HUMANITARIAN SITUATION OVERVIEW OF SYRIA (HSOS)
August 2023 | Northeast Syria
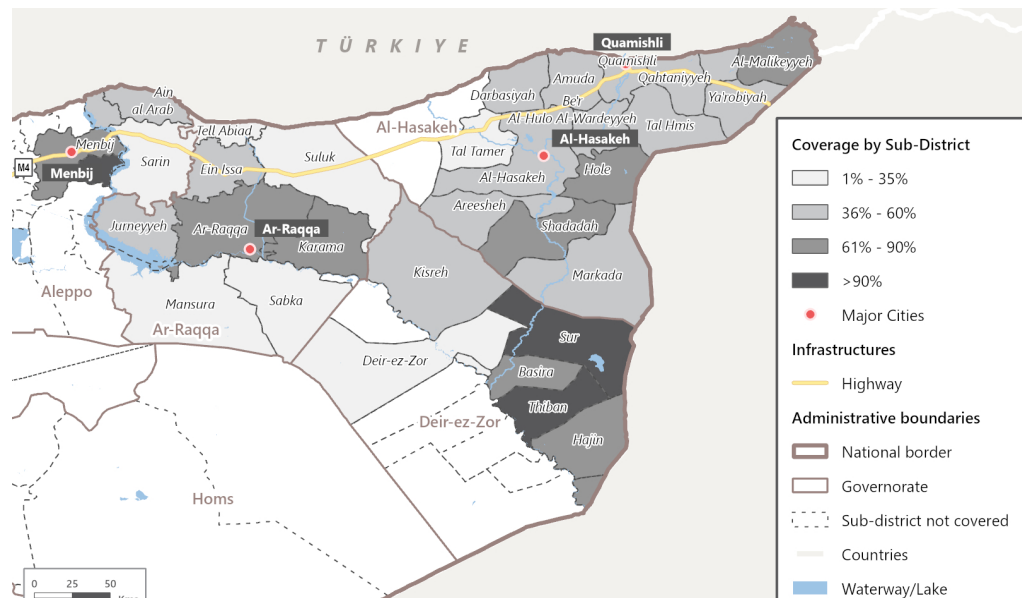
INTRODUCTION AND METHODOLOGY

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 **1,324 communities** across Aleppo[1], Ar-Raqqa, Al-Hasakeh, and Deir-ez-Zor. Data was collected **between 1-8 August 2023** from **4,534 KIs** (17% female).

Coverage by Sub-District

	1% - 35%
	36% - 60%
	61% - 90%
	>90%
●	Major Cities

Infrastructures

—	Highway

Administrative boundaries

	National border
	Governorate
	Sub-district not covered
	Countries
	Waterway/Lake

KEY MESSAGES

- **KIs in 47% of assessed communities reported issues with drinking water.** Among communities in which problems were reported, 7% recorded reports of water perceived to be making people sick. Reports of unsafe drinking water reached 14% of assessed communities within Raqqa governorate, while it concerned only 2% of assessed communities in the spring months (March and April rounds). The low levels of the Euphrates River in the summer months[a] may have contributed to a surge of water pollution.[b]

- **The perceived threat from imminent conflict increased as tensions escalated in Deir-ez-Zor governorate throughout the summer.[c]** In August, KIs in 33% of assessed communities in Deir-ez-Zor governorate reported the risk of imminent conflict as a threat for the local population (compared to 10% in June round). In addition to threatening people's safety, the volatile context may also impact economic activities in the region.[d]

- **The economic conditions in NES continued to deteriorate.** In August, the estimated wage for unskilled labour reached 1.5 United States Dollars (USD), comparted to 2 USD in June round. KIs in 67% of assessed communities reported the lack of employment opportunities matching people's skills as a barrier to accessing livelihoods. The access to credit for entrepreneurial investment was the most frequently reported livelihood need for host community households (in 70% of assessed communities) while the top livelihood need for IDPs was the regularity in receiving income from work (in 73% of assessed communities).

- **Rising fuel prices[e] continued to affect household's ability to meet their basic needs.** While NES heavily relies on agriculture, KIs in 88% of assessed communities indicated that high operational costs, including fuel prices, was a barrier to benefit from agricultural income. Additionally, the increase of fuel prices is likely to further affect the access to electricity for the households relying on generators. As such, KIs in 59% of assessed communities reported the unaffordability of the fuel as a barrier to access domestic electricity.

HSOS Dashboards

The Humanitarian Trends Dashboard uses HSOS data to visualise how the humanitarian situation in northern Syria has been changing over time. The HSOS water and electricity dashboard shows trends of access to water, access to electricity and problems with drinking water indicators in NES.

Feedback on improvements to this product can be done anonymously using the following **link.**

PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

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

1	Livelihoods	78%
2	WASH ▲	62%
3	Food	52%

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

1	Livelihoods	72%
2	Food	60%
3	WASH	49%

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

Yes: 22%
No: 78%

% of assessed communities where KIs reported the presence of the following types of assistance for host community households[3]
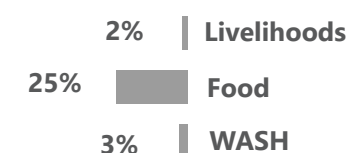
2% | Livelihoods
1% | WASH
13% | Food

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

Yes: 35%
No: 65%

% of assessed communities where KIs reported the presence of the following types of assistance for IDP households[3]

2% | Livelihoods
25% | Food
3% | WASH
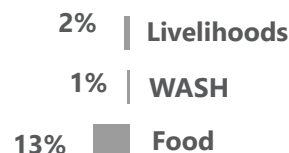
Most commonly reported barriers that host community households faced in accessing humanitarian assistance (by % of assessed communities reporting barriers) [3]

Communities where access to humanitarian assistance was reported

Assistance provided was insufficient to cover all people in need	70%
Quantity of assistance provided to households was insufficient	60%
Assistance provided was not relevant to all needs	54%

Communities where no access to humanitarian assistance was reported

1	95%	No humanitarian assistance was available
2	3%	Not aware if assistance was available
3	3%	Perceived discrimination in provision of humanitarian assistance

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 insufficient to cover all people in need	68%
Assistance provided was not relevant to all needs	61%
Quantity of assistance provided to households was insufficient	58%

Communities where no access to humanitarian assistance was reported

1	99%	No humanitarian assistance was available
2	1%	Perceived discrimination in provision of humanitarian assistance
3	<1%	Not aware if assistance was available

▲ Water Sanitation and Hygiene (WASH)

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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	50,000 SYP	15,000 SYP
Al-Hasakeh	55,000 SYP	150,000 SYP	100,00 SYP
Ar-Raqqa	3,000 SYP	100,000 SYP	150,00 SYP
Deir-ez-Zor	90,000	125,000 SYP	150,00 SYP
Northeast Syria	48,000 SYP	100,000 SYP	150,00 SYP

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

Cash crop production	75%
Waged labour (daily labour)	75%
Waged labour (regular work)	67%

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

Humanitarian assistance
- 2%
- 4%

Loans and remittances
- 28%
- 37%

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

Income does not cover cost of living	92%
Lack of employment opportunities that match people's skills	62%
General lack of employment opportunities	55%

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

80%	High operational costs	35%
66%	Lack of resources for agriculture	34%
63%	Seasonality of production	34%

% of assessed communities where livelihood sources from agriculture were reported [3]

Livelihood source	Host community households	IDP households
Food crop production	47%	32%
Cash crop production	75%	21%
Livestock products	48%	22%
Sale of livestock	37%	16%

Intersectoral findings on unaffordability hindering access to goods and services[7]

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

KIs in **78%** of assessed communities cited the high cost of **solar panels** as a common challenge

KIs in **85%** 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

KIs in **50%** of assessed communities cited the high cost of **water trucking** as a common challenge

KIs in **85%** of assessed communities cited the high cost of **health services** as a common challenge

Host community households
IDP households

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BASIC NEEDS OVERVIEW

In **95%** of assessed communities, at least **80%** of the host community households reportedly **owned their shelter**

In **69%** 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**
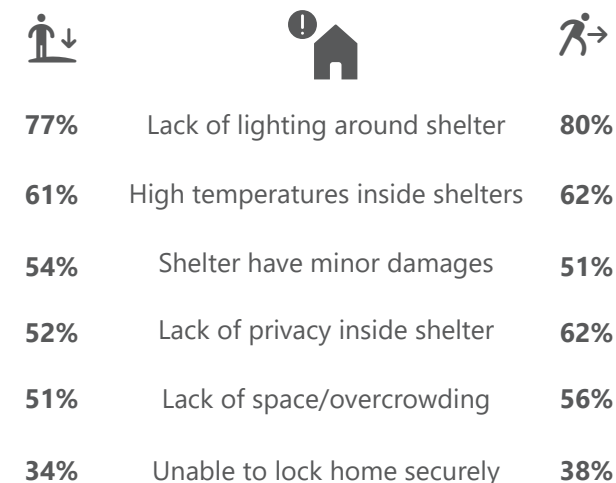
In **4%** of assessed communities, at least **one fifth** of the IDP population reportedly lived in **tents**

Reported presence of occupied shelters with damage (by % of assessed communities)[4, 8]

- 95% Minor damage
- 31% Major damage
- 9% Severe damage
- 5% Completely destroyed
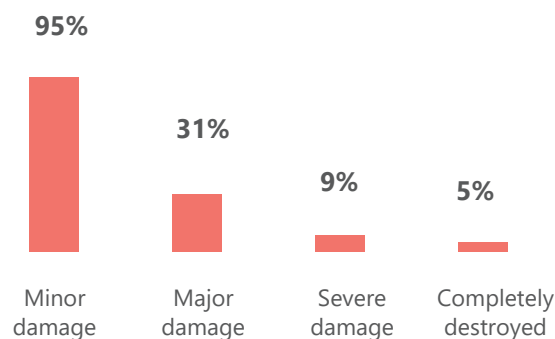
Shelter and repair materials being too expensive was the most commonly reported challenge for households to repair their shelter (reported by KIs in 94% of assessed communities)

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

77%	Lack of lighting around shelter	80%
61%	High temperatures inside shelters	62%
54%	Shelter have minor damages	51%
52%	Lack of privacy inside shelter	62%
51%	Lack of space/overcrowding	56%
34%	Unable to lock home securely	38%

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	85%
2	Markets are not functioning in the community	20%
3	Markets exist but not all essential food items are available	17%
4	Markets exist but have insufficient quantities of food	16%

Commonly reported source of food for households other than markets (by % of assessed communities)[10, 7]

1	Own production or farming	47%
2	Relying on food stored previously	32%
3	Food gifts from friends and family	4%

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Legend

Availability and affordability of fuel for generators

Availability and affordability of fuel for generators
- ● Not enough fuel for generators & fuel for generators too expensive
- ● Not enough fuel for generators
- ○ Fuel for generators too expensive
- ● No reported barriers to fuel availability and affordability for generators

Percentage of communities using generators as a primary power source (per sub-district)
- 0.1% - 20%
- 21% - 40%
- 41% - 60%
- 61% - 80%
- 81% - 100%

Population
- 10 - 1'000
- 1'001 - 5'000
- 5'001 - 10'000
- 10'001 - 25'000
- More than 25'000

Infrastructures
- Highway

Administrative boundaries
- National border
- Governorate
- Sub-district
- Waterway/Lake

Availability and affordability of fuel for generators

Note on the map

The colored dots on this map correspond to the communities in which KIs reported that the fuel for generators was either not available or not affordable or neither of them within the 30 days prior to data collection. Hence, the red dots correspond to communities where the fuel for generators was neither available nor affordable. The yellow dots correspond to communities where generator fuel was unavailable or unaffordable. In addition, the color of each sub-district varies according to the percentage of communities in which KIs reported that households relied on generators as a primary source of power.

ACCESS TO BASIC SERVICES

Access to Electricity

2-4 hrs/day was the most commonly reported range of hours of electricity accessible to households (reported by KIs in 35% of assessed communities)

Main network was the most commonly reported main source of electricity (reported by KIs in 69% of assessed communities)

83% % of assessed communities where KIs reported **Rationing electricity by local authorities** as the most frequently reported barrier to electricity access

Access to Water

74% % of assessed communities where KIs reported that **not all households had access to sufficient water**

7 days	**25%**
5-6 days	**15%**
3-4 days	**19%**
1-2 days	**12%**
0 days	**29%**

Days per week where water from the network was available (by % of 849 communities connected to a water network)

Private borehole or well was the most commonly reported source of water for all purposes (reported by KIs in 45% of assessed communities)

Access to Sanitation

77% % of assessed communities where KIs reported that **no sewage system was present**

Most commonly reported ways people disposed of solid waste (by % of assessed communities)

36%	Free public waste collection
32%	Waste burnt
23%	Waste disposed of by household to a dumping location

19% % of assessed communities where KIs reported **waste removal services** as a WASH priority need [7]

Access to Markets

34% % 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 87% of assessed communities where markets were not functioning)

77% % of assessed communities where KIs reported **lack of transportation to markets** was a barrier to physically accessing food markets

Access to Health Services

70% % 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]

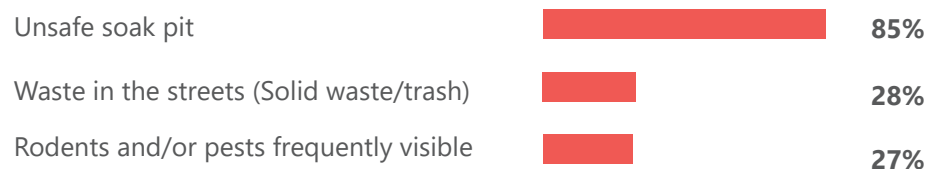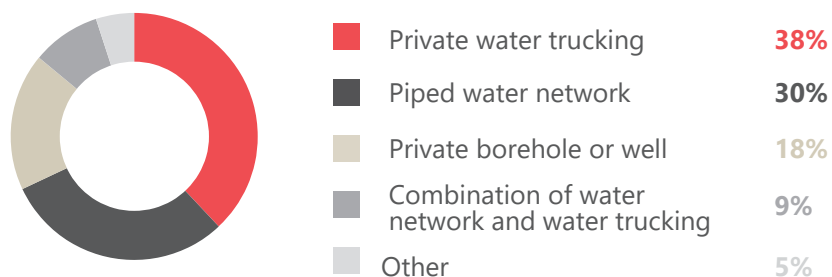|	
58%	Treatment for chronic diseases
55%	Medicines and other commodities
52%	Paediatric consultations

Cannot afford to pay for health services was the most commonly reported **barrier to accessing healthcare** (reported by KIs in 85% of assessed communities)

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PUBLIC HEALTH

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

Unsafe soak pit	**85%**
Waste in the streets (Solid waste/trash)	**28%**
Rodents and/or pests frequently visible	**27%**

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

Private water trucking	**38%**
Piped water network	**30%**
Private borehole or well	**18%**
Combination of water network and water trucking	**9%**
Other	**5%**

79%

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

47%

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

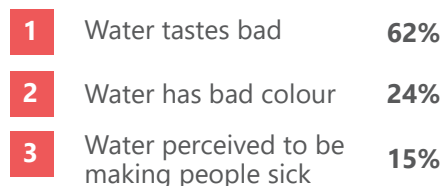**Methods used by households to make water safer to drink** (by % of assessed communities in which KIs reported methods being used)[3]

1	Sedimentation	**73%**
2	Household filters	**17%**
3	Chlorine tablets	**17%**

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

1	Water tastes bad	**62%**
2	Water has bad colour	**24%**
3	Water perceived to be making people sick	**15%**

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 **54%** of assessed communities

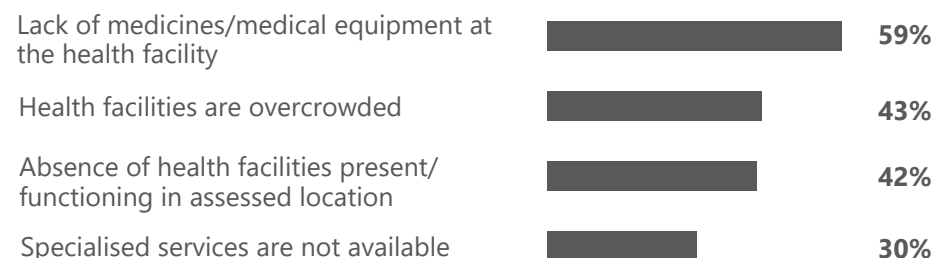**Not enough food** reported in **24%** of assessed communities

Poor quality of food reported in **13%** of assessed communities

18%

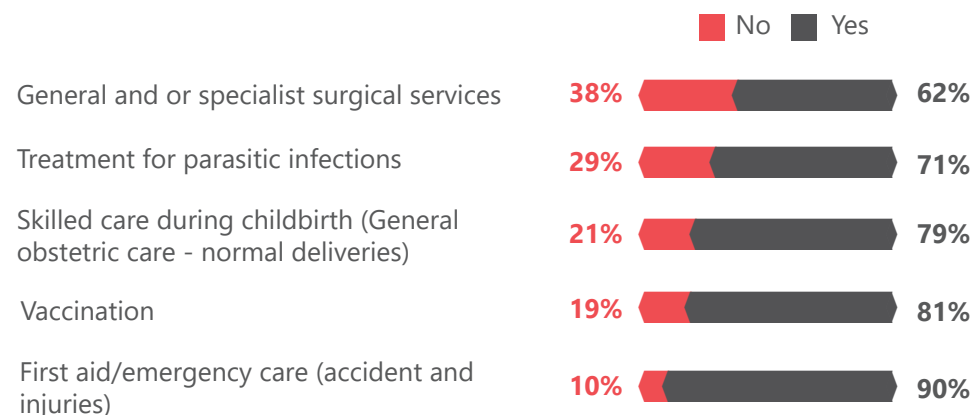% of assessed communities where KIs reported that **no paediatric services** were available either in the assessed community or nearby locations

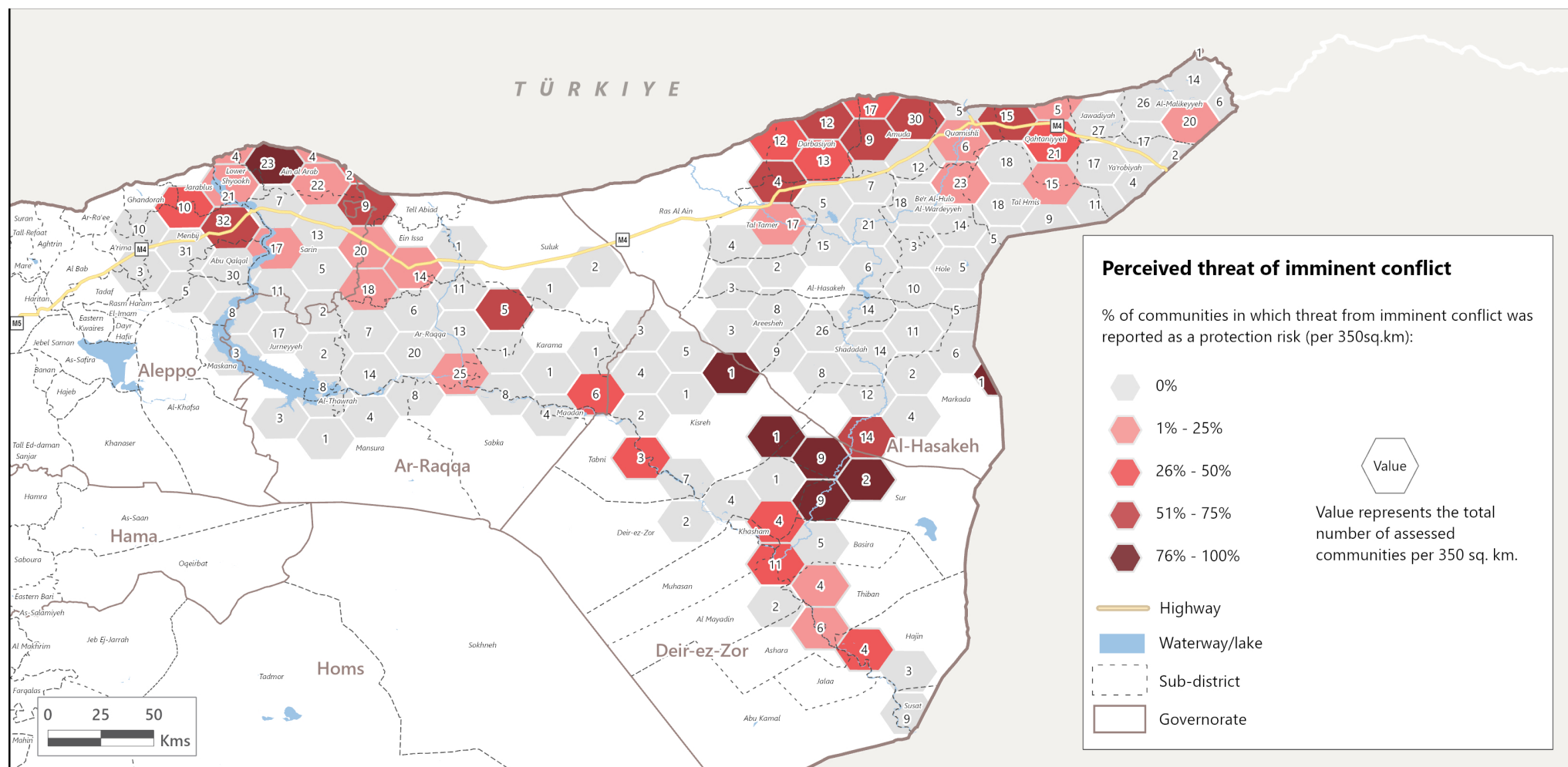**Reported barriers to accessing healthcare** (by % of assessed communities)[3, 12]

Lack of medicines/medical equipment at the health facility	**59%**
Health facilities are overcrowded	**43%**
Absence of health facilities present/ functioning in assessed location	**42%**
Specialised services are not available	**30%**

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 ■

	No	Yes
General and or specialist surgical services	**38%**	**62%**
Treatment for parasitic infections	**29%**	**71%**
Skilled care during childbirth (General obstetric care - normal deliveries)	**21%**	**79%**
Vaccination	**19%**	**81%**
First aid/emergency care (accident and injuries)	**10%**	**90%**

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Perceived threat of imminent conflict

% of communities in which threat from imminent conflict was reported as a protection risk (per 350sq.km):

- 0%
- 1% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

Value

Value represents the total number of assessed communities per 350 sq. km.

— Highway

▬ Waterway/lake

⌐ Sub-district

▭ Governorate

Perceived threat from imminent conflict

Note on the map

This map shows the percentage of communities in which KIs reported the threat of imminent conflict as a perceived protection risk in the 30 days prior to the data collection. The figure in the center of each hexagon displays the number of communities assessed in an area of 1,600 sq. km. The perceived threat of imminent conflict concentrated mainly on areas located along of Northern border, as well as in Deir-ez-Zor governorate as shown on the map.

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SECURITY AND PROTECTION

Intersectoral findings on security

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

General safety and security concerns at markets was a reported barrier to market access in 3 assessed communities

Theft was reported as a protection risk in 32% of assessed communities [7]

Tribal disputes were reported as a protection risk in 36 assessed communities [7]

Fear from imminent conflict was reported as a protection risk in 14% of assessed communities [7]

Threat from airstrikes was reported as a protection risk in 22 assessed communities [7]

Threat from shelling was reported as a protection risk in 4% of assessed communities [7]

The security situation was reported as a barrier to shelter repairs in 53 assessed communities [7]

Safety and security concerns travelling to health facilities was reported as a barrier to healthcare in 19 assessed communities

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

1 Special assistance for vulnerable groups **78%**

2 Specialised child protection services **54%**

3 Psychosocial support **30%**

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

21%
29%
Lack or loss of civil documentation as a protection risk

6%
2%
Some people did not have the necessary personal document as a barrier to accessing humanitarian assistance

84%
75%
% of assessed communities where **child labour** was reported as a protection risk for **host community** and **IDP** households

Gender and diversity

KIs in **31%** of assessed communities reported a **lack of employment opportunities for women** as a barrier to accessing livelihoods [7]

KIs in **17%** of assessed communities reported a **lack of employment opportunities for persons with a disability** as a barrier to accessing livelihoods [7]

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

KIs in **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**

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 August 2023, 1 USD = 13,100 SYP; 1TRY= 490 SYP.

[6] According to the NES JMMI August 2023, 1 USD = 13,100 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.

REFERENCES

[a] NES WASH Working Group. (2023). Euphrates Water Levels Dashboard

[b] North Press Agency. (9 April 2023). Diseases detected in Syria's Raqqa due to polluted Euphrates River. Retrieved from https://npasyria.com/

[c] Enab Baladi. (25 July 2023). خلاف "مجلس دير الزور العسكري" مع "قسد" يتحول إلى مواجهة مسلحة. Retrieved from https://www.enabbaladi.net.

[d] North Press Agency. (22 July 2023). دير الزور.. أوضاع أمنية "متردية" تقف عائقاً أمام مشاريع اقتصادية . Retrieved from https://npsyria.com/

[e] North Press Agency. (16 July 2023). رفع أسعار المحروقات في شمالي سوريا. Retrieved from https://npsyria.com/

N,o of communities reporting on:	Subset	N,o of communities reporting on:	Subset
Host community households	1,318	Barriers to assistance access (IDP)	398
IDP households	613	Days when water is available from network	849
Challenges to assistance access (host community)	280	Barriers to markets functioning	451
Barriers to assistance access (host community)	1,024	Methods to make water safer (merged)	278
Challenges to assistance access (IDP)	205	Problems with drinking water (merged)	628

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).