

February 2024

KEY MESSAGES

After over a decade of conflict, repeated displacements, and economic decline, the humanitarian crisis in Northern Syria affects every sector, area, and population group. Needs remain high and widespread, with almost **three quarters of households** reporting they were **unable to secure basic necessities.**

Food, livelihoods, and health assistance were reported as the top unmet needs of populations in both Northeast (NES) and Northwest Syria (NWS). The inability to cover essential needs was mainly attributed to the escalating prices of basic goods, unaffordable services, and lack of employment opportunities, prompting more than 90% of assessed households to resort to negative coping strategies.









Ongoing conflict, damaged infrastructure and poor quality of services have accentuated existing vulnerabilities, hampering people's ability to build resilience and live with dignity. With **emotional distress impacting every age and population group** and **access to water and electricity reduced,** along with **four in ten children out of school** and **two in ten households living in emergency shelters**, the current level of humanitarian stress in Northern Syria calls for an ongoing and comprehensive humanitarian response.

Why an MSNA in Northern Syria?

Northern Syria contends with a deteriorating crisis on multiple levels. Over two million internally displaced people (IDPs) in NWS and NES reside in camps and informal sites, most often in severely damaged and overcrowded shelters. The February 2023 earthquakes in NWS and Türkiye and the major escalations in both NES and NWS in October resulted in extensive displacement, civilian casualties, and damage to already strained infrastructure. The income erosion and affordability crisis resulting from high inflation, currency devaluation and poor economic <u>performance</u> have pushed population groups deeper into poverty, prompting protests against the rising costs of living. The worsening drought and water crisis, as well as public health shocks, notably the ongoing cholera outbreak, have also impacted the resilience of populations, making them ever more dependent on humanitarian assistance.

The current brief summarizes key findings from the 2023 Multi-Sector Needs Assessment (MSNA) in Northern Syria. This is a comprehensive, household-level representative survey conducted by REACH and its partners in collaboration with UN OCHA. It assesses the needs and vulnerabilities of crisis-affected populations and informs the Humanitarian Needs Overview (HNO) as it relates to Northern Syria. Its main objective is to provide an evidence base to the humanitarian response to enable the implementation of assistance according to the needs. Data collection for the MSNA took place between 3 September and 7 October 2023 across 37 sub-districts in NES and 36 in NWS. Alongside local and international partners, REACH conducted 5,658 in-person household interviews across three population groups: IDPs living in camps, IDPs residing outside of camps, and host community populations.



¹ For this MSNA indicator, households were allowed to select up to three main unmet needs. Therefore, the breakdown exceeds 100%.

² The data is representative with 90% confidence interval and 10% margin of error. We are thus 90% confident that the real value falls within a 10% margin above or below the value assessed.

REGIONAL TRENDS

Vortheast Svria

Northwest Syria

Skyrocketing food price inflation



Expensive services



Poor access to electricity



Unaffordable healthcare



High sanitation concerns



Almost half of children out of school

High food costs



High unemployment



Unavailable medicine and healthcare



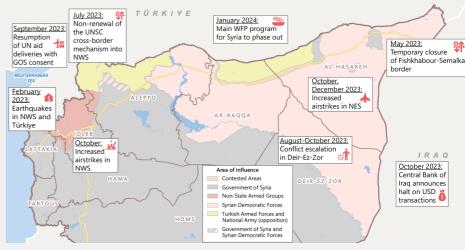
High perceptions of threat



Poor shelter conditions for the almost 2M IDPs in camps

NORTHERN SYRIA IN 2023

MAIN DEVELOPMENTS IN



OVERVIEW OF HUMANITARIAN NEEDS ACROSS SECTORS

Protection risks remain high, with emotional distress prevalent across both regions

Protracted conflict remains an important driver of the crisis which is multi-layered, with ripple effects across all sectors. Hostilities pose a continuous threat to civilian lives, obstruct free movement and access to basic services, and hinder the safe delivery of assistance. The effects of conflict and associated protection risks extend across all sectors. More than a decade of violence in Syria has not only deepened the plight of populations, leading to increased poverty, fear, and distress, but has also resulted in extensive damage to property and infrastructure, deterred investments and hampered sustainable economic recovery.

Key regional trends

Perceptions of threat are much higher in NWS.

Reports of protection risks in the MSNA varied significantly by region. NWS was perceived as a more threatening environment, with approximately half of households with children under 18 and half with women over 18 reporting safety or security concerns. In contrast, in NES, the corresponding values fell between 31-37% for the same categories. Perceived levels of safety and security for men over 18 were, nonetheless, similar in both regions, with 38% of households reporting at least one type of protection risk for men of age.

Fear of kidnapping is a major concern in NWS.

Different vulnerabilities emerged when comparing NWS and NES and the various population groups. Kidnapping was a great concern for children and women in NWS, with 23-25% of households reporting this for boys and girls under 18 and 15% for women, while in NES, the figures were significantly lower for the same groups. In NES, boys were perceived to face risks from drug usage (11% of households with boys

under 18) and being robbed (10%), while girls were perceived to encounter a higher risk of verbal harassment (13% of households with girls under 18). Concerns for men varied, with fear of earthquakes in NWS (16% of households with men over 18) as well as fear of airstrikes or shelling (13%), versus robbery (18%) and recruitment by armed groups (9%) in NES.

Emotional distress is prevalent among men and women in both regions, underscoring the heightened mental health challenges after years of conflict, forced movement and economic decline. As such, 56% of households across Northern Syria reported signs of distress in men and 52% of households for women.

NES stands out with higher rates of emotional distress among children, with 30-31% of households

> reporting signs of distress in girls and boys respectively, compared to 19-20% of households in NWS.



Food remains the first unmet need in Northern Syria, reported as largely unaffordable

Essential needs are out of reach for three quarters of Northern Syria's households. The MSNA data shows that 73% of households across NES and NWS were insufficiently able or completely unable to meet their basic needs, including food, shelter and medicine.

More than half of households struggle to secure food, reported as the main need. Food insecurity in Northern Syria remained high in 2023, in the context of escalating prices and insufficient livelihoods. While generally available on markets, food was reported by over 56% of households across both NES and NWS as an unmet need, making it the most commonly reported household necessity.

Skyrocketing inflation and reduced incomes further erode access to food. The MSNA data shows food as the largest expenditure for most households. As such, it has been most strongly affected by price inflation, which has continued to rise in both regions. Combined with insufficient and declining livelihoods,

inflation has resulted in a decrease in purchasing power and a limited ability to cover minimum needs.

People in camps are most at risk. Food insecurity was perceived to affect all population groups, yet internally displaced persons (IDPs) in camps were particularly vulnerable. Thus, 68% of in-camp IDP households reported food as one of their top three needs compared to 57% of out-of-camp IDP households and 51% of households belonging to host communities. This was corroborated by reports of unaffordability, also higher among in-camp IDPs. They were also the population group most dependent on humanitarian assistance.

Nutrition concerns persist. More than 50% of children under 6 months of age were being reportedly fed infant formula, while experts recommend breastfeeding during the first half year of life. In 35% of these cases, mothers did not have enough breastmilk, which could be associated with heightened malnutrition risks.

73%

of all assessed HH were reportedly unable to meet basic needs 56%

of all assessed HH indicated food as one of their top three unmet needs 96%

of those HH unable to meet needs reported price increases as a reason

Key regional differences

Food price inflation affects both regions, but shows a sharper trend in NES. According to the Joint Market Monitoring (JMMI) data for October, the food price component of the Survival Minimum Expenditure Basket (SMEB)³ increased by 176% in NES from October 2022 to October 2023 in Syrian pound terms, while the increase in NWS was 40% in Turkish lira terms. The inflationary impact in NES was also reflected in the comparatively higher reports of unusually elevated food prices in the three months prior to the MSNA data collection, 72% of households in NES citing this compared to 37% of those in NWS.

Levels of food insecurity in NWS are to a large extent driven by disproportionately high numbers of IDPs there. NWS hosts a much higher population of IDPs in camps, almost 2 million, compared to NES where approximately

300,000 displaced people live in last resort sites. As IDPs in camps were perceived to be considerably more exposed to food insecurity than the other population groups, their overwhelming number in NWS accounts for the higher overall values for unmet food needs recorded in the whole of NWS compared to NES. The latter, on the other hand, presented higher levels of food insecurity for out-of-camp IDPs.

Access to nutrition services is generally more difficult in NES. More households in NES signaled the absence of available nutrition facilities, costly treatment or high transportation costs, in a region where malnutrition and stunting have consistently been a major concern. Cases of mothers unable to breastfeed were also more prevalent in NES.



Livelihoods are continuously eroding, affecting people's ability to lead safe, dignified lives

Main drivers of needs are high prices of basic goods and services, and lack of employment. Almost all assessed households in Northern Syria pointed to the surging prices of essential commodities as the predominant obstacle in meeting basic needs. More than half indicated costly services as a major barrier. This was closely trailed by unemployment or job loss, affecting four in ten households. An important 38% also pointed to loss of access to humanitarian assistance. This highlights the extensive economic dimension of the humanitarian crisis in Northern Syria, as the barriers most directly and heavily felt by households relate to their inability to afford the rising costs of living.

Livelihoods were thus the second most reported top need of affected populations in Northern Syria after food, with 43% of households lacking income and work opportunities. Insufficient livelihoods and economic deprivation come with severe knock-on effects on other sectors.

Coping strategies are prevalent. More than nine in ten households reportedly resorted to negative coping strategies to navigate challenges. Seventeen percent of all households were using a range of "emergency" livelihood coping strategies, such as engaging in socially degrading, exploitative, or dangerous work (9% of households). Eighteen percent of all households were employing "crisis" strategies, including selling productive assets (14% of them) and utilizing child labor (9%).

IDPs in camps are more affected by the lack of livelihoods. IDP households in camps were more exposed to applying crisis or emergency livelihood coping strategies: 42% of them reporting this, compared to 31% of households in host communities. In-camp IDPs were the ones more often reporting being overall unable or insufficiently able to meet basic needs: 85% of households there compared to 67% of households in host communities, and they also less often reported having a working adult in the household.

Key regional differences

The reported need for livelihoods is higher in NES. While livelihoods emerged as the second most common unmet need in both NES and NWS, the demand for livelihoods was reportedly higher in NES, cited by 47% of households there compared to 41% of households in NWS. This is despite a higher average income per person per day in NES (0.6 USD versus 0.39 USD in NWS⁴- both below the global absolute poverty line of 2.15 USD). Higher household incomes in NES are due to much higher reported rates of support from friends and family. Households in NES also registered more earnings from having their own businesses or trade and their own production, while households in NWS were reportedly more dependent on salaries.

NES overwhelmingly hit by service unaffordability, while NWS contends with more unemployment.

While both regions overwhelmingly identified price increases for basic goods as the primary challenge to meeting needs, households in NES also very often reported unaffordable services. These made for the second most common barrier there, affecting 74% of households in NES, compared to 46% in NWS. Conversely, households in NWS more often reported that unemployment was a challenge in meeting basic needs. This affected half of those households that struggled to cover essential needs, compared to under a third in NES.

Electricity is half as accessible in NES compared to NWS. NES averaged only 7.6 hours of electricity per day compared to 15.4 hours in NWS, where solar power was the main reported source of electricity (54% of households), followed by networks (37% of households). In NES, where increased airstrikes in October and December 2023 caused additional damage to infrastructure, populations were relying primarily on the main network (46% of households) and community generators (38% of households). Power scarcity not only affects the quality of life of populations, but also undermines the production capacity of industries and businesses, as well as the functioning of other key service infrastructures.

Key sectoral impacts across Northern Syria

Compounding protection risks
8% of out-of-camp IDPs were reportedly at risk of
eviction because they could not pay the rent

Affecting essential needs

18% had to buy water on credit or borrow in

Hindering
74% of h

Hindering winterisation
74% of households could not afford heating fuel

Making health care unaffordable

71% of households where at least one member needed treatment could not afford it

Impacting the right to education

Unaffordability accounts for 20% of cases of out-of-school children



Soaring costs and unavailability of health services and medicine make health third most unmet need

Although 88% of individuals who needed medical care in the three months prior to data collection were able to access it, the data shows these needs were often insufficiently covered. Significant challenges remain regarding the costs, availability and quality of health services.

More than a third of households have unmet health needs. Health assistance ranks as third unmet need after food and livelihoods, with 36% of all assessed households reporting health services needs and 33% of them the need for medicines. The immediate challenges identified by households in accessing healthcare included the high costs or unavailability of assistance and treatment, a shortage of specialist services, long waiting times and elevated transportation costs. Beyond these, the conflict and

ensuing economic fallout have disrupted and impoverished healthcare systems, infrastructure and emergency response mechanisms. The resilience of these systems has been further tested by public health shocks, including the cholera outbreak.

Medicine and care for chronic diseases are often unavailable. Populations in Northern Syria most often reported that they needed, but were unable to access, medication (21% of households) and care (15% of households) for non-communicable diseases and chronic illnesses such as cardiac conditions, diabetes, hypertension, as well as medication for acute conditions, including pain or infections (16% of households).

Top three barriers preventing access to health



71% of HHs could not afford treatment



41% of HHs could not afford consultations



35% of HHs experienced prolonged waiting times

The figures relate to households where at least one household member could not access healthcare. However, the same barriers were cited by households who did receive medical assistance, thus highlighting financial constraints and accessibility issues at all levels.

Key regional differences

Individual access to healthcare is higher in NWS than in NES. Among individuals with health needs, 92% in NWS could access health services compared to 82% of health-seeking individuals in NES, despite services being more available in NES. This is mostly explained by skyrocketing healthcare costs in NES.

Unaffordability is an overwhelming concern in NES. While the main reported barrier in both regions was the cost of treatment, NES emerged as significantly more affected. Of those households who could not access the healthcare they needed, a staggering 83% in NES cited unaffordability of treatment as a cause, compared to a still important 58% of healthcare-deprived households in NWS. Households in NES were also more often unable to afford medical consultations, which was signaled by 65% of those households who could not access the health assistance they needed compared to 15% of households in NWS. The disparity comes in the context of the region's high reliance on private health networks. While NWS benefits from public health

services, as reported by 74% of households there, in NES expensive private clinics are the primary source of medical care, cited by a corresponding 74% of households in NES. The high costs of transportation to health facilities were often cited by households in both NES and NWS as a barrier preventing access to healthcare.

NWS is affected by long waiting times and scarcity of services and medication. Besides affordability, which is to different extents a barrier in both regions, populations in NWS more specifically contended with issues of availability and timeliness of medical care, as shown by the high number of respondents citing waiting times (47% of households in NWS), unavailability of medicine, treatment, or services (39%) and lack of health specialists (20%). Worryingly, medication for chronic illnesses such as cardiac conditions or diabetes was reported unavailable by more than a quarter of households in NWS, significantly more than the corresponding 14% of households in NES.



Only half of households have sustained access to water, while many compromise on drinking water and hygiene

Water scarcity and coping mechanisms are widespread.

Almost half of Northern Syria's households were perceived to face water shortages to varying degrees, struggling to secure a sufficient and safe supply for both drinking and domestic use. This compelled populations to resort to negative coping strategies, such as reducing drinking water consumption and modifying hygiene practices.

Multiple factors continue to aggravate the water crisis.

Infrastructure damage due to conflict, <u>drying conditions</u> related to climate change, <u>intermittent power supply</u>, ineffective management of cross-border resources, and <u>diminished levels of groundwater and the Euphrates River</u> in NES have all contributed to compounding this situation.



Only 51% of households consistently had enough water in the previous month, while 21% faced at least 10 days with insufficient water

Outside of camps, public networks are overall the most common source of water, with 56% of households from host communities and 45% of out-of-camp IDP households having reported this. The latter, however, indicated similarly high usage of water trucking for domestic use (42%).

In camps, water trucking is the main source, with 64% of IDP households primarily depending on it. In NES, camps relied on NGO-provided trucking, whereas in NWS, they were serviced by both NGOs and private suppliers, the latter source at a higher cost and often less safe.

Inadequate sanitation compounds public health risks.

Overall, piped sewer systems were the prevailing sewage management system, accounting for 47% of reports of all assessed households. While sewage systems prove generally effective in preventing the spread of diseases such as diarrhoea, the frequent absence of wastewater treatment remains of great concern. This often results in the discharge of untreated sewage in rivers that are later used as water sources by communities downstream, heightening public health risks.

Substandard facilities impact hygiene practices. The adequacy of facilities and availability of supplies were also reported as a challenge, with 11% of all households having no handwashing facility and 10% missing soap or both water and soap.

Key regional differences

Regional distinctions related to the main sources of water are largely driven by IDP population in camps.

Overall reported values for connection to water networks were lower in NWS, driven by the higher population of IDPs in camps there, with significantly reduced access to the main network. Consequently, water trucking, with its additional costs and safety concerns, came out as the main source of water for these populations, used by 63% of in-camp IDP households in NWS. In comparison, only 29% of them were reportedly connected to networks. This affects the overall regional trends, with NWS thus generally more dependent on water trucking: 45% of all households there compared to 30% of households in NES.

Main coping practices include drinking less water and compromising on hygiene. Households in NWS who struggled to procure water most often resorted to such severe coping strategies as reducing their consumption of drinking water. Although not the main coping mechanism in NES, reduced water consumption was also commonly employed there. Households in NES most often reported modifying their hygiene practices, such as bathing less, which was twice more frequently cited than in NWS.



38%

of HHs in NWS with insufficient access to water reduced the quantity of **drinking water.** In NES, the figure stands at **30**%



of HHs in NES with insufficient access to water compromised on their hygiene, compared to 35% in NWS

Sewage is poorer in NES. Populations in NES were reportedly less well connected to piped sewage systems and relied to a similar degree on sewers and pit latrines, 38% and 36% of households in NES respectively. In NWS, more than half of households reported being connected to the piped sewer system.

Sanitation concerns are higher in NES. Overall, sanitation challenges related to either wastewater disposal or toilet functionality were also more reported in NES, where almost half of households encountered barriers. The most significant ones were related to safety and privacy concerns, notably lack of lighting, as well as lack of locks and doors. Households in NWS were somewhat less affected, with 67% of them reporting no sanitation barriers. The most commonly cited challenge there was the lack of desludging services for septic tanks.



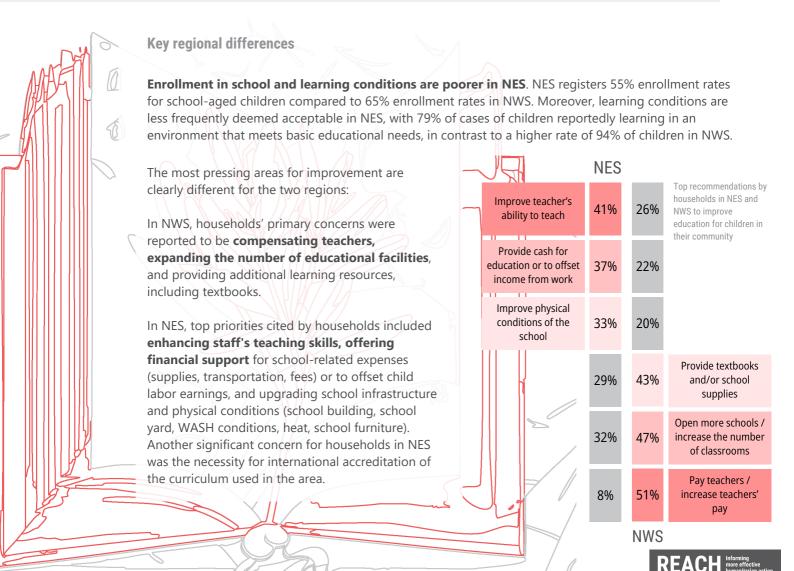
Over 40% of children in Northern Syria do not attend school due to a lack of educational facilities and high costs

More than four in ten children do not go to school in Northern Syria, in a climate of continuous insecurity and economic instability. The state of education in Northern Syria, after years of conflict, is highly critical, with non-attendance rates in schools exceeding 40% for school-aged children. The lack of facilities and essential materials, combined with inadequate infrastructure and the threat of attacks on schools, create a difficult context for pursuing education throughout the region. Economic downturn and limited opportunities add to the barriers to education, eroding households' capacity to support education costs for children and undermining prospects for dignified lives after completing education.

Non-attendance is mainly due to lack of schools and unaffordability in both NES and NWS. The primary direct causes for non-attendance in Northern Syria were reported to be the absence of schools for the respective age groups (25% of cases of out-of-school children) and financial constraints hindering

the household's ability to afford education costs (20% of out-of-school children). Additionally, a concerning 12% of children not attending education have to work to support the household. Furthermore, the challenges in accessing education become more severe as children grow, with 15-17-year-olds significantly less likely to be enrolled in school.

Children who manage to attend school encounter another set of barriers that impede learning in acceptable conditions. Chief among these challenges were reported to be poor WASH conditions, including a lack of latrines and access to clean water, signaled in 49% of cases of children who were not able to learn under acceptable conditions in Northern Syria. Additionally, 44% of those children faced barriers due to the insufficient availability of teaching and learning materials, while 43% of them contended with the absence of qualified teaching staff. Overcrowding was also perceived as further worsening classroom conditions, impacting children's learning experiences.





Dire shelter conditions for IDPs in camps and severe winterisation needs across the board

More than half of IDP households in camps live in tents. Housing trends in Northern Syria differ significantly across population groups, with IDPs in camps living in the most precarious conditions. According to the data, more than half of households in camps resided in tents, while 25% of them found shelter in concrete block structures, with varying arrangements such as being hosted rent-free, receiving assistance, or renting with or without a contract. Among IDP households outside of camps, 68% of them reported they resided in completed houses or apartments, while 26% of them inhabited unfinished structures, often renting with or without a formal contract, and 20% were hosted rent-free. In contrast, host communities largely said they resided in finished houses or apartments (89% of host community households), which most often they also owned, reflecting a more stable housing situation.

Most common adequacy issues for all types of shelters included roof or ceiling leaks (reported by 43% of all households), unsealed windows or doors (28% of households), and lack of insulation from extreme temperatures both heat and cold (24%). Even among households not living in emergency shelters, only 42% of them resided in fully intact homes, with no physical damage reported.

Challenges are significantly exacerbated in camps, where 73% of households reported shelter leaks and 66% of them were facing insulation issues. Moreover, the average number of rooms available per household in camp was limited to 1.8, compared to 2.4 for out-of-camp IDPs and 2.9 for households in host communities, despite households in camps being larger.

Heating fuel emerges as severe Non-Food Item (NFI) need, as well as heaters and winter clothing, in both NES and NWS. As prices have risen, winterisation items have become increasingly difficult to afford, leaving households vulnerable to harsh winter conditions and associated health risks. At the time of data collection, 92% of assessed households in Northern Syria did not have heating fuel for the winter, in most cases because they could not afford it. Similarly, among households not having winter heaters or winter clothing, almost half reported they could not afford those items. Only a mere 5% of households in NWS and 13% in NES reported having access to heating fuel for the winter, while the presence of heaters was limited to 18% of households in NWS and 29% in NES.

Key regional differences

NWS reckons with an overall more severe shelter situation, due to much higher numbers of in-camp IDPs living in substandard conditions. Moreover, the two major earthquakes in February 2023 caused extensive displacement and damage to existing shelter infrastructure. At the time of data collection, tents were used by an alarming 18% of assessed households in NWS, where <u>almost 2 million people</u> live in camps. In comparison, five percent of households were using tents in NES. Only 56% of households in NWS reported residing in finished houses or apartments, while in NES the corresponding value stands at 83%. Even among those households in NWS living in buildings, 69% of them reported at least minor damage to their house, ranging from small holes or cracks in walls to completely collapsed roofs, floors, or walls, compared to a still notable 53% household-reported building damage in NES. Occupancy arrangements further highlight the more fragile housing situation in NWS, where 19% of households were hosted rent-free. The dominant arrangement in NWS was renting with a written or verbal agreement (40% of households), whereas in NES 70% of households reported they owned their homes.

With regard to **adequacy issues**, the main distinctions between the two regions were related to the significant lack of insulation cited in NWS driven by in-camp population dynamics, and the reported WASH problems in NES, including a scarcity of water taps, basins, and plumbing, as well as defective sanitation facilities such as toilets and handbasins

ABOUT REACH

REACH is a leading humanitarian initiative that collects primary data and produces in-depth analysis to help aid actors make evidence-based decisions in support of crisis-affected people. With this in mind, our flagship research programmes aim to inform the prioritisation of aid according to levels of need -both crisis-level planning and targeted rapid response - as well as decisions around appropriate modalities of aid. Created in 2010, REACH is a joint initiative of IMPACT Initiatives, ACTED, and the United Nations Operational Satellite Applications Programme (UNOSAT).