HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS)

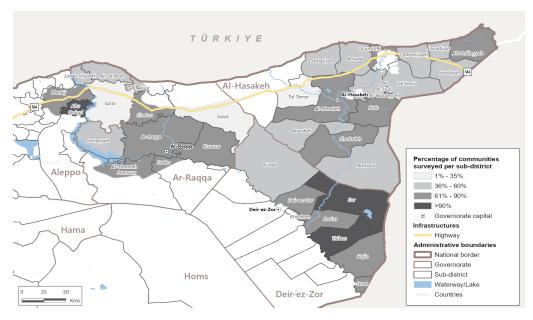
November 2023 | Northeast Syria

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 **1,336 communities** across Aleppo¹, Ar-Raqqa, Al-Hasakeh, and Deir-ez-Zor. Data was collected **between 1-19 November 2023** from **4,867 KIs** (19% female).



KEY MESSAGES

- The main network remained the most common primary source of electricity in NES, despite <u>airstrikes that impacted power infrastructure</u> at the start of October. However, an increased percentage of KIs reported that the **limited functioning of the main network was a barrier to accessing electricity compared** to the previous HSOS round conducted in August 2023 (from 23% to 27% in Hasakeh and from 1% to 7% in Aleppo governorate).
- KIs in 71% of assessed communities indicated that not all households had
 access to sufficient water. The partial functioning of the water network was
 increasingly reported as a barrier preventing households from accessing
 sufficient water in Raqqa and Hasakeh governorates compared to the
 findings in the August round. This increase could be linked to the airstrikes on
 civilian infrastructures which also impacted water station operations in NES.
- The percentage of assessed communities where education services were regularly functional dropped from 97% before the summer break to 56% after summer. Due to the escalation of violence, going to school became unsafe, especially in Hasakeh governorate where KIs in 70% of assessed communities reported the violence escalation as a reason why education services were not functioning regularly (4% before the summer break).
- Living conditions remained difficult as KIs reported that incomes were not covering the cost of living in 90% of assessed communities. To subsist, households highly depended on loans, remittances or food gifts from relatives or friends.
- NES faced limited access to treatment for chronic diseases despite important needs. Kls in only 5% of all assessed communities reported the presence of treatment for chronic disease, while such treatment was the most commonly reported health need in NES (reported as a priority health need in 57% of assessed communities).

HSOS Dashboards

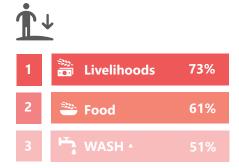
The interactive <u>HSOS Sectoral Dashboard</u> provides a monthly thematic overview of key indicators disaggregated at different administrative levels. The <u>Humanitarian Trends Dashboard</u> uses HSOS data to visualise how the humanitarian situation in northern Syria has been changing over time.





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



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

2%	Livelihoods
14%	Food
1%	WASH

Communities where no access to

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

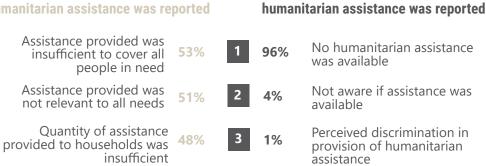


% of assessed communities where KIs reported the presence of the following types of assistance for IDP households³



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

Communities where 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

Assistance provided was not relevant to all needs	59%	1	98%	No wa
Assistance provided was insufficient to cover all people in need	54%	2	1%	N _e
Quantity of assistance provided to households was insufficient	44%	3	<1%	Pe pr re

Communities where no access to humanitarian assistance was reported

%	1	98%	No humanitarian assistance was available
%	2	1%	Not aware if assistance was available
%	3	<1%	People not aware of the procedures to follow to receive assistance





ECONOMIC CONDITIONS

Region	Median estimated monthly expense for water for a household of six ^{4, 5}	Median estimated monthly rent price for a two-bedroom apartment 4,5	Median estimated daily wage for unskilled labour ^{4, 6, 7}
Aleppo	35,000 SYP	75,000 SYP	25,000 SYP
Al-Hasakeh	80,000 SYP	150,000 SYP	15,000 SYP
Ar-Raqqa	4,000 SYP	100,000 SYP	20,000 SYP
Deir-ez-Zor	100,000 SYP	175,000 SYP	20,000 SYP
Northeast Syria	60,000 SYP	140,000 SYP	20,000 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 ³

Livelihood source	Host community households	IDP households
Food crop production	43%	28%
Cash crop production	74%	20%
Livestock products	45%	22%
Sale of livestock	43%	15%

Intersectoral findings on unaffordability hindering access to goods and services⁷



KIs in 21% of assessed communities cited rent was unaffordable for the majority of people



■ KIs in **76%** of assessed communities cited the high 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 **59%** of assessed communities cited high cost of **fuel for generators** as a common challenge



Kls in 49% of assessed communities cited the high • cost of water trucking as a common challenge



KIs in 87% of assessed communities cited the high cost of **health services** as a common challenge













BASIC NEEDS OVERVIEW

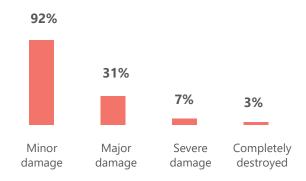
In 96% of assessed communities, at least 80% of the host community households reportedly owned their shelter

In **70**% of assessed communities, **none** of the IDP households reportedly **owned their shelter**

In 9% 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)^{4,8}



Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 92% of assessed communities)

Most commonly reported shelter inadequacies (by % of assessed communities)³

$\dot{\mathbb{T}}^{\downarrow}$		7;→
82%	Lack of lighting around shelter	84%
57%	Shelter have minor damages	55%
57%	Lack of privacy inside shelter	61%
54%	Lack of space/overcrowding	62%
40%	Unable to lock home securely	38%
11%	Lack of lighting inside shelter	13%



98%

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



High price of suitable foods formula was the most commonly reported challenge to feeding young children (reported by KIs in 95% of assessed communities) ^{7,9}

Commonly reported barriers to accessing sufficient food (by % of communities)^{3,7}

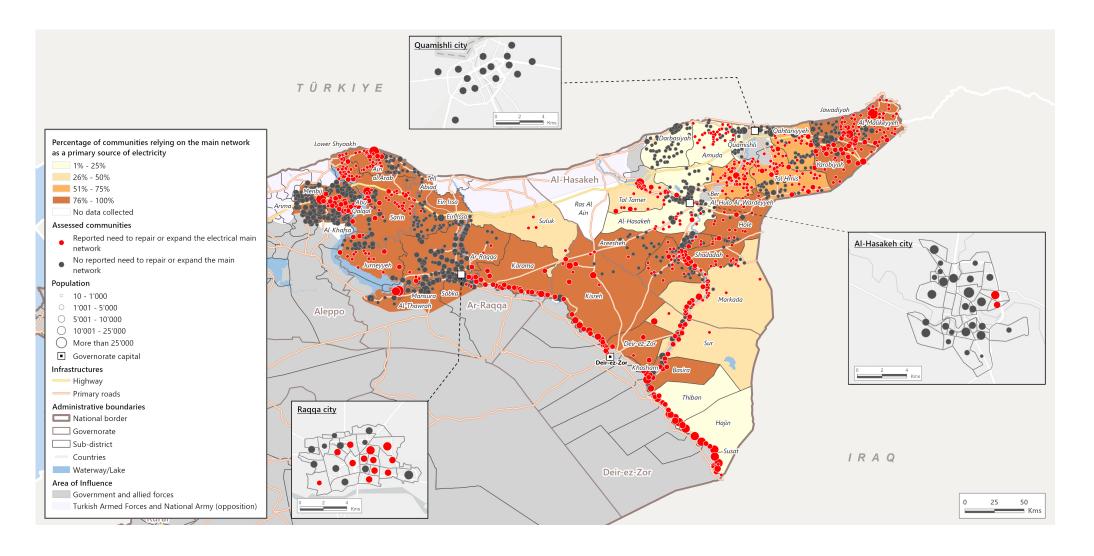
1	Markets exist and food is available but households cannot afford essential food items	81%
2	Markets are not functioning in the community	21%
3	Markets exist but have insufficient quantities of food	18%
4	Markets exist but not all essential food items are available	18%

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

1	Own production or farming		43%
2	Relying on food stored previously		36%
3	Food gifts from friends and family	1	3%







Dependency and need for maintenance of the main electricity network

Note on the map

This map illustrates the NES sub-districts based on the percentage of assessed communities that relied on the main network as their primary source of electricity for domestic use. Red dots represent communities in which KIs reported a need to repair or expand the main electricity network.





ACCESS TO BASIC SERVICES



Access to Electricity hrs/dav

was the most commonly reported range of hours of electricity accessible to households (reported by KIs in 32% of assessed communities)

Main was the most commonly reported main source of electricity (reported by network KIs in 71% of assessed communities)

% of assessed communities where KIs reported rationing electricity by local authorities as the most frequently reported 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 **12%** 3-4 days **22**% 1-2 days 14%

0 days

Davs per week where 23% water from the network was available (by % of 861 communities connected to a water 29% network)

borehole

Private was the most commonly reported source of water for all purposes (reported by KIs in Or Well 44% 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)

38%

33%

19%

Free public waste collection

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 85% 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

57% 51%

48%

Treatment for chronic diseases

Medicines and other commodities

Paediatric consultations

Cannot services

afford to was the most commonly reported barrier to accessing pay for healthcare (reported by KIs in health 87% 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



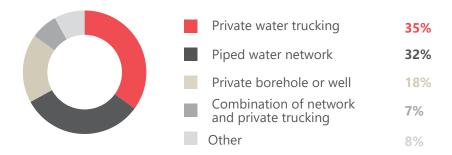


PUBLIC HEALTH

Most commonly reported sanitation issues (by % of assessed communities)³



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



76%

% 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) ³

1	Sedimentation	78%
2	Household filters	17%
3	Chlorine tablets	11%

47%

% 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	64%
2	Water has bad colour	19%
3	Water perceived to be making people sick	10%

Reported challenges related to quantity, quality and diversity of food for babies and young children (less than 2 years old)^{3, 9}

Limited variety of food reported in **52%** of assessed communities

Not enough food reported in 23% of assessed communities

Poor quality of food reported in **9%** of assessed communities

19%

% 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}

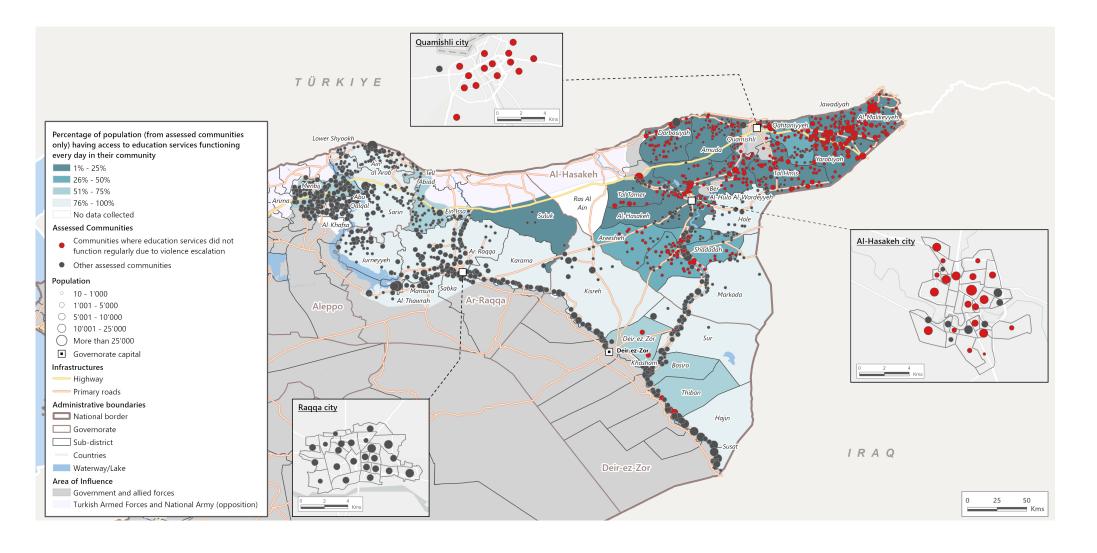


Essential health services available either in the assessed community or in nearby locations (by % of communities where households could access health services)¹³

	No Yes
General and or specialist surgical services	40%
Treatment for parasitic infections	34% 66%
Skilled care during childbirth (General obstetric care - normal deliveries)	21% 79%
Vaccination	19% 81%
First aid/emergency care (accident and injuries)	10%







Operational education services in NES (October-November 2023)

Note on the map

On this map, darker sub-districts are those where a low percentage of the population (of assessed communities) had access to fully operational education services. Red dots correspond to communities in which KIs reported that the education services did not fully operate because of a violence escalation. The map shows that the northern border of Hasakeh governorate was particularly affected by limited education services provided due to violence escalation.





SECURITY AND PROTECTION

Intersectoral findings on security



General safety and security concerns restricting movement to markets was a reported barrier to market access in 35 assessed communities

General safety and security concerns at markets was a reported barrier to market access in 9 assessed communities

Theft was reported as a protection risk in 31% of assessed communities ⁷

Tribal disputes were reported as a protection risk in 40 assessed communities ⁷

Fear from imminent conflict was reported as a protection risk in 18% of assessed communities ⁷

Threat from airstrikes was reported as a protection risk in 83 assessed communities ⁷

Threat from shelling was reported as a protection risk in 15% of assessed communities ⁷



4

The security situation was reported as a barrier to shelter repairs in 67 assessed communities ⁷



Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in 17 assessed communities



Lack of safety while travelling to or from school was reported as a barrier preventing access to education in 164 assessed communities ⁷

Most commonly reported protection priority needs (by % of assessed communities) $^{7,\,10}$

1	Special assistance for vulnerable groups	80%
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2	Specialised	child	protection	services	56%
					30

2	Daychosocial support	34%
5	Psychosocial support	54%

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

22% 30%	Lack or loss of civil documentation as a protection risk
3%	Some people did not have the necessary

personal document as a barrier to

accessing humanitarian assistance

87%

2%

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

Gender and diversity

Kls in **32%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to accessing livelihoods ⁷

Kls in 13% of assessed communities reported a lack of employment opportunities for persons with a disability as a barrier to accessing livelihoods ⁷

Kls in 11% of assessed communities reported a lack of privacy for women and girls at health facilities as a barrier to healthcare access

KIs in 18% 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 **15%** of assessed communities reported **challenges specific to girls** as a barrier preventing access to education ^{7, 14}





ENDNOTES

- ¹ Aleppo governorate includes Menbij and Ain Al Arab districts
- 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 multiple answers, thus findings might exceed 100%.
- ⁴ KIs were asked about the situation at the time of data collection, instead of the last 30 days.
- ⁵ 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 October 2023, 1 USD = 13,600 SYP; 1TRY= 490 SYP.
- ⁶ According to the NES <u>JMMI</u> October 2023, 1 USD = 13,600 SYP.
- ⁷ 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).
- ⁸ 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).
- ⁹ KIs were asked about the situation in the last two months, instead of the last 30 days.
- ¹⁰ KIs could select three answers, thus findings might exceed 100%.
- ¹¹ 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.
- ¹² 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.
- ¹³ 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.
- ¹⁴ 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	1,330	Barriers to assistance access (IDP)	360
IDP households	617	Days when water is available from network	861
Challenges to assistance access (host community)	340	Barriers to markets functioning	449
Barriers to assistance access (host community)	971	Methods to make water safer (merged)	315
Challenges to assistance access (IDP)	238	Problems with drinking water (merged)	622

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).



