

Al Hasakeh Governorate, January 2018

Humanitarian Situation Overview in Syria (HSOS)

OVERALL FINDINGS¹

Bordering Ar-Raqqa and Deir ez-Zor governorates, Syria's northern governorate of Al Hasakeh has faced high numbers of IDP arrivals as a result of its geographic proximity to conflict-affected areas. From June - October 2017, the offensives to expel the group known as the Islamic State of Iraq and the Levant (ISIL) from Ar-Raqqa and Deir ez-Zor led to a rapid increase in IDP arrivals in Al Hasakeh, many of whom now live in camps around Al Hasakeh City and Al Malikkeyeh City. For information on some of Al Hasakeh's major camps, please refer to the following camp profiles: [Areesheh Camp](#); [Al Hol Camp](#); [Mabruka Camp](#); [Roj Camp](#) and [Newroz Camp](#). Among the 78 communities assessed in Al Hasakeh in January, 8 witnessed spontaneous refugee returns from Iraq and 2 reported IDP returns². Employment opportunities in the community of origin, family reunification and a lack of economic opportunity in the host country were the most commonly cited reasons for return. KIs in Sharm El Sheikh reported that members of the pre-conflict population who had previously returned left again in January due to a re-escalation of conflict as well as stress related to memories and/or trauma. Of the communities assessed, 23% reported the presence of IDPs, with no new arrivals reported in January. The majority of these communities are located in Al Malikeyyeh and Quamishli subdistricts. The largest reported number of IDPs, approximately 11,500, lived in Al Malikeyyeh City, comprising **just less than half** of the city's estimated population of 26,900. Independent houses/apartments was the most common type of shelter in which IDPs stayed in **all but one** of the assessed communities reporting an IDP presence. While members of the pre-conflict population in **all** of these communities reportedly most commonly owned the space they were living in, IDPs most commonly rented their shelter or were being hosted without rent.

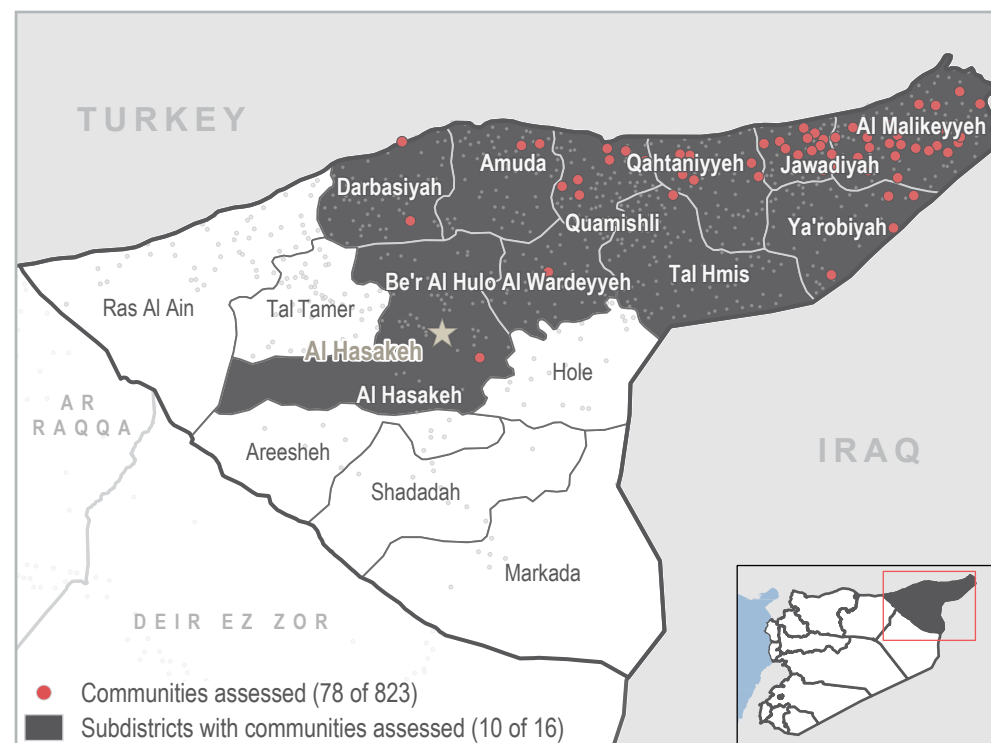
Out of the 78 assessed communities, 74 reported barriers to accessing healthcare and 60 reported a lack of health facilities in their area. Reports of a lack of medical facilities were not concentrated in a particular area or subdistrict, but distributed across the entire governorate. Moreover, of the communities assessed, 54 reported that none of the assessed medical items were available in their community, and 94% of all assessed communities in Al Hasakeh reported medicine as one of their most needed medical items. **Four** communities, Al' Antariyah, Bayandur, Chasanyeh and Khsheniyyeh, reported that residents were using non-medical items for treatment to cope with the lack of available medical supplies.

Almost 80% of assessed communities reported challenges to accessing sufficient amounts of food, a vast majority of which are located in Al Malikeyyeh subdistrict. This was likely because of the high numbers of IDPs and overstretched public services and resources in the area. The most commonly reported challenges were high prices and a lack of resources to buy available food. Of the assessed communities, 36 reported not having received a food distribution in the 12 months prior to data collection, a majority of which are located in Al Malikeyyeh subdistrict where most communities reported barriers to accessing sufficient amounts of food. Of the 81 assessed communities, 50 reported the use of strategies to deal with insufficient income. Although stable employment and farm ownership were common sources of income in a majority of assessed communities, **over half** of them also reported remittances as one of the most common sources. Some children in 12 of the assessed communities were reportedly being sent to work or beg, yet **all but one** of these communities reported that most children were able to attend educational facilities³.

KEY EVENTS

Offensive to capture Ar-Raqqa City begins, triggering large-scale displacement to Al Hasakeh ⁴ .	Authorities shut down private schools operating outside of the Kurdish language curriculum ⁵ .	Forces advance on ISIL in Deir ez-Zor, triggering large-scale displacement to Al Hasakeh ⁶ .	First local election in Kurdish-held territories in Syria ⁷ .	5,000 IDPs from Deir ez-Zor gather to cross Abu Fas checkpoint into Al Hasakeh ⁸ .	Conditions worsen in Sidd Camp (Al Hasakeh subdistrict): severe lack of medical supplies and adequate shelter ⁹ .
6 June	7 August	September	22 September	12 October	November

Coverage



Top 3 reported priority needs

1. Food security
2. Healthcare
3. Education

Demographics*

1,107,159 people in need

600,080 507,079

* Figures based on HNO 2018 population data for the entire governorate.

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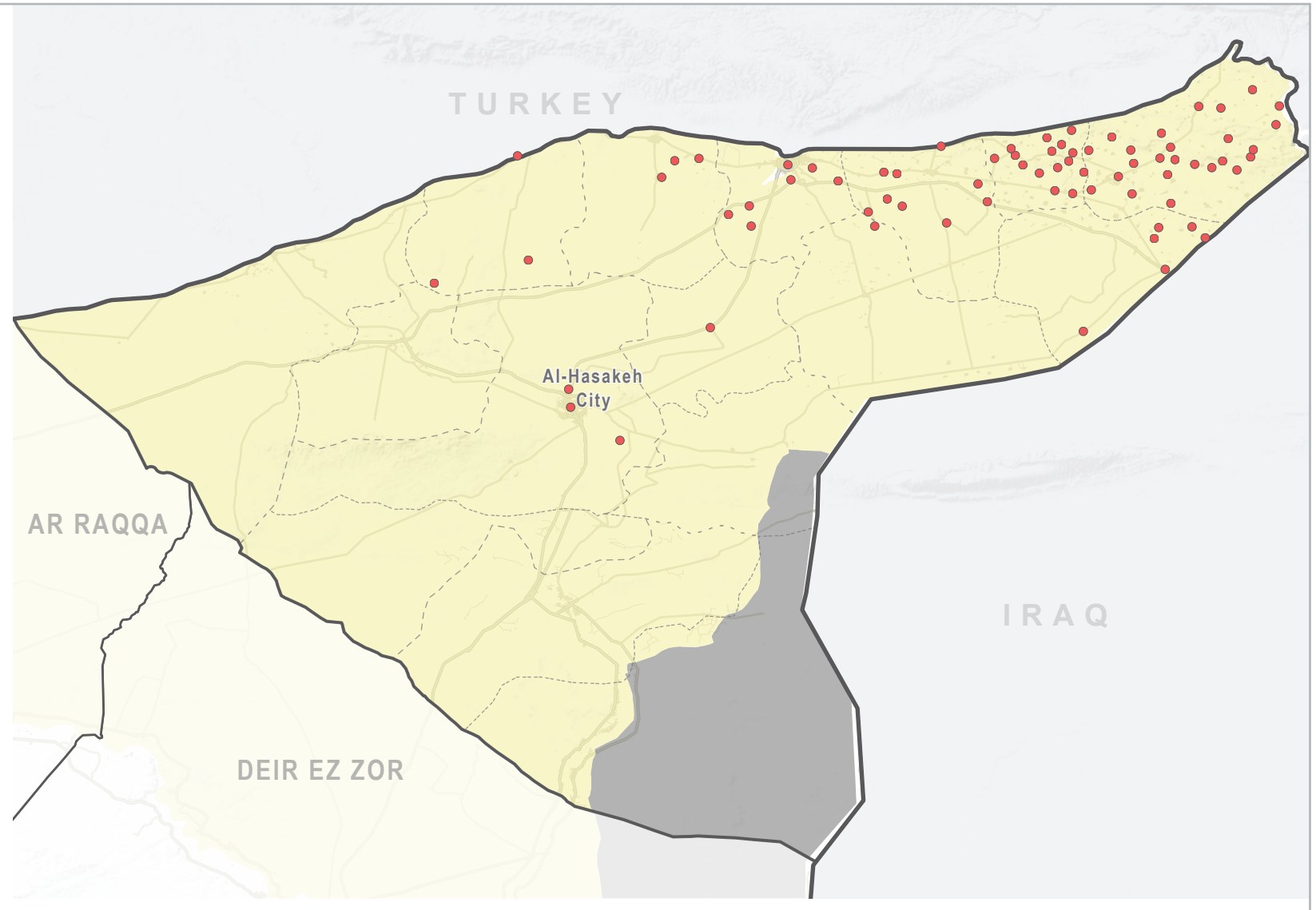
Governorate areas of influence:

Area of influence*

- Opposition - Hay'at Tahrir Al-Sham (HTS)
- Opposition - Free Syrian Army (FSA)
- Opposition - Free Syrian Army (Euphrates/Idleb Shield)
- Democratic Federation of Northern Syria - Syrian Democratic Forces (SDF-coalition)
- Democratic Federation of Northern Syria - Syrian Democratic Forces (SDF)
- ISIL-affiliated groups

*Sourced from Live UA Map, 31 January 2018

- Assessed Community



Al Hasakeh Governorate, January 2018

DISPLACEMENT

Estimated percent of pre-conflict population (PCP) displaced from community:

0 Estimated number of IDP arrivals in assessed communities in January.

131 - 186 Estimated number of spontaneous returns in assessed communities in January².

Communities with the largest estimated number of IDP arrivals:

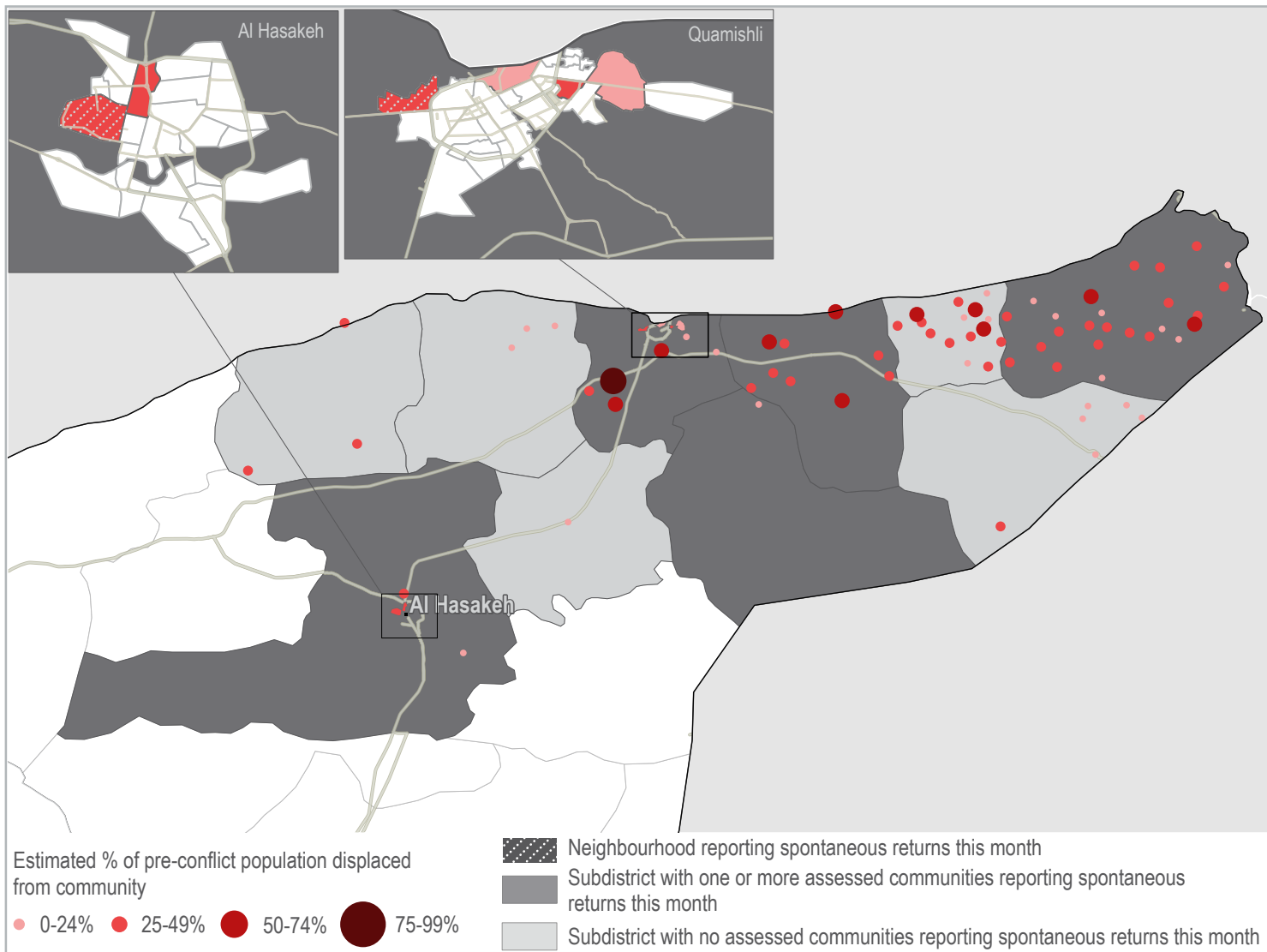
No reported IDP arrivals

Top 3 subdistricts of origin of most IDPs arrivals^{3,4}:

No reported IDP arrivals

77 communities reported no PCP departures. Top 3 reasons for PCP displacement in the remaining **1** assessed community^{3,4}:

Escalation of conflict	100%
No further PCP departures	



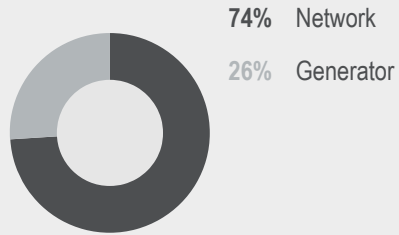
³ Multiple choices allowed.

⁴ By percent of communities reporting.

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SHELTER AND NFI

Primary source of electricity reported:⁴



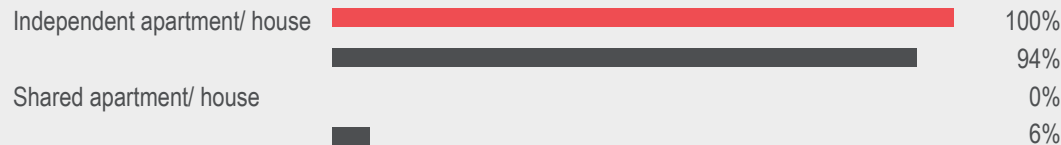
55 communities reported no lack of fuel. Most common strategies to cope with a lack of fuel in the remaining 23 assessed communities^{3,4}:



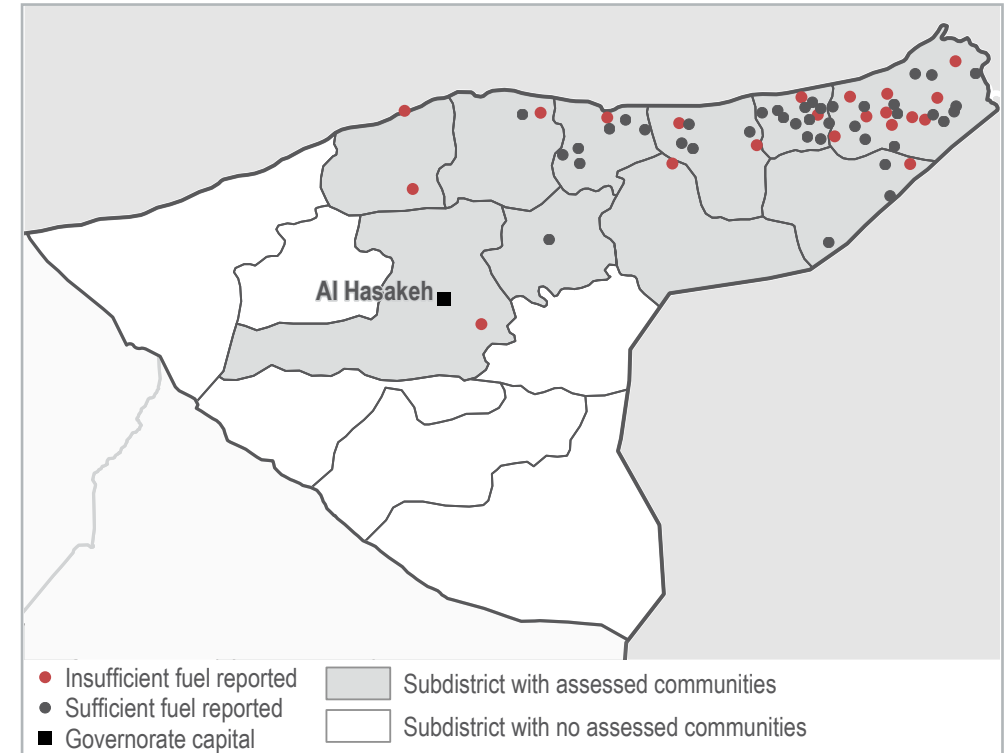
6,114 SYP Governorate average reported rent price in Syrian Pounds (SYP) across assessed communities.⁵

7,482 SYP Syrian average reported rent price in SYP across assessed communities.⁵

Most commonly reported shelter type for PCP (in red) and IDP (in grey) households⁴:



Fuel sufficiency:



Reported fuel prices (in SYP)⁵:

Fuel type:	Governorate average price in January:	Governorate average price in December:	Syrian average price in January:
Coal (1 kilogram)	602	699	325
Diesel (1 litre)	61	65	414
Butane (1 canister)	2,297	2,294	6,060
Firewood (1 tonne)	35,000	27,000	76,514

³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 February 2018)

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HEALTH

- 54** Communities reported that no medical items were available in their community.
- 9** Communities reported that the majority of women did not have access to formal health facilities to give birth.

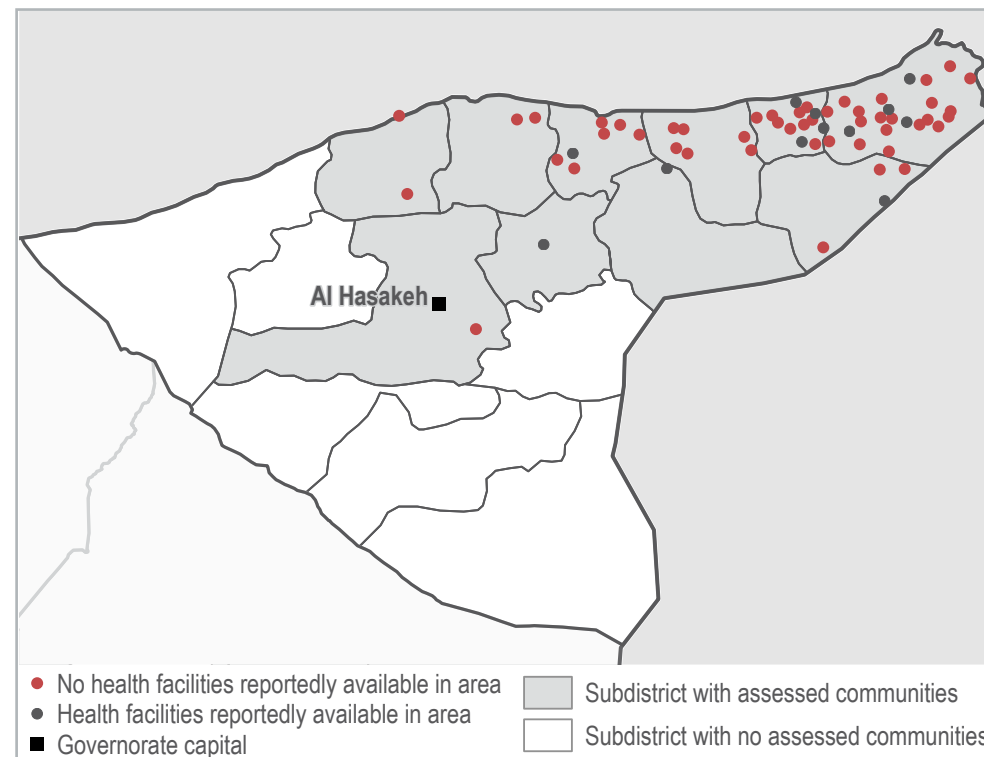
4 communities reported that residents experienced no barriers to accessing healthcare services. The barriers in the remaining **74** assessed communities were^{3,4}:

No health facilities available in the area	81%
High cost of transportation to facilities	65%
Healthcare services too expensive	54%
Security concerns when traveling to facilities	16%
Old age	12%
Lack of transportation to facilities	12%
Security concerns to enter/remain in facilities	7%
Disability/injuries/illness preventing travel	5%

74 communities reported that residents were not using coping strategies to deal with a lack of medical supplies. The coping strategies used in the remaining **4** communities were^{3,4}:

Using non-medical items for treatment	75%
Recycling medical items	25%

Presence of health facilities in assessed communities:



Top 3 most needed healthcare services reported^{3,4}:

Medicine	94%
Psychosocial support	53%
Chronic disease support	49%

Top 3 most common health problems reported^{3,4}:

Chronic diseases	72%
Acute respiratory infections	45%
Severe diseases affecting those younger than 5	36%

³ Multiple choices allowed.

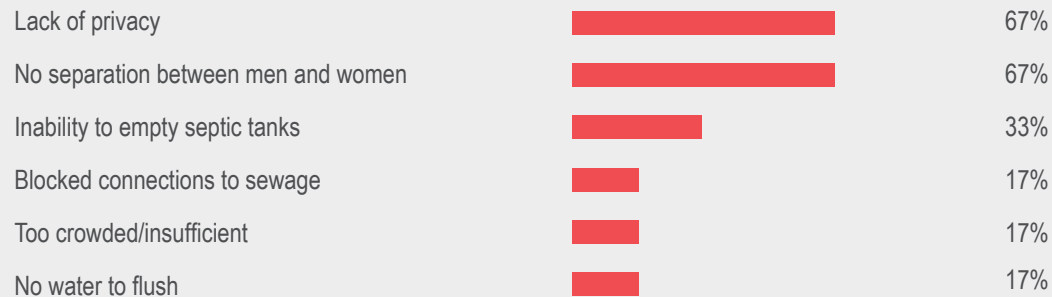
⁴ By percent of communities reporting.

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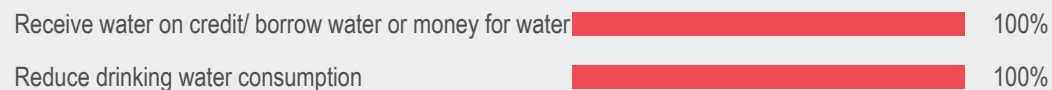


- 2** Communities reported that water from their primary source tasted and/or smelled bad.
- 0** Communities reported that drinking water from their primary source made people sick.

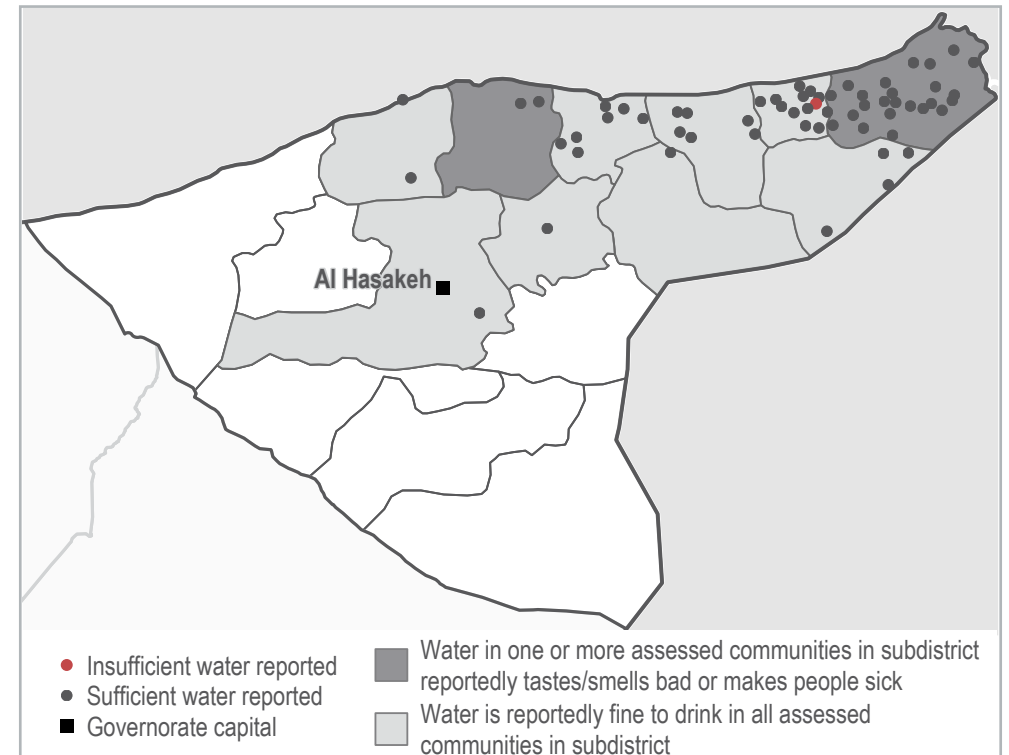
72 communities reported that residents had no problems with latrines. The most prevalent problems with latrines in the remaining 6 assessed communities were^{3,4}:



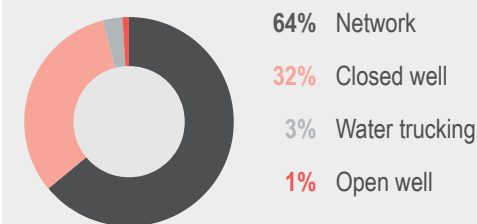
77 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining 1 assessed community were^{3,4}:



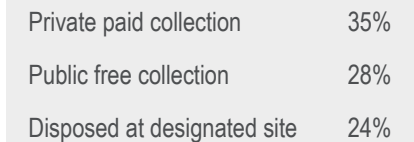
Water sufficiency for household needs:



Primary drinking water source reported⁴:



Top 3 reported methods of garbage disposal^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

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FOOD SECURITY

- 36** Communities reported not having received a food distribution in the last 12 months.
- 2** Communities reported that residents were unable to purchase food at shops and markets.

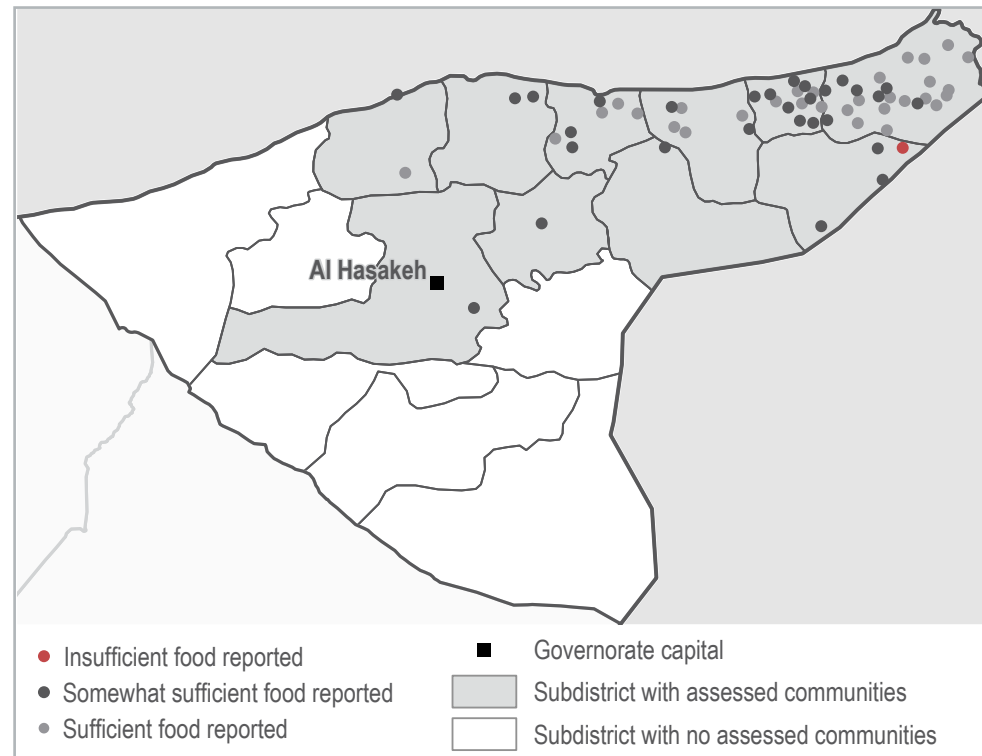
17 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining **61** assessed communities were^{3,4}:



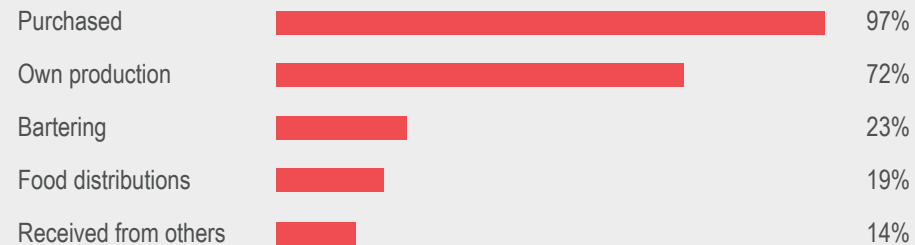
Core food item prices reported (in SYP)⁵:

Food item:	Governorate average price in January:	Governorate average price in December:	Syrian average price in January:
Bread public bakery (1 loaf)	89	102	115
Rice (1 kilogram)	510	508	535
Lentils (1 kilogram)	354	396	416
Sugar (1 kilogram)	378	380	386
Cooking oil (1 litre)	547	530	669

Food sufficiency:



Most common ways of obtaining food reported^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 February 2018)

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LIVELIHOODS

50,000 - 100,000 SYP Most commonly reported household income range⁵.

25,983 SYP Governorate average food basket price^{5,6}.

0 Communities reported that residents used extreme food-based coping strategies to deal with insufficient income⁷.

28 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining **50** assessed communities were^{3,4}:



Most commonly reported main sources of income^{3,4}:



³ Multiple choices allowed.

⁴ By percent of communities reporting.

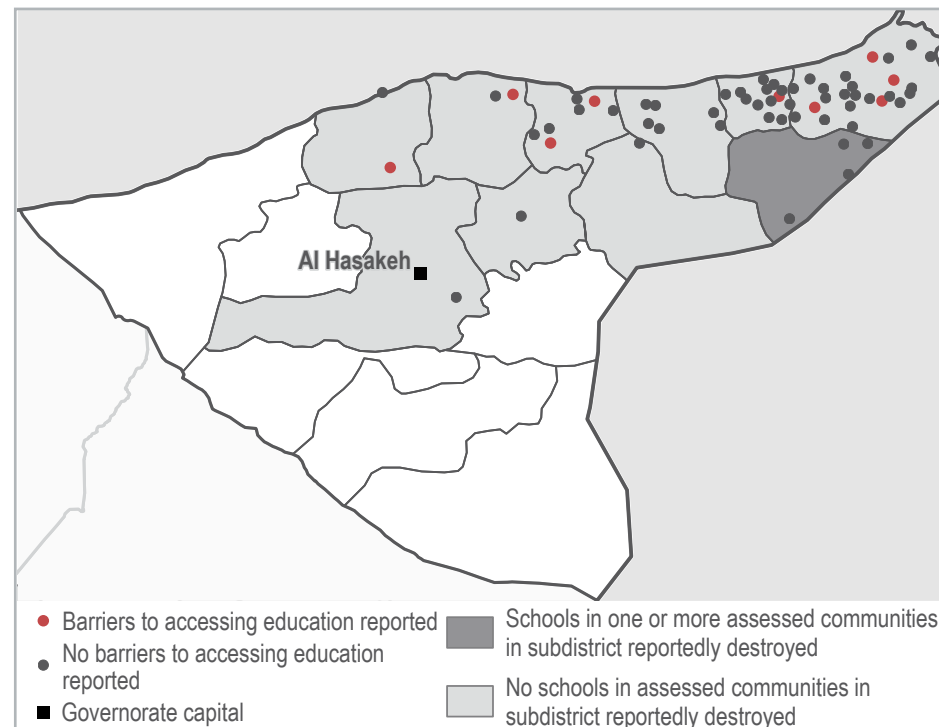
⁵ 1 USD = 434 SYP (UN operational rates of exchange as of 1 February 2018)

⁶ Calculation of the average price of a food basket is based on the World Food Programme's standard basket of dry goods. The food basket includes 37 kg of bread, 19 kg of rice, 19 kg of lentils, 5 kg of sugar, and 7 kg of vegetable oil, and provides 1,930 kcal a day for a family of five for a month.

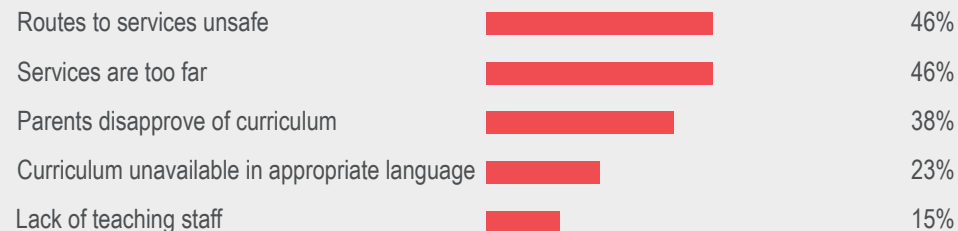
⁷ Extreme food-based strategies: Eating food waste; eating non-edible plants and spending days without eating.

EDUCATION

Barriers to accessing education services:



65 communities reported that most children were able to access education. The most commonly reported barriers to education in the remaining **13** assessed communities were^{3,4}:



METHODOLOGY

The HSOS project, formerly known as the AoO (Area of Origin) project, is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. This factsheet presents information gathered in 78 communities in February 2018, referring to the situation in Al Hasakeh Governorate in January 2018. It presents key indicators, rather than the entire range of indicators gathered in the HSOS questionnaire. For community-level data on assessed subdistricts in Al Hasakeh, Dar'a, Idleb, Rural Damascus and Quneitra, please refer to the monthly subdistrict factsheets, available on the [REACH Resource Centre](#). The complete HSOS dataset is disseminated monthly via the REACH Syria mailing list.

Wherever possible, information was collected through an enumerator network. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community they report about. Where access and security constraints rendered direct data collection unfeasible, KI interviews were conducted indirectly through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact KIs in their community in Syria to collect information about their community. KIs were asked to report at the community level.

A minimum of three KIs were interviewed per community to enhance data accuracy. KIs generally included local council members, Syrian NGO workers, medical professionals, teachers, shop owners and farmers, among others, and were chosen based on their community-level or sector specific knowledge. In cases where KIs disagreed on a certain piece of information, enumerators triangulated the data with secondary sources or selected the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels were assigned based on the KIs area of expertise and knowledge of the sector-specific situation. The confidence levels associated with each question are presented in the final dataset. The full confidence matrix used to assign confidence levels is available upon request.

Findings were triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up was conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the governorate.

ENDNOTES

¹ All information and figures reported in HSOS factsheets refer to the situation in assessed communities and cannot be generalised to other non-assessed communities of the governorate.

² Returns are not necessarily voluntary, safe, or sustainable.

³ 'Children' includes all persons below the age of 18.

⁴ Aljazeera. (6 June 2017). SDF launch major offensive to capture ISIL-held Raqqa. Retrieved from <http://www.aljazeera.com>.

⁵ Nassar, Ibrahim and Edwards. (9 August 2017). Why are Kurdish authorities shutting down dozens of private schools in northeast Syria? Retrieved from <http://syriadirect.org>.

⁶ Oliver and Osseiran. (26 September 2017). Mapping the Battle Against ISIS in Deir Ezzor. Syria Deeply. Retrieved from <http://www.newsdeeply.com>.

⁷ Ibrahim, Ali and Edelman. (21 September 2017). First-ever local elections to begin in Kurdish-held territories. Retrieved from <http://syriadirect.org>.

⁸ UNHCR. (15 October 2017). UNHCR strongly condemns latest attack on civilians in northeastern Syria. Retrieved from <http://www.unhcr.org>.

⁹ Ibrahim and Nelson. (28 November 2017). Displaced people from Raqqa, Deir e-Zor strain limited resources in northern camps. Retrieved from <http://syriadirect.org>.

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH aims to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to, and within the framework of, inter-agency aid coordination mechanisms. For more information, please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter: [@REACH_info](https://twitter.com/REACH_info).