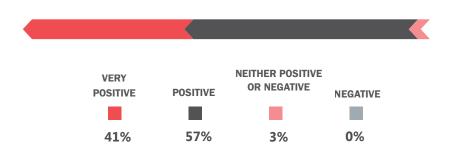
53% of households face theft as a security concern*

Movement freedom for all household members within the location



Fear of forced recruitment was the most common barrier to movement freedom (reported by all assessed households where at least one member experienced movement restrictions [5%])▼

Household's relationship with other community members -

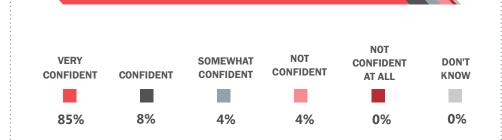


28% of households reported facing housing, land and property concerns

Rental problems (landlord/tenant issues) was the most commonly reported housing, land and property concern (reported by 83% of households facing these concerns)▼

Humanitarian Situation Overview in Syria (HSOS)

Confidence of being able to reside in the current place of residence for 3 more months









Living Conditions

Housing Situation

Most common shelter types[▶],■

70%	Solid/finished houses
2 21%	Solid/finished apartment
3 8%	Damaged residential building
4 1%	Unfinished or abandoned residential building

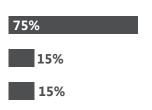
Most common occupancy arrangements --



Most common challenges in finding a place to rent for households (by % of households who are renting and facing challenges)8,■,▼

Difficult to find an affordable accommodation
Landlord requesting large first instalment or deposit

Difficult to find accommodation near to basic services or livelihood opportunities



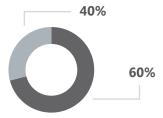
AVERAGE % OF MONTHLY INCOME SPENT ON RENT⁹

39%

AVERAGE EXPENDITURE ON RENT **AS A % OF TOTAL HOUSEHOLD EXPENDITURE**9

25%

Rental contract (by % of households who are renting [30%]) ,



with a written contract

with a verbal agreement



% of households renting a property faced challenges in finding a place to rent ▼.■

Shelter Conditions

% of households whose shelter had inadequacies ►,■

Shelter inadequacies (by % of households)8,

Windows/doors not sealed	43%
Lack of lighting inside shelter	39%
Unable to lock home securely	37%
Poor sanitation	35%
Leakage from roof/ceiling during rain	32%
Lack of electricity	22%
Lack of space/overcrowding	17%
Lack of privacy (space/partitions, doors)	13%
Lack of lighting around shelter	10%
Lack of water	10%
High temperatures inside shelters	7%
Lack of insulation from cold	1%
Poor facilities for persons with specific needs	1%
Shelter made insecure materials/has insecure structure	0%
Shelter prone to flooding	0%





Access to Water

80% % of households had sufficient access to water to fulfill their needs

100% % of households reported piped water network as the primary source of drinking and non-drinking water ▶,

% of households did not have a secondary source of drinking water^{▶,}•

82% % of households experience issues with drinking water.

Water issues8, •

1	Water has a bad colour	75%
2	Water tastes bad	46%
3	Water smells bad	26%
4	Water was perceived to be making people sick	15%

AVERAGE % OF MONTHLY INCOME SPENT ON WATER⁹

0.8%

AVERAGE EXPENDITURE ON WATER AS A % OF TOTAL HOUSEHOLD EXPENDITURE9

0.5%

Common barriers to accessing water for households (by % of households who could not meet all water needs [20%]]8. •, •

1	Storage containers are too expensive	90%
2	Not enough water tanks or water tanks not big enough to store sufficient water	76%
3	General issues at water collection/distribution points	5%
3	Water is too expensive	5%

31% % of households do not use any methods to make drinking water safer•

Methods to make water safer •

1	Storage and sedimentation	49%
2	Boiling	24%
3	Household filters	5%
4	Chlorine tablets	3%
4	Solar disinfection	3%

Common strategies used by households to avoid running out of water (by % of households who applied some coping strategy [34%])^{8, ●,▼}

1	Relying on drinking water stored previously	83%
2	Reducing non-drinking water consumption	58%
3	Spending money on water that is usually spent on other things	28%

Water needs for which households had to reduce consumption because of not having access to sufficient water8,

Claaning	incido	tho.	hous
Cleaning	ınstae	tne	nous

20%







0%

Doing laundry

Gardening

Drinkina

0%

Bathing







Access to Electricity

Primary sources of electricity•

	•
Main network	80%
Community generator	17%
Private generator	3%

AVERAGE % OF	MONTHLY INCOME
SPENT ON	ELECTRICITY9

6%

AVERAGE EXPENDITURE ON ELECTRICITY AS A % OF TOTAL HOUSEHOLD EXPENDITURE⁸

4%

Secondary sources of electricity (by % of households who have access to a secondary source [85%1)^{8,}

1	Community generator	68%
2	Car batteries	15%
3	Main network	9%
4	Other batteries	6%

% of households did not use a secondary source of electricity

Average number of hours of electricity per day reported by households

13 OR MORE	12-11	10-9	8-7	6-5	4-3	2-1	0
2%	9%	44%	30%	14%	0%	0%	0%

% of households who experienced issues with accessing electricity

that experienced sanitation issues [66%])^{8, •}, •



66% % of households who experience sanitation issues*

Common sanitation issues for households (as % of households

Average hours of electricity per day available to households

Access to Sanitation

Most common barriers to accessing electricity8, •

1	Rationing of electricity by local authorities	83%
2	Solar panels too expensive	81%
3	Private generators too expensive	58%

Electricity from the community generator too expensive

42%

25%

40%

29%

Sewage system needs cleaning

Sewage system needs repair

Rodents and/or pests frequently visible in street

Waste (solid waste/trash) in street

Waste collection services too infrequent

Car batteries too expensive





Income sources and employment

Sources of income in the month prior to data collections.

Employment (including self-employment)	97%
Borrowing/loans	76%
Gifts from people in Syria (cash)	10%
Remittances	5%
Retirement/pension/martyr's salary	2%
Humanitarian assistance (cash vouchers)	1%

Most common primary source of income for host households▶,■

1	Informal day-to-day work agreements	38%
2	Self employment/entrepreneuship	34%
2	Informal longer-term ¹⁰ agreement	18%

AVERAGE NUMBER OF ADULTS PER HOUSEHOLDS WHO ARE:	
EMPLOYED	1.4
NOT IN EMPLOYMENT	2.1
NOT EMPLOYED AND LOOKING FOR A JOB (UNEMPLOYED) ¹¹	0.3

Most common employment sectors (by % of households where employment is a source of income [88%])^{8, ,}

1	Real estate/construction	32%	6	Machinery/mechanics/repairs	6%
2	Trade/transportation	15%	7	Livestock	5%
3	Education/childcare	10%	7	Manufacturing/processing/factories	5%
4	Marketplace vending	9%	7	Wholesale/retail	5%
5	Agriculture	7%	8	Crafts	4%

% of households where self-employment/entrepreneurship is a source of income -

% of households where informal day-to-day work is the only income source

Income and Expenses

AVERAGE MONTHLY INCOME FOR A FAMILY OF 6 MEMBERS ¹²	AVERAGE MONTHLY EXPENSE FOR A FAMILY OF 6 MEMBERS ¹³	AVERAGE MONTHLY DEFICIT For a family of 6 members
560,576 SYP	710,698 SYP	-150,122 SYP

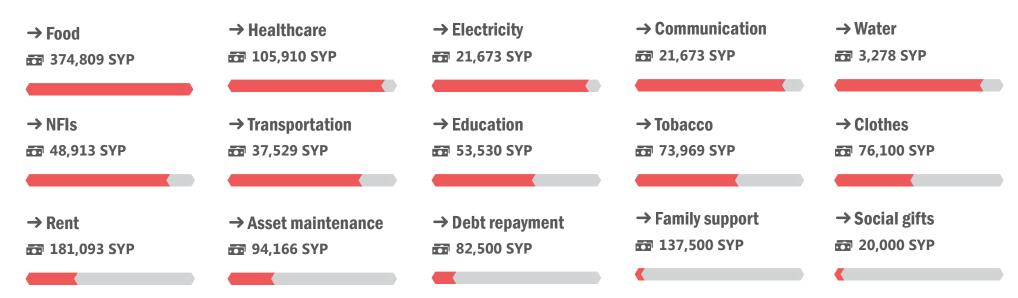




Economic Conditions

Income and Expenses

Average monthly expense calculated for households that had the expense and share of households who spent money on the expense category in the 30 days prior to data collection



Ability to Meet Basic Needs

Households' perceived ability to meet basic needs ▶,•



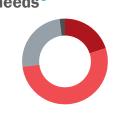


4%

54%

35%





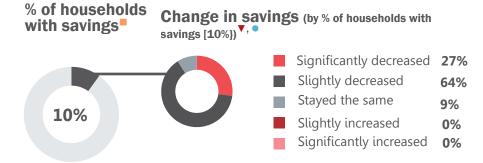


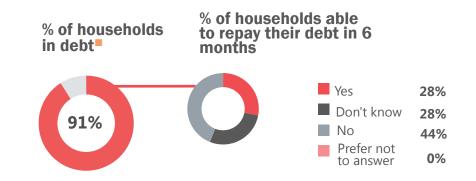




Economic Conditions

Ability to Meet Basic Needs





Most common coping strategies adopted to meet basic needs (by % of households who experienced barriers to meeting basic needs [99%]) 8, , ,

1	Borrowing money	89%
	DOLLOWING INDITIES	03/0

Decreasing non-food expenditures

Purchasing items on credit 16%

Withdrawing children from school 14%

Selling household assets/goods 10%

Skipping paying rent 9%

Sending children below 15 to work 7%

Decreasing expenditure on 6% productive assets

Most common barriers to meeting basic needs (by % of households that experienced barriers [99%]) 8, , ,

The wage is not in line with the rising 88%

Lack of employment opportunities 81%

Lack of skills for a better paying job 61% **AVERAGE % OF MONTHLY INCOME** SPENT ON DEBT REPAYMENT9

19%

AVERAGE EXPENDITURE ON DEBT **REPAYMENT AS A % OF TOTAL** HOUSEHOLD EXPENDITURE9

14%

% of households whose monthly income is lower than 83% their estimated monthly expenses

49%

% of households whose monthly income would not cover minimum expenses as estimated by the Survival Minimum Expenditure Basket (SMEB)14,



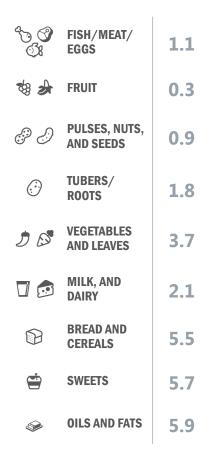






Food Access and Consumption

Average number of days food groups were consumed by households in the 7 days prior to data collection



Most common source of food



% of households who experienced issues with accessing sufficient quantities and quality of food.

Most common barriers to accessing sufficient **food** (by % of households that experienced barriers [92%]) 8,0

1	Not enough money for food	92%
	3	

2	Delayed or skipped assistance or distribution	32%
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3	Lack of facilities and utilities for	or 🔳	7%
.	cooking		1 /(

4	Loss of customary benefits at market	6%
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% of households reporting perceiving that at least one member had lost weight due to insufficient food access®

AVERAGE % OF MONTHLY INCOME SPENT ON FOOD9

69%

AVERAGE EXPENDITURE ON FOOD AS A % OF THE TOTAL HOUSEHOLD **EXPENDITURE**9

50%

AVERAGE MONTHLY FOOD EXPENDITURE PER PERSON IN A HOUSEHOLD

55,335 SYP

% HOUSEHOLDS WHOSE MONTHLY FOOD EXPENDITURE IS MORE THAN 50% OF THEIR TOTAL EXPENDITURE

50%

% of households who did not consume any eggs, meat or fish in the 7 days prior to data collection

% of households who did **76%** not consume any fruit in the 7 days prior to data collection







Food Consumption Score (FCS)

Food Consumption Score (by % of households)



% of households with children with poor or borderline food consumption

FCS Interpretation

Poor Food Consumption (score between 0-21): This category includes households that are not consuming staples and vegetables every day and never or very seldom consume protein-rich food such as meat and dairy.¹⁵

Borderline Food Consumption (score between >21-35): This category includes households that are consuming staples and vegetables every day, accompanied by oils and pulses a few times a week. 15

Acceptable Food Consumption (score >35): This category includes households that are consuming staples and vegetables every day, frequently accompanied by oils and pulses and occasionally meat, fish and dairy. 15

Coping strategies

10.2 Average reduced Coping Strategies Index (rCSI) in Ar-Ragga city

The rCSI is a relative score to measure the frequency and severity of food-related negative coping mechanisms adopted by households to cover their needs. Based on the Syria 2021 Inter-Sector Severity Model, the thresholds for the Reduced Coping Strategies Index are: (1) None/Minimal (rCSI= 0-2), (2) Stress (rCSI = 3-6), (3) Severe (rCSI = 7-11), (4) Extreme (rCSI = 12-19), (5) Catastrophic (rCSI>19). Thus, results indicate a severe level of coping in Ar-Ragga city.

Coping strategies in the 7 days prior to data collection (for households that experienced barriers to accessing sufficient food)

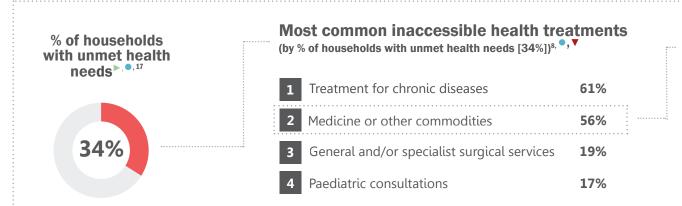
	AVERAGE #DAYS PER WEEK CS WAS APPLIED	% HHS THAT APPLIED CS
Relied on less preferred/less expensive food	4.8	98%
Borrowed food or relied on help from friends	0.6	36%
Reduced the portion size of meals at meal time	1.1	42%
Reduced the number of meals eaten per day	1.7	60%
Restricted the consumption by adults in order for young children to eat	0.6	27 %▼
At least one member of the household spent a whole day without eating	0.1	8%







Access to healthcare



Most common inaccessible types of medicines (by % of households with unmet health needs regarding medicines and other commodities [19%])8. ●,▼

1	Medications for	hypertension/heart	conditions	65%
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2	Antibiotics	40%
-	/ 11111101011103	70 /0

3 Painkillers/analgesics 25%

4 Asthma medicines 20%

92%

% of households who experienced issues with accessing healthcare

AVERAGE % OF MONTHLY INCOME SPENT ON HEALTHCARE®

17%

AAVERAGE EXPENDITURE ON HEALTHCARE AS A % OF TOTAL HOUSEHOLD EXPENDITURE⁹

12%

Most common barriers to accessing healthcare^{8, •}

1	Cannot afford price of medicines	90%
2	Cannot afford treatment costs	85%
3	Lack of medicines and/or medical equipment at facilities	39%
4	Health facilities overcrowded and/or long waiting times	39%
5	Cannot afford travel costs to reach health facilities	16%

Most common coping strategies (by % of households with unmet health needs [34%])^{8, ●}, ▼

1	Going to a pharmacy instead of a clinic	97%
2	Taking lower than the recommended dosage of medication	17 %
3	Substituting prescribed medication for herbal medicine	17%
4	Foregoing non-essential treatment	8%
5	Foregoing essential treatment	6%

70%

% of households with at least one member who showed signs of psychological distress®







COVID-19

Household's worry about contracting COVID-19



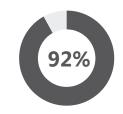
Willingness to see a doctor or seek a test if a household member had COVID-19 symptoms



Main source of information on COVID-19



% of households where not all adult members are vaccinated against COVID-19



Reasons why adult household members are not vaccinated against COVID-19 (by% of households where at least one adult member is not vaccinated [90%])^{8,}

1	Lack	of	trust	in	the	vaccine
-	Lack	Οī	uust	CI I	UIIC	vaccuic

Lack of information about the safety of the vaccine

Lack of information on where to get the vaccine

Unavailability of the vaccine

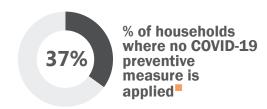
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5%

5%

Applied behaviours aimed at preventing the spread of COVID-19 (by % of households)^{8,}

Washing hands	49%
Social distance	31%
Limiting movements	14%
Vulnerable persons stay at home	6%
Wearing facemask	2%
Increased disinfectant usage	2%



AVERAGE % OF MONTHLY INCOME SPENT ON COVID-19 ITEMS9

0%

AVERAGE EXPENDITURE ON COVID-19 ITEMS AS A % OF TOTAL HOUSEHOLD EXPENDITURE9





Access to education

School attendance for children aged 6-11 (by % of households with school-aged children (6-**11**))



all regularly attended school	74%
not all regularly attended school	13%
none attended school	13%

AVERAGE % OF MONTHLY INCOME SPENT ON EDUCATION9

9%

AVERAGE EXPENDITURE ON EDUCATION AS A % OF TOTAL HOUSEHOLD EXPENDITURE9

7%

School attendance for children aged 12-14 (by % of households with school-aged children (12-14))[▼]



all regularly attended school	43%
not all regularly attended school	28%
none attended school	29%

School attendance for children aged 15-17 (by % of households with school-aged children (15-17))[▼]



all regularly attended school	22%
not all regularly attended school	58%
none attended school	20%

Barriers to accessing education in the month prior to data collection (by % of households with school-aged children [80%] where at least one of the children does not regularly attend school)8, ▼

1	Unable to afford learning material
	and/or pay for school fees

51%

Children have to work

36%

Challenges specific to girls

Barriers related to transportation

17%

There is no school for child's agegroup

15%

Challenges faced by school-aged children while attending school (by % of households with school-aged children [83%] where at least one of the children attended school)^{8,} ▼, •



50%

Classes are overcrowded

44%

School lacks trained teachers

26%

School lacks learning and teaching materials

25%

School lacks proper class furniture







Footnotes

- 1. The Humanitarian Situation Overview Syria (HSOS) project comprises regular multisectoral assessments reviewing information on humanitarian needs and conditions across accessible areas in northern Syria. The HSOS monthly KI assessments can be found here.
- 2. Findings from a 4W review in January 2022 indicated that roughly 60% of the out of camp response activities in NES are based in urban locations.
- 3. The Syria Analytical Framework is a Syria-specific analytical tool developed by the Durable Solutions Platform to guide the incorporation of a durable solutions lens into research and tool design.
- 4. IDPs are defined as individuals or groups of people who have left their homes or places of habitual residence and have settled in the assessed city after 2011, as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, or violations of human rights.
- 5. Host populations are defined as individuals or groups of people who currently reside in their community of origin, or community of permanent residence prior to 2011. This includes populations that were never displaced as well as previously displaced populations that have returned to their community of origin (defined as returnees).
- 6. Areas consistently identified as security concerns, including check points, their surroundings, or military presence, were not covered. Out of the 23 residential neighbourhoods, 1 was not assessed due to security concerns. Consequently, the remaining 22 neighbourhoods were assessed.
- 7. REACH. (21 September 2022). Northeast Syria Cholera Outbreak Brief. Retrieved from: https://reliefweb.int
- 8. Respondents could select multiple answers, thus findings might exceed 100%.
- 9. Computed for households who had this particular expense in the 30 days prior to data collection.

- 10. Longer-term informal employment is defined as employment with a verbal agreement whose duration is more than 1 month. Short-term informal employment is defined as employment with a verbal agreement whose duration is less than 1 month.
- 11. Calculated for households where employment is a source of income.
- 12. Computed as the mean of (household income/number of household members)*6.
- 13. Computed as the mean of (household expense/number of household members)*6.
- 14. Computed by comparing (household income/number of household members) to (548,201 SYP/6), where 709,025 is the median value of the Survival Minimum Expenditure Basket (SMEB) for a family of 6 in Ar-Raqqa city, from the October 2022 Joint Market Monitoring Initiative (JMMI). In October 2022, the median SMEB value was 684,941 SYP in the Governorate of Ar-Raqqa and 658,770 SYP in NES.
- 15. Food and Assistance Technical Assistance (FANTA), Famine Early Warning Systems Network (FEWSET). (December 2015). Comparing Household Food Consumption Indicators to Inform Acute Food Insecurity Phase Classification. Retrieved from: https://fews.net
- 16. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (February 2022). 2022 Humanitarian Needs Overview: Syrian Arab Republic. Retrieved from: https://www.humanitarianresponse.info
- 17. Unmet health needs refer to anyone in the household who needed or wanted to access healthcare (including medicines) but could not access it.

