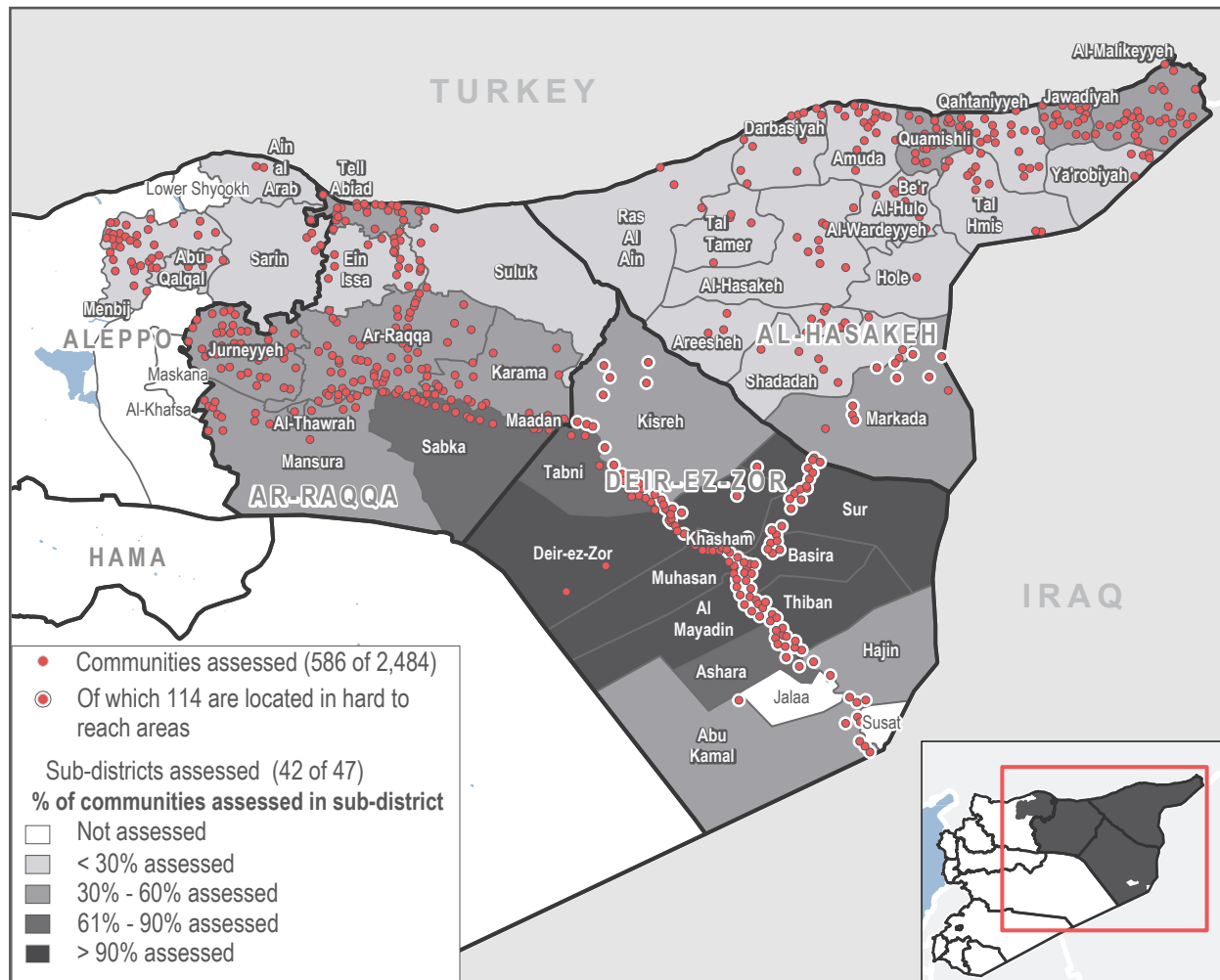


Northeast Syria, December 2018

Humanitarian Situation Overview in Syria (HSOS)

Coverage



Introduction

HSOS is a monthly assessment that aims to provide comprehensive, multi-sectoral information about the humanitarian situation inside Syria. The assessment is conducted at the community level covering [displacement](#), [shelter and non-food items \(SNFI\)](#), [health](#), [water, sanitation and hygiene \(WASH\)](#), [food security and livelihoods \(FSL\)](#), and [education](#).

The factsheet presents information gathered in 586 communities across Ar-Raqqa (213 communities), Al-Hasakeh (198 communities), Deir-ez-Zor (129 communities), and northeast Aleppo* (46 communities) governorates. Data was collected during the month of January 2019, and refers to the situation in the northeast region in December 2018. Findings are indicative rather than representative, and should not be generalised across the region.

For community-level data, datasets are available on the REACH Resource Centre, the Humanitarian [REACH Resource Centre](#), [the Humanitarian Data Exchange](#), and are also distributed through partners across the humanitarian community.

*The eastern part of Aleppo where humanitarian response and coordination is conducted from the northeast rather than the northwest.

Top 3 reported priority needs in assessed communities:

- 1 Healthcare
- 2 Livelihoods
- 3 Education

People in need (PIN) Demographics*

2,005,806 total PIN 1,051,906 953,900

Survival Minimum Expenditure Basket (SMEB):^{1,2}

Average price in **December 2018**: 63,212 Syrian pound (SYP)
 Average price in **November 2018**: +1.2%
 Average price during last six months: +6.3%

* Figures based on [HNO 2018](#) population data for the entire NES region including areas not covered by HSOS. These numbers were collected in 2017 and provide a baseline as updated numbers are currently not available.

Key events impacting the humanitarian situation in NES

Ar-Raqqa and Deir-ez-Zor cities fully liberated from ISIL. ^{a,b}	Offensive escalated against ISIL in both southeastern Deir-ez-Zor governorate and in southern Al-Hasakeh governorate. ^c	Delayed rainfall and deteriorated agricultural infrastructure and input resulted in the lowest annual wheat yield since 1989. ^d	244,655 spontaneous returnees in Deir-ez-Zor governorate and 166,305 in Ar-Raqqa city reported by OCHA since November 2017. ^e	Concerns about potential military developments in Menbij district lead to further displacement. ^{f,g}	Offensive to retake final ISIL-held enclave continues in southern Deir-ez-Zor governorate contributing to additional displacement. ^h
October-November 2017	April 2018	October 2018	Mid-December 2018	December 2018	Ongoing

Northeast Syria, December 2018

CONTEXT

In December 2018, there was a reported increase in IDP movement out of Menbij district linked to anticipation of a possible military offensive. In addition, in southeastern Deir-ez-Zor governorate, the offensive to expel the so-called Islamic State of Iraq and the Levant (ISIL) from last remaining ISIL held pockets continued, reportedly contributed to the displacement of more than 7,000 people in December.^h For further context information on NES please see the monthly [Syria Market Monitoring Exercise](#) and for further information on IDP movements in Menbij see the forthcoming ISMI Overview of IDP Movements in Northern Syria, December 2018.

KEY HIGHLIGHTS^h

Reliance on remittances and loans signals a lack of livelihood opportunities in Deir-ez-Zor governorate

Of the 129 assessed communities in Deir-ez-Zor governorate, key informants (KIs) in 110 (85%) reported livelihoods as a top priority need in December. The most commonly reported sources of income were farming (reported in 90 (70%) assessed communities), business or trade (reported in 81 (63%) assessed communities), and remittances (reported in 77 (60%) assessed communities). In all assessed communities in Deir-ez-Zor governorate, KIs reported that income was insufficient to meet household needs. The most commonly reported coping strategy to deal with a lack of income was borrowing money from family/friends (reported in 125 (97%) assessed communities), followed by taking out loans/buying on credit (reported in 44 (34%) assessed communities). This trend of a high reliance on remittances and loans remained consistent across the 124 assessed communities in Deir-ez-Zor governorate covered in November and December 2018.*

Barriers to accessing healthcare across northeast Syria (NES)

Across all governorates in NES, healthcare was reported as a top priority need (reported in 494 (94%) of 586 assessed communities). KIs in the majority of assessed communities reported difficulties in accessing healthcare (reported in 566 (97%) assessed communities) and the most commonly reported barrier in NES was the high cost of healthcare services (reported in 391 (67%) assessed communities). However, other reported barriers varied regionally. Of the 457 assessed communities in Ar-Raqqa, eastern Aleppo, and Al-Hasakeh governorate, the second most commonly reported barrier was unavailability of medical facilities in the area (reported in 264 (58%) assessed communities). In contrast, of the 129 assessed communities in Deir-ez-Zor governorate, KIs in 120 (93%) reported having access to medical facilities in the community. However, in over half of assessed communities in Deir-ez-Zor governorate, the second and third most commonly reported barriers were related to the cost and availability of transportation. This further substantiates a trend in Deir-ez-Zor governorate that suggests that a lack of livelihood opportunities is hindering the population's access to existing services in the area.

Water quality varied between different sub-districts in Ar-Raqqa governorate

Among the 213 assessed communities in Ar-Raqqa governorate, KIs in 140 (66%) reported that the water from their primary drinking source was fine to drink, the majority of which were located in Jurneyyeh, Mansura, and Tel Abiad sub-districts. In contrast, KIs in 39 (18%) reported that the water made people sick after drinking, and KIs in 34 (16%) reported that it tasted and/or smelled bad. Of the 39 assessed communities where people reportedly fell sick after drinking water, 33 (87%) were located in Ar-Raqqa and Karama sub-districts.



Displacement⁴

- In December, KIs reported an estimated 2,910 spontaneous refugee returnees to 38 (7%) of the 568 assessed communities in NES. Approximately half of the spontaneous refugee returnees reportedly returned to Karama sub-district (Ar-Raqqa governorate) from Lebanon and Turkey.
- KIs in 26 (5%) of the 568 assessed communities in NES reported spontaneous internally displaced people (IDP) returnees, of which 24 were located in Deir-ez-Zor governorate. The most commonly reported reasons for return were family reunification (reported in 23 (89%) assessed communities) and protection of assets (reported in 21 (81%) assessed communities).



Food Security & Livelihoods

- In eastern Aleppo governorate, KIs in all 46 assessed communities reported challenges in accessing enough food to meet household needs. The most commonly reported barriers were the lack of resources to buy food in markets (reported by KIs in 41 (89%) assessed communities), lack of access to markets (reported in 28 (61%) assessed communities), and some food items too expensive for purchase (reported in 28 (61%) assessed communities).
- In Deir-ez-Zor and Al-Hasakeh governorates, the most common source of bread was through production at home (reported in 105 (32%) of 327 assessed communities). In contrast, the most commonly reported source of bread in Ar-Raqqa and eastern Aleppo governorates were public bakeries (reported in 179 (69%) of 259 assessed communities).



Education

- Among the 586 assessed communities in NES, KIs in 367 (63%) reported that not all school-aged children were able to access education in December. In Deir-ez-Zor governorate, early marriage (reported in 62 (48%) of the 129 assessed communities) and child labour (reported in 59 (46%) assessed communities) were the most commonly reported barriers. In comparison, among the 259 assessed communities in Ar-Raqqa and eastern Aleppo governorates, the lack of school supplies was the most commonly reported barrier (reported in 128 (49%) assessed communities).



WASH

- Across the 586 assessed communities in NES, KIs in 153 (26%) reported that water tasted and/or smelled bad and in 61 (10%) KIs reported that water made people sick after drinking. The majority of communities that reported poor water quality were located in Ar-Raqqa and Deir-ez-Zor governorates.



Health

- Across the 129 assessed communities in Deir-ez-Zor governorate, acute respiratory infections were the most commonly reported health issue (reported by KIs in 112 (87%) assessed communities). In comparison, the most commonly reported health issues among the 244 assessed communities in eastern Aleppo and Al-Hasakeh governorate were chronic diseases with barriers reportedly including no access to medicine (reported by KIs in 184 (75%) assessed communities).
- Of the 198 assessed communities in Al-Hasakeh governorate, KIs in 43 (22%) reported that certain parts of the population experienced more barriers to accessing healthcare than others. The most commonly reported population groups that reportedly experienced more barriers were elderly (reported in 29 (15%) assessed communities) and children (reported in 28 (14%) assessed communities).



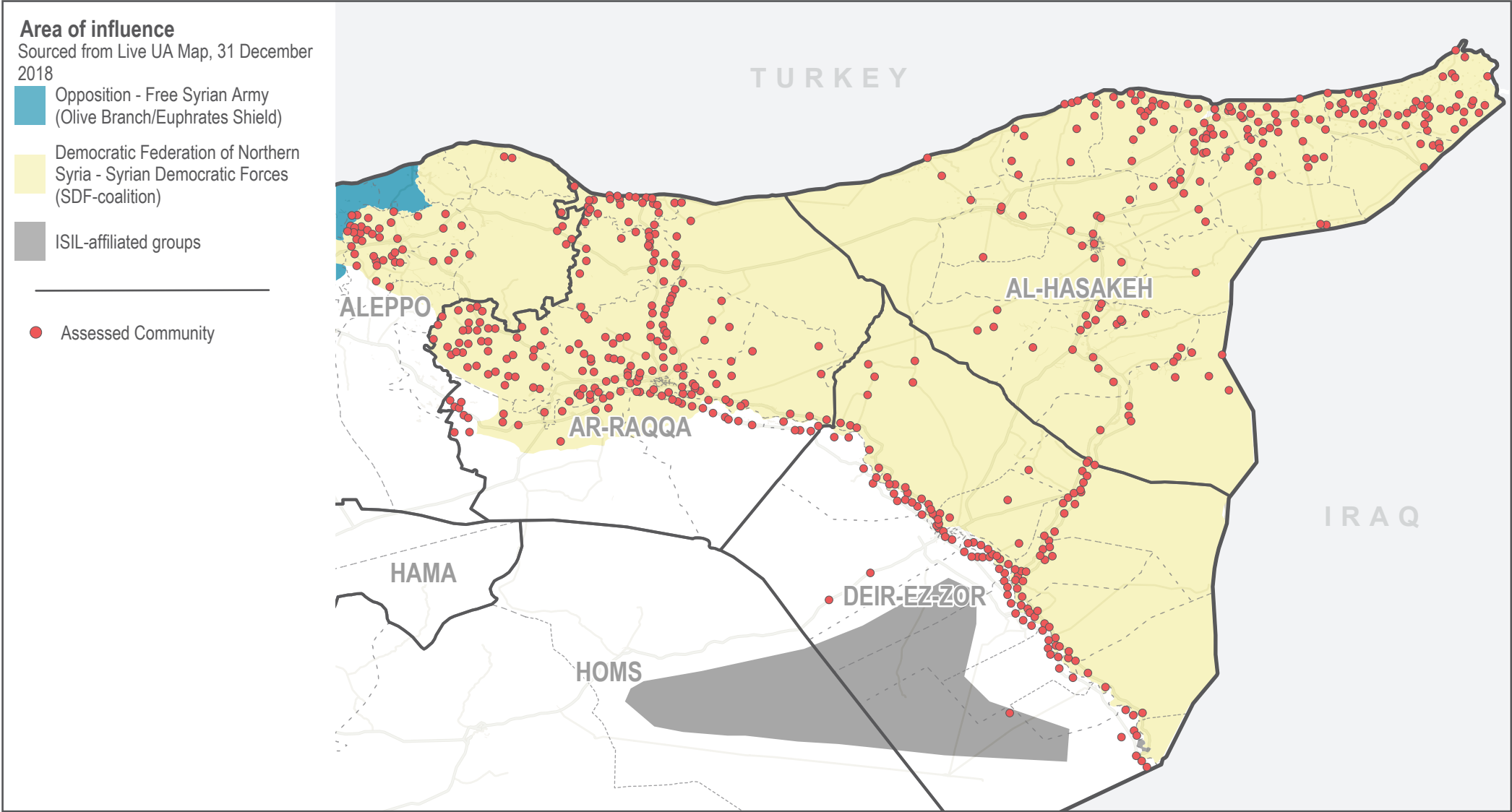
Shelter and NFI

- Across the 198 assessed communities in Al-Hasakeh governorate, KIs in 158 (80%) assessed communities reported that there were no rooms available for rent in the community. In addition, KIs reported that average monthly rent prices for a room in Al-Hasakeh governorate were approximately SYP 5,040 in December, compared to a lower regional average monthly rent price of SYP 3,880 throughout assessed communities in northeast Syria.

* Due to issues of access and security across northeast Syria, the number of assessed communities vary on a monthly basis. Trends do only take into consideration those communities that were continuously covered in the trend period, and as such there are sometimes a limited number of communities for which trends can be assessed over time.

Northeast Syria, December 2018

Regional areas of influence:



Northeast Syria, December 2018

DISPLACEMENT⁴

15,410 - 18,070 Estimated number of IDP arrivals in assessed communities in December.

4,660 - 5,760 Estimated number of spontaneous returns in assessed communities in December.⁵

Communities with the largest estimated number of IDP arrivals:

Al Hole (Hole, Al-Hasakeh) **2,500 - 3,000**

Eastern Jarda (Thiban, Deir-ez-Zor) **1,400 - 1,500**

Abu Hamam (Hajin, Deir-ez-Zor) **1,200 - 1,500**

*Reported as community, (sub-district, governorate)

Top 3 reported sub-districts of origin for IDP arrivals:^{6,7}

Hajin (Deir-ez-Zor)

Susat (Deir-ez-Zor)

Al Mayadin (Deir-ez-Zor)

*Reported as sub-district (governorate)

575 communities reported no PCP departures.⁸

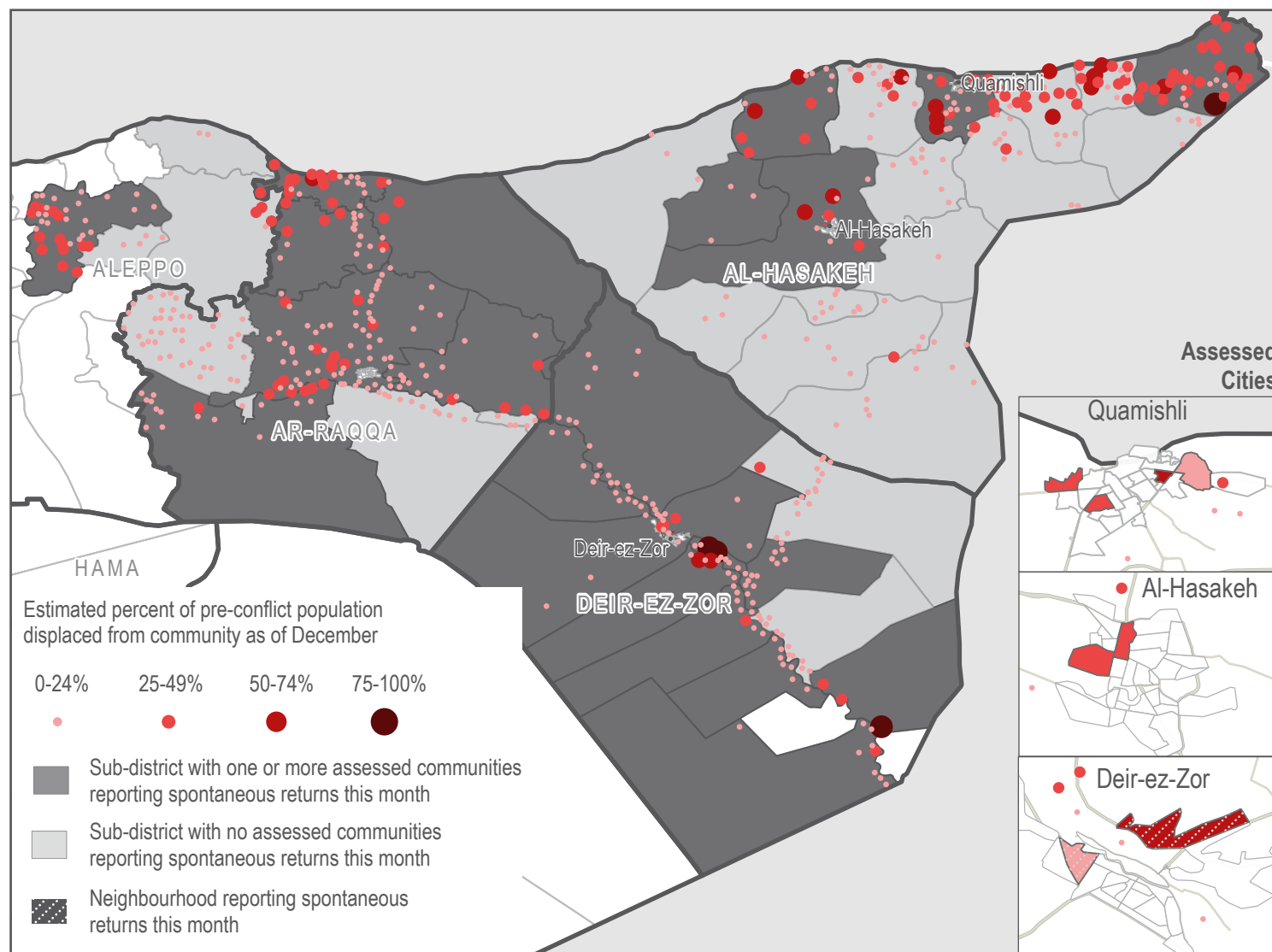
Top 3 reasons for PCP departures in the remaining 11 assessed communities:^{6,7,9}

Reduced access to basic services 45%

Loss of income 27%

Escalation of conflict 27%

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



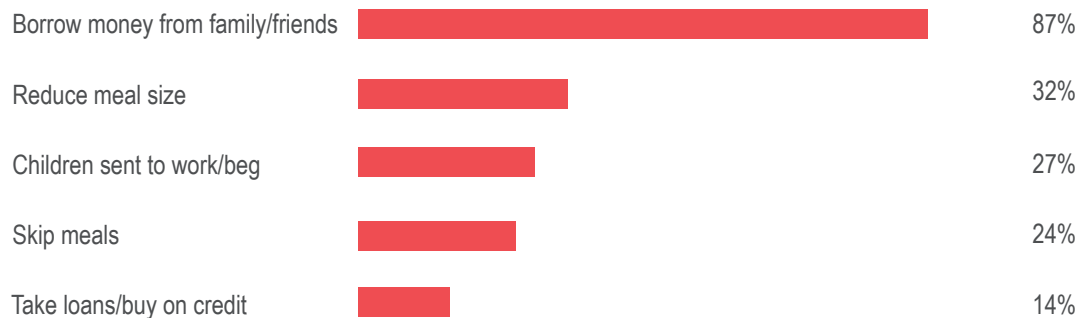
Northeast Syria, December 2018



FOOD SECURITY & LIVELIHOODS

- 56/586** Communities reported having received food distributions in the last month.
- 148/586** Communities reported that residents were unable to access shops and markets.
- 1/586** Community, Jaber (Ar-Raqqa governorate) reported that residents used extreme food-based coping strategies to deal with insufficient income.¹⁰
- 50,000 - 100,000 SYP** Most commonly reported household monthly income range.¹

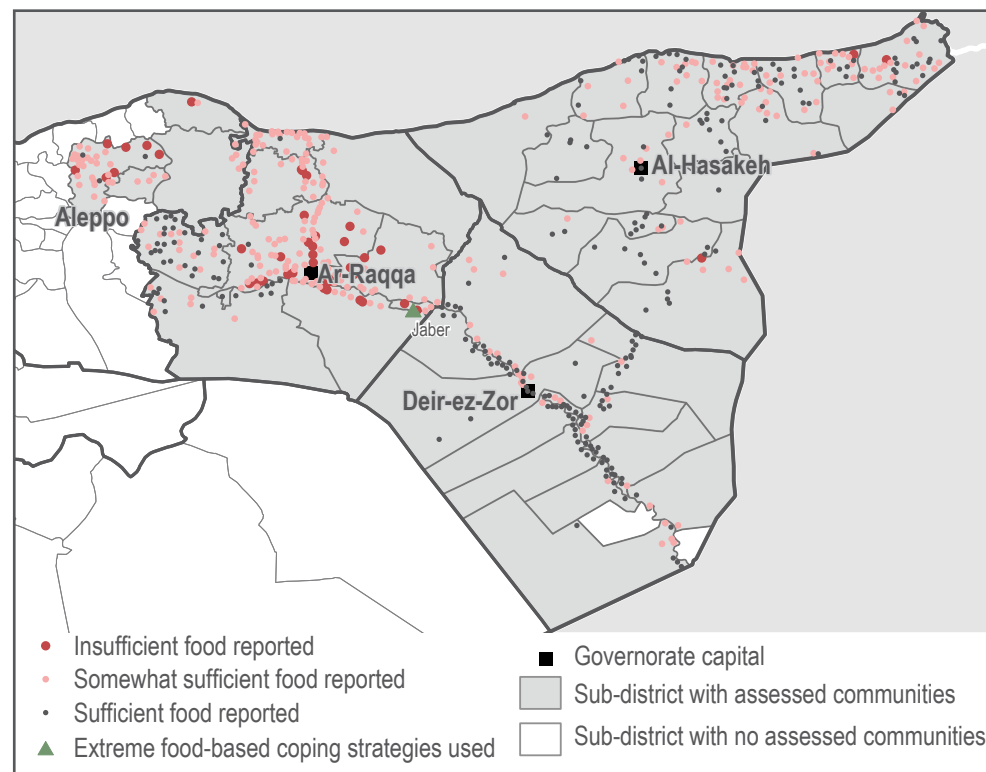
104 communities reported that residents had enough income to cover household needs. The most commonly reported coping strategies to deal with a lack of income in the remaining **482 assessed communities** were:^{6,7,9}



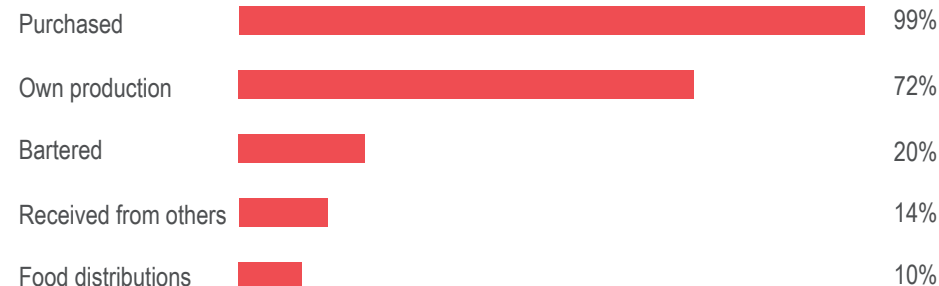
Most commonly reported main sources of income:^{6,7}



Communities that reported having an insufficient quantity of food:¹¹



Most commonly reported ways of obtaining food:^{6,7}



Northeast Syria, December 2018



FOOD SECURITY & LIVELIHOODS

Core food item prices reported (in SYP):^{1,12}

Food item:	Regional average price in December:	One month change:	Six month change:
Bread (8 pieces)	125	-2%	0%
Rice (1 kilogram)	500	+11%	+11%
Lentils (1 kilogram)	325	+8%	+2%
Sugar (1 kilogram)	300	0%	+9%
Cooking oil (1 litre)*	3938	+1%	-2%

*includes the combined vegetable oil and ghee prices

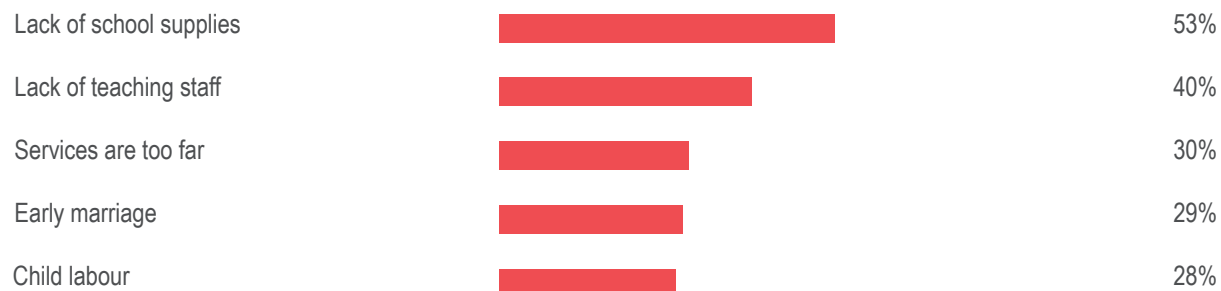
49 communities reported that residents experienced no challenges in accessing food. The most common difficulties experienced in the remaining 537 assessed communities were:^{6,7,9}



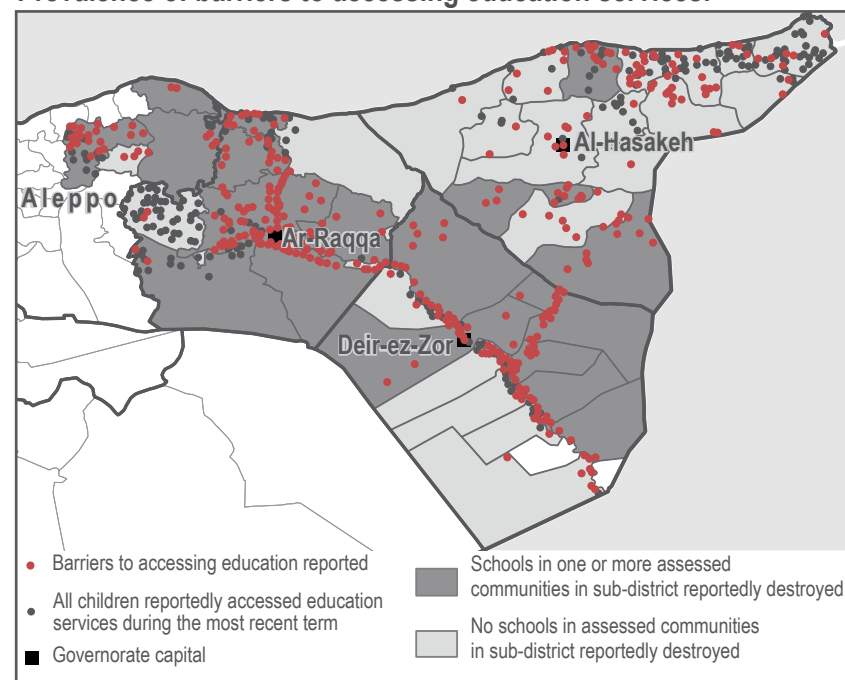
EDUCATION

560/586 communities reported having functioning primary education facilities, while 236 communities reported having functioning secondary education facilities.¹³

219 communities reported that all children were able to access education. The most commonly reported barriers to education in the remaining 367 assessed communities were:^{6,7,9}



Prevalence of barriers to accessing education services:



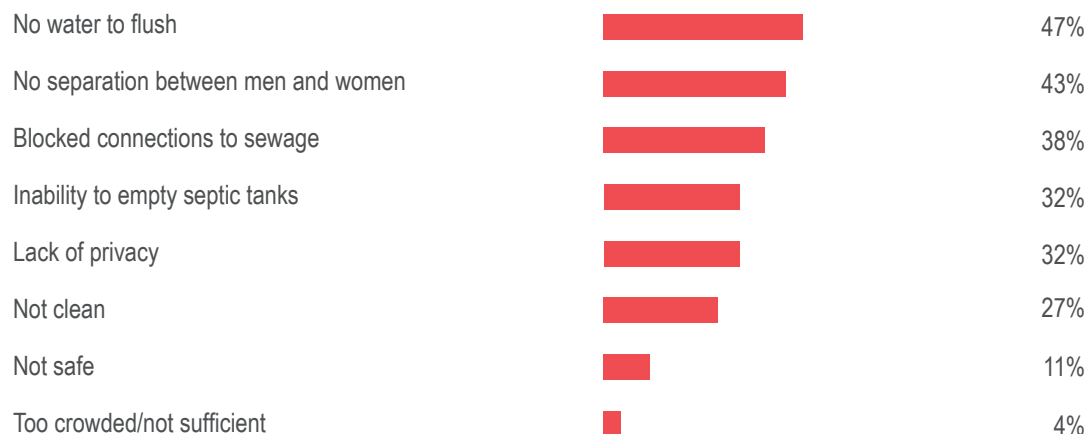
Northeast Syria, December 2018



153/586 Communities reported that water from their primary source tasted and/or smelled bad.

61/586 Communities reported that drinking water from their primary source made people sick.

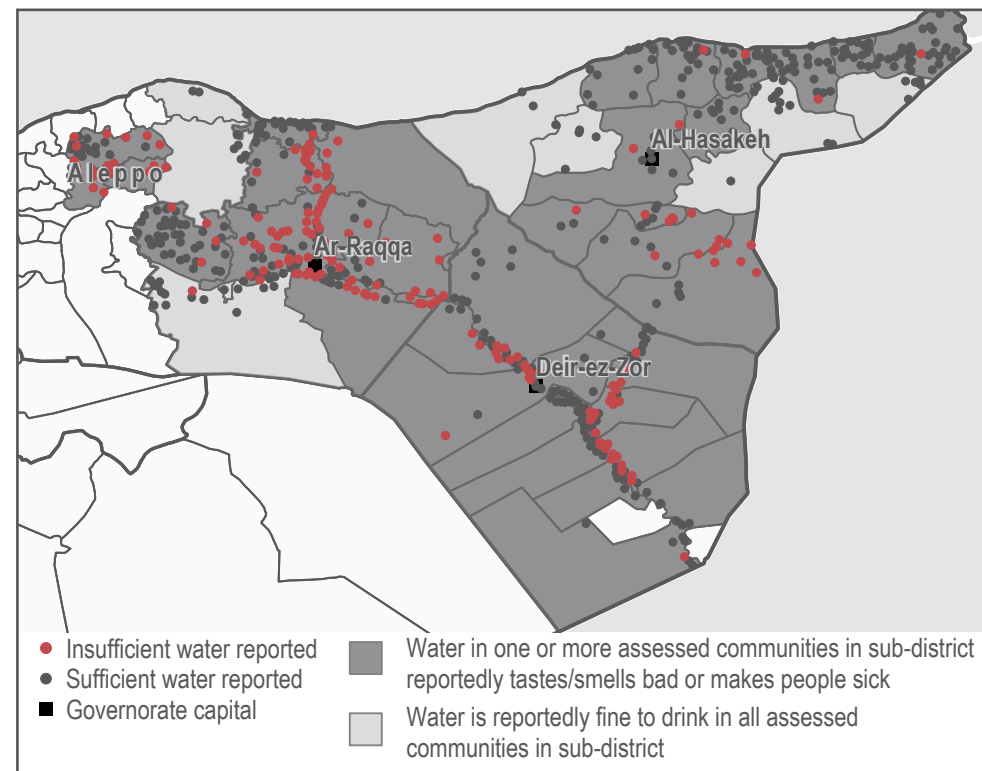
333 communities reported that residents had no problems with latrines. The most commonly reported problems with latrines in the remaining **253** assessed communities were:^{5,7,9}



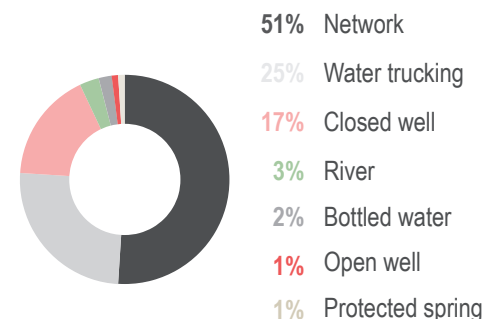
415 communities reported that they had sufficient amounts of water to meet household needs. The most common coping strategies to deal with a lack of water in the remaining **171** assessed communities were:^{6,7,9}



Communities that reported insufficient amounts of water to meet household needs:¹¹



Primary drinking water source reported:⁷



Primary method of garbage disposal reported:^{6,7}



Northeast Syria, December 2018

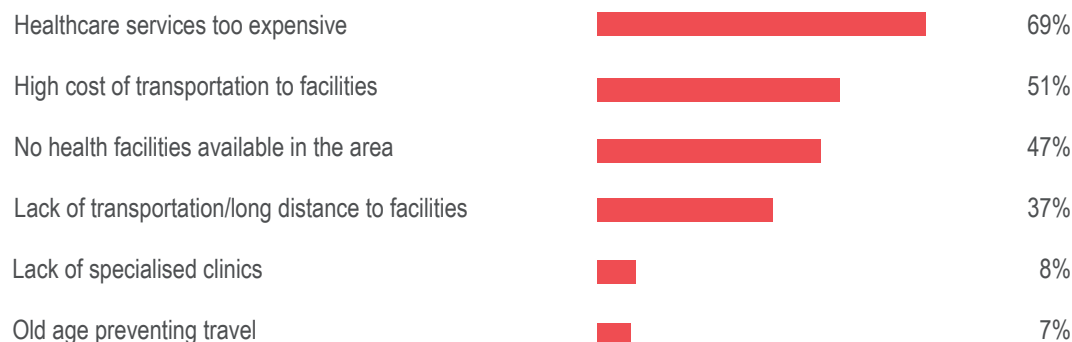
HEALTH

286/586 Communities reported that no assessed medical items were available in their community.¹⁴

201/586 Communities reported that the majority of women did not give birth in a formal health facility.

29/107 Communities reported that some individuals had been diagnosed with SAM (Severe Acute Malnutrition).¹⁵

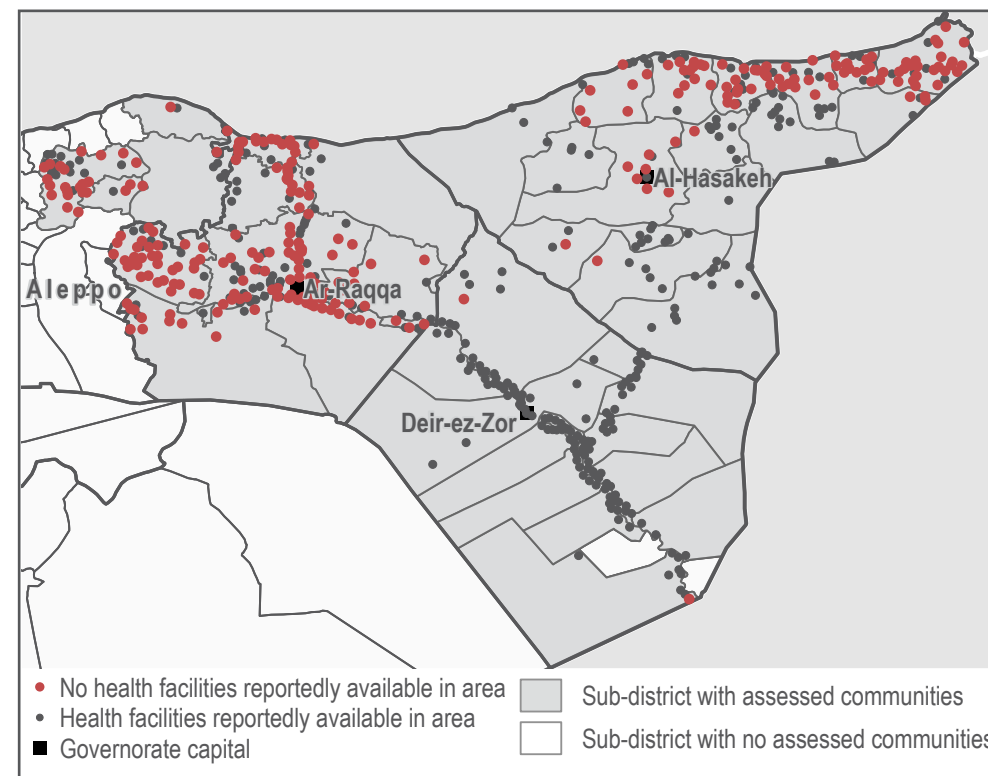
20 communities reported that residents experienced no barriers to accessing healthcare services. The most commonly reported barriers in the remaining 566 assessed communities were:^{6,7,9}



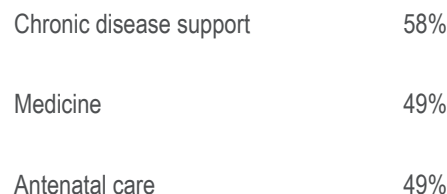
375 communities reported that residents were not using coping strategies to deal with a lack of medical services and items. The coping strategies used in the remaining 211 communities were:^{6,7,9}



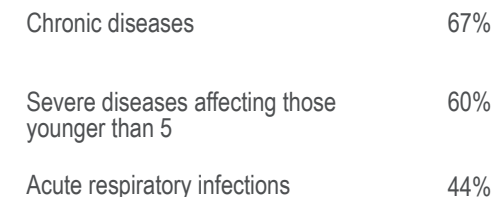
Presence of health facilities in assessed communities:



Top 3 most needed healthcare services reported:



Top 3 most common health problems reported:



Northeast Syria, December 2018

SHELTER AND NFI

3,880 SYP Regional average monthly reported rent price in SYP across assessed communities.¹

5,210 SYP Northern Syria average monthly reported rent price in SYP across assessed communities.^{1,16}

Most commonly reported shelter type for PCP households:⁷



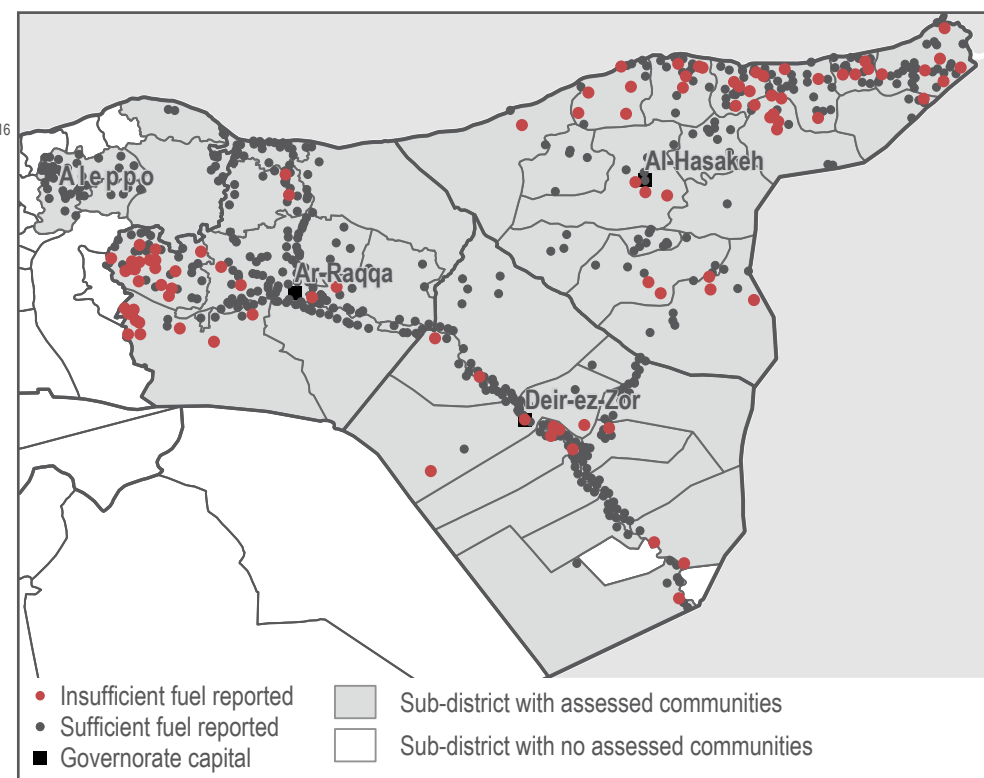
Most commonly reported shelter type for IDP households:⁷



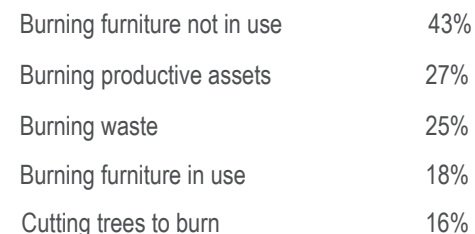
Reported fuel prices (in SYP):^{1,2}

Fuel type (1L):	Regional average price in December 2018:	One month change:	Six month change:
GoS petrol	131	+12%	+46%
GoS diesel	55	0%	-8%
Manually refined petrol	175	0%	-22%
Manually refined diesel	120	+7%	+20%
Cooking fuel	3500	+12%	+12%

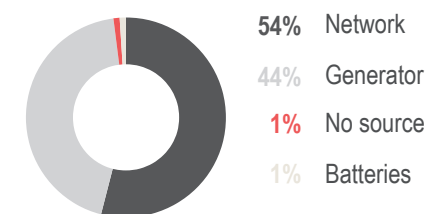
Communities that reported insufficient amounts of fuel to meet household needs:¹¹



495 communities reported no lack of fuel. Most common strategies to cope with lack of fuel in the remaining 91 assessed communities:^{6,7,9}



Primary source of electricity reported:⁷



METHODOLOGY

HSOS data collection is conducted through an enumerator network in accessible locations throughout Idlib, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa, and Al-Hasakeh governorates. REACH enumerators are based inside Syria and interview Key Informants (KIs) directly in the community about which they are reporting. Where access and security constraints renders direct data collection unfeasible, some KI interviews are conducted remotely through participants identified in camps and settlements in neighbouring countries by REACH field teams. Participants contact multiple KIs in their community in Syria to collect information about their community. KIs are asked to report at the community level.

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 disagree on a certain piece of information, enumerators triangulate the data with secondary sources or select the response provided by the KI with the more relevant sector-specific background. For each question asked, confidence levels are 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 are triangulated through secondary sources, including news monitoring and humanitarian reports. Where necessary, follow-up is conducted with enumerators and participants. Findings are indicative rather than representative, and should not be generalised across the region.

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).

ENDNOTES

KEYEVENTS AND DEVELOPMENTS

^a Sen. (18 October 2017). After the Battle for Raqqa, Now Comes the Hard Part. News Deeply. Retrieved from <https://www.newsdeeply.com/syria>.

^b UNHCR. (21 January 2018). Syria Crisis: Northeast Syria Situation Report No. 20 (1 December – 31 December 2017). Retrieved from <https://reliefweb.int>.

^c Syrian Observatory for Human Rights. (4 April 2018). The International Coalition and SDF prepare for a massive military operation against ISIS amid alertness in the east of the Euphrates River and south of Al-Hasakah. Retrieved from <https://www.syria-hr.com>.

^d El Dahan, M. (9 October 2018). War and drought produce Syria's smallest wheat crop in 30 years: U.N. Reuters. Retrieved from <https://www.reuters.com>.

^e UN Office for the Coordination of Humanitarian Affairs. (14 December 2018). Syria Crisis: Northeast Syria Situation Report No. 30 (1 November 2018 – 14 December 2018). Retrieved from <https://reliefweb.int>.

^f BBC (28 December 2018). Syria war: Government forces 'enter Manbij' amid Turkey threats. Retrieved from <https://www.bbc.com>.

^g (Forthcoming) CCCM Cluster. IDP Situation Monitoring Initiative (ISMI). Monthly Overview of IDP Movements in north-west Syria, December 2018.

^h World Food Programme. (31 December 2018). WFP Syria Situation Report #12, December 2018. Retrieved from <https://reliefweb.int>.

ⁱ Syrian Network for Human Rights. (1 January 2019). Documenting the Death of 6,964 Civilians in Syria in 2018. Retrieved from <https://reliefweb.int>.

^j REACH. (January 2019). Syria Market Monitoring Exercise - Cash-Based Responses Technical Working Group. Snapshot: 10-17 December 2018. Retrieved from <http://www.reachresourcecentre.info>.

MAIN TEXT

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

² 18 items comprise the Survival Minimum Expenditure Basket (SMEB), which represents the minimum culturally adjusted items required to support a 6-person household for a month. SMEB items: Bread, bulgur, chicken, eggs, fresh vegetables, ghee/vegetable oil, red lentils, rice, salt, sugar, tomato paste, bathing soap, laundry/dish soap, sanitary pads, toothpaste, cooking fuel, water trucking, smartphone data, float (other costs).

³ All information and figures reported in HSOS factsheets refer to the situation in assessed communities and

MAIN TEXT

cannot be generalised to other non-assessed communities of the region.

⁴ For population numbers, KIs were asked to provide the number of resident and IDPs present in the community as of 30 November 2018. A minimum of three KIs were interviewed in each assessed community. Where discrepancies in the information provided by KIs was deemed too large further triangulation with additional KIs and local organizations was conducted. Estimated individual figures in this report are rounded to the nearest tenth.

Discrepancies with other available population data may be the result of any of the following: differences in assessment coverage dates; differences in definitions of population sub-groups (IDPs and residents); differences in geographic scope of assessed locations (e.g. included/excluded nearby camps and sites); differences in KI types interviewed; and differences in average household sizes used to calculate individual numbers, among others.

The definition of IDPs used by enumerators for this assessment was 'Individuals or groups of people who have been forced to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights, or natural or man-made disasters, and who have not crossed an international border'.

⁵ Spontaneous returns refers to IDPs or refugees who return to their community of origin that they left due to conflict but not necessarily to their places of habitual residence (their former homes); who intend to remain in the community for an undetermined period; and who do not meet the IASC framework on durable solutions (IASC framework includes "not necessarily voluntary, safe or sustainable" elements).

⁶ Assessed using select multiple questions.

⁷ By percentage of communities reporting.

⁸ The definition of resident (pre-conflict) population (PCP), was 'Individuals or groups of people who currently reside in their communities of origin, or communities of permanent residence prior to the Syrian conflict. This includes populations that were never displaced as well as previously displaced populations that have returned to their communities of origin'.

⁹ Not all surveys have answers for every question, in these scenarios the KI or participant will input no answer. When the dataset has no answer for a particular question the reported number of assessed communities will not add up to the total number of communities assessed and percentages will be calculated based on submitted responses.

¹⁰ Extreme food-based strategies: eating food waste; eating non-edible plants and spending days without eating.

¹¹ Based on KI perception of sufficiency.

¹² Bread, rice, lentils, sugar, and cooking oil are considered core food items used in food baskets across Syria. For further information on all SMEB items please see the [Syria Market Monitoring report](#).

¹³ Reported numbers indicate the number of communities with functioning primary and secondary education facilities during the data collection period. It is important to note that simply having a functioning facility is not indicative of students being able to attend said facility. In addition, in some cases KIs reported that children attend schools in a neighbouring community.

¹⁴ Assessed HSOS medical items; anti-anxiety medication, contraception, clean bandages, blood transfusion bags, diabetes medicine, anaesthetics, blood pressure medicine, antibiotics, burn treatment.

¹⁵ This information was derived from medical professionals (KIs). The number of total communities refers to all communities that had a KI as medical professional available.

¹⁶ Includes HSOS data for Idlib, Aleppo, Hama, Homs, Deir-ez-Zor, Ar-Raqqa and Al-Hasakeh governorates.